



Jazan University

College of Applied Medical Sciences

Emergency Medical Services Department



Quality Assurance System Manual

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JU	Jazan University
EMS	Emergency Medical Services
QMS	Quality Management System
DAD	Deanship Of Academic Development
QR	Quality Representative
GB	J U Governing Board
NCAAA	The National Commission for Academic Accreditation & Assessment
HRD	Human Resource Development
EQMS	Electronic Quality Management System
PPR	Periodic Program Review
SSRP	Self-Study Report of The Program
QA	Quality Assurance
PLO's	Program Learning Outcomes
KPI's	Key Performance Indicators

ABBREVIATIONS



INTRODUCTION

Quality is the extent to which the customers or users believe the product or service surpasses their needs and expectations. Jazan University aims to continuously improve the quality of all its operations by a formalized system assuring the fulfillment of the academic standards.

- Quality Management System (QMS) - A management system to direct and control an organization regarding quality.
- The QMS Manual contains organizational information, quality policy, objectives, and methodologies to achieve compliance with NCAAA standards.

Amendment Coordination:

- Since the inception of Deanship of Academic Development in 2009, DAD's major role has been to drive quality initiatives, implementation of the Strategic Plan and efforts at the University level for accreditation of the University's programs.
- Deanship of Academic Development (DAD), as JU Quality Coordinator system, is responsible to coordinate any amendments to this QMS as a mandatory procedure to Manual Control.



1.0 ORGANIZATIONAL BACKGROUND

JU is a public teaching & research University based in the city of Jazan. The establishment of JU was one of the most remarkable academic events in 2006 in Jazan Province.

JU Achievement So Far

University Colleges

JU has 25 colleges which award bachelor's degrees and two colleges award associate degrees, and in addition, there are 9 support deanships.

Scientific Research

- First: Setting up research centers and institutes
- Second: Research and Conferences (high international and national participation level)
- Third: Setting up a refereed journal, JU Scientific Journal.

Scholarships

JU has given full priority to scholarship programs offered to faculty members where they can conduct post graduate studies.

Quality and Academic Development

- Information Technology Infrastructure unit
- Deanship of Academic Development unit (DAD)
- Deputyship for Quality and Entrepreneur ship.

JU Vision

Jazan University will be a gateway to the future for the region and the kingdom, recognized nationally and internationally for academic excellence, competent graduates, high impact research and service that deliver social and economic impacts to the region and the world.

JU Mission

- Achieve academic excellence and prepare graduates to become regional and national leaders
- Serve the community by addressing its problems
- Produce internationally recognized research and new knowledge that meet the needs of Jazan Province



JU Strategic directions

- Building world class management
- Achieving intellectual excellence
- Delivering social and economic impacts

JU Seven values

- Leadership at all levels
- Quality and excellence, including commitments to critical inquiry, student success,
- professionalism, interdisciplinary study, and innovation
- Integrity, including honesty, transparency, and accountability
- Freedom of individuals and of thought.
- Affiliation
- Respect, fairness, and diversity
- Sincere Citizenship and service to the community

JU Functions

- To provide and maintain higher educational services;
- To conduct research and consultancy services;
- To produce academic publications; and
- To provide community service programs

JU Governing Board (GB)

- b) Stakeholders
- c) Product
- d) JU Top Management
- e) JU Staff
- f) Quality Representative (QR)
- g) Chairperson, Self-Study Steering Committee



2.0 NCAAA standards categories

The National Commission for Academic Accreditation & Assessment (NCAAA) in Saudi Arabia has developed a set of standards and criteria for quality assurance and accreditation of higher education programs in 5 standards with detailed requirements of each standard which are used as the overarching principles in developing the Standards for the Program as following:

1. Program management and quality assurance.
2. Teaching and learning.
3. Students.
4. Faculty.
5. Learning Resources, Facilities, and Equipment.

The approach to quality assurance and accreditation of programs in the Kingdom of Saudi Arabia is based on self-evaluation in relation to generally accepted standards of good practice, verified by independent external review. To support this approach, the standards are supported by self-evaluation scales through which faculty and staff responsible for programs rates their own performance using a rating of level of performance. In order to achieve the highest degree of accuracy in the evaluation, the Center has developed specific elements that the evaluation processes depend on for all the criteria listed under each standard. The evaluation of the quality level is based on the extent to which the criterion meets its elements, and effectively closes the quality loop (planning, implementation, review, and improvement).

The elements of evaluation of the criteria are composed of the following:

- Extent of availability of elements and components of the criterion
- Quality level of application for each element.
- Regularity of application and assessment, and availability of evidence.
- Continuous improvement and level of results in the light of indicators and benchmarks
- Excellence and creativity in practices of the elements of the criterion.



2.1 NCAAA Evaluation scale of the standards and criteria

The NCAAA assessment uses Stars for evaluations. Performances are assessed by allocating from zero to five stars indicating 6 levels of performance in accordance with the following descriptions:

Essential Criteria of evaluation:

Due to the importance of some of the criteria, a set of criteria has been identified, which represent essential criteria. These criteria have been marked with an asterisk (*) and written in bold face. Such criteria must be evaluated at the level of at least 3 points out of 5, when the program applies for accreditation.

2.2 Steps for Evaluation:

The quality of the performance is evaluated by evaluating the criterion first, and then evaluating the standard, as follows:

Evaluation of the criterion

Starting with determining the extent of applicability of the criterion to the program using one of the two options:



Option 1: Not Applicable

That is, the program is not required to apply the criterion because it is not suitable for its nature and activities. If this is the case, the criterion is not counted within the criteria included in the evaluation of the standard.

Option 2: Applicable

That is, the criterion is related to the nature and activities of the program, and it is important to provide it. If this is the case, the criterion is evaluated using a five-point scale (1 to 5). The quality of performance can be judged by:

A. Unsatisfactory Performance:

This includes two levels: (1 and 2), as follows:

Level 1 (Non-Compliance):

There are no or few available elements of the criterion, (or) the elements of the criterion are not applied at all, (or) are applied at a very low level, (or) are rarely applied.

Level 2 (Partial Compliance)

Most of the elements of the criterion are available, (or) that the elements of the criterion are applied at low level (or) are applied irregularly, (or) there is no assessment or it is there but is irregular, (or) there is insufficient evidence, and there may be some limited improvement procedures.

B. Satisfactory Performance:

It includes three levels: (3, 4, and 5), detailed as follows:

Level 3 (Compliance):

All elements of the criterion are available, all of which are applied at a good level and regularly, there is a regular and effective assessment, sufficient evidence is available, and there are regular improvement procedures and good results.

Level 4 (Perfect Compliance):

All the elements of the criterion are available, all of which are applied at a perfect level and regularly, there is a regular and effective assessment, sufficient and varied evidence is available, and there are regular procedures for improvement and higher

results compared to previous results.

Level 5 (Distinctive Compliance):

All the elements of the criterion are available, all of which are applied at a distinct level, on a regular basis, there is a regular, effective, and excellent assessment, and various, comprehensive, and cumulative evidence is available, there are regular procedures for improvement and distinct results compared to other programs, and there is creativity in the practices of the elements of the criterion.

2.3 Academic Development

Summary of Development Process

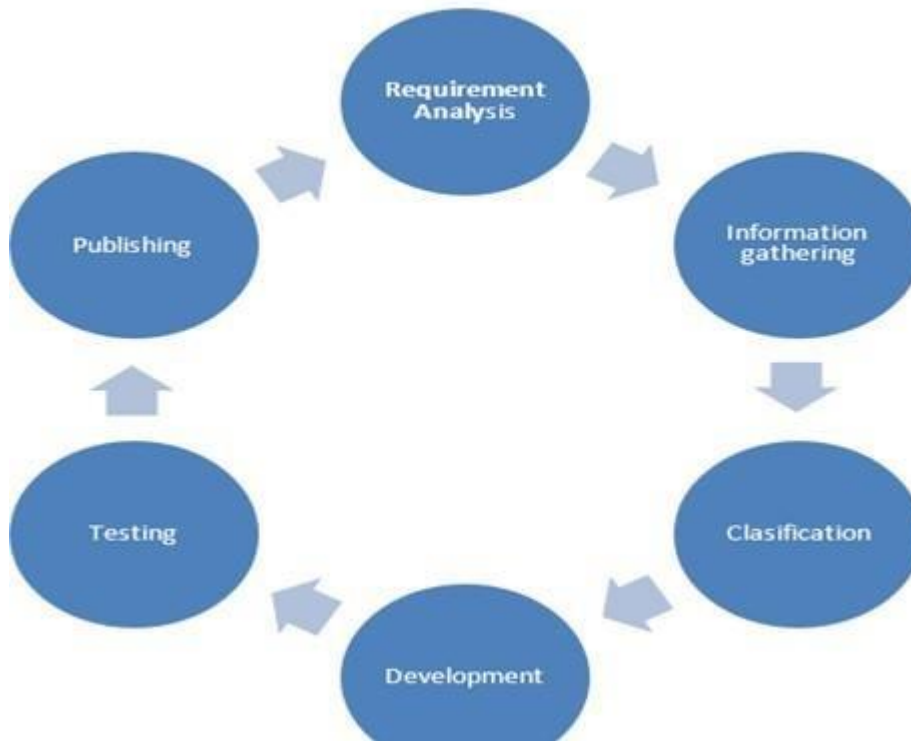


Fig.2.0 Summary of Development Process



To sum up, the system is to improve the overall quality assurance process at the University. Moreover, to support for applying the accreditation process. In addition, it also serves as a central depository system for NCAAA/ JU evidence

3- Quality Management System (NCAAA)

Program QMS is being created to ensure a good quality management system developed and implemented to guide NCAAA and College Vision 2020, strategic planning implementation based on quality policy and objectives.

3.1 SCOPE of NCAAA, IMPLEMENTATION

Program (QMS) will implement NCAAA standards as mandatory quality system for all KSA public higher education to achieve program quality policy and objectives. The implementation area will cover JU Community colleges, new and established faculties, etc.

Scope of program QMS implementation of CAMS and JU:

QMS scope is for quality management system for program as a public program such as defined in the JU charter.

Major activities or processes to provide a qualified higher education service

Program has considered the Saudi Arabian Qualifying Framework or SAQF of KSA in developing its policy, mission and objectives, strategies in providing services of higher education, in line with new college 2020 Strategic Plan. There are 9 core activities or major processes in providing higher educational services in the program.

a) Academic Development

In academic development planning, the emphasis is to broaden the learning opportunities for students in southern province in the field of science, technology, commerce, IT, medical, pharmacy and nursing, offering high quality programs

b) Student Development

Deanship of Academic Affairs and Vice Rector for Academic Development and JU



Alumni is an integral part of JU. Major student development policies will cover the following:

- To produce students with integrity based on JU 2020 plan and SAQF framework
 - To produce students with entrepreneur ship skills
 - To incorporate religious and cultural values of Saudi Arabia
 - To strengthen sport and co-curriculum activities
 - To provide college residence to all qualified students
 - To upgrade the student cafeteria
 - To produce well-balanced students (intellectual, physical, mental, spiritual and emotional with ethics and good citizenship)
 - To initiate and build strong JU Alumni as an important stakeholder
 - To provide high quality and responsive medical health care
 - To provide a safe, clean, and productive environment to students at all time
- c) Building World Class Management
 - d) Human Resources Development
 - e) Research Development, Consultancy, Intellectual Property Protection
 - f) ICT Development
 - g) Infrastructure/ Physical Development
 - h) Facilities Management
 - i) Admission and Registration



3.2

QUALITY MANAGEMENT SYSTEM AT (JU)

Governing Board (GB) of JU will create, document, implement, and maintain the JU QMS and will continue to improve its effectiveness in line with NCAAA requirements, stakeholders' satisfaction, JU Vision 2020 and Afaq plan. GB of JU will-:

- a) Determine the required major processes in the QMS and their implementation
- b) Determine process sequence and related processes.
- c) Determine criteria, operational mechanism, and effective process control.
- d) Ensure adequate resources and accurate data to support process excellence and process monitoring.
- e) Monitor measure and analyze process achievement or KPIs achievement.
- f) Execute opportunities for improvements, preventive and corrective control, and continuous process improvement.

3.2.1 Program Planning and Design

Program planning is important in ensuring the range of programs offered by the University matches its strategic plans and the needs of the Kingdom

Major changes: Changes to a key component of a program

Changes affecting more than 10 credit units in any level

Minor changes: Minor changes to course specifications are included in this category.

To make such minor changes to courses, appropriate documentation needs to be submitted

Program Closure

The authority to remove a program or course rests with University Council, acting on the advice of the University Standing Committee for Study Plans and Curriculum.

3.2.2 Program and Course Annual Monitoring and Reporting

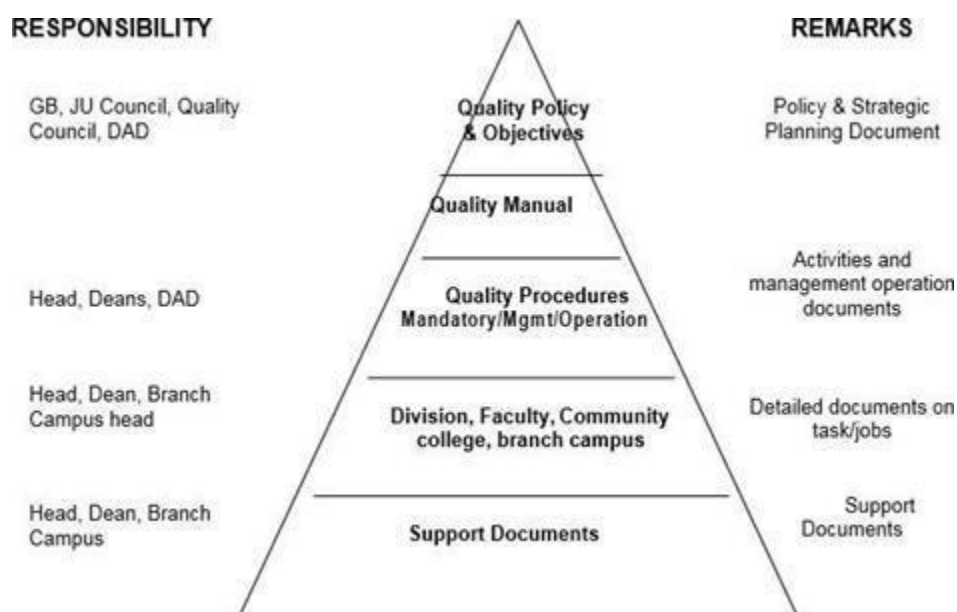
Program and course annual monitoring is a continuous process by which a program and its constituent Courses are kept under review.

3.2.3 Documentation Requirements

Content of the report: The report should follow the format provided by the NCAAA on Periodic Program Self Study. The substance of the report will provide information to populate all sections.

Documentation:

The Self-Study Report of the Program (SSRP) and additional information should be provided in hard copy and electronic format.



Documentation Structure

Fig 3.0 JU QMS

A Periodic Program Review (PPR) is a thorough examination of the quality and standards of a program. **This annual activity representation is shown in Fig. 3**

3.3 Quality process

The program has quality process summarized in the following points and shown in the following figure 3.2:

- 1- Design manuals, guidelines, and regulations.
- 2- Implementation procedures.
- 3- Data collection.
- 4- Data analysis.
- 5- Stakeholders Discussion and feedback.
- 6- Improvement action plan then back to correct the design complete the quality cycle.



Figure 4.0 The continuous quality improvement cycle and how the process is reflective by planning and review.



3.3 QUALITY MANUAL

Quality Manual is the main document to explain the policy and planning by JU top management. The Quality Manual is the main source of reference other than NCAAA and JU Vision 2020 documents. The scopes of JU Quality Manual are:

- a) Scope of implementation for QMS.
- b) Quality policy and quality objectives of JU.
- c) Non-applicable to NCAAA requirements.
- d) Reference to procedures and other support documents.
- e) Process map in the QMS.

Quality Manual is supported by the following quality documents:

• Quality Procedures

Quality Procedures describe all management and operational processes of JU. GB will be responsible to prepare and implement the procedures in line with NCAAA, JU Vision 2020, and future international accreditations requirements. GB will prepare 9 management procedures:

• Mandatory Procedures

- 1 Document Control
- 2 Control of Records
- 3 Self-Study or Internal Audit
- 4 Risk Management
- 5 Improvement Initiatives.

• Management Supporting Procedures (Four procedures):

- 1 Self-Study Report (SSR)
- 2 Human Resource Development (HRD)
- 3 Stakeholders' feedback (survey and action plans)
- 4 QMS and EQMS monitoring.



RECORD CONTROL

JU Central Record Control will be established at DAD to oversee Record Control Procedures. One master list of records will be prepared to ensure identification and maintenance of all quality records. One system reference code will be established according to the categories.

All record will be kept safely with easy access for quick reference. If it is kept electronically (EQMS), one back-up system will be established. Top Management will take preventive action to prevent data loss and out in place a risk management plan.

All records should be kept systematically for reference for FIVE years before being banished according to procedures set by the Management.

Electronic Quality Management System (EQMS)

NCAAA Database Depository System (EQMS)

EQMS is designed to make available a comprehensive, WEB-Based, Quality Management System that provides electronic portfolios and academic assessment for all colleges and programs. It is available any time anywhere for all users who have an internet connection.



1- Management Responsibility

1.1 JU Management system`s Responsibility

Higher Standing Quality Committee of the University has been established through the management system. The Management will always give continuous support to all quality initiatives to ensure smooth implementation and its effectiveness:-

- a) To ensure JU staff understand the Mission and Vision of JU Strategic Plan: Vision 2020, NCAAA requirements, meeting all the approved KPIs, and providing quality services.
- b) To continuously review JU strategic plan and JU quality management system.
- c) To conduct regular Quality Council meetings to review the progress of quality assurance, accreditation and KPI achievements.
- d) To ensure adequacy of resources and information meeting stakeholders' requirements

4.2 RESPONSIBILITY AND ACCOUNTABILITY

Governing Board of JU will identify and inform the job terms and responsibility for all JU staff through JU organizational structure and list of latest job descriptions.

The Institutional Self- study flowchart is shown in Fig. 4.0

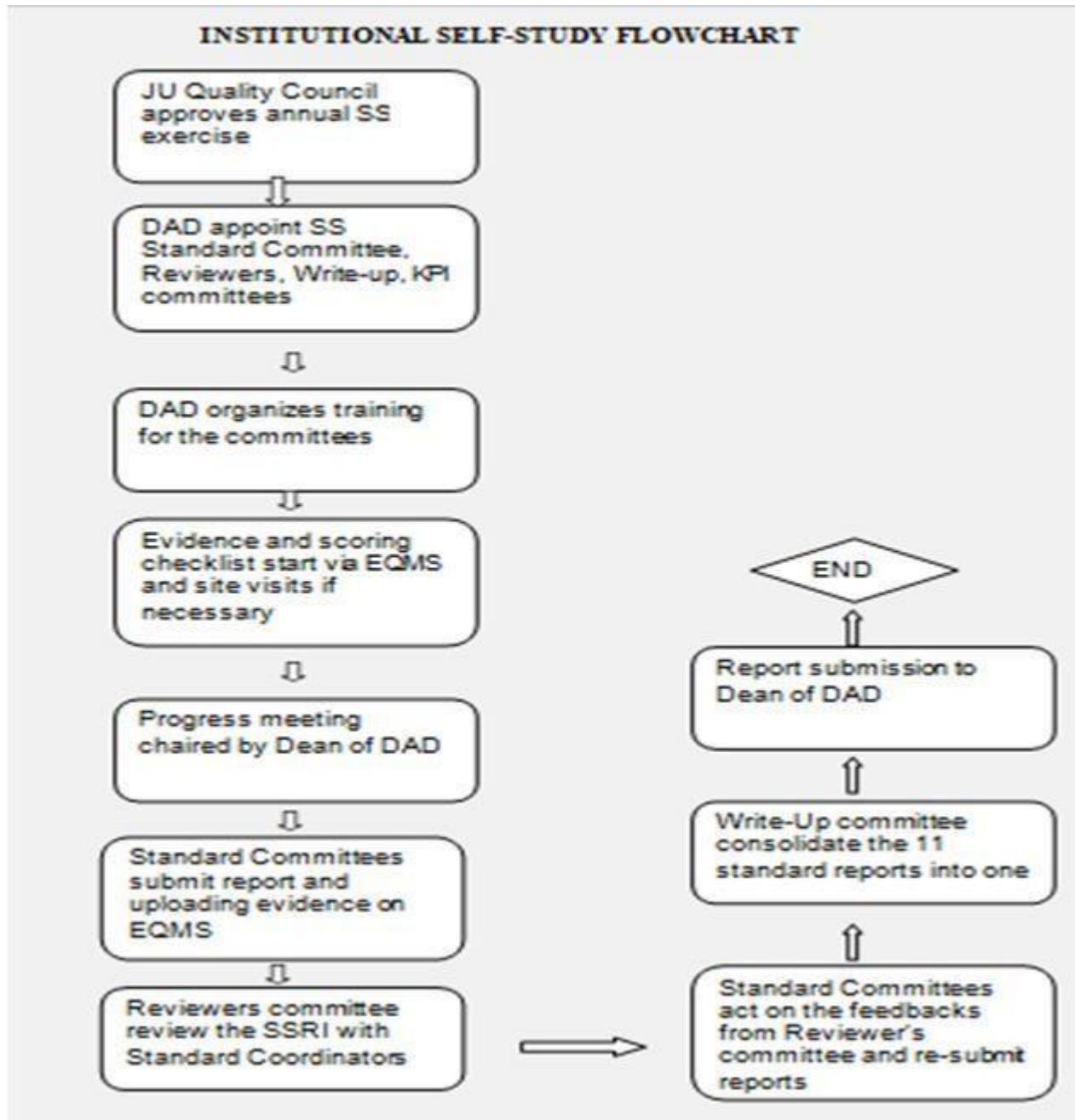


Fig. 4.0 Institutional Self- study flowchart

4.2 QUALITY MANAGEMENT SYSTEM AT COLLEGE

The College quality & Development unit has the organizational structure as in Fig. 5 of the six department of College to ensure quality provision and getting the programs accreditation.

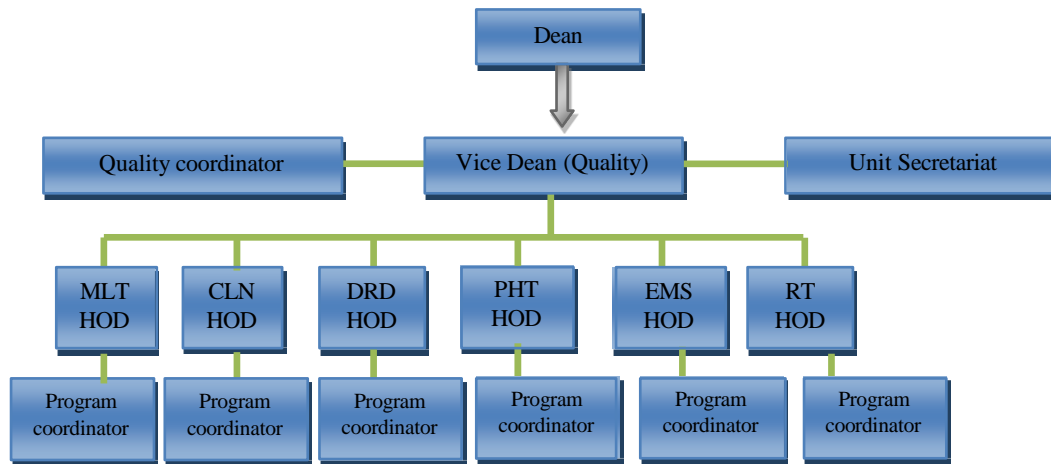


Fig 5.0 organizational structure of the quality in the college

College Dean

Basically, the Dean has responsibility for the educational and administrative business of the faculty and its departments. Accordingly, Deans are the primary accountable officer for management and delivery of teaching and learning in their college.

Dean's responsibilities:

- Coordinating the development of and implementing the college's Vision, Mission, and Goals.
- Leading college efforts towards achieving University goals.
- Developing a college budget.
- Leading and coordinating college strategic planning and curriculum development.
- Supervising, evaluating, and supporting Departments in a manner that promotes
- Excellence in instruction, scholarly and creative productivity, and service.
- Leading and coordinating the governance of the college (main campus, female section, and branches).



Vice Deans` (Quality) responsibilities:

- Providing advice to the Dean on all matters relating to quality in the college.
- Monitoring the Quality Unit performance and develop communications within their faculty and entities on quality issues.

Head of Department`s Responsibilities

- Responsible and accountable for setting and advancing the academic strategy of the Department in line with Faculty and University strategic plans and direction.
- Oversee, organize, and develop the core activities of teaching, research, examining, advising and other service activities and knowledge transfer, consulting with all departmental colleagues.
- Refresh and develop new programs to attract new students and markets.
- Ensure the highest levels of quality, integrity, and ethics in teaching, learning and research within the department.

College Quality Coordinator`s Responsibilities

- Assist the College Dean/ Vice Dean (Quality) with planning, implementing, and monitoring of quality within the college.
- Provide organizational support to the Vice Dean (Quality) to ensure the efficient implementation and monitoring of the teaching and learning observation process.

Program Quality Coordinator`s Responsibilities

- **Develops** and manages the program`s/ department`s assessment plan and data collection including: developing program goals and student learning objectives, developing a program curriculum matrix and assessment activities matrix, developing, and implementing direct and indirect assessment methods appropriate for the program, collecting data about the program and student learning.
- **Provides** semi-annual updates of progress and/ or achievements (at the end of each semester) to the department chair, college dean for the Assessment of Student Learning.
- **Provides** documents and evidence for Program accreditation based on NCAAA and/ or other related accreditation bodies (mainly, program specification, course specification, course report, program report, Self-Evaluation Scales of the Program (SESP) and the Self-Study Report of the Program (SSRP).



5.0 QUALITY MANAGEMENT SYSTEM AT DEPARTMENT

Quality assurance & development processes must of course be carried out at the level of courses and programs, and considered at the level of the academic departments or colleges within which they are managed. Provision at the level of programs will be the primary focus for program accreditation judgments. However there also needs to be overall institutional consideration of the quality of its programs as a whole, and capacity to identify areas within the institution where improvements may be required.

5.1 Quality cycle

The EMS program has a cycle summarized in steps:

- Design manual
- Implementation procedures
- Data collection and evaluation
- Monitoring process
- Improvement action plan

The Planning& review

Quality assurance and improvement should be integrated into normal planning processes in a continuing cycle of strategic planning, monitoring, evaluation and review.

This planning and review cycle may be repeated or changed in a flexible way in response to feedback and changing circumstances. A review of performance may lead to a conclusion that objectives need to be redefined and a new plan for development is prepared.

When applied to planning for quality improvement, some of the steps in this planning cycle have special meaning. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning tool following an initial assessment.

The EMS department has planned to start the quality process with a strategic plan covered the years 2017 to 2022 and it is excreted from the College of Applied Medical Sciences.

Actually, EMS program has a regular cycle of planning, implementation, monitoring, evaluation and review.

Evidence Collection

Opinions on quality are not based on impressions and good but rather on tangible evidence. Hence, evidence collection is an important aspect for building up an evidence-based internal quality system. In this context the NCAAA Handbook 1 provides an insight into the important evidence required for each of the six quality standards. This collection of evidence is listed below.



The implementation

For the main program objective there were activities and initiatives with its KPIs to be implemented during based on the specificity of the activities in each committee, e.g. Clinical training committee will take all the activities related to this issue and so on with other organizational committees.

The Monitoring

All initiatives and activities are implemented and the outcomes are monitored through the strategic plan in the concern year.

Independent Evaluation

- Summary of views of independent external evaluator(s). This might be an overview of the views presented by evaluators to the sections of the evaluation above, a comment by an external evaluator on the report as a whole, or a combination of these approaches.

Conclusion and Action Plan

- An action plan following the review is a specific statement of any planned variations in the initial plans for the following period as a result of the outcomes of the review
- A list and brief description of actions that are recommended at the level of the Department as a whole, in parts of the college where weaknesses have been identified, or where strategic priorities have been established for improvements. Matters that are regarded as the highest strategic priorities should be identified.

5.2 Accreditation requirements:

The road to accreditation demands lots of efforts and requires a wide cooperation. It requires establishing several aspects and carrying out several activities. These aspects and activities include the following:

1. Identifying program learning outcomes (PLO's) by preparing course specifications using NCAAA Course Specifications Template for all courses taught.
2. Establishing an Internal quality system aiming at spreading quality culture throughout the establishment.



3. Building course files based on PLO's for all courses taught.
4. Collecting and studying reports on all courses taught at the end of each semester using NCAAA Course Report Template.
5. Establishing evidence-based files by creating a data base of evidence that deals with all aspects of institutional processes and activities based on NCAAA key performance indicators (KPI's).
6. Carrying out self-evaluation using NCAAA Self-evaluation Template as the important component of the accreditation file presented to the NCAA prior to the accreditation process.

Each of these important aspects is dealt, separately, as the following:

1. Course Specifications (NCAAA)

The Course Specifications Template comprises several sections that comprehensively define PLOs for the course considered including:

- A. Course ID and Information (Title/Code/hours/Credit)
- B. Course Objectives aligned with PLO's Course Aims / Plans for Development
Course Main Topics / Contact hours required for each topic
- C. Development of PLOs in Domains of Learning
 - a. **Knowledge** (List of knowledge/Teaching Strategies)
 - b. **Skills:** 1- Application of knowledge
2- Acquiring and showing practical skills
 - c. **Values:** -
 - Creativity
 - Teamwork.
 - independence
 - Time management
 - Problem solving



- Critical thinking
- Responsibility
- D. Student Support:** Arrangements for faculty availability for academic advice
 - a. Learning Resources (Text Books/References/e-material)
 - b. Facilities Required(Class/Lab/Equipments/Internet)
- E.** Course Evaluation and Improvement Process 1. Student evaluation of teaching quality (Feedback) 2. Other evaluation processes
- F. Course File Inventory Establishment**

Spreading quality culture throughout the establishment will help establishing a course file inventory in each of the institution programs. The Course File provides benefits that include:

 - a) Helping to study teaching, learn from it, and improve it.
 - b) Provides analysis and reflections on the course.
 - c) Deepening understanding of the teaching/learning process.
 - d) Leads to better teaching and better learning
- G.** Helps to fill gaps between intentions towards course improvement and actual deeds in this context.
- H.** Serves to passing teaching experience through generations. Course File contents include:
 - a. Course Specifications (NCAAA form)
 - b. Course Teaching Plan (Topics for each lecture)
 - c. Mid-term Exams (Examples of Exam and Model Answer)
 - d. Final Exams (Examples Exam and Model Answer)
 - e. Course Report (NCAAA form)
 - f. Feedback (Student assessment of teaching quality)
- 2. Course Report** Template in an NCAAA document that has to be provided for each course at the end of each semester in which the course has been offered. This important document reports on:
 - a. Course ID &Information: Course title, code, contact hours, and credit hours.
 - b. Course Delivery



3. Self-Assessment

The assessment process involves several activities including:

- A. Key Performance Indicators (KPI's) – Using NCAAA
- B. Annual Program Report
- C. Self-Evaluation Study
- D. Self-Study Report.

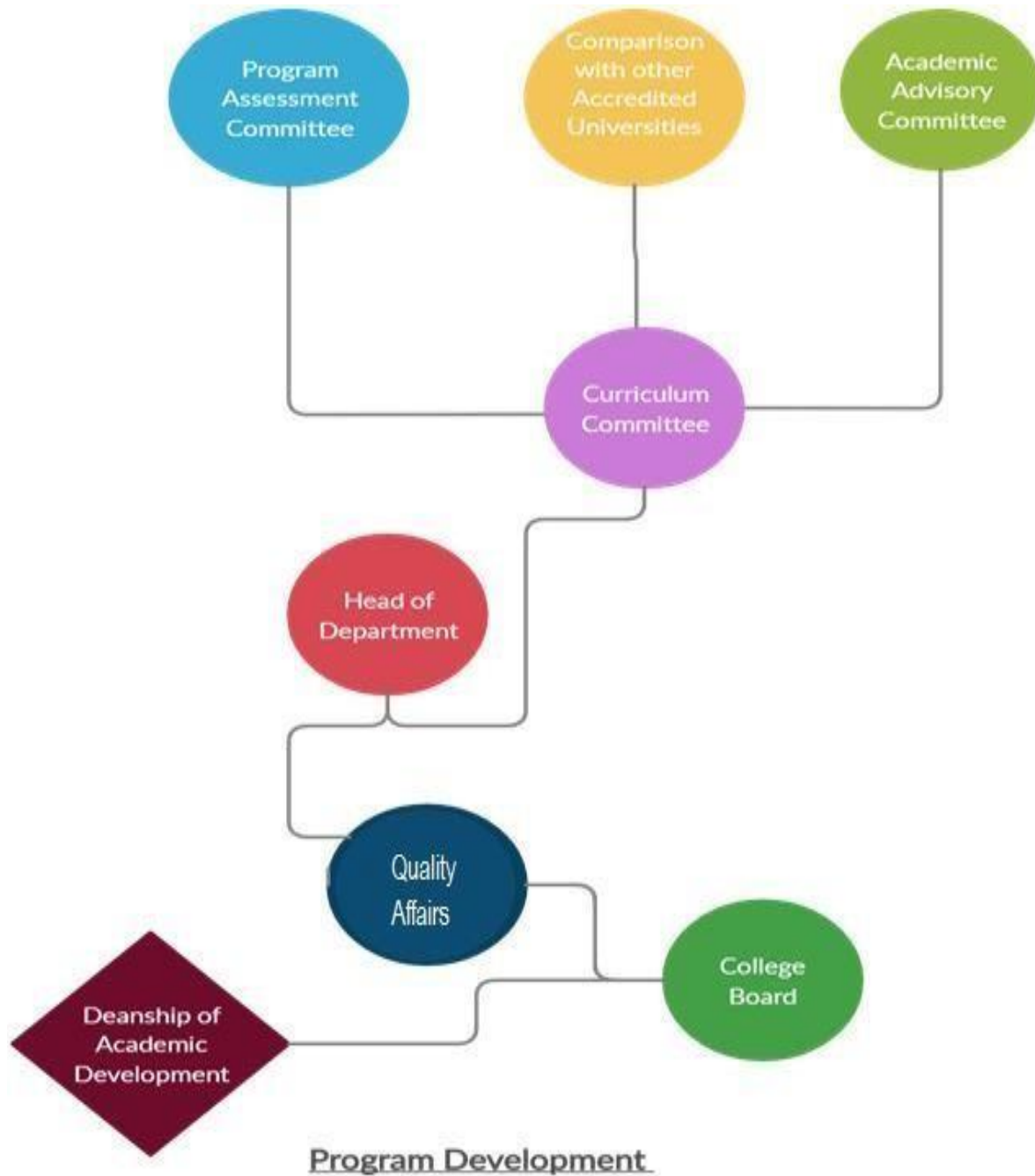
However, the using of NCAAA Self-Assessment template involves several other activities including:

1. Gathering performance evidence
2. Assessment Method
3. Defining improvement priorities
4. Recording Assessment Points (Stars vs. Points)
5. Defining strengths and weaknesses
6. Writing the report

The NCAAA Self-Assessment template is a comprehensive document that covers all aspects of institutional processes and activities. It is a generous document describing good practice in each of the six quality standards. It is also informative as it describes in detail using the stars/points system of evaluation. It also offers an opportunity for self-critique by allowing reflection on improvement priorities. This NCAAA Self-Assessment Template helps reveal presence of defined PLO's, reveal presence of defined KPI's, and assess Institution/Program relating to Quality Standards allowing the NCAAA Auditors to make a better judgment throughout the accreditation process.

* NCAAA Forms/Documents version 2018 Specifications Template Program Specifications Template Course Specification Template field experience Report Template course Annual program report Template Self Evaluation Study Template Self Study Program Template Student Assessment of University experience (Questionnaire) Student Assessment of Program Quality (Questionnaire) Standards for QA Accreditation.

Quality Assurance Work Flowchart





5.2 **Program Quality Committee.**

A quality committee has been established with membership from all major academic units, to work with the quality center in planning and carrying out responsibilities for quality assurance

5.2.1 **Members of the Quality Assurance & development Committee (Department Level)**

Head of Section concerned	Head
Quality Coordinator for the Department.	Dr. Mohtashim Lohani
Members of the department appointed by the head of department.	
1. Dr Nizar Khamjan	Head
2. Prof. Mohtashim Lohani	Member
3. Dr. M E Moukhyer	Member
4. Dr. Bahja Siddig	Member
5. Dr. Mazharul Haque	Member
6. Dr. Elsie Maguen	Member
7. Dr. Kumaresan Kathamathu	Member

Program Quality Assurance Committee's tasks:

1. Ensure that the program complies with the quality standards of accreditation bodies.
2. The preparation of self-study to meet the accreditation body standards report.
3. Ensuring the availability of the required documents and files, review of decisions based on the accreditation body requirements in the program.
4. Collecting, reviewing and interpreting the program calendar or recommendations of the accreditation.
5. Recommending improvements to the program sections and propose amendments as appropriate.
6. The preparation of the implementation of the program based on the recommendations or results of the evaluation and accreditation activities plan.
7. Prepare an annual report highlighting the achievements regarding the procedures in the implementation of the program's sections, and propose corrective action plan if necessary



5.3 Organizing committees

The organizational committees play an important role to review the academic process and activates. As well they develop the evaluation process via stakeholders.

The feedback is utilized and managed to monitor the process and take the decision towards the improvement via the proposed action plan.

There are many committees are managed to prates, evaluate, mentoring and document all the activates and process. The Quality Assurance and Academic Development Unit formed various organizing committees as follows

1- Self-Evaluation Scales Committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation.
2. Investigate and provide information and reports on all standards using the Self Evaluation Scales
3. Consult with those responsible for the function they are considering and with users of those services,
4. Collect evidence for all standards and sub-standards.
5. Prepare Self-evaluation study report.

1.1 Sub-committees for Self –study:

It has proved valuable to form sub-committees within a large department to consider the programs and services. They offer activity plans for QA Unit. (Seminars/ Interactive Lectures/ Workshops/Training).

Standard 1sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard
2. Collect evidence for standard1.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 1.
5. Prepare Self-evaluation study report for standard



6. Prepare KPI data and analysis for standard1.
7. Set priorities for improvement.
8. Assess the improvement process.
9. Prepare a report on the process for the preparation of standard1.

Standard 2 sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard2.
2. Collect evidence for standard2.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 2.
5. Prepare Self-evaluation study report for standard 2.
6. Prepare KPI data and analysis for standard 2.
7. Set priorities for improvement.
8. Assess the improvement process.
9. Prepare a report on the process for the preparation of standard 2.

Standard 3sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard3.
2. Collect evidence for standard3.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 3.
5. Prepare Self-evaluation study report for standard 3.
6. Prepare KPI data and analysis for standard3.
7. Set priorities for improvement.
8. Assess the improvement process.
9. Prepare a report on the process for the preparation of standard 3.



Standard 4 sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard4.
2. Collect evidence for standard4.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 4.
5. Prepare Self-evaluation study report for standard4.
6. Prepare KPI data and analysis for standard4.
7. Set priorities for improvement.
8. Prepare a report on the process for the preparation of standard 4.

Standard 5 sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard5.
2. Collect evidence for standard5.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 5.
5. Prepare Self-evaluation study report for standard 5.
6. Prepare KPI data and analysis for standard5.
7. Set priorities for improvement.
8. Assess the improvement process.
9. Prepare a report on the process for the preparation of standard 5.

Standard 6 sub-committee:

Responsibilities:

1. Prepare a strategy for carrying out the evaluation of standard6.
2. Collect evidence for standard6.
3. Prepare all required surveys.
4. Prepare Self-evaluation study scale for standard 6.
5. Prepare KPI data and analysis for standard6.



6. Set priorities for improvement.
7. Prepare a report on the process for the preparation of standard6.

2- **Self-study report committee:**

Committee members:

1. Dr Nizar Khamjan	Head
2. Prof. Mohtashim Lohani	Member
3. Dr. M E Moukhyer	Member
4. Dr. Bahja Siddig	Member
5. Dr. Mazharul Haque	Member
6. Dr. Elsie Maguen	Member
7. Mr. Hamoud Alsurahia	Member
8. Dr. Rayan Alharbi	Member

Responsibilities:

- o Prepare a brief description of procedures followed and administrative arrangements for the self-study (self-study process).
- o Prepare a description of the methodology of identifying program internal and external benchmarking.
- o Consult with those responsible for the function they are considering, including documents, surveys, and statistical data, such as information from the student record system and independent opinion.

3- **Benchmarking committee:**

Responsibilities:

- o Participating in contacting for benchmarking between AMS colleges at the national and international level.
- o Conduct surveys for indirect assessment of program learning outcomes.
- o Conduct survey for KPI of all standards and sub-standards.



4- Strategic Plan committee:

Responsibilities:

- o Preparation of strategic plan of the department.
- o Follow-up the implementation of the strategic plan.
- o Preparation of action plan/s for improvement depending on the recommendation of annual program report and self-evaluation report.
- o Follow-up the implementation of the action plan/s.

5- Department Development Committee

Responsibilities:

Conduct workshops for training.

6- Quality Officer Committee:

Responsibilities:

- Spread the culture of quality.
- Quality consultants in the department.
- Orientation of the new staff.
- Follow-up the safety and quality of services (library, cafeteria,...) in the college.
- Provide the update information to website of the college.

3- Program Evaluation Sub-Committees:

a- Data collection Committee:

Responsibilities:

- Collect all conducted surveys for the assessment of program learning outcomes.
- Collect the minutes of quality meeting.

b- Reporting/writing up Committee:

Committee members:

All department faculties

Responsibilities:

- Collecting data from other committees to write:



- Annual program report Program profile
- Prepare any other required reports.
- Recommendations for improvement.

c- Program Assessment Committee (PAC):

Committee members:

All faculty members of the department

Responsibilities:

- o Review program specifications.
- o Review course specifications and reports.
- o Review program portfolios.
- o Prepare direct and indirect assessment of program learning outcomes.
- o Review annual program report.
- ☐ Review field experience specifications and report.

4- Quality Archiving Sub-committee:

Responsibilities:

- Documentation of all activities and relevant documents of all quality assurance sub-committees
- Digital format.
- Hard copies when required

Approved by:

Dr. Nizan Khamjan

Head of Department