KSU – QMS HANDBOOK 1

QUALITY MANAGEMENT SYSTEM

(3RD EDITION FOR PRACTITIONERS, APRIL 2012)

KING SAUD UNIVERSITY QUALITY MANAGEMENT SYSTEM

KINGDOM OF SAUDI ARABIA

MINISTRY OF HIGHER EDUCATION

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Executive Summary

KSU and her family have just embarked on the beginning journey but never ending as it is meant to be continuously improving. It is a tough and long journey ahead, and God willing, KSU with its unconditional and unconventional change commitment, will succeed through its KSU family. Quality is a never ending journey of conscientious re-evaluations, reflections and re-directions towards continuous and sustainable improvements and innovations. The cooperation and commitment of each and every member of KSU is essential and critical to the quality quest of KSU to be a world class university which one day in the not too far future is within her reach. KSU success is the success of her family. As such, this handbook is only a mechanism that paves the way, but it is our will to walk the talk.

Accreditation, the buzz word of the 21st Century has brought upon a big dilemma to the HEI (Higher Education Institutions) in the Kingdom of Saudi Arabia, as to "what to do" and "how to" respond to the imperatives and implications of Accreditation. Accreditation success is based on a strong and sustainable foundation of an Internal Quality Assurance (IQA) system and they are complementary and inseparable. In this EQA = IQA Equation and challenge, the key question is "what to and how to" address the requirements of the EQA by the IQA. To address the IQA = EQA equation, KSU proposes a two-tier approach, the "What" and "How" of the challenge.

The "What" and "How" framework is addressed here in the KSU – QMS (King Saud University Quality Management System). The "What" will explore the requirements of the "What" aspects of the IQA and EQA equation. The "How" proposes the methodology KSU uses to develop its internal quality assurance system to comply with the basic requirements and go beyond the expectations of the accreditation. The "What" aspects will tackle the Standards, Criteria and KPI, and the audit and assessment methodology. Basically, the "What" of existing accreditation frameworks across different countries and continents do not differ as to its fundamentals and principles. On the contrary, there are more similarities in the fundamentals or principles through which the Standards, Criteria or KPI are created that are based on the same platform. These generic strands leading to quality education "fit for purpose" revolves around the key areas of teaching – learning – research, student – centric and learning outcomes focus, stakeholders, communities and social service centric focus, learning facilities and resources support, strategic and tactical mission, goals and objectives centricity, human and organizational resources development and information and metrics centricity. They form the EQA's principles of "What to" part of the IQA = EQA equation. The EQA platform is aimed at certifying the "fit for purpose" of quality in the HEI's IQA based on a set of similar standards, criteria or KPI.

The second tier addresses the "How to" of the IQA of the HEI. In developing the IQA of one's institution, one must meet the basic statutory National Accreditation Standards. In developing the KSU – QMS, KSU met and went beyond the requirements of NCAAA (National Commission on Academic Assessment and Accreditation) of the Kingdom of Saudi Arabia. Based on the 4 "As" of quality, the solid foundation the KSU - QMS is built upon are "Audit and Assessment leading to Assurance and later Accreditation" (certification of "fit for purpose").

By not reinventing the wheel and in conformance and compliance to the IQA = EQA equation, KSU applied the NCAAA Standards and Criteria as the blueprint of its internal quality assurance's Standards and Criteria. By adhering to its simplicity philosophy, KSU maintained the basic standards and criteria by combining the institution and program standards and criteria into a generic simplified and standardized set applicable to the institution, colleges, programs or administrative units. It builds up a systemic and systematic, innovative but yet generic approach to its audit and assessment and scoring criteria to determine the performance level using a set of standardized scoring criteria of A (Approach), D (Deployment), L (Learning) and I (Integration)

for its process – based criteria. This is supported by a set of qualitative and quantitative indicators that serves as measures of performance that identifies its Le (Level), T (Trend), C (Comparison) and I (Integration). It is linked to the planning and information management systems through the by laying the foundation for continuous improvements and innovations based on management through measurement and an evidenced-based mechanism.

In a nutshell, the description of the handbook for the 4 Chapters is as follows:

Chapter 1 – This chapter will provide an overall synopsis of Quality in relation to Accreditation requirements of NCAAA Institution and Programs Standards and Criteria, its assessment methodology.

Chapter 2 – This Chapter concentrates on the approach used in developing the KSU – QMS which a part of the Strategic Performance Management System that also covers the PMS (Planning Management System) and the IMS (Information Management System). It highlights the principles under which the KSU – QMS is developed. It provides details of the KSU – QMS Quality Model, the Internal Audit and Assessment and Annual Monitoring Process as related to the 5-Year Accreditation Cycle.

Chapter 3 – This Chapter deals in-depth with the details of the KSU – QMS in terms of its Standards, Criteria, Items that are the Process – based Criteria and KPI (Key Performance Indicators) that are the Results – based Criteria. It discuss the organization of the QMS in KSU, the development of the self-study, assessment by the institution, college, programs or administrative units and the university appointed Board of Assessors. It provides examples of assessment of the Standards, Criteria and Items and the qualitative and quantitative KPI. It explains the KSU – QMS Scaled Scoring Performance Guidelines of its Process – based and Results – based Criteria performance assessment in detail.

Chapter 4 – This Chapter describes the core Standards, Criteria, Items and KPI, how to address the Standards, Criteria, Items and KPI and the evidence-based mechanism needed to justify the assessment of the Standards, Criteria, Items and KPI.

The KSU – QMS is meant to be the minimum requirement for Internal Quality Assurance as enshrined in the KSU – QMS Handbook of King Saud University. As it is meant to be generic, it is applicable and scalable from the institution to the college and to the program level. It is meant to be non-prescriptive, as it does not specify the system, tools and techniques, frameworks or approaches used by the colleges or programs. The assessment is meant to identify what and how the college or programs uses these approaches as the enabler to achieve performance based on the Standards.

Quality is not built and achieved in a single day. KSU's aspirations are built through this quality journey and request the commitment of all members of the KSU family. With this, KSU thank all its members for their conscientious time and efforts in their quality quest and strive.

Thank you.

King Saud University
Vice – Rectorate for Development and Quality
Deanship of Quality

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Chapter 1

Introduction

Quality and Accreditation flourished in the United States, Europe and the Asia-Pacific from the mid to the late 1990's and have recently arrived in the Middle East towards the beginning of the 21st Century. The Kingdom of Saudi Arabia has its own NCAAA (National Commission for Academic Accreditation and Assessment) that is the overseer of the national standards for the Higher Education. Quality as applied to higher education in the education industry had been emphasized in "What is Quality in Higher Education" by Diana Green (1994) that re-iterated the importance of the audit, assessment and accreditation to "Fit for Purpose". The purpose of the higher education institutions to implement these quality systems are for improving and managing the quality of the institutions through reduced variation, continuous improvement of its education products and services, education design and delivery quality and prevention of education "defects" or "variants" from standards. These were based on the major concepts and factors that were introduced by quality gurus, like Deming, Juran, Crosby, and Feigenbaum, Ishikawa and Garvin in one form or another in managing quality (Tummala and Tang, 1994). These quality concepts and factors had been translated into the assessment criteria, core elements and values of various quality awards like the MBNQA and EQA (Puay et.al, 1998) and standards such as the ISO 9000 (Pun and Chin, 1999).

To manage quality, a structured and systematic approach is needed to organize and manage the Quality Management System and mechanisms in KSU. The approach used in KSU is based on the following principles:

1. Quality is the role and responsibility of all members of the KSU Family as Quality is a single holistic and unified entity that creates and delivers on education value to the society and community.

2. Quality cuts across boundaries of all units that should contribute and commit to the same quality standard with the administrative units supporting and servicing the direct quality actions affecting quality performance of the institution, colleges and programs.

3. Quality brings about and enhances sharing of data, information and knowledge and learning from each other to bring about a learning organization in KSU.

4. Quality is a seamless set of actions and activities that synergizes the policies, processes, procedures and people of the institution as a single holistic entity with a singular set of mission and goals that streamlines and unifies the institution towards its commitment to the society and communities.

In this 2nd Edition handbook and in the development of the Internal Quality Assurance (IQA) by King Saud University (KSU), KSU has chosen NCAAA as the blueprint for its standards and criteria as the minimum requirement to be maintained as the KSU – QMS (King Saud University Quality Management System). As the overall achievement of KSU is a culmination and aggregation of the achievements and attainments of each of the programs or colleges that make up KSU, KSU is only strongest in where it is the weakest, and as such all programs and colleges in the KSU family should equally contribute and commit to KSU overall drive for quality performance.

The later sections of this chapter provide a synopsis of the NCAAA (National Commission for Academic Accreditation and Assessment) of the standards, criteria and scales used for the accreditation of the institutions and higher education programs. This is to provide an overview of the NCAAA six volumes of institution and program standards and assessment fundamentals, requirements and methods and the NQF (National Qualification Framework). Practitioners of Quality Assurance in KSA are advised to read the 6 volumes for an in-depth discussion of the NCAAA

requirements. The NCAAA standards is used as the blueprint to develop the KSU – QMS and it stops at the use of the standards as chapters 2 and 3 will depicts and discuss the novel characteristics and approach of the KSU – QMS. The main reference materials for the NCAAA requirements which are still in its final drafting stages and which are used in the development of the KSU – QMS (King Saud University Quality Management System) comes from the following documents whereby the institution, colleges and programs and administrative units should use as the main references and in-depth materials are as follows:

1. Standards for Quality Assurance and Accreditation of Higher Education Institutions (November 2009)
2. Standards for Quality Assurance and Accreditation of Higher Education Programs (November 2009)
3. Self Evaluation Scales for Higher Education Institutions (November 2009)
4. Self Evaluation Scales for Higher Education Programs (November 2009)
5. Handbook for Quality Assurance and Accreditation in Saudi Arabia (Part 1), The System for Quality Assurance and Accreditation (March 2008)
6. Handbook for Quality Assurance and Accreditation in Saudi Arabia (Part 2), Internal Quality Assurance Arrangements (March 2008)
7. Handbook for Quality Assurance and Accreditation in Saudi Arabia (Part 3), External Reviews for Accreditation and Quality Assurance (March 2008)
8. Multi Sector Qualifications Framework, Kingdom of Saudi Arabia (November 2007)

It should be noted that the NCAAA stipulations are statutory which means that they represent a legal requirement to fulfil and satisfy the minimum standards for quality in the academic assessment that leads to accreditation and represents the highest regulatory agency in the Kingdom of Saudi Arabia governing academic assessment and accreditation. This would inherently mean that they form the minimum requirements needed for academic assessment and accreditation. The institution or the higher education programs should use these as the minimum statutory instruments for conformance and compliance in the development of the institution, college and programs Internal Quality Assurance (IQA) within the requirements of the External Quality Assurance (EQA). The NCAAA forms the basic regulatory national standards that all higher education institutions should comply with and other stakeholders or professional accreditation agencies requirements as additional supplements or complements. It must be noted that in KSA, any institution, college or program that has been accredited by an international accrediting agency, they also need to seek accreditation by the NCAAA, the overarching accreditation agency in KSA.

1.1 NCAAA Standards and Criteria

The National Commission for Academic Accreditation & Assessment (NCAAA) in Saudi Arabia has developed a set of standards and criteria for quality assurance and accreditation of higher education institutions and programs in eleven general areas of activity grouped into 5 main categories of 11 standards and about 415 detailed requirements of each standards and sub-standards which are used as the overarching principles in developing the Standards for the Institution and Program as follows:

Institutional Context

1. Mission Goals and Objectives
2. Governance and Administration
3. Management of Quality Assurance and Improvement

Quality of Learning and Teaching

4. Learning and Teaching

Support for Student Learning

5. Student Administration and Support Services
6. Learning Resources

Supporting Infrastructure

7. Facilities and Equipment

8. Financial Planning and Management
9. Employment Processes

Community Contributions

10. Research
11. Institutional Relationships With the Community

1.2 Relationships between Standards for Institutions and Standards for Programs

General standards have been developed for higher education institutions and programs. Both of these are covered in 2 separate documents titled: "Standards for Quality Assurance and Accreditation of Higher Education Institutions – Version of November 2009" for institutions and "Standards for Quality Assurance and Accreditation of Higher Education Programs – Version of November 2009" for programs. Figure 1.1 shows a sample of the similarity standards and criteria requirements of the institution and program. It is noted that they cover the same general areas of activity but there are some differences that reflect a total institutional overview on the one hand and the perspective of just one specific program on the other. In addition, for the NCAAA, some general institutional functions are not considered in a program evaluation but they contribute to the overall functioning and performance of the program.

As noted in the introduction of this chapter, the NCAAA standards are used as the blueprint for the development of the KSU – QMS. Even though there are some distinctions between the institution and the program standards based on the NCAAA approach, it is noted that the program standards and criteria normally fall within the greater set of the institutional standards. As also noted earlier, the institutional standards are also applicable to the programs, as most of them relates directly or indirectly relates to the fundamentals and principles of education. As such, KSU will combine them into a generic set as applicable to the institution, college or program and come up with a singular set of standards and criteria within the framework of NCAAA.

Figure 1.1: Comparative of Institution and Program Standards and Criteria requirements

Institution Standard 4	Program Standard 4
The institution must have an effective system for ensuring that all programs meet high standards of learning and teaching through initial approvals, monitoring of performance, and provision of institution-wide support services. The following requirements are applicable to all programs. Student learning outcomes must be clearly specified, consistent with the National Qualifications Framework and (for professional programs) requirements for employment or professional practice. Standards of learning must be assessed through appropriate processes and benchmarked against demanding and relevant external reference points. Teaching staff must be appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies suitable for different kinds of learning outcomes, and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs must be evaluated through student assessments and graduate and employer surveys, with feedback used as a basis for plans for improvement.	Student learning outcomes must be clearly specified, consistent with the National Qualifications Framework and requirements for employment or professional practice. Standards of learning must be assessed through appropriate processes and benchmarked against demanding and relevant external reference points. Teaching staff must be appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies suitable for different kinds of learning outcomes, and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs must be evaluated through student assessments and graduate and employer surveys, with feedback used as a basis for plans for improvement.
Specific Criteria requirements for an institution as a whole relating to Standard 4 are specified under the headings of:	Specific Criteria requirements for a particular program relating to Standard 4 are specified under the headings of:

4.1 Institutional Oversight of Quality of Learning and Teaching	4.1 Student Learning Outcomes
4.2 Student Learning Outcomes	4.2 Program Development Processes
4.3 Program Development Processes	4.3 Program Evaluation and Review Processes
4.4 Program Evaluation and Review Processes	4.4 Student Assessment
4.5 Student Assessment	4.5 Educational Assistance for Students
4.6 Educational Assistance for Students	4.6 Quality of Teaching
4.7 Quality of Teaching	4.7 Support for Improvements in Quality of Teaching
4.8 Support for Improvements in Quality of Teaching	4.8 Qualifications and Experience of Teaching Staff
4.9 Qualifications and Experience of Teaching Staff	4.9 Field Experience Activities
4.10 Field Experience Activities	4.10 Partnership Arrangements with Other Institutions
4.11 Partnership Arrangements with Other Institutions	

Source: Adapted from the NCAAA (National Commission on Academic Assessment and accreditation), (2008), *"Handbook for Quality Assurance and Accreditation in Saudi Arabia, Part 1, The System for Quality Assurance and Accreditation"*, March 2008.

In general, activities relating to the standards fall into three categories.

- Those that are institutional and have no impact or only very indirect impact on programs. Examples include the management of extracurricular activities or the attractiveness of buildings and grounds. Even though the NCAAA do not consider these in looking at the application of the standards to programs, KSU takes a holistic approach towards the above that contributes to the conducive environment for teaching and learning and in developing a "total graduate".

- Those that are general institutional activities with a major impact on programs. Examples would be the provision of learning resources through a library or the processes for employment and promotion of teaching staff. These should be considered in evaluating a program as they impact on the program concerned. For example whether the library provides the services needed for the particular program being considered, or whether appropriately qualified and experienced faculty and staff are available to teach in the program. The quality of a program is affected by these things regardless of who is responsible for administering them. Evaluation of these functions in an institutional evaluation would be broader and consider the quality of management and services provided for the institution as a whole and how effectively they support all programs throughout the institution.

- Those that relate directly to the planning and delivery of programs. Examples would be the appropriateness of intended learning outcomes for students and the quality of teaching in the program. For an institutional evaluation these things should be looked at within all programs, and then a judgment made about strengths and weaknesses in the institution's programs as a whole.

The NCAAA definition of a program is as follows:

- A program is regarded as an integrated package of courses and activities in an academic or professional field leading to a qualification. However organizational arrangements in institutions differ and there are sometimes questions about what should be considered as a program.

- A program includes all of the courses a student is required to take, including courses that are required by an institution or a college as well as those required by a department, and including any general education courses as well as those in a professional or academic field. It includes courses that may be offered as service courses by another department or college.

- A program offered on both men's and women's campuses are a single program and should be evaluated as such. However since there may be significant differences in facilities, resources, experience of faculty, employment of graduates or other matters evidence should be obtained about what happens on each campus and any differences noted and considered in planning what should be done in response. Program reports should show both the evaluations for each campus and a combined result.

- A program offered on a remote as well as on an institution's main campus should be dealt with in the same way, that is, information should be obtained about the program in each location and then combined in a single report that identifies any significant variations.

1.3 NCAAA Evaluation Scale of the Standards and Criteria

High quality standards can only be achieved by action planned and undertaken within the institutions offering educational programs. In keeping with this, the approach to quality assurance and accreditation of institutions in the Kingdom of Saudi Arabia is based on self evaluation in relation to generally accepted standards of good practice, verified by independent external review.

To support this approach the standards are supported by self evaluation scales through which faculty and staffs responsible for programs rate their own performance using a "star" system. It is expected that these self evaluation scales will be used by institutions and by those responsible for programs in their initial quality assessment, their continuing monitoring of performance, and in their more extensive periodic self studies prior to an accreditation review by the Commission. Performances are assessed by allocating from zero to five stars indicating 6 levels of performance in accordance with the following descriptions:

Improvement Required

- **No Star –** The practice, though relevant, is not followed at all. A zero should be recorded on the scale.

- **One Star –** The practice is followed occasionally but the quality is poor or not evaluated.

- **Two Stars –** The practice is usually followed but the quality is less than satisfactory.

Good Performance

- **Three Stars –** The practice is followed most of the time. Evidence of the effectiveness of the activity is usually obtained and indicates that satisfactory standards of performance are normally achieved although there is some room for improvement. Plans for improvement in quality are made and progress in implementation is monitored.

High Quality Performance

- **Four Stars –** The practice is followed consistently. Indicators of quality of performance are established and suggest high quality but with still some room for improvement. Plans for this improvement have been developed and are being implemented, and progress is regularly monitored and reported on.

- **Five Stars –** The practice is followed consistently and at a very high standard, with direct evidence or independent assessments indicating superior quality in relation to other comparable institutions. Despite clear evidence of high standards of performance plans for further improvement exist with realistic strategies and timelines established.

1.4 Key Aspects of the Star System

- **Combining Ratings on Individual Items to Develop a Broader Evaluation –** The quality ratings of specific practices can be combined to guide broader judgments about an institution's performance in relation to the groups of items that are shown as components of each general standard, or to each broad standards as a whole. This can be done by averaging the number of stars, ignoring the items marked NA and counting items where the practice is relevant but not followed as zero.

  However the individual items are not necessarily of equal importance and if individual items are combined to form an overall assessment consideration should be given to weighting certain items more heavily than others and adjusting the overall rating accordingly.

- **Aggregating Evaluations to Obtain an Institution-Wide Overview –** The rating scales enables the evaluations to be used for individual academic or administrative units, and when similar functions are carried out by a number of groups, to be aggregated to give an overview of the quality of that function for a college or for the institution as a whole. When aggregated in this way the scales should assist in the conduct of an institutional self-study, and provide useful information for external review panels as they carry out their independent institutional reviews.

  Combining ratings by simply averaging the number of stars can give a misleading impression if there are significant variations across the institution. Some sections within the institution might meet the standards and others might not. Because of this, comments should be made in evaluations identifying particular areas of strength and weakness when the level of performance varies significantly in different parts of an institution.

- **Priorities for Improvement –** An important outcome of the self-assessment carried out through the use of the rating scales is to identify areas for improvement. It is rarely possible to do everything at once and priorities have to be established. One should indicate particular items that are considered the highest priorities for improvement.

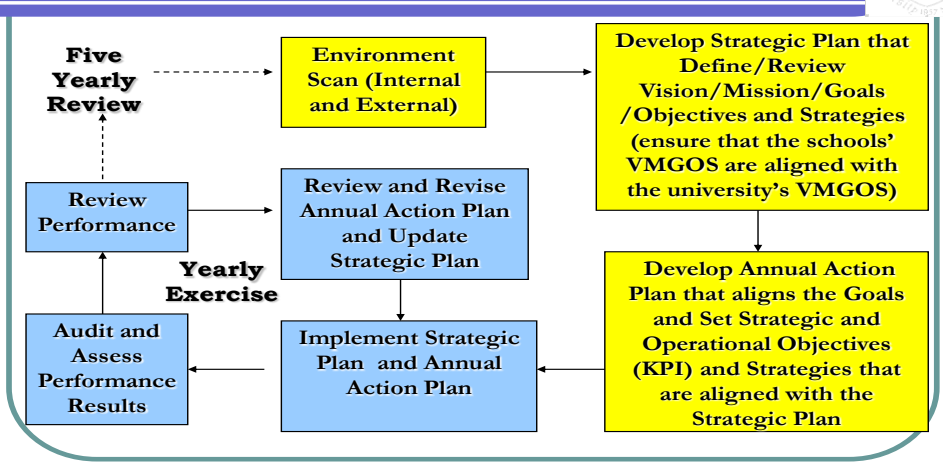
- **Indicators as Evidence of Performance –** As far as possible evaluations should be based on direct evidence that practices are followed, and that desired levels of quality are achieved rather than general post hoc impressions. This consideration of evidence need not be a major undertaking but it does require some advance planning and selection of indicators that will be used as evidence of performance. The performance indicators should be specified in advance and data gathered and considered as part of continuing monitoring processes.

1.5 Quality Planning and Review Cycle

The process of improving quality involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and results of each step assessed at stages within that longer term plan.

While the monitoring should be continuing, there are normally two time periods when more formal assessments take place, one annual as performance is monitored and adjustments made as required, and one on a longer term cycle in which major reviews are undertaken on a periodic basis. For issues relating to quality assurance and accreditation periodic assessments should be planned to coincide with the five-yearly external reviews for accreditation and re-accreditation conducted by the Commission.

Figure 1.2: Quality and Planning Cycle



Source: Adapted from NCAAA (2008)

Although this planning and review cycle is presented as a set of steps in a linear sequence with set timelines, in practice steps may be repeated or changed in a flexible way in response to feedback and changing circumstances. For example, a review of performance may lead to a conclusion that objectives need to be redefined and a new plan for development prepared as shown in the adapted version from NCAAA in Figure 1.2 above.

1.6 Developing a Strategic Plan for Quality Improvement

As noted above, a plan for quality improvement should include two major elements, planning to progressively implement arrangements to meet accreditation requirements for quality assurance if these are not already in place, and planning to deal with any problems identified in an initial self evaluation. In an institution implementing quality assurance processes for the first time involvement in quality assurance processes by different organizational and administrative units may need to be phased in as experience is gained and faculty and staff become more confident about the processes involved. In considering these phases it should be recognized that they relate to a number of different levels of activity within an institution—to the institution as a whole (strategically), to academic and administrative units within it (tactically), and to individual programs or groups of programs managed by a department or college (operationally).

When applied to planning for quality improvement some of the steps in this planning cycle have special meaning. For example, the scan of the internal and external environment at the initial stage should include a thorough assessment of current quality of performance and an analysis of constraints and opportunities for development. At this stage a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning framework with the use of various tools and models to identify each component of the SWOT.

A major development strategy will normally be phased in over a period of years with implementation, monitoring and adjustments through action plans on an annual basis. It is important to periodically step back and carry out a thorough review of the relevance and effectiveness of an institution's activities, and to periodically review the appropriateness and effectiveness of a program. The use of the PDCA (Plan, Do, Check and Act) is the most fundamental improvement cycle that needs to be planned and managed.

A periodic self study of an institution should be comprehensive, and should include a re-examination of the environment in which the institution is operating and any implications of changes or expected developments for the institution's activities to identify the Strengths and Weakness. A periodic self

study of a program should consider all aspects of the program delivery and supporting infrastructure, and the quality of learning by students. In any periodic self study a report should be prepared that includes an analysis of variations in original plans that may have occurred over the period, evaluations of the degree of success in achieving objectives, assessments of strengths and weaknesses that need to be addressed in future planning, and plans for responses to those assessments. The primary purpose of a periodic self study is to support the institution's own efforts at improvement, but reports developed are also used as a basis for the external reviews by the Commission for re-accreditation.

Chapter 2

KSU Internal Quality Assurance Management

In keeping pace with today's dynamic education and research environment, coupled with increased competition and demanding job market for improved quality services and outstanding performance from graduates, the higher education institutions worldwide are focusing their attention on issues relating to quality assurance, performance management and strategic implementation within the general framework of total quality management. As a leading regional academic institution, King Saud University (KSU) is committed to continual improvements of its performance – on all fronts - in order to better serve its customers and maintain its responsiveness to society needs as a whole. In this respect, KSU has embarked on a recent vigorous initiative to promote quality in all planning and operation functions within its campus, including the development of the KSU – QMS Performance Excellence model, coordination of quality awareness and training activities, establishment of performance measures and benchmarking system, initiation as well as initiation and follow up on assessment and accreditation programs.

2.1 Balancing the IQA = EQA Equation

Quality and Accreditation are related and inseparable as a strong foundation in quality and best practices would pave the way to an institution, college or program accreditation through nationally or internationally accepted standards and criteria. At the same time, accreditation would mean that the institution, college or program has achieved a minimum level of nationally or internationally accepted set of standards and criteria as certification of the minimal achievement and attainment of the minimum level of quality set by the accreditation agencies.

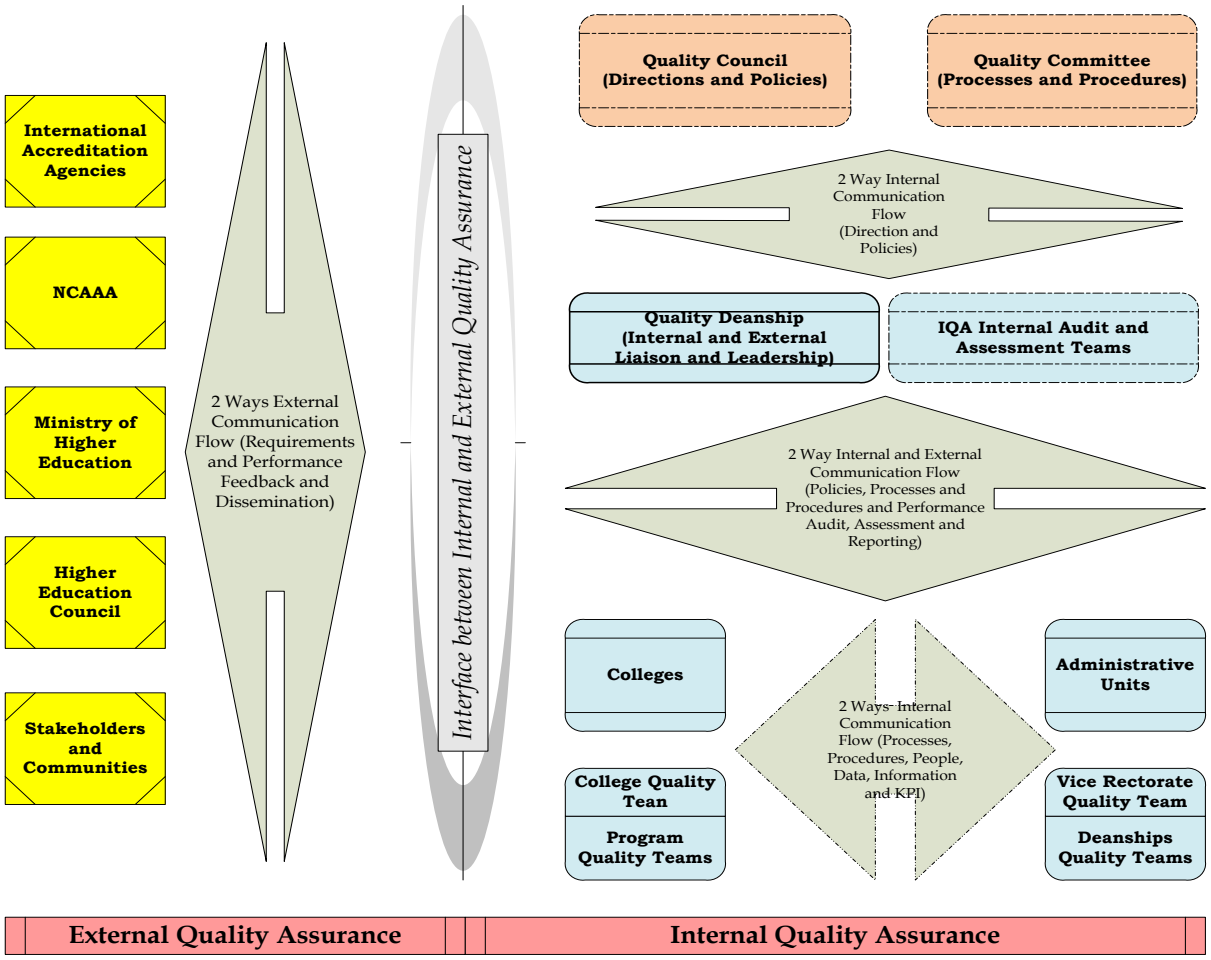
Strategically, KSU aims for the national accreditation standards and criteria and use these as the minimum requirement for its quality endeavor. As such, the quality framework of KSU uses the NCAAA standards and criteria as the minimum requirement to build a strong foundation of quality that ultimately leads to NCAAA accreditation of KSU as an institution, its colleges and multifarious programs.

The result is the KSU – QMS Quality Model. KSU would be using this model in mapping its overall strategic quality direction towards its aspirations and achievements into 2030 based on KSU Strategic Plan 2030. In its aspirations and achievements, it does not overlook the importance of the NCAAA requirements of which all programs and KSU as an institution would need to comply with as part of the accreditation requirements. This would mean that in developing the KSU – QMS (King Saud University Quality Management System), it is walking a tightrope of conformance and compliance and also in breaking out of the mold or to think out of the box to create its own IQA (Internal Quality Assurance) system and its appending sub-systems to manage the internal quality of KSU as an institution and also for all its colleges, programs and administrative units.

Based on this basic requirement of balancing the external requirements of the EQA and the internal requirements of the IQA, the KSU – QMS is meant to conform and comply while as the same time be part of the bigger KSU strive towards performance excellence while managing the details of the quality standards, criteria and key performance indicators. Taking this into consideration, and to streamline its quality processes and procedures, KSU maintains a set of standardized quality standards and criteria by using the institution's framework as the minimum set of quality requirements, as managing a college is like managing a mini university. Instead of having two sets of manuals, KSU will maintain a singular set of quality manual that can be used at the program level and at the same time accumulate and aggregate the programs and colleges performance into the institutional quality performance. The outcome of the KSU – QMS is meant to be simple, strong and sustainable as implicitly and explicitly discussed in the following sections and chapters. The result is a unique KSU – QMS system unique to KSU in the system and mechanism used to manage its internal quality assurance.

In any quality systems, there are 2 main components: the **Internal Quality Assurance (IQA)** and the **External Quality Assurance (EQA)** as depicted in Figure 2.1. These two components are inseparable as:

Fig. 2.1: KSU Quality Management System Organization



- The IQA sets and forms the foundation of the full spectrum of Quality that starts with Quality Planning to Quality Definitions and Development, to Quality Implementation, to Quality Audit and Assessment and Continuous Improvements in the internal environment of the institution.

- The IQA represents the internal system and mechanisms under which the Institution, Colleges and Programs Performance are audited and assessed based on a set of Standards and Criteria set by a National body, in this case the National Commission for Academic Accreditation and Assessment (NCAAA) which is one of the main players of the external component of the EQA.

- Not withholding that the NCAAA is a key player, other stakeholders' agencies like the Higher Education Council (HEC) and Ministry of Higher Education (MoHE) and other accreditation agencies or professional bodies also contribute to setting the minimum nationally and internationally accepted standards and criteria of performance.

- Ultimately, a key component of the EQA is the stakeholders (students, graduates, alumni, employment markets, parents and community groups) who eventually determine whether the performance outcome of the institution, Colleges or Programs based on the IQA is "Fit for Purpose".

2.1.1 External Quality Assurance (EQA)

Normally, the key roles of the EQA are of the following nature:

- ***Regulatory function:*** The regulating agencies of the country will set up a public entity to ensure that the roles, responsibilities and outcomes of the education provision of the institution conforms and complies to a minimum set of standards and criteria at the national or international level.

- ***"Fit the Purpose" function:*** To ensure that the product or service of the institution meets the minimum expectation of the stakeholders in that the outputs and outcomes are useful and can be used to enhance the developmental efforts of the stakeholders, society and communities.

In its first role, the regulatory function is normally within the realms of the governing or regulating agencies of the country to ensure that the product or services meet the societal norms, needs, requirements and international standards. It must be noted that the standards and criteria of quality performance of EQA is normally defined and specified by a regulatory body, which is the Accreditation Agency under the auspices of a Ministry or a public body. In the Kingdom of Saudi Arabia (KSA), the regulating agency for EQA is the NCAAA with the Ministry of Higher Education acting as the normal and direct supervising agency of the institution of which the institution reports to and is accountable for.

It is expected that the institution will be accredited once every five year. That represents the minimum required standards and criteria attainment and performance. This does not mean that the institution, colleges or programs will only prepare itself once every five year. On the contrary, the institution, colleges or programs should perform an annual audit and assessment or monitoring of its readiness and strive for continuous improvements, as continuous improvement is not a once off exercise done every five year. The institution, colleges or programs must continuously and strenuously plan for and seek for continuous improvement which is a never ending journey due to the dynamic internal and external changes. Within this context, the IQA functions as the mirror equivalence of the EQA.

In its second role, the "Fit for Purpose" function of the EQA is normally in the realms of the stakeholders and communities who have a "right" to ensure that what they "purchase" meets their minimum level of expectations. These expectations are normally defined as a minimum set of needs and requirements as specified by the stakeholders and communities who are affected by the institution's products or service. As such, the stakeholders' and communities' input and involvement need to be considered and incorporated into the re-development of the institution, college or program that meets the stakeholders, communities and societal needs and requirements.

The key stakeholders and communities that affect any quality system are:

- ***Students –*** Stakeholder group that "purchases" and consume the educational products and services leading to a competent and qualified "total" graduate based on the Qualification Framework of KSA.

- ***Graduates –*** Stakeholder group that represents the "total" graduate who are intellectually, physically, emotionally, spiritually and morally competent to contribute to the development of the society and communities. This is normally the very vocal but powerful "alumni" group

that can influence the public image of the institution, college or programs as they are the direct output and outcomes.

- ***Parents*** **–** Stakeholder group that represents the parental guidance of the students and graduates who can normally influence the choice or specifications of the outputs and outcome specifications of their care.

- ***Employment Market*** **–** Stakeholder group that utilizes the outputs of the institution and evaluate the outcomes of the graduates performance in terms of meeting the minimum specifications of knowledge, skills, behavior and values conformity and compliance.

- ***Interest Group*** **–** Stakeholder group that indirectly influences the outputs and outcomes of the graduates from the civic and societal values and social norms to be responsible contributors to societal and social development.

- ***Communities*** **–** Stakeholder group that are within the contiguous loci where the institution, college or program is located, as one of the main roles of a higher education institute is to ensure that the communities are involved and the actions of the institution contribute to the well-being and development of the communities.

2.1.2 Internal Quality Assurance (IQA) of KSU

Based on the NCAAA blueprints and standards, KSU has developed its own unique approach to address the Internal Quality Assurance of KSU which is the KSU – QMS. The philosophical fundamental of the KSU – QMS which are unique and distinctive aspects of KSU – QMS, are shown in Table 2.1:

- It is meant to be simple in that it uses the NCAAA standards as the blueprint for accreditation but has unique approaches to addressing the more sensitive issues of quality in a more objective mechanism.

- At the same time, the KSU – QMS is also meant to be a strong and sustainable mechanism that is built on the rationale of development as compared with the goals and objectives that are measured and assessed that brings about continuous improvements and innovations that are meant to be more sustainable in the long term.

Table 2.1: Key Features of the KSU – QMS Performance Excellence System

Key Features of the KSU – QMS Performance Excellence System
Standards, Criteria and Items: • 1 comprehensive set of Standards, Criteria and Items applicable for the institution, college and program, as the performance of the programs aggregates and summates into the college and ultimately the institution performance • There are 11 Standards and 58 Criteria based on the NCAAA institution set which are classified as **Process-Based Criteria** • The KPI and Benchmark are classified as the **Results-Based Criteria**
KPI (Key Performance Indicators): • KSU-QMS has two sets of KPI: ➢ A generic set defined by the institution for all programs and the institution as a whole ➢ A set to be defined by the institution and program • The generic set of KPI are applicable across board to all programs which are aggregated and summated into the overall college and institution performance ➢ 2 sets of KPI are used, Qualitative and Quantitative KPI ➢ The Qualitative set uses a survey instrument with defined parameters to determine the

performance level criteria
- The quantitative set uses the normal percentage, ratios or numeric to determine the performance ranges

Internal Audit , Assessment and Annual Monitoring:

- The institution and program conduct a self-assessment and prepare an assessment report. The report is assessed by an external team (Board of Assessors) appointed by KSU for the internal audit and assessment before the 5-year cyclical accreditation cycle.
- After the institution, college or programs has attained the accreditation, the period between the next accreditation cycle will be the annual monitoring whereby the institution, college or programs has to maintain and sustain their progressive annual quality continuous improvements as planned.
- Strengths, Opportunities for improvement and evidence are documented in the Self – Study Report (SSR) which is the main report used in both the Internal Audit and Assessment and Annual Monitoring.

Management:

- The SSR will be used as the basis of an annual operation plan for continuous improvement and innovation by the institution, college or program
- The annual operation plan is linked to the roll-over of the institution or program strategic plan

Assessment Approach (explained in detail in Chapter 3):

- The overall performance is based on the weighted scoring for both the Process-based and Results-based Criteria leading to a 1000 points scale system.
- The overall performance of the institution, college or program is the summation both the Process-based Standards, Criteria and Items Values and the Results-based KPI.
- A 6 levels Scaled Performance Scoring System using a weighted score approach is used to determine the performance of each Process-Based Criteria and Result-Based Criteria contributing to 80% of the overall performance achievement score
- The performance of each criteria also takes into account the "goals set" and "goals achieved" leading to "development" and "effectiveness" being measured contributing to remaining 20% of the performance achievement score.
- The Items and Criteria are summated and aggregated into the determination of performance for each Standard which forms the Process-based Criteria
- The KPI forms the Results-based Criteria

Assessment Time Frame:

- The annual monitoring is done on an annual basis that coincides with the annual academic planning cycle, whereas the internal audit and assessment is done prior to the application for accreditation.
- The annual monitoring supplemented by the internal audit and assessment prior to accreditation will lead to the 5 – year accreditation cycle.

Reports:

- Have a generic context and content format for the self-study and assessment report for the institution, college and program called the Self – Study Report (SSR).
- Have an independent QPAR (Quality Performance Assessment Report) that parallels the self-assessment of the college prepared by the Board of Assessors after the internal audit and assessment.
- The SSR and QPAR of each of the program aggregate and summate into the annual College Performance Report all of which will aggregate and summate into the Institution Performance Report.

2.1.3 Organization of the KSU – QMS

The University wide IQA system has a University level Quality Committee that oversees quality policies of the university. The Deanship of Quality will develop and implement the university IQA system and mechanisms, and the Quality specifications and policies. The Quality Committee's key role is an advisory body that scrutinizes, advises and provides overarching guidance on the university wide KSU – QMS (Quality Management System). The Deanship of Quality, in its main liaison and leadership role in the university, has the role and responsibilities of:

- Maintaining a leadership role in the forefront of performance management systems through the KSU – QMS strategic implementation in KSU, in KSA and in the region.

- Conducting on-going researches to identify the state-of-art performance management systems and quality indicators and academic standards for higher education institutes.

- Conducting on-going development of the KSU – QMS to maintain a top-class performance management system in quality management, information management and planning management systems at par with international standards and appropriate to KSU.

- Developing and maintaining the KSU – QMS as the quality performance management system of institution for the successful implementation by KSU.

- Disseminating information pertaining to quality and support the development of the human resources in the academic and administrative units to deliver on education excellence to the stakeholders.

- Supporting the academic and administrative units in their successful implementation of the KSU – QMS in their respective units.

- ***Board of Assessors:*** The Board of Assessors are the university appointed internal audit and assessment teams with the following roles and responsibilities:

  - Conducting the audit and assessment of the Colleges or Programs or the Administrative Units annually as per the KSU – QMS Manual for quality performance and IQA guidelines for audit and assessment.

  - Keeping their own minutes of the meetings when the team meets for audit and assessment of the Colleges, Programs or the Administrative Units.

  - Auditing and assessing of the Colleges or Programs or the Administrative Units based on the KSU – QMS Manual and Scale performance guidelines.

  - Writing up Self – Study Report (SSR) of the Colleges, Programs or the Administrative Units which is the internal audit and assessment reports and submitting the SSR to the Quality Deanship on a timely basis. The SSR normally reflects the consensus of the members of the IQA – IAAT (Internal Audit and Assessment Team of the College or programs) and is written by the Secretary of the team. The Secretaries of all the team will then consolidate the data and compile them into the institutional level KSU Quality Performance Assessment Report (KSU – QPAR).

  - Liaising with the Deanship of Quality for any clarifications of the KSU – QMS, the Board of Assessors roles and responsibilities and the development of the KSU - QPAR.

- ***Academic Units (The Colleges and Programs):*** The academic units as represented by the colleges and programs are where the heart and soul of quality takes place. The management of quality and performance and achievement in the academic units is where quality begins but never ends that ultimately affect the institutional quality and performance standing and performance. As such, to successfully manage the quality performance in the academic units, there are 2 levels of responsibilities and accountabilities:

- ***Oversight Quality Team (OQT) or the College Quality Team –*** The OQT normally comprises of the Dean, Vice Deans of the College and the Chairpersons of the programs. Their main role is to map the direction of the college and the key standards and targets to be identified and to be achieved in their college strategic plan and annual operating plan. The full responsibility of the quality performance and achievements at the college level lies with this team.

- ***Quality Team (QT) or the Program Quality Team –*** The QT normally comprises of the Chairperson and a few selected faculty members of the program to map the direction of the program and the key standards and targets to be identified and to be achieved in their program strategic plan and annual program operating plan. The full responsibility of the quality performance and achievements at the program level lies with this team.

- ***Administrative Units which are the supporting service units:*** The academic units which are the colleges and programs are where the heart and soul of quality takes place and this is like the body. The working of the whole body is dependent on its arms and legs which are the administrative units that provide critical service support for the management of quality and performance and achievement in the academic units. The level and quality of the services and supports rendered by the administrative units ultimately affects the colleges, the programs and the institutional quality and performance standing and performance. As such, to successfully manage the quality performance in the administrative units, there are also 2 levels of responsibilities and accountabilities:

    - ***Oversight Quality Team (OQT) or the Administrative Unit Quality Team –*** The OQT normally comprises of the Dean and Vice Deans of the Administrative Units and the Head of Departments. Under the KSU organization structure, the quality in each of the Deanship which is ultimately responsible and accountable for the quality performance and service support rendered and the quality performance of the administrative units reports to Quality Deanship for quality performance. Their main role is to map the direction of the administrative unit and the key standards and targets to be identified and to be achieved in their administrative unit strategic plan and annual operating plan. The full responsibility of the quality performance and achievements at the administrative level lies with this team.

    - ***Quality Team (QT) or the Department Quality Team –*** The QT normally comprises of the Department Head and a few selected staff members of the department to map the direction of the department and the key standards and targets to be identified and to be achieved in their department strategic plan and annual program operating plan. The full responsibility of the quality performance and achievements at the department level lies with this team.

- Roles of the OQT and QT of the Academic and Administrative units:

    - Preparing the Self – Study Report (SSR) of the Colleges or Programs or the Administrative units annually by the OQT as per the KSU – QMS Manual and Scaled Scoring Performance for quality performance. The SSR at the department levels of the QT which is an internal matter is done within the jurisdiction of the College and the Deanship or Departments itself, but they can ask for assistance in auditing and assessment assistance from the Quality Deanship.

- Keeping their own minutes of the meetings when the OQT meets for preparing the SSR and getting the Colleges or Programs or Administrative Units ready for the annual Internal Audit and Assessment or annual monitoring.

- The SSR which is a self-study report is prepared and written by the Colleges or Programs or Administrative Units is based on the KSU – QMS Manual for quality performance guidelines and Scaled Scoring Performance Worksheet for quality assessment.

- Submitting the SSR to the Deanship of Quality on a timely basis. The SSR normally reflects the consensus of the members of the OQT and is written by the Secretary of the team. The Secretaries of all the QT will consolidate the data and compile of each of the program or departments into the College or Administrative Unit SSR.

- Liaising with the Deanship of Quality for any clarifications of the KSU - QMS, the roles and responsibilities of OQT and QT and the development and preparation of College or Program or Administrative Units SSR.

2.2 Principles of KSU – QMS (KSU Quality Management System)

The overall KSU – QMS which is the Quality Management System (QMS) is supported by two main sub-systems i.e. Planning Management System (PMS) and Information Management System (IMS) and their key intertwining relationships (Figure 2.1). Their rationales are discussed below:

- **The QMS (Quality Management System)**: The QMS as adapted from the MBNQA framework (NIST, 2009) has 2 main areas of Process and Results leading to the overall audit and assessment of the performance measurement and management as defined in the PMS. Rationally, the QMS:
  i. Addresses all matters related to the Internal Quality Assurance (IQA) and the External Quality Assurance (EQA) of the institution as per the established minimum requirements of the standards, criteria, items and key performance indicators at the institution, colleges and programs levels and the administrative units.
  ii. Ensures that the Quality Assurance (QA) in the institution, colleges, programs and the administrative units is properly maintained and managed.
  iii. Ensures that all policies and regulations pertaining to QA at the university, college, programs and the administrative units are properly documented, analyzed and disseminated and is properly maintained and managed as per the Strategic Performance Management System.

- **The PMS (Planning Management System)**: The PMS represents the strategic direction of the institution, college, program or administrative units which specifies their key vision, mission, goals and objectives that are achieved through their strategies. These define clearly and specifically the strategic direction that the institution, college, program or administrative units intends to achieve as defined in their strategic plans supported by their annual operation plans that continuously evolve to achieve their strategic direction. The goals identify "what to achieve based on its mission" and the objectives identify "what are the measurements of its achievement".

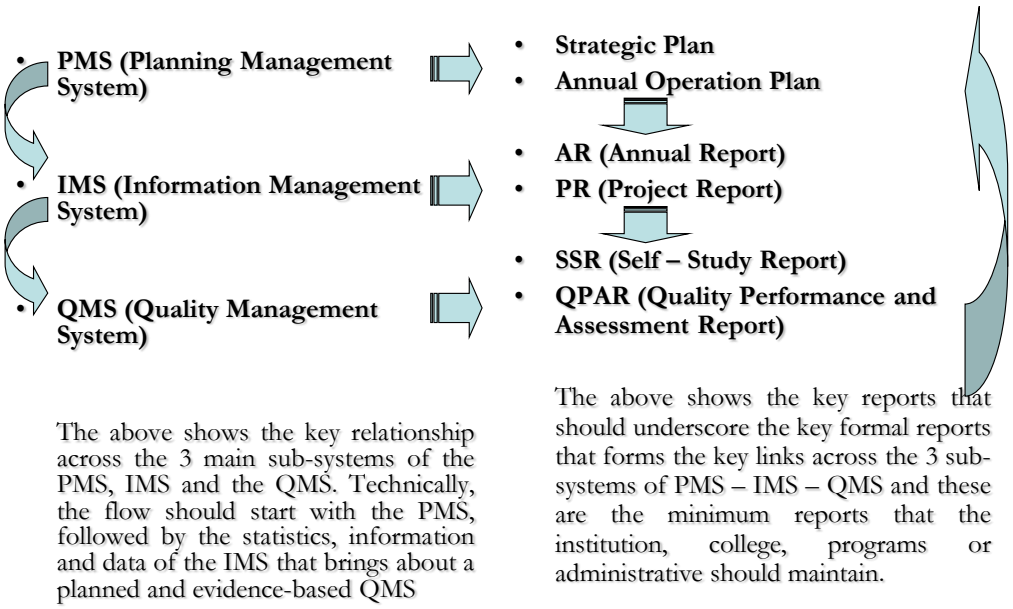
  Rationally, the PMS:
  i. Addresses all matters related to the Annual Operation plan and the strategic plan and other planning reports of the institution, colleges and programs and the administrative units,
  ii. Ensures that the KPI of the performance management system are collated, analyzed and disseminated in the institution, colleges and programs Annual

Report and are used as the metrics for the planning and budgeting parameters in the annual operation plan and budget,

iii. Ensures that the planning system of the institution, colleges and programs and the administrative units is properly maintained and managed as per the Strategic Performance Management System.

- **The IMS (Information Management System)**: The IMS represents the networks and statistics, information and database (SID) system developed to collect, collate, store, process and disseminate key data, facts, information and statistics that forms the base of the evidenced based decision making mechanism and the measurement based on its defined goals and objectives. Rationally, the IMS:
  i. Addresses all matters related to statistics, information and data (SID) base of the institution, colleges and programs and the administrative units concerned,
  ii. Ensures that the statistics, information and data (SID) in the administrative units, the institution and the academic units of the colleges and programs is properly maintained and managed,
  iii. Ensures that the statistics, information and data (SID) are properly documented, analyzed and disseminated to facilitate an evidence-based decision making mechanism for the institution, colleges and programs and the administrative units.

Figure 2.1: Strategic Performance Management and Reporting System – Linkages



Source: Adapted from Teay, Shawyun (2009), *Strategic Performance Management System*, International Edition, 3rd Edition, January 2009, Assumption University Digital Press, Bangkok, Thailand

The interfaces and the inter-linkages of the 3 main sub-systems of the Strategic Performance Management System and the reporting system are reported through some of the key reports as noted in Figure 2.5 as follows:

- **PMS (Planning Management System):** Normally the 2 main outputs of the PMS are the institution, college, programs or administrative unit:

a. ***Strategic Plan (SP) –*** The Strategic Plan is a long term plan normally 5 to 10 years mapping out the strategic direction of the college, programs or the administrative units, all of which should be aligned with the institution strategic plan.

b. ***Annual Operation Plan –*** The AOP is an annual plan that maps out the tactical and operational aspects of the performance to be achieved in each academic year, all of which culminates and aggregates from the strategic plan). A corresponding report is the annual budget that is based on the annual operation plan of the resources needed to implement all the different projects that are planned to achieve the overall mission and goals of the college, programs or administrative units.

- **IMS (Information Management System):** Normally the output of the IMS are the Annual Report and the Project Reports that form the foundation of the evidence based mechanism or the milestones and key performance indicators developed and achieved:

    a. ***Annual Report (AR) –*** The AR normally summarizes the key achievements of the institution, college, programs or administrative based on what they have planned to do in the Strategic Plan and the Annual Operation Plan. This will document all the actions and activities normally reported in detail in the Project Report and report on the key performance indicators set and targeted and achieved for that academic year.

    b. ***Project Report (PR) –*** The PR normally goes in-depth into the reporting of the details of each of the project developed, implemented and measured in terms of performance achievement. It is noted that all these project reports serve as the evidence based mechanism of the actions and activities of the institution, college, programs or administrative units that aggregates and culminates into the Annual Report (AR).

- **QMS (Quality Management System):** Normally the output of the QMS are the Internal Quality Audit and Assessment Report and the Quality Performance and Assessment Report:

    a. ***Self - Study Report (SSR) –*** The SSR will detail the self study of the institution, college, programs or administrative units for an academic year reporting the performance based on the standards, criteria, items and key performance indicators of the KSU – QMS. This is done and assessed internally by the institution, college, programs or administrative units themselves of their annual performance and achievements and is reported in the SSR.

    b. ***Quality Performance Assessment Report (QPAR) –*** The QPAR is the audit and assessment report filed by the university appointed Internal Quality Audit and Assessment Team to audit and assess the performance of the institution, college, program and administrative units. This will serve as the annual external review of the performance of the institution, college, program and administrative units.

2.3 KSU – QMS Quality Model

In organizations, in their strive for organizational quality improvements, the desired outcome is the achievement of organizational performance excellence. In striving towards the path of excellence

based on their quality drives, there are two main performance management models that are widely used:

1. **MBNQA (Malcolm Baldrige National Quality Model)** (MBNQA, 2010) is one of the leading Performance Excellence Management Model used worldwide in many countries. Its Performance Excellence Framework has two main components of "Process" and "Results". The 6 "Process" criteria consists of Leadership, Strategic Planning, Customer Focus, Measurement, Analysis and Knowledge Management, Workforce Focus and Process Management all leading to the 7th Criteria of "Results". MBNQA has a set of Education Criteria for Performance Excellence.
2. **EFQM (European Forum for Quality Management)** (EFQM, 2010) is another key Performance Excellence Model widely used in the EU (European Union). It is similar to the MBNQA in that it has also two main components of "Enablers" and "Results". The "Enablers" consists of Leadership, People, Strategy, Partnership and Resources, with 4 sets of "Results" of People results, Customer results, Society results and Key Results.

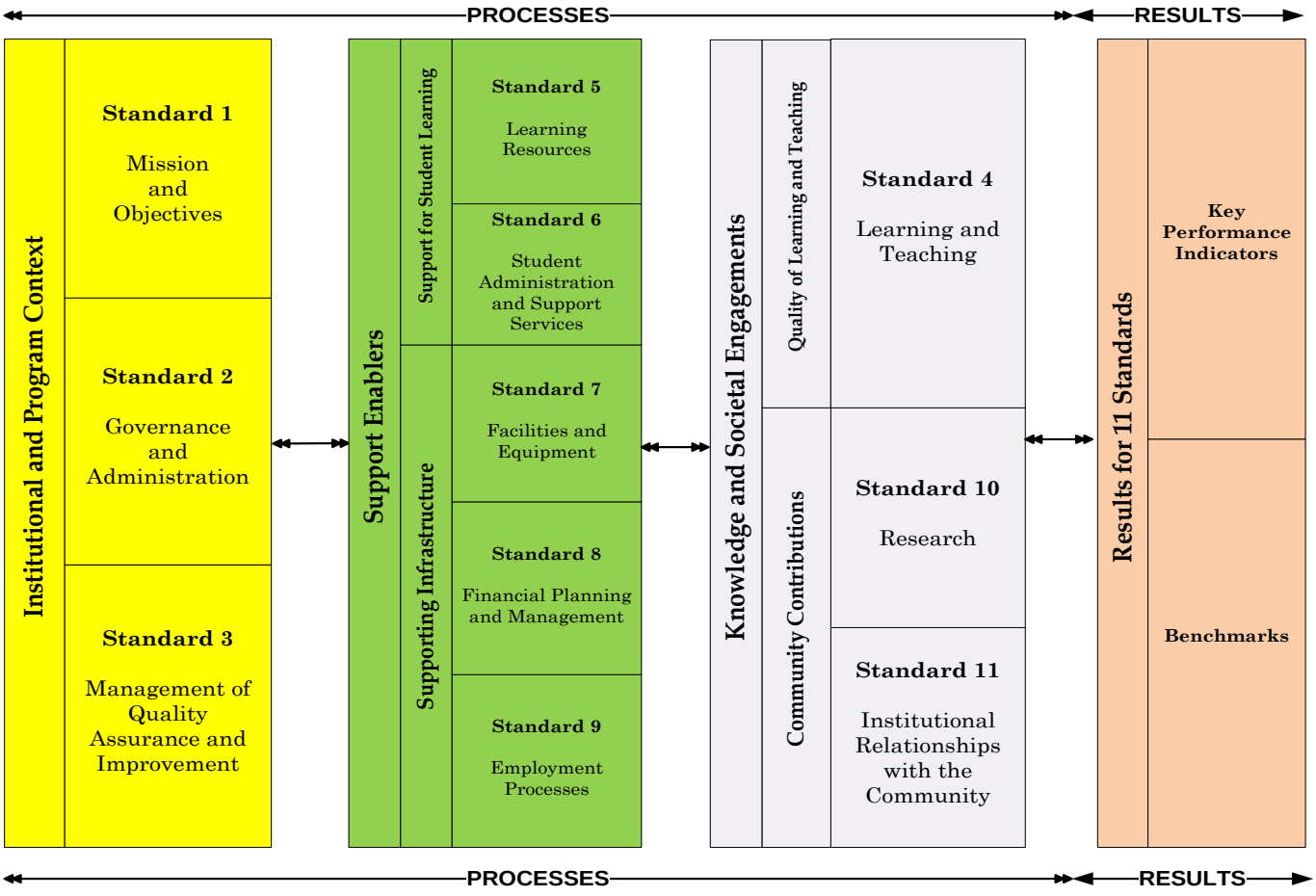
These two Performance Excellence models are normally used in its original form or with nations adapting these models to their national context in about 100 countries worldwide. This worldwide acceptance underlies the pervasiveness of nations trying to encourage and motivate their national organizations or businesses to strive for performance excellence in whatever they do. It is noted that these two models are very similar in the 3 main areas of:

1. Both of them have similar thematic focus of Leadership, Strategic Planning, People and Customer focus supported by Process and Resources Management, all of which are result-driven.
2. There are two main components of "Process or Enablers" and "Results".
3. Assessment is rationalized through the "ADLI (Approach, Deployment, Learning and Integration) for process based criteria and LeTCI (level, Trend, Comparisons and Integration) results based criteria for MBNQA" and "RADAR for EFQM" both of which represent the systematic and progressive scoring based on a set of criteria for each scoring range, all of which totals to 1000 points in both systems.

In developing a Quality Management Performance Excellence Model for King Saud University, there are two main components that must be determined:

1. The Standards, Criteria and Items that forms the basis of the requirements for audit and assessment for performance excellence, of which the NCAAA's Standards, Sub-Standards and Sub-sub-Standards have been selected as the blueprint for the KSU – QMS (Quality Management System) and these resulted in the 11 Standards as shown in Fig. 2.3. The 11 Standards form the Process-based Criteria with a set of complementing 11 Results-based Criteria (Fig.2.3)
2. The scoring methodology of using the ADLI for the Process-based Criteria and the LeTCI for the Results-based Criteria as adapted from the MBNQA.

Fig. 2.3: KSU – QMS Quality Model © 2010 KING SAUD UNIVERSITY



As shown in Fig. 2.3, there are three main groupings of the KSU – QMS Standards into:

1. **Institutional and Program Context –** This is the main "umbrella" or supra component that brings strategic directions to tie together the other operational components. Leadership is needed to spearhead the commitment to quality improvements and innovations that affects performance excellence throughout the whole organization governance and administration, supported by the omnipotent and pervasive Quality Management System. As such, Standards 1, 2 and 3 are put under this institutional and program context.
2. **Support Enablers –** A key set of competence and capabilities that support the success of the academic elements are the key support enablers. These would consist of the support infrastructure of facilities and equipments to support a conducive teaching and learning environment, financial management which serves as the life blood feeding all elements of the organizational resources, human resources focus of engaging and empowering the "human capitals" through development and motivational efforts to push forward the frontiers of

performance excellence. This also includes the support for student learning of the learning resources and students services which are critical and central to the success of the student learning experiences.

3. **Knowledge and Societal Engagements –** This represents the heart and soul of the institution of quality teaching and learning by the human capital to push forward the frontiers of teaching, learning, research and societal contributions through knowledge development, creation and sharing for the benefits of societal development.
4. **Results –** This is based on the mantra of "management through measurement" in the beliefs that measurements of performance of the key educational processes in the Standards 1 to 11 can support better management of the educational values and commitment to the stakeholders based on the institution's strategic intent, its vision, mission and values. These are shown by their KPI (Key Performance Indicators) and Benchmarks for comparative performance.

In the KSU – QMS Quality Model, there are 2 main sets of components: the "Process" itself that defines the standards, criteria and items that brings about the "results" in the form of the key performance indicators or benchmark of the institution, college, programs or administrative units.

- **"Process"** refers to the methods, systems, mechanisms or techniques the institution, college, programs or administrative units use and improve to address the standards, criteria, items and key performance indicators requirements in the KSU – QMS Quality model. The four factors used to evaluate process are Approach, Deployment, Learning, and Integration (ADLI).

  - ***"Approach"*** refers to:

    - The methods, systems, mechanisms or techniques used to accomplish the process.
    - The appropriateness of the methods, systems, mechanisms or techniques to the requirements of meeting the standards.
    - The effectiveness of the use of the methods, systems, mechanisms or techniques.
    - The degree to which the approach is repeatable and based on reliable data and information (i.e., systematic).

  - ***"Deployment"*** refers to the *extent* to which:

    - The institution, college, programs or administrative units approach is applied to all levels of the unit(s) in addressing requirements relevant and important to the HEI.
    - The institution, college, programs or administrative units approach is applied consistently to all levels of the unit(s).
    - The institution, college, programs or administrative units approach is used by all appropriate work units at all levels of the unit(s).

  - ***"Learning"*** refers to:

    - Refining the institution, college, programs or administrative units approach through cycles of evaluation and improvement and innovation.
    - Encouraging breakthrough change to the institution, college, programs or administrative units approach through innovation.
    - Sharing refinements, improvements and innovations with other relevant work units and processes in the institution, college, programs or administrative units to all levels of the unit(s).

- ***"Integration"*** refers to the *extent* to which:

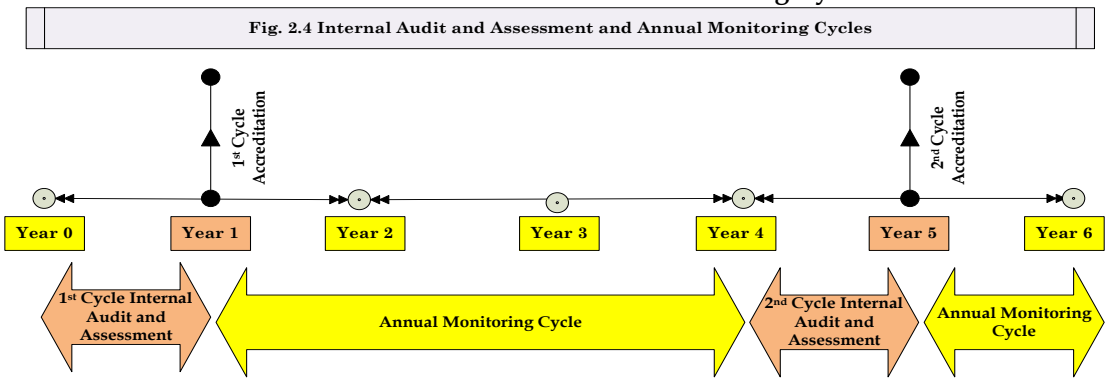
  - The institution, college, programs or administrative units approach is aligned with the organizational needs identified in the institution, college, programs or administrative units Organizational Profile and other Process Standards, Criteria and Items.
  - The institution, college, programs or administrative units' measures, information, and improvement systems are complementary across processes and work units at all levels of the unit(s).
  - The institution, college, programs or administrative units' plans, processes, results, analyses, learning, and actions are harmonized across processes and work units at all levels of the unit(s) to support organization-wide goals.

- **"Results"** refers to the organization's *outputs and outcomes* in achieving the requirements in processes above. The four factors used to evaluate results are:

  - The institution, college, programs or administrative unit's current level ***(Le – Level)*** of performance and its performance trend ***(T – Trend)*** over a time period.
  - The time period that normally covers a minimum of 3 periods will include the rate (i.e., the slope of trend data) and breadth (i.e., the extent of deployment) of the institution, college, programs or administrative units' performance improvements.
  - The institution, college, programs or administrative units' performance relative to appropriate comparisons ***(C – Comparisons)*** and/or benchmarks to determine a comparative and analytical set of performance achievements.
  - The linkage (***I – Integration)*** of the institution, college, programs or administrative units results measures (often through segmentation) to important student and stakeholder; program, offering, and service; mainly the institution, college, programs or administrative units as described in the Institutional Profile and in Process Items.

2.4 KSU Internal Audit and Assessment and Annual Monitoring Cycles

Fig. 2.4 Internal Audit and Assessment and Annual Monitoring Cycles



The KSU – QMS quality management processes are divided into two main sets of cyclic sub-processes that consist of:

- **Internal Audit and Assessment Cycle –** The KSU – QMS is the main system used by KSU to manage the quality within the KSU system that covers the institution, colleges and program. As all colleges and programs in KSU and KSA has to be accredited by NCAAA, which requires that all colleges and programs have an IQA and that the college and programs have external reviews, it is the essential that the colleges and programs use this as their de facto internal quality management system. The KSU – QMS provides both the fundamentals of an IQA and requisite external review as this is done through the Internal Audit and Assessment processes, and is assessed by an independent Board of Assessors. This Internal Audit and Assessment is only conducted before the College or programs goes for their every 5 years

mandatory NCAAA accreditation, and is interspersed with an annual monitoring cycle (Fig. 2.4).

- **Annual Monitoring Cycle –** The main monitoring normally takes place at the core of the educational processes which is represented by the colleges and the programs and their programs offerings. At the same time, it is essential that the institution is able to understand and synthesizes all the programs' offerings to ensure and assure that they achieve the institution's vision and mission and that of the college. As such, the annual monitoring process is aimed at capturing the quality feedback loop on an annual basis to ensure that the quality drive is maintained and sustained through continuous improvements from one accreditation cycle to another. It does not necessitate a full internal audit and assessment as requirement in preparation of the cyclical accreditation 5 years period. But it does need to ensure that the periods in between the accreditation cycle still sustain the continuous improvements that culminate in the 2nd Internal Audit and Assessment Cycle.

The main similarities and difference of the Internal Audit and Assessment and the Annual Monitoring is shown in Table 2.2 as follows:

Table 2.2: Similarities and differences of Internal Audit and Assessment and the Annual Monitoring

Key Differences	
Internal Audit and Assessment	**Annual Monitoring**
⌖ Is a full scale exercise that takes place before the college or program goes for the NCAAA accreditation once every 5-year.	⌖ There will not be a full audit and assessment but an annual monitoring of improvements or changes made as planned for each academic year.
⌖ A full Board of Assessor is appointed to audit and assess the college or program to provide a systematic external review to the college and program based on the KSU – QMS and as required by the NCAAA.	⌖ The Board of Assessor (BOA) will ensure that there are continuous improvements as planned in the action plans as this is only an annual monitoring exercise with the submission of the required reports.

Key Similarities	
Internal Audit and Assessment	**Annual Monitoring**
⌖ The full scale exercise is based on the KSU – QMS with a full write-up of the SSR to report on the past years performance together with the Scaled Scoring Performance Worksheet that shows the performance of each academic year leading up to the accreditation cycle.	⌖ In the annual monitoring the same SSR and Scaled Scoring Performance Worksheet produced is based on the KSU – QMS. The SSR will only report changes or improvements made over the past academic year. The Scaled Scoring Performance Worksheet will produce an annual status report of its performance scoring.
⌖ Both the SSR and the Scaled Scoring Performance Worksheet has to be submitted to the Deanship of Quality prior to the planned accreditation for the full Internal Audit and Assessment by the university appointed Board of Assessors.	⌖ Both the SSR and the Scaled Scoring Performance Worksheet has to be submitted to the Deanship of Quality on an annual basis for monitoring to ensure that actions and activities had been planned and executed for each academic year.
⌖ Key reports that needs to be submitted to the Deanship of Quality for the full internal audit and assessment are: ⌖ College or Program Annual Report (CAR or PAR) ⌖ SSR (full version)	⌖ Key reports that needs to be submitted to the Deanship of Quality for the annual monitoring are: ⌖ College or Program Annual Report (CAR or PAR) ⌖ SSR (simplified version)

⌖ Scaled Scoring Performance Worksheet ⌖ College or Program annual action plans ⌖ QPAR (full version)	⌖ Scaled Scoring Performance Worksheet ⌖ College or Program annual action plan ⌖ QPAR (simplified version)

2.5 Internal Audit and Assessment

The Internal Audit and Assessment follows the Accreditation Cycle as it is meant to provide the following:

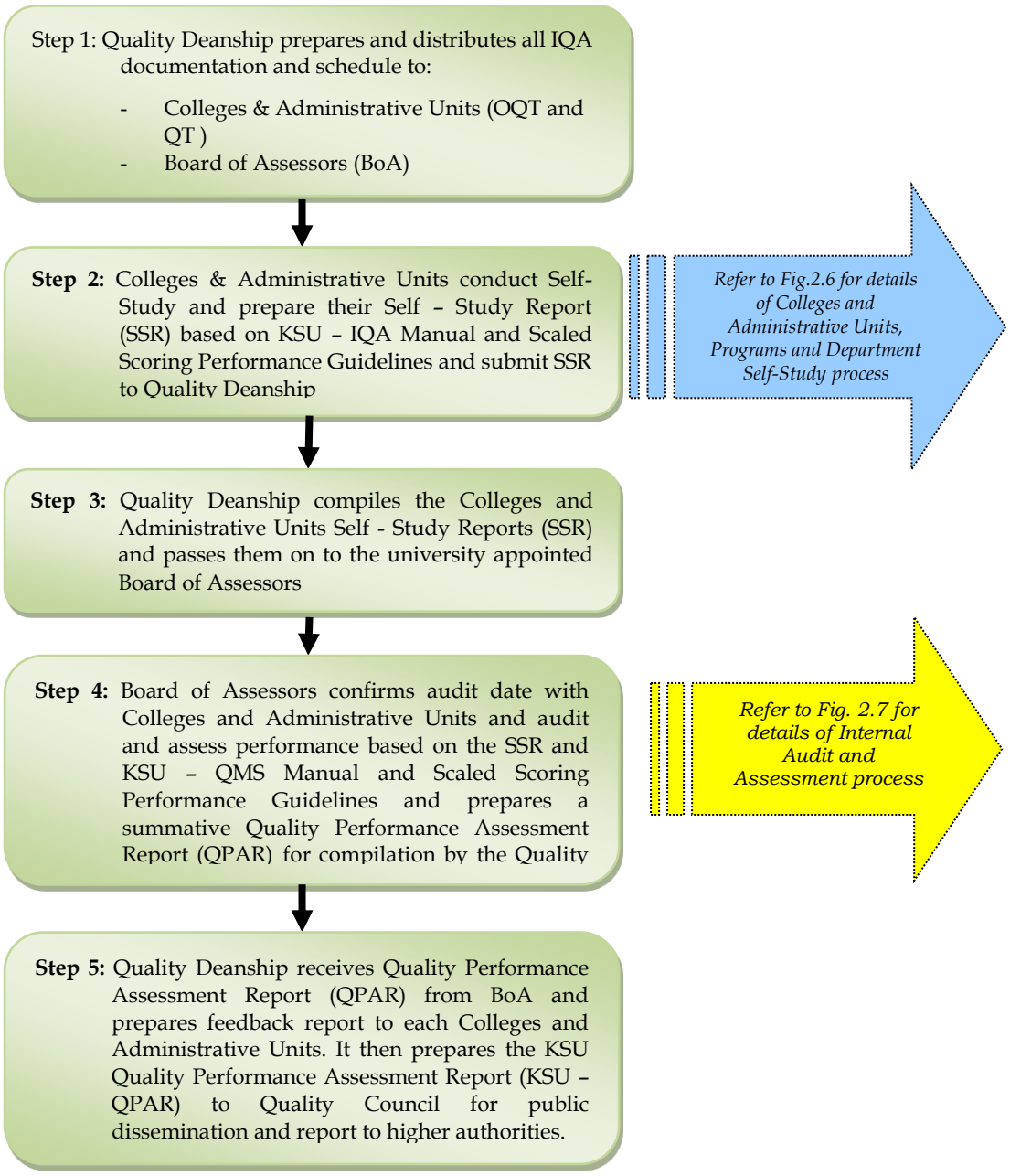
- Full preparation of the college or programs in developing the NCAAA Self-Study Report that is required for the accreditation.
- To ensure that the IQA of the college or programs as represented by the KSU – QMS provides a set of formative and summative periodical evaluation of the performance of the college or programs over the periods of time leading up to its application for NCAAA accreditation.
- To ensure that the IQA of the college or programs as represented by the KSU – QMS provides a set of evidence or data set showing continuous improvements over the period of time leading up to the application for NCAAA accreditation.
- To ensure that the IQA of the college or programs as represented by the KSU – QMS provides a systematic approach in the management of quality with a feedback control system that serves as the base for continuous improvements and innovations over the period of time leading up to the application for NCAAA accreditation.

As noted in Fig. 2.4, the internal audit and assessment is normally conducted over the period before the college or programs decide to go for the NCAAA accreditation on a 5-year cyclical basis. It must be noted that the NCAAA requires the following:

- That all college and programs have an IQA to ensure that there is a systematic approach in the quality management of its education offers.
- That the college and programs have an external review of their educational offering which is achieved by the Board of Assessors in the Internal Audit and Assessment on all aspects of the 11 Standards as required by the NCAAA.
- That there is continuous improvements and evidence substantiating these improvements meeting the vision, mission and goals as committed to the stakeholders and as planned in the strategic plan of the college or programs.
- That there is an annual report on the progress made or achieved based on the annual performance review.

This is where the Internal Audit and Assessment plays a critical role to ensure that the college and programs achieve the above based on its cyclical audit and assessment before applying for its 5-years accreditation. The master process flow and supporting activities for the Internal Audit and Assessment are shown in Figures 2.5 – 2.7.

Figure 2.5: KSU – IQA Audit and Assessment Process (Master Flow)



2.5.1 KSU Audit and Assessment Process (Master Flow – Figure 2.5)

Step 1:

- The Quality Deanship prepares and distributes KSU – QMS Manual and Scaled Scoring Performance Guidelines and Annual Audit and Assessment Schedule to:
  - Colleges and Administrative Units (OQT and QT)
  - Board of Assessors
- The KSU – QMS Manual and Scaled Scoring Performance Guidelines will define:
  - The Standards, Criteria, Items and KPI and scoring guidelines and documents to be used in doing the self-study resulting in the College, Program or Administrative Unit Internal Quality Audit and Assessment Performance Report (SSR), and.
  - The format in writing the Self – Study Report (SSR).

Step 2:

- Each College or Program or Administrative Unit will conduct an audit and assessment of their unit based on the KSU – QMS manual requirements. This will define what and how the Scaled Scoring Performance Worksheet of the Standards, Criteria, and KPI will be used and how to assess their performance based on the Scaled Scoring Performance guidelines of each of the Standards, Criteria, Items and KPI. The outcome of this will constitute the College or Administrative Unit level Self – Study Report (SSR) done by the OQT.

- At the Program or Department level, the Program or Departmental Self – Study Report (SSR) is conducted by the QT, and each program or department should prepare their own department Self – Study Report (SSR) to the College or Administrative Unit OQT. The Program or Department Self – Study Report (SSR) will be kept with each of the College or Administrative Unit for internal use only. The College or Administrative Unit OQT will consolidate all the programs' or departments' Self – Study Report (SSR) for audit and assessment by the College or Administrative Unit OQT.

- The College or Administrative Unit OQT will audit and assess their own College or Administrative Unit and write up the College or Administrative Unit Self – Study Report (SSR). Only the College or Administrative Unit Self - Study Report (SSR) and performance evaluation will be submitted to Quality Deanship on the due date as agreed upon.

Step 3

- Upon receiving the College or Administrative Unit Self – Study Report (SSR), the Quality Deanship will compile the College or Administrative Unit Internal Quality Audit and Assessment Performance Report (SSR) evaluation reports and passes them on to the Board of Assessors

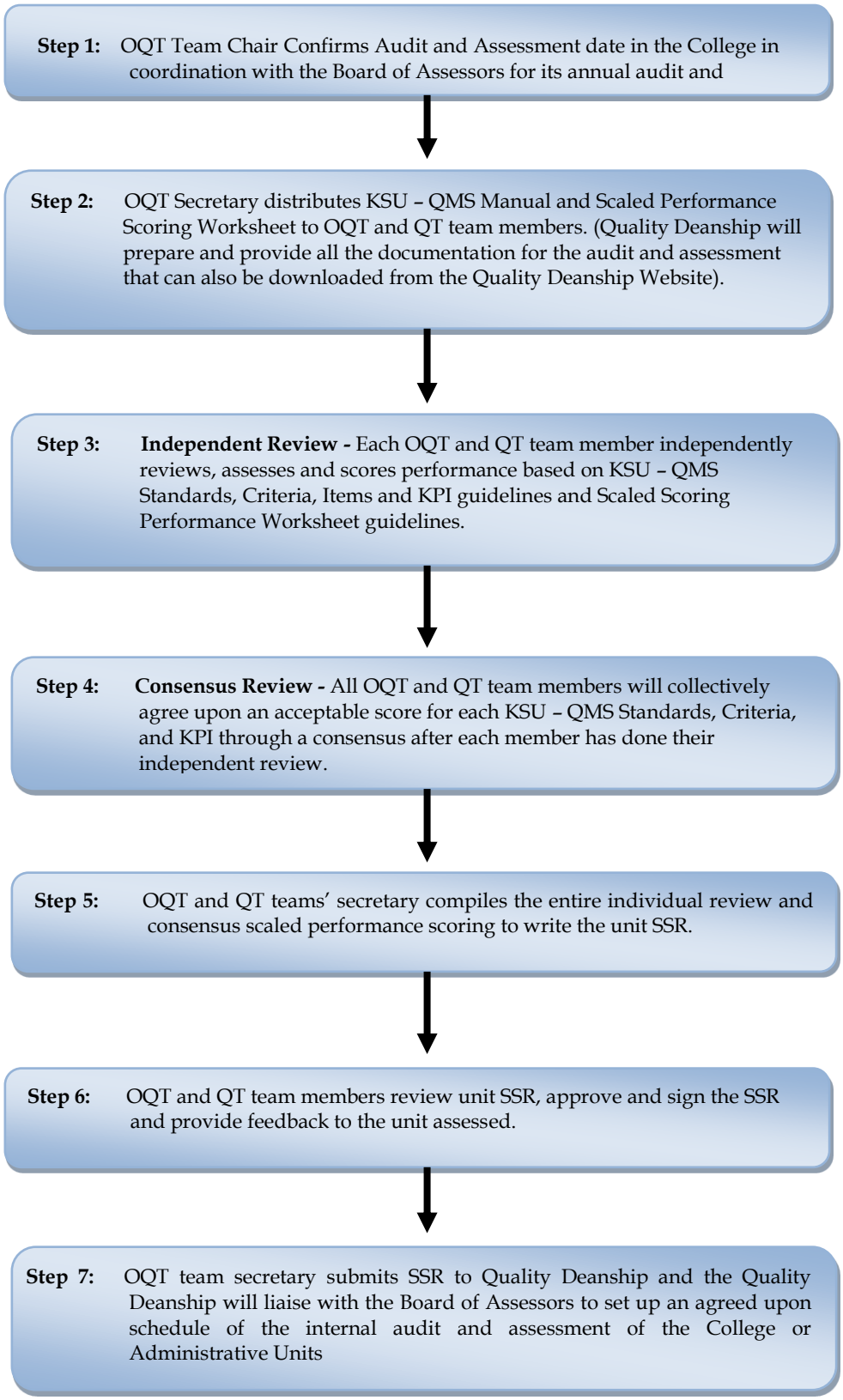
Step 4

- Upon receiving the College or Administrative Unit Self – Study Report (SSR), the Board of Assessors secretary will confirm the date and place whereby the audit and assessment will be conducted.
- On the appointed date and place, Board of Assessors will evaluate the performance of the College or Administrative Unit based on KSU – QMS manual.
- On completion of the audit and assessment, the Board of Assessors will prepare the Quality Performance Assessment Report (QPAR) for compilation by Quality Deanship.

Step 5

- Upon receiving the Quality Performance Assessment Report (QPAR), the Quality Deanship will prepare feedback report to each College and Administrative Unit.
- At the end of the Academic Year Internal Audit and Assessment cycle, the Quality Deanship will prepare the KSU Quality Performance Assessment Report (KSU – QPAR) to the KSU Quality Council for public dissemination and report to higher authorities.

Figure 2.6: College and Administrative Unit Self-Study Assessment and SSR Process Flow



2.5.2 College and Administrative Unit Self-Study Assessment and SSR Process Flow (for OQT and QT) – Process applicable to College or Program level OR Administrative Unit or Department level (Figure 2.6)

Step 1:

- The Chair of the OQT (normally the Dean of the College or Administrative Unit) will initiate the internal audit and assessment by calling for a meeting of the members of the OQT and QT to inform them of the requirements, processes and procedures of the College or Administrative Unit audit and assessment for the academic year by the Board of Assessors.
- The OQT Chair will confirm the audit and assessment dates at the department level with QT chairs.

Step 2:

- The OQT and QT Secretaries distribute the KSU – QMS Manual and Scaled Scoring Performance Worksheet and all other documents to OQT and QT members as prepared and provided by the Quality Deanship for the audit and assessment. (Note that the internal audit and assessment at the Program level or department level will culminate in the College or administrative Unit level Self – Study Report (SSR). As such, the same flow is applicable to both the College level and the Program level. The same applies for the Administrative Unit and the Department levels).

Step 3 (Independent Review):

- When preparing the independent review, each of the OQT and QT members will conduct the audit and assessment independently with minimal consultation with the other team members.
- Each of the OQT and QT members can use the Scaled Scoring Performance Worksheet as the worksheet to arrive at a percentage score for each of the Standard, Criteria, and KPI based on the scoring guidelines to tabulate the total performance score for that unit.

Step 4 (Consensus Review):

- Once all the OQT and QT team members have completed their independent review in Step 3, the team secretary will set up a date for the consensus review.
- At the consensus review, all the OQT and QT team members will collectively discuss and agree upon an acceptable score for each Standard, Criteria, and KPI through a consensus. The consensus is imperative to an impartial and fair indicator for each of the Standard, Criteria, and KPI as different members can assign different percentage and score depending on his/her perspectives. This is whereby the Scaled Scoring Performance Worksheet will be a critical support to justify a score.
- Once all the OQT and QT team members have reached a consensus for all the KPIs, the team secretary will prepare unit final SSR.

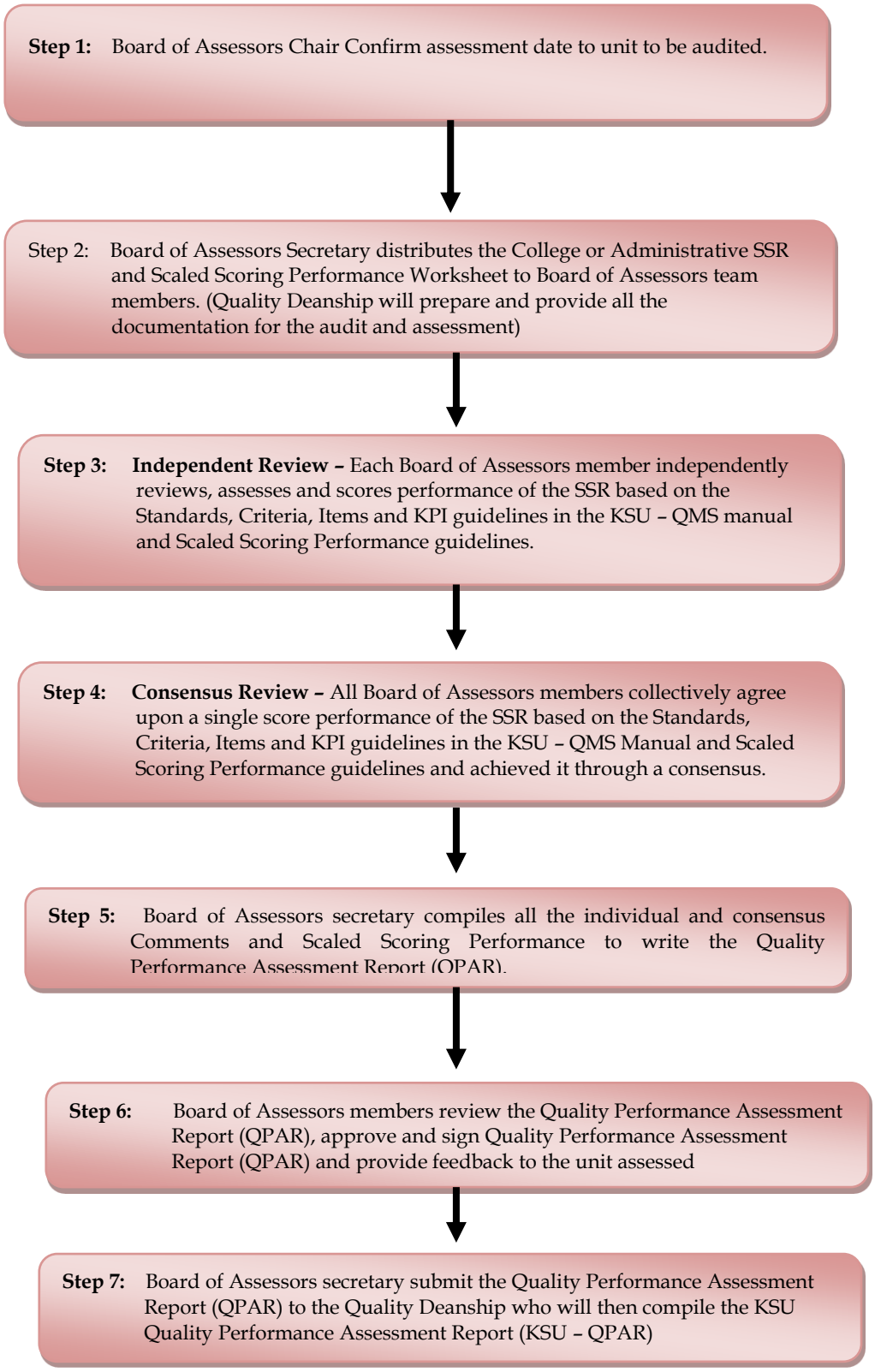
Step 6:

- The OQT and QT team will review and approve the SSR by attaching their signature to the SSR signifying responsibility and accountability in the fair, just and impartial audit and assessment of their college or programs or administrative units or department.
- The signed SSR will be submitted to the College OQT for the College or Administrative level Self-Study to arrive at the College or Administrative Unit SSR.

Step 7:

- The OQT team secretary will submit to Quality Deanship the approved and signed SSR
- The Quality Deanship will then pass on all the above documents to the Board of Assessors for internal audit and assessment of the College or Administrative Units at an appointed date and time.

Figure 2.7: KSU – Internal Audit and Assessment Process Flow by Board of Assessors



2.5.3 KSU Internal Audit and Assessment Process Flow by Board of Assessors (Figure 2.7)

Step 1

- The Chair of the Board of Assessors will initiate the audit and assessment by calling for a meeting of the members of the Board of Assessors to inform them of the requirements, processes and procedures of the College or Administrative Unit audit and assessment for the academic year by the IQA – IAAT.
- The Secretary of the Board of Assessors will confirm the audit and assessment date with the College or Administrative unit concerned.

Step 2

- The Board of Assessors Secretary distributes the SSR of the College and Administrative Unit, the KSU – QMS Manual and Scaled Scoring Performance Worksheet and all other documents to Board of Assessors members as prepared and provided by the Quality Deanship for the audit and assessment.

Step 3 (Independent Review)

- Each of the Board of Assessors members will conduct the audit and assessment independently with minimal consultation with the other team members.
- Each of the Board of Assessors members can use the Scaled Scoring Performance Worksheet as the worksheet to arrive at a percentage score for each of the Standard, Criteria, and KPI based on the scoring guidelines and to tabulate the total performance score for that unit.

Step 4 (Consensus Review)

- Once all the Board of Assessors members have completed their independent review in Step 3, the team secretary will set up a date for the consensus review.
- At the consensus review, all the Board of Assessors members will collectively discuss and agree upon an acceptable score for each Standards, Criteria, and KPI through a consensus. The consensus is imperative to an impartial and fair indicator for each of the Standards, Criteria, Items and KPI as different members can assign different percentage and score depending on his/her perspectives. This is whereby the worksheet Scaled Scoring Performance Worksheet will be a critical support to justify a score.
- Once all the Board of Assessors members have reached a consensus for all the Standards, Criteria, and KPI, the team secretary will prepare the Quality Performance Assessment Report (QPAR) for that College or Administrative Unit.

Step 6

- The Board of Assessors members will review and approve the Quality Performance Assessment Report (QPAR) by attaching their signature to the Quality Performance Assessment Report (QPAR) signifying responsibility and accountability in the fair, just and impartial audit and assessment of the College or Administrative Unit.
- The signed Quality Performance Assessment Report (QPAR) will be submitted to the Quality Deanship for documentation and provide feedback to the unit assessed.

Step 7

- The Board of Assessors secretary will submit the Quality Performance Assessment Report (QPAR) to Quality Deanship which will then compile and consolidate all the Quality Performance Assessment Reports (QPAR) of all the Colleges and Administrative Units into the KSU Quality Performance Assessment Report (KSU – QPAR) that will be disseminated to the public and reported to higher authorities as the Institution Annual Quality Performance Assessment Report.

2.6 College or Program Annual Monitoring Process

As the Internal Audit and Assessment is used for the conduct of a full internal audit and assessment of the college programs before they go for the 5-years cyclical accreditation, the periods in between the 1st and 2nd 5-year cyclical is considered the "monitoring period" (Fig. 2.7) This section describes the annual monitoring procedures for the college and programs. As such it includes:

- Definition of monitoring;
- Aims of monitoring;
- Responsibilities in monitoring;
- Use of evidence to support monitoring and Checklist of Supporting Evidence;
- Stages in the Monitoring Process;
- Reporting arrangements.

2.6.1 Definition

Monitoring is the year-on-year process conducted in the periods of the 5-years cyclical Internal Audit and Assessment and the accreditation of the college or the programs. It is a key mechanism by which the college or program staff who have responsibility for the delivery of a program continues the annual check and balance to continuously evaluate and improve the effectiveness of the program in achieving and sustaining its stated aims, and the success of students in attaining the program's learning outcomes. Monitoring, which is based on the use of qualitative and quantitative evidence, is conducted by the college or program team of staff responsible for the delivery of the program in partnership with the relevant monitoring committee as established by the College or program,. The outcomes of monitoring are reported to the Vice Rectorate for Development and Quality via the Deanship of Quality, and, thereafter, to appropriate management authorities.

2.6.2 Aims of Monitoring

As the annual monitoring does not carry a full-fledged internal audit and assessment that is more stringent and strenuous, but still maintaining the continued improvements on an annual basis, the broad aims of monitoring are to:

- Ensure that the college or program remains current and valid in the light of developing knowledge in the discipline and educational practices, identifies and disseminates good practices;
- Seek the views of students with regard to the quality of the students' experience by identifying issues, shortcomings and problems in the content or delivery of a program and to take timely action to resolve those problems;
- Encourage reflection and evaluation on student performance in individual modules and the program as a whole and seek improvements to the program in the light of that reflection and the extent to which the intended learning outcomes are being attained by the students;
- Ensure that issues raised by visiting examiners are acted upon and draw the attention of the institution to matters beyond the influence of the teaching team and to provide feedback on action taken in response to these matters and contribute to strategic, academic and resource planning;

2.6.3 Responsibilities in monitoring

The Vice Rectorate for Development and Quality and its executive Deanship of Quality has overall responsibility for quality and standards in King Saud University. The College and Program Quality Committees (which is the OQT and QT) have full responsibility for the development, maintenance and implementation of the KSU – QMS Annual monitoring procedures based on policies of the University Quality Committee related to those procedures. The College or Programs monitoring committees are responsible for the local implementation of those procedures in their respective College and programs. As part of this responsibility, the monitoring committees will ensure that

programs and modules are monitored effectively by the teams delivering those programs and modules. Thus:

- monitoring is the responsibility of program and module teaching teams (and the staff within those teams) and assumes that key individuals will be appointed to take responsibility for the day-to-day management of a program and to maintain an ongoing record of monitoring activities and to prepare (or contribute to the preparation of) the College or Program annual report;
- it is for programs to determine how information and evidence about modules is collected and used to support program monitoring within the KSU – QMS requirements;
- in the context of monitoring, program and module teaching teams are accountable to the relevant monitoring committee through, *inter alia*, the production of an annual performance report;
- the monitoring committees are expected to produce an annual performance report (the SSR – Internal Quality Audit and Assessment Performance report) to Vice Rectorate for Development and Quality and the Deanship of Quality summarizing the performance outcomes of the committee's monitoring activity for the preceding year;
- Deanship of Quality prepares an overview report to Vice Rectorate for Development and Quality summarizing the outcomes of all monitoring activity for the preceding year.

2.6.4 Use of evidence to support monitoring

Monitoring depends on the collection of evidence that confirms the effectiveness of a program. Evidence is collected from a variety of sources but may include:

- data on applications and enrolment;
- feedback from students (in staff-student consultation groups, from evaluation
- questionnaires and through the College or Program or Courses, Student Survey and the Student Experience Survey);
- student performance (in modules, in any one year and throughout a program);
- visiting examiners reports;
- reports from professional bodies;
- feedback from placements and from employers;
- the professional, educational and research activities of staff (including staff development) can contribute to the development of a program.

2.6.5 KSU – QMS Checklist of Supporting Evidence

Legend: SID (Statistics, Information and Documents), I (Institution), C (College or Program)

ORGANIZATIONAL PROFILE	
Institution	**College or Program**
SID I – A: Institution Charter, Institution Organization or Authority Chart	**SID C – A:** College Charter, College Organization or Authority Chart
SID I – B: Institution Catalog	**SID C – B:** College or Program Catalog
SID I – C: Institution Organizational Profile (Historical to present standing)	**SID C – C:** College or Program Organizational Profile
SID I – D: Institutional Statistics	**SID C – D:** Collegial or Program Statistics
SID I – D1: Intuitional Characteristics – Number of Colleges and Programs, Faculty/Staff/Students Profile, Learning resources and facilities profile	**SID C – D1: College Characteristics** – Number of Departments, Faculty/Staff/Students Profile, Learning resources and facilities profile
SID I – D2: Institutional Faculty Statistics: Ratio of Instructor : Assistant Prof. : Associate Prof. : Professor by College, Department, by Local Vs. Expat, by Highest Degree attainment, by Geographic Distribution	**SID C – D2: College Faculty Statistics:** Ratio of Instructor : Assistant Prof. : Associate Prof. : Professor by Department, by Local Vs. Expat, by Highest Degree attainment, by Geographic Distribution
SID I – D3: Institutional Staff Statistics: Number of staff by Department, by Local Vs. Expat, by Highest Degree attainment, by Geographic Distribution	**SID C – D3:** College Staff Statistics: Number of staff by Department, by Local Vs. Expat, by Highest Degree attainment, by Geographic Distribution

SID I – D4: Institutional Students Statistics: Number of Students by College and Department, by Local Vs. Expat, by year of program, by Geographic Distribution, enrolment rate by year (1st year to 5th year), retirement and probation rate by year (1st year to 5th year), retention rate by year (1st year to 5th year)	**SID C – D4: College Students Statistics:** Number of Students by College and Department, by Local Vs. Expat, by year of program, by Geographic Distribution, enrolment rate by year (1st year to 5th year), retirement and probation rate by year (1st year to 5th year), retention rate by year (1st year to 5th year)
SID I – D5: Institution Learning Resources Statistics: Number and Types of Learning resource availability, utilization rate by faculty, staff and students	**SID C – D5: College Learning Resources Statistics:** Number and Types of Learning resource availability, utilization rate by faculty, staff and students

STANDARD 1: MISSION, GOALS AND OBJECTIVES	
Institution	**College or Program**
SID I – 1.1: Institution Strategic Plan and Action Plans	**SID C – 1.1:** College Strategic Plan and Action Plans
SID I – 1.2: Statements of Institutional Vision, Mission, Values, Goals	**SID C – 1.2:** Statements of College Vision, Mission, Values, Goals

STANDARD 2: GOVERNANCE AND ADMINISTRATION	
Institution	**College or Program**
SID I – 2.1: Institution By-law: Provide the institution by-laws or basic documents demonstrating the institution legal responsibility and accountability, codes of professional and academic conduct of the faculty and students	**SID C – 2.1: College By-law:** Provide the institution by-laws or basic documents demonstrating the college legal responsibility and accountability, codes of professional and academic conduct of the faculty and students
SID I – 2.2: Institutional Governing Board: Provide documentation of the structure, authority, and autonomy of the Institution Governing Board, its internal and external composition, policies and procedures and guiding principles of the Governing Board and Committees that are enshrined in its codes of practices and manual and minutes governing its governing and regulatory practices in reviewing institutional academic and administrative policies.	**SID C – 2.2: College Governing Board:** Provide documentation of the structure, authority, and autonomy of the college Governing Board, its internal and external composition, policies and procedures and guiding principles of the Governing Board and Committees that are enshrined in its codes of practices and manual and minutes governing its governing and regulatory practices in reviewing college academic and administrative policies.
SID I – 2.3: Institution Governing Board Member: Provide a list of the internal and external representation of the Institution Board Members including their name, designation, affiliation and occupation, and compensation.	**SID C – 2.3:** College Governing Board Member: Provide a list of the internal and external representation of the Board Members including their name, designation, affiliation and occupation, and compensation
SID I – 2.4: Institution Administrative Committee and Members: Provide a list of the internal and external representation of the various Institution Administrative Committees and its members including their name, designation, affiliation and occupation, and compensation to oversee the various key institutional administrative polices.	**SID C – 2.4:** College Administrative Committee and Members: Provide a list of the internal and external representation of the various College Administrative Committees and its members including their name, designation, affiliation and occupation, and compensation to oversee the various key collegial administrative polices.

STANDARD 3: MANAGEMENT OF QUALITY ASSURANCE AND IMPROVEMENT	
Institution	**College or Program**
SID I – 3.1: Institution Quality Management System: Provide documentation and evidence of the existence of the institution internal quality management system addressing its internal audit and assessment needs and requirements and assuring its institutional quality assessment and assurance practices.	**SID C – 3.1: College Quality Management System:** Provide documentation and evidence of the existence of the college internal quality management system addressing its internal audit and assessment needs and requirements and assuring its college quality assessment and assurance practices.
SID I – 3.1: Institution Quality Plan: Provide documentation and evidence of the existence of the institution quality plan addressing its strive for continuous improvements of its IQA assuring its institutional quality assessment and assurance practices.	**SID C – 3.1: College Quality Plan:** Provide documentation and evidence of the existence of the college quality plan addressing its strive for continuous improvements of its IQA assuring its institutional quality assessment and assurance practices.

STANDARD 4 LEARNING AND TEACHING	
Institution	**College or Program**
SID I – 4.1: Institution Oversight of Quality Teaching and Learning: Provide documentation and evidence of the existence of the institution bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of teaching and learning assuring its institutional quality teaching and ;earning assessment and assurance practices.	**SID C – 4.1: College Oversight of Quality Teaching and Learning:** Provide documentation and evidence of the existence of the college bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of teaching and learning assuring its college quality teaching and ;earning assessment and assurance practices.
SID I – 4.2: Institution Student Learning Outcomes: Provide documentation and evidence of the existence that the college's student learning outcomes conform to the institutional strategic directions and meeting the minimum NCAAA National qualification Framework assuring its institutional quality teaching and learning assessment and assurance practices.	**SID C – 4.2: College Student Learning Outcomes:** Provide documentation and evidence of the existence that the college's and the department's student learning outcomes conform to the institutional and college strategic directions and meeting the minimum NCAAA National qualification Framework at the program and subject level assuring its institutional quality teaching and learning assessment and assurance practices.
SID I – 4.3: Institution Oversight of Program development, evaluation and review process: Provide documentation and evidence of the existence of the institution bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of the systematic program development, evaluation and review processes and procedures assuring its institutional quality teaching and ;earning assessment and assurance practices.	**SID C – 4.3: College Oversight of Program development, evaluation and review process:** Provide documentation and evidence of the existence of the college bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of the systematic program development, evaluation and review processes and procedures assuring its college quality teaching and ;earning assessment and assurance practices.
SID I – 4.4: Institution Student Learning Outcomes: Provide documentation and evidence of the existence of an implemented, systematic and sustained process that the college's student learning outcomes conform to the institutional strategic directions and meeting the minimum NCAAA National qualification Framework assuring its institutional quality teaching and learning assessment and assurance practices.	**SID C – 4.4: College Student Learning Outcomes:** Provide documentation and evidence of the existence of an implemented, systematic and sustained process that the college's and the department's student learning outcomes conform to the institutional and college strategic directions and meeting the minimum NCAAA National qualification Framework at the program and subject level assuring its college quality teaching and learning assessment and assurance practices.
SID I – 4.5: Institution Oversight of Quality of teaching and teaching staffs, Support for Improvements processes: Provide documentation and evidence of the existence of the institution bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of the teaching, qualifications of the teaching staffs and processes and procedures for the support of the development and improvements of teaching and learning practices and teaching staffs assuring its institutional quality teaching and ;earning assessment and assurance practices.	**SID C – 4.5: College Oversight of Quality of teaching and teaching staffs, Support for Improvements processes:** Provide documentation and evidence of the existence of the college bodies and committees, policies and procedures or systems and mechanisms applied in overseeing the quality of the teaching, qualifications of the teaching staffs and processes and procedures for the support of the development and improvements of teaching and learning practices and teaching staffs assuring its college quality teaching and learning assessment and assurance practices.
SID I – 4.6: Institution education assistance and field experience: Provide documentation and evidence of the existence that there is an implemented, systematic and sustained education assistance and field experience for the students assuring its institutional quality teaching and learning assessment and assurance practices.	**SID C – 4.6: College education assistance and field experience:** Provide documentation and evidence of the existence that there is implemented, systematic and sustained education assistance and field experience for the students assuring its college quality teaching and learning assessment and assurance practices.
SID I – 4.7: Institution Oversight of Student Assessment for Improvements processes: Provide documentation and evidence of the existence of the institution committees, policies and procedures or systems and mechanisms applied in overseeing the student assessment of the institution teaching and learning practices affecting the development and	**SID C – 4.7: College Oversight of Student Assessment for Improvements processes:** Provide documentation and evidence of the existence of the college committees, policies and procedures or systems and mechanisms applied in overseeing the student assessment of the college teaching and learning practices affecting the development and improvements of teaching and learning practices and

improvements of teaching and learning practices and teaching staffs assuring its institutional quality teaching and learning assessment and assurance practices.	teaching staffs assuring its college quality teaching and learning assessment and assurance practices.
SID I – 4.8: Institution partnership arrangement with other institutions: Provide documentation and evidence of the existence that there is an implemented, systematic and sustained development of institutional partnerships with other institutions that can assist in assuring its institutional quality teaching and learning assessment and assurance practices.	**SID C – 4.8: College partnership arrangement with other institutions:** Provide documentation and evidence of the existence that there is an implemented, systematic and sustained development of college partnerships with other institutions that can assist in assuring its college quality teaching and learning assessment and assurance practices.

STANDARD 5: SUPPORT FOR STUDENT LEARNING	
Institution	**College or Program**
SID I – 5.1: Institution Admission and registration System: Provide documentation and evidence of the existence of the policies, procedures and practices or systems and mechanisms applied in the students admission, registration, and payment requirements assuring its institutional quality admission system assessment and assurance practices. Provide also the admissions and actual enrolment profile and the retention and graduation rate and the enrolment projections of the future for the institution and colleges. (Separate them into specific tables of the different type of profiles)	**SID C – 5.1: College Admission and registration System:** Provide documentation and evidence of the existence of the policies and procedures or systems and mechanisms applied in the students' admission, registration, and payment requirements assuring its college quality admission system assessment and assurance practices. Provide also the admissions and actual enrolment profile and the retention and graduation rate and the enrolment projections of the future for the college and departments. (Separate them into specific tables of the different type of profiles)
SID I – 5.2: Institution Student Records and Management System: Provide documentation and evidence of the existence that the institution has an efficient and effective students' records system and student management system of its codes of conduct and appeal system assuring its institutional quality teaching and learning assessment and assurance practices.	**SID C – 5.2: College Student Records and Management System:** Provide documentation and evidence of the existence that the institution has an efficient and effective students' records system and student management system of its codes of conduct and appeal system assuring its college quality teaching and learning assessment and assurance practices.
SID I – 5.3: Institution Student and Services Handbook: Provide evidence of a Student Handbook on the students detailing the students' code of conducts, appeal system, developmental and counseling system and comprehensive students' services including academic and financial and housing and practices in the institution and the colleges. Evidence of the planning and assessment must be provided to ensure its quality service offerings.	**SID C – 5.3: College Student and Services Handbook:** Provide evidence of a Student Handbook on the students detailing the students' code of conducts, appeal system, developmental and counseling system and comprehensive students' services including academic and financial and housing and practices in the college and departments. Evidence of the planning and assessment must be provided to ensure its quality service offerings.

STANDARD 6: LEARNING RESOURCES	
Institution	**College or Program**
SID I – 6.1: Institution Learning Resources Plan and System: Provide documentation and evidence of the existence of the institution learning resource plan detailing the quantity and quality of the learning resources needs and requirements, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation assuring its institutional quality learning resources system assessment and assurance practices.	**SID C – 6.1: College Learning Resources Plan and System:** Provide documentation and evidence of the existence of the institution learning resource plan detailing the quantity and quality of the learning resources needs and requirements, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation assuring its institutional quality learning resources system assessment and assurance practices.
SID I – 6.2: Institution Learning Resources Organization and support Management System: Provide documentation and evidence of the existence that the institution has an efficient and effective institution learning resources organization and support management system assuring its institutional learning	**SID C – 6.2: College Learning Resources Organization and support Management System:** Provide documentation and evidence of the existence that the college has an efficient and effective college learning resources organization and support management system assuring its college learning resources management assessment and assurance practices.

resources management assessment and assurance practices.

STANDARD 7 FACILITIES AND EQUIPMENT	
Institution	**College or Program**
SID I – 7.1: Institution Facilities and Equipment Plan: Provide documentation and evidence of the existence of the institution facilities and equipment plan detailing the quantity and quality of the facilities and equipment needs and requirements, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation assuring its institutional quality facilities and equipment system assessment and assurance practices.	**SID C – 7.1: College Facilities and Equipment Plan:** Provide documentation and evidence of the existence of the college facilities and equipment plan detailing the quantity and quality of the college facilities and equipment needs and requirements, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation assuring its quality college facilities and equipment system assessment and assurance practices.
SID I – 7.2: Institution Facilities and Equipment Organization and support Management System: Provide documentation and evidence of the existence that the institution has an efficient and effective institution facilities and equipment organization and support management system covering the management and administration of the overall facilities and equipment including the ICT and student housing assuring its institutional facilities and equipment management assessment and assurance practices.	**SID C – 7.2: College Facilities and Equipment Organization and support Management System:** Provide documentation and evidence of the existence that the college has an efficient and effective college facilities and equipment organization and support management system management and administration of the overall facilities and equipment including the ICT and student housing assuring its college facilities and equipment management assessment and assurance practices.

STANDARD 8 FINANCIAL PLANNING AND MANAGEMENT	
Institution	**College or Program**
SID I – 8.1: Institution Financial and Budgeting Plans	**SID C – 8.1: College Financial and Budgeting Plans**
SID I – 8.2: Institution Financial and Budgeting Management System: Provide documentation and evidence of the existence of the institution financial and budgeting management and administration systems detailing financial needs and requirements of the colleges and administrative units, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation of the institution financial management assuring its institutional quality financial management system assessment and assurance practices.	**SID C – 8.2: College Financial and Budgeting Management System:** Provide documentation and evidence of the existence of the college financial and budgeting management and administration systems detailing financial needs and requirements of the college and departments, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation of the college financial management assuring its college quality financial management system assessment and assurance practices.
SID I – 8.3: Institution Risk Management Plan: Provide documentation and evidence of the existence of the institution risk management and administration systems detailing all types of risk needs and requirements of the institution, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation of the institution risk management assuring its institutional quality risk management system assessment and assurance practices.	**SID C – 8.3: College Risk Management Plan:** Provide documentation and evidence of the existence of the college risk management and administration systems detailing all types of risk needs and requirements of the college, the policies, procedures and practices or systems and mechanisms applied in the planning and evaluation of the college risk management assuring its college quality risk management system assessment and assurance practices.

STANDARD 9 EMPLOYMENT PROCESSES	
Institution	**College or Program**
SID I – 9.1: Institution Faculty and Staff Records and Management System: Provide documentation and evidence of the existence that the institution has an efficient and effective faculty and staff records system and faculty and staff management system of its codes of conduct and appeal system assuring its institutional quality teaching and learning assessment and assurance practices. Details of the Faculty and Staff profile by	**SID C – 9.1: College Faculty and Staff and Records and Management System:** Provide documentation and evidence of the existence that the institution has an efficient and effective faculty and staff records system and faculty and staff management system of its codes of conduct and appeal system assuring its college quality teaching and learning assessment and assurance practices. Details of the Faculty and Staff profile by college, by department, by gender, by

college, by department, by gender, by academic ranks, by highest degree attained, by areas of expertise, by years of services and etc., should be maintained at the institutional and college level.	academic ranks, by highest degree attained, by areas of expertise, by years of services and etc., should be maintained at the college and departmental level.
SID I – 9.2: Institution Faculty and Staff and Services Handbook: Provide evidence of a Faculty and Staff Handbook on the students detailing the Faculty and Staff code of conducts, appeal system, developmental and counseling system and comprehensive Faculty and Staff services including academic and financial and housing and practices in the institution and the colleges.	**SID C – 9.2: College Faculty and Staff and Services Handbook:** Provide evidence of a Faculty and Staff Handbook on the students detailing the Faculty and Staff code of conducts, appeal system, developmental and counseling system and comprehensive Faculty and Staff services including academic and financial and housing and practices in the college and departments.

STANDARD 10: RESEARCH	
Institution	**College or Program**
SID I – 10.1: Institution Research Plan	**SID C – 10.1: College Research Plan**
SID I – 10.2: Institution Research Management System: Provide documentation and evidence of the existence of the institution research management and administration systems detailing financial needs and requirements of the institution, the policies, procedures, sources and uses of the research budget, teaching staff and student research involvement and development, commercialization of its research and research practices or systems and mechanisms applied in the planning and evaluation of the institution research management assuring its institutional quality research management system assessment and assurance practices.	**SID C – 10.2: College Research Management System:** Provide documentation and evidence of the existence of the college research management and administration systems detailing financial needs and requirements of the institution, the policies, procedures, sources and uses of the research budget, teaching staff and student research involvement and development, commercialization of its research and research practices or systems and mechanisms applied in the planning and evaluation of the college research management assuring its college quality research management system assessment and assurance practices.

STANDARD 11: INSTITUTIONAL RELATIONSHIPS WITH THE COMMUNITY	
Institution	**College or Program**
SID I – 11.1: Institution Community Engagement Plan	**SID C – 11.1: College Community Engagement Plan**
SID I – 11.2: Institution Community Engagement Management System: Provide documentation and evidence of the existence of the institution community engagement management and administration systems detailing needs and requirements of the institution outreach efforts to its communities, the policies, procedures, community engagement and outreach practices or systems and mechanisms applied in the planning and evaluation of the institution community and outreach management assuring its institutional quality community and outreach management system assessment and assurance practices.	**SID C – 11.2: College Community Engagement Management System:** Provide documentation and evidence of the existence of the college community engagement management and administration systems detailing needs and requirements of the college outreach efforts to its communities, the policies, procedures, community engagement and outreach practices or systems and mechanisms applied in the planning and evaluation of the college community and outreach management assuring its college quality community and outreach management system assessment and assurance practices.

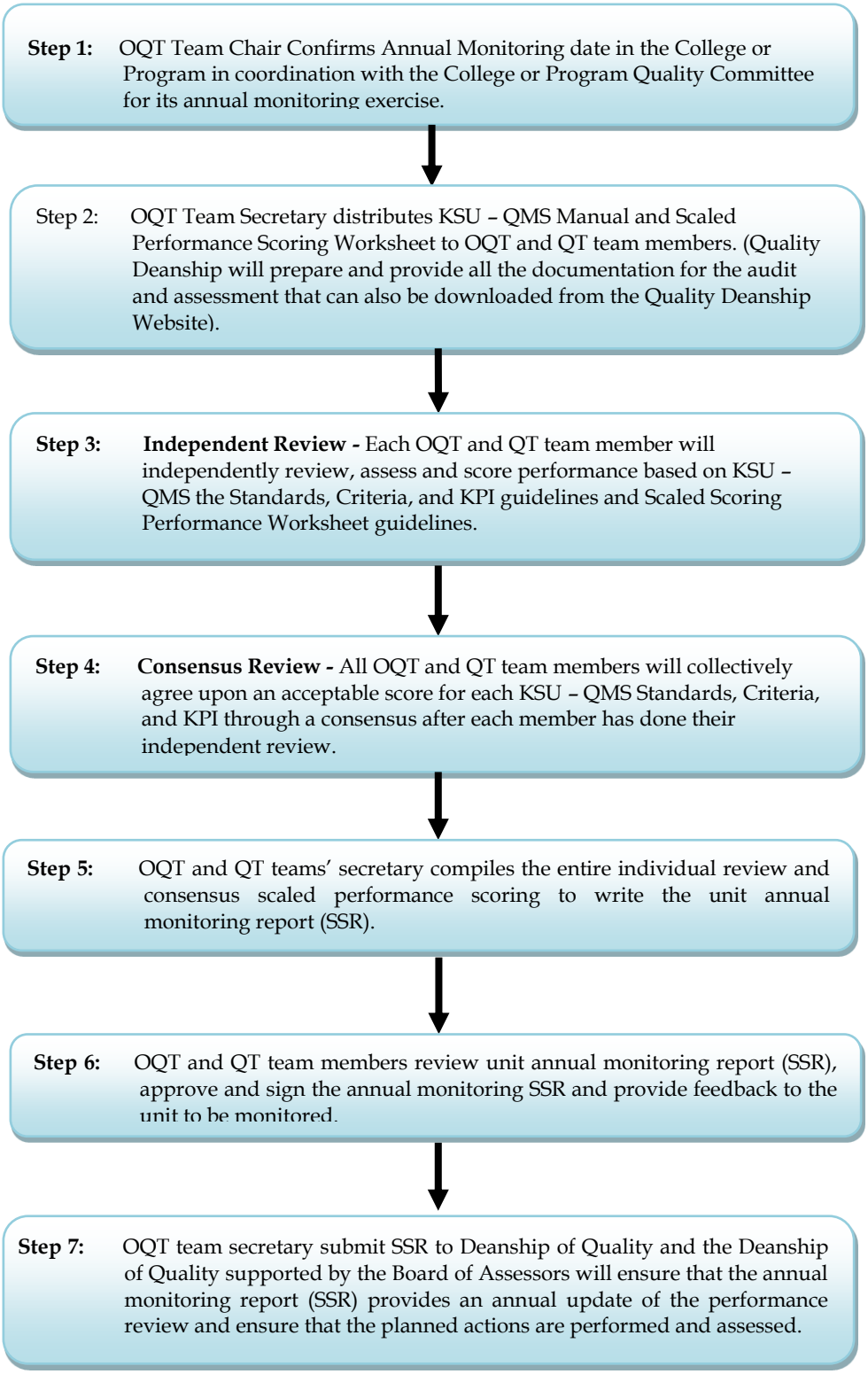
2.6.6 Stages in the Monitoring Process

Figure 2.8 and 2.9 shows the key process flow in the annual monitoring of the College or Program and the following are the key stages in the monitoring process presented chronologically:

- Allocation of responsibilities for college or program annual monitoring by the Quality Committee of the College or Program (*February of academic year*);
- Ongoing collection of evidence, record of issues, and action taken through the use of monitoring portfolio or logs (all year activity by College, Programs and faculty);
- College or Program monitoring committee as a work in progress (all year activity);
- Submission of final annual monitoring report (SSR) and Scaled Scoring Performance Worksheet to the College or Program monitoring committee (*April of Academic year*);
- Submission of summary report by the College or Program monitoring committee to Deanship of Quality (*May of Academic year)*

- Preparation by Deanship of Quality of an overview report to Vice Rectorate of Development and Quality to include feedback to the College or Program monitoring committees (*end of 2nd term of each academic year*).

Figure 2.8: College and Program Annual Monitoring Process Flow



2.6.6.1 College and Program Annual Monitoring Process Flow (for OQT and QT) – Process applicable to College or Program level OR Administrative Unit or Department level (Figure 2.8)

Step 1:

- The Chair of the OQT (normally the Dean of the College or Administrative Unit or the Program Chair for the program) will initiate the annual monitoring by calling for a meeting of the members of the OQT and QT to inform them of the requirements, processes and procedures of the College or Programs annual monitoring for the academic year by the Quality Committee of the College or Program.
- The OQT Chair will confirm the annual monitoring dates at the department level with QT chairs.

Step 2:

- The OQT and QT Secretaries distribute the KSU – QMS Manual and Scaled Scoring Performance Worksheet and all other documents to OQT and QT members as prepared and provided by the Deanship of Quality for the annual monitoring. (Note that the annual monitoring at the Program level or department level will culminate in the College level Quality Self – Study Report (SSR). As such, the same flow is applicable to both the College level and the Program level).

Step 3 (Independent Review):

- When preparing the independent review, each of the OQT and QT members will conduct the annual monitoring independently with minimal consultation with the other team members.
- Each of the OQT and QT members can use the Scaled Scoring Performance Worksheet as the worksheet to arrive at a percentage score for each of the Standard, Criteria, and KPI based on the scoring guidelines to tabulate the total performance score for that unit.

Step 4 (Consensus Review):

- Once all the OQT and QT team members have completed their independent review in Step 3, the team secretary will set up a date for the consensus review.
- At the consensus review, all the OQT and QT team members will collectively discuss and agree upon an acceptable score for each Standard, Criteria, and KPI through a consensus. The unanimous consensus is imperative to an impartial and fair indicator for each of the Standard, Criteria, Items and KPI as different members can assign different percentage and score depending on his/her perspectives. This is whereby the Scaled Scoring Performance Worksheet will be a critical support to justify a score.
- Once all the OQT and QT team members have reached a consensus for all the KPIs, the team secretary will prepare unit SSR

Step 6:

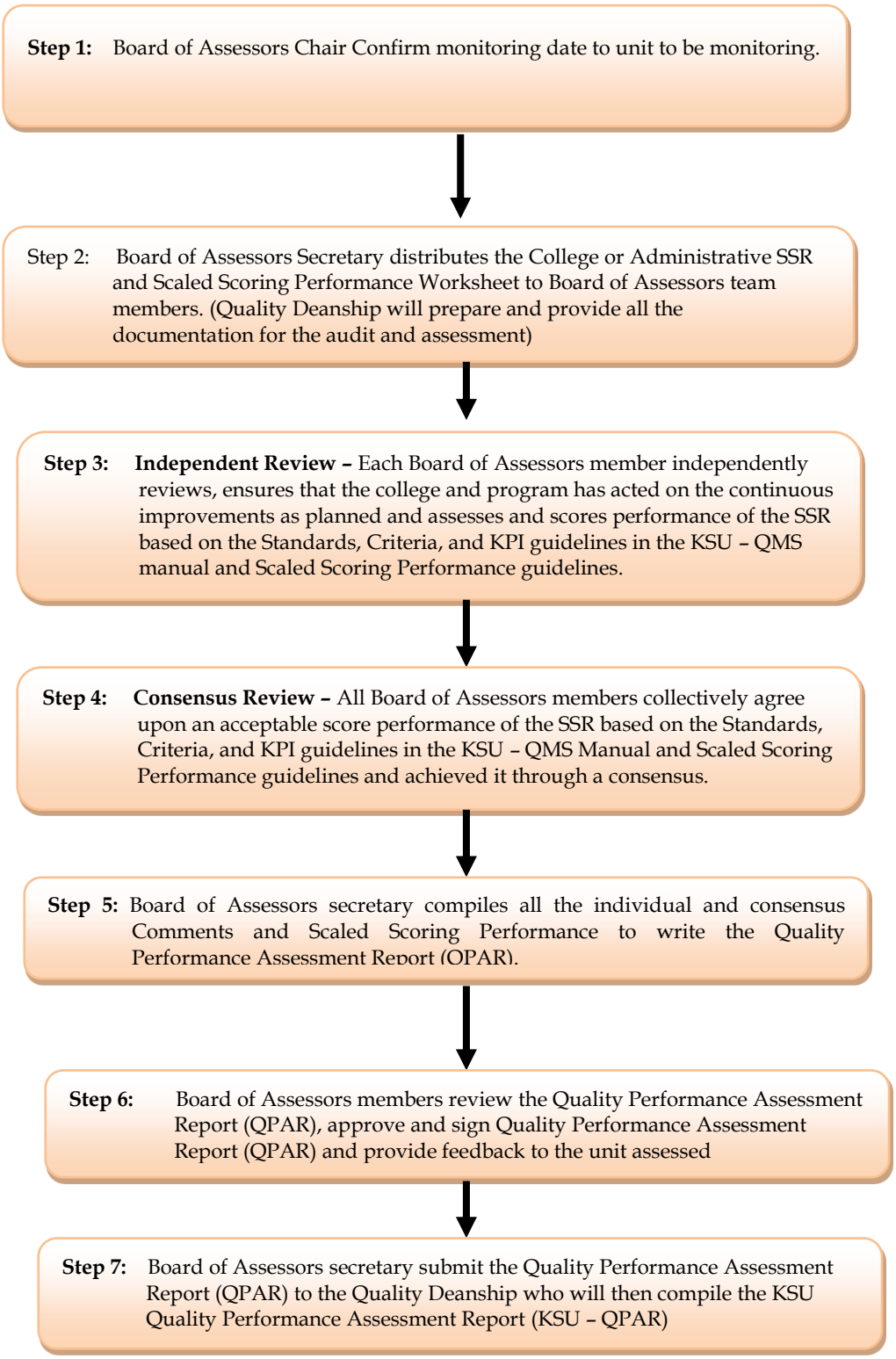
- The OQT and QT team will review and approve the SSR by appending their signature to the SSR signifying responsibility and accountability in the fair, just and impartial audit and assessment of their college or programs or administrative units or department.
- The signed SSR will be submitted to the College OQT for the College to arrive at the College SSR.

Step 7:

- The OQT team secretary will submit to Deanship of Quality the approved and signed SSR
- The Deanship of Quality supported by the Board of Assessors will ensure that the SSR has demonstrated continuous improvements based on the annual monitoring exercise.

Note: it should be noted that the annual monitoring exercise follows the main procedural aspects of a full scale Internal Audit and Assessment exercise but on a less stringent requirement in that the annual monitoring emphasis is on ensuring the continuous improvements as planned annually, whereas the internal audit and assessment is aimed at ensuring that the college or program is ready and provides an external perspective to the college or programs' accreditation.

Figure 2.9: Annual Monitoring by Board of Assessors



2.6.6.2 Annual Monitoring by Board of Assessors (Figure 2.9)

Step 1

- The Chair of the Board of Assessors will initiate the annual monitoring by calling for a meeting of the members of the Board of Assessors to inform them of the requirements, processes and procedures of the College or Administrative Unit annual monitoring for the academic year by the Board of Assessors.
- The Secretary of the Board of Assessors will confirm the annual monitoring date with the College or Administrative unit concerned.

Step 2

- The Board of Assessors Secretary distributes the SSR of the College and Administrative Unit, the KSU – QMS Manual and Scaled Scoring Performance Worksheet and all other documents to IQA – IAAT members as prepared and provided by the Quality Deanship for the annual monitoring.

Step 3 (Independent Review)

- Each of the Board of Assessors members will conduct the annual monitoring independently with minimal consultation with the other team members.
- Each of the Board of Assessors members can use the Scaled Scoring Performance Worksheet as the worksheet to arrive at a percentage score for each of the Standard, Criteria, and KPI based on the scoring guidelines and to tabulate the total performance score for that unit.

Step 4 (Consensus Review)

- Once all the Board of Assessors members have completed their independent review in Step 3, the team secretary will set up a date for the consensus review.
- At the consensus review, all the Board of Assessors members will collectively discuss and agree upon an acceptable score for each Standards, Criteria, and KPI through a consensus. The consensus is imperative to an impartial and fair indicator for each of the Standards, Criteria, and KPI as different members can assign different percentage and score depending on his/her perspectives. This is whereby the worksheet Scaled Scoring Performance Worksheet will be a critical support to justify a score.
- Once all the Board of Assessors members have reached a unanimous consensus for all the Standards, Criteria, Items and KPI, the team secretary will prepare the Quality Performance Assessment Report (QPAR) for that College or Administrative Unit.

Step 6

- The Board of Assessors members will review and approve the Quality Performance Assessment Report (QPAR) by attaching their signature to the Quality Performance Assessment Report (QPAR) signifying responsibility and accountability in the fair, just and impartial audit and assessment of the College or Administrative Unit.
- The signed Quality Performance Assessment Report (QPAR) will be submitted to the Quality Deanship for documentation and provide feedback to the unit assessed.

Step 7

- The Board of Assessors secretary will submit the Quality Performance Assessment Report (QPAR) to Quality Deanship which will then compile and consolidate all the Quality Performance Assessment Reports (QPAR) of all the Colleges and Administrative Units into the KSU Quality Performance Assessment Report (KSU – QPAR) that will be disseminated to the public and reported to higher authorities as the Institution Annual Quality Performance Assessment Report.

Note: this is an annual monitoring cycle that is based on the annual planned improvements as documented in the annual action plan after each annual monitoring and performance review.

2.6.7 Guidance on the SSR monitoring report required of the College or programs

The SSR should normally:

- List all the program and module reports of the college considered by the committee, and any reports not received or found unsatisfactory;
- Summarize the key findings of the reports (for example as they relate to college or curricular issues; teaching and learning; student achievement; resources, facilities and equipments, research. Community services, human resources, governance and administration, etc.);
- Comment on any trends apparent from the statistics on student entry, progression and achievement and key performance indicators for each of the standard;
- Comment on the extent to which action plans from previous year(s) have been met;
- Note any areas of good practice or improvements;
- Note any follow-up planned by the committee in the light of the College or Programs annual reports;
- Make recommendations to Quality Committee of the College or Program, and to higher authorities as necessary about matters that should be followed up at institutional level (e.g. in areas related to academic policy, procedures such as monitoring, regulations, staff development, community services, learning resources, facilities and equipments, financial resources and human resources development).

2.6.8 Procedure to be followed if an Annual College or Program Monitoring report is not submitted

- The Quality Committee of the College and the Deanship of Quality is informed by the chair of the relevant monitoring committee that the Annual College or Program Report has not been submitted.
- The Deanship of Quality will then identify a senior member of Deanship in collaboration with the Quality Committee of the College or Program to carry out a brief preliminary to establish the reasons why the annual monitoring reports were not submitted. The preliminary enquiry would take the form of a discussion with the Deans or Vice Deans, Course Director, the Head of Division and the Divisional Quality Committee.
- The team carrying out the preliminary enquiry would be asked to make a recommendation about follow up action to College Quality Committee and the Deanship of Quality. The preliminary report should be received within 10 working days of any request to carry out a preliminary enquiry.

Recommendations by the team might be:

- No action if there is evidence that steps are already in place to ensure future reports are submitted on schedule;
- The development of an action plan with clear timelines that addresses the reasons why the report was not submitted;
- Replacement of the Course Director or the overhaul of the Course Management Committee;
- The program undergoes a periodic review in accordance with university procedures;
- Suspension or closure of the program (as a last resort). If there were other indications, e.g. from student feedback and visiting examiner reports, that quality and standards were not at risk., a program was unlikely to be closed;
- Other actions as appropriate.

Actions at each stage of the procedure should be taken to ensure that issues were resolved quickly. To prevent delays, the Dean of the Deanship of Quality in collaboration with the Dean of the College will have the authority to take action at any stage. The operation of the annual monitoring process and procedure is the responsibility of College Quality Committee in collaboration with the Deanship of Quality. The suspension or closure of a Program requires the Vice Rectorate of Academic Affairs recommendation for the University Council approval.

2.7 Typical Annual Quality and Planning Management Cycle

Table 2.3: Typical Annual Quality and Planning Management Cycle

Activities	Schedule	Responsible Unit
1. Workshops on KSU – QMS Quality Management System	May – June of academic year	Deanship of Quality
2. College and Administrative Units Strategic Plan	May – June of academic year	Deans of Colleges
3. Approval of College and Administrative Unit Strategic Plan 2030	September – October of academic year	President and Vice-Rectorate of Development and Quality
4. Development of Annual Operation Plan and Budget of next academic year by all Colleges and Administrative units	May – June of academic year	Deans, Program Directors and Administrative Directors
5. Development of SSR (Self – Study Report) OR annual monitoring report for academic year by Colleges and Administrative Units	April to May of academic year	QT L2 and QT 1 teams of Colleges and Administrative Units
6. Deadline for submission of Annual Operation Plan and Budget of next academic year	30th June of academic year	Deans, Program Directors and Administrative Directors
7. Deadline for submission of SSR (Internal Quality Audit and Assessment Performance Report) OR annual monitoring report for academic year to Deanship of Quality	30th June of academic year	Deans, Program Directors and Administrative Directors
8. Review of Annual Operation Plan and Budget of next academic year	1st July – 30th August of academic year	Vice Rectorate of Development and Quality and Vice Rectorate of Administration
9. Approval of Annual Operation Plan and Budget of next academic year	1st August – 30th September of academic year	President or as assigned by the President
10. Implementation of One-Year Plan and Budget of next academic year	1st September – 30th June of next academic year	Colleges and Administrative Units
1. Deanship of Quality makes copies of SSR and send them to	1st July to 30th July of academic year	Deanship of Quality

	Board of Assessors		
2.	Internal Audit and Assessment of academic year by Board of Assessors	1st September – 31st October of academic year	IQA – IAAT
3.	Submission of Quality Performance Assessment Report (QPAR) of academic year	1st October – 30th November of academic year	IQA – IAAT
4.	Development of university KSU QPAR of academic year	December of academic year	Deanship of Quality
5.	Submission of KSU QPAR to Quality Council	January of academic year	Deanship of Quality
6.	Submission of KSU QPAR of academic year and Development Plan to NCAAA and MoHE	February of academic year	Deanship of Quality

Chapter 3

KSU Quality Standards and Performance Assessment

3.1 KSU Standards, Criteria and Items

As noted in the previous chapters, in the development of the KSU – QMS (KSU Quality Management System), the NCAAA standards, sub-standards and sub-sub-standards requirements form the basis of the KSU – QMS standards, criteria and item respectively, with the exception that KSU combines the institutional requirements and the program requirements into one standardized set that are applicable at all three levels i.e. the institutional, college and program level. The key rationale is that the same standards and criteria can be cascaded from top to bottom and is comparable across all program areas, and that the overall performance of the institution is based on the holistic accumulation and aggregations of the sum total efforts of all the colleges and programs resulting into the institutional performance. As such, KSU will maintain one singular set of quality standards, criteria and items that are applicable at the institutional, college or program levels. The system has been named as KSU – QMS (King Saud University Quality Management System Handbook – 3rd Edition for Practitioner, April 2012).

Figure 3.1: Explanation of Standard, Criteria and Item requirement

KSU – QMS Standards, Criteria and Items		Explanations
○	**Standard 1: Mission and Objectives**	**STANDARD Requirement**
1.1	**Appropriateness of the Mission**	**1.1 CRITERIA Requirement**
1.1.1	The mission for the college and program should be consistent with the mission of the institution, and the institution's mission with the establishment charter of the institution.	**1.1.1 ITEM details Requirement**
1.1.2	The mission should establish directions for the development of the institution, colleges or programs that are appropriate for the institution, colleges or programs of its type and be relevant to and serve the needs of students and communities in Saudi Arabia.	**1.1.2 ITEM details Requirement**
1.1.3	The mission should be consistent with Islamic beliefs and values and the economics and cultural requirements of the Kingdom of Saudi Arabia.	**1.1.3 ITEM details Requirement**
1.1.4	The mission should be explained to its stakeholders in ways that demonstrate its appropriateness.	**1.1.4 ITEM details Requirement**

The sample Standard 1, Criteria 1.1 and Items 1.1.1 to 1.1.4 illustrated above in Figure 3.1 shows the depth levels used in each of the standard with its explanation as discussed below:

- ***Standard –*** This defines one of the key areas in the academic performance audit and assessment. There are 11 key standards (as given by NCAAA) used to audit and assess the performance and achievements of the institution, college or programs. This represents the **OVERALL STANDARD REQUIREMENT**. Satisfying all the standards alone does not mean that the entire criteria requirements had been met or achieved. Criteria (which forms the Basic requirements of each of the Standard) associated with standards need to be accomplished for overall performance review.

- ***Criteria –*** This defines the sub-components of each of the standard. This means that in evaluating the performance in each standard, there are areas of emphasis within the same standard which has to be accomplished in order to meet standard requirements. This represents the **CRITERIA REQUIREMENT (or the Basic requirements of each of the standard)**. In other words, the achievement of the overall requirement is based on fulfilling the entire set of criteria requirement which means that all the sub-components must be addressed. Satisfying this requirement partially means the reduction of performance and its score in the overall standard.

- ***Items*** **–** This defines the details or further requirements of each of the criterion detailing the elaborate mechanisms that need to be established and implemented or addressed in order to achieve the criterion. This represents the **ITEM REQUIREMENT (or the MULTIPLE requirement of each of the Criteria)**. The full achievement of the performance of each criterion is the comprehensive achievement of each and every item in each criterion that leads to the accomplishments of the entire criteria set.

Based on the Standards and Criteria requirements, the NCAAA has identified 11 Standards and 58 Criteria requirements as shown in Figure 3.2. The details of the Items requirements of each criterion will be discussed in the chapter 4 on Standards, Criteria and Items Specifications. It should be noted that there are 80 Criteria Requirement in the KSU – QMS structure. This addition of 22 criteria in is due to the fact that there are 11 KPI (Key Performance Indicators) Criteria set that are established as a generic set applicable to the institution, college and programs, and 11 KPI (Key Performance Indicators) Criteria sets as established by the college or programs themselves based on the uniqueness of each individual college or program.

3.2 KSU Standards, Criteria and Weights

Since the KSU – QMS Quality Model is adapted from the Baldrige and EFQM performance excellence model, the judgment of excellence for each standard and criteria has varying degree of relative importance in contribution to overall performance excellence. The performance contribution is reflected in its allocated weights as shown in figure 3.2 below. These weights reflect their importance to the contribution of overall performance excellence totaling to an overall score of 1000. The use of the weights as the rationale of relative importance and contribution to performance is based on the overall mission and vision of the organization. Based on the above rationale, the assignment of the weights for each of the standards and criteria for the KSU – QMS as shown in Figure 3.2 is based on the following principles:

- The basic and priority mission of a higher education institution is teaching, learning and research and social services which form the fundamental reasons for the existence of the institution or its mission.

- The KSU mission of being a research university and also laying a stronger foundation in its existing teaching and learning as this is a priority mission of all higher education institutions that contribute to the societal and social development of the nation.

- The student-centered approach whereby the teaching – learning must shift from a teacher-centered to the student-centered to fully develop all the key components of the students based on the Qualification Framework of KSA as given by NCAAA.

- The service and support infrastructure of the supporting administrative units not attached to the colleges but are of critical importance in the successful service support of the academic programs.

The full set of standards, criteria and its weights allocation are shown in Figure 3.2.

Figure 3.2: KSU – QMS Standards, Criteria and Weights

KSU – QMS Standards and Criteria		Weights (1000 points)
○	**Standard 1: Mission and Objectives**	**40 points**
1.1	Appropriateness of the Mission	**6**
1.2	Usefulness of the Mission Statement	**4**
1.3	Development and Review of the Mission	**4**
1.4	Use of the Mission Statement	**6**
1.5	Relationship Between Mission, Goals and Objectives	**10**
1.6	Institution Specified KPI	**6**
1.7	College or Program specified KPI	**4**

○	**Standard 2: Governance and Administration**	**50 points**
2.1	Governing Body	**5**
2.2	Leadership	**5**
2.3	Planning Processes	**5**
2.4	Relationship Between Sections for Male and Female Students	**4**
2.5	Integrity	**4**
2.6	Policies and Regulations	**5**
2.7	Organizational Climate	**5**
2.8	Associated Centers and Controlled Entities	**4**
2.9	Institution Specified KPI	**9**
2.10	College or Program specified KPI	**4**
○	**Standard 3: Management of Quality Assurance and Improvement**	**70 points**
3.1	Commitment to Quality Improvement	**7**
3.2	Scope of Quality Assurance Processes	**7**
3.3	Administration of Quality Assurance Processes	**18**
3.4	Use of Indicators and Benchmarks	**6**
3.5	Independent Verification of Standards	**6**
3.6	Institution Specified KPI	**18**
3.7	College or Program specified KPI	**8**
○	**Standard 4: Learning and Teaching**	**250 points**
4.1	Oversight of Quality of Learning and Teaching	**24**
4.2	Student Learning Outcomes	**20**
4.3	Program Development Processes	**18**
4.4	Program Evaluation and Review Processes	**24**
4.5	Student Assessment	**15**
4.6	Educational Assistance for Students	**18**
4.7	Quality of Teaching	**24**
4.8	Support for Improvements in Quality of Teaching	**15**
4.9	Qualifications and Experience of Teaching Staff	**15**
4.10	Field Experience Activities	**24**
4.11	Partnership Arrangements with Other Institutions	**17**
4.12	Institution Specified KPI	**33**
4.13	College or Program specified KPI	**14**
○	**Standard 5: Student Administration and Support Services**	**70 points**
5.1	Student Admissions	**12**
5.2	Student Records	**8**
5.3	Student Management	**8**
5.4	Planning and Evaluation of Student Services	**7**
5.5	Medical and Counseling Services	**6**
5.6	Extra Curricular Activities for Students	**5**
5.7	Institution Specified KPI	**12**
5.8	College or Program specified KPI	**12**
○	**Standard 6: Learning Resources**	**60 points**
6.1	Planning and Evaluation	**15**
6.2	Organization	**8**
6.3	Support for Users	**7**
6.4	Resources and Facilities	**9**
6.5	Institution Specified KPI	**12**
6.6	College or Program specified KPI	**9**
○	**Standard 7: Facilities and Equipment**	**60 points**
7.1	Policy and Planning	**6**
7.2	Quality of and Adequacy of Facilities	**9**
7.3	Management and Administration	**8**
7.4	Information Technology	**11**
7.5	Student Residences	**8**
7.6	Institution Specified KPI	**12**
7.7	College or Program specified KPI	**6**
○	**Standard 8: Financial Planning and Management**	**40 points**
8.1	Financial Planning and Budgeting	**9**
8.2	Financial Management	**9**
8.3	Auditing and Risk Management	**4**
8.4	Institution Specified KPI	**12**
8.5	College or Program specified KPI	**6**
○	**Standard 9: Faculty and Staff Employment Processes**	**80 points**
9.1	Policy and Administration	**20**

9.2	Recruitment	**18**
9.3	Personal and Career Development	**22**
9.4	Discipline, Complaints and Dispute Resolution	**10**
9.5	Institution Specified KPI	**6**
9.6	College or Program specified KPI	**4**
○	**Standard 10: Research**	**200 points**
10.1	Institutional Research Policies	**45**
10.2	Faculty and Student Involvement	**40**
10.3	Commercialization of Research	**15**
10.4	Facilities and Equipment	**25**
10.5	Institution Specified KPI	**45**
10.6	College or Program specified KPI	**30**
○	**Standard 11: Institutional Relationships with the Community**	**80 points**
11.1	Institutional Policies on Community Relationships	**12**
11.2	Interactions With the Community	**24**
11.3	Institutional Reputation	**24**
11.4	Institution Specified KPI	**16**
11.5	College or Program specified KPI	**4**
Total of 11 Standards, 58 Process and 22 Results Criteria		**1000 points**

Note: The use of the 1000 points score is for the facilitation in the computation and conversion to the percentage of the degree and level of performance and also to accommodate the fact that there are 80 sets of criteria, of which the use of 100 as the total score would be less fitting.

3.3 KSU – QMS Categorization of Standards and Criteria based on NCAAA

Institutional Context
- Standard 1: Mission and Objectives
- Standard 2: Governance and Administration
- Standard 3: Management of Quality Assurance and Improvement

Quality of Learning and Teaching
- Standard 4: Learning and Teaching

Community Contributions
- Standard 10: Research
- Standard 11: Institutional Relationships with the Community

Support for Student Learning
- Standard 5: Student Administration and Support Services
- Standard 6: Learning Resources

Supporting Infrastructure
- Standard 7: Facilities and Equipment
- Standard 8: Financial Planning and Management
- Standard 9: Faculty and Staff Employment Processes

Compliance with NCAAA Standards, Sub - Standards and Sub – Sub - Standards

The NCAAA has 11 main standards and 58 Sub – Standards categorized under these main Standards. NCAAA do not specify their KPIs in the handbooks. The KSU – QMS ensures compliance with NCAAA by using the NCAAA Standards, Sub – Standards and Sub – Sub – standards as the blueprint in developing the KSU – QMS Standards, Criteria and Items respectively. Figure 3.3 provides the overall structure of the KSU – QMS's Standards, Criteria and Key Performance Indicators with the detailed requirements explained in Chapter 4. As noted, the KSU – QMS has 80 Criteria of which 58 criteria fully compliant with NCAAA (which are the Process – based Criteria) and 11 sets of Institution specified KPI and 11 sets of College or Program specified KPI which are the

Result – based Criteria. The KSU – QMS has got 56 Institution specified KPI which are shown in Figure. 3.3 as follows:

- Quantitative Indicators = 42
- Qualitative Indicators = 14

Figure 3.3: Process-based Standards and Criteria and Results-based KPI under KSU – QMS

Institutional Context		**Key Performance Indicators**	
○	***Standard 1: Mission and Objectives***	1.6.1	Evaluation of Strategic Plan Implementation (Means average and Level achieved based on survey)
1.1	Appropriateness of the Mission		
1.2	Usefulness of the Mission Statement		
1.3	Development and Review of the Mission	1.6.2	Evaluation of Strategic Plan alignment with National HE Development Plan (Means average and Level achieved based on survey)
1.4	Use of the Mission Statement		
1.5	Relationship Between Mission, Goals and Objectives	1.6.3	Percentage of strategic goals achieved (%)
1.6	Key Performance Indicators		
1.7	Additional KPI of College		
Number of Criteria = 5 Process + 2 Result		**Number of KPI = 3 (1 Quantitative, 2 Qualitative)**	
○	***Standard 2: Governance and Administration***	2.9.1	Evaluation of Governance and Leadership Effectiveness (Means average and Level achieved based on survey)
2.1	Governing Body		
2.2	Leadership	2.9.2	Evaluation of Organization Climate (Means average and Level achieved based on survey)
2.3	Planning Processes		
2.4	Relationship Between Sections for Male and Female Students	2.9.3	Evaluation of Management and Administration overall performance (Means average and Level achieved based on survey)
2.5	Integrity		
2.6	Policies and Regulations		
2.7	Organizational Climate		
2.8	Associated Centers and Controlled Entities		
2.9	Key Performance Indicators		
2.10	Additional KPI of College		
Number of Criteria = 8 Process + 2 Result		**Number of KPI = 3 (3 Qualitative)**	
Institutional Context			
○	***Standard 3: Management of Quality Assurance and Improvement***	3.6.1	Percentage of students graduated in the last 3 years who are recognized in the areas of academics, or profession, or contribution to society at the national or international level (%)
3.1	Institutional Commitment to Quality Improvement		
3.2	Scope of Quality Assurance Processes		
3.3	Administration of Quality Assurance Processes	3.6.2	Percentage of the full-time faculty members obtaining academic or professional awards at the national or international level. (%)
3.4	Use of Indicators and Benchmarks		
3.5	Independent Verification of Standards	3.6.3	Students overall evaluation on the quality of their learning experiences at the institution (Average rating of the overall quality of their program on a five point scale in an annual survey of final year students) (NCAAA 1 - Means average and Level achieved based on survey)
3.6	Key Performance Indicators		
3.7	Additional KPI of College		
		3.6.4	Proportion of courses in which student evaluations were conducted during the year (NCAAA 2 - Proportion and Level achieved)
		3.6.5	Proportion of programs in which there was independent verifications within the

			institution of standards of student achievement during the year. (NCAAA 3 - Proportion and Level achieved)
		3.6.6	Proportion of programs in which there was independent verifications within the institution of standards of student achievement by people external to the institution during the year. (NCAAA 4 - Proportion and Level achieved)
Number of Criteria = 5 Process + 2 Result		**Number of KPI = 6 (5 Quantitative, 1 Qualitative)**	

Quality of Learning and Teaching			
○	***Standard 4 Learning and Teaching***		
4.1	Oversight of Quality of Learning and Teaching	4.12.1	Students' competency score index as per NQF (Means average and Level achieved)
4.2	Student Learning Outcomes	4.12.2	Percentage of graduates who work in their major field of study
4.3	Program Development Processes		
4.4	Program Evaluation and Review Processes	4.12.3	Proportion of students entering undergraduate programs who complete those programs in minimum time (NCAAA 9 - Means average and Level achieved)
4.5	Student Assessment		
4.6	Educational Assistance for Students		
4.7	Quality of Teaching	4.12.4	Proportion of students entering post graduate programs who complete those programs in specified time (NCAAA 10 - Means average and Level achieved)
4.8	Support for Improvements in Quality of Teaching		
4.9	Qualifications and Experience of Teaching Staff	4.12.5	Students overall rating on the quality of their courses (Average rating of students on a 5 point scale overall evaluation of courses (NCAAA 6 - Means average and Level achieved based on survey)
4.10	Field Experience Activities		
4.11	Partnership Arrangements with Other Institutions		
4.12	Key Performance Indicators		
4.13	Additional KPI of College	4.12.6	Proportion of full-time equivalent students in proportion to the total number of full-time faculty members (NCAAA 5 - Means average and Level achieved)
		4.12.7	Percentage of full-time faculty members holding Doctoral degrees or equivalent in proportion to the total number of full-time faculty members (NCAAA 7 - Means average and Level achieved)
		4.12.8	Proportion of the full-time faculty members holding academic titles of teaching assistant, instructor, Assistant Professor, Associate Professor, and Professor.
		4.12.9	Percentage of students entering programs who successfully complete first year (NCAAA 8 - Means average and Level achieved)
		4.2.10	Percentage of courses that are improved based on research and/or evaluation results. (Means average and Level achieved)
		4.12.11	Proportion of graduates from undergraduate programs who within six months of graduation are: (a) employed (b) enrolled in further study (c) not seeking employment or further study (NCAAA 11 - Means average and Level achieved based on survey)
Number of Criteria = 11 Process + 2 Result		**Number of KPI = 11 (10 Quantitative, 1 Qualitative)**	

Community Contributions		
○ ***Standard 10: Research*** 10.1 Institutional Research Policies 10.2 Faculty and Student Involvement 10.3 Commercialization of Research 10.4 Facilities and Equipment 10.5 Key Performance Indicators 10.6 Additional KPI of College	10.5.1	Number of refereed publications in the previous year per full time equivalent member of teaching staff. (Publications based on the formula in the Higher Council Bylaw excluding conference presentations) (NCAAA 26 - Ratio average and Level achieved)
	10.5.2	Number of citations in refereed journals in the previous year per full time equivalent teaching staff. (NCAAA 27 - Ratio average and Level achieved)
	10.5.3	Proportion of full time member of teaching staff with at least on refereed publications during the previous year (NCAAA 28 - Ratio average and Level achieved)
	10.5.4	Evaluation of facilities and environment supporting research (Means average and Level achieved based on survey)
	10.5.5	Ratio of internal research and innovation funds in proportion to the total number of full-time faculty members
	10.5.6	Ratio of external research and innovation funds in proportion to the total number of full-time faculty members (NCAAA 30 - Means average and Level achieved)
	10.5.7	Number of papers or reports presented in academic conferences during the past year per full time equivalent members of teaching staff (NCAAA 29 - Ratio average and Level achieved)
	10.5.8	Number of research and innovations registered as intellectual property or patented within the past 5 years
	10.5.9	Proportion of total operating funds spent on research (NCAAA 31 - Means average and Level achieved)
Number of Criteria = 4 Process + 2 Result	**Number of KPI = 9 (8 Quantitative, 1 Qualitative)**	

○ ***Standard 11: Institutional Relationships with the Community*** 11.1 Institutional Policies on Community Relationships 11.2 Interactions With the Community 11.3 Institutional Reputation 11.4 Key Performance Indicators 11.5 Additional KPI of College	11.4.1	Evaluation of satisfaction of employers/ business operators/ users of graduates /alumni /parents/ graduates on competency of graduates (Means average and Level achieved based on survey)
	11.4.2	Evaluation of the systems and mechanisms used in providing academic services to the society according to the goals of the institution, college or program (Means average and Level achieved based on survey)
	11.4.3	Proportion of full time teaching and other staff actively engaged in community service activities (NCAAA 32 - Ratio average and Level achieved)
	11.4.4	Number of community education program provided in proportion of the number of departments (NCAAA 32 - Means average and Level achieved)
Number of Criteria = 3 Process + 2 Result	**Number of KPI = 4 (2 Quantitative, 2 Qualitative)**	

Support for Student Learning		
○ ***Standard 5: Student Administration and***	5.7.1	Ratio of students to administrative staff

	Support Services		(NCAAA 12 - Ratio average and Level achieved)
5.1	Student Admissions	5.7.2	Proportion of total operating funds (other than accommodation and student allowances) allocated to provision of student services (NCAAA 13 - Ratio average and Level achieved)
5.2	Student Records		
5.3	Student Management		
5.4	Planning and Evaluation of Student Services		
5.5	Medical and Counseling Services		
5.6	Extra-Curricular Activities for Students	5.7.3	Student evaluation of academic and career counseling (Average rating on the adequacy of academic and career counseling on a five point scale in an annual survey of final year students) (NCAAA 13 - Means average and Level achieved based on survey)
5.7	Key Performance Indicators		
5.8	Additional KPI of College		
Number of Criteria = 6 Process + 2 Result		**Number of KPI = 3 (2 Quantitative, 1 Qualitative)**	

○	***Standard 6: Learning Resources***	6.5.1	Number of book titles held in the library as a proportion of the number of students (NCAAA 15 - Ratio average and Level achieved)
6.1	Planning and Evaluation		
6.2	Organization		
6.3	Support for Users		
6.4	Resources and Facilities	6.5.2	Number of web-site subscriptions as a proportion of the number of programs offered (NCAAA 16 - Ratio average and Level achieved)
6.5	Key Performance Indicators		
6.6	Additional KPI of College		
		6.5.3	Number of periodical subscriptions as a proportion of the number of programs offered (NCAAA 17 - Ratio average and Level achieved)
		6.5.4	Student evaluation of library services (Average rating on adequacy of library services on a five point scale in an annual survey of final year students (NCAAA 18 – Means average and Level achieved based on survey)
Number of Criteria = 4 Process + 2 Result		**Number of KPI = 4 (3 Quantitative, 1 Qualitative)**	

Supporting Infrastructure			
○	***Standard 7: Facilities and Equipment***	7.6.1	Annual expenditure on IT as a proportion of the number of students (NCAAA 19 – Amount and Level achieved)
7.1	Policy and Planning		
7.2	Quality of and Adequacy of Facilities		
7.3	Management and Administration	7.6.2	Number of accessible computer terminals per student (NCAAA 20 – Amount and Level achieved)
7.4	Information Technology		
7.5	Student Residences		
7.6	Key Performance Indicators	7.6.3	Average overall rating of adequacy of facilities and equipment in a survey of teaching staff (NCAAA 21 – Means average and Level achieved based on survey)
7.7	Additional KPI of College		
		7.6.4	Internet bandwidth per user (NCAAA 22 – Means average and Level achieved)
Number of Criteria = 5 Process + 2 Result		**Number of KPI = 4 (3 Quantitative, 1 Qualitative)**	

○	***Standard 8: Financial Planning and Management***	8.4.1	Total operating expenditure (other than accommodation and student allowances) per student (NCAAA 23 – Amount and level achieved)
8.1	Financial Planning and Budgeting		
8.2	Financial Management		
8.3	Auditing and Risk Management	8.4.2	University revenues generated from providing academic and professional services in the name of the university in proportion to the total number of full-time faculty members
8.4	Key Performance Indicators		
8.5	Additional KPI of College		

	8.4.3	Percentage of University expenses incurred in cash and in kind in the preservation, development and enhancement of identity, art and culture in proportion to the total operation budget
	8.4.4	Budget per head for full-time faculty members' development in the country and abroad in proportion to the total number of full-time faculty members (SR per capita)
	8.4.5	Operating expenses in the library system, computers and information center in proportion to the total number of full-time students (SR per capita)
	8.4.6	Evaluation of risk management practices as implemented (Means average and Level achieved based on survey)
Number of Criteria = 3 Process + 2 Result	**Number of KPI = 6 (5 Quantitative, 1 Qualitative)**	

○ ***Standard 9: Employment Processes***	9.5.1	Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement (NCAAA 24 – Means average and Level achieved based on survey)
9.1 Policy and Administration		
9.2 Recruitment		
9.3 Personal and Career Development		
9.4 Discipline, Complaints and Dispute Resolution	9.5.2	Percentage of full-time faculty members participating in professional development activities during the past year (NCAAA 25 – Ratio average and Level achieved)
9.5 Key Performance Indicators		
9.6 Additional KPI of College		
	9.5.3	Percentage of full-time supporting staff participating in professional development activities during the past year
Number of Criteria = 4 Process + 2 Result	**Number of KPI = 3 (3 Quantitative)**	

Total Number of Criteria = 58 Process + 22 Result = 80 Process and Result based Criteria	**Number of KPI = 56 (42 Quantitative, 14 Qualitative)**

Note: Unless otherwise specified in the KPI that can only be sourced by the program itself, all the KPI will need to be collated and computed at the level of the institution, college and program. For those that are collated and computed at the college and institution levels, they will be provide to the programs for the SSR development, discussion and analysis of performance and achievements.

3.4 KSU Performance Assessment System

3.4.1 Scaled Scoring Performance System

As noted earlier in the NCAAA basic requirements and in determining the performance of the institution, college or program, the NCAAA uses 2 main set of criteria:

- Relevance – This is used to determine the relevance of the standard and sub standard (standard and criteria as termed in KSU-QMS) to the college or program, of which majority of them have direct relevancy in terms of its contribution to academic performance and achievement.
- Rating – The assessment of the performance of the standard and sub standard requirement is based on a Star system of which there are 6 levels of Stars as discussed in the NCAAA system earlier in Chapter 1.

3.4.1.1 KSU – QMS Scaled Scoring Performance System

The Scaled Scoring Performance approach used in the KSU – QMS leans towards internationally accepted norms as indicated in the KSU – QMS Performance Excellence Model. In the assessment of performance it must be noted that there are 2 main types of performance based on the "Process" and "Results" components as noted earlier. For the "Process" components which cover the standards, criteria and items, the following scoring performance is used as follows:

- ***Using Weights and Percentage Scoring System as opposed to the Star System –*** In moving away from the Star assignment system, KSU intends to use an internationally accepted approach to determine a certain degree or level of performance system by using a weighting and rating approach with the weights assigned as explained previously in Figure 3.2 and shown in Figure 3.4. The basic rationale is that it might be easier to manipulate and determine quantifiable rather than qualitative elements in a relative way to provide some forms of levels in its evaluation through the weighting (prioritizing or ranking) and rating (scoring or evaluating) systems. The weighted score represents 80% of performance achievement.
- ***Comparative Benchmark –*** In using the weighting and rating approach, KSU aims at a quantifiable set of indicators in performance that can be scored and compared relative to internationally accepted norms or benchmark which are normally quantitative in nature. Normally the qualitative benchmarks are translated into quantifiable methodology using levels or degrees of performance with standardized criteria achievement.

Fig. 3.4: Performance Scoring Sample of a full Standard 1 and its Criteria 1.1 to 1.7

1st Column	2nd Column	3rd Column	4th Column	5th Column	6th Column	7th Column	8th Column	9th Column	10th Column
KSU – QMS Performance Scoring Worksheet	Weights	Score (%)	Weighted Score	Goals Set	Goals Achv.	Develop.	Effective	Previous Perf.	Overall Perf.
Overall Institution / College / Program Score	**1000**	**35%**	**350.00**						**316.14**
Standard 1 Mission, Goals and Objectives	40	52%	20.8					10.6	16.14
1.1 Appropriateness of the Mission	6	60%	3.6	0.5	0.60	1	1	1.6	3.6
1.2 Usefulness of the Mission Statement	4	60%	2.4	0.6	0.60	1	1	1.8	2.4
1.3 Development and Review of the Mission	4	50%	2	0.5	0.50	1	1	1.6	2.0
1.4 Use Made of the Mission	6	60%	3.6	0.5	0.60	1	1	2.1	3.6
1.5 Relationship Between Mission, Goals and Objectives	10	30%	3	0.5	0.30	0	0	2.5	2.9
1.6 Institution specified Key Performance Indicators	6	30 %	1.8	0.5	0.30	0	0	1.0	1.64
1.7 College or Programs specified KPI	4	0 %	0	0.5	0.00	0	0	0	0

Figure 3.4 shows a worked example of the performance scoring of Standard 1 which has a weight of 40 out of the 1000 points for the 11 Standards. As noted earlier, the weight for each Standard is assigned based on the vision and mission of the institution. Key highlights:

- As shown in the 10th Column, the overall performance for the academic year 2010 for all the Standards is 316.14/1000. This means that the institution has systematic approaches for each of its Criteria 1.1. to 1.5 that are in the early stages of deployment throughout the whole university system and its colleges and programs. It also shows the result performance that do show some reports of KPI performance level and the beginning of some trends performance at the institution level, but not at the college or program levels.
- For Standard 1, the institution performance 16.14 (10th Column) as compared to the previous performance of 10.6 (9th Column).

- The "goals set" (5th Column) at the beginning of the year as compared to the "goals achieved" (6th Column) is relatively better for all the Criteria 1.1 to 1.4 with the exception of Criteria 1.5 and 1.6 and no performance improvements recorded for Criteria 1.7.
- Overall, it can be said that there are improvements made from 2010 as compared to the previous year performance.
- The next step is to identify the strengths and opportunities for improvements and put them into the next academic year action plans for continuous development and improvements.

- ***Continuous improvements against planned targets –*** The theme of any quality system is that there are continuous improvements. The use of the weighting and rating system as discussed above will show the specific achievement and performance of a specific academic year. But what is important is that there is a continuous improvement over a period of time across a few years which are the TREND of continuous improvement. To better achieve its improvement, targets for each academic year must be identified through its goals or objectives or target specifications. In this context, there are 2 main areas that need to be addressed:

  - **Development –**These development aspects look at the planning at the beginning of the academic year with the specifications of the goals or objectives or targets to be achieved in a specific academic year or over a few academic years in terms of its trend. To ensure there is development, the unit will need to define the "**goals set** (5th Column in Figure 3.5) – which specify the target to be achieved in an academic year. At the end of the academic year, the **goals achieved** as shown in the 6th column of Figure 3.5" is automatically computed based of the difference between "goal set or target and actual goal achieved". "**Development"** as shown in 7th column of Figure 3.5 specifies the variations or deviations from the goals and represents the actual performance". This could be positive (has performance above target or negative (has performed below target) on comparing the actual performance with the targeted performance". If there is positive development, then it is assigned a "1", if there is a negative development (actual performance is lower than the target or goal), then it is assigned a "0". This is shown in the 7th column of Figure 3.5. This contributes 10 % to the overall performance as shown in the last (9th) column of Figure 3.5.

  - **Effectiveness –** The actual performance is compared against the planned performance in the "goals – 6th and 7th column" and "development – 8th column" which represents the comparison of the target and actual performance. If there is positive development, then there is "effectiveness – 9th column" which is assigned a "1". If there is negative development (indication of performing below the goals or target) there is "no effectiveness" which is assigned a "0" as shown in the 8th Column in Figure 3.5. This contributes 20 % to the overall performance as shown in the last (9th) column.

Figure 3.5: Worked sample of the weighted score and overall performance scoring

1st Column		2nd Column	3rd Column	4th Column	5th Column	6th Column	7th Column	8th Column	9th Column	10th Column
Institutional, College and Program Context		Weights	Score (%)	Weighted Score	Goals Set	Goals Achieved	Develop.	Effective	Previous Perf.	Overall Perf.
Standard 1 Mission, Goals and Objectives		**40**								
1.1 Appropriateness of the Mission		**6**	60	**3.2**	**70%**	**50%**	**0**	**0**	**2.2**	**3.16**
1.1.1	The mission for the college and program should be consistent with the mission of the institution, and the institution's mission with the establishment charter of the institution.									
1.1.2	The mission should establish directions for the development of the institution, colleges or programs that are appropriate for the institution, colleges or programs of its type (e.g. a small private college, research university, women's college in a regional community).									
1.1.3	The mission should be consistent with Islamic beliefs and values and the economics and cultural requirements of the Kingdom of Saudi Arabia.									

Inputs for formulae computation

1. **What is needed to get overall performance (column 10):**
2. Determine the scoring % in column 3.
3. Determine the goals set for this criterion in column 5
4. Get the previous year performance and input into column 9

Formulae computation (automatically computed by the software)

1. The weighted score for the overall criterion is based on the review of each item to derive the weighted score which is (SCORE % * WEIGHTS).
2. The overall weighted score (10) is based on the performance of all items and contributes by 80% to overall performance.
3. As there is "development" and "effective", 20% is computed,

1.1.4	The mission should be relevant to the needs of the community or communities served by the institution.								
1.1.5	The mission should be consistent with the economics and cultural requirements of the Kingdom of Saudi Arabia.								
1.1.6	The appropriateness of the mission is explained to stakeholders in an accompanying statement commenting on significant aspects of the environment within which it operates (which may relate to local, national or international issues).								
	Overall Assessment								**3.16**

3.4.1.2 Scored Performance Assessment of the Process – based Criteria Requirements

Figure 3.5 shows a typical sample standard, criteria and items scored performance assessment. Steps in the computation of the Overall Performance in 9th Column are as follows:

- **Step 1 –** Start by reading the overall Standard requirement. Then identify and understand what the main Criteria requirements of the Standard are. Then go to the Items of each of the Criteria and start assessing each of them. It should be noted that assessment of all the Items should be made within the Criteria requirements. A Holistic overview of the Standard and Criteria should be maintained as the items should not be assessed as independent of other Items that lead to the overall performance for each criterion and all the criteria in the whole Standard.

- **Step 2 –** For each of the items, determine the performance contribution to the overall criterion. The scoring for the whole criterion is based on ALL items and is based on the definition as described in Figure 3.6. A rule of thumb is to go for the 50% scoring range percentile. Determine whether the SID (Statistics, Information and Documents) which are the evidence are supportive of the determination of a higher or lower range. If the overall evidence points to a lower percentile than the 50%, then go to the lower range percentile and assess whether the scoring criteria in that percentile are met.

- **Step 3 –** The Scored Performance Worksheet will automatically compute the Weighted Score in the 4th Column, based on the following formulae of [Weights (2nd Column) * Score (3rd Column)] resulting in the weighted score in 4th Column.

- **Step 4 –** At the beginning of the academic year, the institution, college, program or administrative unit has to identify the goal for each CRITERION to be achieved during that academic year. This is the "Goal Set" in the 5th Column. This is normally defined as the overall % achievement that the institution, college, program or administrative unit sets as the target to be achieved during that year.

- **Step 5 –** At the end of the year, the "Goals Achieved" is automatically computed as a percentage of the weighted score (4th Column) and weights (2nd Column) to arrive at a percentage score in the 6th Column.

- **Step 6 –** The differential between the "Goals Set" and "Goals Achieved" will lead to a positive or negative variance. The score performance worksheet will automatically compute the variance. A positive variance means that there is "Development" as shown in the 7th Column and will be assigned a numerical "1" which contributes to the 10 %, and if it is positive, there is "Effectiveness" in the 8th Column which will be assigned a numerical 1. If there is no "Development" or "Effectiveness", there will be 2 "0" which means that 20 % does not contribute to the overall score in the 4th column.

- **Step 7 –** The 9th column shows the previous year performance. The overall performance for the academic year (10th Column) is based on achieving the "development" and

"effectiveness" which constitutes the remaining 20 % of the performance. As such, in this case, based on the formula, the overall performance is ***[Previous Performance + (Weighted Score – Previous Performance) * (0.8 + 0.1 (Development + Effectiveness)]*** and the score is 3.16 {which is 2.2 + (3.2 – 2.2) * [0.8 + 0.1(0 + 0)]} giving an overall performance achievement of 3.16 (11th Column), as 20 % was awarded due to the positive development (1 or 0) and effectiveness (1 or 0). ***(note that the ALL formulae are automatically computed)***

As noted earlier, there are 2 sets of performance criteria as follows:

- ***Process – based Standards, Criteria and Items.*** The scaled performance scoring guidelines is shown as a worked example in Figure 3.5 for Criteria 1.1 based on the scoring guideline in Figure 3.6.

- ***Result – based Key Performance Indicators*** of which there are 22 sets, 11 criteria set for each Standard for the generic Institutional Key Performance Indicators or Benchmarks and 11 criteria set for each Standard for the additional College or Program Key Performance Indicators or Benchmarks. The scaled performance scoring guidelines is shown as a worked example in Figure 3.7.2 based on the scoring guideline in Figure 3.8.

Figure 3.6: Scoring Guideline for PROCESS - based Standards and Criteria Requirements

SCORE	PROCESS – based Performance Scoring Guidelines
0% or 5% OR No Star	The practice, though relevant, is not followed at all based on the following: ❑ No SYSTEMATIC APPROACH (methodical, orderly, regular and organize) to Standards requirements is evident; information lacks specific methods, measures, deployment mechanisms, and evaluation, improvement, and learning factors. (A) ❑ Little or no DEPLOYMENT of any SYSTEMATIC APPROACH (methodical, orderly, regular and organize) is evident. (D) ❑ An improvement orientation is not evident; improvement is achieved through reacting to problems. (L) ❑ No organizational ALIGNMENT is evident; individual standards, areas or work units operate independently. (I)
10%, 15%, 20% or 25% OR 1 Star	The practice is followed occasionally but the quality is poor or not evaluated based on the following: ❑ The beginning of a SYSTEMATIC APPROACH (methodical, orderly, regular and organize) to the BASIC REQUIREMENTS of the Standards is evident. (A) ❑ The APPROACH (methodical, orderly, regular and organize) is in the early stages of DEPLOYMENT in most standards or work units, inhibiting progress in achieving the basic requirements of the Standards. (D) ❑ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ❑ The APPROACH is ALIGNED with other standards, areas or work units largely through joint problem solving. (I)
30%, 35%, 40% or 45% OR 2 Stars	The practice is usually followed but the quality is less than satisfactory based on the following: ❑ An EFFECTIVE, SYSTEMATIC APPROACH, (methodical, orderly, regular and organize) responsive to the BASIC REQUIREMENTS of the Standards, is evident. (A) ❑ The APPROACH is DEPLOYED, although some standards, areas or work units are in early stages of DEPLOYMENT. (D) ❑ The beginning of a SYSTEMATIC APPROACH (methodical, orderly, regular and organize) to evaluation and improvement of KEY PROCESSES is evident. (L) ❑ The APPROACH is in the early stages of ALIGNMENT with the basic Institution, College or Program or Administrative Unit needs identified in response to the Institution, College or Program or Administrative Unit Profile and other Process Standards. (I)
50%, 55%, 60% or 65% OR 3 Stars	The practice is followed most of the time. Evidence of the effectiveness of the activity is usually obtained and indicates that satisfactory standards of performance are normally achieved although there is some room for improvement. Plans for improvement in quality are made and progress in implementation is monitored. ❑ An EFFECTIVE, SYSTEMATIC APPROACH (methodical, orderly, regular and organize), responsive to the OVERALL REQUIREMENTS of the Standards, Criteria and Items is evident. (A) ❑ The APPROACH is well DEPLOYED, although DEPLOYMENT may vary in some standards, areas or work units. (D) ❑ A fact-based, SYSTEMATIC (methodical, orderly, regular and organize) evaluation and improvement PROCESS and some organizational LEARNING are in place for improving the efficiency and EFFECTIVENESS of KEY PROCESSES. (L) ❑ The APPROACH is ALIGNED with the Institution, College or Program or Administrative Unit needs identified in response to the Institution, College or Program or Administrative Unit Profile and other Process Standards. (I)
70%, 75%,	The practice is followed consistently. Indicators of quality of performance are established and suggest high quality but with still some room for improvement. Plans for this improvement have been developed and are being implemented, and progress is regularly monitored and reported on. ❑ An EFFECTIVE, SYSTEMATIC APPROACH (methodical, orderly, regular and organize), responsive to the MULTIPLE

80%, or 85% OR 4 Stars	REQUIREMENTS of the Standards, Criteria and Items is evident. (A) ❑ The APPROACH is well DEPLOYED, with no significant gaps. (D) ❑ Fact-based, SYSTEMATIC (methodical, orderly, regular and organize) evaluation and improvement and organizational LEARNING are KEY management tools; there is clear evidence of refinement and INNOVATION as a result of organizational-level ANALYSIS and sharing. (L) ❑ The APPROACH is INTEGRATED with the Institution, College or Program or Administrative Unit needs identified in response to the Institution, College or Program or Administrative Unit Profile and other Process Standards. (I)
90%, 95% or 100% OR 5 Stars	The practice is followed consistently and at a very high standard, with direct evidence or independent assessments indicating superior quality in relation to other comparable institutions. Despite clear evidence of high standards of performance plans for further improvement exist with realistic strategies and timelines established. ❑ An EFFECTIVE, SYSTEMATIC APPROACH (methodical, orderly, regular and organize), fully responsive to the MULTIPLE REQUIREMENTS of the Standards, Criteria and Items is evident. (A) ❑ The APPROACH is fully DEPLOYED without significant weaknesses or gaps in any areas or work units. (D) ❑ Fact-based, SYSTEMATIC (methodical, orderly, regular and organize) evaluation and improvement and organizational LEARNING are KEY organization-wide tools; refinement and INNOVATION, backed by ANALYSIS and sharing, are evident throughout the organization. (L) ❑ The APPROACH is well INTEGRATED with the Institution, College or Program or Administrative Unit needs identified in response to the Institution, College or Program or Administrative Unit Profile and other Process Standards. (I)

Source: Adapted from NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence*, National Institute of Standards and Technology, US Department of Commerce, Washington, DC. Available at: www.nist.gov/ and NCAAA (National Council for Academic Assessment and Accreditation) (2008), *Self Evaluation Scales for Higher Education Institutions,* (June 2008).

1. Scored Performance Assessment of the Results – based KPI Requirements

In the KSU – QMS Handbook, KSU has identified 2 sets of KPI as shown in Figure 3.3 and as discussed below:

i. ***KPI*** – This represents a set of 56 generic KPIs that serve as the minimum requirement that all colleges and programs should measure, audit and assess every academic year. All these generic KPI are compliance KPI based on the 11 Standards. All colleges and programs should report on this minimum set of KPI requirements as they aggregate and summate into the institutional quality performance and achievement for institutional quality assessment and accreditation.

ii. ***Additional KPI of College or Programs*** – In recognizing the uniqueness of each college or programs, they must identify specific KPI within their jurisdiction that are deemed unique to or specific and that are of prime importance to their own unique performance. This brings to an additional total of 11 sets of KPI or Benchmark as each college or program or administrative unit can identify and develop for each of the 11 Standards.

It should be noted that the "Results" or Result – Oriented KPI or Benchmarks can be generally classified into 2 main groups that KSU uses. The 2 groups are as follows:

1. ***Quantitative Indicators – The main denominators of*** these quantitative indicators are normally quantified by (a) percentage in terms of percentage increase or decrease (b) ratio ranges of its ratio change in terms of ratio increase or decrease or (c) numerical numbers ranges of its numeric change in terms of numerical increases or decreases. An example is shown below in Figure 3.7.1.

Figure 3.7.1: Worked Example Performance Assessments of Criteria 1.6, KPI and KPI Items

Institutional, College and Program Context		Weights	Score (%)	Weighted Score	Goals Set	Goals Achv.	Develop.	Effective	Overall Perf.
Standard 1 Mission, Goals and Objectives		**40**							
1.6 Key Performance Indicators or Benchmarks		**10**		3.2	20%	30%	1	1	**3.2**
1.6.1	Evaluation of Strategic Plan Implementation (Means average and Level achieved based on survey)	3	40	1.2					
1.6.2	Evaluation of Strategic Plan alignment with National HE Development Plan (Means average and Level achieved based on survey)	3	0	0					
1.6.3	Percentage of strategic goals achieved (%)	**4**	**50**	**2.0**					

1. The weighted score for each item is derived from SCORE * WEIGHTS.
2. The overall weighted score (3.2) is an averaged summation of each of the weighted score of each item and contributes 80% to overall performance.
3. As there is both "development" and "effectiveness", representing 20% the final Overall performance is 3.2 (which is (0.8 * 3.2 + 0.2 * 3.2)

Figure 3.7.2: Worked Example of a Quantitative Result – based KPI Item 1.6.3

1.6.3 Percentage of strategic goals achieved (%)

Formulae Computation:

$$\frac{\text{Number of Goals and Indicators in Annual Operation Plan achieved}}{\text{Numbers of Goals and Indicators in Annual Operation Plan developed}} \times 100$$

1. **KPI Criteria (Levels {Le} equivalence based on Means Average of Percentage)**

Level 1	✓ 0 % < 15 % achievement
Level 2	✓ 15 % < 30 % achievement
Level 3	✓ 30 % <45 % achievement
Level 4	✓ 45 % < 60 % achievement
Level 5	✓ 60 % < 80 % achievement
Level 6	✓ 80 % - 100 % achievement

Procedural Steps in assessing and scoring a Quantitative KPI Requirement

Step1: Read what is expected of the KPI Requirement

Step 2: Read the SSR (Self – Study Report) prepared by the institution, college or program and use the necessary data to compute the percentage or ratio or numerical data needed based on the formulae computation

Step 3: Determine the range whereby the computed percentage or ratio or numerical evidence falls within a certain level of scoring criteria requirement.

Step 4: It should be noted that there are low end and high end percentages. If the computed percentage or ratio or numerical evidence substantially falls into a certain range, then assign a percentage score in that scoring criteria range.

Case Study Example: If the institution, college, program or administrative unit has identified 50 sets of targeted goals, and has measured 25 of them with the rest not implemented or measured, the computed range is 50 % which is in level 4 in Figure 3.7.2 and scoring range 4 in Figure 3.8.

2. ***Qualitative Indicators*** **–** These qualitative indicators are multifarious in nature, and in order to systemize and standardize its approach, the basic approach is to identify the performance levels based on a survey instrument that has been developed based on a set of parameters. A sample of the qualitative indicators used and its criteria of assessment is shown in Figure 3.7.3 These levels of performance are categorized into 6 levels to allow for easy conversion to the Stars System used by the NCAAA. They are also used for Scoring Performance guidelines for the Process oriented Standards and Criteria and the Result oriented Key performance indicators of which there are 6 levels. Therefore the criteria used for qualitative indicators are divided into six levels as shown below in Fig. 3.7.3.

Figure 3.7.3: Worked Example of a Qualitative Result – based KPI Item 1.6.1

1.6.1 Evaluation of Strategic Plan Implementation (Means average and Level achieved based on survey)

KPI Data required for Means Average computation

The strategic plan evaluation survey is a standardized performance evaluation of the Strategic Planning Process and its Implementation as perceived by the faculty members of the college or program. This is normally scaled on a 5-point Likert Scale to get the means average score of the faculty members' perception. The aim of this KPI is to ensure that there is a systematic approach Strategic Planning process that is well deployed and that brings about continuous improvements that are implemented, monitored and measured for performance. The key areas of coverage or parameters for the development of the survey instrument normally contain:

- Alignment with KSU 2030 or College Strategic Plan,
- Planning Process steps are defined,
- Implementation status are monitored,
- Accomplishment and Achievement of KPIs,
- Periodic review of Strategic Plan
- Action Plan for Areas for improvement are defined, monitored and measured for performance.

KPI Criteria (Levels {Le} equivalence based on Means Average of Survey)

Level 1	✓ Below 2.49
Level 2	✓ 2.5 – 2.99
Level 3	✓ 3.0 – 3.49
Level 4	✓ 3.5 – 3.99
Level 5	✓ 4.0 – 4.49
Level 6	✓ 4.5 – 5.0

Detailed Explanations of the basic quality terminology of PDCA, ADLI and LeTCI

This section explains the details of the basic quality terminology used in the performance scoring of both the Process – Based and Result – Based Criteria as used in the earlier sections.

Plan (P)

Definition: Plan refers to the establishing of the objectives and processes necessary to deliver results in accordance with the expected output. It determines what needs to be done, when, how, and by whom. It signifies a set of intended actions, through which one expects to achieve a goal affecting the output which is the focus. By making the expected output as the main focus, it emphasizes on the completeness and accuracy of the specification which is also part of the improvement. In the plan phase, the problem solving team analyzes data to identify possible causes for the problem and then proposes a solution. **Plan** the process management system by linking the daily work to the institution, college, program or administrative unit strategy and stakeholders' requirements; determine and document the best steps for completing the work, what will be checked, how to check, how often, etc.

Do (D)

Definition: Do refer to implementing the new processes or **Do** the actions as specified in the plan

Check (C)

Definition: Check refers to the analysis of the results of carrying out the plan and the measuring of the new processes and compares the results against the expected results to ascertain any differences. **Check** actual performance against the Process Management Plan (PMP) by measuring and reviewing the process outcomes (Y's) and key input and process variables (X's) on a regular, timely basis.

Act (A)

Definition: Act refers to analyzing the differences to determine their **cause**. **Act** when there is a gap between the "as-is" of do and the "should-be" of plan and take appropriate steps to close the gap between planned and actual results. This may require normal control activities to identify and fix what went wrong. Each will be part of either one or more of the P-D-C-A steps. Determine where to apply changes that will include improvement. After passing through these four steps does not result in the need to improve, refine the scope to which PDCA is applied until there is a plan that involves improvement.

Explanations of ADLI as used in the Evaluation of the Process – Based Criterion

Approach (A)

Definition: "Approach" refers to the methods used by the institution, college or programs or administrative units to address the Standard and Criteria and Item requirements in all the Standards. Approach includes the appropriateness of the methods to the Criteria and Item requirements.

- Is the approach systematic (i.e., with repeatable steps, inputs, outputs, time frames)?
- Is there evidence that the approach is effective – both qualitative and quantitative?
- Is this approach (or collection of approaches, system or mechanisms) a key organizational process (that provides substantial contribution)? Is the approach important to the institution, college or programs overall performance?

Deployment (D)

Definition: "Deployment" refers to the extent to which an approach is applied in addressing the Standard and Criteria and Item requirements in all the Standards. Deployment is evaluated on the basis of the breadth and depth of the application of the approach to relevant work units throughout the institution, college or programs.

- Is deployment addressed?
- What evidence is presented that the approach is in use in one, some, or all appropriate work units, facilities, locations, shifts, organizational levels, and so forth within the institution, college, programs or administrative units?

Learning (L)

> **Definition: "**Learning," in the context of the evaluation factors, refers to new knowledge or skills acquired through evaluation, study, experience, and innovation.

- Has the approach been evaluated and improved? If it has, was the evaluation and improvement conducted in a fact-based or evidence-based, and in a systematic manner (e.g., was it regular, recurring, data driven, fact driven or evidence driven)?
- Is there evidence of organizational learning (i.e., evidence that the learning from this approach is shared with other organizational units/other work processes through the institution, other colleges or programs or administrative units)?
- Is there evidence of innovation and refinement from organizational analysis and sharing (e.g., evidence that the learning is actually used to drive innovation and refinement of the existing Input, Process, Outputs and Outcomes, or the whole systems in institution, college, programs or administrative units)?

Integration (I)

> **Definition:** As a process evaluation factor, "integration" covers the range from organizational "alignment" of approaches in the lower scoring ranges to "integration" of approaches in the higher ranges.
>
> *"Alignment" refers to the consistency of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. It requires the use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organization level, the key process level, and the work unit level.*
>
> *"Integration" refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.*

- How well is the approach aligned with the organizational needs the institution, college, programs or administrative units has identified in other Standard and Criteria and Item requirements in all the Standards?
- Does the institution, college or programs indicate complementary measures and information used for planning, tracking, analysis, and improvement on three levels: the organizational level, the key process level, and the department or work-unit level?
- How well is the approach integrated with the institution, college, programs or administrative units' needs?

Explanations of LeTCI as used in the Evaluation of the Results – Based Criterion

Performance Levels (Le)

> **Definition**: "Performance levels" refer to numerical information that places or positions an organization's results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projections, goals, and appropriate comparisons.

- What performance levels (with qualitative or quantitative evidence or indicators) are provided?
- Is the measurement scale meaningful?
- Are key results missing?

Trends (T)

> **Definition**: "Trends" refer to numerical information that shows the direction and rate of change for an organization's results. A minimum of three data points generally is needed to begin to ascertain a trend.

- Are trends – (normally at least 3 cycles data is the minimum) provided for few, many, or most Areas addressed in the Standards, Criteria and Item requirements?
- Is the interval between measures or frequencies appropriate?
- Are the trends positive, negative, or flat?
- What is the rate of change (slope of the trend – normally at least 3 cycles data is the minimum)?
- Do the trends demonstrate little, some, or much breadth in the institution, college, programs or administrative units' improvement efforts (i.e., how widely are they deployed and shared)?
- Are significant variations in trends explained in the text of the application?

Comparisons (C)

> **Definition**: **"**Comparisons" refer to how the institution, college, programs or administrative units' results compare with the results of other organizations. Comparisons can be made to the results of competitors, organizations providing similar products and services, industry averages, or best-in-class organizations. The maturity of the organization should help determine what comparisons are most relevant.

- Are comparisons provided?

— Are the comparisons to key competitors, industry sector averages, or best-in-class institution, college, programs or administrative units?
— How does the applicant compare against these other institution, college, programs or administrative units?

Integration (I)

> **Definition**: "Integration" refers to the extent to which results measures (often through segmentation) address important customer, product and service, market, process, and action-plan performance requirements identified in the Organizational Profile and in Process Items; include valid indicators of future performance; and are harmonized across processes and work units to support organization-wide goals.

— To what extent do results link to key factors and Process Items?

— Are results segmented appropriately (e.g., by key customer, patient, or student segment; employee type; process/education program or service; or geographic location) to help the institution, college, programs or administrative units improve?

Source: Adapted from National Institute of Science and Technology (2008), *MBNQA Education Criteria for Performance Excellence,* Step-by-Step Instructions for INDEPENDENT REVIEW Scorebook Preparation, 2008 and Adapted from NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence*, National Institute of Standards and Technology, US Department of Commerce, Washington, D.C., Available at: www.nist.gov/ and NCAAA (National Council for Academic Assessment and Accreditation) (2008), *Self Evaluation Scales for Higher Education Institutions* (June 2008).

Procedural Steps in assessing and scoring a Qualitative KPI Requirement by the assessor in their performance assessment when developing the SSR and QPAR

Case Study Example: In this case, the institution, college or program or administrative unit has identified its strategic plan, but has not implemented them completely based on the outcomes of the annual operation plan. In this case, only 50% of the targeted goals have been measured and majority of them meeting basic standards and criteria requirement which signifies its performance level and its deployment is average. There is also little evidence of learning from it. Based on the evidence, it merits only a level 3 performance (as per Figure 3.7.3) and a scoring of 40 % (as per Figure 3.8). The procedural steps are shown below:

Step1: Read what is expected of the Qualitative KPI Requirement based on the parameters design of the survey instrument and its scoring of the Performance levels

Step 2: Read the SSR (Self – Study Report) prepared by the institution, college or program

Step 3: Determine whether there is statistics, information or data (SID) evidence in the input, processes, outputs and outcomes for that Process to ascertain that a certain level of scoring criteria requirement has been met. This is normally based on the combination of the PDCA and the ADLI review and assessment to determine the level of performance as shown in Figure 3.7.3.

Step 4: Once the performance level has been determined, determine the scoring of the performance level. Normally each of the level of performance corresponds to each of the scoring range.

Step 5: It might be noted that in each of the range, there is about 3 ranges of percentages. It can be divided into a low end, median end and high end. If evidence substantiate that it can be awarded a high end percentage, read the next categorical range. If it does not merit a higher categorical range, then assign a high end percentage score in the same scoring criteria range. As a basic requirement for the scoring guidelines, check whether the existing evidence calls for a higher range or a lower range, either a lower or higher percentage scoring range depending on the substantial and concrete evidence rather than verbal or verbose and subjective circumstantial judgment. As a rule of thumb for determining whether it is in the low end, median end or high end percentage, use the LeTCI process criteria – if it only satisfy the (Le), then assign a low end, if it is in between (T) and (C), and evidence do not justify the learning

aspect, go for a lower percentage of the median end percentage as shown in Figure 3.8.

Figure 3.8: Scoring Guidelines for RESULTS – based KPI Criteria

SCORE	RESULTS – based Performance Scoring Guidelines
0% or 5%	❑ There are no organizational PERFORMANCE RESULTS or poor RESULTS in the standards and areas reported. ❑ TREND data are either not reported or show mainly adverse TRENDS. ❑ Comparative information is not reported. ❑ RESULTS are not reported for any standards, criteria or items or areas of importance to the Institution, College or Program or Administrative Unit KEY MISSION or Institution, College or Program or Administrative Unit requirements.
10%, 15%, 20%, or 25%	❑ A few organizational PERFORMANCE RESULTS are reported; there are some improvements and/or early good PERFORMANCE LEVELS in a few standards, criteria or items or areas. ❑ Little or no TREND data are reported, or many of the TRENDS shown are adverse. ❑ Little or no comparative information is reported. ❑ RESULTS are reported for a few standards, criteria or items or areas of importance to the Institution, College or Program or Administrative Unit KEY MISSION or Institution, College or Program or Administrative Unit requirements.
30%, 35%, 40%, or 45%	❑ Improvements and/or good PERFORMANCE LEVELS are reported in many standards or areas addressed in the Standards requirements. ❑ Early stages of developing TRENDS are evident. ❑ Early stages of obtaining comparative information are evident. ❑ RESULTS are reported for many standards, criteria or items or areas of importance to the Institution, College or Program or Administrative Unit KEY MISSION or Institution, College or Program or Administrative Unit requirements.
50%, 55%, 60%, or 65%	❑ Improvement TRENDS and/or good PERFORMANCE LEVELS are reported for most s standards, criteria or items or areas addressed in the Standards requirements. ❑ No pattern of adverse TRENDS and no poor PERFORMANCE LEVELS are evident in standards, criteria or items or areas of importance to Institution, College or Program or Administrative Unit KEY MISSION or Institution, College or Program or Administrative Unit requirements. ❑ Some TRENDS and/or current PERFORMANCE LEVELS – evaluated against relevant comparisons and/or BENCHMARK – show standards or areas of good to very good relative PERFORMANCE. ❑ Institution, College or Program or Administrative Unit PERFORMANCE RESULTS address most KEY student, STAKEHOLDER, and PROCESS requirements.
70%,75%, 80%, or 85%	❑ Current PERFORMANCE LEVELS are good to excellent in most standards, criteria or items or areas of importance to the Standards requirements. ❑ Most improvement TRENDS and/or current PERFORMANCE LEVELS have been sustained over time. ❑ Many to most reported TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS—show areas of leadership and very good relative PERFORMANCE. ❑ Institution, College or Program or Administrative Unit PERFORMANCE RESULTS address most KEY student, STAKEHOLDER, PROCESS, and ACTION PLAN requirements.
90%,95%,or 100%	❑ Current PERFORMANCE LEVELS are excellent in most standards, criteria or items or areas of importance to the Standards requirements. ❑ Excellent improvement TRENDS and/or consistently excellent PERFORMANCE LEVELS are reported in most standards, criteria or items or areas. ❑ Evidence of education sector and BENCHMARK leadership is demonstrated in many standards, criteria or items or areas. ❑ Institution, College or Program or Administrative Unit PERFORMANCE RESULTS fully address KEY student, STAKEHOLDER, PROCESS, and ACTION PLAN requirements.

Source: Adapted from NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence. National Institute of Standards and Technology*, US Department of Commerce, Washington, D.C., Available at: www.nist.gov/

Chapter 4

KSU – QMS Standards, Criteria and Items and Key Performance Indicators

4.1 Explanations of KSU Standards, Criteria and Items and KPI

Chapter 3 has explained in details the approach KSU has taken to develop and assess the Standards, Criteria and Items and the KPI and Benchmarks. As noted earlier, the Standards, Criteria and Items represents the Process-based Values requirements and the KPI and Benchmarks represents the Results-based Values requirements.

This Chapter is organized on the basis of the detailed explanations of each of the Process-based Values and the Results-based Values overall and criteria level requirement to ensure that the correct interpretation and the collation of data, facts and evidence and performance assessment is based on the understanding and interpretation of that Standard, Criteria and Items detailed requirements.

For each of the Standards, Criteria and Items, there are 3 sections as follows:

- Description of the Standards, Criteria and Items
- Addressing the Standards, Criteria and Items
- Statistics, Information and Documents (SID) requirements as evidence-based requirements of the Standards, Criteria and Items

4.2 Description of the Standard, Criteria and Items

This is detailed in each of the Standard specifically in terms of the overall requirement of the Standard and the detailed requirement of the Criteria in the following sections for each of the individual Standard 1 to 11 (all of which are based on NCAAA requirements).

4.3 Addressing the Standard

As the KSU – QMS defines 2 sets of values of Process-based Values Performance and Results-based Values performance, Standards 1 to 11 is a set of Process-based Values Performance requirements. The Process-based Values will comprehensively cover the Inputs – Process – Outputs which is fundamental to the systemic and systematic approach as used by KSU. As such, all the Standards which are Process-based Values should be audited and assessed within the system's definitive Inputs – Processes – Outputs that should be identifiable in all the systems or mechanisms or methodologies used by the institution/college/programs or administrative units. Since the KSU approach is systemic and non-prescriptive the institution/college/programs, or administrative units in addressing the Standards, criteria and Items, the following should be used as the basis of the audit and assessment:

- Identify and define its **A (APPROACH)** by specifying the systems or mechanisms or methodologies which are developed by the institution/college/programs or administrative units and are used to address each of the criteria set within the standard set and the items within each criteria set. As the KSU is non-prescriptive any the systems or mechanisms or methodologies used are accepted as long as the institution/college/programs or administrative units can substantiate or justify its use with supporting statistics, information or documents or key performance indicators that are evidence based rather than speculative or verbose.

- Identify and define its **D (DEPLOYMENT)** by specifying the systems or mechanisms or methodologies main inputs and key processes or procedures or policies, or people or resources used in its defined system or mechanism approach.

- Identify and define its **L (LEARNING)** by specifying the goals set and achieved and what was learned in terms of continuous improvements or innovations, or any shared learning within and across units in the institution/college/programs or administrative units.

- Identify and define its **I (INTEGRATION)** within the same standard and criteria set and across the different standards and criteria set.

In addressing the ADLI above, read through each of the criteria set and its items within each criteria, and identify how those items within each criteria set has been approached, what resources had been utilized and determine its performance indicators and did the unit learn from it through the measurement of its performance to bring about improvements and innovations and its integration with other criteria and standards. This applies to the audit and assessment of each of the criteria in the Standard, meaning that the Items requirements will lead to the assessment of the Criteria based on the ADLI requirements addressing and meeting the Items and Criteria. The audit and assessment of each of the items that aggregates towards the Criteria requirement will be aggregated and summated into the overall requirements of the Standard. As such, care must be taken to ensure that the Items are properly addressed and assessed based on the ADLI above.

4.4 Addressing the KPI

For the Results-based criteria performance, as noted earlier, there are 2 types of key performance indicators as follows:

- **Qualitative KPI –** In the qualitative indicator set, they are addressed from the degree of performance or its level of performance with a stepped wise progressive determinants of performance from its P (PLAN) of what and how the criteria is addressed through its planning aspects of the system and mechanism or methodology used, D (DO) of what and how the system or mechanism or methodology is implemented and with what resources, C (CHECK) in the systems or mechanisms or methodologies used based on a set of targets or measures which are measured to determine its achievement and A (ACT) of what is done after the planned actions that are implemented and measured in terms of its achievement that brings about future improvement and innovation. The PDCA is supplemented and complemented by the ADLI metrics to strengthen its performance level determinants. In the A (APPROACH), together with the P (PLAN), one would need to determine a planned approach in terms of the systems or mechanisms, the tools or techniques used, and what and how resources are auctioned upon in the D (DO) and D (DEPLOYMENT) in the configurations and supports of the systems or mechanisms, tools or techniques. In the C (CHECK), one would need to define the measures and methodology and identify whether one L (LEARN) from it, and then A (ACT) on what is measured and learnt. Learning should lead to continuous improvements and innovations. Lastly, one would need to determine what and how the standards and criteria are aligned or I (INTEGRATE) within the same and across different Standards. It is noted that the qualitative KPI are generic with an emphasis on the systemic aspects and the progressive development of the system. As such, the audit and assessment is based on the performance achievement at each of the level based on the level requirement. There are 6 levels of performance to correspond with the Results-based Values Scoring Criteria. It is noted that the more fundamental PDCA covers the lower end of the performance level and the ADLI covers the higher end of the performance level. This is intended to bring a step wise progressive improvements leading to innovation and integration within and across the Standards.

- **Quantitative KPI –** In the quantitative indicator set, they are addressed from the percentage or ratio or numerical ranges. Do the computation based on the Formulae provided using the prescribed data set needed for the computation and determine the range that the outcome result falls into. Score the performance based on the performance levels. There are 6 levels of ranges to correspond with the Results-based Values scoring Criteria. The data set required for the formulae computation for each of the KPI or Benchmark is defined under each of KPI or Benchmark itself. In assessing the performance of the quantitative indicator set, the performance is based on Le (LEVEL) of performance as to whether a performance level has been achieved based on the percentage or ratio or numerical scoring range achieved. It is then

determined in terms of the T (TREND) of performance. Normally a minimum 3 years data set of the trend performance is required to identify any progressive improvements in the trend performance. C (COMPARISON) would mean that the level and trend of performance is compared with historical performance, industry standards or benchmarked with the best in the industry. I (INTEGRATE) is meant to identify an integrated approach in that the performance levels, trends performance and its benchmarked comparison are integrated with the different indicators within and across the same standard and criteria set going in the same direction as opposed to being contradictory of each other to provide an overall set of performance level.

Note: In the development of the quantitative key performance indicators, the traditionally and widely accepted KPI were used on the grounds that the issue of the KPI and direct relationships have been challenged and are still widely debated. As noted in all the KPI for the Standards in the later sections, it is noted that quality is an evasive and very subjective factor that has evaded direct measures. As such, the KPI used here are the objective sets that had been widely and well-accepted set but that might still raise the issue of a good measure. Pending the derivations of a set of very objective measures, these quantitative KPI are found to be the second best set of proxy measures that will serve its purpose in the intermediate stage. These KPI are derived from a wide source of literatures on the KPI measures of education and academic performance. (Teay, 2007; ONESQA, 2006 and CHE, 2007).

4.5 Statistics, Information and Documents (SID) requirements as evidence-based requirements of the Standards, Criteria and Items

In the "Management through Measurement" Approach, it means that better management can be derived from the outcomes performance measurement, which literally means that measurement support management but management precedes measurement as what needs to be measured must be planned and organized. The imperative is that for the performance measurement to be successful there should be a set of corresponding statistics, information or documents that supports the fact that the measurement is evidence-based. The same logic applies to qualitative key performance indicators that call for the determination of the levels of performance achievement. The degree or the level is based on the facts, statistics, data or documents to support these qualitative KPI.

In essence, evidence should be produced to substantiate the improvements or innovations that had been improved on or innovated upon as compared to the previous year of as compared to the industry benchmark. In effect, this also calls for the institution/college/programs or administrative units to set up a system or mechanism to collate and analyze the statistics and information. This system or mechanism is classified as the Information Management System (IMS) to manage the Statistics, Information or Documents of the institution/college/programs or administrative units.

Nature and type of SID can be:

- **Statistics or Statistical reports** reporting on level of performance and trend of the numerical, percentage or ratio movements or changes and benchmarked in comparison with the industry.

- **Qualitative reports** based on research or widely accepted academic literature.

- **Documents like the Annual Report, Strategic Plan, Annual Operating Plan and Action Plans** that defines those goals and objectives that clearly state the targets to be achieved, the measurement of the targets achievement and the deviation from the standard or its variance within a specific time period.

- **Creative works or innovative works** that has been acclaimed through the awards received or recognition in peer-reviewed at the national or international level.

- **Researches** that had been published in a peer-reviewed journal or proceeding at the national or international level.

- **Any other materials or evidence that is unique to and specific to** the nature or type of actions and activities conducted by the institution/college/programs or administrative units.

Standard 1: Mission, Goals and Objectives

Part 1 – Process-based Performance Criterion

Description of the Standard 1

Teaching, Learning and Research and Social Services can be said to be the very reason for the existence or the "life and soul" of the institution, college, programs or administrative units. Teaching and Learning is the "life", Learning Resources, Facilities and Equipment are the "life support systems" and Governance is the "life brawn" of the institution, college, programs or administrative units. As part of key and fundamental mission of all higher education institutes, it must review, revise, recoup, re-plan and rethink leading to its repositioning and planning strategically and tactically in managing its competencies and capabilities and capacity is the key mechanism that brings about these well-planned unconditional and unconventional changes in improvements, in development and in innovations. The Mission, Goals and Objectives of Strategic and Action Planning are the "life brain".

This Standard highlights the importance of planning in the tri-component of the planning – information – quality trilogy that emphasizes the importance of "Management through Measurement". In essence, what needs to be measured needs to be managed through it basic functions of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). It is noted that the Control through the measurement aspect of auditing and assessment is based on its targets achievement which is the measurable objectives. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Vision –** defines ***"What it wants to be?"*** the position that it aims for in its industry or the reason for its very existence and which are the big dreams of the institution/college/program or administrative units.

- **Mission –** defines the ***"What it can be?"*** which defines in more concrete terms of the capacity and capability of its human resources, information resources and organization resources within its system and mechanisms deployed that forms the foundation of organizational success.

- **Goals –** defines the **"*What are the achievements?*"** which defines is more specific terms, the specifics of the mission and that expands in more details of the aims that leads to the overall achievement of the more general mission.

- **Objectives –** defines the ***"What are the measures of the achievements?"*** which defines the target set and the measurement of the targets to determine its performance level and achievement.

It is noted that all these are interrelated as the Vision defines the Mission, the Mission defines the Goals and the Goals define the Objectives. The reverse is also true in that the performance level of the targets achievement which is the objectives that serves as measures of the goals achievement, and the goals achievement as the measure of the mission achievement. This shows the imperative of the relationship or the alignment of the vision, mission, goals and objectives.

The vision, mission, goals and objectives leads to the identification and definition of the strategies (the "What to do" and "How to do") to achieve the vision, mission, goals and objectives. Technically, this leads to the planning part of the planning system of which there are 3 levels:

- **Strategic Plan –** defines the longer term 5 to 10 years of what to do and how to do it to achieve the vision, mission, goals and objectives of the institution/college/programs or administrative units.

- **Annual Operation Plan –** defines the shorter term 1 year plan (which is based on the longer term Strategic Plan) of what to do and how to do it every year to achieve the vision, mission, goals and objectives of the institution/college/programs or administrative units.

- **Action Plan** – defines the details of each project or activity plan of actions to be taken to achieve what to do and how to do the project with its corresponding goal and objectives to be achieved.

Normally, the 3 types of plans are related as the Strategic Plan defines in general terms of the "What to do" and the Annual Operation Plan defines the specifics of "What to do annually, and what are the performance measures to be achieved annually" and the Action Plans define the specifics of the details of each project and actions which its performance measures. This highlights the imperative that the 3 types of plans are aligned with each other and that all actions and activities in the institution/college/programs or administrative units are planned, managed and measured for performance achievement.

Addressing the Standard

The Process-based Criteria for this will comprehensively cover the Inputs – Process – Outputs of the system and mechanisms, tools and techniques which are planned in terms of what the approach is, and how the resources are deployed to identify and develop the mission, goals and objectives of the institution/college/programs or administrative units.

Criteria Requirements

Criterion 1.1 – Address and assess the performance of the appropriateness of the mission using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the appropriateness of the mission within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 1.2 – Address and assess the performance of the usefulness of the mission using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the usefulness of the mission within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 1.3 – Address and assess the performance of the development and the review process of the mission using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the development and the review process of the mission within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 1.4 – Address and assess the performance of the use made of the mission using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the use made of the mission within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 1.5 – Address and assess the performance of the relationships between the mission, goals and objectives using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the relationships between the mission, goals and objectives within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 1

Institution, College and Program Context	
Standard 1 Mission, Goals and Objectives	
1.1	**Appropriateness of the Mission**
1.1.1	The mission for the college and program should be consistent with the mission of the institution, and the institution's mission with the establishment charter of the institution.
1.1.2	The mission should establish directions for the development of the institution, colleges or programs that are appropriate for the institution, colleges or programs of its type (e.g. a small private college, research university, women's college in a regional community).
1.1.3	The mission should be consistent with Islamic beliefs and values and the economics and cultural requirements of the Kingdom of Saudi Arabia.
1.1.4	The mission should be relevant to the needs of the community or communities served by the institution.
1.1.5	The mission should be consistent with the economics and cultural requirements of the Kingdom of Saudi Arabia.
1.1.6	The appropriateness of the mission is explained to stakeholders in an accompanying statement commenting on significant aspects of the environment within which it operates (which may relate to local, national or international issues).
1.2	**Usefulness of the Mission Statement**
1.2.1	The mission statement should be sufficiently specific to provide an effective guide for decision-making and choices among alternative planning strategies.
1.2.2	The mission statement should be relevant to all the institution, colleges or programs activities.
1.2.3	The mission statement should be achievable through effective strategies that can be implemented within the level of resources expected to be available.
1.2.4	The mission statement should be clear enough to provide criteria for evaluation of progress towards its achievement.
1.3	**Development and Review of the Mission**
1.3.1	The mission should be defined in consultation with and with the support of major stakeholders of the institution, colleges or programs and its community.
1.3.2	The mission should be formally approved by the appropriate decision making body within the institution or governing body of the institution, colleges or programs.
1.3.3	The mission should be periodically reviewed and reaffirmed or amended as appropriate in the light of changing circumstances.
1.3.4	Stakeholders should be kept informed about the mission and any changes made to it.
1.4	**Use Made of the Mission**
1.4.1	The mission should be used as the basis for a strategic plan over a specified medium term (e.g. 5 years).
1.4.2	The mission should be publicized within the institution, colleges or programs and actions taken to ensure that it is known about and supported by faculty and staff.
1.4.3	The mission should be consistently used as a guide and provide criteria in resource allocations and major institution,

	colleges or programs project or policy consideration and proposals
1.5 Relationship Between Mission, Goals and Objectives	
1.5.1	Medium and long term goals for the development of the institution, colleges or programs should be consistent with and support the mission.
1.5.2	Goals should be stated clearly enough to guide planning and decision making in ways that are consistent with the mission.
1.5.3	Goals and objectives for the development of the institution, colleges or programs should be reviewed periodically and modified if necessary in response to results achieved and in the light if changing circumstances to ensure that they continue to support the mission.
1.5.4	Specific objectives established for total institutional, colleges or programs initiatives and for activities of organizational units within it should be consistent with the mission and broader goals for development derived from it.
1.5.3	Statements of major objectives are accompanied by specification of clearly defined and measurable indicators that are used to judge the extent to which objectives and the mission are being achieved.

Part 2 – Results-based Performance Criterion

1.6 Institution Specified Key Performance Indicators (KPI)	
1.6.1	Evaluation of Strategic Plan Implementation (Means average and Level achieved based on survey)
1.6.2	Evaluation of Strategic Plan alignment with National HE Development Plan (Means average and Level achieved based on survey)
1.6.3	Percentage of strategic goals achieved (%)
1.7 Colleges or programs specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
1.7.1	(KPI specific to Institution, College or Program)
1.7.2	(KPI specific to Institution, College or Program)
1.7.3	(KPI specific to Institution, College or Program)
1.7.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 1

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Mission Goals and Objectives Summary
1.1 Appropriateness of the Mission
1.2 Usefulness of the Mission Statement
1.3 Development and Review of the Mission
1.4 Use Made of the Mission
1.5 Relationship Between Mission, Goals and Objectives
1.6 Institution specified Key Performance Indicators
1.7 College or programs specified KPI

Part 1 – Process-based Performance Criterion

Description of the Standard 2

Teaching, Learning and Research and Social Services can be said to be the very reason for the existence or the "life and soul" of the institution, college, programs or administrative units. Teaching and Learning is the "life", Learning Resources, Facilities and Equipment are the "life support systems" and Strategic and Action Planning are the "life brain" with Governance being the "life brawn" of the institution, college, programs or administrative units. As part of key and fundamental mission of all higher education institutes, it must review, revise, recoup and rethink leading to its repositioning and good governance, leadership and managing its competencies and capabilities and capacity is the key mechanism that brings about these unconditional and unconventional changes in improvements, in development and in innovations. This Standard highlights the importance of Governance and Administration that emphasizes the importance of "Management through Measurement". In essence, what needs to be measured needs to be managed through it basic functions of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). Administration, a sub-set means to determine how to implement what needs to be done, what resources are needed rather than planning for what to do and how to do. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

For Governance:

- **Governance –** Governance is the overarching supreme authority on the "what the institution, college, programs or administrative units should be in the eyes of the public as a key player and role model" and determining "the way we do things here – or the values, policies governing the essential core practices and values of the entity".

- **Governing Body –** This represents the highest level of authority within an entity that formulates the key organization policies and the mandates of the organization of what and how to manage the entity.

- **Leadership –** A key component of governance is the leadership mechanism, or the key leader in all levels of the organizational units. Leaders are "transformation" as they are visionary and bring about actions that affect everyone and look at the big picture of the organization in a longer term aspects. They get the work done through the people – they work with the people. Whereas managers are "transactional" concentrating on the more routine or day-to-day functions, managing and administrating the resources at hand to get the work done by the people.

- **Integrity –** This deals with the moral aspect of the organization and its people, its adherence to honest practices and for the benefits of others. Professional and academic codes of conduct normally define the boundaries or delimitations of "what can be done and what cannot be done". The interpretation and implementation of these codes of conduct is open to discussion, but the basic fundamental is "one should do things that benefits others rather than oneself, and not hurt the wellbeing of others".

- **Policies and Regulations –** Integrity normally is more subjective and is based on the science of "ethics" that goes into the grey areas which neither are nor clearly defined as they are social norms or the unwritten subjective codes. Policies and regulations, one the other hand are the more objective codes that clearly define the boundaries of actions of "what is accepted and can be done". This defines the "what to do and what not to do" that must be objectively stated as the overall set of guidelines and guidance principles to ensure that actions and

activities that can be repeated or done frequently follows a coded set of rules and regulations that is applicable to all. These are used as the reference of actions that applies and support the administrative part of management.

For Administration:

- **The POC³ of the basic management functions –** This highlights the imperatives of the importance and precedence of "management" and then evaluating and assessing the performance level of the managerial functions through "measurements".

- **The PDCA and ADLI aspects of management functions –** This highlights the imperatives of the quality approach towards the management functions of POC³. This entails the P (Plan) of what to D (Do) in terms of the resources and the administration of resources supporting the achievement of the planned actions, and C (Checking) or measurement of the effectiveness and efficiency of the actions and activities to implement the planned actions, and then A (Act) to take corrective or improvement actions of any variances in the output and outcome measured. Used in conjunction with PDCA, A (Approach) represents the planned approach, D (Deployment) or doing it with implementation using the resources, L (Learning) from it through the measurements for continuous improvements or innovation through checking, and I (Integration) for aligning all the actions and activities within the same and across different units.

- **Planning –** This is the first action in any management actions, to plan in the long – term and short – term and ensure that the short – term actions are aligned with longer term strategic direction. This defines the systems or mechanisms, tools or techniques used in the planning activities of the institution, college, programs or administrative units.

- **Male and Female sections and associated centers –** As required by customary practices, the female sections is separated but runs in parallel in with the male section. This would mean that all governance and management principles applies equally, to maintain the same standard of quality education with the same or comparable resources to produce the same qualified and competent graduate. The same applies to associated centers that must conform to and comply with the same level of performance through a similar set or comparable set of resources.

- **Organization Climate –** In motivating the performance of the people, the institution, college, programs or administrative must emphasize on not only the tangible benefits like salary, wages, promotions, or monetary incentives. Non-tangible benefits like recognition, awards, peer support and environment, work and supportive systems that are categorized under the organization climate. The key question here is whether the "organization climate is conducive and supportive to work requirement". This goes beyond into the domains of the more subjective motivational aspects of self – achievement and self – actualization. These rise beyond the basic needs into the developmental and achievements oriented range. A positive organizational climate is normally more supportive of higher quality and more productive work.

Addressing the Standard

The Process-based Values for this will comprehensively cover the Inputs – Process – Outputs of the system and mechanisms, tools and techniques which are planned in terms of what the approach is, and how the resources are deployed to identify and develop the governance and administrative systems of the institution/college/programs or administrative units.

Criteria Requirements

Criterion 2.1 – Address and assess the performance of the governing body using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance of the governing body within the governance and administrative systems. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.2 – Address and assess the performance of the leadership system and their leaders' actions and performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance level of leadership system and their leaders' actions. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.3 – Address and assess the performance of the planning, development and the review process and system using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the planning, development and the review process and system within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.4 – Address and assess the performance of the use made of the mission using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items is determining the use made of the mission within its strategic and action plans framework. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.5 – Address and assess the performance of the relationships female and male sections using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance of the relationships between the females and male sections that should conform to the same level of quality performance and achievement. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.6 – Address and assess the performance of the policies and regulatory systems using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance level of the policies and regulatory systems. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.7 – Address and assess the performance of the organization climate and the systems used to set up and improve the organization climate using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance level of the organization climate and the systems used to set up and improve the organization climate. This is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 2.8 – Address and assess the performance of associated centers using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items in determining the performance level of the associated centers. This is done

within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 2

Standard 2 Governance and Administration	
2.1 Governing Body	
2.1.1	The governing body of the institution, college or program should have as its primary objective the effective development of the institution, college or program in the interests of its students and the communities it serves.
2.1.2	Membership of the governing body of the institution, college or program should include individuals with the range of perspectives and expertise needed to guide the educational policies of the institution, college or program.
2.1.3	The members of the governing body should be familiar with the range of activities of the institution, college or program and the needs of the communities it serves.
2.1.4	New members of the governing body of the institution, college or program should be thoroughly inducted into their role with information about the institution, college or program, and the role and processes of the governing body itself.
2.1.5	The governing body of the institution, college or program should periodically review the mission, goals and objectives of the institution, college or program.
2.1.6	The governing body of the institution, college or program should ensure that the mission, goals and objectives of the institution, college or program are reflected in detailed planning and activities.
2.1.7	The governing body of the institution, college or program should monitor and accept responsibility and accountability for the total operations of the institution, college or program.
2.1.8	The governing body of the institution, college or program should establish sub committees (including members of the governing body, senior faculty and staff, and outside persons as appropriate) to give detailed consideration to major responsibilities such as finance and budget, staffing policies and remuneration, strategic planning, and facilities.
2.1.9	The governing body of the institution, college or program should define its responsibilities in such a way that the respective roles and responsibilities of the governing body for overall policy and accountability, the senior administration for management, and the academic decision making structures for program development, are clearly differentiated, defined, and followed in practice.
2.1.10	In the institution, college or program, the responsibilities and accountabilities of the governing bodies should be clearly defined to ensure good governance.
2.1.11	In their role as members of the governing body, those who are also members of the institution, college or program or staff, they should act in the interests of the institution, college or program as a whole rather than as representatives of sectional interests.
2.1.12	The governing body institution, college or program should regularly review its own effectiveness and develop and implement plans for improvement in the way it operates.
2.2 Leadership	
2.2.1	The responsibilities of institution, college or program managers should be clearly defined in position descriptions.
2.2.2	Institution, college or program managers should anticipate issues and opportunities and exercise initiative in response.
2.2.3	Institution, college or program managers should ensure that action needed in their area of responsibility is taken in an effective and timely manner.
2.2.4	The levels of supervision and approval for academic affairs should provide for monitoring of quality and approval of major changes by senior administrators and the senior academic committee while allowing appropriate flexibility at course and program levels (e.g. to change text and reference lists, modify planned teaching strategies, details of assessment tasks and updating of course content.) (see also section 4.1.3)
2.2.5	Managers in the institution, college or programs should encourage teamwork and cooperation in achievement of institutional goals and objectives within their areas of responsibility.
2.2.6	Senior Institution, college or program managers at all levels in the institution should work cooperatively with colleagues in other sections of the institution to ensure effective overall functioning of the total institution, college or program.
2.2.7	Institution, college or program managers at all levels should accept responsibility for the quality and effectiveness of activities within their area of responsibility regardless of whether those actions or activities are undertaken by them personally or by others responsible to them.
2.2.8	When responsibilities are delegated to others this should be done appropriately within a clearly defined reporting and accountability framework.

2.2.9	Delegations are formally specified in documents signed by the person delegating and the person given delegated authority, and that describe clearly the limits of delegated responsibility for reporting on decisions made.
2.2.10	Regulations governing delegations of authority should be established for the institution or college and approved by the governing board. These regulations should indicate key functions that cannot be delegated, and specify that delegation of authority to another person or organization does not remove responsibility for consequences of decisions made from the person giving the responsibility.
2.2.11	Institution, college or program managers should provide leadership, and encourage and reward initiative on the part of faculty members, staff and subordinates within clearly defined policy parameters.
2.2.12	Regular and constructive feedback including advice and support should be given on performance of faculty members, staffs and subordinates by the unit head in a manner that contributes to their personal and professional development
2.2.13	Institution, college or program senior managers should ensure that submissions of proposals for institution, college or program developments and recommendations on policy issues should be presented to the appropriate governing body of the institution, college or program and in a manner that are fully documented and presented in a form that clearly identifies policy issues for decision and the consequences of alternatives.
2.3 Planning Process	
2.3.1	A Comprehensive strategic plan has been developed and provides a planning framework for all sections within the institution, college or programs should be developed as a whole.
2.3.2	Planning should be strategic, incorporating priorities for development and appropriate sequencing of action to produce the most effective short-term and long-term results.
2.3.3	Plans should take full and realistic account of aspects of the internal and external environment affecting development of the institution, college or program and the demands for graduates and the skills they require.
2.3.4	Planning processes should provide for appropriate levels of involvement and understanding with stakeholders, faculty members and staff throughout the institutional, college or program community.
2.3.5	Plans should be effectively communicated to all concerned, with impacts and requirements made clear for different constituencies.
2.3.6	Implementation of plans should be monitored with checks made against short term and medium term targets.
2.3.7	Plans should be reviewed, adapted and modified, with corrective action taken as required in response to operational developments, formative evaluation, and changing circumstances.
2.3.8	Plans should be directly linked to information management systems that provide regular feedback on both ongoing routine activities and progress in strategic initiatives through regular reports on key performance indicators to senior management in the institution, college or program.
2.3.9	Risk assessment and management should be an integral component of planning strategies with appropriate mechanisms developed for risk assessment and minimization.
2.3.10	Strategic planning should be integrated with annual and longer term budget processes that provide for medium term adjustments as required.
2.4 Relationship Between Sections for Male and Female Students	
2.4.1	Male and female sections should be adequately represented in the membership of relevant committees and councils in the institution, college or program through processes that are consistent with bylaws and regulations of the Higher Council of Education.
2.4.2	There should be effective communication and coordination and full involvement in planning and reporting processes between members of these committees and councils, and between individuals in the different sections in the institution, college or program carrying out related activities in teaching the same course.
2.4.3	Planning processes and mechanisms, resources, facilities and staffing provisions and program and course specifications for performance evaluation should lead to comparable standards in each section in the institution, college or program while taking account of differing needs.
2.4.4	Quality indicators, information, evaluations and reports and planning and implementation processes at the institution, college and program levels should show results for both sections indicating similarities and differences as well as overall performance.
2.5 Integrity	
2.5.1	Codes of practice should be established to require that teaching and other staff and students, and all committees and organizations, act consistently with high standards of ethical conduct in the conduct and reporting of research, in teaching, performance evaluation and assessment, and in the conduct of administrative and service activities.
2.5.2	Policies and procedures at the institution, college or program should be regularly reviewed and modified as necessary to ensure continuing high standards of ethical conduct.
2.5.3	The institution should represent itself honestly and accurately to internal constituencies and external agencies.

	Advertising and promotional material should always be truthful, avoid any actual or implied misrepresentations or exaggerated claims, or negative comments about other institutions, colleges or programs.
2.5.4	Regulations should be established to provide for declarations of pecuniary interest and avoidance of conflict of interest and these regulations should be consistently followed. The regulations should apply to the governing board and to all committees and other decision making bodies and faculty members and staffs in the institution, college or program.
2.6 Policies and Regulations	
2.6.1	The institution, college or program should establish and maintain a policy and procedures manual setting out regulations and procedures for dealing with all major areas of activity within the institution, college or program.
2.6.2	Terms of reference or statements of responsibility should be established for major committees and administrative and academic positions within the institution, college or program and included in the policy and procedures manual.
2.6.3	Policies, regulations and related documents should be readily accessible to all teaching and other staff and students who are affected by them, including new members of teaching and other staff, and members of committees.
2.6.4	Student responsibilities, codes of conduct, and regulations affecting their behavior should be specified and made known to students when they begin studies at the institution, with decisions made on all matters recorded and referred to as future guidelines to ensure consistency.
2.6.5	A systemic program of review should be followed through which all policies, regulations, terms of reference and statements of responsibility and guidelines or regulations dealing with recurring issues are periodically reviewed.
2.7 Organization Climate	
2.7.1	Developing and maintaining a positive organizational climate in the institution, college or program should be taken seriously by senior managers and appropriate strategies adopted to achieve this result.
2.7.2	Opinions of teaching and other staff should be sought on major initiatives and information provided on how those opinions have been considered and responded to.
2.7.3	Significant achievements and contributions to the institution, college or program or the community by teaching and other staff or students should be recognized and appropriately acknowledged.
2.7.4	Information about issues, plans and developments at the institution, college or program should be regularly communicated to teaching and other staff through means such as newsletters, internal publications or electronic communications.
2.7.5	Responsibility should be given to a senior administrator or central unit to conduct periodic surveys dealing with issues relevant to organizational climate in the institution, college or program including such matters as job satisfaction, confidence in future development, sense of involvement in planning and development.
2.8 Associated Centers and Entities	
2.8.1	The institution, college or program should ensure that there is consistency between the functions of the centre and entity and the establishment charter and mission of the institution, college or program.
2.8.2	Policies affecting the centre and entity including administrative and financial relationships with the institution, college or program should be clearly specified.
2.8.3	Reporting mechanisms should be established that ensure that the governing body of the institution, college or program has effective oversight of the activities of the centre and entity.
2.8.4	Audited financial reports on the financial affairs of the centre and entity should be reviewed regularly by the relevant committee of the governing body of the institution, college or program.
2.8.5	Administrative arrangements and planning mechanisms for activities of the centre and entity should provide for adequate risk assessment including protection for the institution, college or program against financial or legal liabilities.
2.8.6	In any arrangement under which an institution or college contracts out to another organization the provision of services to students or to future students (e.g. a preparatory year program) the service contract should include requirements to meet all relevant quality standards (The institution or college will be held responsible for ensuring the standards are met).

Part 2 – Results-based Performance Criterion

2.9 Institution specified Key Performance Indicators	
2.9.1	Evaluation of Governance and Leadership Effectiveness (Means average and Level achieved based on survey)
2.9.2	Evaluation of Organization Climate (Means average and Level achieved based on survey)
2.9.3	Evaluation of Management and Administration overall performance (Means average and Level achieved based on

survey)
2.10 College or Program specified KPI
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)
2.10.1 (KPI specific to Institution, College or Program)
2.10.2 (KPI specific to Institution, College or Program)
2.10.3 (KPI specific to Institution, College or Program)
2.10.4 (KPI specific to Institution, College or Program)

Overall Assessment of Standard 2

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Governance and Administration Summary
2.1 Governing Body
2.2 Leadership
2.3 Planning Process
2.4 Relationship Between Sections for Male and Female Students
2.5 Integrity
2.6 Policies and Regulations
2.7 Organization Climate
2.8 Associated Centers and Entities
2.9 Institution specified Key Performance Indicators
2.10 College or Program specified KPI

Standard 3: Management of Quality Assurance and Improvement

Part 1 – Process-based Performance Criterion

Description of the Standard 3

This Standard highlights the importance of the Management of Quality Assurance and Improvement that emphasizes the importance of "Management through Measurement". In essence, what needs to be measured needs to be managed through the system or mechanism that is set up by the institution, college, programs or administrative units to manage the quality through measurements of the quality. A widely misled belief is that only using the Accreditation standards is adequate. It must be noted that the accreditation standards of the accreditation agency represent the external component of the "certification of FIT for PURPOSE" based on these standards. This represents the EQA (External Quality Assurance) part of the EQA = IQA equation. The IQA (Internal Quality Assurance) addresses the "what and how" the institution, college, programs or administrative units addresses its own quality based on the EQA accreditation standards. As such, the fundamental principle is to look at the overarching management principles that support the setup of the system, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement quality. It also looks at how the quality is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum IQA standards

and criteria in the IQA and the NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own internal quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Commitment to quality –** This looks at the most fundamental of quality achievement as the higher the level of commitment by everyone at all level in the institution, college, programs or administrative units, the faster and better and the degree of quality achievement is higher. Quality is the role of each and every individual in the institution, college, programs or administrative units. Quality must be communicated, cascaded down to all levels, must be understood by all before commitment can begin. As such, it looks at the mechanism used to ensure communication, understanding and commitment.

- **Scope of Quality Assurance Processes –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) reigns supreme and must be designed and developed to cover all aspects of the quality system. As it is systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of quality comprehensively. Quality Audit deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism. Quality assessment will use the well-documented and well-evidenced mechanism to support its evaluation and assessment that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality.

- **Administration of Quality Assurance Processes –** This covers the wider scope of the management aspect of the quality assurance in terms of POC[3] (Planning, Organizing, Communicating, Coordinating and Controlling). Administration, a sub-set means to determine how to implement what needs to be done, what resources are needed rather than planning for what to do and how to do. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of its resources pertaining to quality in terms of its organization and implementation of the quality practices through the organization and deployment of its quality implementation.

- **Use of Indicators and Benchmarks –** This calls for the identification and deployment of key performance indicators to serve as measurements of the performance. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. Normally the level of performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best in the industry or nearest competition.

- **Independent verification of evaluations –** Even though the institution, college, programs or administrative units has conscientiously performed its self-study and assessment, an independent and objective evaluation by a third party perspectives is important. This external and independent verification is normally done by an independent accreditation authority or an external audit and assessment team appointed by the institution. The importance of these independent verifications of the assessment is not in looking for faults but for opportunities

for improvement from an external lens. It can be said that "one will not see one's weakness or is inclined to ignore it or downplay it". The external verification is construed to assist the assessed to better understand themselves by seeing things and interpreting things from expert opinions and different perspectives.

Addressing the Standard

The Process-based Values for this will comprehensively cover the Inputs – Process – Outputs of the system and mechanisms, tools and techniques which are planned in terms of what the approach is, and how the resources are deployed to identify and develop the quality assurance management system of the institution/college/programs or administrative units.

Criteria Requirements

Criterion 3.1 – Address and assess the performance of the commitment to quality assurance using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. Determining the performance of the governing body is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 3.2 – Address and assess the performance of the scope of the quality assurance processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. Determining the performance level of scope of the quality assurance processes is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 3.3 – Address and assess the performance of the administration processes in quality assurance in terms of its planning, development and the review process and system using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. Determining the administration processes in quality assurance in terms of its planning, development and the review process and system is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 3.4 – Address and assess the performance of the use made of the quality indicators using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. Determining the use made of the quality indicators is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 3.5 – Address and assess the performance of independent verifications by and external unit or using external assessors using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. Determining the performance of the independent verifications by and external unit or using external assessors that should conform to the same level of quality performance and achievement is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 3

Standard 3: Management of Quality Assurance and Improvement	
3.1 Commitment to Quality Improvement	
3.1.1	The Rector, Dean, Director or Chair should give strong support for quality assurance improvement activities.
3.1.2	Adequate resources should be provided for the leadership and management of quality assurance processes.
3.1.3	All teaching and other staff should participate in self-assessments and cooperate with reporting and improvement processes in their sphere of activity.
3.1.4	Innovation and creativity should be encouraged at all levels in the organization within a framework of clear policy guidelines and accountability processes.
3.1.5	Mistakes and weaknesses should be recognized by those responsible and used as a basis for planning for improvement.
3.1.6	Improvements in performance and outstanding achievements should be recognized.
3.1.7	Evaluation and planning for improvement should be integrated into normal planning processes.
3.2 Scope of Quality Assurance Processes	
3.2.1	All academic and administrative units within the institution, college or program (including the governing body and senior management) should participate in the processes of quality assurance and improvement.
3.2.2	Quality evaluations and assessment process and regular evaluations and assessment should be carried out and reports prepared that provide an overview of performance quality issues for the institution, college or program as a whole and for organizational units and major functions or the total program as well as the components within it aiming at all aspects of program planning and delivery in both the male and female section, including services and resources provided by other parts of the institution, college or program.
3.2.3	Quality evaluations and assessment process should consider inputs and processes but give particular attention to quality of outcomes.
3.2.4	Quality evaluations and assessment process should deal with performance in relation to continuing routine activities as well as to strategic objectives.
3.2.5	Quality evaluations and assessment process should ensure that acceptable standards are met, and also that there is continuing improvement in performance.
3.2.6	A program of institutional research on quality issues is carried out to investigate and report to the Rector or Dean and the governing body, and inform the institution as a whole on the quality of the institution's activities and achievement of its objectives.
3.2.7	In institutions with sections for male and female students detailed evaluations in relation to all standards should be carried out in a consistent way in both sections and quality reports on those standards should note any significant differences found and make appropriate recommendations for action in response to what is found.
3.3 Administration of Quality Assurance Processes	
3.3.1	Responsibility should be assigned and sufficient time given for a senior member of institution, college or program to provide leadership, guidance and support for the quality processes within the institution, college or program.
3.3.2	A quality centre or units should be established within the institution, college or program central administration and sufficient staff, resources and administrative support given for the centre to operate effectively.
3.3.3	A quality committee should be formed with members drawn from all major sections of the institution, college or program.
3.3.4	A member of the institution, college or program senior administration should be appointed to chair the committee. (This person should normally be at the level of a vice rector in the institution or a deputy dean in a college and work closely with the director of the institution quality centre in leading and supporting quality initiatives throughout the institution.)
3.3.5	The roles and responsibilities of the institution, college or program quality centre and committee, and the relationship of these to other administrative and planning agencies should be clearly specified.
3.3.6	If quality assurance functions are managed by more than one organizational unit, their activities should be effectively coordinated under the supervision of a senior administrator.
3.3.7	Quality assurance functions throughout the institution, college or program should be fully integrated into normal planning and development strategies of the institution, college or program in a defined cycle of planning, implementation, assessment and review.
3.3.8	Evaluations are evidence based, linked to appropriate standards, with predetermined indicators, and independent verification of interpretations.
3.3.9	Common forms and survey instruments should be used for similar activities across the institution, college or program

	(e.g. programs, libraries, etc) and responses used in independent analyses of results including trends over time. (This does not preclude additional questions relevant to different programs or special instruments dealing with particular functions e.g. specialized libraries or student services)
3.3.10	Statistical data (including pass rates, progression and completion rates and other data required for indicators) are provided routinely and promptly to colleges and departments (normally each semester or at least annually) for their use in preparation of reports on indicators and other tasks in monitoring quality.
3.3.11	The quality assurance arrangements should themselves be regularly evaluated and improved in a comparable manner to other functions within the institution, college or program.
3.4 Use of Indicators and Benchmarks	
3.4.1	A limited number of key performance indicators should be identified that are capable of objective measurement for evaluation of the performance of the institution, college or program as a whole and as required by the institution.
3.4.2	Additional performance indicators should be selected for different academic and administrative units within the institution, college or program for the institution, college or program evaluation.
3.4.3	When functions are carried out in a number of different academic or administrative units there should be some common indicators and these should be used for comparisons of performance as well as for overall institutional, college or program evaluation.
3.4.4	Performance benchmarks for comparing quality of performance should be established for the institution, college or program as a whole, and for academic and administrative units. These benchmarks should include past performance at the institution, college or program but must also include appropriate external comparisons.
3.4.5	Performance benchmarks for major items are approved by the appropriate committee or council within the institution, college or program (e.g. senior academic committee, university council)
3.4.6	The format for specifying indicators and benchmarks should be consistent across the institution, college or program with those used across the institution as a whole.
3.5 Independent Verification of Evaluations	
3.5.1	Self-evaluations of quality of performance should whenever possible be based on several related sources of evidence including feedback through user surveys and opinions of stakeholders such as students and faculty, graduates and employers.
3.5.2	Conclusions based on interpretations of evidence should be verified through independent advice from persons familiar with the type of activity concerned and impartial mechanisms should be used to reconcile any differing opinions.
3.5.3	Standards of learning outcomes achieved by students should be checked in relation to the requirements of the National Qualifications Framework and standards at other comparable institutions

Part 2 – Results-based Performance Criterion

3.6 Institution specified Key Performance Indicators	
3.6.1	Percentage of students graduated in the last 3 years who are recognized in the areas of academics, or profession, or contribution to society at the national or international level (%)
3.6.2	Percentage of the full-time faculty members obtaining academic or professional awards at the national or international level. (%)
3.6.3	Students overall evaluation on the quality of their learning experiences at the institution (Average rating of the overall quality of their program on a five point scale in an annual survey of final year students) (NCAAA 1 - Means average and Level achieved based on survey)
3.6.4	Proportion of courses in which student evaluations were conducted during the year (NCAAA 2 - Proportion and Level achieved)
3.6.5	Proportion of programs in which there was independent verifications within the institution of standards of student achievement during the year. (NCAAA 3 - Proportion and Level achieved)
3.6.6	Proportion of programs in which there was independent verifications within the institution of standards of student achievement by people external to the institution during the year. (NCAAA 4 - Proportion and Level achieved)
3.7 College or programs specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
3.7.1	(KPI specific to Institution, College or Program)
3.7.2	(KPI specific to Institution, College or Program)

3.7.3	(KPI specific to Institution, College or Program)
3.7.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 3

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Management of Quality and Improvement Summary
3.1 Commitment to Quality Improvement
3.2 Scope of Quality Assurance Processes
3.3 Administration of Quality Assurance Processes
3.4 Use of Indicators and Benchmarks
3.5 Independent Verification of Evaluations
3.6 Institution specified Key Performance Indicators
3.7 College or Programs specified KPI

Standard 4: Learning and Teaching

Part 1 – Process-based Performance Criterion

Description of the Standard 4

Teaching, Learning and Research and Social Services can be said to be the very reason for the existence or the "life and soul" of the institution, college, programs or administrative units. This is the key and fundamental mission of all higher education institutes. This Standard highlights the importance of the Teaching and Learning and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement that emphasizes the importance of the mechanisms used in Management of the teaching and learning process and through Measurement of the Teaching, Learning and Research and Social Services achievement. In essence, what needs to be measured needs to be managed through the teaching and learning system or mechanism that is set up by the institution, college, programs or administrative units to manage the quality of its teaching and learning through measurements of the quality. The measurement of the Teaching and Learning systems and mechanisms represents The IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses its own teaching and learning quality based on the EQA accreditation standards.

As such, the fundamental principle is to look at the overarching teaching and learning management principles that support the set up of the teaching and learning systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement quality. It also looks at how the quality is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of Teaching, Learning and Research and Social Services quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum Teaching, Learning and Research and Social Services standards and criteria in the IQA and the NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own internal teaching, learning, research and social services quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Oversight of Quality of Learning and Teaching –** This looks at the most fundamental overall responsibilities and accountabilities of the overall teaching and learning system in the institution, college, programs or administrative units. What is performed and processed at the lower level sub-systems contributes to the overall achievement of the whole system. As such, there should be an alignment of the directions whereby the teaching and learning as practiced and executed at all levels should be cohesive and coherent with a body that has an oversight to ensure this alignment. The processes and procedures should be defined and streamlined to ensure that they go in the same direction and achieve the overall mission and goals of the unit in conformance with the internal and external requirements. The self-evaluations and assessment should be documented and reported to higher authorities to ensure conformance and compliance.
- **Student Learning Outcomes –** The very heart and soul of teaching and learning is that the student is competent and qualified. As a total student, this includes not only competencies and capabilities in the IQ (intelligence quotient), but also the EQ (Emotional Quotient), AQ (Adversity Quotient) and MQ (Moral Quotient), as a graduate who is intelligent, physically and mentally fit, spiritually and morally fit. As such, the conduct of teaching and learning should bring about a progressive built-up of these qualities, competencies and capabilities through its domain and process specifcations with relevancy to current needs and requirements. Achieving expected student learning outcomes requires setting performance levels, standards or assessment outcomes against which progress is gauged and is used as a guide in decision making in the design and delivery of programs. Preparing for individual differences in students requires understanding those differences and associated strategies to capitalize on strengths and overcome obstacles in styles and rates of learning. Instructional techniques for active learning provide an opportunity for students and student segments to analyze, synthesize and evaluate information as part of the learning process. The basic learning outcomes, its domain, processes and key performance indicators are defined within the NCAAA National Qualification Framework for each subject and program area, with an overall basic requirement specific to each area of study.
- **Program Development Process –** This deals with the wider scope of the management aspect of the program development in terms of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the program, what resources are needed rather than just planning for what to teach and how to teach in the program. Education delivery refers to instructional approaches, i.e., the modes of teaching and organizing activities and experiences so that effective learning takes place. Coordination of design and delivery processes should involve representatives of all work units and individuals who take part in delivery and whose performance affects overall education outcomes. Education design and delivery calls for information on management and improvement of key learning-centered processes for design and delivery of educational programs. These requirements include the need for agility – speed and flexibility – to adapt to change. The design approaches and education delivery depend on many factors, including the faculty's mission; the market segments; the methods of delivery; and the students' experiences and capabilities. Other factors that might need to be considered in design include capability and variability of faculty and staff, differences among students, long-term student performance, assessment capability, student and stakeholder expectations. This would entail the stakeholders' requirement to be identified and defined to develop the program. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the program, program evaluation and assessment and its teaching and learning resources pertaining to a quality program in terms of its program and committee organization and implementation, program context, content and teaching and learning strategies and key performance indicators of the quality practices in the organization and deployment of its program quality implementation.
- **Program Evaluation and Review Processes –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and

how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) reigns supreme and the program development, its evaluation and review must be designed to cover all aspects of the quality system. As it is systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. Efficiency and effectiveness factors of the program such as addressing sequences and linkages among programs and offerings should take into account the various stakeholders in the educational process. Transfer of learning from past design projects, as well as among and across year levels, disciplines, and institutions, can improve the design and delivery process and contribute to reduced cycle time in future efforts. It must comprehensively cover the audit, assessment and assurance of program quality comprehensively. Quality Audit deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure program quality. Quality assessment will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the program after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the program.

- **Student Assessment and Use of Program Indicators and Benchmarks –** This call for the identification and deployment of the program key performance indicators to serve as measurements of the program performance. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of student assessment that should be objective and constructive and can be used as an overall performance determination of the course and course instructor. A measurement plan includes observations and measures or indicators that are used to provide timely information to help students and faculty improve learning. Formative and summative assessments need to be tailored to the educational offerings and program goals and might range from purely individualized to group-based assessments. In addition to these assessments, observations, measures, and indicators might include enrollment and participation figures, student evaluations of courses/instructors, success rates, attendance rates, dropout rates, information from student advisors, advanced study rates, complaints, feedback from students and families. Normally the level of program performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best program in the industry or nearest competing program.

- **Education Assistance for Students –** As not all students have the same level of performance, the question of student centricity that focus on the student calls for the understanding of the students' learning potential and environment. Once understood, the types of resources and mechanisms set up to assist and develop the learning potential of the students must be designed, developed and assessed. The instructor here is the mentor, the guide and learning of the student should be facilitated and focused on the student learning and development.
- **Quality of Teaching –** The quality of teaching is normally denominated in terms of the infrastructure used, the environment created to induce teach and learning, the teaching and learning interactions, the teaching and learning experience based on the context, the content and the strategies used to ultimately add value to the students. This take-home value is the ultimate of the learning experience. If teaching does not add value to the student's competencies and capabilities development, something is taught but nothing is learned as

there is no indication of developmental improvements. Textbooks and reference books, course outlines and course reports, teaching strategies, teaching audit and assessment are only part of the total learning environment and value addition that forms the basic requirement in quality of teaching. The verifications of the quality of teaching achievements must be throughly deliberated.

- **Support for Improvements in Quality of Teaching –** To develop the teaching resources, the main question is the existence of opportunities and actions taken to support the improvement of the quality teaching. It must not be assumed that all instructors can teach. Teaching is a passion and commitment to excellence. The path, the ways and the means to further strengthen and develop the faculty in their teaching quality should be planned and managed. Mechanisms and systems must be set up to avail an opportunity for the faculty for self development and further development. Ensuring that faculty and staff are properly prepared may require helping them gain subject matter expertise; an understanding of cognitive, socio-emotional, or ethical development; knowledge of teaching strategies; skills in facilitation and learning assessment; an understanding of how to recognize and use learning research theory information; and skill in reporting and analyzing information and data on student progress.
- **Qualifications and Experience of Teaching Staff –** The qualifications of the teaching staff should be in the subject area being taught as a basic and minimum requirement, unless proven wide and industry experience could be equated to the qualifications. A fundamental aspect of the teaching staff is the propensity and ability for more self and further development. A teaching staff cannot stop learning and should be open to the more inter-relationships across discipline. These can be done through the supported self-study, attending conferences and seminars, co-teaching or just learning from others by being open minded. This is a basic requisite as the external environment is dynamic and ever changing. A teaching staff should not lag behind in terms of their own learning to improve on their own teaching. Improving the teaching staff's performance means providing better educational value for the students. A variety of improvement approaches might be used depending on the educational program and many student-specific factors. These approaches include (1) using information from students, families, feeder colleges, receiving colleges, employers, and governing bodies; (2) benchmarking practices of other organizations; (3) using assessment results; (4) conducting peer evaluations; (5) using research on learning assessments, and instructional methods; (6) collecting information on the use of new learning technology; and (7) sharing successful strategies across the teaching staff and different colleges and programs.

- **Field Experience Activities –** Theoretics and academic based learning without the practical or pragmatic side of the teaching and learning is adequate but not appropriate for the student to face the real work and world experiences. Theories forms the foundations of knowledge and field experience test the workings of the theories in the real world. As such field experiences, when appropriate and necessary should not only supplement but also complement the teaching and learning in the classroom.

- **Partnership Arrangement with Other Institutions –** As the world is becoming global, the local institution, college or programs are reaching out to more progressive countries for support in the development or partnership in the offerings. This is encouraged but should be within the context of appropriateness to the local needs and requirements and statutory compliance. Both partnering entities should conform and meet the basic requirements in terms of program offerings, development, audit and assessment and the systemic quality assurance of the same standards and criteria.

Addressing the Standard

The Process-based Criteria for this will comprehensively cover the Inputs – Process – Outputs of the system and mechanisms, tools and techniques which are planned in terms of what the approach is, and how the resources are deployed to identify and develop the quality assurance management system of the institution/college/programs or administrative units.

Criteria Requirements

Criterion 4.1 – Address and assess the performance of the commitment to quality assurance through the Oversight of Quality of Learning and Teaching using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Oversight of Quality of Teaching, Learning and Research is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.2 – Address and assess the performance of the Student Learning Outcomes and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the performance level is done within scope of the quality assurance processes of the Student Learning Outcomes in the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units and the NCAAA National Qualification Framework.

Criterion 4.3 – Address and assess the performance of the Program Development processes in terms of its planning, development and the review process and system using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Program Development processes is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.4 – Address and assess the performance of the Program Evaluation and Review Processes in terms of its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Program Evaluation and Review Processes is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.5 – Address and assess the performance of Student Assessment in terms of its assessment methodology, tools and techniques used or systems and mechanisms deployed using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Student Assessment should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.6 – Address and assess the performance of Education Assistance for Students in terms of its mechanisms, tools and techniques deployed using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Education Assistance for Students should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.7 – Address and assess the performance of the Quality of Teaching in terms of its systems and mechanisms, tools and techniques, infrastructure used using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Quality of Teaching should conform to the same level of quality performance and achievement within the management of the quality

assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.8 – Address and assess the performance of Support for Improvements in Quality of Teaching in terms of its resources and methodology, systems or mechanism used, infrastructure support using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Support for Improvements in Quality of Teaching should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.9 – Address and assess the performance of the Qualifications and Experience of Teaching Staff in terms of the degree in relation to subject area, level and depth of competence in subject area and relevancy, and continuous development in area of specialization using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Qualifications and Experience of Teaching Staff should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.10 – Address and assess the performance of the Field Experience Activities to supplement and complement the theoretical studies with pragmatic and practical real world practices and situation using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Field Experience Activities should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 4.11 – Address and assess the performance of the Partnership Arrangement with Other Institutions to expand the scope of offerings and cooperation using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Partnership Arrangement with Other Institutions should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 4

Standard 4 Learning and Teaching	
4.1	**Oversight of Quality of Learning and Teaching**
4.1.1	New program proposals and proposals for major changes in programs should be thoroughly evaluated and approved by the institution, college or program senior academic committee.
4.1.2	The evaluation of new programs or major changes in programs by the senior academic committee should include consideration of the matters described in the standard for learning and teaching, including any special requirements applicable to the field of study concerned, and requirements for graduates in that field in Saudi Arabia.
4.1.3	Guidelines are established defining the levels for approval of changes in courses and programs and for considering indicators and reports for all courses and a departmental committee approve minor changes to keep courses up to date. A Dean might consider program reports that include summary information about courses. The Vice Rector responsible for Academic Affairs, the quality committee and the senior academic committee might consider a general summary of program reports and data on key performance indicators, and approve more significant changes in programs.) (see also section 2.2.4)
4.1.4	Guidelines have been established defining the levels for approval in courses and programs. Minor changes required to keep programs up to date and respond to course and program evaluations should be made flexibly and rapidly at

	departmental level and more substantial changes referred to the relevant senior committee for approval.
4.1.5	Data on key performance indicators for all programs should be reviewed annually by senior administrators responsible for academic affairs, the institution's quality committee and the institution, college or program senior academic committee, with overall institutional performance reported to the governing board.
4.1.6	The institution, college or program should ensure that annual reports for all programs are prepared, and reviewed by department/college committees, and appropriate action taken in response to action recommendations in those reports.
4.1.7	The institution, college or program should ensure that self-evaluations using the self-evaluation scales for higher education programs are undertaken periodically (e.g. every two or three years) for all programs and reports prepared for consideration by the quality committee and the institution, college or program senior academic committee.
4.1.8	Reports on the overall quality of programs throughout the institution, college or program should be prepared periodically (e.g. every three years) for consideration within the institution, college or program indicating common strengths and weaknesses, and significant variations in quality between programs/departments and sections.
4.1.9	Reports by departments to their college, or by departments or colleges to the central administration of the institution, college or program, should be appropriately acknowledged with responses made to any queries or proposals made.
4.1.10	The senior administrator responsible for academic affairs in the institution, college or program should take responsibility, in cooperation with the quality committee and deans/heads of department, for developing and implementing strategies for improvement when required to deal with common issues across the institution, college or program.
4.1.11	The institution, college or program should cooperate with and support participation in institutional strategies for improvement, and take additional initiatives to deal with quality issues found in their own programs.
4.1.12	If programs are offered in different sections, including sections for male and female students, or in branch campuses, the standards of learning outcomes, the resources provided (including learning resources and staffing provisions and resources to undertake research) should be comparable in all sections as well as for the programs in total.
4.2 Student Learning Outcomes	
4.2.1	Relevant academic and professional advice should be considered when defining and specifying intended learning outcomes.
4.2.2	Intended learning outcomes should be consistent with the National Qualifications Framework. (covering all of the domains of learning at the standards required).
4.2.3	Programs leading to professional qualifications should develop learning outcomes that meet requirements for professional practice in the Kingdom of Saudi Arabia in the fields concerned. These requirements should include local accreditation requirements and take account of international accreditation requirements for that field of study, and any Saudi Arabian regulations or regional needs.
4.2.4	Any special student attributes specified by the institution for its graduates should be incorporated as intended learning outcomes in all programs offered and appropriate teaching strategies and forms and mechanisms of student assessment and reporting on the extent of development are in place.
4.2.5	Appropriate program evaluation mechanisms, including graduating student surveys, employment outcome data, employer feedback and subsequent performance of graduates, should be used to provide evidence about the appropriateness of intended learning outcomes and the extent to which the needed knowledge and skills are achieved. (see also sections 4.3 and 4.5.2 dealing with processes for program evaluation and verification of standards of student achievement)
4.3 Program Development Process	
4.3.1	Plans for delivery and evaluation of programs should be set out in detailed program specifications that include knowledge and skills to be acquired, and strategies for teaching and assessment for the progressive development of learning in all the domains of learning.
4.3.2	Plans for courses should be set out in course specifications that include knowledge and skills to be acquired and strategies for teaching and assessment for the domains of learning to be addressed in each course.
4.3.3	The content and strategies set out in course specifications should be coordinated and followed in practice to ensure effective progressive development of learning for the total program in all the domains of learning.
4.3.4	Planning includes any actions necessary to ensure that teaching staffs are familiar with and are able to use the strategies included in the program and course specifications.
4.3.5	The academic or professional fields for which students are being prepared should be monitored on a continuing basis with necessary adjustments made in programs and in text and reference materials to ensure continuing relevance and quality.
4.3.6	In all professional programs continuing advisory panels with membership that includes leading practitioners from the relevant occupations or professions should be used to monitor and advise on content and quality of programs.
4.3.7	New program proposals or major changes in programs should be assessed and approved or rejected by the institution's senior academic committee using criteria that ensure thorough and appropriate consultation in planning and capacity for effective implementation.

4.4 Program Evaluation and Review Processes	
4.4.1	Courses and programs should be evaluated and reported on annually and reports should include information about the effectiveness of planned strategies and the extent to which intended learning outcomes are being achieved.
4.4.2	When changes are made as a result of evaluations, details of those changes and the reasons for them should be retained in course and programs portfolios.
4.4.3	Quality indicators that include learning outcome measures should be established for all courses and programs.
4.4.4	Records of student completion rates should be kept for all courses and for programs as a whole and included among quality indicators.
4.4.5	Reports on programs that include quality indicators should be reviewed annually by senior administrators and quality committees.
4.4.6	Data on quality indicators for programs should be compared across the institution and with other appropriate external benchmarks.
4.4.7	If problems are found through program evaluations appropriate and timely action is taken to make improvements, either within the program concerned or through institutional action as appropriate.
4.4.8	In addition to annual evaluations a comprehensive reassessment of every program should be conducted at least once every five years.
4.4.9	Program reviews should involve experienced people from relevant industries and professions, and experienced faculty from other institutions.
4.4.10	In program reviews opinions about the quality of the program including the extent to which intended learning outcomes are achieved should be sought from students and graduates through surveys and interviews, discussions with faculty, and other stakeholders such as employers.
4.5 Student Assessment	
4.5.1	Student assessment mechanisms should be appropriate for the different forms of learning sought.
4.5.2	Assessment processes are clearly communicated to students at the beginning of courses.
4.5.3	Appropriate, valid and reliable mechanisms should be used throughout the institution, college or programs to verify standards of student achievement in relation to relevant internal and external benchmarks. The standard of work required for different grades should be consistent over time, comparable in courses offered within a program and college and the institution as a whole, in comparison with other highly regarded institutions (Arrangements for verifying standards may include measures such as check marking of random samples of student work by teaching staff at other institutions, and independent comparisons of standards achieved with other comparable institutions within Saudi Arabia, and internationally.)
4.5.4	Grading of students tests, assignments and projects is assisted by the use of matrices or other means to ensure that the planned range of domains of student learning outcomes are addressed.
4.5.5	Arrangements are made within the institution for training of teaching staff in the theory and practices of student assessment.
4.5.6	Appropriate procedures are followed to deal with situations where standards of student achievement are inadequate or inconsistently assessed.
4.5.7	Effective procedures should be used to ensure that work submitted by students is actually done by the students concerned.
4.5.8	Feedback to students on their performance and results of assessments during each semester is given promptly and accompanied by mechanisms for assistance if needed.
4.5.9	Assessment of students work are conducted fairly and objectively
4.5.10	Criteria and processes for academic appeals are made known to students and administered equitably. (see also Item 5.3)
4.6 Education Assistance for Students	
4.6.1	Teaching staff should be available at sufficient scheduled times for consultation and advice to students. (this is confirmed, not simply scheduled, and if there are part time as well full time students, the scheduled times provide for access by both groups)
4.6.2	Teaching resources (including staffing, learning resources and equipment, and clinical or other field placements) should be sufficient to ensure achievement of the intended learning outcomes.
4.6.3	If arrangements for student academic counseling and advice include electronic communications through e-mail or other means the effectiveness of those processes is evaluated through means such as analysis of response times and student evaluations.
4.6.4	Adequate tutorial assistance should be provided to ensure understanding and ability to apply learning.
4.6.5	Appropriate preparatory and orientation mechanisms should be used to prepare students for study in a higher education environment. Particular attention should be given to preparation for the language of instruction, self directed

	learning, and transition programs if necessary for students transferring to the institution with credit for previous studies.
4.6.6	For any programs in which the language of instruction is English, action is taken to ensure that language skills are adequate for instruction in that language before students begin their higher education studies. (This may be done through language training prior to admission to the program. Language skills expected on entry should be benchmarked against other highly regarded institutions with the objective of skills at least comparable to minimum requirements for admission of international students in universities in English speaking countries. (Verification of standards should involve testing of at least a representative sample of students on a generally accepted standard English test and a benchmark for performance equivalent to what is required for international students by universities in English speaking countries)
4.6.7	If preparatory programs are required but outsourced to other providers the institution accepts responsibility for ensuring the quality of these programs and ensures that required standards for entry are met.
4.6.8	Systems should be established within each program throughout the institution for monitoring and coordinating student workload across courses.
4.6.9	Progress of individual students should be monitored through established systems and assistance and/or counseling given to those facing difficulties.
4.6.10	Year to year progression rates and program completion rates should be monitored and analyzed to identify and provide assistance to any categories of students who may be having difficulty.
4.6.11	Adequate facilities should be provided for private study, with access to computer terminals and other necessary equipment.
4.6.12	Teaching staffs are familiar with the range of support services available in the institution, college or programs for students and refer them to appropriate mechanisms for assistance if needed.
4.6.13	The adequacy of arrangements for assistance to students should be periodically assessed through processes that include but are not restricted to, feedback from students.
4.7 Quality of Teaching	
4.7.1	Effective orientation and training programs are provided for new, short term and part time faculty. (To be effective these programs should ensure that faculty are fully briefed on required learning outcomes, on planned teaching strategies, and the contribution of their course to the program as a whole.)
4.7.2	Teaching strategies are planned and are appropriate for the range of learning outcomes programs are intended to develop. (In addition to relevant knowledge they should involve student activities appropriate for the development of cognitive skills (including creative thinking and problem solving), interpersonal skill and responsibility (including ethical behavior), numerical and communication skills (including general use of basic mathematical and language and computing skills).
4.7.3	The content, teaching strategies and assessment and student activities in courses in a program is coordinated so that learning in early courses is built on and reinforced, and total program achieves the desired learning outcomes in all domains of learning and flexibly meet the needs of different groups of students. Plans are set out in course specifications.
4.7.4	Students should be fully informed about course requirements in advance through course descriptions that include knowledge and skills to be developed, work requirements and assessment processes.
4.7.5	The conduct of courses should be consistent with the outlines provided to students and with the course specifications.
4.7.6	Textbooks and reference material should be up to date and incorporate the latest developments in the field of study.
4.7.7	Textbooks and other required materials should be available in sufficient quantities before classes commence.
4.7.8	Attendance requirements in courses should be made clear to students in student orientations and compliance with these requirements monitored and rigorously enforced.
4.7.9	A comprehensive system (including but not limited to student surveys) is in place and used for evaluation of effectiveness of courses and of teaching.
4.7.10	The effectiveness of different planned teaching strategies in achieving learning outcomes should be regularly assessed and adjustments should be made in response to evidence about their effectiveness.
4.7.11	Regular (at least annual) reports should be provided to program coordinators on the delivery of each course and these should include details if any planned content and strategies could not be dealt with.
4.7.12	Appropriate adjustments should be made in plans for teaching after consideration of course reports
4.8 Support for Improvements in Quality of Teaching	
4.8.1	Training programs in teaching skills should be provided for both new and continuing teaching staff including those in part time positions.
4.8.2	Training programs in teaching should include effective use of new and emerging technology.
4.8.3	Adequate opportunities should be provided for additional professional and academic development of teaching staff, with special assistance given to any who are facing difficulties.

4.8.4	The extent to which teaching staff are involved in professional development to improve quality of teaching should be monitored.
4.8.5	Teaching staff should be encouraged to develop strategies for improvement of their own teaching and to maintain a portfolio of evidence of evaluations and strategies for improvement.
4.8.6	Formal recognition should be given to outstanding teaching, and encouragement given for innovation and creativity.
4.8.7	Strategies for improving quality of teaching include improving the quality of learning materials and the teaching strategies associated with them.
4.9 Qualifications and Experience of Teaching Staff	
4.9.1	All teaching staff should have appropriate qualifications and experience for the courses they teach. For undergraduate and Master's Degree programs this would normally require academic qualifications in their specific teaching area at least one level above that of the program in which they teach.
4.9.2	If part time teaching staff are appointed (for example in a professional program where current industry experience may be sought) there should be an appropriate mix of full time and part time teaching staff. (As a general guideline at least 75 % of teaching staff should be employed on a full time basis).
4.9.3	All teaching staff should be involved on a continuing basis in scholarly activities that ensure they remain up to date with the latest developments in their field and can involve their students in learning that incorporates those developments.
4.9.4	All full time staff teaching post-graduate courses should be active in scholarship and research in the fields of study they teach.
4.9.5	In professional programs teaching teams should include some experienced and highly skilled professionals in the field.
4.10 Field Experience Activities	
4.10.1	Intended student learning outcomes from the field experience should be clearly specified and effective processes followed to ensure that those learning outcomes, and strategies to develop that learning, are understood by students and supervising staff in the field setting.
4.10.2	Supervising staff in field locations should be thoroughly briefed on their role and the relationship of the field experience to the program as a whole.
4.10.3	Teaching staff form the institution should visit the field setting for observations and consultations with students and field supervisors often enough to provide proper oversight and support. (Normally at least twice during a field experience activity)
4.10.4	Students should be thoroughly prepared for participation in the field experience through briefings and descriptive material.
4.10.5	Students should be required to prepare a report on their field experience that is appropriate for the nature of the activity and the learning outcomes expected.
4.10.6	Arrangements should be made for follow up meetings or classes for students to reflect on and generalize from their experience, applying that experience to situations likely to be faced in future employment.
4.10.7	Field experience placements that are selected should have the capacity to develop the learning outcomes sought and their effectiveness in developing that learning should be evaluated.
4.10.8	If supervisors in the field setting and teaching staff from the institution are both involved in student assessments, criteria for assessment should be clearly specified and explained, and procedures established for reconciling differing opinions.
4.10.9	Provision should be made for evaluations of the field experience activity by students, by supervising staff in the field setting, and by teaching staff of the institution, and the results of those evaluations considered in subsequent planning.
4.10.10	Preparations for the field experience should include a thorough risk assessment for all parties involved, and plans to minimize and deal with those risks.
4.11 Partnership Arrangement with Other Institutions	
4.11.1	The respective responsibilities of the local institution and the partner should be clearly defined in formal agreements enforceable under the laws of Saudi Arabia.
4.11.2	The effectiveness of the partnership arrangements should be regularly reviewed.
4.11.3	Briefings and consultations on course and program requirements should be adequate, and effective mechanisms should be available for ongoing consultation on emerging issues.
4.11.4	Teaching staff from the partner institution who are familiar with the content of courses offered under the partnership arrangement should visit regularly for consultation about course details and standards of assessments.
4.11.5	If arrangements involve assessment of student work by the partner institution in addition to assessments within the local institution, procedures should be used that ensure that final assessments are completed promptly and results made available to students within the time specified for reporting of student results under Saudi Arabian regulations.

4.11.6	If programs are based on those of partner institutions, courses, assignments and examinations should be adapted to the local environment, avoid unfamiliar colloquial expressions, and use examples and illustrations relevant to the local setting where the programs are to be offered.
4.11.7	Programs and courses are consistent with the requirements of the Qualifications Framework for Saudi Arabia, and when relevant include regulations and conventions relevant to Saudi environment.
4.11.8	If courses or programs developed by a partner institution are delivered in Saudi Arabia adequate processes should be followed to ensure that standards of student achievement are at least equal to those achieved elsewhere by the partner institution as well as by other appropriate institutions selected for benchmarking purposes.
4.11.9	If an international institution or other organization is invited to provide programs, or to assist in the development of programs for use in Saudi Arabia full information should be provided in advance about relevant Ministry regulations and NCAAA requirements for the National Qualifications Framework and requirements for program and course specifications and reports.

Part 2 – Results-based Performance Criterion

4.12 Institution specified Key Performance Indicators	
4.12.1	Students' competency score index as per NQF (Means average and Level achieved)
4.12.2	Percentage of graduates who work in their major field of study
4.12.3	Proportion of students entering undergraduate programs who complete those programs in minimum time (NCAAA 9 - Means average and Level achieved)
4.12.4	Proportion of students entering post graduate programs who complete those programs in specified time (NCAAA 10 - Means average and Level achieved)
4.12.5	Students overall rating on the quality of their courses (Average rating of students on a 5 point scale overall evaluation of courses (NCAAA 6 - Means average and Level achieved based on survey)
4.12.6	Proportion of full-time equivalent students in proportion to the total number of full-time faculty members (NCAAA 5 - Means average and Level achieved)
4.12.7	Percentage of full-time faculty members holding Doctoral degrees or equivalent in proportion to the total number of full-time faculty members (NCAAA 7 - Means average and Level achieved)
4.12.8	Proportion of the full-time faculty members holding academic titles of teaching assistant, instructor, Assistant Professor, Associate Professor, and Professor.
4.12.9	Percentage of students entering programs who successfully complete first year (NCAAA 8 - Means average and Level achieved)
4.2.10	Percentage of courses that are improved based on research and/or evaluation results. (Means average and Level achieved)
4.12.11	Proportion of graduates from undergraduate programs who within six months of graduation are:
4.13 College or Program specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
4.13.1	(KPI specific to Institution, College or Program)
4.13.2	(KPI specific to Institution, College or Program)
4.13.3	(KPI specific to Institution, College or Program)
4.13.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 4

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Quality of Learning and Teaching Summary	
4.1	Oversight of Quality of Learning and Teaching
4.2	Student Learning Outcomes
4.3	Program Development Processes
4.4	Program Evaluation and Review Processes

4.5	Student Assessment
4.6	Educational Assistance for Students
4.7	Quality of Teaching
4.8	Support for Improvements in Quality of Teaching
4.9	Qualifications and Experience of Teaching Staff
4.10	Field Experience Activities
4.11	Partnership Arrangements with Other Institutions
4.12	Institution specified Key Performance Indicators
4.13	College or Programs specified KPI

Standard 5: Support for Student Learning

Part 1 – Process-based Performance Criterion

Description of the Standard 5

Teaching, Learning and Research and Social Services is said to be the very reason for the existence which is the "life and soul" of the institution, college, programs or administrative units. Therefore, to make this as the key and fundamental mission of all higher education institutes, the key "life support systems" support in terms of infrastructure, service support, learning environmental support resources and facilities support are critical as they form all the sub-systems that creates a conducive and total conducive learning environment for and of the student. This Standard highlights the importance of the Student Learning support in Teaching, Learning and Research and Social Services and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement. It emphasizes the importance of the mechanisms used in the Learning support systems support of the management of the teaching and learning process and the measurement of these support in the Teaching, Learning and Research and Social Services achievement. In essence, what needs to be measured needs to be managed through the overarching teaching and learning system or mechanism that is set up by the institution, college, programs or administrative units to manage the quality of its Teaching, Learning and Research and Social Services through measurements of the quality. The measurement of Learning support for the students in the Teaching, Learning and Research and Social Services and mechanisms represents the IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses the learning support in teaching and learning quality based on the EQA accreditation standards.

Even though standards and criteria here emphasizes the importance of the student admissions, student records, student management, planning and evaluation of student services and the medical and student counseling, it should be expanded to be inclusive of a more total approach that affects the service and supports that underlines the successes of student learning outcomes.

The concept of the administrative roles is normally downplayed or assumed to be not part of the academic aspect of quality assurance. The notion of the administrative unit being independent of the academic side is untrue. The academic achievements and success is only as good as the poorest performing administrative units support and services that can totally sabotage and undermine quality education. It is one and the same total package. The service support units' contribution to education excellence is based on the principles of the quality of its services and support rendered to create a total quality teaching – learning – research and social services environment. As such for the college or programs management of quality assurance, these service and support data and information from the administrative units are critical to the overall provision of quality education. Quality does not delimit the boundary of the academic and the administrative units; it looks holistically to the performance of the whole rather than the aggregation of performance of individual units.

Based on the rationale above, the fundamental principle is to look at the overarching Teaching, Learning and Research and Social Services management principles and the learning support systems and mechanisms that support the teaching and learning systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement learning support quality. It also looks at how the quality is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of Teaching, Learning and Research and Social Services support mechanism and systems quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum requirements for the learning support for the students within the Teaching, Learning and Research and Social Services standards and criteria in the IQA and the NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own support systems and mechanisms for supporting learning quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Student Admissions –** This looks at the most fundamental admissions systems, its criteria used in the admission to select quality students as part of its systemic approach. Its looks at the mechanisms that publicize the admission criteria and requirements ease of access to admission and registration information and requirements regulating admissions to the institution, colleges or programs. These include fees payments or deferred payments, courses offerings, exemption and specific rules and regulations pertaining to the institution as a whole and specific to programs requirements.

- **Student Records –** Students records that contain the personal data and study performance information must be secured through data privacy and security systems that do not allow unauthorized access, modifications and dissemination that can jeopardize the security of the students. Formal policies, procedures and processes pertaining to up datedness of students records, timely and accurate dissemination of information to students, use of the statistical data of students records and performance for the planning and management of the programs performance must be established.

- **Student Management –** This covers the disciplinary aspects or code of conducts of the students that must be formally formulated and written down and approved by the highest governing body. Formal policies, procedures and processes and to address grievances and appeals, disciplinary measures and actions, channels and committees to address grievances and appeals and disciplinary actions must be systematically and formally established.

- **Student Learning Outcomes –** The very heart and soul of teaching and learning is that the student is competent and qualified. As a total student, this includes not only competencies and capabilities in the IQ (intelligence quotient), but also the EQ (Emotional Quotient), AQ (Adversity Quotient) and MQ (Moral Quotient), as a graduate who is intelligent, physically and mentally fit, spiritually and morally fit. As such, the conduct of teaching and learning should bring about a progressive built-up of these qualities, competencies and capabilities. The basic learning outcomes and key performance indicators are defined within the NCAAA National Qualification Framework for each subject and program area, with an overall basic requirement specific to each area of study.

- **Student Learning Support and Service Process –** This deals with the wider scope of the management aspect of the student learning support and service process in terms of POC[3] (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the student learning support and service process, what resources are needed rather than just planning for student learning support and service process. This would entail the stakeholders' requirement to be identified and defined to develop the student learning support and service

process. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the student learning support and service process, its evaluation and assessment and resources pertaining to a quality student learning support and service process in terms of its system and mechanisms and committee organization and implementation, student learning support and service context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its student learning support and service process quality implementation.

- **Planning and Evaluation of Student Services –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) reigns supreme in the development, its evaluation and review of the students learning support systems that must be designed to cover all aspects of the quality system. As it is systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of student learning support quality comprehensively. Quality Audit deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure student learning support quality. Quality assessment will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the student learning support systems and mechanisms after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the program.

- **Student Assessment of the Student learning support systems and Use of student learning support and service process Indicators and Benchmarks –** This calls for the identification and deployment of the key performance indicators to serve as measurements of the student learning support systems and mechanisms performance. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of student assessment of the service is the "SERVQUAL – Service Quality Index) that should be objective and constructive and can be used as an overall performance determination of the student learning support and services. Normally the level of student learning support and services performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best administrative unit in the industry or nearest competing administrative unit.

- **Medical and Counseling Services –** As not all students have the same level of performance, the question of student centricity that focus on the student calls for the understanding of the students' learning potential and environment through counseling and care for the student welfare. As the aim is to build a total student who are mentally and physically fit the types of resources and mechanisms set up to assist and support the learning potential of the students must be designed, developed and assessed. The medical care and counseling together with academic counseling here is the mentor, the guide and to support the learning of the student that should be facilitated and focused on the student learning and development.

- **Extra-curricular Activities for Students –** As the institution, college or programs aims at building the total student not only in terms of IQ, the EQ, AQ and MQ components must be

supported through extra-curricular activities ate the spiritual and emotional level, the physical level and the moral level in terms of knowledge, skills and competencies that are not fully developed in the academic side. These extra-curricular activities must be developed systematically and formally through additional skills development activities supportive of the total student development.

- **Quality of student learning support and service process support –** The quality of student learning support and service process is normally denominated in terms of the infrastructure used, the environment created to support teach and learning, the teaching and learning interactions, the teaching and learning experience based on the context, the content and the strategies used to support the addition of value to the students. This take-home value is the ultimate of the learning experience. If the student learning support and service process of teaching does not add value to the student's learning experience, the overall teaching and learning is sabotaged. Student learning support and service development process are only part of the total learning environment and value addition that forms the basic requirement in quality of teaching and learning.

Criteria Requirements

Criterion 5.1 – Address and assess the performance of the Student admission of the institution, college or programs using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Student admission of the institution, college or programs is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 5.2 – Address and assess the performance of the Student Records systems and mechanism of the institution, college or programs and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the performance level is done within scope of the quality assurance processes of the Student Records systems and mechanism of the institution, college or programs and its processes and its performance level in the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 5.3 – Address and assess the performance of the Student Management and Development processes in terms of its planning, development and the review process and system in appeals, grievances, disciplinary actions using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Student Management and Development processes is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

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Criterion 5.4 – Address and assess the performance of the Planning and Evaluation and Review of Students Services in terms of its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed in evaluating the effectiveness and efficiency of the student service and support processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Planning and Evaluation and Review of Students Services Processes is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 5.5 – Address and assess the performance of Medical and Counseling services in terms of its assessment methodology, tools and techniques used or systems and mechanisms deployed in counseling and medical welfare and care for the students using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Medical and Counseling services should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 5.6 – Address and assess the performance of Extra-curricular activities for Students in terms of its mechanisms, tools and techniques deployed is the development of the total student from the IQ, EQ, AQ and MQ aspects of the physical, mental, spiritual and moral side of the student using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Extra-curricular activities for Students should conform to the same level of quality performance and achievement within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 5

Standard 5 Support for Student Learning	
5.1	**Student Admissions**
5.1.1	Student admission and registration processes of the institution, college or program should not be unduly time consuming and should be simple for students to use
5.1.2	Computerized systems used for admission processes should be linked to data recording and retrieval systems of the institution, college or program. (For example to fee payment requirements if applicable, the issue of student identity cards, program and course registrations, and statistical reporting requirements.)
5.1.3	Admissions requirements of the institution, college or program should be clearly specified and appropriate for the institution and its programs
5.1.4	Admission requirements of institution, college or program should be consistently and fairly applied.
5.1.5	If programs or courses include components offered by distance education, or use of e-learning in blended programs information should be provided before enrolment about any special skills or resources needed to study in these modes. (For distance education programs in a separate set of standards that include requirements for that mode of program delivery are set out in a different document. Standards for Quality Assurance and Accreditation for Higher Education Programs offered by Distance Education.
5.1.6	Student fees of the institution, college or program, if required, should be paid at the time of registration unless specific approval has been given in advance for deferral of payments.
5.1.7	If the institution's regulations provide for deferral of payments, the conditions and dates for payment should be clearly specified in a formal agreement signed by the student and witnessed, and opportunities for financial counseling provided.
5.1.8	Student advisors familiar with details of course requirements should be available to provide assistance prior to and during the student registration process.
5.1.9	Rules governing admission with advanced standing to the institution, college or program should be clearly specified.
5.1.10	Decisions on exemptions from course requirements or advanced standing should be made known to students by authorized staff before classes commence.
5.1.11	Complete information about the institution, college or program including the range of courses and programs, program requirements, costs, services and other relevant information should be publicly available to potential students and families prior to applications for admission.
5.1.12	A comprehensive orientation program should be available for beginning students to ensure thorough understanding of the range of services and facilities available to them, and of their obligations and responsibilities.
5.2	**Student Records**
5.2.1	Effective security should be provided for student records of the institution, college or program. (Central files containing cumulative records of student's enrolment and performance should be maintained in a secure area with back up files kept in a different and secure location, preferably in a different building or off campus).
5.2.2	Formal policies should be developed by institution, college or program to specify the content of permanent student records and their retention and disposal.

5.2.3	The student record system of the institution, college or program should regularly provide statistical data they require for planning, reporting and quality assurance to departments, colleges, the quality centre and senior managers of the institution, college or program.
5.2.4	Clear rules at the institution, college or program should be established and maintained governing privacy of information and controlling access to individual student records.
5.2.5	Automated procedures should be in place for monitoring student progress throughout their programs in the institution, college or program.
5.2.6	Timelines for reporting and recording results and updating records should be clearly defined and adhered to by the institution, college or program.
5.2.7	Results should be finalized, officially approved, and communicated to students within times by the institution, college or program as specified in institutional and Ministry requirements.
5.2.8	Eligibility for graduation from the institution, college or program should be formally verified in relation to program and course requirements.
5.3	**Student Management**
5.3.1	A code of behavior by the institution, college or program should be approved by the governing body and made widely available within the institution, college or program, specifying rights and responsibilities of students.
5.3.2	Regulations should specify action to be taken for breaches of student discipline including the responsibilities of relevant officers and committees, and penalties, which may be imposed.
5.3.3	Disciplinary action should be taken promptly, and full documentation including details of evidence should be retained in secure institutional records.
5.3.4	Student appeal and grievance procedures should be specified in regulations, published, and made widely known within the institution. The regulations should make clear the grounds on which academic appeals may be based, the criteria for decisions, and the remedies available.
5.3.5	Appeal and grievance procedures should protect against time wasting on trivial issues, but still provide adequate opportunity for matters of concern to students to be fairly dealt with and supported by student counseling provisions.
5.3.6	Appeal and grievance procedures should guarantee impartial consideration by persons or committees independent of the parties involved in the issue, or who made a decision or imposed a penalty that is being appealed against.
5.3.7	Procedures should be established to ensure that students are protected against subsequent punitive action or discrimination following consideration of a grievance or appeal.
5.3.8	Appropriate policies and procedures should be in place to deal with academic misconduct, including plagiarism and other forms of cheating.
5.4	**Planning and Evaluation of Student Services**
5.4.1	The range of services provided and the resources of the institution, college or program devoted to them should reflect the mission of the institution and any special requirements of the student population.
5.4.2	Formal plans of the institution, college or program should be developed for the provision and improvement of student services and the implementation and effectiveness of those plans should be monitored on a regular basis.
5.4.3	A senior member of teaching or other staff should be assigned responsibility for oversight and development of student services.
5.4.4	The effectiveness and relevance of services of the institution, college or program should be regularly monitored through processes that include surveys of student usage and satisfaction. Services should be modified in response to evaluation and feedback.
5.4.5	Adequate facilities and financial support of the institution, college or program should be provided for the student services that are needed.
5.4.6	If services are provided through student organizations of the institution, college or program, assistance should be given in management and organization if required, and there should be effective oversight of financial management and reporting.
5.4.7	If student newspapers or other student documents are published there should be clear guidelines defining publication standards and editorial policy, and the extent and nature of oversight by the institution, college or program.
5.5	**Medical and Counseling Services**
5.5.1	Student counseling and medical services in the institution, college or program should be staffed by people with the necessary professional qualifications.
5.5.2	Medical and counseling services in the institution, college or program should be readily accessible with provision made for emergency assistance when required. (Fees for services may be charged and they may be provided on a part time basis.)
5.5.3	Provision is made for academic counseling and for career planning and employment advice in colleges, departments or other appropriate locations within the institution, college or programs.
5.5.4	Personal or psychological counseling services are made available with easy access for students from any part of the

	institution, college or programs
5.5.5	Adequate protection in the institution, college or program should be provided, and supported by regulation or a code of conduct, to protect the confidentiality of personal issues discussed with teaching or other staff or students.
5.5.6	Effective mechanisms in the institution, college or program should be established for follow up to ensure student welfare and to evaluate quality of service.
5.6	**Extra-curricular Activities for Students**
5.6.1	Opportunities by the institution, college or program should be provided for participation in religious observances consistent with Islamic beliefs and traditions.
5.6.2	Arrangements by the institution, college or program should be made to organize and encourage student participation in cultural activities such as clubs and societies, and special events in the arts and other fields appropriate to their interests and needs.
5.6.3	Opportunities by the institution, college or program should be provided through appropriate facilities and organizational arrangements for informal social interaction among students.
5.6.4	Participation in sports should be encouraged by the institution, college or program, both for skilled athletes and for others, and appropriate competitive and non-competitive physical activities in which they can be involved should be arranged.
5.6.5	The extent of student participation in extra-curricular activities of the institution, college or program should be monitored and benchmarked against other comparable institutions, and where necessary strategies developed to improve levels of participation.

Part 2 – Results-based Performance Criterion

5.7	**Institution specified Key Performance Indicators**
5.7.1	Ratio of students to administrative staff (NCAAA 12 - Ratio average and Level achieved)
5.7.2	Proportion of total operating funds (other than accommodation and student allowances) allocated to provision of student services (NCAAA 13 - Ratio average and Level achieved)
5.7.3	Student evaluation of academic and career counseling (Average rating on the adequacy of academic and career counseling on a five point scale in an annual survey of final year students) (NCAAA 13 - Means average and Level achieved based on survey)
5.8	**College or programs specified KPI**
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
5.8.1	(KPI specific to Institution, College or Program)
5.8.2	(KPI specific to Institution, College or Program)
5.8.3	(KPI specific to Institution, College or Program)
5.8.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 5

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Support for Student Learning Summary
5.1 Student Admissions
5.2 Student Records
5.3 Student Management
5.4 Planning and Evaluation of Student Services
5.5 Medical and Counseling Services
5.6 Extra Curricular Activities for Students
5.7 Institution specified Key Performance Indicators
5.8 College or programs specified KPI

Part 1 – Process-based Performance Criterion

Description of the Standard 6

Teaching, Learning and Research and Social Services is said to be the very reason for the existence or "the life and soul" of the institution, college, programs or administrative units. Therefore, to make this as the key and fundamental mission of all higher education institutes, support in terms of its key learning resources or "life support systems" of the learning infrastructure, learning service support, learning environmental support resources and learning facilities support are critical. They form all the sub-systems that create a conducive and total learning environment for and of the student. This Standard highlights the importance of the Learning resources used to service and support Teaching, Learning and Research and Social Services and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement. It emphasizes the importance of the mechanisms used in the Learning resources to support the mechanism in the management of the Teaching, Learning and Research and Social Services processes and the measurement of these learning resources in support of Teaching, Learning and Research and Social Services achievements. In essence, what needs to be measured needs to be managed through the overarching Teaching, Learning and Research and Social Services systems or mechanisms that is set up by the institution, college, programs or administrative units to manage the quality of its teaching and learning through measurements of the quality. The measurement of Learning resources and its services and support for the students in the Teaching, Learning and Research and Social Services systems and mechanisms represents the IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses the learning resources services and support in Teaching, Learning and Research and Social Services quality based on the EQA accreditation standards.

Even though standards and criteria here emphasizes the importance of the library systems as a key resources, it should be expanded to be inclusive of a more total approach that affects the learning resources service and supports that underlines the successes of student learning outcomes. This could include the availability and access to the human, financial, technological and organizational resources that could be aligned to the achievement of the learning resources systems.

The concept of the administrative roles in the provision of the learning resources support and services is normally downplayed or assumed to be not part of the academic aspect of quality assurance. The notion of the administrative unit in the provision of the learning resources support and services being independent of the academic side is invalid. The academic achievements and success is only as good as the poorest performing administrative units in the provision of the learning resources support and services that can totally sabotage and undermine quality education. It is one and the same total package. The learning resources support and services units' contribution to education excellence is based on the principles of the quality of its services and support rendered to create a total quality teaching – learning – research and social services environment. As such, for the college or programs management of quality assurance, the provision of the learning resources support and services data and information from the administrative units are critical to the overall provision of quality education. Quality does not delimit the boundary of the academic and the administrative units; it looks holistically to the performance of the whole rather than the aggregation of performance of individual units.

Based on this rationale, the fundamental principle is to look at the overarching Teaching, Learning and Research management principles and the learning resources support systems and mechanisms that support the Teaching, Learning and Research and Social Services systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement learning resources services and support quality. It also looks at how the quality of the provision of the learning resources support and services is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are

developed and used as proxy measures of Teaching, Learning and Research and Social Services support mechanism and systems quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum requirements for the learning resources services and support for the students and the faculty within the Teaching, Learning and Research and Social Services standards and criteria in the IQA. The NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own learning resources support systems and mechanisms for supporting Teaching, Learning and Research and Social Services quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Planning and Evaluation of Learning Resources Services and Support –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) reigns supreme in the development, its evaluation and review of the learning resources support and service processes that must be designed to cover all aspects of the quality system. As it is systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of learning resources support and service processes quality comprehensively. Quality Audit deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure learning resources support and service processes quality. Quality assessment will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the learning resources support and service processes, systems and mechanisms after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the system.

- **Organization of the Learning Resources Support and Service Process –** This deals with the wider scope of the management aspect of the learning resources support and service processes in terms of POC3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the learning resources support and service processes, what resources are needed rather than just planning for learning resources support and service process. This would entail the stakeholders' requirement to be identified and defined to develop the learning resources support and service processes. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the learning resources support and service processes, its evaluation and assessment and resources pertaining to a quality learning resources support and service processes in terms of its system and mechanisms and committee, organization and implementation, learning resources support and service processes context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its learning resources support and service processes quality implementation.

- **Support and Assessment of the learning resources support and service processes and users of learning resources support and service process Indicators and Benchmarks –** This calls for the identification and deployment of the key performance indicators to serve as measurements of the learning resources support and service processes, systems and mechanisms performance that supports the stakeholders use of the learning resources. As

quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of stakeholders' assessment of the service is the "SERVQUAL – Service Quality Index" that should be objective and constructive and can be used as an overall performance determination of the learning resources support and service process. Normally the level of learning resources support and service processes performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best in the industry or nearest competing administrative unit.

- **Quality of learning resources support and service infrastructure and processes –** The quality of learning resources support and service infrastructure and process is normally denominated in terms of the learning resources infrastructure used, the learning resources and its environment created to support Teaching, Learning and Research. It also looks at the Teaching, Learning and Research interactions supported by the learning resources support and service processes, the Teaching, Learning and Research and Social Services experience based on the context, the content and the strategies used to support the addition of value to the students by the learning resources support and service processes. This take-home value is the ultimate of the learning experience. If the learning resources support and service processes of Teaching, Learning and Research and Social Services does not add value to the student's learning experience, the overall Teaching, Learning and Research and Social Services is sabotaged. Student learning by the learning resources support and service processes are only part of the total learning environment and value addition that forms the basic requirement in the quality of Teaching, Learning and Research and Social Services.

Criteria Requirements

Criterion 6.1 – Address and assess the performance of the Planning and Evaluation of the Learning Resources services, supports and infrastructures using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Planning and Evaluation of the Learning Resources services, supports and infrastructures of the institution, college or programs is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 6.2 – Address and assess the performance of the Organization of the Learning Resources services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the performance level is done within scope of the quality assurance processes of the Organization of the Learning Resources services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its performance level in the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 6.3 – Address and assess the performance of the Support for users in terms of its services, supports and infrastructures, systems and mechanisms and processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Support for users in terms of its services, supports and infrastructures, systems and mechanisms and processes is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and

Research and Social Services of the institution/college/programs or administrative units.

Criterion 6.4 – Address and assess the performance of the Quality of the Learning resources in terms of its services, supports and infrastructures, systems and mechanisms and processes, its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed in evaluating the effectiveness and efficiency of the Quality of the Learning resources service and support processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Quality of the Learning resources Processes is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 6

Standard 6 Learning Resources	
6.1 Planning and Evaluation	
6.1.1	Policies guiding the provision of library/resource centre services should give special attention to support for the particular educational programs and research requirements of the institution.
6.1.2	A learning resource strategy should be developed which is directly linked to strategic priorities for program development, and adjusted as required as new programs are introduced.
6.1.3	The adequacy of library and resource centre materials should be formally evaluated at least biennially.
6.1.4	Evaluation procedures should include user surveys dealing with effectiveness in meeting user needs (considering teaching staff and student satisfaction, extent of usage, consistency with requirements of teaching and learning at the institution, range of services provided, and comparisons with other comparable institutions).
6.1.5	Evaluation processes include gathering of information on the extent to which library resources and other learning resources are used and analysis of this data on usage of resources in relation to teaching and learning requirements for different programs in the institution.
6.1.6	Early advice should be obtained from teaching staff responsible for courses and programs about requirements to support teaching and learning.
6.1.7	Reserve book collections and other reference materials should be regularly reviewed with advice from teaching staff to ensure adequate access to necessary materials for courses on offer at any time.
6.2 Organization	
6.2.1	Library and resource centers and associated facilities and services should be available for extended hours to ensure access when required by users.
6.2.2	Collections should be arranged and catalogued according to internationally recognized good library practice.
6.2.3	Agreements should be made for cooperation with other libraries and resource centers for interlibrary loans and sharing of resources and services.
6.2.4	Reliable systems should be used for recording loans and returns, with efficient follow up for overdue material.
6.2.5	Heavy-demand and required reading materials should be held in a reserve collection.
6.2.6	There should be reliable and efficient access to on-line data-bases and research and journal material relevant to the institution's programs is provided for by institutional membership of associations concerned.
6.2.7	Rules for behavior within the library should be established and enforced to ensure maintenance of an environment conducive to effective study and student and staff research.
6.2.8	Effective security systems should be used to prevent loss of materials and inappropriate use of the internet.
6.3 Support for Users	
6.3.1	Orientation and training programs should be provided for new students and other users to prepare them to access facilities and services.
6.3.2	Assistance should be available for users in conducting searches and locating and using information.
6.3.3	A reference service should be available through which in-depth questions are answered by qualified librarians.
6.3.4	Electronic and/or other automated systems with search facilities should be available to assist in locating resources within the institution and in other collections.

6.3.5	Appropriate procedures should be used to keep users informed of library developments such as acquisition of new materials, training programs, or changes in services or opening hours.
6.3.6	Printed or electronic guides should be available to help users find materials for popular subject areas, compiling reference lists or using data bases.
6.3.7	Library and resource centers should be staffed by sufficient people qualified and skilled in relevant fields of librarianship and information technology.
6.4 Resources and Facilities	
6.4.1	Adequate financial resources must be provided for acquisitions, cataloguing, equipment, and for services and system development.
6.4.2	The availability of on line access and inter library loan facilities should not be used to reduce commitment to providing adequate physical resources on-site.
6.4.3	Adequate facilities should be provided to house collections in a way that makes them readily accessible.
6.4.4	Up to date computer technology should be provided to support electronic access to resources and reference material.
6.4.5	Copying facilities supported by efficient payment mechanisms for users should be provided.
6.4.6	Facilities should be available for using personal laptop computers.
6.4.7	Books, journals and other materials should be available in Arabic and English (or other languages) as required for programs taught and research undertaken in the institution.
6.4.8	Facilities should be provided for both individual and small group study and research.
6.4.9	The level of provision of resources (numbers of books, seats, group study facilities etc) should be benchmarked against good quality similar institutions and be adequate for the size of the institution and the programs offered.

Part 2 – Results-based Performance Criterion

6.5 Institution specified Key Performance Indicators	
6.5.1	Number of book titles held in the library as a proportion of the number of students (NCAAA 15 - Ratio average and Level achieved)
6.5.2	Number of web-site subscriptions as a proportion of the number of programs offered (NCAAA 16 - Ratio average and Level achieved)
6.5.3	Number of periodical subscriptions as a proportion of the number of programs offered (NCAAA 17 - Ratio average and Level achieved)
6.5.4	Student evaluation of library services (Average rating on adequacy of library services on a five point scale in an annual survey of final year students (NCAAA 18 – Means average and Level achieved based on survey)
6.6 College or programs specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
6.6.1	(KPI specific to Institution, College or Program)
6.6.2	(KPI specific to Institution, College or Program)
6.6.3	(KPI specific to Institution, College or Program)
6.6.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 6

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Learning Resources Summary
6.1 Planning and Evaluation
6.2 Organization
6.3 Support for Users
6.4 Resources and Facilities

6.5 Institution specified Key Performance Indicators
6.6 College or programs specified KPI

Standard 7: Facilities and Equipments

Part 1 – Process-based Performance Criterion

Description of the Standard 7

Teaching, Learning and Research and Social Services is said to be the very reason for the existence or "the life and soul" of the institution, college, programs or administrative units. Therefore, to make this as the key and fundamental mission of all higher education institutes, support in terms of its facilities and equipment. A key part of the "life support systems" or "tools and paraphernalia and hardware" is the facilities and equipment infrastructure, facilities and equipment service support and facilities and equipment environmental support resources which are critical to the Teaching, Learning, Research and Social Services achievements. They form all the sub-systems that create a conducive and total learning environment for and of the student. This Standard highlights the importance of the facilities and equipment used to service and support Teaching, Learning and Research and Social Services and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement. It emphasizes the importance of the tools, and techniques and mechanisms deployed in the use of the facilities and equipment to support the management of the Teaching, Learning and Research and Social Services processes and the measurement of these facilities and equipment effectiveness and efficiency in support of Teaching, Learning and Research and Social Service achievements. In essence, what needs to be measured needs to be managed through the overarching Teaching, Learning and Research and Social Services systems or mechanisms that is set up by the institution, college, programs or administrative units to manage the quality of its Teaching, Learning and Research through measurements of the quality. The measurement of facilities and equipment and its services and support in the Teaching, Learning and Research and Social Services systems and mechanisms represents the IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses the facilities and equipment and the services and support in Teaching, Learning and Research quality based on the EQA accreditation standards.

Even though standards and criteria here emphasizes the importance of the facilities and equipment as a key resources, it should be expanded to be inclusive of a more total approach that affects the facilities and equipment services and supports that underlines the successes of Teaching, Learning and Research and Social Services outcomes. This could include the availability and access to the human, financial, technological and organizational services and supports that are critical to the utilization of facilities and equipment. These could be aligned to the achievement of the facilities and equipment systems.

The concept of the administrative roles in the provision of the facilities and equipment and its support and services is normally downplayed or assumed to be not part of the academic aspect of quality assurance. The notion of the administrative unit in the provision of the facilities and equipment support and services being independent of the academic side is invalid. The academic achievements and success is only as good as the poorest performing administrative units in the provision of the facilities and equipment and its support and services that can totally sabotage and undermine quality education. It is one and the same total package. The facilities and equipment support and services units' contribution to education excellence is based on the principles of the quality of its services and support rendered to create a total quality teaching – learning – research and social services environment. As such, for the college or programs management of quality assurance, the provision of the facilities and equipment and its support and services data and information from the administrative units are critical to the overall provision of quality education. Quality does not delimit

the boundary of the academic and the administrative units; it looks holistically to the performance of the whole rather than the aggregation of performance of individual units.

Based on this rationale, the fundamental principle is to look at the overarching Teaching, Learning and Research and Social Services management principles and the facilities and equipment and its support systems and mechanisms that support the Teaching, Learning and Research and Social Services systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement facilities and equipment and its services and support quality. It also looks at how the quality of the provision of the facilities and equipment and its support and services is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of Teaching, Learning and Research and Social Services support mechanism and systems quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum requirements for the facilities and equipment and its services and support for the students, stakeholders and the faculty within the Teaching, Learning and Research and Social Services standards and criteria in the IQA. The NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own facilities and equipment support systems and mechanisms for supporting Teaching, Learning and Research and Social Services quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Policy and Planning and Evaluation of facilities and equipment and its Services and Support –** The planning mechanism deals with the determination of existing and future needs of the facilities and equipment and its support and services needs and priorities that are included in the facilities and equipment and its services and support strategic plan and action plans. As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) reigns supreme in the planning, development, its evaluation and review of the facilities and equipment and its support and service processes that must be designed to cover all aspects of the quality system. As it is systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of facilities and equipment and its support and service processes quality comprehensively. Quality Audit deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure facilities and equipment and its support and service processes quality. Quality assessment will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the facilities and equipment and its support and service process, systems and mechanisms after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the system.

- **Quality and adequacy of facilities and equipment and its support and service infrastructure and processes –** The quality and the adequacy, the appropriateness and the stakeholders' needs centricity especially those with specific needs of the facilities and equipment and its support and service infrastructure and processes. This is normally denominated in terms of the nature and type, the volume and its appropriateness or specialty of facilities and equipment infrastructure used, the facilities and equipment and its environment created to support Teaching, Learning and Research. It also looks at the Teaching, Learning and Research interactions supported by the facilities and equipment and

its support and service processes, the Teaching, Learning and Research experience based on the context, the content and the strategies used to support the addition of value to the stakeholders by the facilities and equipment and its support and service processes. This take-home value is the ultimate of the Teaching, Learning and Research experience. If the facilities and equipment and its support and service process of Teaching, Learning and Research does not add value to the stakeholders' experience, the overall Teaching, Learning and Research is sabotaged. Stakeholders' experience and utilization of the facilities and equipment and its support and service process are only part of the total Teaching, Learning and Research environment and value addition that forms the basic requirement in the quality of Teaching, Learning and Research.

- **Management and Administration and Organization of the facilities and equipment and its Support and Service Processes –** This deals with the wider scope of the management aspect of the facilities and equipment and its support and service process in terms of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the facilities and equipment and its support and service processes, what resources are needed rather than just planning for facilities and equipment and its support and service processes. This would entail the stakeholders' requirement to be identified and defined to develop the facilities and equipment and its support and service processes. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the facilities and equipment and its support and service processes, its evaluation and assessment and facilities and equipment pertaining to a quality facilities and equipment and support and service processes in terms of its system and mechanisms and committee, organization and implementation, facilities and equipment support and service processes context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its facilities and equipment and its support and service processes quality implementation. This would cover all types of security system, waste disposal management, inventories management, space and schedule management and others that deal with the achievements of the facilities and equipment and its support and services management.

- **Support and Assessment of the facilities and equipment and its support and service processes and users of the facilities and equipment and its support and service processes Indicators and Benchmarks –** This calls for the identification and deployment of the key performance indicators to serve as measurements of the facilities and equipment and its support and service processes, systems and mechanisms performance that supports the stakeholders use of the facilities and equipment. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of stakeholders' assessment of the service is the "SERVQUAL – Service Quality Index" that should be objective and constructive and can be used as an overall performance determination of the facilities and equipment and its support and service processes. Normally the level of facilities and equipment and its support and service processes performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best in the industry or nearest competing administrative unit.

- **Information Technology –** As ICT (Information Communication Technology) is ubiquitous and is one of the key technology used in Teaching, Learning and Research, the key questions are the policies, processes, procedures and the people of the IT systems set up to support Teaching, Learning and Research. It goes into the domain of the wider scope of the management aspect of the ICT and its support and service process in terms of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the ICT and

its support and service processes, what resources are needed rather than just planning for the ICT and its support and service processes. This would entail the stakeholders' requirement to be identified and defined to develop the appropriate and adequate ICT system and mechanisms and its support and service processes. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the ICT system and its support and service processes, its evaluation and assessment and ICT system pertaining to a quality ICT and support and service processes in terms of its system and mechanisms and committee, organization and implementation, ICT system and support and service processes context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its ICT system and its support and service processes quality implementation. It also goes into the realms of data and information management, its utilization policies, the timeliness, usefulness, accuracy, reliability, conciseness and preciseness of the data and information used for planning and decision making by the institution, college or programs. It also aims at the privacy and security of the data and information and ICT systems. It looks at the organization environment and context of the use of the information for analytical purposes that bring about a developmental and continuous improvements scenario in the institution, college or programs.

- **Student Residences –** As most student are dependent on the residential facilities of the institution, college or programs, the key issue is the management of the students residences in terms of the planning and management of the residences. It goes into the domain of the wider scope of the management aspect of the residence but also the total residential environment and its support and service processes in terms of POC^3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement and create a conducive residential environment and its support and service processes, what resources are needed rather than just planning for the residences and its support and service processes. This would entail the students' needs and requirement to be identified and defined to develop the appropriate and adequate and conducive residential system and with its supplementary and complementary support and service processes. The residential system should enhance and enrich the social, cultural and physical well-being of the students through a safe and secure environment, appropriate and healthy living accommodations and food systems and extra-curricular activities that ultimately affects the learning environment of the students and their total development.

Criteria Requirements

Criterion 7.1 – Address and assess the performance of the Policy and Planning and Evaluation of the facilities and equipment and its services, supports and infrastructures using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Policy and Planning and Evaluation of the facilities and equipment and its services, supports and infrastructures of the institution, college or programs is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 7.2 – Address and assess the performance of the Quality and Adequacy of the facilities and equipments and its services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the performance level is done within scope of the quality assurance processes of the Quality and Adequacy of the facilities and equipments and its services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its

performance level in the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 7.3 – Address and assess the performance of the Management and Administration of the facilities and equipments and its services, supports and infrastructures, systems and mechanisms and processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Quality of the Management and Administration of the facilities and equipments and its services, supports for users in terms of its services, supports and infrastructures, systems and mechanisms and processes is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 7.4 – Address and assess the performance of the ICT and its services and support and infrastructures, systems and mechanisms and processes, its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed in evaluating the effectiveness and efficiency of the Quality of the ICT resources and its services and support processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the ICT resources and its services and support processes is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 7.5 – Address and assess the performance of the Students Residences and resources and its services and support processes and infrastructures, systems and mechanisms and processes, its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed in evaluating the effectiveness and efficiency of the Quality and Management of the Students Residences and resources and its services and support processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Quality and Management of the Students Residences and resources is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 7

Standard 7 Facilities and Equipment	
7.1 Policy and Planning	
7.1.1	A long-term master plan that provides for capital developments and maintenance of facilities and equipment of the institution, college or program should be approved by the governing body.
7.1.2	Equipment planning of the institution, college or program should provide for major equipment acquisition, servicing and replacement according to a planned schedule.
7.1.3	Present and future users of facilities or major equipment of the institution, college or program should be involved in detailed consultations prior to acquisitions or development to ensure that current and anticipated future needs are met.
7.1.4	Equipment policies of the institution, college or program should ensure to the greatest feasible extent, compatibility of equipment and systems across the institution.
7.1.5	Business plans of the institution, college or program should be prepared prior to major equipment acquisitions, with evaluation of alternatives of leasing or shared use with other agencies.
7.1.6	Proposals for leasing of major facilities and for outsourced building and management of facilities of the institution, college or program should be fully evaluated in the long-term interests of the institution and managed in a way that ensures effective quality control and financial benefits.
7.2 Quality and Adequacy of Facilities and Equipment	
7.2.1	A clean, attractive and well maintained physical environment of both buildings and grounds of the institution, college

	or program should be maintained.
7.2.2	Facilities of the institution, college or program should fully meet health and safety requirements.
7.2.3	Quality assessment processes used by the institution, college or program should include both feedback from principal users about the adequacy and quality of facilities, and mechanisms for considering and responding to their views.
7.2.4	Standards of provision of teaching, laboratory and research facilities of the institution, college or program should be benchmarked through comparisons with equivalent provisions at other comparable institutions. (This includes such things as classroom space, laboratory facilities and equipment, access to computing facilities and associated software, private study facilities, and research equipment.
7.2.5	Adequate facilities of the institution, college or program should be available for confidential consultations between staff and students
7.2.6	Appropriate facilities of the institution, college or program should be provided for religious observances.
7.2.7	Food service facilities of the institution, college or program should be adequate and appropriate for the needs of staff and students.
7.2.8	Appropriate provision of the institution, college or program should be made for students and staff with physical disabilities or other special needs.
7.2.9	Facilities of the institution, college or program should be provided for cultural, sporting and other extracurricular activities that are appropriate for the needs of the students attending the institution.
7.3 Management and Administration	
7.3.1	Complete inventories should be maintained of equipment owned or controlled by the institution, college or program including equipment assigned to individual staff for teaching and research.
7.3.2	Services such as cleaning, waste disposal, minor maintenance, safety, and environmental management of the institution, college or program should be maintained efficiently and effectively under the supervision of a senior administrative officer.
7.3.3	Regular condition assessments of the institution, college or program facilities and equipment should be carried out and provision made for preventative and corrective maintenance and replacement when required.
7.3.4	Effective security in the institution, college or program should be provided for specialized facilities and equipment for teaching and research, with responsibility between individual members of staff, departments or colleges, or central administration clearly defined.
7.3.5	Effective systems in the institution, college or program should be used to ensure the personal security of teaching and other staff and students, with appropriate provisions for the security of their personal property.
7.3.6	Space utilization of the institution, college or program should be monitored and when appropriate facilities reallocated in response to changing requirements.
7.3.7	Scheduling of general-purpose facilities of the institution, college or program should be managed through an electronic booking and reservation system, and reports made to senior management on the extent and efficiency of use.
7.3.8	Arrangements should be made for shared use of underutilized facilities of the institution, college or program with adequate mechanisms for security of equipment.
7.4 Information Technology	
7.4.1	Adequate computer equipment of the institution, college or program should be available and accessible for teaching and other staff and students throughout the institution.
7.4.2	The adequacy of provision of computer equipment of the institution, college or program should be regularly assessed through surveys or other means and comparisons with other institutions.
7.4.3	Policies governing the use of personal computers of the institution, college or program by students should be established and provision made for facilities to support their use in keeping with these policies.
7.4.4	Technical support of the institution, college or program should be available for teaching and other staff and students using information and communications technology.
7.4.5	Opportunities should be provided for teaching staff input into plans for acquisition and replacement of IT equipment of the institution, college or program.
7.4.6	Institution-wide acquisitions and replacement policies for software and hardware should be established to ensure that systems remain up to date and that compatibility is maintained as replacements are made.
7.4.7	Security systems of the institution, college or program should be established to protect privacy of personal and institutional information, and to protect against externally introduced viruses.
7.4.8	A code of conduct of the institution, college or program relating to inappropriate use of material on the internet should be established. Compliance with this code of conduct should be checked and instances of inappropriate behavior appropriately dealt with.
7.4.9	Training programs of the institution, college or program should be provided for teaching and other staff to ensure effective use of computing equipment and appropriate software for teaching, student assessment, and administration.

7.4.10	Effective use should be made of information technology for administrative systems, reporting, and communications across the institution, college or program with secure access where appropriate.
7.4.11	Internal information systems of the institution, college or program should be compatible with external reporting requirements.
7.4 Student Residences	
7.5.1	Accommodation of the institution, college or program should be of appropriate standard, providing a healthy, safe and secure environment for students.
7.5.2	Facilities of the institution, college or program should make adequate provision for privacy and individual study.
7.5.3	Facilities of the institution, college or program for social, cultural and physical activities should be adequate and appropriate for the students attending the institution
7.5.4	Clearly defined codes of behavior of the institution, college or program should be established and be formally agreed to by students.
7.5.5	Effective supervision by the institution, college or program should be provided by staff with the experience, expertise and authority to manage the facility as a secure and supportive learning environment.
7.5.6	Adequate food services, maintenance and medical facilities of the institution, college or program should be available or readily accessible.
7.5.7	Provision of the institution, college or program should be made for adequate and appropriate religious facilities.
7.5.8	Accommodation of the institution, college or program should be provided on or close to the campus or transport facilities provided to ensure easy access

Part 2 – Results-based Performance Criterion

Key Performance Indicators

7.6 Institution specified Key Performance Indicators	
7.6.1	Annual expenditure on IT as a proportion of the number of students (NCAAA 19 – Amount and Level achieved)
7.6.2	Number of accessible computer terminals per student (NCAAA 20 – Amount and Level achieved)
7.6.3	Average overall rating of adequacy of facilities and equipment in a survey of teaching staff (NCAAA 21 – Means average and Level achieved based on survey)
7.6.4	Internet bandwidth per user (NCAAA 22 – Means average and Level achieved)
7.7 College or programs specified KPI	
(describe additional KPI or benchmarks used by college or programs and provide evidence or documentations of KPI achievement)	
7.7.1	(KPI specific to Institution, College or Program)
7.7.2	(KPI specific to Institution, College or Program)
7.7.3	(KPI specific to Institution, College or Program)
7.7.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 7

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Facilities and Equipments Summary
7.1 Policy and Planning
7.2 Quality of and Adequacy of Facilities
7.3 Management and Administration
7.4 Information Technology
7.5 Student Residences

7.6 Institution specified Key Performance Indicators
7.7 College or programs specified KPI

Standard 8: Financial Planning and Management

Part 1 – Process-based Performance Criterion

Description of the Standard 8

Teaching, Learning and Research and Social Services is said to be the very reason for the existence or "the life and soul" of the institution, college, programs or administrative units. Therefore, to make this as the key and fundamental mission of all higher education institutes, finances and its financial management that forms the "life oil that facilitates all the systems to ensure their smoothness in the development and implementation" of the facilities and equipment infrastructure, learning resources, human resources, ICT resources and their services and support systems are critical support systems. It is a key instrument in managing Teaching, Learning and Research and Social Services and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement. It emphasizes the importance of the finances, the risk involved and their management that support the management of the Teaching, Learning and Research processes and the measurement of these financial and risk management effectiveness and efficiency in support of Teaching, Learning and Research and Social Service achievements. In essence, what needs to be measured needs to be managed through the overarching Teaching, Learning and Research and Social Services systems or mechanisms that is set up by the institution, college, programs or administrative units to manage the quality of its Teaching, Learning and Research and Social Services through measurements of the quality. The measurement of financial and risk management and its services and support in the Teaching, Learning and Research and Social Services systems and mechanisms represents the IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses the financial and risk management and the services and support in Teaching, Learning and Research and Social Services quality based on the EQA accreditation standards.

Even though standards and criteria here emphasizes the importance of the finance as a key resources, it should be expanded to be inclusive of a more total approach that affects the systems, the mechanisms, the tools and techniques, the services and supports that underlines the successes of Teaching, Learning and Research and Social Services outcomes. This could include the availability and access to the human, technological and organizational services and supports that are critical to the financial and risk management. These could be aligned to the achievement of the financial and risk management systems.

The concept of the administrative roles in the provision of the finances and its support and services is normally downplayed or assumed to be not part of the academic aspect of quality assurance. The notion of the administrative unit in the provision of the finances support and services being independent of the academic side is invalid. The academic achievements and success is only as good as the poorest performing administrative units in the provision of the finances, it timelines and reliability and availability and access, and its support and services that can totally sabotage and undermine quality education. It is one and the same total package. The financial support and services units' contribution to education excellence is based on the principles of the quality of its services and support rendered to create a total quality teaching – learning – research and social services environment. As such, for the college or programs management of quality assurance, the provision of the finances and its support and services data and information from the administrative units are critical to the overall provision of quality education. Quality does not delimit the boundary of the academic and the administrative units; it looks holistically to the performance of the whole rather than the aggregation of performance of individual units.

Based on this rationale, the fundamental principle is to look at the overarching Teaching, Learning and Research and Social Services management principles and the financial and risk management and its support systems and mechanisms that support the Teaching, Learning and Research and Social Services systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement financial and risk management and its services and support quality. It also looks at how the quality of the provision of the financial and risk management, its audit and assessment processes and its support and services is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of Teaching, Learning and Research and Social Services support mechanism and systems quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum requirements for the financial and risk management, its audit and assessment and its services and support for the students, stakeholders and the faculty within the Teaching, Learning and Research and Social Services standards and criteria in the IQA. The NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their financial and risk management and support systems and mechanisms for supporting Teaching, Learning and Research and Social Services quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Financial Planning and Budgeting –** The planning and budgeting mechanism deals with the determination of existing and future needs of the financial needs and priorities based on the strategic needs of the institution, college, programs or administrative. These include planning and budgeting for all the resources requisition and disbursement on long-term and short-term basis as defined in its strategic plan and action plans. As quality is systemic, it involves the determination of IPOO (Input – Process – Output – Outcome) resources needed to implement the planned actions and activities, and the evaluation and review of the planning and budgeting efficiency and effectiveness designed to cover all aspects of the quality system. As it is systematic, the detailed resources needed in financial planning and budgeting covering processes, policies, procedures and people must be spelt out and planned, budgeted and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of the financial and budgeting support and service processes quality comprehensively.

- **Financial Management and Administration and Organization of its Financial Support and Service Processes –** This deals with the wider scope of the management aspect of the financial management and the administration and organization of its financial support and service processes to all the stakeholders in terms of POC3 (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the financial management and the administration and organization of its financial support and service processes, what resources are needed rather than just planning for finances and budgeting. This would entail the stakeholders' requirement to be identified and defined to develop the level of the support and service processes needed of financial and budgeting management and the administration and organization of its financial and budgeting support and service processes. As such, the fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary financial and budgeting administrative functions. It highlights the management of the financial and budgeting management and the administration and organization of its financial and budgeting support and service processes, its evaluation and assessment and facilities and equipment pertaining to a quality facilities and equipment and support and service processes in terms of its system and mechanisms and committee, organization and implementation, financial and budgeting support and service processes context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its financial and budgeting management and its support and service processes quality implementation. This would cover the oversight of the financial and budgeting system and its management, the delegations of fiscal

management to line authorities with clear responsibilities and accountabilities defined, audited and assessed, monitoring and accounting system established to audit and assess the financial requisition and disbursement.

- **Auditing and Risk assessment –** This calls for the identification and deployment of the key performance indicators to serve as measurements of the financial and budgeting systems, its support and service processes, systems and mechanisms performance that supports the stakeholders use of the financial and budgeting services. Financial Audit deals with ensuring the use of the budget for the processes, procedures, policies, people and resources, have stated standards and criteria and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure its effectiveness and efficiency as planned. Risk assessment goes beyond the financial risk that the institution, college, programs or administrative might face. It includes the potential risk from the systemic or systematic risk that could happen to the organization's resources, facilities and equipment, the natural risk due to natural calamities or causes or accidental causes. Quality assessment of the auditing and risk management will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment of the financial planning and budgeting and risk management that they conform to and comply with the standards and criteria, and determining the level of the performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the financial and budgeting and risk management, systems and mechanisms after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the financial and budgeting system. Normally the hard financial metrics can tell the health of the institution, college or programs, the utilization of its financial resources. As financial and budgeting and risk management services and support quality is rather subjective and there is minimal direct ways and means to measure quality of the financial services and supports, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of stakeholders' assessment of the service and support is the "SERVQUAL – Service Quality Index" that should be objective and constructive and can be used as an overall performance determination of the facilities and equipment and its support and service processes. Normally the level of financial, budgeting and risk management and its support and service processes performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best in the industry or nearest competing administrative unit. The audit here refers to both the internal audit within the institution, college or programs and the external audit conducted by an independent unit normally outside of institution, college or programs.

Criteria Requirements

Criterion 8.1 – Address and assess the performance of the Financial Planning and Budgeting system, it service and support to the stakeholders of the financial services and supports using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Financial Planning and Budgeting system, it service and support to the stakeholders of the financial services and supports of the institution, college or programs is done within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 8.2 – Address and assess the performance of the Financial Management and its financial services and supports, systems and mechanisms of the institution, college or programs and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The

performance determination of the performance level is done within scope of the quality assurance processes of the Financial Management and its financial services and supports, systems and mechanisms of the institution, college or programs and its processes of the institution, college or programs and its processes and its performance level in the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Criterion 8.3 – Address and assess the performance of the Auditing and Risk of the physical facilities and equipment and infrastructures, its services and supports resources, systems and mechanisms and processes for potential and inherent risk using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Auditing and Risk of the physical facilities and equipment and infrastructures, its services and supports resources, systems and mechanisms and processes for users in terms of the audit and risk management of its physical facilities, resources, its services and supports infrastructures, systems and mechanisms and processes is in terms of its planning, development and the review, audit and assessment process and system within the management of the quality assurance system for Teaching, Learning and Research of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 8

Standard 8 Financial Planning and Management	
8.1 Financial Planning and Budgeting	
8.1.1	Budgeting and resource allocations in the institution, college or program should be aligned with the mission and goals of the institution, college or program and strategic planning to achieve those goals.
8.1.2	Annual budgets of the institution, college or program should be established within a framework of long term revenue and expenditure projections, which are progressively adjusted in the light of experience.
8.1.3	Budget proposals of the institution, college or program should be developed by senior academic and administrative staff in consultation with cost centre managers, carefully reviewed, and presented to the governing body for approval.
8.1.4	Proposals for new programs or major activities, equipment or facilities in the institution, college or program should be accompanied by business plans that include independently verified cost estimates and cost impacts on other services and activities.
8.1.5	If new ventures in the institution, college or program are cross-subsidized from existing funding sources the cost sharing strategy should be made explicit and intermediate and long term costs and benefits assessed.
8.1.6	The amount of financial resources available for the institution, college or program should be sufficient for quality programs offer, and if loans in the institution, college or program are used, the debt and liquidity ratios and cost equivalent should be monitored and benchmarked against commercial practice and equivalent ratios in other higher education institutions.
8.1.7	Ratios of expenditure on salaries and other major expense categories relative to total expenditure of the institution, college or program should be monitored allowing appropriate variations for colleges or departments with different cost structures.
8.1.8	Borrowing and other long term financing schemes of the institution, college or program should be used sparingly as a strategic financing strategy to improve capacity rather than to meet unanticipated short term operating costs, and financial planning should ensure that obligations can be met from projected additional revenue or from known existing revenue sources.
8.1.9	Budget proposals should support strategic priorities for the institution, college or program development and quality improvement with strategies developed to diversify revenue through a range of activities, which, while consistent with the charter and mission of the institution, college or program reduce its dependence on a single funding source.
8.2 Financial Management	
8.2.1	Oversight and management of the institution, college or program budgeting and accounting functions should be done by a business or financial office or senior faculty responsible to a senior manager or dean.
8.2.2	Sufficient delegations of spending authority should be given to managers of organizational units within the institution, college or program for effective and efficient administration.
8.2.3	Details of any financial delegations should be clearly specified, and conformity with regulations and reporting requirements confirmed through audit processes.

8.2.4	Cost centre managers of institution, college or program should be involved in the budget planning process, and be held accountable for expenditure within approved budgets.
8.2.5	There should be accurate monitoring of expenditure and commitments against budgets with reports prepared for each cost centre and for the institution, college or program as a whole at least once each semester.
8.2.6	Any discrepancies from expenditure estimates should be explained and their impact on annual budget projections assessed.
8.2.7	Accounting systems should comply with accepted professional accounting standards and as far as possible attribute total cost to particular activities.
8.2.8	Funds provided for particular purposes should be used for those purposes and the accounting systems should verify that this has occurred.
8.2.9	Where possibilities of conflict of interest exist or may be perceived to exist, the persons concerned should declare their interest and refrain from participation in decisions.
8.2.10	Financial processes should be managed so that carry forward provisions are sufficiently flexible to avoid rushed end of year expenditure or disincentives for long term planning.
8.3 Auditing and Risk assessment	
8.3.1	Financial planning processes in the institution, college or program should include independently verified risk assessment.
8.3.2	Risk minimization strategies in the institution, college or program should be in place and adequate reserves maintained to meet realistically assessed financial risks.
8.3.3	Internal audit processes in the institution, college or program should operate independently of accounting and business managers, and report directly to the Rector or Dean or chair of the relevant governing board committee.
8.3.4	External audits in the institution, college or program should be conducted annually by an independent government agency or a reputable external audit firm that is independent of the institution, college or program, its financial or other senior staff and members of the governing body.

Part 2 – Results-based Performance Criterion

8.4 Institution specified Key Performance Indicators	
8.4.1	Total operating expenditure (other than accommodation and student allowances) per student (NCAAA 23 – Amount and level achieved)
8.4.2	University revenues generated from providing academic and professional services in the name of the university in proportion to the total number of full-time faculty members
8.4.3	Percentage of University expenses incurred in cash and in kind in the preservation, development and enhancement of identity, art and culture in proportion to the total operation budget
8.4.4	Budget per head for full-time faculty members' development in the country and abroad in proportion to the total number of full-time faculty members (SR per capita)
8.4.5	Operating expenses in the library system, computers and information center in proportion to the total number of full-time students (SR per capita)
8.4.6	Evaluation of risk management practices as implemented (Means average and Level achieved based on survey)
8.5 College or programs specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
8.5.1	(KPI specific to Institution, College or Program)
8.5.2	(KPI specific to Institution, College or Program)
8.5.3	(KPI specific to Institution, College or Program)
8.5.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 8

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Financial Planning and Management Summary
8.1 Financial Planning and Budgeting
8.2 Financial Management
8.3 Auditing and Risk Management
8.4 Institution specified Key Performance Indicators
8.5 College or programs KPI

Standard 9: Employment Processes

Part 1 – Process-based Performance Criterion

Description of the Standard 9

Teaching, Learning and Research and Social Services is said to be the very reason for the existence or "the life and soul" of the institution, college, programs or administrative units. Therefore, to make this as the key and fundamental mission of all higher education institutes, support in terms of its the Employment Processes of the Human Resources Management Systems (HRMS) or "life - blood support systems" of the human resources infrastructure, human resources planning, management and service support, human resources development and learning environmental support resources and human resources developmental and learning facilities support are critical. They form all the sub-systems that create a conducive and total human resources development and learning environment for and of the institution, college, programs or administrative units. This Standard highlights the importance of the human resources used to conduct service and support Teaching, Learning and Research and Social Services and the Management of Quality Assurance for the Teaching, Learning and Research and Social Services and Improvement. It emphasizes the importance of the systems and mechanisms used in the Human Resources Management Systems (HRMS) to support the mechanism in the management of the Teaching, Learning and Research and Social Services processes and the measurement of these human resources, its creation and addition to the value of education in support of Teaching, Learning and Research and Social Services achievements. In essence, what needs to be measured needs to be managed through the overarching Teaching, Learning and Research and Social Services systems or mechanisms that is set up by the institution, college, programs or administrative units to manage the quality of its teaching and learning through measurements of the quality. The measurement of Human Resources Management Systems (HRMS) and its services and support for the stakeholders in the Teaching, Learning and Research and Social Services systems and mechanisms represents the IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses the Human Resources Management Systems (HRMS) and its services and support in Teaching, Learning and Research quality based on the EQA accreditation standards.

Even though standards and criteria here emphasizes the importance of the employment process as a key process, it should be expanded to be inclusive of a more total approach that affects the total Human Resources Management Systems (HRMS), the management of the human assets, that forms one of the key foundation of the institution, college, programs or administrative unit success. Their service and supports underlines the successes of student learning and stakeholders outcomes. This could include the availability and access to the financial, technological and organizational resources that could be aligned to the achievement of the Human Resources Management Systems (HRMS). A key question here is what and how to address the human resource engagement and their commitment to their roles, responsibilities and accountabilities. Doing a piece of work without full engagement of the human endeavor will not lead to full commitment that can affect the degree of the quality of the work. A fully engaged person is a committed person.

Human Resources Management Systems (HRMS) examines the faculty's systems for work and jobs, compensation, faculty and staff performance management, motivation, recognition, communication,

and hiring, with the aim of enabling and encouraging all faculty and staff to contribute effectively to the best of their abilities. These systems are intended to foster student achievement and high performance, to result in individual and organizational learning, and to enable adaptation to change. It also examines the organization's faculty and staff education and training to achieve better knowledge and skill acquisitions. It also examines the organization's work environment, the faculty and staff support climate, and how the faculty determines job satisfaction, with the aim of fostering the well-being, satisfaction, and motivation of all faculty and staff while recognizing their diverse needs.

The concept of the administrative roles in the Human Resources Management Systems (HRMS) and in the provision of the support and services is normally downplayed or assumed to be not part of the academic aspect of quality assurance. The notion of the Human Resources Management Systems (HRMS) as a key administrative unit in the provision of the total teaching – learning – research and social services systems support and services being independent of the academic side are invalid. The academic achievements and success is only as good as the poorest performing administrative units in the provision of the total teaching – learning – research and social services systems support and services that can totally sabotage and undermine quality education. It is one and the same total package. The Human Resources Management Systems (HRMS) systems support and services units' contribution to education excellence is based on the principles of the quality of its services and support rendered to create a total quality teaching – learning – research and social services environment. As such, for the college or programs management of quality assurance, the provision of the Human Resources Management Systems (HRMS) support and services data and information from the administrative units are critical to the overall provision of quality education. Quality does not delimit the boundary of the academic and the administrative units; it looks holistically to the performance of the whole rather than the aggregation of performance of individual units.

Based on this rationale, the fundamental principle is to look at the overarching Teaching, Learning and Research and Social Services management principles and the Human Resources Management Systems (HRMS) and its support systems and mechanisms that support the Teaching, Learning and Research and Social Services systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement Human Resources Management Systems (HRMS) services and support quality. It also looks at how the quality of the provision of the Human Resources Management Systems (HRMS) support and services is organized within the institution, college, programs or administrative units, what standards, criteria and key performance indicators are developed and used as proxy measures of Human Resources Management Systems (HRMS) support mechanism and systems quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (2nd Edition, December 2010) represents the minimum requirements for the Human Resources Management Systems (HRMS) services and support the faculty within the Teaching, Learning and Research and Social Services standards and criteria in the IQA. The NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own Human Resources Management Systems (HRMS) and its services and support systems and mechanisms for supporting Teaching, Learning and Research and Social Services quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Planning, Policies, Recruitment and Evaluation of Human Resources Management Systems (HRMS) and its Services and Support –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean identifying the IPOO (Input – Process – Output – Outcome) from the planning to the recruitment to the development and ultimately in retaining its human resources which are institutional assets, its evaluation and review of the Human Resources Management Systems (HRMS), its support and service processes that must be designed to cover all aspects of the quality system. This covers the policies, recruitment and development, appropriateness of workloads, competencies and capabilities definition and description, promotions and career path development,

professional and academic codes of conduct specifications. faculty and staff performance management system, including feedback to faculty and staff, supports high performance and focuses on students, stakeholders, and educational services, programs, and offerings. This should include how compensation, recognition, and related practices reinforce these objectives, including the overall objectives for student learning and development. As the Human Resources Management Systems (HRMS) should be systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of Human Resources Management Systems (HRMS) and its support and service processes quality comprehensively. Quality Audit of the Human Resources Management Systems (HRMS) deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure Human Resources Management Systems (HRMS) support and service processes quality. Quality assessment of the Human Resources Management Systems (HRMS) will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the standards and criteria. The determination of the level of the performance is done through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the learning resources support and service processes, systems and mechanisms after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the system.

- **Organization of the Human Resources Management Systems (HRMS), its Recruitment and its Support and Service Process –** This deals with the wider scope of the management aspect of the Human Resources Management Systems (HRMS) and its support and service processes in terms of POC[3] (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the Human Resources Management Systems (HRMS) and its support and service processes, what resources are needed rather than just planning for Human Resources Management Systems (HRMS) and its support and service process. The HRMS starts with the planning and staffing. This would entail the stakeholders' needs and requirement, the competencies and capabilities for a specific job description, the type of training and development offered, the demands and the nature of the job and job requirements and special needs specification and job environment needs to be identified and defined to develop the Human Resources Management Systems (HRMS) support and service processes in the planning, staffing, recruiting and developing of the human resources. The fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions. It highlights the management of the Human Resources Management Systems (HRMS) support and service processes, its evaluation and assessment and resources pertaining to a quality Human Resources Management Systems (HRMS) support and service processes in terms of its system and mechanisms and committee, organization and implementation, Human Resources Management Systems (HRMS) support and service processes context and content and strategies and key performance indicators of the quality practices in the organization and deployment of its Human Resources Management Systems (HRMS) support and service processes quality implementation.
- **Support in the Development and Personal Care and Assessment of the Human Resources Management Systems (HRMS) and its support and service processes and users of HRMS support and service process Indicators and Benchmarks –** This calls for the identification and deployment of the key performance indicators to serve as measurements of the Human Resources Management Systems (HRMS) and its support and service processes, systems and mechanisms performance that supports the stakeholders use of the learning resources. It calls for the description of how education and training is tied to its action plans, including how

education and training balance short and long term individual and organizational objectives. It is asked how it seeks and uses input on education and training needs and delivery from those most directly benefited – faculty, staff, student, and their supervisor and administrators. It is asked how it incorporates organizational learning and knowledge assets into its education and training. As Human Resources Management Systems (HRMS) quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key indicator is the use of stakeholders' assessment of the service is the "SERVQUAL – Service Quality Index" and the "Developmental Index – that looks at the progressive competencies, capability and capacity development of the human resources". These indices should be objective and constructive and can be used as an overall performance determination of the Human Resources Management Systems (HRMS) and its support and service process. Normally the level of Human Resources Management Systems (HRMS) support and service processes performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best in the industry or nearest competing administrative unit.

- **Discipline, Complaints and Dispute Resolution Management –** In the development and retaining the human resources, it does not mean that the human resource is totally perfect in their professional and academic bearings and code of conduct, or their overall satisfaction with the system. Appropriate channels, mechanism and measures must be developed to address the complaints and code of conduct infringement as to the appropriate ways and means to address the issue within the social norms, statutory laws and regulations governing the manpower management in the Kingdom of Saudi Arabia and the institutional governance, guidelines and regulatory requirements pertaining to manpower and human resource management, disciplinary, complaints and dispute resolutions.
- **Quality of Human Resources Management Systems (HRMS) and its support and service infrastructure and processes –** The quality of Human Resources Management Systems (HRMS) and its support and service infrastructure and process is normally denominated in terms of the Human Resources Management Systems (HRMS) infrastructure used, the human learning resources and its environment created to support Teaching, Learning and Research and Social Services. The key question is how the institution, college, programs or admkinistrative units determines the key factors that affect faculty and staff satisfaction, taking into account their diverse needs and expectations. The institution, college, programs or admkinistrative units is asked to describe formal and informal assessment methods and measures it uses to determine faculty and staff satisfaction and motivation. It is also asked to define its performance or outcome indicators to ensure that its faculty management, staff development and assessment meet the basic requirements and expectations to support or bring about effective and efficient management of the faculty. It also looks at the Teaching, Learning and Research and Social Services interactions supported by the Human Resources Management Systems (HRMS) support and service processes, the Teaching, Learning and Research and Social Services experience based on the context, the content and the strategies used to support the addition of value to the students by the Human Resources Management Systems (HRMS) support and service processes. This take-home value is the ultimate of the total learning experience. If the Human Resources Management Systems (HRMS) support and service processes of Teaching, Learning and Research and Social Services does not add value to the total learning experience, the overall Teaching, Learning and Research and Social Services is sabotaged. Total learning of the students and staffs by the Human Resources Management Systems (HRMS) support and service processes are only part of the total learning environment and value addition that forms the basic requirement in the quality of Teaching, Learning and Research and Social Services.

Criteria Requirements

Criterion 9.1 – Address and assess the performance of the Planning, Policy, Administration and Evaluation of the Human Resources Management Systems (HRMS) and its services, supports and infrastructures using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Planning, Policy, Administration and Evaluation of the Human Resources Management Systems (HRMS) and its services, supports and infrastructures of the institution, college or programs is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 9.2 – Address and assess the performance of the Organization and Recruitment Planning, Policy, Administration and Evaluation of the Human Resources Management Systems (HRMS) and its services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its performance level using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the performance level is done within scope of the quality assurance processes of the Organization and Recruitment Planning, Policy, Administration and Evaluation of the Human Resources Management Systems (HRMS) and its services, supports and infrastructures, systems and mechanisms of the institution, college or programs and its processes and its performance level in the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 9.3 – Address and assess the performance of the Personal and Career Development in terms of its services, supports and infrastructures, systems and mechanisms and processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Personal and Career Development in terms of its services, supports and infrastructures, systems and mechanisms and processes is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 9.4 – Address and assess the performance of the Quality of the HRMS and the disciplinary, complaints and disputes resolutions in terms of its services, supports and infrastructures, systems and mechanisms and processes, its audit and assessment methodology, tools and techniques used or systems and mechanisms deployed in evaluating the effectiveness and efficiency of the Quality of the HRMS and the disciplinary, complaints and disputes resolutions and its service and support processes using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of Quality of the HRMS and the disciplinary, complaints and disputes resolutions Processes is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 9

Standard 9 Employment Processes	
9.1	**Policy and Administration**
9.1.1	A desired staffing profile appropriate to the mission and nature of the institution, college or program should be approved by the governing body. (The profile should include matters such as age structure, gender balance where relevant, classification levels, qualifications, cultural mix and educational background, and objectives for Saudization.)

9.1.2	Regular comparisons at the institution, college or program should be made of current provision of teaching and other staff with the desired staffing profile and progress towards it should be monitored.
9.1.3	A comprehensive set of policies and regulations of the institution, college or program should be included in an employment handbook or manual and accessible to teaching and other staff. (It should include rights and responsibilities of teaching and other staff, recruitment processes, supervision, performance evaluation, promotion, counseling and support processes, professional development, and complaints, discipline and appeal procedures.)
9.1.4	Effective strategies should be used for succession planning in relation to leadership positions in the institution, college or program.
9.1.5	Teaching loads should be equitable across the institution, college or program, taking account of the nature of teaching requirements in different fields of study.
9.1.6	The level of provision of teaching staff in all programs (i.e. the ratio of students per teaching staff member calculated as full time equivalents) should be adequate for the programs offered and benchmarked against comparable student/teaching staff ratios at good quality Saudi Arabian and international institutions, colleges or programs.
9.1.7	Promotion policies and processes of the institution, college or program should be clearly documented and fair.
9.1.8	There should be appropriate delegations relating to employment processes across the institution, college or program and the exercise of these delegations should be monitored to ensure equitable treatment. (These delegations may relate to matters such as junior appointments, junior promotions, rewards for outstanding performance, and professional development opportunities.)
9.1.9	Indicators of successful administration of staffing and employment policies and faculty and staff performance should be established and compared with successful practice elsewhere.
9.1.10	The governing board of the institution, college or program should receive and consider annual reports from the responsible senior manager on implementation of policies and staffing and employment practices.
9.2 Recruitment	
9.2.1	Recruitment processes should ensure that teaching staff have the specific areas of expertise, and the personal qualities, experience and skill to meet teaching requirements and that other staff are appropriately qualified and experienced for their work.
9.2.2	When appointments are to be made through promotion or transfer within the institution, college or program rather than by external appointment, the appointments made should meet qualifications and skill requirements, and contribute to achievement of the desired staffing profile.
9.2.3	If a particular appointment can be made either from within or from outside the institution procedures should be used that ensure equitable treatment of all applicants (For example positions should be publicly advertised, internal candidates should be given adequate opportunity to apply, and judgments made should be equitable considering the experience, qualifications, and current levels of performance of the applicants.
9.2.4	Candidates for employment should be provided with full position descriptions and conditions of employment, together with general information about the institution and its mission and programs. (The information provided should include details of employment expectations, indicators of performance, and processes of performance evaluation.)
9.2.5	References should be checked, and claims of experience and qualifications verified before appointments are made.
9.2.6	The legitimacy of qualifications claimed by applicants through processes that consider the standing and reputation of the institutions from which they were obtained, taking account of recognition of qualifications by the Ministry of Higher Education.
9.2.7	In professional programs there should be sufficient teaching staff with successful experience in the relevant profession to provide practical advice and guidance to students about work place requirements.
9.2.8	New teaching staff should be given an effective orientation to ensure familiarity with the institution and its services, programs and student development strategies, and institutional priorities for development.
9.2.9	The level of provision of teaching staff (i.e. the ratio of students per teaching staff member calculated as full time equivalents) should be adequate for the program and benchmarked against comparable student/teaching staff ratios at good quality Saudi Arabian and international institutions.
9.3 Personal and Career Development	
9.3.1	Criteria and processes for performance evaluation should be specified and made known in advance to teaching and other staff.
9.3.2	Consultations about work performance should be confidential and supportive and occur on a formal basis at least once each year.
9.3.3	If performance is considered less than satisfactory clear requirements should be established for improvement.
9.3.4	Performance assessments of teaching and other staff should be confidential but should be documented and retained. Teaching and other staff should have the opportunity to include on file their own comments relating to these assessments, including points of disagreement.
9.3.5	Outstanding academic or administrative performance at any level of the institution should be recognized and rewarded.

9.3.6	All teaching and other staff should be given appropriate and fair opportunities for personal and career development.
9.3.7	Junior teaching and other staff with leadership potential should be identified and given a range of experiences to prepare them for future career development.
9.3.8	Promotion criteria should include contributions to the mission of the institution, and in the case of teaching staff include proper recognition of quality of teaching and efforts to improve it, and service to the institution and the community.
9.3.9	Assistance should be given in arranging professional development activities to improve skills and upgrade qualifications.
9.3.10	Appropriate training and professional development activities should be provided to assist with new programs or policy initiatives.
9.3.11	Teaching staff should be expected to participate in activities that ensure they keep up to date with developments in their field and the extent to which they do so should be monitored
9.4 Discipline, Complaints and Dispute Resolution	
9.4.1	Procedures in the institution, college or program for dealing with complaints about or by teaching or other staff, and resolving disputes among them, should be clearly specified in policies and regulations.
9.4.2	Procedures in the institution, college or program for resolving disputes (that cannot be settled by those directly involved) should include an initial step of conciliation by a person independent of the issue, with the possibility of referral to a committee or senior officer for determination if required.
9.4.3	Disciplinary processes in the institution, college or program for neglect of responsibilities, failure to comply with instructions, or inappropriate behavior should be specified in regulations and consistently followed.
9.4.4	Appropriate provision in the institution, college or program should be made in regulations for rights of appeal against disciplinary decisions.
9.4.5	Serious disputes in the institution, college or program should be dealt with through quasi-judicial processes that include provision and verification of evidence, and impartial judgments by a person or persons experienced in such procedures.

Part 2 – Results-based Performance Criterion

9.5 Institution specified Key Performance Indicators	
9.5.1	Proportion of teaching staff leaving the institution in the past year for reasons other than age retirement (NCAAA 24 – Means average and Level achieved based on survey)
9.5.2	Percentage of full-time faculty members participating in professional development activities during the past year (NCAAA 25 – Ratio average and Level achieved)
9.5.3	Percentage of full-time supporting staff participating in professional development activities during the past year
9.6 College or programs specified KPI	
(describe additional KPI used by college or programs and provide evidence or documentations of KPI achievement)	
9.6.1	(KPI specific to Institution, College or Program)
9.6.2	(KPI specific to Institution, College or Program)
9.6.3	(KPI specific to Institution, College or Program)
9.6.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 9

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative will need to provide a summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Employment Processes Description
9.1 Policy and Administration
9.2 Recruitment
9.3 Personal and Career Development
9.4 Discipline, Complaints and Dispute Resolution
9.5 Institution specified Key Performance Indicators
9.6 College or programs KPI

Part 1 – Process-based Performance Criterion

Description of the Standard 10

Teaching, Learning and Research and Social Services can be said to be the very reason for the existence or the "life and soul" of the institution, college, programs or administrative units. Teaching and Learning is the "life", Learning Resources, Facilities and Equipments are the "life support systems" and Research is the "life blood" of the institution, college, programs or administrative units. As part of key and fundamental mission of all higher education institutes, it must review, revise, recuperate and rejuvenate leading to its repositioning and research is the key mechanism that brings about these changes in improvements, in development and in innovations. This Standard highlights the importance of the Research and the Management of Quality Assurance for the Research and Improvement that emphasizes the importance of the mechanisms used in Research Planning and Management process through the Measurement of the Research achievement. In essence, what needs to be measured needs to be managed through the Research system or mechanism that is set up by the institution, college, programs or administrative units to manage the quality of its research through measurements of the research quality. The measurement of the Research systems and mechanisms represents The IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses its own research quality based on the EQA accreditation standards.

A broad and general categorization of research independent of the type and nature of research specific to disciplines can be classified into the following:

- **Institutional Research –** This type of research is done at the institutional, college or programs levels to get a full understanding of their own stakeholders' population, its profiling and characteristics and statistical profiled data to examine the profiles of its inputs, the processes that leads to the creation of the outputs, verifying and determining the cause and effects of distinguishing features of different population profiles based on the demographics, geographic and psychographics of their population. A better understanding of this can lead to the better addressing of the issues pertaining to specific populations and the finding of better ways and means to address the issues through better planned approaches.

- **Empirical Research –** This type of research is the most widely practiced by most faculty members to test a specific set of hypothesis through empirical or experimental testing to find some conclusive evidence that brings about the better understanding of the research problem. This type of research is normally based on a real world problem or issue.

- **Academic Research –** This type of research is more advanced in that they lead to the development of a new model or framework that is built on a foundation of strong empirical or experimental test or results, or just based on the vast source of secondary data of the literature review. This new model or framework is later tested through further empirical or experimental research to test the validity and reliability of the robustness of the model or framework.

- **Developmental Research –** This type of research should be one of the most widely practiced self-developmental researches, as a faculty member should never stop learning. This is normally aimed at the improvements of their teaching and learning context and contents in order to avoid the "frying the transparencies" and for the more high-tech "frying the power-points" syndrome without any changes to the teaching and learning contexts and contents even though the subject area has changed due to the dynamic changes.

As such, the research fundamental principle is to look at the overarching teaching and learning management principles that support the setup of the research systems, the committees, the

mechanisms, the processes and procedures and the people and the resources developed and utilized to implement research quality. It also looks at how the research quality is organized within the institution, college, programs or administrative units, what plans, policies, people, processes, procedures, standards, criteria and key performance indicators are developed and used as proxy measures of Research quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum Research standards and criteria in the IQA and the NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own internal research quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Oversight of Quality of Research –** This looks at the most fundamental overall responsibilities and accountabilities of the overall research system in the institution, college, programs or administrative units. What is performed and processed at the lower level sub-systems contributes to the overall achievement of the whole system. As such, there should be an alignment of the directions whereby the research as practiced and executed at all levels should be cohesive and coherent with a body that has an oversight to ensure this alignment through the institution research plan, that is cascaded down as college and programs research plans. The processes and procedures should be defined and streamlined to ensure that they go in the same direction and achieve the overall mission and goals of the unit in conformance with the internal and external requirements. The self-evaluations and assessment should be documented and reported to higher authorities to ensure conformance and compliance.
- **Institutional Research Policies, Research Planning and Development Process –** This deals with the wider scope of the management aspect of the Research planning and policies development in terms of POC[3] (Planning, Organizing, Communicating, Coordinating and Controlling). It means determining the management aspect of what and how to develop and implement the research systems and mechanisms, what resources are needed rather than just planning for what to research and how to research. The fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions for research. It highlights the management of the research plan and program, research plan program evaluation and assessment and its research resources pertaining to a quality research plan and program in terms of its research program and research committee organization and implementation, research program context, content and research strategies and key performance indicators of the quality practices in the organization and deployment of its research quality implementation. It looks at the allocation resources for research in its short- and long-term planning. Granted the limited resources factor there is a need to outline the mechanism of research funding from government, private, business and industrial sectors. It is asked how to create linkages and connections in order to have partnership with the government and private sectors especially the business-academia linkage.
- **Research Outcomes –** The very heart and soul of teaching and learning is that the research contributes to the development of not only the faculty members but the students, stakeholders and community. As such, the conduct of research should bring about a progressive built-up of the personal developmental qualities, competencies and capabilities and that also contribute to the benefits of others. Impact assessment is considered part of the overall assessment of researches in the area of their influences on policy or operational changes in the government, on the budget allocation in the industrial sectors, work units, important change in culture and social welfare, and on the percentage of revenue derived from researches. The outcome to be assessed is the success rate, as well as the time spent on researches which reflects the results of research training and research infrastructure deployment and to assess the faculty's researches which are well known and accepted by the government and private sectors.

- **Research Evaluation and Review Processes –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. This would mean that the IPOO (Input – Process – Output – Outcome) of the research plan and program development, the research plan, program, processes, procedures and people evaluation and review must be designed to cover all aspects of the research quality system. As a research system should be systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of research quality comprehensively. Quality Audit of research deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure program quality. Quality assessment of the research system will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the research standards and criteria, and determining the level of the research performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the research plan, program and systems after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the research plan, program and systems.
- **Research Assessment and Use of Program Indicators and Benchmarks –** This calls for the identification and deployment of the research key performance indicators to serve as measurements of the research performance. It needs to determine the percentage and the expected number of researches in each year; the rising trend, useful findings, quality research and innovative works that could be published to create variety in the knowledge body; that researches are up-to-date, and could be used for the development of the society and of the country. Its performance or outcome indicators needs to be defined to ensure that the research conducted and published meets the basic requirements and expectations required of a well established faculty. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key research indicator should be objective and constructive and can be used as an overall performance determination of the research conducted by the faculty members. Normally the level of research performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best research outputs and outcomes in the industry or nearest competing program.

- **Quality of Research –** The quality of research is normally denominated in terms of the infrastructure used, the environment created to induce research, the research interactions, the research experience based on the context, the content and the strategies used to ultimately create research value to the faculty member, its stakeholders, students and community. This take-home value is the ultimate of the research experience. If research does not add value to the researcher's competencies and capabilities development, something is researched into but nothing is learned as there is no indication of developmental improvements. A total research environment and research value addition forms the basic requirement in the quality of research.

- **Research Facilities and Equipment and Support for Improvements in Quality of Research –** To develop the research resources, the main question is the existence of opportunities and actions taken to support the improvement of the quality research. There are 2 sides of the research coin, the "hardware" and the "software". The "hardware" of research covers the availability and accessibility to research facilities and equipment for experimental research

and research resources in terms of appropriate and adequate funding internally or externally, or support from the community. It must not be assumed that all faculty members can research. Research is a passion and commitment to excellence. The path, the ways and the means, the research environments to further strengthen and develop the faculty in their research quality should be planned and managed. Mechanisms and systems must be set up to avail an opportunity for the faculty for self-development and further development in the research programs and infrastructure. This represents the "software" of research.

- **Research Development of the Teaching Staff and Student Involvement in Research –**A fundamental aspect of the teaching staff is the propensity and ability for more self and further development. A teaching staff cannot stop learning and should be open to the more inter-relationships across discipline. These can be done through the supported self-study, attending conferences and seminars, co-researching or just learning from others by being open minded. This is a basic requisite as the external environment is dynamic and ever changing. A teaching staff should not lag behind in terms of their own learning to improve on their own teaching and their own self-developmental research in their teaching and learning pedagogy, teaching context and context of their subject area. This should be expanded to incorporate the level of the students' involvement and capabilities in the research.

- **Interdisciplinary and joint with Other units and Institutions and Commercialization of Research –** As the world is becoming global, the local institution, college or programs are reaching out to more progressive interdisciplinary or joint research with their global partners. This is encouraged but should be within the context of appropriateness to the local needs and requirements and statutory compliance. Both research partnering entities should conform and meet the basic requirements in terms of research needs, research development, research audit and assessment and the systemic research quality assurance of the same standards and criteria. A unit or centre should be set up to develop these interdisciplinary researches or joint researches, and if possible to commercialize the research outcomes.

Criteria Requirements

Criterion 10.1 – Address and assess the performance of the commitment to quality assurance through the Oversight of Quality of Research, its planning and policies, its performance assessment on research through the audit and assessment methodology, tools and techniques applied using the ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Oversight of Quality of Research, its planning and policies and its performance assessment of research is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 10.2 – Address and assess the performance of the Research Development of the Teaching Staff and Student Involvement in Research, and its processes and its performance level using ADLI above when reviewing and assessing in terms of its audit and assessment methodology, tools and techniques used for each of the Items in this criterion and the requirements of the Items. The performance determination of the Research Development of the Teaching Staff and Student Involvement in Research and its processes and its performance level is done within scope of the quality assurance processes of the Research Development of the Teaching Staff and Student Involvement in Research in the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 10.3 – Address and assess the performance of the Interdisciplinary and joint with Other units and Institutions and Commercialization of Research processes in terms of its planning, development and the review process and system using ADLI above when

reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Interdisciplinary and joint with Other units and Institutions and Commercialization of Research is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 10.4 – Address and assess the performance of the Research Facilities and Equipment and Support for Improvements in Quality of Research systems and mechanisms deployed using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance of the Research Facilities and Equipment and Support for Improvements in Quality of Research systems and mechanisms Evaluation and Review Processes is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 10

Standard 10 Research	
0.1	**Institutional Research Policies**
10.1.1	Research development plans that are consistent with the nature and mission of the institution, college or program and the economic and cultural development needs of the region should be prepared and made widely available.
10.1.2	Research development plans of the institution, college or program should include clearly specified indicators and benchmarks for performance targets.
10.1.3	What is recognized as research of the institution, college or program should be clearly specified and consistent with international standards. (This normally includes both self-generated and commissioned activity, but requires creative original work, independently validated by peers, and published in media that are highly regarded by scholars in the field.)
10.1.4	Annual reports should be published on institutional research performance and records maintained of the research activities of individuals, departments and colleges of the institution, college or program.
10.1.5	Cooperation of the institution, college or program with local industry and with other research agencies should be encouraged. When appropriate these forms of cooperation should involve joint research projects, shared use of equipment, and cooperative strategies for development.
10.1.6	Mechanisms of the institution, college or program should be established to support collaboration and cooperation with international universities and research networks.
10.1.7	Policies of the institution, college or program should provide for the establishment, accountability, and periodic review of research institutes or centers.
10.1.8	The establishment of research institutes or centers of the institution, college or program should not inhibit research activity by others not involved in those organizations.
10.1.9	A high level committee of the institution, college or program should be established to monitor compliance with ethical standards and approve research projects with potential impact on ethical issues.
10.1.10	An adequate research budget is provided to enable the achievement of its research plan.
10.2	**Teaching Staff and Student Involvement in Research**
10.2.1	Expectations for teaching staff involvement in research and scholarly activities should be specified and performance in relation to these expectations considered in performance evaluation and promotion criteria. (For universities, criteria should require at least some research and/or appropriate scholarly activity of all full time teaching staff).
10.2.2	Support should be provided for junior teaching staff in the development of their research programs through mechanisms such as mentoring by senior colleagues, inclusion in project teams, assistance in developing research proposals, and seed funding.
10.2.3	Opportunities should be provided for postgraduate research students to participate in joint research projects.
10.2.4	Participation by research students in joint research projects should be appropriately acknowledged. When a significant contribution has been made reports and publications should indicate joint authorship.
10.2.5	Assistance should be given for teaching staff to develop collaborative research arrangements with colleagues in other institutions and in the international community.
10.2.6	Teaching staff should be encouraged to include information about their research and scholarly activities that are relevant to courses they teach in their teaching, together with other significant research developments in the field.
10.2.7	Strategies should be introduced for identifying and capitalizing on the expertise of teaching staff and postgraduate

	students in providing research and development services to the community and generating financial returns to the institution.
10.3 Commercialization of Research	
10.3.1	A research development unit or centre of the institution, college or program should be established with capacity to identify and publicize institutional expertise and commercial development opportunities.
10.3.2	Ideas with potential for commercial development should be critically evaluated by the institution, college or program.
10.3.3	Policies of the institution, college or program should be established for ownership of intellectual property and clear procedures set out for commercialization of ideas developed by staff and students. The policies should specify scales for equitable sharing of returns to the inventor(s).
10.3.4	A culture of entrepreneurship should be encouraged throughout the institution, college or program.
10.3.5	Regulations are established that require disclosure of pecuniary interest and avoidance of conflict in activities related to research.
10.4 Research Facilities and Equipment	
10.4.1	Adequate laboratory space and equipment, library and information systems and resources in the institution, college or program should be provided to support the research activities of teaching staff and students in the fields in which programs are offered.
10.4.2	An adequate budget should be available for research equipment and facilities in the institution, college or program.
10.4.3	Arrangements are made for joint ownership or shared access to major equipment items within the institution, college or program, and with other agencies.
10.4.4	Effective security systems in the institution, college or program should be established to ensure safety for researchers and their activities and for others in the institutional community and the surrounding area.
10.4.5	Policies in the institution, college or program should be established that make clear the ownership and responsibility for maintenance of equipment obtained through research grant applications, commissioned research or other cooperative ventures with industry or the outside community.

Part 2 – Results-based Performance Criterion

10.5 Institution specified Key Performance Indicators	
10.5.1	Number of refereed publications in the previous year per full time equivalent member of teaching staff. (Publications based on the formula in the Higher Council Bylaw excluding conference presentations) (NCAAA 26 - Ratio average and Level achieved)
10.5.2	Number of citations in refereed journals in the previous year per full time equivalent teaching staff. (NCAAA 27 - Ratio average and Level achieved)
10.5.3	Proportion of full time member of teaching staff with at least on refereed publications during the previous year (NCAAA 28 - Ratio average and Level achieved)
10.5.4	Evaluation of facilities and environment supporting research (Means average and Level achieved based on survey)
10.5.5	Ratio of internal research and innovation funds in proportion to the total number of full-time faculty members
10.5.6	Ratio of external research and innovation funds in proportion to the total number of full-time faculty members (NCAAA 30 - Means average and Level achieved)
10.5.7	Number of papers or reports presented in academic conferences during the past year per full time equivalent members of teaching staff (NCAAA 29 - Ratio average and Level achieved)
10.5.8	Number of research and innovations registered as intellectual property or patented within the past 5 years
10.5.9	Proportion of total operating funds spent on research (NCAAA 31 - Means average and Level achieved)
10.6 Additional KPI and Benchmarks as used	
(describe additional KPI or benchmarks used by college or programs and provide evidence or documentations of KPI achievement)	
10.6.1	(KPI specific to Institution, College or Program)
10.6.2	(KPI specific to Institution, College or Program)
10.6.3	(KPI specific to Institution, College or Program)
10.6.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 10

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Research Summary
10.1 Institutional Research Policies
10.2 Faculty and Student Involvement
10.3 Commercialization of Research
10.4 Facilities and Equipment
10.5 Institution specified Key Performance Indicators
10.6 College or programs specified KPI

Standard 11: Institutional Relationships with the Community

Part 1 – Process-based Performance Criterion

Description of the Standard 11

Teaching, Learning and Research and Social Services can be said to be the very reason for the existence or the "life and soul" of the institution, college, programs or administrative units. Teaching and Learning is the "life", Learning Resources, Facilities and Equipments are the "life support systems" and Research is the "life blood" of the institution, college, programs or administrative units. A key question is "Who benefits from what we do?" A HEI (Higher Education Institution) is very different from an ordinary business for profit or non-profit operation. The outputs and outcomes of the teaching, learning, research and social services affect the communities and stakeholders directly or indirectly as they develop and built the future citizens and leaders of tomorrow. The burden falls heavily and squarely on the shoulders of the academics and the institution, college, programs or administrative units. As part of key and fundamental mission of all higher education institutes, it must review, revise, recuperate and rejuvenate leading to its repositioning and an understanding of the stakeholders is the key mechanism that ensures that these changes in improvements, in development and in innovations meets the needs and requirements of the stakeholders. As such, the relationships with the communities and stakeholders represent the "life – lens that should not be myopic but have a long-term sighting of the ever dynamic changes to needs and requirements".

This Standard highlights the importance of the Stakeholders' and Communities Relationships' and the Management of Quality Assurance for the Stakeholders' and Communities Relationships that emphasizes the importance of the mechanisms used in Stakeholders' and Communities' Relationships Planning and Management process through the Measurement of the Stakeholders' and Communities' Relationships achievement. In essence, what needs to be measured needs to be managed through the Stakeholders' and Communities' Relationships system or mechanism that is set up by the institution, college, programs or administrative units to manage the quality of its Stakeholders' and Communities' Relationships through measurements of the Stakeholders' and Communities' Relationships quality. The measurement of the Stakeholders' and Communities' Relationships systems and mechanisms represents The IQA (Internal Quality Assurance) that addresses the "what and how" the institution, college, programs or administrative units addresses its own Stakeholders' and Communities' Relationships quality based on the EQA accreditation standards.

A broad and general categorization of the key stakeholders and communities can be classified into the following:

- ***Students –*** Stakeholder group that purchase and consume the educational products and services leading to a competent and qualified "total" graduate in terms of competence as defined in the KSA Qualification Framework

- ***Graduates –*** Stakeholder group that represents the "total" graduate who are intellectually, physically, emotionally, spiritually and morally competent to contribute to the development of the society and communities. This group normally forms the core "alumni" grouping who plays an important and very vocal group based on the outcomes of the educational offerings that they had undergone.

- ***Parents –*** Stakeholder group that represents the parental guidance of the students and graduates who can normally influence the choice or specifications of the outputs and outcome specifications of their care.

- ***Employment Market –*** Stakeholder group that utilizes the outputs of the institution and evaluate the outcomes of the graduates performance in terms of meeting the minimum specifications of knowledge, skills, behavior and values conformity and compliance.

- ***Interest Group –*** Stakeholder group that indirectly influence the outputs and outcomes of the graduates from the civic and societal values and social norms to be responsible contributors to societal and social development.

- ***Communities –*** Stakeholder group that are within the contiguous loci where the institution, college or program is located, as one of the main roles of a higher education institute is to ensure that the communities are involved and the actions of the institution contribute to the well-being and development of the communities.

As such, the Stakeholders' and Communities Relationships' fundamental principle is to look at the overarching teaching and learning management principles that support the setup of the Stakeholders' and Communities Relationships' systems, the committees, the mechanisms, the processes and procedures and the people and the resources developed and utilized to implement Stakeholders' and Communities Relationships' quality. It also looks at how the Stakeholders' and Communities Relationships' quality is organized within the institution, college, programs or administrative units, what plans, policies, people, processes, procedures, standards, criteria and key performance indicators are developed and used as proxy measures of Stakeholders' and Communities Relationships' quality, as quality being subjective cannot be measured directly. The KSU – QMS Handbook (3rd Edition, April 2012) represents the minimum Stakeholders' and Communities Relationships' standards and criteria in the IQA and the NCAAA represent the minimum standards and criteria in the EQA quality equation that should be used as the minimum point of reference when setting up their own Stakeholders' and Communities Relationships' quality assurance. Basically, the key is that the following are identified and defined for the institution/college/program or administrative units:

- **Oversight of Quality of Stakeholders' and Communities' Relationships –** This looks at the most fundamental overall responsibilities and accountabilities of the overall Stakeholders' and Communities' Relationships system in the institution, college, programs or administrative units. What is performed and processed at the lower level sub-systems contributes to the overall achievement of the whole system. As such, there should be an alignment of the directions whereby the Stakeholders' and Communities' Relationships as practiced and executed at all levels should be cohesive and coherent with a body that has an oversight to ensure this alignment through the institution Stakeholders' and Communities' Relationships plan, that is cascaded down as college and programs and administrative unit Stakeholders' and Communities' Relationships plans. The processes and procedures should

be defined and streamlined to ensure that they go in the same direction and achieve the overall mission and goals of the unit in conformance with the internal and external requirements. The self-evaluations and assessment should be documented and reported to higher authorities to ensure conformance and compliance.

- **Stakeholders' and Communities Relationships' Policies, Planning and Development Process –** This deals with the wider scope of the management aspect of the Stakeholders' and Communities' Relationships planning and policies development in terms of POC[3] (Planning, Organizing, Communicating, Coordinating and Controlling). Building student and stakeholder and communities relationships might include the development of partnerships or alliances (e.g., with businesses, the communities or other colleges). It means determining the management aspect of what and how to develop and implement the Stakeholders' and Communities' Relationships systems and mechanisms, what resources are needed rather than just planning for who to relate to, what to relate to and how to relate to. The fundamental principle is to look at the overarching management principles that support the PDCA cycle rather than just the ordinary administrative functions for Stakeholders' and Communities' Relationships. It highlights the management of the Stakeholders' and Communities' Relationships plan and program, Stakeholders' and Communities' Relationships program evaluation and assessment and its Stakeholders' and Communities' Relationships resources pertaining to a quality Stakeholders' and Communities' Relationships plan and program in terms of its Stakeholders' and Communities' Relationships program and Stakeholders' and Communities' Relationships committee organization and implementation, Stakeholders' and Communities' Relationships program context, content and Stakeholders' and Communities' Relationships strategies and key performance indicators of the quality practices in the organization and deployment of its Stakeholders' and Communities' Relationships quality implementation. It means determining the key requirements of the students, stakeholders, and market, and how it builds and keeps effective relationships with them, and the mechanism used to collect information and complaints. The key question is how the institution, college, programs or administrative units builds relationships with the students, stakeholders and market to increase learning and foster continuing interactions and positive referrals.
- **Stakeholders' and Communities Relationships' Interactions Outcomes –** The very heart and soul of teaching and learning is that the Stakeholders' and Communities' Relationships contributes to the development of not only the faculty members but the students, stakeholders and community. As such, the conduct of Stakeholders' and Communities' Relationships should bring about a progressive built-up of the Stakeholders' and Communities' Relationships that benefits others. Student and stakeholder satisfaction and dissatisfaction measurements might include both a numerical rating scale and descriptors for each unit in the scale. Actionable student and stakeholder and communities satisfaction measurements provide useful information about specific educational program and service features, delivery, interactions, and transactions that affect student, stakeholders and communities development and learning and students' and stakeholders' and communities' future actions (e.g., transfers or positive referrals). The key question is how are these relationsips bulit that leads to the interactions that should be bi-directional, contructive and developmental.
- **Stakeholders' and Communities Relationships' Evaluation and Review Processes –** As quality is systemic, it involves all the members in the institution, college, programs or administrative units system, and what and how it is cascaded to all the sub-systems. It means determining student and stakeholder and communities satisfaction and dissatisfaction, including how it captures actionable information that reflects students' and stakeholders' and communities' future interactions and potential for positive referrals. One should ask how one follows up on its interactions with students and stakeholders and communities to receive prompt and actionable feedback. The key question is how it obtains and uses information on student and stakeholder and communities satisfaction relative to satisfaction with other organizations, competitors and education community benchmarks so it can gauge its

performance in the market. This would mean that the IPOO (Input – Process – Output – Outcome) of the Stakeholders' and Communities' Relationships plan and program development, the Stakeholders' and Communities' Relationships plan, program, processes, procedures and people evaluation and review must be designed to cover all aspects of the Stakeholders' and Communities' Relationships quality system. As a Stakeholders' and Communities' Relationships system should be systematic, the detailed processes, policies, procedures and people must be spelt out and implemented cohesively and consistently and across board throughout the whole institution, college, programs or administrative units. It must comprehensively cover the audit, assessment and assurance of Stakeholders' and Communities' Relationships quality comprehensively. Quality Audit of Stakeholders' and Communities' Relationships deals with ensuring the existence of the processes, procedures, policies, people and resources, with its standards and criteria stated and implemented as a comprehensive system that are well-documented and well-evidenced to form an evidence – based mechanism to ensure program quality. Quality assessment of the Stakeholders' and Communities' Relationships system will use the well-documented and well-evidenced mechanism with specific key performance indicators to support its evaluation and assessment that they conform to and comply with the Stakeholders' and Communities' Relationships standards and criteria, and determining the level of the Stakeholders' and Communities' Relationships performance through the determination of variations or departure from the standards and criteria, that needs to be addressed and actioned on to bring about continuous improvement of the Stakeholders' and Communities' Relationships plan, program and systems after its audit and assessment. The assessment that brings about positive development and improvement would mean that the processes in place assure the existence of quality in the Stakeholders' and Communities' Relationships plan, program and systems.

- **Stakeholders' and Communities Relationships' Assessment and Use of Stakeholders' and Communities Relationships' Indicators and Benchmarks –** This calls for the identification and deployment of the Stakeholders' and Communities' Relationships key performance indicators to serve as measurements of the Stakeholders' and Communities' Relationships performance. Determining students', stakeholders' and communities' satisfaction and dissatisfaction might include the use of any or all of the following: surveys, formal and informal feedback, dropout rates, absenteeism, student conflict data, and complaints. Information might be gathered on the Web, through personal contact or a third party, or by mail. As quality is rather subjective and there is minimal direct ways and means to measure quality, normally proxy measures are used. These proxy measures are the alternative, substitute or near equivalent measures that must be developed and measure to provide a determination of the levels of performance. A key Stakeholders' and Communities' Relationships indicator should be objective and constructive and can be used as an overall performance determination of the Stakeholders' and Communities' Relationships conducted by the institution, college, programs or administrative units. Normally the level of Stakeholders' and Communities' Relationships performance, its trends and comparison must be determined and benchmarked with its historical data and performance, or the best Stakeholders' and Communities' Relationships outputs and outcomes in the industry or nearest competing institution, college, programs or administrative units.

- **Quality of Stakeholders' and Communities Relationships and Institutional Reputation –** The quality of Stakeholders' and Communities' Relationships is normally denominated in terms of the infrastructure used, the environment created to induce Stakeholders' and Communities' Relationships, the Stakeholders' and Communities' Relationships interactions, the Stakeholders' and Communities' Relationships experience based on the context, the content and the strategies used to ultimately create Stakeholders' and Communities' Relationships value to the institution, colleges, programs or administrative units, its stakeholders, students and community. This take-home value is the ultimate of the Stakeholders' and Communities' Relationships experience. If Stakeholders' and Communities' Relationships does not add value to the researcher's Stakeholders' and Communities' Relationships development, something is related to into but nothing is

developed and learned as there is no indication of developmental improvements. A total Stakeholders' and Communities' Relationships environment and Stakeholders' and Communities' Relationships value addition forms the basic requirement in the quality of Stakeholders' and Communities' Relationships. The higher the value of the relationship, the higher the reputational aspects of the institution, college or programs in the eyes of the stakeholders and communities.

Criteria Requirements

Criterion 11.1 – Address and assess the performance of the commitment to quality assurance through the Institutional Policies on Community Relationships, its planning, its performance assessment on research through the audit and assessment methodology, tools and techniques applied using the ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Institutional Policies on Community Relationships, its planning and its performance assessment of Institutional Policies on Community Relationships is done within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Criterion 11.2 – Address and assess the performance of the Interactions With the Stakeholders and the Communities, and its processes and its performance level using ADLI above when reviewing and assessing in terms of its audit and assessment methodology, tools and techniques used for each of the Items in this criterion and the requirements of the Items. The performance determination of the Interactions With the Stakeholders and the Communities and its processes and its performance level is done within scope of the quality assurance processes of the Interactions With the Stakeholders and the Communities in the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units and the NCAAA National Qualification Framework.

Criterion 11.3 – Address and assess the performance of the Quality of Stakeholders' and Communities Relationships and Institutional Reputation in terms of its planning, development and the review process and system and its reputation using ADLI above when reviewing and assessing each of the Items in this criterion and the requirements of the Items. The performance determination of the Quality of Stakeholders' and Communities Relationships and Institutional Reputation in terms of its planning, development and the review process and system and its reputation is in terms of its planning, development and the review process and system within the management of the quality assurance system for Teaching, Learning and Research and Social Services of the institution/college/programs or administrative units.

Requirements of Standard, Criteria and Items of Standard 11

Standard 11 Institutional Relationships with the Community	
11.1	**Institutional Policies on Community Relationships**
11.1.1	The service commitment of the institution, college or program should be relevant to and that reflects the community or communities within which it operates through the skills and abilities of its staff and included in its mission.
11.1.2	Policies on the institution, college or program service role should be developed and these policies should be supported in decisions made by senior administrators of the institution, college or program and coordination with responsible units in the institution to avoid duplication and possible confusion.
11.1.3	Annual reports should be prepared on the institution, college or program contributions to the community.
11.1.4	Contributions to the community by the institution, college or program should be included in promotion criteria and staff assessments.
11.1.5	Websites providing details of institutional structures and activities, including news items of potential interest to potential

	students and members of the wider community, are provided and kept up to date.
11.2	**Interactions With the Community**
11.2.1	Teaching and other staff should be encouraged to participate in forums in which significant community issues are discussed and plans for community development considered.
11.2.2	The institution and its colleges and departments should cooperate in the establishment of community support or professional service agencies relevant to the needs of the community, drawing on the expertise of staff members.
11.2.3	A range of community education courses by the institution, college or program should be provided in areas of interest and need.
11.2.4	Relationships should be established with local industries and employers to assist program delivery. (These may include, for example, placement of students for work-study programs, part time employment opportunities, and identification of issues for analysis in student project activities.)
11.2.5	Local employers and members of professions should be invited to join appropriate advisory committees considering programs and other institutional activities.
11.2.6	Continuing contact should be maintained with colleges in the community, offering assistance and support in areas of specialization, providing information about the institution's programs and activities and subsequent career opportunities, and arranging enrichment activities for the colleges.
11.2.7	Regular contact should be maintained with alumni, keeping them informed about institutional developments, inviting their participation in activities, and encouraging their financial and other support for new developments.
11.2.8	Advantage should be taken of opportunities to seek funding support from individuals and organizations in the community for research and other developments in the institution.
11.3	**Institutional Reputation**
11.3.1	A comprehensive strategy should be developed by the institution, college or program for monitoring and improving the reputation of the institution, college or program in the local and other relevant communities.
11.3.2	Clear guidelines should be established by the institution, college or program for public comments on behalf of the institution, normally restricting such comments to the Rector or Dean or a media office responsible to the Rector or Dean.
11.3.3	Guidelines should be established by the institution, college or program for public comments on community issues by members of staff, where such comments could be associated with the institution.
11.3.4	An institutional media office should be established by the institution, college or program with responsibility for managing media communications, seeking information about activities of the institution of potential interest to the community, and arranging for publication.
11.3.5	Community views about the institution, college or program and its activities should be sought and strategies developed for improving perceptions.
11.3.6	If issues or concerns about operational issues involving the institution, program or college are raised in public forums these should be dealt with immediately and objectively by the Rector or Dean or other designated senior members of faculty or staff.

Part 2 – Results-based Performance Criterion

11.4	**Institution specified Key Performance Indicators**
11.4.1	Evaluation of satisfaction of employers/ business operators/ users of graduates /alumni /parents/ graduates on competency of graduates (Means average and Level achieved based on survey)
11.4.2	Evaluation of the systems and mechanisms used in providing academic services to the society according to the goals of the institution, college or program (Means average and Level achieved based on survey)
11.4.3	Proportion of full time teaching and other staff actively engaged in community service activities (NCAAA 32 - Ratio average and Level achieved)
11.4.4	Number of community education program provided in proportion of the number of departments (NCAAA 32 - Means average and Level achieved)
11.5	**College or programs specified KPI**
(describe additional KPI or benchmarks used by college or programs and provide evidence or documentations of KPI achievement)	
11.5.1	(KPI specific to Institution, College or Program)
11.5.2	(KPI specific to Institution, College or Program)
11.5.3	(KPI specific to Institution, College or Program)
11.5.4	(KPI specific to Institution, College or Program)

Overall Assessment of Standard 11

Once the above Process-based and the Results-based criteria as discussed above have been audited and assessed, the institution/college/programs or administrative units will need to provide a summarized summative and aggregated overall performance of this Standard in the SSR.

Overall Assessment of Governance and Administration Summary
• 11.1 Institutional Policies on Community Relationships
11.2 Interactions With the Community
11.3 Institutional Reputation
11.4 Institution specified Key Performance Indicators
11.5 College or programs specified KPI

Appendix 1: SSR (Self – Study Report)

IQA Audit and Assessment Performance Report for Academic Year _____
Of
_____ (Institution/College/Program/Administrative Unit) _____

Please use the Self – Study Report format of NCAAA

Appendix 2: Quality Performance Assessment Report (QPAR) by Board of Assessors

Internal Quality Assurance for Academic Year _____

Quality Performance Assessment Report (QPAR) of the Internal Audit and Assessment by the Board of Assessors of _____ (Institution/College/Program/Administrative Unit) _____

The (Institution/College/Program/Administrative Unit) was audited and assessed on (date or dates). The internal audit and assessment were conducted by the members of the KSU – IQA Internal Audit and Assessment team appointed by the university as follows:

1. _____ (Chairperson)
2. _____ (Member)
3. _____ (Member)
4. _____ (Member)
5. _____ (Member)
6. _____ (Member)
7. _____ (Secretary)

Part 1: Report on the audit and assessment processes

"Provide a general description of what and how the audit and assessment were conducted at the Institution/College/Program/Administrative Unit by the IQA - IAAT. This would deal with the strategy and approach that the team use to conduct the audit and assessment of the Institution/ College/ Program/ Administrative Unit concerned"

Part 2: Overall performance assessment of the Institution/ College/ Program/ Administrative Unit

Table 2.1: Overall Performance Achievement Scoring for Standards 1 to 11

Scaled Scoring Performance	Weights and Scoring			
Standards	**Weights**	**Consensus Score of Assessed**	**Consensus Score of Assessors**	**Variance Between Assessed and Assessor**
○ Standard 1: Mission and Objectives	40			
○ Standard 2: Governance and Administration	50			
○ Standard 3: Management of Quality Assurance and Improvement	70			
○ Standard 4 Learning and Teaching	250			
○ Standard 5: Student Administration and Support Services	70			
○ Standard 6: Learning Resources	60			
○ Standard 7: Facilities and Equipment	60			
○ Standard 8: Financial Planning and Management	40			
○ Standard 9: Employment Processes	80			

○	Standard 10: Research	200			
○	Standard 11: Institutional Relationships with the Community	80			
Standards Overall Performance Score		**1000**			

Table 2.2: Performance Achievement Scoring for the Standards, Criteria and KPI

Scaled Scoring Performance	**Weights and Scoring**			
Standards, Criteria and KPI	**Weights**	**Consensus Score of Assessed**	**Consensus Score of Assessors**	**Variance between Assessed and Assessors**
○ *Standard 1: Mission and Objectives*				
1.1 Appropriateness of the Mission	6			
1.2 Usefulness of the Mission Statement	4			
1.3 Development and Review of the Mission	4			
1.4 Use of the Mission Statement	6			
1.5 Relationship Between Mission, Goals and Objectives	10			
1.6 Institution specified KPI	6			
1.7 College or Program Specified KPI	4			
Standard 1 Average Performance Score	**40**			
○ ***Standard 2: Governance and Administration***				
2.1 Governing Body	5			
2.2 Leadership	5			
2.3 Planning Processes	5			
2.4 Relationship Between Sections for Male and Female Students	4			
2.5 Integrity	4			
2.6 Policies and Regulations	5			
2.7 Organizational Climate	5			
2.8 Associated Centers and Controlled Entities	4			
2.9 Institution specified KPI	9			
2.10 College or Program Specified KPI	4			
Standard 2 Average Performance Score	**50**			
○ ***Standard 3: Management of Quality Assurance and Improvement***				
3.1 Institutional Commitment to Quality Improvement	7			
3.2 Scope of Quality Assurance Processes	7			
3.3 Administration of Quality Assurance Processes	18			
3.4 Use of Indicators and Benchmarks	6			
3.5 Independent Verification of Standards	6			
3.6 Institution specified KPI	18			
3.7 College or Program Specified KPI	8			
Standard 3 Average Performance Score	**70**			
○ ***Standard 4 Learning and Teaching***				
4.1 Oversight of Quality of Learning and Teaching	24			
4.2 Student Learning Outcomes	20			
4.3 Program Development Processes	18			
4.4 Program Evaluation and Review Processes	24			
4.5 Student Assessment	15			
4.6 Educational Assistance for Students	18			
4.7 Quality of Teaching	24			
4.8 Support for Improvements in Quality of Teaching	15			
4.9 Qualifications and Experience of Teaching Staff	15			
4.10 Field Experience Activities	24			
4.11 Partnership Arrangements with Other Institutions	17			
4.12 Institution specified KPI	33			
4.13 College or Program Specified KPI	14			
Standard 4 Average Performance Score	**250**			
○ ***Standard 5: Student Administration and Support Services***				
5.1 Student Admissions	12			
5.2 Student Records	8			
5.3 Student Management	8			
5.4 Planning and Evaluation of Student Services	7			

5.5	Medical and Counseling Services	6			
5.6	Extra Curricular Activities for Students	5			
5.7	Institution specified KPI	12			
5.8	College or Program Specified KPI	12			
	Standard 5 Average Performance Score	**70**			
○	***Standard 6: Learning Resources***				
6.1	Planning and Evaluation	15			
6.2	Organization	8			
6.3	Support for Users	7			
6.4	Resources and Facilities	9			
6.5	Institution specified KPI	12			
6.6	College or Program Specified KPI	9			
	Standard 6 Average Performance Score	**60**			
○	***Standard 7: Facilities and Equipment***				
7.1	Policy and Planning	6			
7.2	Quality of and Adequacy of Facilities	9			
7.3	Management and Administration	8			
7.4	Information Technology	11			
7.5	Student Residences	8			
7.6	Institution specified KPI	12			
7.7	College or Program Specified KPI	6			
	Standard 7 Average Performance Score	**60**			
○	***Standard 8: Financial Planning and Management***				
8.1	Financial Planning and Budgeting	9			
8.2	Financial Management	9			
8.3	Auditing and Risk Management	4			
8.4	Institution specified KPI	12			
8.5	College or Program Specified KPI	6			
	Standard 8 Average Performance Score	**40**			
○	***Standard 9: Employment Processes***				
9.1	Policy and Administration	20			
9.2	Recruitment	18			
9.3	Personal and Career Development	22			
9.4	Discipline, Complaints and Dispute Resolution	10			
9.5	Institution specified KPI	6			
9.6	College or Program Specified KPI	4			
	Standard 9 Average Performance Score	**80**			
○	***Standard 10: Research***				
10.1	Institutional Research Policies	45			
10.2	Faculty and Student Involvement	40			
10.3	Commercialization of Research	15			
10.4	Facilities and Equipment	25			
10.5	Institution specified KPI	45			
10.6	College or Program Specified KPI	30			
	Standard 10 Average Performance Score	**200**			
○	***Standard 11: Institutional Relationships with the Community***	12			
11.1	Institutional Policies on Community Relationship				
11.2	Interactions With the Community	24			
11.3	Institutional Reputation	24			
11.4	Institution specified KPI	16			
11.5	College or Program Specified KPI	4			
	Standard 11 Average Performance Score	**40**			
	Overall Standards Performance Score	**1000**			

This part contains the performance achievement assessment of the operation of the Institution/College/Program/Administrative Unit from the external evaluators' perspectives who are the IQA – IAAT appointed by the university. The internal audit and assessment is conducted and written based on the Statistics, Information, Documents (SID) and outcomes obtained using the 11 Standards, 58 Criteria and Items and 64 Generic KPI based on the Scaled Performance Scoring System as provided in the KSU – QMS (KSU Quality Management System Handbook – 1st Edition, May 2009).

This part should summarize the overall performance of the Institution/College/Program/Administrative Unit performance achievement based on the audit and assessment by this group of independent assessors. Table 2.1 should summarize the consensus score of the IQA – IAAT of overall performance of the Institution/College/Program/Administrative Unit being assessed, to determine any differences in the variance of the assessors and the assessed. Table 2.2 should summarize and to determine any differences in the variance of the assessors and the assessed in the consensus score of the Institution/College/Program/Administrative Unit and the details of the Standards, Criteria and Items of the assessors and assessed. In the descriptive report on the analysis of the performance of the Institution/College/Program/Administrative Unit, the percentage score should emphasize on and be discussed under the following headings:

2.1 DISCUSSION OF THE OVERALL PERFORMANCE:

"This calls for the audit, analysis and assessment of the overall performance based on what and how the Institution/College/Program/Administrative Unit has conducted its activities, and the critical evaluation of its performance based on the expectations and requirements of the KSU – QMS Quality Management System and the Quality Performance Assessment Report (QPAR) of the previous academic year. This should also discuss and analyze the outcome and achievement or performance indicators of the Institution/College/Program/Administrative Unit leading to the definitions of the strengths and opportunities of improvement of the Institution/College/Program/Administrative Unit. Make use of Tables 2.1 and 2.2 to support the discussions of the overall performance of the Institution/College/Program/Administrative Unit being audited and assessed."

"In the discussion of the overall performance achievement of all the standards as a whole in Part 2 and the performance for each standard and criteria, Items and KPI in the later sections in Part 3, the audit and assessment should be based on 2 sets of assessment criteria:

- ***Process – Oriented Values or Process – Based Scoring guidelines**: This looks at the performance of the Inputs and Processes from the **A** (**Approach** – of what and how the standards are addressed through the systems, mechanisms, tools, techniques, frameworks used), **D** (**Deployment** – of what and how the resources are requisitioned, developed and utilized, and its effectiveness and efficiency identified and measured to support the success of the approach used), **L** (**Learning** – what and how the measurements bring about continuous improvements and innovations) and **I** (**Integration** – what and how the approaches across the same standard and across the different standards or areas of performance are aligned or integrated with each other).*
- ***Results – Oriented values or Results – Based guidelines:** This looks at the performance of the Outputs and Outcomes from the **Le** (**Level of Performance** – the degree of achievements over the 6 levels), **T** (**Trend** – preferably 3 years performance trends of the results and evidence of performance), **C** (**Comparison** – the degree whereby the results, its outputs and outcomes are compared within or across comparative or competitive benchmarks performance), and **I** (**Integration** – the degree whereby the results are integrated or aligned within and across the different standards and criteria or areas or performance).*

2.1.1 Overall Annual Performance

"This calls for the discussion of the overall performance of the Institution/College/Program/Administrative Unit being audited and assessed based on all the Standards requirements in terms of the evidence or data used to support the performance of the Institution/College/Program/Administrative Unit. Focus on the overall Standard requirement rather than the individual Criteria or Item Requirement, but use the Criteria and Items requirements to reach an overall conclusion of the performance. Use the Process-Oriented Values and the Results-Oriented Values to come to a summative discussion of the overall performance."

2.1.2 Commendations or Strengths or Achievements

"This calls for the discussion of the identifications of areas that are performed well and can be accorded commendations or represents the strengths or competency of the Institution/College/Program/Administrative Unit based on all the Standards

requirements in terms of the evidence or data used to support the achievements of the Institution/College/Program/Administrative Unit being audited and assessed. Focus on the strengths or commendations using the overall Standard requirement rather than the individual Criteria or Item Requirement, but use the Criteria and Items requirements to reach an overall set of commendations or strengths displayed. Use the Process-Oriented Values and the Results-Oriented Values to come to summative identifications of these commendations or strengths or achievements."

2.1.3 Opportunities for Improvements or Innovations

"This calls for the discussion of the identifications of areas that could have performed better and that merits improvements in the Institution/College/Program/Administrative Unit based on all the Standards requirements in terms of the evidence or data used to need for improvements or innovations of the Institution/College/Program/Administrative Unit. Focus on the areas or opportunities for improvements using the overall Standard requirement rather than the individual Criteria or Item Requirement, but use the Criteria and Items requirements to reach an overall set of opportunities for improvement. Use the Process-Oriented Values and the Results-Oriented Values to come to summative identifications of these areas or opportunities of improvements and innovations"

Part 3: Standards Performance Assessment

This should discuss in-depth the performance evaluation of each of Standards, Criteria, Items and KPI. The performance data should be summarized in a table starting from Table 3.1 to Table 3. 11, 1 table for each of the Standard, Criteria and KPI. In the descriptive report of the analysis of the performance of each of the Standard, Criteria and KPI of the Institution/College/Programs/Administrative Units, the overall performance achievement score should emphasize on the goals set and goals achievement leading to its development and effectiveness, and the performance scoring of each of the criteria and overall performance of the standard. The general requirements for each of the Standard and Criteria are discussed under the following headings:

a. DISCUSSION OF THE PERFORMANCE OUTCOME for Standards 1 to 11:

"This calls for the analysis of each Standard, Criteria, Items and KPI and Benchmark performance based on what and how the Institution/College/Programs or Administrative Unit has conducted its activities in the academic year. The critical evaluation of its performance based on the expectations and requirements of each of the Standard, Criteria, Items and KPI and Benchmark as defined in the KSU – QMS and the QPAR report of the previous academic year. This should also discuss and analyze the performance outcomes and achievements or performance indicators of the Institution/College/Programs or Administrative Unit leading to the definitions of the strengths or opportunities for improvement of the department or College based on the evidence or data set used to support the audit and assessment leading to the overall performance achievement."

b. DISCUSSION OF COMMENDATIONS OR STRENGTHS for Standards 1 to 11:

"Based on the overall performance, the Institution/College/Programs or Administrative Unit should identify areas whereby it had performed well and that represents areas of strengths or competency of the Institution/College/Programs or Administrative Unit. Based on these strengths or competencies, the Institution/College/Programs or Administrative Unit should come up with a set of action plans that further strengthens the position of the Institution/College/Programs or Administrative Unit. These actions plans should be actionable and achievable, and at the same time concrete and feasible for each of the Standard to bring about innovations rather than continuous improvement. The discussion here would be more in-depth, specific and related to each of the Standard, Criteria, Items and KPI requirements."

c. DISCUSSION OF OPORTUNITIES FOR IMPROVEMENT for Standards 1 to 11:

"Based on the overall performance, the Institution/College/Programs or Administrative Unit should identify areas or opportunities for improvement or innovations and should come up with a set of recommendations and action plans that are actionable and achievable, and at the same time concrete and feasible for each of the Standard to bring about continuous improvement. The discussion here would be more in-depth, specific and related to each of the Standard, Criteria, Items and KPI requirements."

d. STATISTICS, INFORMATION, DOCUMENTS (SID) evidence supporting performance assessment

"Provide a list of Statistics, Information, Data-sets or documents as part of the appendix to substantiate or support the performance assessment or the rationale of the consensus scores and to substantiate that the performance outcomes, the strengths and opportunities for improvement are based on verifiable and concrete evidence. Normally, the performance scoring and assessment would merit a range based on the criteria requirements of the Process-Oriented or Results-Oriented Scoring guidelines. The full details of the data and evidence should be found in the Annual Report and the Annual Operation Plan"

Table 3.1: Performance Assessment of Standard 1

Scaled Scoring Performance	Weights and Scoring						
Standards, Criteria and KPI	Weights	Consensus Score	Goals Set	Goals Achieved	Development	Effectiveness	Overall Performance
○ *Standard 1: Mission and Objectives*							
1.1 Appropriateness of the Mission	6						
1.2 Usefulness of the Mission Statement	4						
1.3 Development and Review of the Mission	4						
1.4 Use of the Mission Statement	6						
1.5 Relationship Between Mission, Goals and Objectives	10						
1.6 Institution specified KPI	6						
1.7 College or Program specified KPI	4						
Standard 1 Average Performance Score	**40**						

a. Standard 1, Criteria, Items and KPI performance outcome

"This calls for the analysis of this Standard , its Criteria, Items and KPI and Benchmark performance based on what and how the Institution/College/Programs or Administrative Unit has conducted its activities in the academic year. The critical evaluation of its performance based on the expectations and requirements of this Standard, its Criteria, Items and KPI and Benchmark as defined in the KSU – QMS and the QPAR report of the previous academic year. This should also discuss and analyze the performance outcomes and achievements or performance indicators of the Institution/College/Programs or Administrative Unit leading to the definitions of the strengths or opportunities for improvement of the department or College based on the evidence or data set used to support the audit and assessment leading to the overall performance achievement of this Standard."

b. Standard 1, Criteria, Items and KPI Commendations or Strengths

"Based on the overall performance, the Institution/College/Programs or Administrative Unit should identify areas whereby it had performed well and that represents areas of strengths or competency of the Institution/College/Programs or Administrative Unit. Based on these strengths or competencies, the Institution/College/Programs or Administrative Unit should come up with a set of action plans that further strengthens the position of the Institution/College/Programs or Administrative Unit. These actions plans should be actionable and achievable, and at the same time concrete and feasible for each of the Standard to bring about innovations rather than continuous improvement. The discussion here would be more in-depth, specific and related to the Standard, Criteria, Items and KPI requirements."

c. Standard 1, Criteria, Items and KPI Opportunities for Improvement

"Based on the overall performance, the Institution/College/Programs or Administrative Unit should identify areas or opportunities for improvement or innovations and should come up with a set of recommendations and action plans that are actionable and achievable, and at the same time concrete and feasible for each of the Standard to bring about continuous improvement. The discussion here would be more in-depth, specific and related to this Standard, its Criteria, Items and KPI requirements."

d. Standard 1, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

"Provide any recommendations as to the use of an evidenced – based approach and the use of SID or evidence used to arrive at the overall performance assessment"

Table 3.2: Performance Assessment of Standard 2

Scaled Scoring Performance	**Weights and Scoring**						
Standards, Criteria and KPI	**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**
○ ***Standard 2: Governance and Administration***							
2.1 Governing Body	5						
2.2 Leadership	5						
2.3 Planning Processes	5						
2.4 Relationship Between Sections for Male and Female Students	4						
2.5 Integrity	4						
2.6 Policies and Regulations	5						
2.7 Organizational Climate	5						
2.8 Associated Centers and Controlled Entities	4						
2.9 Institution specified KPI	9						
2.10 College or Program specified KPI	4						
Standard 2 Average Performance Score	**50**						

a. Standard 2, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 2, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 2, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 2, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.3: Performance Assessment of Standard 3

Scaled Scoring Performance	**Weights and Scoring**						
Standards, Criteria and KPI	**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**
○ ***Standard 3: Management of Quality Assurance and Improvement***							

3.1	Institutional Commitment to Quality Improvement	7						
3.2	Scope of Quality Assurance Processes	7						
3.3	Administration of Quality Assurance Processes	18						
3.4	Use of Indicators and Benchmarks	6						
3.5	Independent Verification of Standards	6						
3.6	Institution specified KPI	18						
3.7	College or Program specified KPI	8						
	Standard 3 Average Performance Score	**70**						

a. Standard 3, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 3, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 3, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 3, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.4: Performance Assessment of Standard 4

Scaled Scoring Performance		**Weights and Scoring**						
Standards, Criteria and KPI		**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**
○	***Standard 4 Learning and Teaching***							
4.1	Oversight of Quality of Learning and Teaching	24						
4.2	Student Learning Outcomes	20						
4.3	Program Development Processes	18						
4.4	Program Evaluation and Review Processes	24						
4.5	Student Assessment	15						
4.6	Educational Assistance for Students	18						
4.7	Quality of Teaching	24						
4.8	Support for Improvements in Quality of Teaching	15						
4.9	Qualifications and Experience of Teaching Staff	15						
4.10	Field Experience Activities	24						
4.11	Partnership Arrangements with Other Institutions	17						
4.12	Institution specified KPI	33						
4.13	College or Program specified KPI	14						
	Standard 4 Average Performance Score	**250**						

a. Standard 4, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 4, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 4, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 4, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.5: Performance Assessment of Standard 5

Scaled Scoring Performance	Weights and Scoring						
Standards, Criteria and KPI	Weights	Consensus Score	Goals Set	Goals Achieved	Development	Effectiveness	Overall Performance
○ ***Standard 5: Student Administration and Support Services***							
5.1 Student Admissions	12						
5.2 Student Records	8						
5.3 Student Management	8						
5.4 Planning and Evaluation of Student Services	7						
5.5 Medical and Counseling Services	6						
5.6 Extra Curricular Activities for Students	5						
5.7 Institution specified KPI	12						
5.8 College or Program specified KPI	12						
Standard 5 Average Performance Score	**80**						

a. Standard 5, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 5, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 5, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 5, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.6: Performance Assessment of Standard 6

Scaled Scoring Performance	Weights and Scoring						
Standards, Criteria and KPI	Weights	Consensus Score	Goals Set	Goals Achieved	Development	Effectiveness	Overall Performance
○ ***Standard 6: Learning Resources***							
6.1 Planning and Evaluation	15						
6.2 Organization	8						
6.3 Support for Users	7						
6.4 Resources and Facilities	9						
6.5 Institution specified KPI	12						
6.6 College or Program specified KPI	9						
Standard 6 Average Performance Score	**60**						

a. Standard 6, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 6, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 6, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 6, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.7: Performance Assessment of Standard 7

Scaled Scoring Performance	**Weights and Scoring**						
Standards, Criteria and KPI	**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**
○ ***Standard 7: Facilities and Equipment***							
7.1 Policy and Planning	6						
7.2 Quality of and Adequacy of Facilities	9						
7.3 Management and Administration	8						
7.4 Information Technology	11						
7.5 Student Residences	8						
7.6 Institution specified KPI	12						
7.7 College or Program specified KPI	6						
Standard 7 Average Performance Score	**60**						

a. Standard 7, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 7, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 7, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 7, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.8: Performance Assessment of Standard 8

Scaled Scoring Performance	**Weights and Scoring**						
Standards, Criteria and KPI	**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**

o	***Standard 8: Financial Planning and Management***							
8.1	Financial Planning and Budgeting	9						
8.2	Financial Management	9						
8.3	Auditing and Risk Management	4						
8.4	Institution specified KPI	12						
8.5	College or Program specified KPI	6						
	Standard 8 Average Performance Score	**40**						

a. Standard 8, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 8, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 8, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 8, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.9: Performance Assessment of Standard 9

Scaled Scoring Performance		**Weights and Scoring**						
	Standards, Criteria and KPI	**Weights**	**Consensus Score**	**Goals Set**	**Goals Achieved**	**Development**	**Effectiveness**	**Overall Performance**
o	***Standard 9: Employment Processes***							
9.1	Policy and Administration	20						
9.2	Recruitment	18						
9.3	Personal and Career Development	22						
9.4	Discipline, Complaints and Dispute Resolution	10						
9.5	Institution specified KPI	6						
9.6	College or Program specified KPI	4						
	Standard 9 Average Performance Score	**80**						

a. Standard 9, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 9, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 9, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 9, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.10: Performance Assessment of Standard 10

Scaled Scoring Performance	Weights and Scoring						
Standards, Criteria and KPI	Weights	Consensus Score	Goals Set	Goals Achieved	Development	Effectiveness	Overall Performance
○ ***Standard 10: Research***							
10.1 Institutional Research Policies	45						
10.2 Faculty and Student Involvement	40						
10.3 Commercialization of Research	15						
10.4 Facilities and Equipment	25						
10.5 Institution specified KPI	45						
10.6 College or Program specified KPI	30						
Standard 10 Average Performance Score	**200**						

a. Standard 10, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 10, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 10, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 10, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Table 3.11: Performance Assessment of Standard 11

Scaled Scoring Performance	Weights and Scoring						
Standards, Criteria and KPI	Weights	Consensus Score	Goals Set	Goals Achieved	Development	Effectiveness	Overall Performance
○ ***Standard 11: Institutional Relationships with the Community***							
11.1 Institutional Policies on Community Relationship	12						
11.2 Interactions With the Community	24						
11.3 Institutional Reputation	24						
11.4 Institution specified KPI	16						
11.5 College or Program specified KPI	4						
Standard 11 Average Performance Score	**80**						

a. Standard 11, Criteria, Items and KPI performance outcome

As above in Standard 1

b. Standard 11, Criteria, Items and KPI Commendations or Strengths

As above in Standard 1

c. Standard 11, Criteria, Items and KPI Opportunities for Improvement

As above in Standard 1

d. Standard 11, Criteria, Items and KPI Statistics, Information, Documents (SID) evidence supporting performance assessment

As above in Standard 1

Part IV. Acknowledgement and Authorized Signatures of both assessors and assessed

Signed on behalf of Board of Assessor members by:

_____

(Name)
Chairperson of KSU Board of Assessor

Reported by

_____

(Name)
Secretary of KSU Board of Assessor

Acknowledged on behalf of unit audited and assessed by:

_____

(Name)
Dean/Director

Appendix 3: Glossary of Terminologies and Concepts

Concepts and Terminology for Use in Accreditation and Quality Assurance in Saudi Arabia and in the KSU – QMS

Source: NCAAA (2008), *Handbook for Quality Assurance and Accreditation in Saudi Arabia, Part 1 – The System for Quality Assurance and Accreditation*, NCAAA, March 2008 and National Institute of Science and Technology (2008), *MBNQA Education Criteria for Performance Excellence,* Step-by-Step Instructions for INDEPENDENT REVIEW Scorebook Preparation, 2008 and NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence,* National Institute of Standards and Technology, US Department of Commerce, Washington, DC. Available at: www.nist.gov/

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. The definitions are shown in italics, followed by explanatory notes. The KSU – QMS has adopted these definitions and terminology without any changes as they form the fundamentals of the supervising NCAAA that prevails. Some of those that are not unique to NCAAA but are from other sources are referenced as such.

Accountability

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

In post secondary education an institution is usually "accountable" and must provide reports to a government or government agency that provides it with funds or approves its establishment. Within an institution faculty and staff are "accountable" to senior management and senior management in turn is responsible to a Board or Council.

In systems of accreditation and quality assurance there is usually a separation of the organizations responsible for institutional accountability and those responsible for independent quality assessment.

Accreditation

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

To be accredited, institutions or programs must comply with generally expected standards of good practice. The Commission has defined the standards it will apply in two documents, *Standards for Quality Assurance and Accreditation in Higher Education Institutions* and *Standards for Quality Assurance and Accreditation in Higher Education Programs*. Reference is also made to several other documents including a *National Qualifications* Framework that describes expected general standards of learning outcomes in four domains of learning and a statement showing the application of these standards to distance education programs. Standards for technical training are in preparation. These statements are expressed in general terms applicable to all fields of study. It is also necessary for programs to meet requirements for professional practice in many professional fields. Details of these requirements are not yet available from the Commission. Until they are available institutions are expected to give consideration to the requirements of specialized international accreditations in the field of study concerned. Accreditation may be given initially on a provisional basis, and this will normally be done when plans for a new program or institution are considered. After a program has been in operation for sufficient time for the first group of students to complete their program a review will be conducted, the provisional designation may be removed and the program given full accreditation. Accreditation will normally be valid for a period of five years after which programs will need to be reviewed for reaccreditation on a five yearly basis.

In the quality assurance systems of different countries there are several different forms of accreditation See descriptions of institutional accreditation, program accreditation, professional accreditation, provisional accreditation, and international accreditation.

Alignment

Alignment refers to the consistency of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. It requires the use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organization level, the key process level, and the work unit level.

Approach

Approach refers to the methods used by the institution, college or programs or administrative units to address the Standard and Criteria and Item requirements in all the Standards. Approach includes the appropriateness of the methods to the Criteria and Item requirements.

Assessment

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

Assessment is commonly applied in two different contexts: the assessment of students' performance on tests or examinations or other assigned tasks in order to measure their achievement of intended learning outcomes; and the process of measuring the quality of performance of elements within an educational institution.

In the second of these senses the term is used for assessment of quality of teaching, the effectiveness of a program or a course in achieving its objectives, or the effectiveness of many other elements of an institution's operations. Standards of performance for the purposes of these assessments can be derived from different sources, but from the perspective of the Commission in carrying out its accreditation and approval responsibilities the standards are defined in the documents it has approved for these purposes, particularly the *National Qualifications Framework* and the *Standards for Quality Assurance and Accreditation of Higher Education Institutions.*

Audit

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

The term "audit" is widely used for financial audits conducted by an independent authority to certify the accuracy of financial reports and compliance with accounting standards.

In post secondary quality systems the term is used for external independent reviews of an institution's quality and the processes of quality assurance it has established. These reviews are principally based on reports of self-studies carried out by an institution, and, like financial audits, verify the conclusions of those self studies. Although standards of good practice are considered in this process, in a quality audit it is customary to give particular attention to the objectives established by an institution and to report on whether the processes used in an institution are effective in achieving those objectives.

Benchmarks

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

Benchmarks may be current levels of performance at an institution (for example, the current completion rate for students in business studies), standards established by an external agency, or standards of performance at another institution or group of institutions selected for comparison. (For example, the number of research publications per full time academic staff member at the University of xxxxx). An institution may select another institution similar to itself as a benchmark against which it can compare the quality of its work, or particular parts of an institution against which equivalent groups within their own institution can be compared. It is usually considered desirable in making these comparisons to use indicators (such as those noted above) that can be stated in specific terms.

Blended Learning

A program in which students are taught through a combination of regular on campus instruction and distance education or packaged materials.

Arrangements can be made for blended modes of instruction in a variety of ways including a regular on campus course in which sections of the course are taught using packaged self contained materials, or a program in which some courses are taught using distance education methodology and some through on campus lectures, tutorials of other face to face methodology. In situations where blended approaches are used appropriate forms of student assistance and support must be provided to support students learning in both forms of instruction.

Comparisons (C)

Comparisons refer to how the institution, college, programs or administrative units' results compare with the results of other organizations. Comparisons can be made to the results of competitors, organizations providing similar products and services, industry averages, or best-in-class organizations. The maturity of the organization should help determine what comparisons are most relevant.

Credits

Points or hours allocated by an institution to specify the work requirements, or the volume or amount of learning expected for a unit, subject or program of study.

It is common practice to assign a number of credits to units or courses within a program and to specify a number of credits for a total program. Credits may be associated with program inputs such as hours of instruction, laboratory work, or expectations for time spent in self-directed study. The term "credit hours" is used in these systems based on formulae that give differing levels of recognition for formal instruction, laboratory or tutorial participation, and practical work. In some other systems the term "credit points" is used for the notional amount of learning achieved by an average learner over a period of time. The number of credits allocated for a particular amount of work or learning varies between countries. For example some countries use the American based Carnegie credit hour system which allocates 30 credit hours for the amount of academic work normally expected in a full time academic year of study at undergraduate level. Some other countries use 120 points for an equivalent volume of learning. Common practice in the Kingdom of Saudi Arabia is to use 30 credit hours (or slightly more depending on the number of contact hours and mode of instruction) for the work expected in an academic year.

Deployment

Deployment refers to the extent to which an approach is applied in addressing the Standard and Criteria and Item requirements in all the Standards. Deployment is evaluated on the basis of the breadth and depth of the application of the approach to relevant work units throughout the institution, college or programs.

Distance Education

A mode of teaching and learning in which students undertake a major proportion of their studies on an individual basis at a location or locations away from a campus of an institution.

Student learning may be supported by print or electronic materials, and a variety of mechanisms are sometimes used for interaction between students, through the internet, video or radio linkages, or periodic study group activities in appropriate locations. Similarly interaction with faculty may take a variety of forms.

A distance education institution is one offers that offers all its programs by distance education (whether through print-based materials or through electronic learning or a combination of both) to students who do not attend classes on camp us, but instead study in their own locations, often at a time of their own choosing. Where combinations of distance education processes or packaged self contained materials are used within courses, or for different courses within a program, the terms blended learning or dual mode instruction are frequently used

to describe what is done. Dual mode institutions are ones that offer a combination of distance education and campus based programs.

Domains of Learning

Broad categories of types of learning expected in a program of study.

Descriptions of the knowledge and skill students are expected to gain in a program are grouped into broad categories called domains. Although the number and titles for these groupings vary, domains commonly include five to seven broad categories that involve different types of learning and strategies for teaching and assessment of learning in those categories. The domains used in the higher education component of the *National Qualifications Framework* for Saudi Arabia are Knowledge, (the ability to recall and present information), Cognitive Skills (the ability to apply concepts and principles in thinking and problem solving), Interpersonal Skills and Responsibility, (the ability to work effectively in groups, exercise leadership, and take responsibility for their own independent learning, and the ethical and moral development that is associated with these abilities), and Communication, Information Technology and Numerical Skills (including basic mathematical and communication skills and ability to use communications technology). Psychomotor skills are very important in some fields of study and are considered as an additional domain where relevant to the program concerned.

Dual Mode Institution

Dual mode institutions are institutions that offer some programs to students through distance education and some through traditional campus based instruction.

It is increasingly common for institutions to use electronic materials and learning packages as supplements to the methods of instruction in campus based studies and these may take a variety of forms. Where this is done the approach may have many similarities to distance education methodology. However the terms "dual mode" is normally used for institutions that offer both off campus distance education programs and campus based instruction.

Evaluation

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

The term evaluation is sometimes used interchangeably with assessment but it has a slightly different meaning associated with judgments about the quality or value of the matter being considered. The "valuing" component of consideration may be more open ended and interpretive than an assessment which in normally associated with measurement of performance in relation to fixed and predetermined standards.

External Quality Assurance

Processes of review and evaluation of institutions and their programs and activities by an independent external agency.

External quality assurance normally involves periodic, independent peer reviews based on reports of internal self-studies and designed for the dual purposes of assessing quality and validating the conclusions of internal studies.

External quality assessments are usually more selective than internal reviews, and may pay particular attention to student learning outcomes and other matters identified as policy priorities by the institution, or by the government or government to which the institution is responsible. External quality assurance may involve consideration of selected key performance indicators to be used in reviews on a national basis.

Goals or Aims

General statements of desired developments, which apply a mission to broad areas of activity and provide a guide for establishing objectives and detailed planning.

Goals or aims fall between mission, which defines a broad overall purpose, and specific objectives established as targets for achievement and which usually describe specific measurable outcomes by a specified time. They may relate to any aspect of an institution's activities.

Inputs

The resources available to and used by an institution to provide its programs.

Inputs include financial resources, facilities and equipment, faculty, and students. Indicators of quality of faculty as an input could include the number of faculty and their levels of qualifications and staff/student ratios. Indicators of equipment as an input could include such things as the ratio of computer terminals to students, or proportions of down time due to equipment malfunction.

Until recently quality assurance systems have relied heavily on input indicators as measures of quality, using things such as financial resources, qualifications of faculty, extent of library collections and availability of computer equipment. However although these are still important as enabling provisions, emphasis has shifted towards outcome measures relating to the quality of research and student learning outcomes.

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.

Approval of an institution will normally specify the fields of study the institution is able to offer and the levels at which that can be done. The final license issued to permit the institution to operate will specify the levels and range of programs it is permitted to offer. For example a college may be accredited to offer programs in business studies and engineering up to the level of bachelor, and in applied science up to the level of diploma. A university focusing on those particular fields may be approved to offer programs up to doctoral level in science, engineering and business and up to master's level in social sciences.

Institutional approval indicates that an institution is considered to have the capacity to offer programs in designated fields of study up to the level specified. The final license will formally specify what it is authorized to do. Each program offered within those limits must be accredited, to ensure that the program meets required standards.

Integration (I)

An a Results evaluation factor Integration refers to the extent to which results measures (often through segmentation) address important customer, product and service, market, process, and action-plan performance requirements identified in the Organizational Profile and in Process Items; include valid indicators of future performance; and are harmonized across processes and work units to support organization-wide goals.

As a process evaluation factor, "integration" covers the range from organizational "alignment" of approaches in the lower scoring ranges to "integration" of approaches in the higher ranges

Alignment refers to the consistency of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. It requires the use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organization level, the key process level, and the work unit level.

"Integration" refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.

Internal Quality Assurance

Processes of quality assurance carried out within and by or for a higher education institution.

Internal quality assurance includes not only the processes of monitoring and review that an institution manages itself, but also its use on its own initiative of outside people from other institutions, from industry or the

professions, or from other accreditation or quality assurance agencies to review and provide advice on its programs and activities. Internal quality assurance is normally comprehensive, dealing with inputs, processes and outcomes, with all areas of an institution's activities, and with faculty, staff and students in all parts of the institution.

International Accreditation

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

A number of institutions have arranged for evaluation and accreditation of their colleges or programs by international accrediting agencies as part of their quality assurance arrangements. This has proved valuable in stimulating rigorous internal reviews and enhancing quality, and in establishing their reputation. These activities are not required as part of the accreditation and quality assurance system in Saudi Arabia, but when they are carried out they are considered part of the institution's internal quality assurance and review processes, and the work done and conclusions reached will be considered and taken into account during the reviews conducted by the Commission.

Key Performance Indicators (KPIs)

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

An institution may identify a short list of KPIs that it regards as particularly important in assessing performance, and require evidence on those KPIs from a number of sections of the institution in addition to any others that different groups may choose for their own purposes. Similarly, a national quality agency such as the Commission may identify a small list of KPIs reflecting national issues or policy objectives for use by all institutions.

Learning

Learning in the context of the evaluation factors, refers to new knowledge or skills acquired through evaluation, study, experience, and innovation.

Learning Outcomes

The learning that results from participation in a course or program.

The term learning outcomes is commonly used to refer to the learning that results from a course or program undertaken by students. Learning outcomes are the result of the teaching process. Reference is often made to ***Intended Learning Outcomes*** to mean the learning objectives a course or program is designed to develop.

The NCAAA has identified broad categories or types of learning outcomes in five groups or domains, knowledge, cognitive skills, interpersonal skills and responsibility, communication, IT and numerical skills, and psychomotor skills, and has described in general terms the level of knowledge and skill expected for different qualifications. There are differences in how these learning outcomes are developed by students and an important aspect of program and course planning is to plan for teaching processes and forms of assessment that will be appropriate for these different types of intended learning outcomes

Level

The intellectual standard and complexity of learning expected as students progress through a program of study.

The degree of difficulty or complexity of learning increases as students advance through a program and these increases are defined by descriptions of the learning outcomes that are expected. Levels may be defined for years of study—first year, second year, third year, and so on, or for academic awards such as a diploma, bachelor, master, and doctor.

License

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

A license may be given to an institution, formally authorizing it to commence operation and offer programs in fields and at levels specified in the license. If the license is revoked the institution must cease to operate. A different type of license may also be given to individuals permitting them to engage in certain activities. A license may be granted to individuals who have completed professional programs and who wish to practice in that profession.

Licensing and accreditation are closely linked. The granting of a license for an institution to operate normally follows or is conditional on assessment of its quality through an approval and accreditation process. The granting of a license for a person to practice in a profession normally follows accreditation of the program that such a person has completed.

Major Change in a Program

A major change in a program is one that affects the basis for its accreditation.

It is expected that adjustments will be required in programs and courses from time to time in response to changing circumstances and results of course and program evaluations. Such changes are highly desirable to ensure that programs are to be kept up to date. However if there is a major change to an accredited program it could affect the program's accreditation status and any such change should be approved by an institutions senior academic committee and notified to the Commission at least one full semester before it is introduced. The Commission can then assess the impact of the change on accreditation. Examples of major changes would be the addition or deletion of a major track within a program, (e.g. accounting or international finance majors within a commerce or business degree), the addition or deletion of a core course (e.g. mathematics in an engineering degree), a change in title that implied a new or different field of study or qualification in a different profession, re-orientation or development of a program to prepare students for a different occupation or profession, a change in the length of a program, or a new exit point within a longer program (e.g. the granting of a diploma within a bachelors degree program) The Commission should also be notified if a succession of minor programs has a cumulative effect that is equivalent to a major change as described above.

Mission

A brief general statement setting out the principal policy objectives for development of an institution.

While stated in general terms a mission statement should be sufficiently precise to serve as a guide to planning and decision making at all levels of the organization, and should actually be used as a basis for decision making. (*For example*, "*To develop an international reputation for the quality of applied research and technology transfer, and for the creativity and entrepreneurial skill of graduates.*")

Mode of Instruction

The form of instruction such as lecture, tutorial, laboratory, individual assignment etc.

Organization for instruction is normally based on planned modes of instruction with credit hour allocations based on the amount of contact time in each of these modes. Examples are lectures, tutorials, or laboratories. The term should not be confused with teaching strategies which are the techniques used by an instructor operating within one or more of those modes to present information, develop problem solving skills or habits of responsibility. Different strategies can be incorporated into various modes of instruction as part of educational planning to develop desired learning outcomes.

Objectives

Specific statements that apply the mission and goals to particular areas of activity and indicate intended results.

Desirably objectives should be stated in specific measurable terms setting out intended levels of performance that are to be achieved within stated time periods. Objectives may relate to intended learning outcomes and may be referred to as learning, course or program objectives. Objectives may also be set for program or institutional developments not necessarily related to learning outcomes. Objectives may be expressed as specific performance levels on indicators. *(For example, "That by 2008, 80% of final year undergraduate students will have achieved a score of at least xxxx on xxxx (English language test).)* Objectives may be criterion referenced (based on defined levels of performance) or norm referenced (based on comparisons of performance with other groups or institutions).

Outcomes

The results of teaching, learning and research processes of an institution.

This term is usually used for qualitative descriptions of what is produced by an institution or in a program as a result of its processes. For example, reference to student learning outcomes normally means the quality of their learning and what they are able to do as a result of completing the programs in which they were enrolled. Similarly research outcomes usually relate to the quality and impact of research rather than simply a count of numbers of publications or research projects completed.

Outputs

The products of an institutions activities, normally expressed in quantitative terms.

Outputs usually refer to quantitative measures of what is produced by an institution, such as the number of graduates or the number of faculty research publications.

Partner Institution

An institution with which a higher education institution has established a formal, contractual relationship for provision of services.

The exact nature of partnership arrangements can vary. In some cases a partnership may simply involve provision of a number of support services to a local institution. In others arrangements are made for the academic awards of the partner institution to be granted for studies undertaken in a local institution under supervision. However regardless of whether the awards are granted by a local institution or by an overseas provider, the requirements for operating an institution or teaching a program in Saudi Arabia must be fully met.

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.

An important element in this concept is that the evaluators are peers, with experience with similar programs or institutions, who understand the nature, purposes and challenges faced by an institution. It is important that their understanding is recognized by the institution under review. It is also essential that those involved be completely independent of the institution being reviewed so there is no real or perceived conflict of interest, carefully trained for their task and committed to assisting in improvement. They should sensitive to the mission and objectives of the institution and programs involved and familiar with international standards for the type of program or institution under review.

Performance Indicators

Specific (and normally pre-selected) forms of evidence used by an institution or other agency to provide evidence about quality of performance.

Performance indicators should be as specific and as directly related as possible to the aims and objectives to which they relate. However direct measures of some of the most important objectives such as quality of students' learning are sometimes difficult to find. Consequently indirect evidence such as student evaluations of programs, employment outcomes, and employer surveys must sometimes be used. Since indirect indicators can be subject to other influences it is usual to use several different but related indicators for important objectives,

and to interpret these using some independent system to verify the interpretations. The term triangulation is sometimes used where several indicators are used to provide evidence about an objective from different points of view. For example evidence about quality of faculty could be obtained from several indicators such as levels of qualifications, research output, and student ratings of teaching effectiveness.

Performance levels (Le)

Performance levels refer to numerical information that places or positions an organization's results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projections, goals, and appropriate comparisons.

Processes

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

Processes are what are done in an institution to use the inputs available to it to produce its outputs and outcomes. The term includes teaching processes, assessment procedures, and processes for managing research and community activities as well as a wide range of other activities that have direct or indirect impact on educational programs.

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.

Professional accreditation is designed to ensure that in addition to meeting general academic standards, programs develop the specific knowledge and skill to practice the profession concerned in the community. In most countries this applies in professional fields such as medicine and other health-related fields, engineering, accounting, psychology, law and many others. In some countries this form of specialized professional accreditation may be given by professional associations recognized by the government for this purpose, or by government agencies.

This form of accreditation differs from academic accreditation, which certifies that a program meets academic standards and conforms to requirements of a qualifications framework. In practice, both academic and professional accreditations are normally required for professional fields although the two may be combined in a single accreditation process.

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.

A program is regarded as an integrated package of courses and activities leading to a qualification, but the distinction between what is regarded as a single program or a cluster of related programs is difficult to define and may be best explained through examples.

A bachelor's degree program to prepare a student as a civil engineer would be regarded as a different program from one to prepare a mechanical engineer, even though there may be some courses that are common to both. Similarly, if a student had completed the bachelor's degree program and wished to take a post graduate program leading to a master's degree or a doctorate in the same general field that would be regarded as a separate program. The test in these examples relates to there being a qualification that is regarded as being complete in itself, and in the case of a professional program, qualifying the person who has taken the program for professional practice in the field. The distinction does not necessarily relate to organization of an institution or college into departments. In the particular example given it is likely that a civil engineering department would offer both the undergraduate and the postgraduate programs. It would also be possible if an institution wished to organize itself in that way for a single department to offer programs in both civil and mechanical engineering.

The title of an academic award is not necessarily a useful guide to what should be regarded as a program. For example general titles such as Bachelor of Arts, or Business, or Science, could include many different programs.

In an Arts degree there could be programs in history and or social sciences, in psychology, in social work, or many others. A Business degree could include separate programs for accountants, for economists, or for management and administration, and these would be different programs leading to quite different occupational skills.

While the programs that have been used in these examples should be regarded as separate entities, and should be accredited as such, groups of related programs can be considered together in the accreditation process provided it is possible for external review panels to include the necessary expertise.

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.

Accreditation of a programs involves a judgment that the quality and standards are appropriate for the award to which it leads. The assessment of standards takes into account both the nature of teaching and learning in different fields of study, and the level, complexity, and quantity of learning required for the award. The general standards of learning outcomes for programs that lead to awards such as bachelor, master or doctor are defined in the *National Qualifications Framework* and must be met in all programs leading to these awards, regardless of the type of institution offering the program. In addition to meeting the requirements of the Framework a program must meet the standards set out in "Standards for Quality Assurance and Accreditation of Higher Education Programs", and in a professional program must provide the particular knowledge and skill required for practice in the field concerned.

Provisional Accreditation

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

For a new institution or program provisional accreditation may be given on the basis of detailed plans. This allows the institution to start operating, or to teach the program, with reasonable confidence that if the plans are implemented as proposed accreditation is likely to be granted. This process means that students can rely on the quality of the institution and of the provisionally accredited program when it is first introduced. The actions of the institution during this preliminary stage are monitored and reports on progress must be provided. Full accreditation must be applied for when the first group of students have completed their programs. If the plans are not implemented at an acceptable level of quality within the time specified the provisional accreditation will lapse and the license to operate or offer the program will be revoked.

Qualifications Framework

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

Qualifications frameworks specify increasing levels of mastery of knowledge and skill that are required for academic, vocational or technical awards.

Learning expectations are described in broad areas or domains, such as knowledge and the ability to recall information, cognitive skills such as the mastery of concepts, principles and theories and ability to apply them in problem solving and critical thinking, skills in communication and information technology, capacity for self directed learning, and ability to work effectively and constructively in group situations. Qualifications frameworks may also incorporate student attributes relating to values and cultural awareness that reflect national culture and educational policy.

In many cases the broadly defined frameworks are associated with more detailed specification of the particular knowledge and skill required for specific professional fields or disciplines of knowledge. These may be used as basic reference points for programs leading to professional accreditation and for the registration or licensing of graduates to practice in professional fields such as medicine, engineering, accounting, law, or education.

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.

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 or program, and important differences in mission that is relevant to consideration of an institutions quality. Consideration is also given to "fitness of purpose" to take account of the appropriateness of the mission of an institution for the environment within which it operates.

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 post-secondary education the term should be related to some defined characteristics, and to some levels or benchmarks of performance.

When used as a general term without specification of any particular characteristics of the system (*for example as in "the quality of higher education" or "the quality of an institution")* it will be taken to refer to a range of elements including but not limited to the level of student achievement, the ability and qualifications of faculty, the standard of facilities and equipment, the effectiveness of teaching, planning and administrative processes, and the relevance of programs. In the system of quality assurance and accreditation in Saudi Arabia reference in assessing quality should be made to the standards identified by the NCAAA in eleven areas of activity.

In any specific situation some aspects of performance may be of relatively high quality and others of relatively low quality and the balance may depend on the mission and priorities of an institution. Consequently an overall assessment must take account of value judgments' about the selection and relative importance of characteristics for consideration, and understanding of what should be regarded as good practice in relation to each of them.

"Quality" is sometimes defined by quality agencies as meaning the single dimension of "fitness for purpose", an approach that gives particular prominence to the importance of diversity between institutions in mission and objectives. Under this definition the standard of performance is meant to be subsumed within the concept of fitness for the purposes (or mission and objectives) defined by institutions. This definition is sometimes criticized by others who believe it gives inadequate consideration to standards of performance.

Because of potential confusion arising from differing interpretations and a need for clear guidance for institutions about criteria for evaluations of quality, most quality agencies make specific reference to "general criteria of good practice" in defining criteria for evaluation, and provide guidelines or reference documents that spell out matters for consideration and descriptions of what is regarded as good practice.

Quality Assurance

Processes of assessment, evaluation and follow-up relating to quality of performance, which serve two distinct purposes:

(a) To ensure that desired levels of quality are maintained and improved; and

(b) To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world.

Stakeholders in this context include students, the government and the wider community, including parents, professional associations and industry.

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.

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.

While principal responsibility for quality improvement necessarily rests with an institution delivering programs, actions taken by an outside authority through support services, incentives, or regulations may assist in a number of ways, and may also be described as quality improvement strategies. The term "quality enhancement" used in some quality assurance systems is considered to have the same meaning as "quality Improvement".

Responsible Ministry

The Ministry responsible for the establishment, regulation, or supervision of a higher education institution.

A number of different Ministries have responsibility for postsecondary institutions in their field of activity, and have established regulations for their activities. They may provide funding support, assist with quality improvement, and normally have systems for accountability including annual reporting arrangements. In its assessments of quality for purposes of accreditation and quality assurance, the Commission considers both the activities of the institutions and the results of their interactions with the responsible Ministry with which they are involved.

Substantial Equivalence

A judgment that a unit, subject or other component of a program is equal in quality and equivalent in scope to one offered elsewhere.

This concept is particularly important when consideration is being given to allocation of credit for studies done at another institution, either within the country or elsewhere. The details of what is taught and the approach taken in teaching should vary according to the needs and background of different groups of students and the environment in which they live. Adaptations to meet these needs should not become a barrier to recognition for credit provided essential skills and understandings are developed and standards maintained.

Student Attributes

Special characteristics of students developed as a result of the particular policies and teaching strategies of an institution.

The development of particular student attributes is often an important part of the mission of an institution. For example an institution may adopt procedures to ensure students are particularly self-reliant, more creative and entrepreneurial, or more effective than would normally be the case in group situations. The term is normally reserved for attitudes, skills, and habits of behavior or personality characteristics that are exhibited in students' behavior in outside situations rather than for purely academic learning outcomes which may refer to abilities rather than actual behavior.

Teaching Strategies

The strategies used by an instructor to develop student learning.

Teaching strategies are the specific techniques used to develop student learning in various domains to develop student learning. Strategies may include, for example, question sequences to develop or apply concepts to new situations, value clarification, use of advance organizers to assist with memorization and recall of information, case studies, and group problem solving tasks, simulations, role playing and so on. The term should not be confused with "modes of instruction", a term used to describe the form of organization for teaching or the delivery of training, such as lecture, tutorial, or laboratory.

Trends (T)

Trends refer to numerical information that shows the direction and rate of change for an organization's results. A minimum of three data points generally is needed to begin to ascertain a trend.

Value-Adding

The process of adding value (normally applied to the value of students knowledge and skill) as a result of the teaching and learning activities of an institution or program.

The general level of knowledge and skill of students entering programs can vary widely between institutions. Consequently the concept of "value-adding" is important in considering the contribution an institution makes to students' learning. While an important concept in considering the quality of an institution's activities, it is difficult to apply objectively since documenting the extent of "value-added" depends on accurate measures of incoming knowledge and skill and valid attribution of causes of growth.

Appendix 4: Scoring Guideline for PROCESS - based Criteria

SCORE	PROCESS
0% or 5% OR No Star	The practice, though relevant, is not followed at all based on the following: ❑ No SYSTEMATIC APPROACH to Standards requirements is evident; information lacks specific methods, measures, deployment mechanisms, and evaluation, improvement, and learning factors. (A) ❑ Little or no DEPLOYMENT of any SYSTEMATIC APPROACH is evident. (D) ❑ An improvement orientation is not evident; improvement is achieved through reacting to problems. (L) ❑ No organizational ALIGNMENT is evident; individual standards, areas or work units operate independently. (I)
10%, 15%, 20% or 25% OR 1 Star	The practice is followed occasionally but the quality is poor or not evaluated based on the following: ❑ The beginning of a SYSTEMATIC APPROACH to the BASIC REQUIREMENTS of the Standards is evident. (A) ❑ The APPROACH is in the early stages of DEPLOYMENT in most standards or work units, inhibiting progress in achieving the BASIC REQUIREMENTS of the Standards. (D) ❑ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ❑ The APPROACH is ALIGNED with other standards, areas or work units largely through joint problem solving. (I)
30%, 35%, 40% or 45% OR 2 Stars	The practice is usually followed but the quality is less than satisfactory based on the following: ❑ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the BASIC REQUIREMENTS of the Standards, is evident. (A) ❑ The APPROACH is DEPLOYED, although some standards, areas or work units are in early stages of DEPLOYMENT. (D) ❑ The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident. (L) ❑ The APPROACH is in the early stages of ALIGNMENT with the basic organizational needs identified in response to the Organizational Profile and other Process Standards. (I)
50%, 55%, 60% or 65% OR 3 Stars	The practice is followed most of the time. Evidence of the effectiveness of the activity is usually obtained and indicates that satisfactory standards of performance are normally achieved although there is some room for improvement. Plans for improvement in quality are made and progress in implementation is monitored. ❑ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the Standards, is evident. (A) ❑ The APPROACH is well DEPLOYED, although DEPLOYMENT may vary in some standards, areas or work units. (D) ❑ A fact-based, SYSTEMATIC evaluation and improvement PROCESS and some organizational LEARNING are in place for improving the efficiency and EFFECTIVENESS of KEY PROCESSES. (L) ❑ The APPROACH is ALIGNED with the organizational needs identified in response to the Organizational Profile and other Process Standards. (I)
70%, 75%, 80%, or 85% OR 4 Stars	The practice is followed consistently. Indicators of quality of performance are established and suggest high quality but with still some room for improvement. Plans for this improvement have been developed and are being implemented, and progress is regularly monitored and reported on. ❑ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the MULTIPLE REQUIREMENTS of the Standards, is evident. (A) ❑ The APPROACH is well DEPLOYED, with no significant gaps. (D) ❑ Fact-based, SYSTEMATIC evaluation and improvement and organizational LEARNING are KEY management tools; there is clear evidence of refinement and INNOVATION as a result of organizational-level ANALYSIS and sharing. (L) ❑ The APPROACH is INTEGRATED with the organizational needs identified in response to the Organizational Profile and other Process Standards. (I)
90%, 95% or 100% OR 5 Stars	The practice is followed consistently and at a very high standard, with direct evidence or independent assessments indicating superior quality in relation to other comparable institutions. Despite clear evidence of high standards of performance plans for further improvement exist with realistic strategies and timelines established. ❑ An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to the MULTIPLE REQUIREMENTS of the Standards, is evident. (A) ❑ The APPROACH is fully DEPLOYED without significant weaknesses or gaps in any areas or work units. (D) ❑ Fact-based, SYSTEMATIC evaluation and improvement and organizational LEARNING are KEY organization-wide tools; refinement and INNOVATION, backed by ANALYSIS and sharing, are evident throughout the organization. (L) ❑ The APPROACH is well INTEGRATED with your organizational needs identified in response to the Organizational Profile and other Process Standards. (I)

Source: Adapted from NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence*, National Institute of Standards and Technology, US Department of Commerce, Washington, DC. Available at: www.nist.gov/ and NCAAA (National Council for Academic Assessment and Accreditation) (2008), *Self Evaluation Scales for Higher Education Institutions*, (June 2008).

Appendix 5: Scoring Guideline for RESULTS – based KPI

SCORE	RESULTS
0% or 5%	❑ There are no organizational PERFORMANCE RESULTS or poor RESULTS in the standards and areas reported. ❑ TREND data are either not reported or show mainly adverse TRENDS. ❑ Comparative information is not reported. ❑ RESULTS are not reported for any areas of importance to your KEY MISSION or organizational requirements.
10%, 15%, 20%, or 25%	❑ A few organizational PERFORMANCE RESULTS are reported; there are some improvements and/or early good PERFORMANCE LEVELS in a few standards or areas. ❑ Little or no TREND data are reported, or many of the TRENDS shown are adverse. ❑ Little or no comparative information is reported. ❑ RESULTS are reported for a few areas of importance to your KEY MISSION or organizational requirements.
30%, 35%, 40%, or 45%	❑ Improvements and/or good PERFORMANCE LEVELS are reported in many standards or areas addressed in the Standards requirements. ❑ Early stages of developing TRENDS are evident. ❑ Early stages of obtaining comparative information are evident. ❑ RESULTS are reported for many areas of importance to your KEY MISSION or organizational requirements.
50%, 55%, 60%, or 65%	❑ Improvement TRENDS and/or good PERFORMANCE LEVELS are reported for most standards or areas addressed in the Standards requirements. ❑ No pattern of adverse TRENDS and no poor PERFORMANCE LEVELS are evident in standards or areas of importance to your KEY MISSION or organizational requirements. ❑ Some TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS— show standards or areas of good to very good relative PERFORMANCE. ❑ Organizational PERFORMANCE RESULTS address most KEY student, STAKEHOLDER, market, and PROCESS requirements.
70%,75%, 80%, or 85%	❑ Current PERFORMANCE LEVELS are good to excellent in most standards or areas of importance to the Standards requirements. ❑ Most improvement TRENDS and/or current PERFORMANCE LEVELS have been sustained over time. ❑ Many to most reported TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS—show areas of leadership and very good relative PERFORMANCE. ❑ Organizational PERFORMANCE RESULTS address most KEY student, STAKEHOLDER, market, PROCESS, and ACTION PLAN requirements.
90%,95%,or 100%	❑ Current PERFORMANCE LEVELS are excellent in most areas of importance to the Standards requirements. ❑ Excellent improvement TRENDS and/or consistently excellent PERFORMANCE LEVELS are reported in most areas. ❑ Evidence of education sector and BENCHMARK leadership is demonstrated in many areas. ❑ Organizational PERFORMANCE RESULTS fully address KEY student, STAKEHOLDER, market, PROCESS, and ACTION PLAN requirements.

Source: Adapted from NIST (2009), *Malcolm Baldrige National Quality Award 2009 Criteria for Performance Excellence. National Institute of Standards and Technology*, US Department of Commerce, Washington, D.C., Available at: www.nist.gov/

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