



جامعة الملك سعود بن عبدالعزيز للعلوم الصحية  
King Saud bin Abdulaziz University for Health Sciences

# The Internal Quality Assurance System

النظام الداخلي لضمان الجودة

IQAS

[dqm.ksau-hs.edu.sa](http://dqm.ksau-hs.edu.sa)

January 2017





جامعة الملك سعود بن عبدالعزيز للعلوم الصحية  
King Saud bin Abdulaziz University for Health Sciences  
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# THE INTERNAL QUALITY ASSURANCE SYSTEM FRAMEWORK

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## President Address



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

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

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

**H.E. Dr. Bandar Al Knawy, MD, FRCPC**

President, King Saud bin Abdulaziz  
University for Health Sciences



## Vice President Address



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

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

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

**Prof. Mohamed S. Al-Moamary**

Vice President, Development and  
Quality Management, KSAU-HS



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- The review of the updated version by Prof. Peter Hodson, accreditation consultant, Hon Fellow University of South Wales, UK
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  - Dr. Abdulmalik AlKatheri, Assistant Vice President, DQMA, Dean, DOD, KSAU-HS
  - Dr. Khaled Al Jamaan, Dean, Deanship of Quality Management, KSAU-HS
  - Prof. Abdullah Al Mutrafi, Former Dean, College of Applied Medical Sciences, Riyadh, KSAU-HS
  - Prof. Hanan Al Kadri, Associate Dean, College of Medicine-Riyadh, KSAU-HS
  - Dr. Faisal Al Majed, Supervisor General, University Relations and Media, KSAU-HS
  - Mr. Saud Al Bakr, General Director, Administrative and Financial Affairs, KSAU-HS
  - Prof. Saleh Al Oraibi, Professor, CAMS-R, KSAU-HS
  - Dr. Abdullah Al Zahem, Director, Quality Assurance Unit, DOQ, KSAU-HS
  - Prof. Amjad Qandil, Chairman, Pharmaceuticals Sciences Services, COP, KSAU-HS
  - Dr. Sultan Al Kouri, Academic Advisor, DOQ, KSAU-HS
  - Ms. Fahda Al Haian, Quality Management Specialist, DQMA, KSAU-HS
  - Ms. Hind Al Ghamdi, Quality Management Specialist, DQMA, KSAU-HS



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## Acronyms

<b>EEC-HES</b>	Education Evaluation Commission- Higher Education Sector
<b>KSAU-HS</b>	King Saud bin Abdulaziz University for Health Sciences
<b>DOQ</b>	Deanship of Quality Management
<b>DQM</b>	Development and Quality Management
<b>IQAS</b>	Internal Quality Assurance System
<b>KPIs</b>	Key Performance Indicators
<b>SSRI</b>	Self-Study Report for Institutions
<b>MOE</b>	Ministry of Education
<b>BIRQ</b>	Board of Internal Reviewers for Quality
<b>QAAA</b>	Quality Assurance and Academic Accreditation
<b>Dean</b>	Dean of respective College or Deanship
<b>UC</b>	University Council

## I. INTRODUCTION

Accreditation is the means by which a University can demonstrate to its students, faculty, and staff employees, parents and its community that it is fulfilling its mission. The accreditation process, whether nationally or internationally, is considered an important monitoring tool to ensure that an institute can provide high quality education, research and community service rather than a target per se. Hence, quality is assessed through collected evidence, data that report on specific performance indicators and challenge by external benchmarks. This process includes inputs and processes with a particular focus on outcomes. Hence, quality assurance is an ongoing process by which the University maintains its achieved excellence. On the other hand, accreditation is a periodic process that demonstrates the institution achieved excellence that is necessary to assure a positive judgment at the time of accreditation. With the rapid expansion of Universities in the Kingdom of Saudi Arabia, a National accrediting body has been set up in 2005. This body, the National Commission for Academic Accreditation and Assessment (NCAAA), has a set of processes that a University has to satisfy in order to be accredited. The NCAAA is recently merged with the Education Evaluation Commission- Higher Education Sector (EEC-HES), as had recognized as the high education sees the EEC-HES mandates that each University has to have a Quality Assurance Center and System in place before they qualify the institution for accreditation. The Saudi Commission for Health Specialties (SCHS) that was founded in 1992 is another body that accredits post graduate training programs and responsible for continuing education for health care professionals in the Kingdom of Saudi Arabia.

King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) mission is to provide high quality health sciences education, health-related research, and community services that promote the health of society. Therefore, the University is committed

to improve and maintain quality assurance processes through effective support of leadership and active engagement of faculty, students and non-academic staff. These processes are designed to involve the University community by effectively integrating quality in the academic and administrative processes and regularly evaluating their own performance. The University is also committed to provide high quality services as a strategic goal and one of its core values. The Deanship of Quality Management (DOQ) serves as the Center for Quality Assurance at the University and receives support from the Deanship of Development (DOD), the Development and Quality Management (DQM) Affairs, and the Research Quality Management Section (RQMS) at King Abdullah International Center for Medical Research. The DOQ will not directly manage quality within academic and administrative units. However, it will ensure that the quality processes are owned by different stakeholders and ingrained within the University environment by the Internal Quality Assurance System (IQAS).

The first version of IQAS was designed to complement the first University strategic plan. The new strategic plan (KSAU-HS 2021) has included IQAS as an integral part of the plan. The mission of IQAS and objectives were updated and modified to address the current and future needs. The second version of IQAS has included a revision to the structure of the system and addition of functions that support IQAS. Therefore, the scope of this document continues to be a framework for the KSAU-HS internal quality system and a guide for external accreditation. This system will be supplemented with other documents that define the different components of the IQAS.

## ***Mission of IQAS***

The mission of the IQAS is to create a mechanism by which the University, colleges, deanships, research center and administrative departments sustain high quality of education, research and community services, and ensure the required accreditation is achieved in a timely manner.

## ***Objectives of IQAS***

The IQAS at KSAU-HS aims to:

- Sustain quality culture and build the required skills and capacity among University community.
- Automate the quality assessment processes within the University.
- Enhance internal quality function to be led by qualified staff to assure the sustainability of quality and conduction of accreditation.
- Monitor for outcomes, Key Performance Indicators (KPIs), and progress reports to reflect excellence and performance gaps.
- Provide timely reports to subordinate reflecting satisfactory performance and areas that needs enhancement.

## ***Outcomes***

The desired outcomes of the IQAS are:

- To ensure that the targeted quality is being met, exceeded and sustained by constant review, feedback and enforcement.
- To timely achieve accreditation by the national and selected international organizations at institutional and program levels.

- To efficiently implement an automated system that maintains the required excellence level of accredited programs at the University.
- To provide timely feedback and dashboards activities related to quality.

### *Quality Management based on National Accreditation Standards*

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

- 1. Institutional commitment to quality improvement:** An institution must be committed to maintain and improve quality through effective leadership and active involvement of teachers and other staff in the quality assurance process.
- 2. Scope of quality assurance processes:** Quality assurance activities that are necessary to ensure good quality are applied to all functions carried out in the institution that involve teaching and other staff, in particular performance evaluations and planning for improvement.
- 3. Administration of quality assurance processes:** The institution must make adequate arrangements for the leadership and administrative support of quality assurance processes throughout the organization.
- 4. Use of performance indicators and benchmarks:** Specific indicators and appropriate comparative benchmarks must be identified for performance monitoring and achievement evaluation of the goals, objectives and the quality of major institutional functions.
- 5. Independent verification of evaluations:** Evaluations of performance must be based on evidence, including but not restricted to predetermined performance indicators and benchmarks. Conclusions based on this evidence must be independently verified.

## *Evidence and Key Performance Indicators*

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

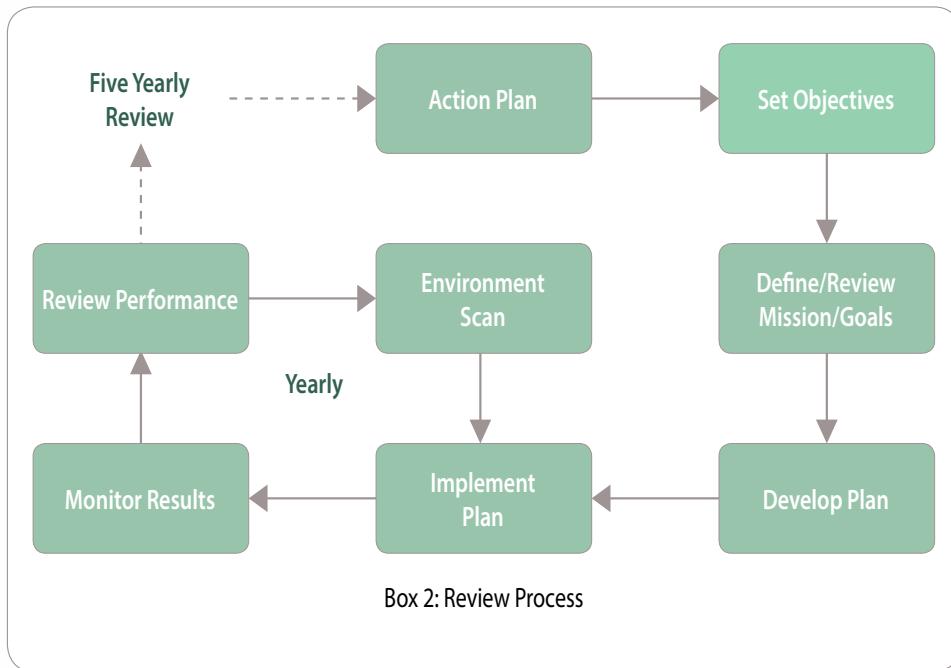
# ACCREDITATION WITH THE EEC-HES

## *Background*

Obtaining National accreditation stands as an essential requirement; however, the University encourages international accreditation initiatives for different programs. The national higher education accreditation has two sets of standards required for accreditation of higher education, one set for the institutional accreditation and the other set for the program accreditation (Box 1). Both sets cover the same general areas of accreditation activities with few differences related to the institutional functions that are not considered in a program evaluation. The accreditation standards need to be supported by evidence of performance measured by certain KPIs and benchmarks. The process for accreditation of an institution involves a rigorous self-evaluation in relation to the accreditation eleven standards followed by an independent external review. In the external review, a panel of experts will verify the conclusions of the institution's self-evaluation and consider the quality of performance versus the accreditation standards (Box 2).

Box 1: National Accreditation standards

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



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

## *Eligibility Criteria for Institute Level Self Evaluation Application*

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

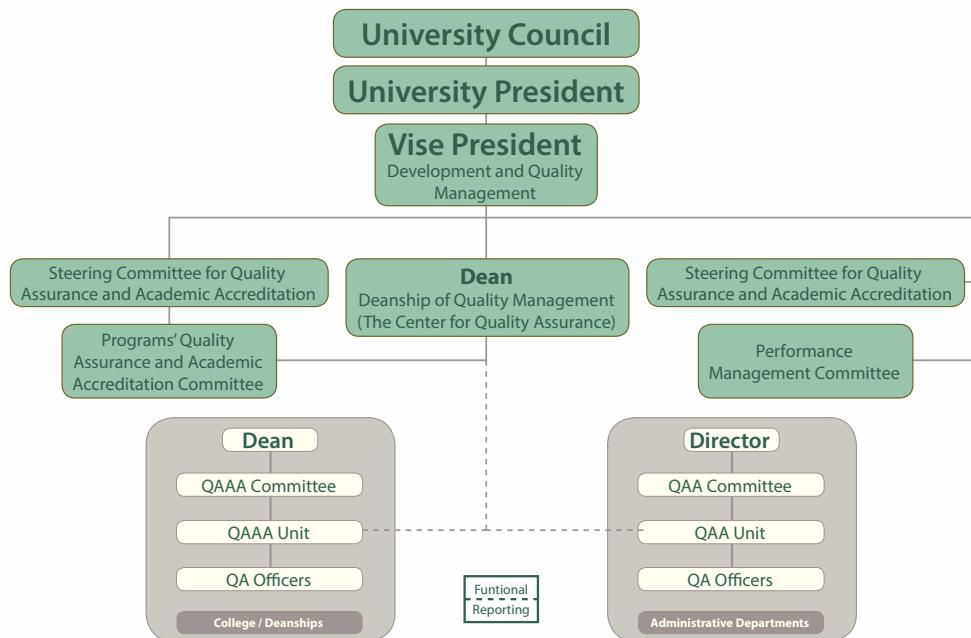
## *Eligibility Criteria for Program Level Self Evaluation Application*

### Application Requirements for Program Accreditation Eligibility

1. Authorisation of Program
2. Application for Accreditation
3. Program Specifications
4. Course Specifications
5. Annual Course or Program Reports
6. Student Evaluation Surveys
7. Student Graduation Results
8. Program Advisory Committees
9. Institutional KPI's and Benchmarks
10. National Qualification Framework (NQF)
11. Self-Evaluation Scales (SES)
12. Completed Self-Evaluation Scales
13. Initial Self-Study Report for the Program (SSRP)

# THE INTERNAL QUALITY ASSURANCE SYSTEM (IQAS)

The IQAS is designed to be a framework for quality assurance at the University and aiming toward excellence and sustainable high quality. Though it is built to exceed the standards issued by the EEC-HES, it is also designed to deal with other external quality assurance bodies such as external accreditation organizations, Ministry of Education (MOE), the Saudi Commission for Health Specialties or other accrediting bodies. It aims to ensure that outcomes of the University meet the expectations of the targeted stakeholders in the community. The IQAS works at the levels of institute, colleges, deanships, centers, and administrative affairs (Box 3). It is overseen by the Steering Committee for Quality Assurance and Academic Accreditation (QAAA) that reports to the University President and University Council.



Box 3: The Internal quality Assurance System

## *The IQAS at the Institute Level*

### **The Steering Committee for Quality Assurance and Academic Accreditation**

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

- Build and sustain the quality assurance culture and provide the needed stakeholders' support.
- Monitor, enforce and disseminate standards and best practices to enhance the practiced quality.
- Expand the institution network with quality assurance expertise and quality assurance institutions.
- Develop practice guidelines and advisory statements when required.
- Enforce regularly all guidance and requirements issued by the National Higher Education Authorities and national accreditation bodies.
- Review Programs' Performance assessment reports submitted by Program QAAA including but not restricted to:
  - Self-Evaluation Scale of (learning and teaching) standard of each program as included in the respective Annual program report,
  - KPIs report
  - Benchmarks,
  - Respective Surveys report
  - And other additional parameters as deemed necessary.
- Oversee faculty and staff enhancement activities at the University level.
- Deal with any related matters to quality and accreditation.

**Membership:** The committee is chaired by the Vice President of DQM and reports to the University President and the University Council. The Dean of the DOQ will be the committee Co-chairperson and secretary who will also call for the meeting in the absence of the Chairperson. The members represent groups of colleges in similar fields rather than from each college taking in consideration representation from each campus and adequate representation of the female sector. The Chairperson may invite more members from each campus when needed. The initial Committee Formation Order and any future updates will be presented by the Vice President of DQM to the University President for approval.

**Other terms:** The Steering Committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The secretary of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee has a renewable two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

### **The Programs' Quality Assurance and Academic Accreditation Committee**

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

- Prepare and review related documents as sets by DOQ including policies and procedures and submit them to the Steering Committee for perusal.
- Review the annual and periodic Performance Assessment Reports including KPIs generated by academic quality assurance units ensuring that the University meets the required internal and external standards.
- Identify areas of improvement related to Self-Evaluation Scale of Learning and

Teaching (Standard No.4) and endorse the appropriate solutions to the KSAU-  
HS Steering Committee.

- Deal with consultative matters related to accreditation and quality.

**Membership:** The committee is chaired by the Dean of DOQ and is Co-chaired by the Associate Dean of DOQ. The committee reports to the Steering Committee. The membership is based mainly on the representatives of the colleges, deanships, research center, Quality Assurance and Academic Accreditation Units or its equivalent and other members that are recommended by the Dean of DOQ, including students' representatives. The Committee Formation Order will be presented by the Dean of DOQ to QAAA Steering Committee for approval.

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

### **Development and Quality Management Affairs**

The DQM Affairs provides full support to the DOQ to ensure the efficiency and effectiveness of the IQAS. The DQM Affairs will directly support the activities of the QAAA Steering Committee. It will also support DOQ to handle and follow-up issues related to quality.

## Deanship of Quality Management

The deanship acts as the Center for Quality Assurance in the University. The DOQ major role is to orchestrate, support, and oversee the processes related to quality and accreditation in the University. The Dean of DOQ major responsibilities in the IQAS are to co-chair the Steering Committee for QAAA, chair the Programs' Committee for QAAA, and execute the charges of DOQ in the IQAS. The charges of the DOQ in the IQAS will include but not limited to the following:

- Oversee and coordinate the quality assurance especially at the colleges, deanships, research centre and other administrative departments.
- Coordinate and support the preparation of periodic self-studies for consideration within the University.
- Ensure the efficiency and effectiveness of the IQAS implementation.
- Conduct periodic reviews of the IQAS implementation and make recommendations for its enhancement.
- Keep track of quality related policies and procedures.
- Carry out periodic evaluations to report an overview of performance for KSAU-HS.
- Host the faculty enhancement program in the area of quality and accreditation.
- Organize independent review of activities related to quality and reconcile differing opinions.
- Follow-up self-assessment processes and Performance reporting requirements.
- Develop and unify reporting formats of performance indicators and benchmarks.
- Support the internal stakeholders' experience in the domain of quality.

## Deanship of Development

The Deanship of Development is an integral part of DQM and supports its functions. The Dean is responsible to execute the charges of the DOD. The main charge of the DOD is to support the IQAS implementation through these functions: strategic plan management, academic bylaws management, creation of university reports and analytics, and organizational development.

## The Board of Internal Reviewers for Quality

**Purpose:** The Board of Internal Reviewers for Quality (BIRQ) is a renewable four-year term board that is recommended by the Vice President Former, endorsed by QAAA Steering Committee for QAAA, and approved by the University President. The BIRQ is hosted and supported by the DOQ. Upon the Request of the Vice President for DQM or QAAA Steering Committee, the BIRQ conducts periodical internal review of different academic and administrative units and write up evaluation reports and recommendations. The BIRQ will schedule periodic visits of 2-3 members to different academic and administrative quality units to validate annual reports; assess the preparation for external reviewer's visits, or any other related purposes, when needed. Experts from outside the University may be invited by the Vice President of DQM when deemed appropriate.

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

## University Central Curriculum Committee

The Committee Formation Order is approved by the University Council (UC) based on recommendation of the University President. It is chaired by one of the Vice Presidents with memberships from different health specialties, colleges and educationalist. It has a two-year term. The minutes of the committee are approved by University President.

### Charges of the committee

This Committee is emerged from UC and charged the following tasks:

- Set up polices for program approval processes.
- Recommend the approval of new programs to the UC.
- Recommend the approval of major changes in academic programs to the UC.
- Approve minor changes recommended by college curriculum committees and councils.
- Ensure that program's documents are prepared based on the most updated EEC-HES format.
- Ensure consistency in the development of courses programs specifications development and reports.
- Create guidelines for annual program report.

**Terms:** The committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The chairman of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee has a renewable two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

## University Standing Committee for By-laws, Policies and Procedures

The Committee Formation Order is approved by the University Council based on recommendation of the University President. It is chaired by the Vice President for Development and Quality Management with memberships from different experts within the University in the domains of education, bylaws, administration, and quality. It has a two-year term. The minutes of the committee are approved by the University President.

### Charges of the committee

- Identify the bylaws that will be prepared and reviewed by the committee.
- Create and review University bylaws through a predetermined process.
- Ensure that University bylaws are in line with the rules and regulations of the Ministry of Education and other regulatory bodies.
- Discuss any related issues regarding university rules and regulations.
- Recommend University bylaws for final approval.
- Conduct Periodic review for the approved bylaws.
- Recommend University Academic & Administrative policy and procedures.
- Conduct regular reviews and revise the KSAU-HS By-laws, as deemed necessary

**Terms:** The committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The chairman of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee has a renewable two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

## KSAU-HS Organization and Governance Advisory Committee

KSAU-HS Organization and Governance Advisory Committee (OGAC) is formed to provide advices to the University to fulfill its responsibilities for educational policy and others that of concern to the University. This committee is reporting to the University President who approves its recommendations.

### Charges of the Committee

- Review and document university organizational chart.
- Recommend updates to organizational chart.
- Recommend positioning of current and new administrative and academic units in the university organizational chart.
- Create and update the KSAU-HS governance by-laws and code.
- Review and recommend authority delegation for leadership positions in the University.
- Review and recommend Rules of governing bodies (e.g. council and major committees).

**Terms:** The committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The chairman of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee has a renewable two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

## Performance Management Committee

KSAU-HS Performance Management Committee is formed to propose roadmap and mechanism for establishing, monitoring, and evaluating University Performance System. The Committee is expected to review, update the current KPIs to ensure that the University meets the required internal and international standards. This committee is reporting to the Vice President, DQM, who endorses its recommendations to the University President.

### Charges of the Committee

- Propose roadmap and mechanism for establishing, implementing, monitoring and evaluating University Performance Management System.
- Identify areas that need improvement and propose performance improvements across University.
- Evaluating University, Colleges, and programs performance against local and international academic standards and propose tools for improvement.
- Review, update current KPIs and benchmarks, and propose new KPIs to ensure that the University is having the empirical evidence to meet the required internal and external standards.
- Deal with any related matters to performance management issues.

**Terms:** The committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The chairman of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee has a renewable two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

## Unified University Survey

Surveys are important scientific tools whereby academic institutions collect data to assure quality, enhance processes and increase communication between stakeholders and university leaders. The University adopted a Unified University System “AJWAD” as a means to streamlining the process of data collection from its stakeholders. AJWAD consists of several electronic surveys used to assess and demonstrate the University’s progress in achieving academic and administrative excellence. This will be accomplished through a collaborative effort by stakeholders, which will include students, faculty, alumni and university employees. AJWAD aims to:

- Spread a culture of quality
- Involve stakeholders in the process of quality
- Achieve quality through sustainable assessment and improvement
- Provide opportunity for feedback from stakeholders
- Identify areas of strength and areas that need improvement

AJWAD includes the following surveys:

- Program Survey
- Course Survey
- Student Experience Survey
- Alumni Survey
- Faculty Survey
- Employee Survey
- External Stakeholders Survey (Employers’ Survey)
- Residency and Fellowship Program surveys

## *The IQAS at the Colleges and Deanships Level*

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

### **The Quality Assurance and Academic Accreditation (QAAA) Committee**

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

- Monitor and enforce standards to enhance the quality of practices and reduce incompetence.
- Prepare the programs' applications for national and international accreditation processes.
- Lead the process of accreditation at the colleges or deanships level.
- Review reports, KPIs and benchmarks submitted by different Units.
- Create different working groups to handle specific accreditation standards or problem and improvement plan.

- Develop interactive constructive rapport with different offices and committees particularly those related to the academic curricula or training programs.
- Submit regular reports to the Programs' Quality Assurance and QAAA Steering Committee.
- Identify areas that need improvement and propose the appropriate solutions.
- Identify the needs to faculty enhancement activities at the college and deanship level.

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

**Other terms:** This committee has a two-year term and meets on a monthly basis unless otherwise called by the Chairperson. In case of absence of the Chairperson, the Co-chairperson can call for the regular meetings. The Committee needs a fifty percent quorum and resolutions are reached by the simple majority vote. The secretary of the committee is responsible for the preparation of the agendas, finalization of minutes and resolutions, and ensures their implementation. The secretary will also prepare reports to be submitted to the college's Council and Programs' Quality Assurance and Academic Accreditation Committee. Members of the committee should report

any conflict of interest and maintain confidentiality, security and integrity of all materials during and after their term.

### **The Quality Assurance and Academic Accreditation (QAAA) Unit**

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

- Apply the principles of quality assurance based on the appropriate national accreditation bodies' standards (e.g., EEC-HES and SCHS) in different academic and non-academic units.
- Assure that the requirements for program's accreditation are met in a timely manner.
- Assure a systematic implementation of the curriculum or programs, best utilization of learning resources, optimal educational management, and monitor the outcomes of the academic programs.
- Ensure the implementation of a quality program against the appropriate national and international accreditation bodies.
- Submit applications for accreditation to be approved by the Programs' Quality Assurance and QAAA Steering Committee.
- Identify gaps in the program, curriculum, assessment and evaluation to suggest

the necessary improvement plans to QAAA Committee.

- Ensure and enforce the presence of quality culture.
- Enhance quality research and its publication within their college or deanship.

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

### **Quality Assurance Officer in each Department and Affairs**

**Purpose:** After consultation with the respective chairperson or equivalent, a Quality Assurance Officer will be appointed by the Dean in the appropriate areas. The officer function is to be responsible to implement the quality assurance system and observe any deviations or variations. The Officer will also be responsible for the conduction of related accreditation activities in the concerned area. The Officers are typically full time Faculties with at least Assistant Professor Status in the colleges. They will submit reports to their respective Chairperson (or equivalent), liaise with QAAA units, and sit in the QAAA committee to represent their respective areas. The term of an Officer is renewable two-year term. The officers should receive proper training on quality assurance issues that is focused on their specific tasks and served area.

## Curriculum Committee at the College Level

The College Curriculum Committee consists of:

- Associate Deans for Academic Affairs (Chairperson).
- Chairpersons and Deputy Chairpersons.
- Representatives from Block or Course Coordinators.
- Student representative from each batch.
- The Chairman may invite any Course Coordinator.

### **Charges of the Committee:**

- To define and implement the learning outcomes, goals and structure of the college curriculum.
- To oversee the teaching, organization and management of the college educational program.
- To review analyzed data reported by the Colleges' Program Evaluation and Student Assessment Committee.
- To propose educational policies and procedures.
- To oversee the evaluation of course content to identify areas of deficiency or redundancy in the curriculum and to correct or modify these where appropriate.
- To recommend major changes in the curriculum or course structure, duration or order, or addition of a new required course as deemed necessary for improvement of curriculum.
- To assign, with the consent of the departments involve, the faculty staff for teaching students.
- To report to the Dean and the College Council unresolved problems in the teaching of the curriculum.

- To submit to the University Central Committee any major changes in the curriculum.
- To plan continuous assessment of student at the end of course examinations in coordination with the Student Assessment Committee.
- To consider all matters related to the college education of students and make appropriate recommendations accordingly.

### **Curricula Committee meetings**

The Colleges Curriculum Committee shall meet upon an invitation from the Chairperson at least once a month, as per the call of the chairperson, or in case that one-third of the committee members wrote a request to the chairperson to call for a meeting. The meeting is deemed invalid unless two-third of the members is present. Resolutions are issued upon majority of votes of those present. When equal, the side with the Chairperson's vote will be considered.

### **Assessment of Educational Effectiveness**

Upon program learning outcomes development, the next step is to create a process to review and evaluate student attainment of those outcomes. The core elements of the program learning outcomes assessment plan are:

- Alignment between courses learning outcomes across the curriculum and program learning outcomes.
- Generation of direct and indirect evidence that can be readily measured.
- Development of a timeline for assessment.
- Endorsement by the program learning outcome assessment committee.

This assessment plan will serve the educational process at the program for internal curriculum review purposes and also for preparing to meet expectations for providing evidence of educational effectiveness. Intended learning outcomes (ILOs) assessment plan tables are ordered in a manner that the focus of the evaluative process moves from the level of the individual (i.e., faculty assessing student performance; students evaluating their own experiences, including the quality of faculty instruction) to the departmental level (i.e., Program curriculum committee review), to the university level (i.e., Deanship of Quality management review). The assessment plan also includes standardized descriptions of how to measure program success and facilitate educational improvement. Within this general framework, the new expected target for demonstrating educational effectiveness is set. Program Learning outcomes assessment plans, should be accomplished after developing the program mapping matrix and determining assessment and evaluation methods for learning outcomes.

### **Developing the Program Mapping Matrix**

Checking the alignment between program's existing courses and expected program learning outcomes is an important part of the process for clarifying what and how students are learning. A relatively easy way to do this is by filling the EEC-HES program specification document mapping matrix part, indicating when a particular outcome is addressed in a given course. This illustration, is called a "mapping matrix," which provides a view of how individual courses are related to the program learning outcomes. Once completed, this map can serve as a tool for determining what type of evidence can be collected to most effectively assess student learning and where it can be found efficiently.

## Determining Assessment and Evaluation Methods for Learning Outcomes

Once learning outcomes have been “mapped” with required courses for the program, the next step is to identify appropriate assessment and evaluation methods for those learning outcomes that could be:

- Indirect evidence pertaining to students’ self-perceptions of their learning and their perspectives on program structure and curricular content. Examples include survey responses and results of focus groups or interviews. Alumni or employer surveys can also provide valuable indicators of educational effectiveness.
- Direct evidence of student learning, are those derived through exams, Rubric or sets of specified course assignments.

The most powerful components of educational effectiveness within undergraduate teaching and learning are thoughtfully constructed direct and indirect measures of student learning that are assessed and a collective body of evidence pertaining to educational effectiveness and considered for purposes of curricular review and improvement.

## *The IQAS at the University Administration Affairs Level*

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

### **The Quality Assurance and Accreditation (QAA) Committee**

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

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetence.
- Review reports, benchmarks and KPIs submitted by different Units.
- Lead the process of accreditation in its respective areas.
- Create working groups to handle specific non-academic accreditation standards or issues.
- Submit regular reports to the QAAA Steering Committee.
- Identify areas that need improvement and propose the appropriate solutions.

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

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

### **The Quality Assurance and Accreditation (QAA) Unit**

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

- Apply the principles of quality assurance based on pre-determined standards, including EEC-HES if applicable, in different administrative units.
- Ensure the implementation of a quality program against pre-determined standards; including EEC-HES if applicable.

- Assure a systematic implementation of the approved policy and procedures, best utilization of resources, optimal administrative management, and monitor the outcomes of the system implementation.
- Submit the needed reports for institutional accreditation to be reviewed by the DOQ for further processing.
- Identify gaps and problems and implement the needed approved improvement plans.
- Ensure the presence and work on enforcing quality culture in the non-academic work place.

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

### **Quality Assurance Officer in each Non-Academic Administrative Department**

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

## Related References

As the EEC-HES is the national accreditation body, the IQAS is based on the EEC-HES standards and the following documents were utilized in its development (Available at [www.EEC-HES.org.sa](http://www.EEC-HES.org.sa)):

- University Strategic Plan (KSAU-HS 2021)
- Self-Evaluation Scales for Higher Education Institutions.
- Self-Evaluation Scales for Higher Education Programs.
- Standards for Quality Assurance Accreditation of Higher Education Institutions.
- Standards for Quality Assurance and Accreditation of Higher Education Programs.
- Eligibility Requirements for an Application for Institutional Accreditation.
- Eligibility Requirements for an Application for Program Accreditation.
- Related University Academic Policies and Procedures available at: <http://dqm.ksau-hs.edu.sa/>



Al Ahsaa Campus



Riyadh Campus



Jeddah Campus



جامعة الملك سعود بن عبدالعزيز للعلوم الصحية

King Saud bin Abdulaziz University for Health Sciences

Development & Quality Management Affairs

► P.O. Box 3660 Riyadh, 11481  
Kingdom of Saudi Arabia  
Tel. 966 11 429 2929  
Fax. 966 11 429 2922  
Internal Mail: 3139

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بريد داخلي، ٣١٣٩

E-mail: pdqm@ksau-hs.edu.sa

dqm.ksau-hs.edu.sa

www.ksau-hs.edu.sa

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