جامعة الأميرة نورة بنت عبدالرحمن
Princess Nourah bint Abdulrahman University

# Organizational Structure Guide for the PNU Quality Management System (PNU-QMS)

**2024**

بسم الله الرحمن الرحيم

| | |
|---|---|
| Preface | 3 |
| Key Terms of the Quality Management System (QMS): | 6 |
| The Four Main Stages for Quality Assurance and Institutional Excellence: | 14 |
| Section One: Plan (Planning) | 15 |
| First: The Organizational Structure of Quality Assurance and Institutional Excellence Committees | 16 |
| Second: Governance Mechanism | 17 |
| Third: Quality Assurance and Institutional Excellence Committees | 18 |
| 1. The Higher Committee for Quality Assurance and Institutional Excellence | 18 |
| 2. The Quality Control and Institutional Excellence System | 20 |
| 2.1 Standing Committee for Quality Assurance and Institutional Excellence | 20 |
| 3. Quality Assurance and Institutional Excellence Committees (Vice-Presidencies - Administrative Apparatus) | 22 |
| 3.1 Quality Assurance Committee of the University Vice Presidency | 22 |
| 3.2 Quality Assurance Committee of the Vice Presidency for Assets and Investments | 24 |
| 3.3 Quality Assurance Committee of the Vice Presidency for Postgraduate Studies and Scientific Research | 27 |
| 3.4 Quality Assurance Committee of the Vice Presidency for Academic Affairs | 30 |
| 3.5 Quality Assurance Committee for Departments under the PNU President's Office. | 32 |
| Fourth: Tools and Templates | 35 |
| Section Two: Do (Implementation) | 36 |
| Section Three: check (Assessment) | 38 |
| Section Four: Act (Improvement) | 40 |

| | |
|---|---|
| First: Development Plans and the Quality Circle Closure: | 41 |
| Second: Self-Evaluation Based on Quality Assurance Standards: | 42 |
| 2.1 Elements of Evaluation: | 48 |
| First Step: Criterion Evaluation | 43 |
| Second Step: Standard Evaluation | 44 |
| Third: Preparation of the Self-Study Report for the Institution: | 51 |
| 3.1 Importance of PNU Obtaining Institutional Accreditation: | 51 |
| 3.2 Objectives of Preparing a Self-Study for Obtaining Institutional Accreditation: | 51 |
| 3.3 Stages of Obtaining Institutional Accreditation from the NCAAA | 52 |
| Stage One: Preparation for Institutional Accreditation | 53 |
| Stage Two: Readiness for Institutional Accreditation | 60 |
| Stage Three: Submission of the Accreditation Request to NCAAA: | 61 |
| Stage Four: Accreditation Decision and Post-Accreditation Procedures | 62 |
| Fourth: Evidence/Supporting Templates | 64 |

## Preface:

Princess Nourah bint Abdulrahman University (PNU), as a national university, was established to contribute to societal development in line with future visions. It aims to enhance its strategic standing among the foremost higher education institutions both locally and internationally. The University plays a significant role in empowering women within the domains of education and learning, acting as a vital partner in societal development. Moreover, PNU places a strong emphasis on achieving the highest quality standards across its educational, research, and administrative systems, as well as in its broader societal impact. Special attention is given to implementing systems and controls that adhere to quality and accreditation requirements, recognizing them as fundamental elements in the developmental process and the establishment of effective governance, with the Quality Management System (PNU-QMS) standing out as a key pillar in this endeavor.

As part of its responsibilities to promote quality at PNU, the Development and Quality Deanship (DQD) has undertaken the task of streamlining quality procedures and processes. This involves facilitating the implementation of guidelines outlined in the Quality Management System (QMS) guidebook, which was created using well-defined mechanisms. The guidebook provides an overview of quality details, standards, and practices. It plays a key role in establishing a straightforward path for work procedures by outlining rules, defining tasks and responsibilities, and presenting them in procedural guides for easy reference and implementation.

Through this guide, the Development and Quality Deanship (DQD) aims to uphold PNU's institutional excellence and high-quality, unify efforts and resources to streamline procedures for closing the Quality cycle in accordance with the standards of quality and academic accreditation and subsequently, develop improvement plans to continuously enhance PNU's overall quality.

## Key Terms of the Quality Management System (QMS):

### Quality:

The value, quantitative amount, or level awarded to an educational institution or academic program in comparison with the accepted standards of an educational institution or academic program of its kind.

### Quality Assurance*:

Regular and planned review operations, which involve ongoing monitoring to ensure that the institution or program meets specific standards or requirements. This is done to maintain the required level of performance and services, aiming to improve and align with the practices of internationally distinguished institutions or programs.

### Quality Management System (QMS):

It defines the procedures designed to ensure the quality of administrative, educational, research, and community partnership systems.

### Institutional Excellence:

The comprehensive endeavors undertaken to achieve the utmost level of proficiency and mastery in delivering services and carrying out activities and operations within the university.

### Strategic Planning:

The procedure by which the institution establishes its mission, vision, and strategic goals, and identifies methods of action to attain the envisioned future state.

### Strategic Goals:

The ultimate goals an institution aims for in the long run. They are adaptable and can be broken down into short-term or tactical objectives during implementation.

### Accreditation*:

An official certification from a recognized authority stating that the (institution/program) has met the minimum required standards for academic accreditation.

### Institutional Accreditation*:

A certificate issued by the NCAAA confirming that a higher education institution meets the required standards for quality assurance and academic accreditation.

### Program Accreditation*:

A certificate issued by the NCAAA confirming that the program meets the required standards for quality assurance and academic accreditation.

### Full Accreditation*:

This accreditation level signifies that the institution/program has undergone external evaluation and has successfully met all the NCAAA standards.

### Conditional Accreditation*:

Accreditation is granted to an institution/program that meets the standards and key performance indicators but identifies areas for improvement. This allows the institution or program an opportunity to enhance and develop within a timeframe of up to two years from the accreditation decision date to achieve full accreditation.

### Accreditation Eligibility*:

Institutions or programs are considered eligible for a final review visit to obtain academic accreditation upon meeting the eligibility requirements and conditions set by the NCAAA.

### Academic Accreditation Standards*:

The quality levels and conditions that institutions or programs must meet to obtain academic accreditation from the NCAAA.

### Criterion:

The target level for achieving satisfactory overall performance.

### Sub-criterion:

The target level for achieving satisfactory overall performance in a specific part of the overall framework.

### Evaluation:

The numerous efforts and activities carried out by the educational institution to identify strengths, as well as areas of improvement, and proposals for development and improvement in all educational, administrative, research and community partnership aspects. This is done through the assistance of several knowledgeable people with previous experience in the evaluation process, from within the institution (internal evaluation) or outside (external evaluation), according to specific evaluation criteria.

### Self-study:

A set of procedural steps taken by the institution/program's members to evaluate their institution/program themselves based on local and international quality assurance and accreditation standards, through collecting information and data on the institutional/ program performance in the current situation and comparing it with quality and accreditation standards.

### Self-Study Report*:

A report evaluating an institution or program's quality and effectiveness in pursuit of accreditation. It is prepared by the institution or program according to the standards established by the NCAAA.

### Self-evaluation Scales*:

A tool employed by an institution or program to assess its performance on a five-point scale according to the standards established by the NCAAA.

### Evidence*:

Evidence or data that validates the attainment of indicators or standards.

### Inputs*:

The resources available to an organization or program, used in the delivery of its programs, and execution of its activities. Inputs encompass financial resources, human resources, facilities, equipment, and students.

### Operations*:

Refer to what an organization or program does in using available inputs to achieve its outcomes and results. The term also includes teaching processes, evaluation procedures, research management operations, and community activities, as well as a number of other activities that have a direct or indirect impact on education.

### Outputs*:

A product or service provided by the institution or programs that is directly linked to its objectives and planned activities.

### Full Compliance*:

Refers to the (institution/program) meeting all the requirements of the standard.

### Substantial Compliance*:

Refers to the current fulfillment of the requirements of this standard by the (institution / program), but there is a possibility that the situation may change so that the (institution / program) does not meet the requirements of this standard before the next review.

### Low compliance*:

This refers to the fact that the (institution/program) does not meet this standard in a way that ensures quality is not compromised, therefore immediate corrective actions are required before the next review.

### Non-compliance*:

Failure to meet the requirements of this standard.

### Continuous improvement*:

A set of actions carried out on inputs and outputs based on feedback from reports on actual practices, aimed at developing performance for activities (the institution / academic program).

### Documentation:

Systems employed by the educational institution to document and preserve evidence of successful practices adopted to adhere to quality standards and achieve academic accreditation.

### External Review:

The process of evaluating the extent to which the institution or the educational program fulfills the requirements of quality and accreditation standards, by an evaluation team formed by an independent third party, such as the NCAAA, which entails granting the educational institution or its programs academic accreditation.

### Internal Review:

The evaluation process assesses how well the institution or educational program meets the standards set by the accreditation organization. This evaluation is carried out by the university's own team or any overseeing organization. Simply put, the internal review functions as an internal quality control process, enabling the educational institution to qualify for accreditation.

### Internal Reviewer:

A faculty member at PNU, who has passed the training courses organized by the university and is qualified as an accredited assessor to assess the university performance according to the "PNU-QMS."

### Peer Evaluation:

An evaluation carried out by experts from outside the institution to guide the institution. However, it does not entail granting the educational institution or its programs academic accreditation.

### Peer Visit (Mock Visit):

A visit made by experts from outside the institution to guide the institution and serve as a simulation of an external review. However, it does not entail granting the educational institution or its programs academic accreditation.

### Review Team*:

An independent team of experienced individuals, including a chairman and several members, tasked with conducting with the final review visit and prepare the review team's report.

### Review Team Report/External Review Report*:

A document prepared by the review team that includes a description of the institution's or program's performance in relation to the academic accreditation standards set by the NCAAA. It contains relevant comments, commendations, recommendations, suggestions, and subsequently, the accreditation decision recommendation.

### Follow-up Report*:

An annual report including key data that reflects the institutional or programmatic characteristics (profile) and key performance indicators.

### Benchmark Comparison:

A comparison of the achieved results against those of an external entity operating in the same field.

### Academic Program*:

A set of courses, activities, and learning experiences designed to achieve specific goals and learning outcomes over a period of time, which, when successfully completed, lead to obtaining a degree or specific qualifications.

### Learning Outcomes*:

The learner or trainee should be able to demonstrate the knowledge and skills they have acquired throughout the educational or training program. The outcome represents the final result of the teaching, learning, or training processes.

### National Qualifications Framework*:

A comprehensive system for designing, developing, organizing, and accrediting qualifications within eight levels, providing a description of learning outcomes at each level according to the targeted knowledge, skills, and values.

### Beneficiaries*:

They are undergraduate and graduate students, employees, employers, sponsoring entities, community members served by the institution, and any other groups participating in the program/institution.

### Graduate Attributes:

the behaviors, values, skills, and important characteristics that universities aim to achieve in their graduates by the time they graduate. These attributes are intended to prepare them for future work to be responsible citizens and contributors to social and economic well-being in society.

### Objectives:

The specific statements that refer to the desired results that the institution or program is striving to achieve.

### Performance Indicators:

A measure that indicates the institution's progress in achieving the aspired goals.

### Indicator Polarity:

It specifies the direction (increase or decrease) of the indicator's state.

### Target:

Refers to the agreed upon level of performance.

### New Target:

Refers to the desired performance level after achieving the current performance.

### Actual Performance Level:

Refers to the performance level from the current year.

### Internal Benchmark:

Refers to the value of the indicator from the previous year which serves as an internal benchmark for assessing the current year's indicator, providing a reference point for evaluating the university's performance.

### External Benchmark:

Refers to the comparison of the performance level with an external institution or program to determine the extent to which the target has been achieved and the current status of the university or program.

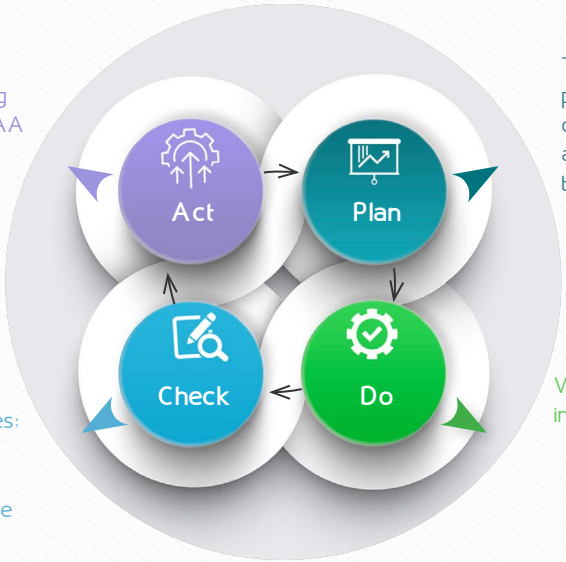
---

* Terminology by the NCAAA.

## The Four Main Stages for Quality Assurance and Institutional Excellence:

The following guide is divided into sections in accordance to the four main stages of the quality cycle, aimed at ensuring the closure of the quality cycle in development and continuous improvement processes, along with the specific forms and templates for each stage as follows: :

At this stage, templates, including those by the NCAAA are used such as Self-Evaluation, Self-Study, and Development Plan.




The quality assurance process flowchart of the operations, procedures, and the templates used in this stage.

Within this stage, there are two phases:

- The Standing Committee for Quality Assurance and Institutional Excellence.
- The Higher Committee for Quality Assurance and Institutional Excellence.

Various templates are used in this stage, including:

- Operational plan timeline.
- Reports on entity performance.
- KPI cards (Strategic Plan, NCAAA Indicators, and more).
- Accreditation standards and institutional excellence requirements.
- Surveys reports and development plan form.
- Governance mechanism form for quality assurance and institutional excellence committees

Figure 1: Quality Cycle

جامعة الأميرة نورة بنت عبد الرحمن
Princess Nourah bint Abdulrahman University

# Section One

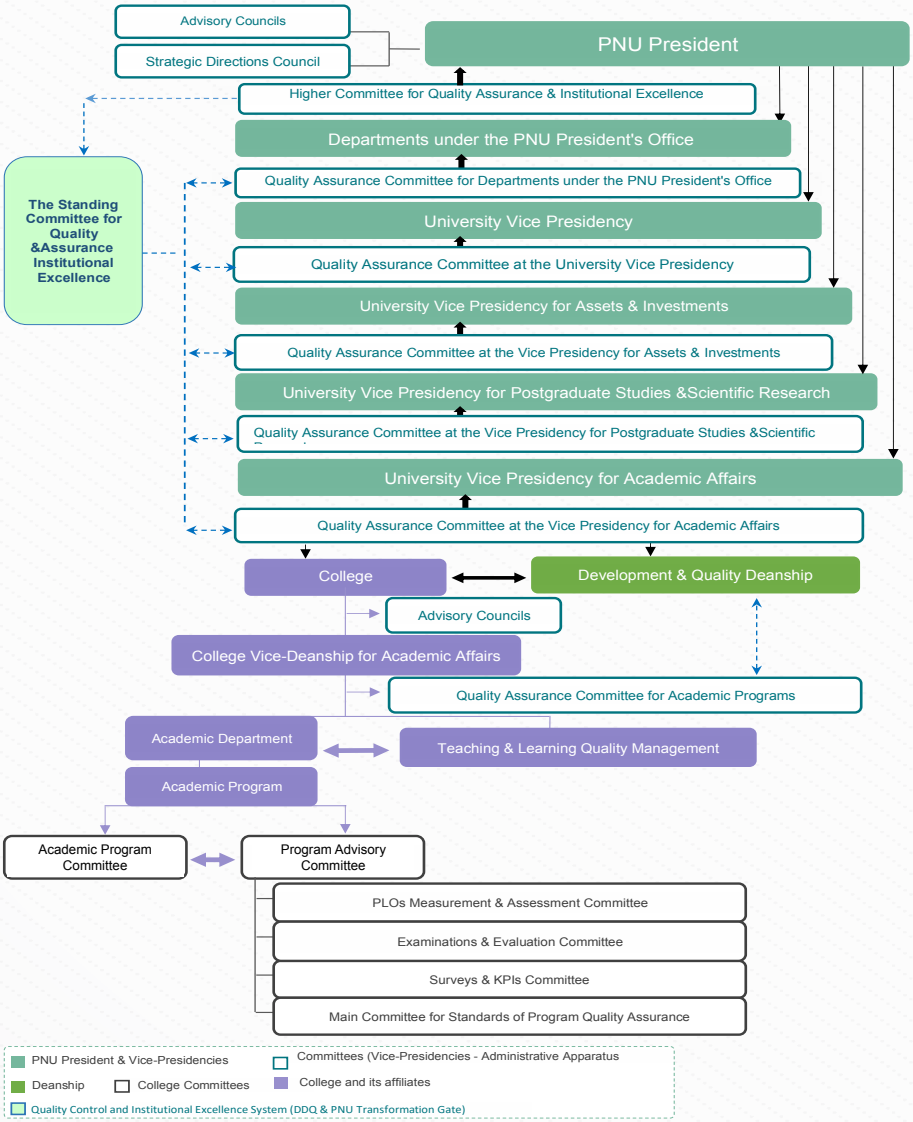
## PLAN (Planning)

This chapter includes:

- **First:** The Organizational Structure of Quality Assurance and Institutional Excellence Committees.
- **Second:** The Governance Mechanism.
- **Third:** The Responsibilities of Quality Assurance and Institutional Excellence Committees.
- **Fourth:** Tools and Templates

# First: The Organizational Structure of Quality Assurance and Institutional Excellence Committees

The following diagram illustrates the organizational structure of the Quality Assurance and Institutional Excellence Committees at the university, demonstrating the integration between administrative entities and quality assurance committees.




The Organizational Structure For Quality Assurance and Institutional Excellence Committees

# Second: Governance Mechanism

**The above diagram illustrates the following:**

1. The quality control and institutional excellence system at PNU is the Standing Committee for Quality Assurance and Institutional Excellence. It is an integrated system composed of the Development and Quality Deanship and PNU Transformation Gate.

2. The Standing Committee for Quality Assurance and Institutional Excellence provides the university's quality assurance committees with the governance mechanism and its specific timetable.

3. The Quality Assurance Committees at the level of programs, colleges, PNU vice presidencies, and units work to ensure quality and close their circle by compiling a comprehensive report that includes periodic reports and development plans tailored to the administrative entity they report to. This report is then submitted to the Standing Committee for review and feedback.

4. The Quality Assurance Committees finalize the comprehensive report, taking into account any feedback provided by the Standing Committee.

5. The Standing Committee prepares a comprehensive report at the university level and submits it to the Higher Committee for Quality Assurance and Institutional Excellence.

6. The Higher Committee for Quality Assurance and Institutional Excellence approves the comprehensive quality report and the proposed improvements, then carries out decisions based on them.

# Third: Quality Assurance and Institutional Excellence Committees

## 1. The Higher Committee for Quality Assurance and Institutional Excellence

### a. General Overview:

This committee is assigned with strategic duties and is responsible for shaping public policies at the university level. It actively oversees the implementation of these policies and functions as the higher authority and decision-maker, ensuring effective monitoring and continuous improvement processes.

### b. Subordination:

This committee operates under the PNU Presidency.

### c. Committee Formation:

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | University President | (Committee Chair) |
| 2. | Advisor and General Supervisor of PNU President's Office | (Member) |
| 3. | University Vice President | (Member) |
| 4. | Vice President for Academic Affairs | (Rapporteur) |
| 5. | Vice President for Postgraduate Studies and Scientific Research | ( Member) |
| 6. | Vice President for Assets and Investment | (Member) |
| 7. | Dean of Development and Quality | (Secretary of the Committee) |
| 8. | General Supervisor of the General Directorate of Health Affairs | ( Member) |
| 9. | A Representative from the Legal Department | (Member) |
| 10. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities

1. Adopting general policies to guarantee the quality of monitoring processes and continuous improvement of both administrative and academic services at the university level.
2. Allocating the necessary budgets to achieve institutional and program accreditation in accordance with approved regulations and standards.
3. Accrediting financial incentives and rewards for university staff, particularly distinguished teams, for implementing quality standards in accordance with the organized guidelines governing financial matters in universities.
4. Adopting the comprehensive quality assurance and institutional excellence report, including improvement recommendations, and making decisions based on it.
5. Any further tasks of relevance.

### e. Work Mechanism:

**Meetings:** The committee holds regular meetings upon the summons of the chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

# 2. The Quality Control and Institutional Excellence System

## 2.1 Standing Committee for Quality Assurance and Institutional Excellence

### a. General Overview:

This committee ensures that the procedures for the Quality Circle closure align with established standards, KPIs and institutional excellence. It functions as a comprehensive system overseeing quality control and institutional excellence within PNU.

### b. Subordination:

This committee operates under the Quality Control and Institutional Excellence System.

### c. Committee Formation:

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Dean of Development and Quality | (Committee Chair) |
| 2. | Director of the Strategic Planning Department | (Member) |
| 3. | Director of the Project Management Office | (Member) |
| 4. | Director of the Decision-Making Support Department | (Member) |
| 5. | Director of the Institutional Excellence Department | (Member) |
| 6. | Director of the Indicators and Reports Department | (Member) |
| 7. | Director of the Quality Assurance Department | (Member) |
| 8. | Director of the Academic Accreditation Department | (Member) |
| 9. | Quality Experts (3 to 5) | (Members) |
| 10. | External Experts (1 to 3) | (Members) |
| 11. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities:

1. Developing the governance plan, ensuring quality assurance, institutional

excellence, and strategic objectives, and delivering these to the relevant entities involved.

2. Reviewing reports from the Quality Assurance Committees at the university level and ensuring compliance with the standards, KPIs, and institutional excellence.
3. Confirming the availability and quality of evidence in reports received from the Quality Assurance Committees at the university level.
4. Evaluating the performance of all Quality Assurance Committees and their submitted reports.
5. Providing feedback, suggesting improvements, and ensuring the implementation of the proposed changes.
6. Preparing a comprehensive report at the university level and submitting it to the Higher Committee for Quality Assurance and Institutional Excellence.
7. Monitoring the implementation of the suggestions provided by the Higher Committee for Quality Assurance and Institutional Excellence.

e. **Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

# 3. Quality Assurance and Institutional Excellence Committees (Vice-Presidencies - Administrative Apparatus)

## 3.1 Quality Assurance Committee of the University Vice Presidency

### a. General Overview:

This committee is dedicated to ensuring the quality of processes and procedures within the University Vice Presidency and its diverse departments.

### b. Subordination:

This committee operates under the University Vice Presidency.

### c. Committee Formation:

The committee is formed by a decision from the Vice- President, as outlined below:

| | | |
|---|---|---|
| 1. | University Vice President | (Committee Chair) |
| 2. | Director of the Data Management and Performance Measurement Unit | (Member) |
| 3. | Director of the Budget Department | (Member) |
| 4. | Director of the Financial Department | (Member) |
| 5. | Director of the Procurement and Tenders Department | (Member) |
| 6. | Director of the Warehouses Department | (Member) |
| 7. | Director of the Public Relations Department | (Member) |
| 8. | Director of the Records and Archives Center | (Member) |
| 9. | Director of the Central Administrative Communications | (Member) |
| 10. | Director of Traffic and Transportation Department | (Member) |
| 11. | Director of the General Directorate of Security | (Member) |
| 12. | A Quality Assurance and Institutional Excellence Expert | (Member) |
| 13. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities

1. Ensuring the compliance with performance standards and indicators, verifying the availability of supporting evidence, and implementing them

to ensure continuous improvement in the performance of administrative departments within the University Vice Presidency.

2. Verifying the availability of suitable local, regional, or international benchmarks for comparing performance indicator values, and identifying best practices to be implemented.
3. Studying the budgets designated for quality assurance within the University Vice Presidency in compliance with established bylaws and regulations, for submission to the Standing Committee for Quality Assurance and Institutional Excellence.
4. Evaluating and approving periodic reports from the organizational units within the University Vice Presidency and providing professional recommendations for further actions.
5. Seeking insights from field experts and consultants and incorporating their recommendations into the committee's reports.
6. Preparing the annual report for the Quality Assurance Committee at the University Vice Presidency, to present it to the Standing Committee for Quality Assurance and Institutional Excellence and applying the provided recommendations.
7. Implementing the recommendations provided by the Higher Committee for Quality Assurance and Institutional Excellence, and preparing appropriate development plans.
8. Any further tasks of relevance.

**e. Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

## 3.2 Quality Assurance Committee of the Vice Presidency for Assets and Investment

### a. General Overview:

This committee is dedicated to ensuring the quality of operations and procedures within the Vice Presidency for Assets and Investment and its diverse departments.

### b. Subordination:

This committee operates under the Vice Presidency for Assets and Investment.

### c. Committee Formation:

The committee is formed by a decision from the Vice President for Assets and Investment, as outlined below:

| | | |
|---|---|---|
| 1. | Vice President for Assets and Investment | (Committee Chair) |
| 2. | Director of the General Directorate of Facilities and Operations | (Member) |
| 3. | Director of the General Directorate of Investment | (Member) |
| 4. | Director of the Alternative Revenue Department | (Member) |
| 5. | Director of the Asset Management Department | (Member) |
| 6. | Director of the Safety and Risk Department | (Member) |
| 7. | A Quality Assurance and Institutional Excellence Expert | (Member) |
| 8. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities

1. Ensuring the implementation of mechanisms and procedures to periodically assess the quality of facilities and equipment and utilizing their results for continuous improvement and development.

2. Ensuring the availability of a risk management plan and occupational safety assurance systems for facilities and individuals, in compliance with accredited standards.

3. Ensuring the implementation of mechanisms for assessing risk management processes and procedures and leveraging their outcomes for continuous improvement and development.

4. Ensuring the compliance with performance standards and indicators, verifying the availability of supporting evidence, and implementing them to ensure continuous improvement in the performance of administrative departments within the Vice Presidency for Assets and Investment

5. Verifying the availability of suitable local, regional, or international benchmarks for comparing performance indicator values, and identifying best practices to be implemented.

6. Studying the budgets designated for quality assurance within the Vice Presidency for Assets and Investment in compliance with established bylaws and regulations, for submission to the Standing Committee for Quality Assurance and Institutional Excellence.

7. Evaluating and approving periodic reports from the departments and organizational units under the Vice Presidency for Assets and Investment and providing professional recommendations for further actions.

8. Seeking insights from field experts and consultants and incorporating their recommendations into the committee›s reports.

9. Preparing the annual report for the Quality Assurance Committee of the Vice Presidency for Assets and Investment, to present it to the Standing Committee for Quality Assurance and Institutional Excellence and applying the provided recommendations.

10. Implementing the recommendations provided by the Higher Committee for Quality Assurance and Institutional Excellence, and preparing appropriate development plans.

11. Any further tasks of relevance.

e. **Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

## 3.3 Quality Assurance Committee of the Vice Presidency for Postgraduate Studies and Scientific Research

### a. General Overview:

This committee ensures the quality of graduate studies and scientific research at the university level and its diverse units.

### b. Subordination:

This committee operates under the Vice Presidency for Postgraduate Studies and Scientific Research.

### c. Committee Formation:

The committee is formed by a decision from the Vice President for Postgraduate Studies and Scientific Research, as outlined below:

| | | |
|---|---|---|
| 1. | Vice President for Postgraduate Studies and Scientific Research | (Committee Chair) |
| 2. | Advisor to the Vice President for Postgraduate Studies and Scientific Research | ( Secretary of the Committee ) |
| 3. | Dean of the Graduate Studies | (Member) |
| 4. | Dean of the Scientific Research and Libraries | (Member) |
| 5. | Secretary of the Scientific Council | (Member) |
| 6. | Secretary of the Research Chairs | (Member) |
| 7. | Director of the Innovation & Entrepreneurship Center | (Member) |
| 8. | Director of the Scholarship, Training and Joint Supervision Department | (Member) |
| 9. | Director of the Scientific Societies & Journals Department | (Member) |
| 10. | Director of the Conferences and Seminars Department | (Member) |
| 11. | Director of the Research, Development & Innovation Unit | (Member) |

| | | |
|---|---|---|
| 12. | Director of the Data Management and Performance Measurement Unit | (Member) |
| 13. | A Quality Assurance and Institutional Excellence Expert | (Member) |
| 14. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities

1. Ensuring the availability of quality assurance plans and practices and monitoring their implementation for entities associated with the Vice Presidency for Postgraduate Studies and Scientific Research.
2. Ensuring the compliance with performance standards and indicators, verifying the availability of supporting evidence, and implementing them to ensure continuous improvement in the performance of administrative departments under the Vice Presidency for Postgraduate Studies and Scientific Research.
3. Evaluating evidence related to standards of scientific research and postgraduate studies and verifying its quality.
4. Verifying the availability of suitable local, regional, or international benchmarks for comparing performance indicator values, and identifying best practices to be implemented.
5. Studying the budgets designated for the Scientific Research and Innovation System within the Vice Presidency for Postgraduate Studies and Scientific Research in compliance with established bylaws and regulations, for submission to the Standing Committee for Quality Assurance and Institutional Excellence.
6. Evaluating and approving periodic reports from the organizational units under the Vice Presidency for Postgraduate Studies and Scientific Research and providing professional recommendations for further actions.
7. Seeking insights from field experts and consultants and incorporating their recommendations into the committee's reports.
8. Preparing the annual report for the Quality Assurance Committee of the Vice Presidency for Postgraduate Studies and Scientific Research, to present it to the Standing Committee for Quality Assurance and Institutional

Excellence and applying the provided recommendations.

9. Implementing the recommendations provided by the Higher Committee for Quality Assurance and Institutional Excellence, and preparing appropriate development plans.
10. Establishing subcommittees as required for quality assurance work.
11. Any further tasks of relevance.

**e. Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

## 3.4 Quality Assurance Committee of the Vice Presidency for Academic Affairs

### a. General Overview:

This committee ensures the quality of academic affairs at the university level and its diverse units.

### b. Subordination:

This committee operates under the Vice Presidency for Academic Affairs.

### c. Committee Formation:

The committee is formed by a decision from the Vice President for Academic Affairs, as outlined below:

| | | |
|---|---|---|
| 1. | Vice President for Academic Affairs | (Committee Chair) |
| 2. | Advisor to the Vice President for Academic Affairs | (Secretary of the Committee) |
| 3. | Dean of Development and Quality | (Member) |
| 4. | Dean of Admission and Registration | (Member) |
| 5. | Dean of Students Affairs | (Member) |
| 6. | Director of the E-Learning Department | (Member) |
| 7. | Director of the Academic Assessment and Evaluation Unit | (Member) |
| 8. | Director of the Foundation Year Program for Health Colleges Department | (Member) |
| 9. | Director of the Data Management and Performance Measurement Unit | (Member) |
| 10. | Director of the Student Exchange Department | (Member) |
| 11. | 6 Deans from Colleges and Institutes | (Members) |
| 12. | An Administrative Member | (Administrative Secretary) |

### d. Responsibilities

1. Guaranteeing the availability of quality assurance plans and practices and monitoring their implementation for entities associated with the Vice Presidency for Academic Affairs.

2. Ensuring the compliance with performance standards and indicators related to academic affairs: (academic programs, students and faculty members), verifying the availability of supporting evidence, and implementing them to ensure continuous improvement in the performance of administrative departments under the Vice Presidency for Academic Affairs.

3. Evaluating evidence related to academic affairs standards, including academic programs, students, and faculty members, and ensuring its quality.
4. Verifying the availability of suitable local, regional, or international benchmarks for comparing performance indicator values, and identifying best practices to be implemented.
5. Monitoring the execution of the learning, teaching, and evaluation strategy, offering feedback and recommendations for enhancement, and ensuring its continued implementation.
6. Studying the budgets designated for the academic accreditation, including both institutional and program accreditation, in alignment with the established rules and regulations.
7. Evaluating and approving periodic reports from the organizational units under the Vice Presidency for Academic Affairs and providing professional recommendations for further actions.
8. Seeking insights from field experts and consultants and incorporating their recommendations into the committee's reports.
9. Preparing the annual report for the Quality Assurance Committee of the Vice Presidency for Academic Affairs, to present it to the Standing Committee for Quality Assurance and Institutional Excellence and applying the provided recommendations.
10. Implementing the recommendations provided by the Higher Committee for Quality Assurance and Institutional Excellence, and preparing appropriate development plans.
11. Any further tasks of relevance.

**e. Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

## 3.5 Quality Assurance Committee for Departments under the PNU President's Office.

### a. General Overview:

This committee ensures the quality in the administrative apparatus under the PNU President.

### b. Subordination:

This committee operates under the Office of the PNU President.

### c. Committee Formation:

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Advisor and General Supervisor to the PNU President's Office | (Committee Chair) |
| 2. | Advisor to the PNU President for Institutional Performance | (Secretary of the Committee) |
| 3. | Director of the General Directorate of Human Resources | (Member) |
| 4. | Director of the General Directorate of Digital Transformation | (Member) |
| 5. | Director of the Social Responsibility and Sustainability Department | (Member) |
| 6. | Director of the Media & Knowledge Impact Department | (Member) |
| 7. | Director of the Strategic Partnerships Department | (Member) |
| 8. | Director of the Legal Department | (Member) |
| 9. | Director of the Inventory Control Department | (Member) |
| 10. | Director of the Beneficiaries Care Office | (Member) |
| 11. | Director of the Intellectual Awareness Unit | (Member) |
| 12 | Director of PNU Transformation Gate | (Member) |
| 13 | Director of the Data Management & Governance Office | (Member) |
| 14. | A Representative from the General Directorate of Health Affairs | (Member) |
| 15. | A Quality Assurance and Institutional Excellence Expert | (Member) |
| 16. | An Administrative Member | (Administrative Secretary) |

**d. Responsibilities:**

1. Ensuring the compliance with performance standards and indicators, verifying the availability of supporting evidence, and implementing them to ensure continuous improvement in the performance of administrative departments under the University President's Office.
2. Verifying the availability of suitable local, regional, or international benchmarks for comparing performance indicator values, and identifying best practices to be implemented.
3. Studying the budgets designated for quality assurance in the organizational units under the PNU President's Office, in accordance with established rules and regulations, to present the findings to the Standing Committee for Quality Assurance and Institutional Excellence.
4. Evaluating and approving periodic reports from the administrative departments under the University President's Office and providing professional recommendations for further actions.
5. Seeking insights from field experts and consultants and incorporating their recommendations into the committee's reports.
6. Preparing the annual report for the administrative departments under the University President's Office, to present it to the Standing Committee for Quality Assurance and Institutional Excellence and applying the provided recommendations.
7. Implementing the recommendations provided by the Higher Committee for Quality Assurance and Institutional Excellence, and preparing appropriate development plans.
8. Any further tasks of relevance.

**e. Work Mechanism:**

**Meetings:** The committee holds regular meetings upon the summons of the committee chair, with no fewer than two meetings during the academic year.

**Decision-Making Process:** Decisions are made through mutual agreement, and in cases of disagreement, a vote is conducted to determine the outcome. In instances of a tie, the side favored by the committee chair is given priority.

**Membership Duration**: The membership period is one year, and renewal is allowed for some, or all members based on developments.

# Procedural Chart for Quality Control and Institutional Excellence

**01 — Standing Committee for Quality Assurance and Institutional Excellence**

Quality Control and Institutional Excellence System (Strategic Planning Department + Deanship of Development and Quality)

- Providing the Quality Assurance Committees within the University Vice-Presidencies with their strategic objectives and KPIs.

**02 — Quality Assurance Committees**

(University Vice Presidencies - Administrative Apparatus)

- Preparing periodic comprehensive reports and development plans at the program, college and vice-presidencies levels to ensure the closure of quality cycle and submitting these reports to the Standing Committee for feedback.

**03 — Standing Committee for Quality Assurance and Institutional Excellence**

Quality Control and Institutional Excellence System (Strategic Planning Department + Deanship of Development and Quality)

- Review reports from the quality assurance committees at the university level and verify the fulfillment of standards and performance indicators for institutional excellence..
- Provide feedback, improvement recommendations, and follow up on their implementation.

**04 — Quality Assurance Committees**

(University Vice Presidencies - Administrative Apparatus)

- Preparing the final version of the comprehensive report, incorporating any feedback provided by the Standing Committee.

**05 — Standing Committee for Quality Assurance and Institutional Excellence**

Quality Control and Institutional Excellence System (Strategic Planning Department + Deanship of Development and Quality)

- Preparing a comprehensive report at the university level and submitting it to the Higher Committee for Quality Assurance and Institutional Excellence.

**06 — Higher Committee for Quality Assurance and Institutional Excellence**

PNU President

- Approving the comprehensive quality report, along with the improvement recommendations, while making decisions regarding them.

**07 — implementation of improvement recommendations**

# Fourth: Tools and Templates

## Section Two

# Do (Implementation):

This section includes the following:

- Meeting all requirements for Quality Assurance and Institutional Excellence.
- Studying and reviewing performance reports.
- Preparing reports for Quality Assurance Committees and putting forward improvement proposals.

## Standing Committee of Quality Assurance & Institutional Excellence

1. Developing and approving annual plans to ensure quality and verify institutional performance standards.
2. Submitting a performance report of quality assurance committees to the concerned parties for evaluation and feedback.
3. Submitting the finalized report to the Higher Committee for Quality Assurance and Institutional Excellence.

## Quality Assurance & Institutional Excellence Committees In Vice-Presidencies & Administrative Apparatus

1. Developing and approving annual plans to ensure quality and verify institutional performance standards.
2. Reviewing KPIs and Levels of achieving different data.
3. Reviewing performance reports from all units, departments and committees.
4. Measuring satisfaction rates, evaluating performance at every level, and using them as feedback for developmental purposes.
5. Identifying priorities and proposals for enhancement, along with essential requirements for improvement plans and strategies for performance evaluation.
6. Addressing report recommendations and executing improvement proposals.

# Section Three

## check (Assessment)

This section addresses the following:

- The Higher Committee for Quality Assurance and Institutional Excellence.
- The Standing Committee for Quality Assurance and Institutional Excellence.

## Standing Committee of Quality Assurance & Institutional Excellence

1. Tracking the performance of quality assurance and institutional excellence processes in alignment with the approved standards.
2. Approving all requirements for the implementation of plans.
3. Approval of targets set for KPIs.
4. Examining performance reports from all units, departments and committees.
5. Ensuring adherence to quality assurance and institutional excellence standards.
6. Ensuring the attainment of KPI levels.
7. Ensuring the suitability of improvement priorities and the suggested developmental requirements.
8. Collaborating with experts or advisory committees to assess improvement priorities and receive valuable feedback.
9. Approving the Quality Assurance Committees› reports in preparation for their submission to the Higher Committee for Quality Assurance and Institutional Excellence.
10. Following up on implementing improvement recommendations and feedback regularly.

## Higher Committee of Quality Assurance & Institutional Excellence

1. Approving recommendations and development plans to improve performance monitoring.
2. Providing feedback on related topics.

# Section Four

## Act (Improvement):

This section covers the following points:

1. Development Plans and the Quality Cycle closure.
2. Self-Evaluation Based on Quality Assurance Standards.
3. Stages of Progress for Institutional Accreditation.

## First: Development Plans and the Quality Circle Closure

### Standing Committee of Quality Assurance & Institutional Excellence

1. Ensuring the adequacy and quality of supporting evidence for achievement reports while clarifying impact measurement.
2. Following up on the implementation of approved improvement recommendations.

### Quality Assurance & Institutional Excellence Committees In Vice-Presidencies & Administrative Apparatus

1. Developing action plans to track the implementation of the improvement recommendations approved by the Higher Committee for Quality Assurance and Institutional Excellence.
2. Supplying the required resources to execute the approved improvement recommendations Reviewing performance reports from all units, departments and committees.
3. Seeking insights from the recommendations and reports of the advisory committees and stakeholders (beneficiaries).
4. Submitting periodic achievement reports that demonstrate the level of attainment of improvement recommendations.

## Second: Self-Evaluation Based on Quality Assurance Standards

Self-evaluation is designed to aid those responsible for quality assurance in educational institutions to conduct objective evaluations aligned with the quality assurance standards for higher education institutions established by the NCAAA. Additionally, it can be applied in planning, internal reviews, and the development of strategies to enhance institutional quality. It is a self-evaluation focused on quality assurance standards and academic institutional accreditation, addressing the following criteria:

1. Mission, Vision, and Strategic Planning
2. Governance, Leadership, and Management
3. Teaching and Learning
4. Students
5. Faculty and Staff
6. Institutional Resources
7. Research and Innovation
8. Community Partnership

To ensure the quality and ongoing enhancement of educational institutions, it's imperative for the institution and its various units to engage in self-evaluation processes. These processes are based on specific criteria that assess the quality of performance. Faculty members and staff responsible for diverse activities within the institution evaluate performance levels based on these criteria. This evaluation is supported with relevant evidence, validation, and backing from KPIs and benchmark comparisons with highly esteemed institutions, particularly in significant domains. To fortify credibility, objectivity, and accuracy in the evaluation process, an independent evaluator or evaluators from outside the institution contribute their impartial perspectives. It fosters a shared understanding among members of the educational institution, external reviewers, and the NCAAA by outlining the factors that define effective performance in higher education institutions. This clarity enables the identification of satisfactory or unsatisfactory performance. Moreover, it provides higher education institutions with precise insights into the expectations

and requirements for each standard, presented in a descriptive, graded manner that facilitates the assessment of their current standing. This information is valuable not only for the institution but also aids external reviewers and independent evaluators in accurately evaluating performance across various institutional domains. Ultimately, it serves as a guiding tool in the planning processes to improve performance quality based on self and external evaluation based on these scales.

1. Evaluating the final reports in alignment with the standards for academic accreditation and institutional excellence.
2. Proposing the necessary actions and required procedures to meet the standards of academic accreditation and institutional excellence.

### 2.1 Elements of Evaluation:

In aiming for the highest degree of accuracy in evaluation, the NCAAA has defined specific elements that serve as the basis for the evaluation processes under each criterion. The evaluation is based on how well these criterion elements align with the established standards and effectively close the Quality Cycle, including (planning, implementation, reviewing, and improvement). The evaluation is centered on the quality level, considering the nature of the evaluation and the presence of practices that showcase any facets of excellence and creativity in institutional performance. This approach aligns with the accomplishments of many higher education institutions and their aspirations for the future.

**The elements of evaluation for the criteria include the following:**

- Availability of criteria elements and components.
- Quality level of the implementation of each element.
- Consistency in implementation, evaluation, and evidence availability.
- Continuous improvement and result evaluation utilizing KPIs and benchmarks.
- Excellence and creativity in the practices of the criteria elements.

The institution's evaluations should be based on the evidence, proofs, and KPIs it possesses that indicate the level of quality, rather than relying on unsupported claims.

### Essential Criteria:

Due to the considerable significance of certain criteria, a subset of criteria has been identified as essential criteria. They are marked in the document with an asterisk (*) and are presented in bold font. When seeking accreditation, the institution must self-evaluate these criteria with a minimum score of approximately 3 out of 5.

### Evaluation Steps:

Performance quality is assessed initially by evaluating the criterion, followed by an evaluation of the main standard, as outlined below:

### First Step: Criterion Evaluation

It starts by establishing the degree to which the criterion is applicable to the institution, utilizing one of two available options:

### Option 1: Not applicable

When the criterion is not suitable for the institution's nature and activities, the institution is not obligated to implement it. In such cases, the criterion is not considered among the criteria used to assess the standard.

### Option 2: Applicable

When the criterion is relevant to the institution's nature and activities, it's crucial to have it in place. In such instances, the criterion is evaluated using a five-point scale ranging from 1 to 5. The performance quality of the criterion can be determined through the following:

### a. Unsatisfactory Performance:

It includes 2 levels: (1, 2), detailed as follows:

### Level 1 (Criteria Not Met):

No criterion elements are available, or only a few are, or the criterion elements are not implemented, or they are implemented at a very weak level, or they are rarely implemented.

### Level 2 (Criteria Partially Met):

Most criterion elements are available, or they're implemented at a weak level, or implemented inconsistently, or there's no evaluation or it is irregular, or there's insufficient evidence, and there are some limited measures for improvement.

## b. Satisfactory Performance:

It covers levels: (3, 4 and 5), and their details are as follows:

### Level 3 (Criteria Met):

All criterion elements are available, sufficiently implemented, consistently maintained, regularly evaluated, supported by adequate evidence, followed by routine improvement procedures with positive results.

### Level 4 (Criteria Proficiently Met):

All criterion elements are available, implemented proficiently and consistently. Regular and effective evaluation is conducted, supported by sufficient and diverse evidence. Regular improvement procedures are in place as well as high performance compared to previous results.

### Level 5 (Criteria Exceptionally Met):

All criterion elements are available and consistently implemented at a remarkable level. Regular, effective, and thorough evaluation is conducted. Diverse, comprehensive, and accumulated evidence is available. Regular improvement procedures are in place, leading to distinct results compared to other institutions. Creativity is evident in the implementation of criterion elements.

**The elements utilized for evaluating at the criterion level can be summarized as indicated in the following table:**

| Levels of Evaluation / Elements of Evaluation | N\A | Unsatisfactory | | Satisfactory | | |
|---|---|---|---|---|---|---|
| | | Criteria Not Met | Criteria Partially Met | Criteria Met | Criteria Proficiently Met | Criteria Exceptionally Met |
| | | 1 | 2 | 3 | 4 | 5 |
| Availability of Criteria Elements and Components | | – No criterion elements are available, or only a few are. | - Most criterion elements are available. | - All criterion elements are available. | - All criterion elements are available. | - All criterion elements are available. |
| Quality of Implementation for Each Element | | - The criterion elements are not implemented, or they are implemented at a very weak level. | - The criterion elements are implemented at a weak level. | - The criterion elements are sufficiently implemented. | - The criterion elements are proficiently implemented. | - The criterion elements are implemented at a remarkable level. |
| Consistency in Implementation, Evaluation, and Evidence Availability | | - Rarely implemented. | - Implemented inconsistently, with either a lack of evaluation or irregular evaluation processes.<br>- There's insufficient evidence. | - All criterion elements are implemented consistently.<br>- They are regularly evaluated.<br>- They are supported by adequate evidence. | - All criterion elements are implemented consistently.<br>- Regular and effective evaluation is conducted.<br>- They are supported by sufficient and diverse evidence. | - All criterion elements are implemented consistently.<br>- A regular, effective, and thorough evaluation is conducted.<br>- They are supported by diverse, comprehensive, and accumulated evidence. |
| Continuous Improvement and Result Evaluation Utilizing KPIs and Benchmarks | | ---------- | - There are some limited measures for improvement. | - There are regular improvement procedures with good results. | - Regular improvement procedures are in place as well as high performance compared to previous results. | - Regular improvement procedures are in place, leading to distinct results compared to other institutions. |
| Application of Evaluation Criteria with Excellence and Creativity | | ---------- | ---------- | ---------- | ---------- | - Creativity is evident in the implementation of criterion elements. |

## Examples of the Rating Scales Used to Evaluate Criteria:

### Example: (Criteria 4-1-1)

**The institution is committed to the implementation of policies and standards governing the students' admission and transfer, and credit equivalency, and distributes students to the academic programs according to specific, fair published mechanisms*.**

| Level | Performance Description |
|---|---|
| (1) Criteria Not Met | The institution lacks clear policies and standards for admission, transfer, and equivalency, and there are no established mechanisms for assigning students to academic programs. However, if such mechanisms exist, they may be inadequate, inconsistently enforced, rarely applied, or implemented at a very low level of effectiveness. |
| (2) Criteria Partially Met | The institution has policies and standards for admission, transfer, and equivalency, along with mechanisms for assigning students to academic programs. Yet, certain aspects of these mechanisms may be unsuitable, inadequately announced, implemented inconsistently or weakly, not regularly assessed, or sporadically evaluated. Additionally, there are few processes in place for their enhancement. |
| (3) Criteria Met | The institution maintains policies and standards for admission, transfer, and equivalency, with established mechanisms for assigning students to academic programs, all deemed suitable and adequately announced. The institution is dedicated to implementing them consistently, fairly, and effectively, supported by adequate evidence. Most of these policies undergo periodic evaluation and improvement. |
| (4) Criteria Proficiently Met | The institution upholds policies and standards for admission, transfer, and equivalency, with mechanisms for assigning students to academic programs, all considered suitable and announced through diverse channels. The institution is committed to applying them at a high standard, consistently, and fairly, supported by comprehensive and diverse evidence. All policies undergo periodic evaluation and development, resulting in significant improvements. |
| (5) Criteria Exceptionally Met | Any outstanding performance and creativity in the application of criterion elements. |

## Second Step: Standard Evaluation

The evaluation is at the level of the overall quality of the standard. This is done by collecting the evaluation points for all criteria according to their quality level, then calculating the average by dividing the total of these points by the number of criteria applicable to the institution. The performance level of the standard is then calculated according to the following table:

| Average | Standard Level | |
|---|---|---|
| | Evaluation Score | Level |
| **4.5 or higher** | Five Points | Outstanding |
| **From 3.5 to less than 4.5** | Four Points | Proficient |
| **From 2.5 to less than 3.5** | Three Points | Satisfactory |
| **From 1.5 to less than 2.5** | Two Points | Partially Met |
| **Less than 1.5** | One Point | Not Met |

Please note that accreditation requires institutions to attain a minimum satisfactory level (three points) in each standard of the 8 standards, as well as in each criterion among the essential criteria.

### An illustrative example demonstrating how to calculate the average evaluation of the standard:

| Evaluation level / Criteria | | N\A | Unsatisfactory | | Satisfactory | | |
|---|---|---|---|---|---|---|---|
| | | | Not Fulfilled | Partially Fulfilled | Satisfactory | Proficient | Outstanding |
| | | | 1 | 2 | 3 | 4 | 5 |
| 1-1 | **Institutional Mission and Goals** | | | | | | |
| 1-1-1 | The institution's mission defines the purpose of its existence, is consistent with its nature, the needs of the community, and the national trends, and is periodically reviewed. * | | | | ✓ | | |
| 2-1-1 | The institution's goals are linked to its mission, clear and realistic. * | | | | ✓ | | |
| 3-1-1 | The institution's mission and goals are formally approved by the governing body and are widely publicized. | | | | | ✓ | |

| Evaluation level Criteria | | N\A | Unsatisfactory | | Satisfactory | | |
|---|---|---|---|---|---|---|---|
| | | | Not Fulfilled | Partially Fulfilled | Satisfactory | Proficient | Outstanding |
| | | | 1 | 2 | 3 | 4 | 5 |
| 4-1-1 | The mission guides all of the institution's operations (The strategic plan guides all of the institution's operations (e.g., operational planning, decision-making, resource allocation, and academic program development)*. | | | | ✓ | | |
| 5-1-1 | The institution has values that guide the work and the behavior of its employees. | | | ✓ | | | |
| 2-1 | Vision and Strategic Planning | | | | | | |
| 1-2-1 | The institution has a clear, ambitious, and publicly announced vision. | | | | ✓ | | |
| 2-2-1 | The institution develops a well-defined, comprehensive strategic plan that is consistent with its vision and be in line with national developmental plans and programs (e.g. Vision 2030 and National Transition Programs).* | | | | | ✓ | |
| 3-2-1 | The institution's strategic plan includes clear strategic objectives, linked to specific performance indicators to measure the extent of their achievement based on targeted performance benchmarks. | | | | | ✓ | |
| 4-2-1 | The strategic plan includes an estimation of potential risks and mechanisms to deal with them. | | ✓ | | | | |
| 5-2-1 | The institution adopts operational, and execution plans for all its units, for which the strategic plan represents a reference framework. | | | | ✓ | | |

| Evaluation level / Criteria | | N\A | Unsatisfactory | | Satisfactory | | |
|---|---|---|---|---|---|---|---|
| | | | Not Fulfilled | Partially Fulfilled | Satisfactory | Proficient | Outstanding |
| | | | 1 | 2 | 3 | 4 | 5 |
| 6-2-1 | The institution follows up the extent to which the strategic plan is implemented through specific mechanisms, prepares periodic reports on its progress, and develops and adjusts it as required based on the results of the review, assessment process, and changing circumstances.*. | | | ✓ | | | |
| **Standard's Total Evaluation** | | | | | | | |
| Total Sum of Evaluation of Criteria | | **32** | | | | | |
| Number of Applicable Criteria | | **11** | | | | | |
| Average Evaluation of the Standard | | **2,91** | | | | | |
| Overall Quality Rating of the Standard | | **3** | | | | | |

## Identifying Strengths, Areas for Improvement, and Improvement Priorities:

When conducting self-evaluation, it's crucial to identify strengths in each standard based on criteria of high performance within the institution. Additionally, it's essential to pinpoint areas needing improvement (weaknesses), followed by directing focus towards improvement priorities. These priorities serve as a fundamental basis for constructing improvement plans.

## Independent Evaluator:

Self-evaluation processes are conducted through an independent evaluator from outside the institution. This evaluation focuses on determining the accuracy and objectivity of the institution's self-evaluation results, based on available evidence, documentation, and KPIs. It involves providing necessary recommendations for improvement along with a detailed report on the matter.

## Third: Preparation of the Self-Study Report for the Institution:

PNU, represented by the Development and Quality Deanship (DQD), endeavors to enhance quality and excellence within the university through evaluation processes. This includes actively pursuing institutional accreditation and preparing the University's self-study report in accordance with the standards of the NCAAA.

### 3.1 Importance of PNU Obtaining Institutional Accreditation:

1. Recognition of PNU's adherence to an active vision, mission, and strategic plan aligned with national directions, with governance systems ensuring their effectiveness and administrative efficiency. In addition to upholding clear policies and procedures for designing and approving its academic programs and its sufficient financial, infrastructural, material, and technological resources to support its activities.
2. It establishes trust for PNU at local, regional, and international levels.
3. Meeting the standards for institutional accreditation empowers PNU to efficiently utilize its financial and material resources to provide high-quality services. PNU's dedication to implementing quality systems ensures that it remains on a path of continuous improvement and ongoing development.

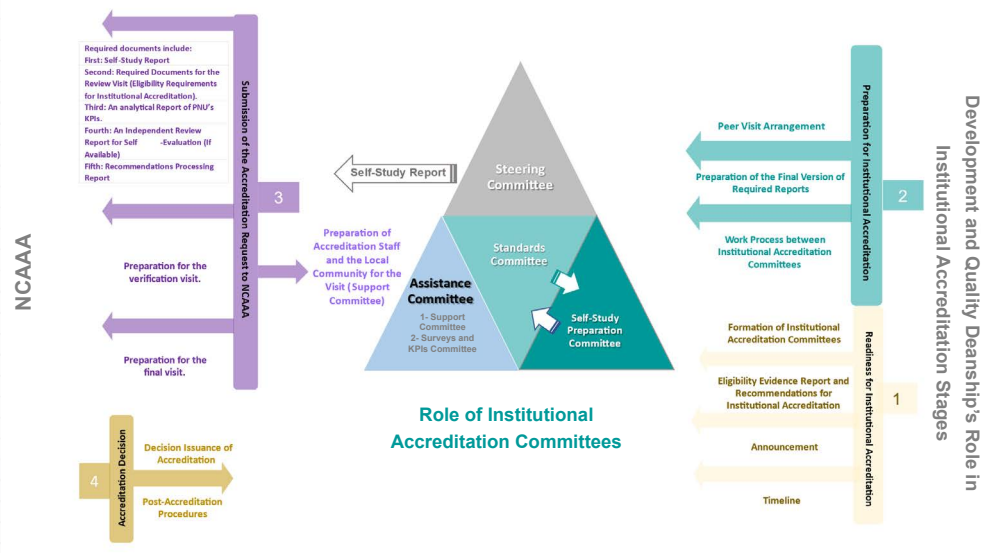
### 3.2 Objectives of Preparing a Self-Study for Obtaining Institutional Accreditation:

1. Planning, actively engaging relevant parties, and promoting teamwork, all guided by a clear and structured methodology.
2. Evaluating PNU's performance and aiding in enhancing its effectiveness.
3. Analyzing and diagnosing the current situation, including identifying PNU's strengths and areas needing improvement. In addition to outlining future plans that encompass possible actions and activities to address weaknesses and enhance PNU's performance.
4. Analyzing accreditation standards and identifying practical practices to meet the indicators of these standards.

### 3.3 Stages of Obtaining Institutional Accreditation from the NCAAA

The institutional self-study project is a self-evaluation process based on the accreditation standards issued by the NCAAA, including a comprehensive scope covering all areas of academic accreditation in the university. The Development and Quality Deanship (DQD) leads the preparation for the self-evaluation project in collaboration with all PNU entities, according to a timetable for conducting periodic self-evaluation every seven years, aligned with the NCAAA's review schedules. This process follows the stages outlined in the diagram below:

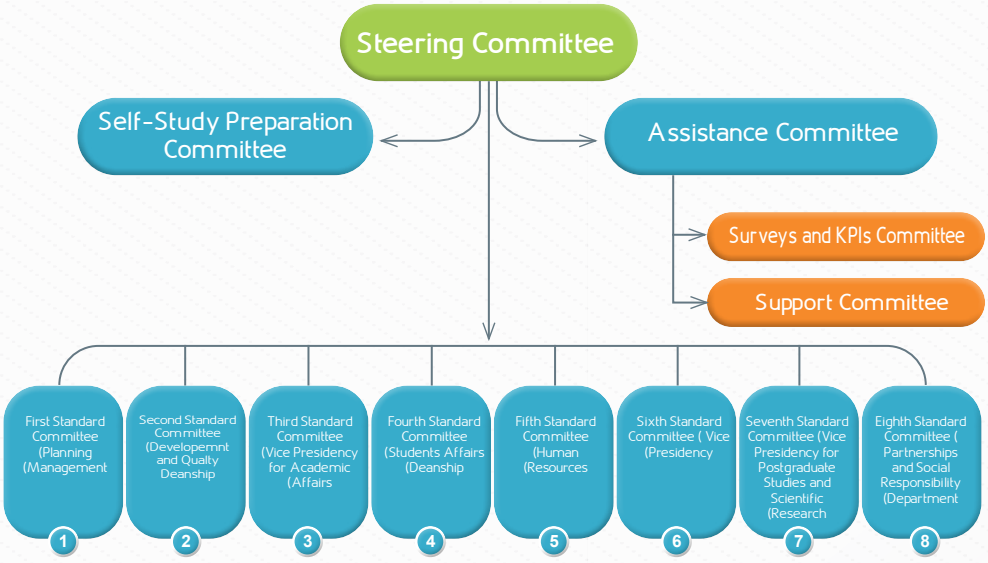
- Stage One: Preparation for Institutional Accreditation.
- Stage Two: Readiness for Institutional Accreditation.
- Stage Three: Submission of the Accreditation Request to NCAAA.
- Stage Four: Decision Issuance and Post-Accreditation Procedures.



## Stage One: Preparation for Institutional Accreditation

During the preparation stage for institutional accreditation, the Development and Quality Deanship (DQD) carries out the following activities:

1. Preparing a timeline for obtaining institutional accreditation and submitting it to PNU's administration for approval and implementation. The timeline includes the following:
   - Project stages, project budget, committee titles and their tasks.
   - A plan for obtaining qualification evidence for institutional accreditation (required documents for review).
   - A plan for monitoring previous institutional accreditation recommendations.
2. The DQD announces PNU's plan to obtain institutional accreditation and notifies all PNU's entities accordingly.
3. Initiating the formation of institutional accreditation committees, as follows:



## Steering Committee:

### a. General Overview:

This committee specializes in directing the Institutional Accreditation Standard Committees.

### b. Committee Formation:

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Vice President for Academic Affairs | (Committee Chair) |
| 2. | Head of the First Standard | (Member) |
| 3. | Head of the Second Standard | (Member) |
| 4. | Head of the Fourth Standard | (Member) |
| 5. | Head of the Fifth Standard | (Member) |
| 6. | Head of the Sixth Standard | (Member) |
| 7. | Head of the Seventh Standard | (Member) |
| 8. | Head of the Eighth Standard | (Member) |
| 9. | An Administrative Member | (Administrative Secretary) |

### C. Responsibilities:

1. Monitoring the implementation of PNU's Self-Study Project stages.
2. Monitoring the work of the Standards Committees in fulfilling the requirements of academic accreditation according to the criteria and standards of the NCAAA, by discussing the required evidence and determining its applicability across different standards, as well as considering the possibility of adding more evidence.
3. Studying and approving the final reports of the main Standards Committees.
4. Reviewing the finalized version of the standard.
5. Completing tasks along any additional requirements to fulfill the institutional accreditation standard.

## Self-Study Preparation Committee:

a. **General Overview**:

This committee specializes in preparing the Self-Study and submitting the final report to the Steering Committee for approval.

b. **Committee Formation:**

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Dean of Development and Quality | (Committee Chair) |
| 2. | Vice Dean of Quality at DQD | (Member) |
| 3. | Members of the Development and Quality Deanship | (Member) |
| 4. | Quality Expert Reviewers (4 to 5) | (Reviewer) |
| 5. | Administrative Member | (Administrative Secretary) |

c. **Responsibilities:**

1. Supervising the tasks of its subcommittees.
2. Coordinating and preparing workshops for the Heads of Standards Committees to review the process of writing standards and the required mechanisms.
3. Gathering qualification evidence and review documents from relevant entities.
4. Reviewing and assessing the self-study for each standard and its relevance to the evidence.
5. Submitting the necessary reports to the Steering Committee for Institutional Accreditation Renewal, in accordance with the approved regulations and instructions.

## Assistance Committees:

### 1. Surveys and KPIs Committee

a. **General Overview**:

This committee specializes in preparing the KPIs report for institutional accreditation. It oversees the development and deployment of approved surveys, and closes the quality cycle with relevant entities.

**b. Committee Formation:**

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Vice Dean of Quality at DQD | (Committee Chair) |
| 2. | Director of the Indicators and Reports Department | (Member) |
| 3. | Director of the Planning Department | (Member) |
| 4. | Director of the Decision-Making Support Department | (Member) |
| 5. | Quality Expert Reviewer | (Reviewer) |
| 6. | Members of the Development and Quality Deanship | (Member) |
| 7. | Administrative Member | (Secretary of the Committee) |

**c. Responsibilities:**

1. Collecting and receiving surveys from Standards Committees and constructing the surveys proficiently on the Electronic Quality Management System - Jadeer.
2. Implementing approved surveys in coordination with the General Directorate of Digital Transformation.
3. Supervising the implementation of development plans for approved NCAAA quality surveys and following up on the quality circle closure with the relevant authorities.
4. Updating the institutional development plan.
5. Providing the Standards Committees with the NCAAA-approved institutional accreditation indicators and PNU's strategic plan indicators to facilitate the committees' work.

## 2. Support Committee:

a. **General Overview**:

The focus of this committee is to prepare institutional accreditation staff and the local community for the final visit.

b. **Committee Formation:**

The committee is formed by a decision from the PNU President, as outlined below:

| | | |
|---|---|---|
| 1. | Vice Dean of Accreditation at DQD | (Committee Chair) |
| 2 | Director of Public Relations Department | (Member) |
| 3 | Members of the Development and Quality Deanship | (Member) |
| 4 | Administrative Member | (Administrative Secretary) |

**c. Responsibilities:**

1. Supervising the formation of tasks for its subsidiary teams, offering technical, logistical support, and ensuring coordination among them. These teams include the Public Relations Team, Communication Team, Quality Assurance Team and Media Team.
2. Submitting progress reports to the Development and Quality Deanship (DQD), in accordance with approved regulations and instructions.

## Institutional Accreditation Standards Committees:

a. **General Overview**:

Each committee within the Institutional Accreditation Standards Committees is responsible for developing the Self-Study report which is tailored to its designated standards.

b. **Committee Formation:**

The committee is formed by a decision from the PNU President, as outlined below:

| | |
|---|---|
| Head of the Standard | (Committee Chair) |
| Representatives selected based on the criteria associated with the standard | (Member) |
| A Quality Expert | (Reviewer) |
| Administrative Member | (Administrative Secretary) |

c. **Responsibilities of the Standards Heads:**

1. Self-evaluation regarding the quality of practice and identification of evidence, its sufficiency and efficiency.
2. Formulating an action plan based on the self-evaluation results to fulfill the standard and ensure compliance with the requirements. In addition to supervising the implementation of this plan from committee formation until the concluding step, within the first month of project approval.
3. Supervising the compilation of evidence based on the defined accreditation standards and criteria, and electronically archiving it.
4. Directing the organization and coordination of the committee members' weekly meetings and ensuring adherence to the plan.
5. Preparing the final version of the standard and reviewing it in accordance with the action plan.
6. Providing regular reports detailing progress achieved in accordance with the action plan.

7. Documenting the efforts of team members and their participation levels in the project for the team leader within the Development and Quality Deanship (DQD).
8. Managing the creation of development plans, ensuring they align with the indicators and meet the standard requirements.
9. Completing any additional tasks necessary to meet the standard requirements.

d. **Responsibilities of the Members of the Institutional Standards Committees:**

1. Documenting self-evaluation in terms of the performance quality, evidence identification, sufficiency and efficiency.
2. Collecting evidence in accordance to the defined accreditation standards and criteria, and electronically archiving it.
3. Preparing of the section related to the standard.
4. Preparing development plans and ensuring they align with the indicators and meet the standard requirements.
5. Completing any additional tasks necessary to meet the standard requirements in accordance with the approved regulations and instructions.

## Stage Two: Readiness for Institutional Accreditation

1. The Development and Quality Deanship (DQD), along with the Steering Committee, oversees the tasks of the Institutional Accreditation Standards Committees in preparing the self-study, in accordance with the timeline and team responsibilities. The work mechanism at this stage proceeds as follows:
   - Confirming attendance at the mandatory workshops/meetings.
   - Each Standard Committee compiles data and evidence relevant to its assigned standard, and then develops an initial draft of the self-study report.
   - The Surveys and KPIs Committee provides the Standards Committees with values representing institutional accreditation indicators and indicators of PNU's strategic plan.
   - Review processes for the self-study are carried out between the Standards Committees and the Self-Study Preparation Committee.
   - The Self-Study Preparation Committee compiles reports from the Standards Committees into a single document to produce the final version of the Self-Study report. This process ensures coherence, eliminates redundancy, addresses any gaps, and submits the report to the Steering Committee.
   - The Steering Committee approves the finalized version of the Self-Study report.
2. Finalizing the required documentation for the review visit (requirements for institutional accreditation qualification).
3. Finalizing a document that addresses provided recommendations from past institutional accreditation.
4. **Preparation for the Mock Visit:** The Development and Quality Deanship (DQD) enters a contract with a team of external reviewers who have expertise and experience in the quality field to carry out a visit to PNU. Their responsibility is to evaluate the university using accreditation standards and provide feedback outlining strengths, weaknesses, and areas for improvement across each standard. The reviewers' insights guide modifications to the final version of the Self-Study report before submitting it to the NCAAA.

## Stage Three: Submission of the Accreditation Request to NCAAA:

1. **Contract Signing**: The Development and Quality Deanship (DQD) provides the NCAAA with all required documents for initial review and subsequently submits an observation report. Following this, DQD addresses any observations and sends a finalized version prior to the verification visit. The listed documents include:
    a. Self-Study report including all evidence and references and classified according to the standards.
    b. Required documentation for the review visit (requirements for institutional accreditation qualification).
    c. An integrated analytical report on the institution's KPIs, featuring performance trends and benchmark comparisons.
    d. Independent evaluation report on the institution's self-evaluation (if available).
    e. Report covering the handling and implementation of recommendations.
2. **Preparing Institutional Accreditation Staff and the Local Community for the Visit:** This step initiates the efforts of the Support Committee, which aims to engage both those in charge of the Self-Study and the local community in the visit preparations. This involves involving them in the planning procedures and acquainting them with the Self-Study report.
3. **Preparing Verification Visit**: The NCAAA supervises the verification visit and ensures that all necessary final arrangements are completed to facilitate the readiness of the visiting team.
4. **Preparing for the NCAAA's Final Visit.**

## Stage Four: Accreditation Decision and Post-Accreditation Procedures

Following submission of the Self-Study report, the NCAAA issues an accreditation decision, which may vary depending on the results of its evaluation, and could include the following:

| Accreditation Result | Post-Accreditation Procedures |
|---|---|
| **Full Accreditation**: Full accreditation status means that the university has proven its adherence to all the NCAAA's institutional accreditation standards, either fully or to a significant extent. This type of accreditation lasts for seven years. | When a university achieves full accreditation, it undertakes to the following actions:<br>- Providing an action plan addressing the recommendations outlined in the accreditation decision.<br>- Submitting an annual report by the end of each year, containing updated fundamental data (the institution's annual file), KPIs, and necessary documents to the NCAAA.<br>- The university commits to submitting progress reports on its advancements two years and four years after the institutional accreditation decision's issuance date, using forms approved by the NCAAA. |

| Accreditation Result | Post-Accreditation Procedures |
|---|---|
| **Conditional Accreditation:** Conditional accreditation status indicates a critical need for substantial and immediate improvement to achieve full compliance with the standards, under the following circumstances:<br>- If any of the essential criteria within the teaching and learning standard are evaluated as meeting only the minimum requirements.<br>- If over 50% of the essential criteria in any standard, excluding the teaching and learning standard, are evaluated as meeting only the minimum requirements.<br>- If the evaluation of a single criterion or a sub-criterion is at "minimum compliance" level, up to a maximum of two criteria.<br>The conditional accreditation period will be up to a maximum of two years. | If the university achieves conditional accreditation, it has the opportunity to submit an application, backed by evidence, to address the conditions six months after the accreditation decision. If all conditions are successfully addressed, the NCAAA will grant full accreditation. Furthermore, the university must commit to providing the following:<br>- Providing an action plan addressing the recommendations outlined in the accreditation decision.<br>- Submitting an annual report by the end of each year, containing updated fundamental data (the institution's annual file), KPIs, and necessary documents to the NCAAA.<br>- The university commits to submitting progress reports on its advancements two years and four years after the institutional accreditation decision's issuance date, using forms approved by the NCAAA. |
| **Denial of Accreditation**: It occurs under the following circumstances:<br>- If one of the standards is deemed non-compliant, meaning that 50% of its indicators, including the essential ones, are evaluated as non-compliant.<br>- If three standards achieve only minimum compliance, with each of them being evaluated accordingly. | - Apply for accreditation once more after verifying that the requirements and quality of documents have been met. |

## Keynote:

**Fundamental changes**: They refer to any adjustment necessitating an amendment of the license issued by the Ministry of Education. This includes relocating to new workplaces, using additional workplaces, and any changes associated with a change in ownership. Therefore, the NCAAA must be notified at least one full academic semester in advance of making such fundamental change. Any proposed fundamental changes must be presented to the NCAAA for review at the same time as the request to revise its license, to ensure ongoing compliance with quality assurance standards.

## Fourth: Evidence / Supporting Templates:

The table below outlines key forms and templates and primary suggested evidence to facilitate the preparation of the Self-Study:

| | Evidence and Forms for all Stages of Institutional Accreditation | |
|---|---|---|
| | **Institutional Accreditation Standards** | **Key Suggested Evidence for Preparing a Self-Study** |
| 1. | Mission, Vision, and Strategic Planning | |
| 2. | Governance, Leadership, and Management | |
| 3. | Teaching and Learning | |
| 4. | Students | |
| 5. | Faculty and Staff | |
| 6. | Institutional Resources | |
| 7. | Research and Innovation | |
| 8. | Community Partnership | |

# References


- Academic Accreditation Policies Guide - National Center for Academic Accreditation and Evaluation (NCAAA).
- Accreditation Standards for Higher Education Institutions - National Center for Academic Accreditation and Evaluation (NCAAA).
- Key Performance Indicators for Higher Education Institutions - National Center for Academic Accreditation and Evaluation (NCAAA).
- National Center for Academic Accreditation and Evaluation website.
- Quality Management System Guide (PNU-QMS) - 2014.

نثوري
١٤٢٧هـ