



**National Commission for Academic Accreditation  
&  
Assessment**

**Handbook for Quality Assurance  
and  
Accreditation in Saudi Arabia**

**PART 3**

**EXTERNAL REVIEWS FOR ACCREDITATION  
AND  
QUALITY ASSURANCE**

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# INTRODUCTION

The National Commission for Academic Accreditation & Assessment (NCAAA) has been established in the Kingdom of Saudi Arabia with responsibility for determining standards and criteria for academic accreditation and assessment and for accrediting postsecondary institutions and the programs they offer. The Commission is committed to a strategy of encouraging, supporting, and evaluating the quality assurance processes of postsecondary institutions to ensure that quality of learning and management of institutions are equivalent to the highest international standards.

This Handbook has been prepared to assist institutions in introducing and developing internal quality assurance processes and in preparing for the external peer reviews that the Commission will conduct to verify the achievement of high standards of performance.

Part 1 of the Handbook is intended to give a general overview of the system for quality assurance and accreditation.

Part 2 of the Handbook focuses on internal quality assurance processes. It provides advice on establishing an institution's quality center, processes of planning, evaluation and internal reporting on educational programs, and self-study and improvement of institutional activities.

Part 3 of the Handbook provides details of what is required in preparation for and the conduct of external reviews.

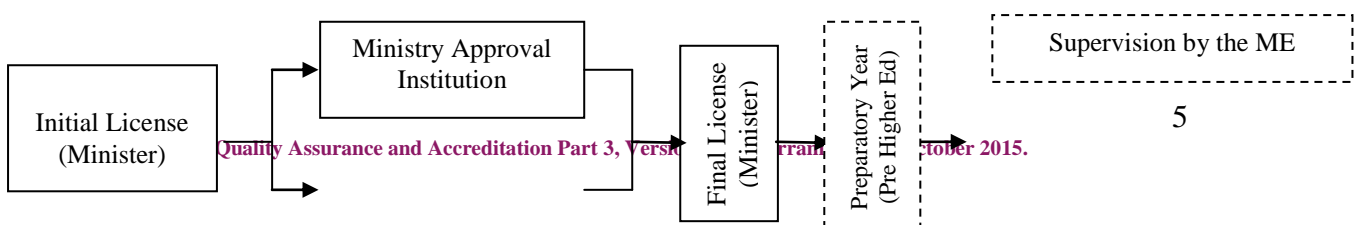
The Handbooks should be read in conjunction with two other key documents, a *National Qualifications Framework* (NQF) setting out the learning expectations and credit requirements for levels of academic awards and two documents setting out standards for accreditation. The primary standards documents are *Standards for Quality Assurance and Accreditation of Higher Education Institutions* and *Standards for Quality Assurance and Accreditation of Higher Education Programs*. Both of these are accompanied by companion documents providing self-evaluation scales for assessment of performance in relation to the standards. These documents explain the standards expected by the Commission and are intended to serve as important guides for continuing improvements in quality. Additional standards and processes are available for distance education, technical training programs and community colleges.

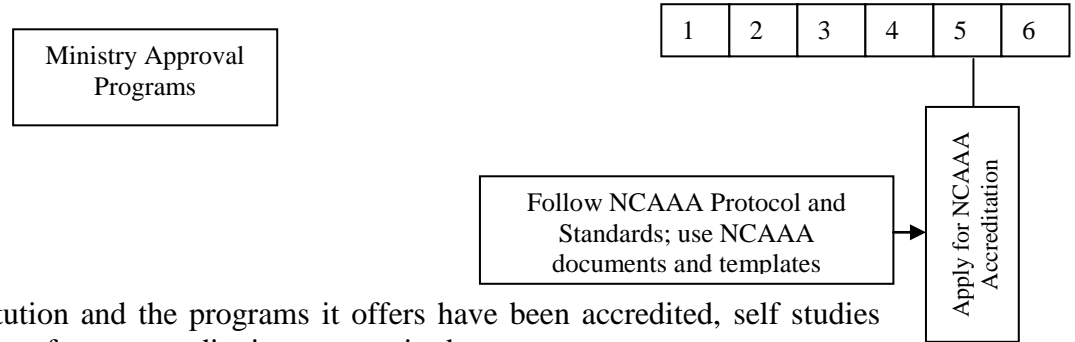
# CHAPTER 1

## APPLICATIONS FOR ACCREDITATION OF HIGHER EDUCATION INSTITUTIONS AND PROGRAMS

### 1.1 Stages for Accreditation of a New Private Institution

1. An application is made to the Ministry of education for an Initial License.
2. When the Initial License is granted, the applicant develops detailed plans for the establishment of the institution and the programs to be offered. In developing these plans, the applicant must meet the requirements the Ministry of education for institutional and program approval. It is recommended that the applicant develop its plans in alignment with the National Commission for Academic Accreditation & Assessment (the Commission) standards and requirements for accreditation; including using the publications, templates, and protocols.
3. An application is made to the Ministry of education for approval to establish the institution and to offer its initial range of programs.
4. The Ministry of education advises the applicant if the institution and its programs are approved. The applicant can then proceed with acquiring facilities and equipment and planning for recruiting initial staff.
5. When all necessary requirements have been met, the Ministry of education issues a final license permitting the institution to offer specified degree programs.
6. The institution may introduce a preparatory year to ensure adequate background for students enrolling at the institution. If it is offered, a preparatory year is not part of the higher education program that follows and does not carry credit towards that program. It is “preparatory” and designed to ensure that students have the necessary skills to begin higher education in their chosen field of study. During the first year, when higher education credit bearing courses are offered, the Commission may assess the institution and its initial program activities and plans for further development in order to meet all of its requirements.
7. The institution must provide summary annual reports to the Ministry and to the Commission indicating implementation of its plans. Visits to the institution may be conducted to verify the accuracy of these reports and confirm scholarship eligibility.
8. In the year the first students have graduated an institution or program may apply and submit the appropriate documents for NCAAA accreditation.





**9.** After the institution and the programs it offers have been accredited, self studies and external reviews for re-accreditation are required every seven years.

**10.** Additional programs may be introduced at any time and may be granted accreditation provided they are within the scope of programs approved by the Ministry of education and approved by the Ministry. These programs should be assessed by the Commission for accreditation in the year following completion of the program by the first group of students.

### Special Notes

**11.** All documents must be submitted using the NCAAA accreditation management system that is provided through the Commission website. Institutions and programs must follow the access process to obtain secure user names and pin numbers directly from the Commission.

**12.** It is essential that planning be done for the institution and for the initial programs in full compliance with the Saudi Arabian requirements. If assistance in planning is provided by another organization (either within Saudi Arabia or elsewhere), that organization should be fully briefed at the beginning about all the local requirements of both the Ministry of Education (MoE) and the National Commission for Academic Accreditation & Assessment (NCAAA). Proposals that do not include all the information required by each of these organizations in the required format (for example, preparation of program and course specifications for programs to be offered) will not be considered by that organization.

**13.** An institution can only be considered for accreditation if it has a final license that authorizes all the higher education award programs it offers. If an institution offers programs outside its approved scope of activities (i.e., programs in other fields of study, or postgraduate programs that have not been approved) neither the institution nor any of its programs can be considered (Note that this does not prevent the institution from offering non-credit community education programs that do not contribute credits towards a degree or an associate degree or diploma).

**14.** It is important that the relationship between an institutional accreditation and a program accreditation be clearly understood.

In institutional accreditation the systems for overseeing the quality of ALL programs will be considered and this involves a close examination of a sample of programs to assess the effectiveness of those institution-wide arrangements. Effective quality

assurance processes must apply to all of an institution's programs, including any offered through distance education, on remote campuses, and any that have been recently licensed by the MoE, even if this is through a separate licensing arrangement. If the institution offers a preparatory or foundation year or has established community colleges, the systems for oversight of the quality of these programs or colleges will be evaluated. In brief, institutional accreditation will focus primarily on "administrative effectiveness."

In program accreditation, the specific program will be evaluated in detail and all the standards applicable to that program must be met. Although this evaluation will not focus on institutional matters, if there are institutional arrangements that affect the quality of the program, the impact of those arrangements will be assessed. For example, if institutional processes result in staffing being inadequate, learning resources being insufficient, or a serious lack of equipment, this may prevent the program being accredited. In brief, program accreditation will focus primarily on students, teaching, and "student performance."

**15.** An international institution or other organization wishing to establish an institution in Saudi Arabia, or to establish a branch campus linked to an institution based elsewhere will be treated as though it is a private institution and must follow the same processes, including an application for an initial license. There are some special requirements associated with the relationship between the Saudi Arabian institution or campus and the parent institution in another country. These requirements are included in the general descriptions set out below in this Handbook.

## **1.2 Ministry of education and Commission Requirements at each Stage.**

Details of requirements and processes for Ministry licensing and approvals should be obtained from the Ministry. The following information provides a brief summary.

### **1.2.1 Initial License**

Requirements for an initial license for a private higher education college are set out in Articles 2 and 3 of the *Executive Rules and Technical Procedures for the By-laws for the Private Colleges*.

These by-laws, rules and procedures set out requirements for the legal structure of the organization that will be responsible for founding the institution, and the documentation required in a proposal for an initial license. There are a number of specific requirements relating to the founders and their contributions to the venture, the mission and goals, title and location of the institution, and the departments and academic awards it proposes to offer, and the proposed date of commencement. Specific provisions must be made for financial guarantees to protect the interests of enrolled students, and an independent feasibility study must be provided.

The initial license is an authorization to begin detailed planning but does not give the right to do any more. A copy of the initial license must be provided at the next stage, when consideration for accreditation is carried out by the Commission.

Requirements for private technical colleges and institutes may be obtained from the Technical and Vocational Training Corporation (TVTC).

### **1.2.2 Ministry Approval of a Private Institution and of its Programs**

For private higher education colleges, the requirements of the Ministry of Education are set out in Article 4 of the *Executive Rules and Administrative and Technical Procedures for the By-laws for the Private Colleges*. These include a number of specific requirements for facilities and equipment, and for academic administration. Article 5 sets time limits for these arrangements to be completed.

Detailed plans for the establishment of the institution should be provided describing facilities, equipment, and operational procedures in sufficient detail to clearly indicate what will be done to meet the Ministry's requirements. The plans must include details of staged development of facilities, acquisition of equipment and appointment of staff to ensure that adequate provision is made at an initial stage before students are first admitted, and that further provision is made over the first five years as numbers increase and additional courses are offered.

The requirements of the Ministry of education for educational programs are set out in Article 6 of the *Executive Rules and Administrative and Technical Procedures for the By-Laws of the Private Colleges*. They include a number of specific requirements relating to library provisions, equipment required to assist teaching processes, student records equipment, course and program details and provisions for academic staffing.

It is **STRONGLY RECOMMENDED** that as these plans are prepared, the requirements of the NCAAA for institutional and program accreditation be considered. These will be required when the institution is assessed for accreditation. Failure to plan for and incorporate meeting all of the requirements from the beginning is likely to result in substantial duplication of effort and additional cost.

The feasibility statement included with the application for an initial license should be updated with details of anticipated costs and other matters incorporating any amendments as a result of this detailed planning.

The plans prepared by the applicant are considered in detail by specialized committees established by the Ministry. The Ministry considers the advice of these committees and decides whether approval should be given. If the institution is approved, the Ministry will also specify the programs it is approved to offer, and the level (i.e., diploma, bachelor's, master's) at which this can be done.

For postsecondary institutions that are responsible to other ministries or government agencies, details of requirements must be obtained from the ministry or agency concerned.

### **1.2.3 Final License**

When the facilities, staffing, and other matters required before the first students are admitted have been completed, the applicant should apply to the Ministry of



education for a Final License. The Ministry will conduct a site visit and conduct further investigations to check that its requirements have been met.

The Ministry will require some additional information, including financial guarantees as specified in Article 8 of the *Executive Rules and Administrative and Technical Procedures for the By-Laws of the Private Colleges*.

If the Minister, after receiving this documentation, approves the application a Final License will be issued.

The institution may then admit its first students to programs that have been approved and proceed with its planned developments. An institution must not admit students to any programs until a final license is issued. If students are admitted before this, the institution will be subject to strong disciplinary action and the general approval may be cancelled. Unless special permission has been given by the Ministry, advertising of the institution or its programs is not permitted until a final license has been issued. If after an institution commences and the Ministry's requirements are not met, action may be taken by the Ministry to enforce implementation of the plans or impose other sanctions.

Annual reports may also be required by the Ministry or other organization to which the institution is responsible.

#### **1.2. 4 Accreditation of a New Institution**

When the first group of students has graduated, the institution should conduct a self study following the processes outlined in Chapter 3 of Part 2 of this Handbook. This self study should commence during the year in which that first group of students is expected to complete their programs, and be finalized early in the following year when the results obtained by those students are known. In keeping with the principle that the institution should accept primary responsibility for quality, the report on this self study is an important element in the institution's quality assurance procedures. However, it also provides important documentation for the external review conducted by the Commission before it considers whether accreditation should be granted.

The Commission will not consider for accreditation any institution that is in breach of Ministry requirements, for example if it is offering programs beyond the scope of its license, or if it is using a title for the institution that misrepresents its license (i.e., representing itself as a university when it only has a license to operate as a college).

To carry out its external review the Commission will appoint an independent review panel to study documents prepared, visit the institution to inspect facilities and equipment, interview faculty, staff and students, and provide a report.

The standards that will be applied by the Commission are those set out in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions*. The preparations that are required by an institution before an external review of the institution takes place, and the actions taken by the Commission and the review

panels it appoints, are the same as for all other reviews. They are described in Chapters 2 and 3 of Part 3 of this Handbook.

The report of the review panel will be considered with the institution's response to the review panel recommendations, and by the Commission's advisory committee. That committee will prepare advice for the Commission on whether accreditation should be granted.

The self study report (SSR), the report of the review panel (RPR), and the advice of the committee will be provided to the Commission, which will decide on its response. The Commission may decide on one of the following alternatives:

- (a) That full accreditation should be granted.
- (b) That conditional accreditation should be granted for a specified period of time, up to a maximum of three years, to allow the institution to remedy specific conditions that have been identified.
- (c) That accreditation will not be granted or be withdrawn in cases of re-accreditation.

If conditional accreditation is granted, a further review will be conducted to determine whether the conditions have been resolved. If they have been resolved, full accreditation will be given. If they have not been resolved the conditional accreditation will be withdrawn.

If accreditation is withdrawn or accreditation is not granted, the Minister will be informed and action may be taken by the Ministry under Ministry regulations, including possible revocation of the institution's license and closure of the institution.

### **1.2. 5 Full Accreditation of a Program**

The procedures outlined below refer to individual programs. Because of the close relationship between institutional activities and program functions that support programs, and the quality of individual programs at an institution, accreditation of an institution is normally a prerequisite for full accreditation of a program. The Commission may consider closely related programs in similar fields at the same time, and in a small institution with only a few programs, may consider full accreditation of the institution and full accreditation of programs simultaneously.

A self study of the program should be conducted following the processes outlined in Chapter 2 of Part 2 of this Handbook and a report prepared following the template for a program self study in the attachment to that document. This self study should commence during the year in which the first group of students is expected to complete the program, and be finalized early in the following year when the results obtained by those students are known. The Commission will appoint an independent review panel to carry out the review and provide a report.

The standards that will be applied by the Commission are those set out in the *Standards for Quality Assurance and Accreditation of Higher Education Programs* and are consistent with the requirements of the *National Qualifications Framework (NQF)*, and particular requirements for the field of study concerned (particular emphasis will be given to the standard for Quality of Learning and Teaching, the other standards must also be met).

The preparations that are required before an external review of a program takes place, and the actions taken by the Commission and the review panels it appoints, are the same as for all other reviews. They are described in Chapters 2 and 3 of this part of the Handbook.

The RPR, together with the SSR, and the program's response to the panel recommendation, will be considered by the Commission's advisory committee. That committee will prepare advice for the Commission on whether full accreditation of the program should be granted.

The Commission may decide on one of the following accreditation alternatives: (see above section 1.2.4)

### **1.2.6 Re-accreditation of Institutions or Programs**

After institutions or programs have been earned full accreditation they are expected to complete a new self study within seven years, and participate in an external peer review conducted by the Commission for re-accreditation.

The Commission may require earlier reviews of institutions or of programs if it believes they are needed.

### **1.2.7 Ongoing Evaluations and Mid-cycle Reviews**

It is expected that an institution, and each program within it, will monitor its quality of performance at least on an annual basis. The approach taken will vary according to differing circumstances but should include consideration of predetermined performance indicators, and also close attention to any matters identified for special attention in quality improvement strategies. The Commission requires each program to complete an Annual Program Report, see template, T3.

In addition to this annual monitoring, which may be focused primarily on selected issues, there should be a more comprehensive overview of the quality of performance part way through the formal self study and external review cycle. This should be based on the standards identified by the Commission and should identify any matters requiring attention. However, its purpose is for internal institutional monitoring and planning purposes and reports to the Commission are not required.

## **1.3 Changes in Accredited Programs**

It is expected that programs will be constantly monitored and that changes will be made as required in response to evaluations and to new developments in a field. If a

major change is made, the basis for accreditation could be affected and the Commission should be notified at least one full semester in advance, so it can assess the impact of the change on the program's accreditation status.

A major change is one that significantly affects the program learning outcomes, structure, organization or delivery of a program or the basis for its accreditation. If a program is considering a change that might be considered major, it should immediately discuss the matter with the Commission in advance and not assume it is not a major change.

If a major change is made without the Commission being informed at least one full semester in advance, the accreditation of the program could be withdrawn. The consequence is that the program is no longer accredited and must re-apply for accreditation.

#### **1.4 Changes in Scope of Institution's Activities**

It is possible for a license to be modified by the Ministry of education in order to extend the institution's scope of authorized activities and permit additional programs in other fields or at other levels. Detailed plans for the extension that demonstrate the institution's capacity to manage the extended range of activities are required. The Ministry's approval must be obtained and the Minister must agree and approve a change to the institutions final license.

For its institutional accreditation to be extended to cover the increased scope of activities, the proposed change must be submitted to the Commission for its agreement. The Commission may conduct a review to check that its quality assurance requirements are met.

#### **1.5 Proposals for Approval and Accreditation of New Private Universities**

Proposals for new private universities will be considered following the same steps as other private institutions. There are also additional requirements for a university. These include requirements that there are at least three colleges and not less than three programs in each college. In addition, the requirements for accreditation as a university relating to range of fields of study, level of programs, involvement in research, faculty participation in scholarly activity, and size of institution sufficient to sustain the more extensive range of activities must be met. The additional accreditation requirements for a university established by the Commission are described in 2.4 of Part 1 of the Handbook.

#### **1.6 Institutions Based in Other Countries Wishing to Operate in Saudi Arabia**

##### **1.6.1 General Considerations**

It is necessary for those institutions and the programs they offer to comply with the rules and regulations applicable to other institutions in Saudi Arabia. This is not a reflection on the quality of any international institution in its own territory. It is a

general requirement of all providers that they comply with Saudi Arabian quality provisions for the delivery of programs in the country.

There are several different ways in which external institutions may operate in Saudi Arabia.

**(a)** A course or program developed in another country may be offered by a Saudi Arabian institution under licensing, franchising, or other contractual arrangements. Such a program must be accredited by the proper authority in the country of origin, or if the international institution is established in a country that does not have an accreditation system, evidence that the program is recognized as meeting international standards must be provided.

In this situation the Saudi Arabian institution must meet all requirements for institutional approval, accreditation and licensing, with a final license that includes authority to offer a program in the field, and at the level concerned. In addition, the program must be accredited in Saudi Arabia by the Commission following the procedures for program accreditation and re-accreditation. In considering the program for accreditation the Commission will take account of quality assurance and accreditation considerations that may have been undertaken elsewhere, but the program must meet all local accreditation requirements, including consistency with the NQF.

**(b)** An international institution may establish an organization in Saudi Arabia for the purpose of operating a branch campus or campuses. An institution seeking a license under this arrangement must be accredited by the proper authority in the country of origin, or if the international institution is established in a country that does not have an accreditation system, evidence that it is recognized as meeting international standards must be provided.

In this situation the organization established in Saudi Arabia must meet all the requirements for a private institution set out in the *Executive Rules and Administrative and Technical Procedures for the By-laws for the Private Colleges* as well as the requirements of the Commission for institutional approval.

Programs to be offered must be accredited in Saudi Arabia by the Commission following the procedures for program accreditation and re-accreditation. In considering the programs for accreditation, the Commission will take account of quality assurance and accreditation considerations that may have been undertaken elsewhere, but the program must meet all local accreditation requirements including consistency with the NQF.

If the international institution is a university in its own country, the title of the university may be used in the title of the local campus. However, unless the local campus meets all of the standards required for universities in Saudi Arabia, the term College must be used within its title. (i.e., Riyadh College of University XYZ). The expectations for research involvement and scholarship of faculty, for the nature and levels of programs to be offered, including facilities for faculty research as set out in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions*, must be met.

### **1.6.2 Stages of Approval and Accreditation for an International Institution**

Where a Saudi Arabian institution wishes to offer the program of an international institution that is within the limits of its license, the program should be submitted to the Commission for accreditation in the same way as required for a local private postsecondary institution.

Where a Saudi Arabian institution wishes to offer the program of an international institution that falls outside the limits of its license, it must apply for a change to its institutional approval, and its license, under the procedures described above for private institutions. The particular program to be offered must also be accredited by the Commission.

If an international institution wishes to establish a branch campus in Saudi Arabia, it must follow the same procedures as those outlined above for a local private institution.

### **1.6.3 Changes in Programs and Scope of an International Institution's Activities**

As for private institutions, minor changes in programs in response to evaluations and changes in circumstances are expected and should be made routinely to ensure that they remain up to date. If major changes are proposed, see section 1.3 in this Handbook and the definition and process of a major change in Handbook 1.

If an international institution operating in Saudi Arabia wishes to introduce a program that would be outside the scope of its license to offer programs in Saudi Arabia it must apply to the Ministry of education and to the Commission for its institutional approval and its license to be modified in the same way as for a private institution.

### **1.7 Stages of Approval and Accreditation for New Public Institutions**

When a completely new public institution is established, plans for an effective quality assurance system should be included in its general plans for establishment. The plans should meet the same requirements as a private institution for institutional and program accreditation and the steps are the same as those described above for private institutions.

When a new public institution is formed by the merger of two or more existing public institutions or colleges of existing institutions, the new institution should promptly establish quality assurance arrangements for the combined institution. It should then conduct the necessary self studies and apply to the Commission for accreditation of the institution and its programs.

The Commission may decide on one of the following accreditation alternatives: (see above section 1.2.4)

## **1.8 Stages in Accreditation for Existing Institutions**

### **1.8.1 General Considerations**

Following an initial self evaluation, the post-secondary institutions should develop a strategic plan for the introduction of required quality assurance processes, and for dealing with any recommendations for improvement or problems found. These plans should provide for the progressive implementation of processes and improvements until quality assurance and accreditation requirements are met.

When its quality systems have been established, the institution should undertake a further self evaluation, and if it believes standards are being met, it should apply to the Commission for accreditation. This should be done in not less than a minimum of 9 months, and preferably 12 to 18 months, in advance of an anticipated time for an accreditation review. The Commission will conduct an initial visit and check on eligibility requirements, after which a decision will be made on a date for a review. The sequence of activities for a review is described in Chapter 2.

### **1.8.2 Schedule for Institutional and Program Accreditation for Existing Institutions**

The sequence of activities for approval and accreditation may vary slightly, but as far as possible the following steps will be taken for institutional and program reviews:

A schedule of institutional or program reviews will be developed by the Commission in consultation with the institution or programs, the Review Panel Chair, and the Commission accreditation consultants coordinating the review teams.

The scheduling of external reviews for institutions will vary according to circumstances. For example, an institutional review will normally be carried out first, and followed at a later time by program reviews in which programs in closely related fields of study are carried out concurrently.

Processes for the conduct of external reviews and finalization of review reports are described in later chapters of this part of this Handbook.

## **CHAPTER 2 – PLANNING AND CONDUCT OF REVIEWS**

### **2.1 Eligibility for Accreditation Review**

Accreditation reviews may occur at several stages for both institutional and program assessments.

- Reviews may take place as soon as the first group of students has graduated from the institution or from the specified program.
- After the institution or program has been accredited, further reviews for accreditation will occur on a seven year cycle.

The main purposes of the accreditation processes are to promote quality and continuous improvement and to provide assurance to the institution, the students, and wider community that high-quality standards are being achieved. The objective is to recognize excellent quality. Consequently, before an accreditation review process begins, there is a preliminary check to make sure that necessary processes and other requirements are in place. The review after that will make a judgment about the quality of what is done.

A thorough review of institution or program documents by the Commission will determine eligibility for a review to take place.

Details of these eligibility requirements are included in Attachment 1 and 2 (see F3.I and F3.P).

## **2.2 Activities Prior to a Review for Full Accreditation**

### **Eighteen Months Prior to a Proposed Review**

The institution or program may initiate a request for a review at a time to suit its planning arrangements.

The Commission estimates costs for the preparation and visit and notifies the institution of the fee. Payment should be made within one month of this notification. Access to the NCAAA accreditation management system is available after the fee is paid.

The Commission appoints an Accreditation Consultant to facilitate the review. This representative of the Commission will be available during the period of preparation to provide advice and assistance and will continue to serve until the review cycle is complete.

The institution or program appoints a senior contact person to coordinate with the Commission about all preparations and arrangements for the review.

A review panel will be selected by the Commission, drawing on a register of trained and experienced reviewers from within Saudi Arabia and outside, ensuring appropriate expertise within the group and avoiding any real or apparent conflict of interest (see note on conflict of interest below). A person experienced in quality reviews and with experience relevant to the review to be undertaken will be appointed by the Commission to serve as the chair of the review team. The selection of a panel and a panel chair will be at the discretion of the Commission, but the Commission will take into account any matters raised by the institution or program about the composition of the panel.

Review panels will normally consist of three to five people depending on the size and complexity of the review.

### **Nine to Six Months Prior to a Review**



The Commission finalizes the review dates with the institution and initiates the formation a panel of reviewers.

The institution or program completes a SSR and prepares all other required documentation.

The Commission commences planning for the appointment of a chair and members of the review panel.

### **Six to Three Months Prior to a Review**

The Commission finalizes appointment of the chair and members of the review panel.

The institution or program provides copies of the final SSR, the institution or program profile, and all other required documentation.

### **Three to One Month Prior to a Review**

The Commission arranges travel for review panel members and makes accommodation arrangements.

The NCAAA makes available to the members of the panel:

- Copies of the institutional or program SSR, completed self evaluation scales and a list of other documents received from the institution;
- The Commission *Orientation Handbook*, containing summary information about NCAAA, postsecondary education in Saudi Arabia, and the approach taken to accreditation and quality assurance are made available to reviewers with a proposed draft schedule for the site visit.
- The chair of the review panel consults with panel members about the review process and their particular roles within it, about issues arising from their initial review of the material, and may contact the Commission to obtain additional information or material.

The chair, working with the review panel, prepares questions and submits them to the Commission for each standard in preparation for discussion meetings set in the review schedule.

The Commission will facilitate the review with the institution in order to finalize the visit schedule, including the daily visit sessions, meeting and interview rooms, and arrangements for appointing participants in interview sessions. Arrangements are also made for provision of any additional information sought by the review panel.

Arrangements for accommodation, local transport and other matters as required for members of the review panel are finalized by the Commission and the person

appointed by the institution to manage internal arrangements for the review. These arrangements include provision of interpreting and translating services during the review if required. Arrangements are made at the institution for meeting room(s), work areas, equipment and other requirements. The institution is responsible to provide local ground transportation to and from the airport and the institution.

The staff member of the Commission sends to the members of the panel an itinerary for the visit, including final details of travel arrangements, accommodations, and other specifics that may be required.

### **Immediately Before the Review**

The institution or program is responsible for ensuring that the panel members arriving by air are met at the airport and escorted directly to their hotel.

### **2.3 Activities During a Review**

An actual external Commission review takes five days. Review panel members arrive one or two days in advance in order to meet for NCAA orientation and for panel internal organization.

The person appointed by the institution or program to manage arrangements should be available on a full time basis during the review, with other technical and support people being available as required. If reviews are being conducted concurrently, an additional person should be appointed for each program. If the reviews are being conducted in separate male and female sections, these staff should be available in each section.

The person appointed as an institutional or programmatic liaison during the review should meet with the NCAA accreditation consultant to ensure full understanding of what is needed. He or she should meet the panel when it arrives and ensure that necessary arrangements are made and followed. In an institution or program that operates with separate campuses or sections for male and female students, liaisons should be appointed to assist with arrangements on each campus.

During the visit the liaison should escort the panel to meetings and introduce members as appropriate. In public meetings the liaison should remain, but in meetings with staff or students must leave after the introductions and return when the meeting concludes. In meetings to review material and documents the person appointed to assist should leave to permit the panel to review materials and discuss matters in confidence. The panel chair may request the person to remain and assist.

If the panel requires additional material, or wishes to meet with others for discussion, the person serving as liaison should make the necessary arrangements in connection with the NCAA accreditation consultant.

During the review, the panel undertakes a series of visits and meetings in the institution or program to review activities. The panel may break into sub-groups to see different things, and will meet together periodically to review progress and compare notes.

At the end of the visit the panel will give an initial, first draft of its Review Panel Report (RPR) to the Commission accreditation consultant. A private meeting with the Chair, Rector, Dean, and the NCAAA accreditation consultant is included in the schedule on the last day. The entire panel and the accreditation consultant also meet with the Rector or Dean and other faculty for a general exit meeting in which a broad-spectrum of conclusions of the review are explained.

A sample schedule is provided in Chapter 3 of Part 3 of this handbook for illustrative purposes only. A detailed schedule will be developed for each review taking account of the particular circumstances at the institution or program concerned.

## **2.4 Activities After a Review**

### **Two Weeks to Three Months After the Review**

An edited first draft RPR is submitted to the Commission accreditation consultant by the chair and it is edited for consistency and to eliminate inadvertent errors, and put into a format suitable for release. The revised first draft may be sent to the panel chair for a final check, and then is sent to the institution or program with an invitation to identify any factual errors that might have occurred.

Within two weeks of receiving the first draft RPR the institution or program has the opportunity to respond to the Commission by indicating any factual errors it believes may have been made. A template is provided. The Commission consults with the chair of the panel about the response and any possible adjustments that may be needed in the RPR. The chair may consult with members of the panel about implications of the changes.

Evaluation questionnaires are sent by the Commission to the panel members and to the institution or the program inviting comments on the value and effectiveness of the review process.

### **Three to Six Months After a Review**

Once any factual errors have been corrected, the first draft report becomes the second RPR, and it is returned to the institution or program in order to ask for a response to each of the recommendations for action that are included in the report. These responses should be made in summary form, using the template provided by the Commission. The institution or program is not required to accept every recommendation, but is expected to take them all seriously, and if not accepted or an issue that has been identified is responded to in a different way, reasons should be given. The action responses to the recommendations will be reviewed and approved by the Commission or further action plans will be developed to ensure that all of the recommendations have been reasonably addressed. The final action plans are considered when decisions are made on whether the institution or program should be accredited.

The final RPR is considered by the Commission's Accreditation Review Committee, which may provide comment and advice on the report for consideration by the Commission in making its decision on accreditation. This Committee does not make separate judgments on whether an institution or program should be accredited, but is asked to provide advice

on the equivalence and consistency of standards applied by different review panels to try to ensure that some external review panels are not tougher or easier than others.

### **Six to Nine Months After a Review**

The final RPR and its recommendations are considered by the Commission, together with the response of the institution to the recommendations and any comments or advice from the Accreditation Review Committee. The Commission decides on accreditation after considering the report and this advice.

The final RPR is sent to the institution together with details of the decision on accreditation.

### **Later Action**

The timeline for later action will depend on action required and time scale for response.

At a time specified by action required, the institution or program provides a report on action taken in relation to recommendations made by the panel and its plans for response. The Commission will review action taken and will respond to the institution.

## **2.5 Preparations by an Institution for an Institutional Review**

External reviews of institutions will consider the performance of the institution in achieving its mission driven aims and objectives, and the extent to which it is meeting the NCAAA eleven standards.

In considering these matters, the reviewers will pay particular attention to the institution's SSRI and an important outcome of the review will be to verify the conclusions of that self study, although the review panel will also make its own independent assessment of the standards achieved.

The review may also deal with matters identified as priorities by the Commission or the relevant Ministry as important general policy initiatives, and to any areas needing improvement or difficulty identified in previous internal or external reports at the institution.

Processes and requirements for completion of an institutional SSR are included in Part 2 of this Handbook and a template for presentation is included in Attachment 10 to that document (see, T11),

The SSR and other required documents should be completed in time to be sent to the Commission **six months** before the external review is to take place.

The SSR should include a detailed institutional profile (see, T2.I), descriptions of processes followed in conducting the self study, and an analysis of the institutions performance in relation to the eleven standards identified by the Commission.

The body of the SSR includes descriptions and evidence of performance relating to each of the Commission's standards and sub-standards. This evidence should include specific data about quality of performance based on clearly defined performance indicators and other information as appropriate, including any comparative information for other relevant institutions selected for performance benchmarking. The SSR should include hard data and quantitative information wherever possible.

The SSR should draw on information provided in the Commission's self-evaluation scales and a copy of the completed scales should be provided in a separate document (see, D2.I). The self-evaluation scales document must be less than one years old.

All documents must be submitted using the NCAAA accreditation management system that is provided through the Commission website. Institutions and programs must follow the access process to obtain secure user names and pin numbers.

The SSR, supporting templates, evidence, and other documents are to be provided through the **Accreditation & Information Management System (AIMS)** in English, unless otherwise agreed in advance by the Commission. All institutions and programs should follow the commission's procedures to get their **USER'S NAMES & PASSWORDs**.

**In addition to the SSR, the following documents must be provided:**

**(a) To be submitted in advance to reviewers.**

1. Self-evaluation Scales for Higher Education Institutions. The completed scales include star ratings, independent comments and indications of priorities for improvement as requested in the document, and are accompanied by a description of the processes used in investigating and making evaluations.
2. Sample copy of one program specifications with two corresponding annual program reports from each college are required by large public institutions; and for private institutions, program specifications with two corresponding annual reports for all programs are required; and for all institutions three sample copies of course specifications and their corresponding course reports for each level of instruction provided (i.e., a four year program is to submit a total of 12 course specifications and reports, three course specifications and reports for each of the four years).
3. A copy of the institution's strategic plan.
4. A copy of the institutions strategic plan for quality improvement (unless it is included within the broader institutional strategic plan).
5. A current student catalogue, prospectus, bulletin or handbook; including descriptions of the curriculum, admissions requirements, degree completion requirements, and related information.

**(b) Documents to be available for review panels during the site visit. Reviewers may request that some of this material be sent in advance, and may ask for additional material during the visit.**

6. Faculty handbook or similar document with information about staffing policies, professional development policies and procedures, and related information.
  7. Administrative and financial policies manual or similar document including the institution's by-laws and regulations, roles and responsibilities of administrative and academic officers and major committees, and an explanation of the institutions governance and administrative structure.
  8. Quality assurance manual or description of procedures including information about the institutions system of assessing programs and services, the role of the institution's quality center and systems for gathering and analyzing data on quality of performance and planning for improvement.
  9. Current data on faculty and other teaching staff, including tables with numbers by academic rank, by highest qualification, teaching staff to student ratios for each department and college, and for the institution as a whole. For any institutions, particularly for a university, information should be provided on research output for each department, college, and for the institution as a whole. CVs of current teaching staff should be on file and available for the review panel.
1. The current year Executive plan for the institution.

Preliminary discussions should be held with the Commission accreditation consultant to facilitate the review, to confirm dates, arrange for provision of documents, plan organizational arrangements, and other matters described in preparations for a review.

## **2.6 Preparations by an Institution for a Program Review**

Program reviews will consider the quality of a program in relation its achievement of its aims and objectives and its performance in relation to the eleven standards described in *Standards for Quality Assurance and Accreditation of Higher Education Programs*. Particular attention will be given to the standard for Learning and Teaching, including direct and indirect evidence about achievement of intended learning outcomes and consistency with the requirements of the NQF. In a professional program review, attention is given to the requirements for employment in the field concerned and the processes used to assess the extent to which those requirements have been met.

The document that will be the main focus of attention is the SSRP which is a separate document based on the template provided in Part 2 of this handbook (see, T12). An important outcome of the review will be to verify the conclusions of the self study and the SSRP. However, the review panel will also make its own independent assessment of the standards achieved.

The program review may also deal with matters identified as priorities by the Commission or the relevant Ministry as important policy initiatives and to any areas recommended for improvement that were identified in previous internal or external reports.

The program SSR and other required documents should be completed in time for the report to be submitted to the Commission **six months** before the external review is to take place.

The SSRP should include a detailed institutional and program profiles (see, T2.I and T2.P), descriptions of processes followed in conducting the self study and an analysis of the programs performance in relation to the eleven standards and sub-standards.

The SSRP includes descriptions and evidence of performance relating to each of the Commission's standards and sub-standards. This evidence consists of specific data about quality of performance based on clearly defined performance indicators, together with comparative benchmarking information from programs within the institution and other programs that are external to the institution. The SSRP should include quantitative data as much as possible. For example, located throughout the report there are strategically placed key performance indicator tables that are in alignment with specific standards or sub-standards for programs to demonstrate they are met by providing scientifically based evidence for review.

The SSRP should draw on information provided in the Commission's self-evaluation scales. A copy of the completed scales report is provided in a separate document (see, D2.P). The self-evaluation scales document must be less than two years old.

The SSRP, supporting templates, evidence, and other documents must be provided in English, unless otherwise agreed in advance by the Commission.

In addition to the SSRP, the following documents must be provided:

**(a) To be submitted in advance to reviewers.**

1. Self-evaluation Scales for Higher Education Programs. The completed scales include star ratings, independent comments and indications of priorities for improvement as requested in the document.
2. Program specifications and two annual program reports from the most recent years.
3. Three sample copies of course specifications and their corresponding course reports for each level of instruction provided (i.e., a four year program is to submit a total of 12 course specifications and reports, three course specifications and reports for each of the four years).
4. A copy of the program description from the bulletin or handbook including descriptions of courses, program requirements and regulations.
5. A copy of the programs strategic plan (if exist) which should include in it a plan for quality improvement.

**(b) To be available for the review panel during the site visit: (Members of the panel may ask for some items to be sent to them in advance, and ask for additional material)**

- 1. Statistical data and summarizing responses to stakeholder surveys for several years to indicate trends in evaluations.**
2. Faculty handbook or similar document with information about faculty and staffing policies, professional development policies and procedures, and related information
3. CVs for faculty and staff teaching in the program and a listing of courses for which they are responsible.
4. Statistical data on employment of graduates from the program.
5. Representative samples of student work and assessments of that work.
6. Quality assurance manual or description of procedures, including information about the program's system of assessing courses, system for faculty evaluation, a process for direct assessment of student learning outcomes, systems for gathering and analyzing data on quality of performance and planning for improvement, and other student services.
7. The current year Executive plan for the program.

Preliminary discussions should be held with the Commission accreditation consultant to facilitate the review to confirm dates, arrange for provision of documents, plan organizational arrangements, and other matters described in preparations for a review. See 2.3 above for activities during the visit.

### **Documentation Required If Reviews Are Conducted Concurrently**

If the two or more reviews are conducted concurrently the SSRPs and related material for both are required.

### **Requirements for Assistance, Facilities, and Equipment For a Review**

#### **1. Staff Assistance**

- One person should be available on a full time basis to manage arrangements and coordinate activities during the review.
- If reviews are being conducted concurrently, the person managing arrangements should provide overall coordination and additional persons should be available for each review. (If program reviews are in closely related areas within a college or department one person may be able to provide



support for several of these reviews. However if programs are in different fields a person is required for each.)

- If there are separate sections of an institution for male and female students or if a program being reviewed is offered in male and female sections, a person is required to assist in each section.
- Technical assistance is to be provided for computing and other equipment.
- Transport is to be provided from and to the airport, and between the hotel and the institution.

## **2. Facilities**

- A meeting room accessible to male and female staff for use by each review panel.
- A private and secure work room for each review panel to examine reference material provided and to prepare and discuss draft reports.
- Meeting and interview rooms accommodating up to 10 to 12 people for meetings with members of faculty, staff and students.
- For an institutional review, facilities should be centrally located. For program reviews it is desirable that facilities be in or close to the department offering the program. For concurrent reviews, work spaces should be available centrally and within the department(s) concerned.
- If programs are offered in sections for male and female students, meeting and interview facilities should be available in both sections.

## **3. Equipment**

- Computers with printing and internet facilities for each member of the review panel(s).
- Photocopier and associated stationary supplies, including a paper shredder.

## **4. Reference Material**

- Paper copies of all documents provided for the review on the evidence table.
- Any other relevant reference material, including such things as handbooks, policy documents, reports, samples of students work and assessment tasks, faculty research reports, and evidence.
- Tea, coffee, and snack provisions in each location.

## **2.8 Preparations by the Commission for a Review**

The main processes are the same for institutional and program reviews although the composition of the review panels and the schedule of activities during the review itself differ. See above section 2.2.

## **CHAPTER 3 – CONDUCT OF AN EXTERNAL REVIEW**

An outline of activities that usually are undertaken in a review panel visit is provided below. This may be varied to suit particular requirements. The panel chair should notify the NCAAA accreditation consultant of any variations requested at least three weeks prior to the visit, so the institution or program can be informed and any necessary changes can be made.

Institutional and program reviews normally take five days. An additional day is added before the actual review for panel members to be orientated by NCAAA and to organize for the visit.

This sequence of activities is for illustrative purposes only. Details will be varied to meet differing circumstances.

### **3.1 Summary of Activities**

The review process assumes that panel members have read and understood the documents describing the particular emphases and processes involved in the system of quality assurance and accreditation in Saudi Arabia. They will have studied the documents provided and will have formed preliminary views that will be reviewed through discussions and observations during the visit. Moreover, the Commission provides the *NCAAA Orientation Handbook* (see publication, D6) to each reviewer during the invitation process.

#### **3.1.1 Preliminary Meeting(s)**

At the beginning of the review, the Commission accreditation consultant and the chair hold a full day orientation and planning meeting with the panel members. During the meeting there is a review of arrangements for the visit, orientation to ensure understanding of cultural issues relevant to Saudi Arabian institutions, and discussion about the Commission accreditation protocol, standards, policy, and practice.

#### **3.1.2 Informal Social Function**

A social function may be held just prior to or at the beginning of the review, at which members of the review team can meet informally with members of the quality committee and senior faculty. This is intended to assist in establishing a collegial and supportive relationship. The function should be informal, with brief introductory comments by the Rector or Dean or another senior member of faculty, and the chair

of the review panel, to help establish a constructive and supportive tone for the review.

### **3.1.3 First Working Session**

The first working session should begin with a meeting with the Rector, or Dean in the case of a program review, appropriate senior academic administrators who could be an Academic Vice Rector or Dean of the College and Head of Department for a program review. At this meeting the panel is to be welcomed and an opportunity provided to discuss and clarify any issues relating to the review, the mission, and administrative responsibilities (standards 1 and 2).

### **3.1.4 Review Activities**

The review panel visit activities always include meetings with faculty, students, and other stakeholders. A tour of facilities relevant to the review is included on the first day; such as the library and media resource center, a sample of computing and laboratory facilities, amenities for student recreation and cultural activities, and academic classrooms with students engaged in the learning and teaching process.

In advance to the site visit, a detailed schedule of review activities will be established in cooperation with the institution or program, the panel chair(s), and the Commission accreditation consultant. The NCAA Assistant Secretary General approves the final schedule. After the schedule is approved it is not to be changed. However, additional opportunities might be taken for both planned interviews and informal conversations with faculty and students during the visit.

### **3.1.5 Concluding Activities in the Review**

The review panel will meet to discuss and assess its views and recommendations in order to prepare the first draft of the review panel report (RPR). Summary notes on particular standards and sub-standards should be prepared by members of the panel and inserted into the RPR. Commendations, recommendations, and suggestions for improvement will be identified, discussed, and included in the RPR by the panel. During these discussions every effort should be made to reach consensus. However, if there are strongly held differing views, these should be accurately reflected in the written comments and the report. Each of the recommendations offered must include the evidence or lack of evidence on which the comments are based.

A final private meeting is held with the Rector or Dean (for an institutional review) or Academic Vice Rector and College Dean (for a program review), at which the panel chair outlines the major conclusions of the review. At the discretion of the Rector or Dean other senior academic administrators might be included in this meeting. An additional meeting is normally held for the faculty and academic administrators to be briefed on the outcomes of the review.

## **3.2 Review Schedule**

Individual review schedules will differ depending on the number of panel members, the size of the institution, the number of programs, the location of the institution, and the arrival times of the panel members.

A brief overview of the schedule is as follows:

- Arrival: Friday
- Orientation and Organization: Saturday
- Actual five day review period: Sunday through Thursday

Schedules serve as precise guides to an institutional, program, and combined reviews. The schedule includes exact times, specific topics or activities for each session, the names and titles of those attending each session, and the location. It is expected that institutions will use a variety of titles and have differing administrative arrangements for many of the functions concerned.

### 3.2.1 Illustrative Schedule for an Institutional Review (The First 2 Working Days and the final day of a 5-Day-Visit Schedule)

At typical day is given below. Most section meetings are for 50 minutes. There are planned breaks for prayer and refreshment throughout the day. The strategy is for the panel to meet the administrative leaders first and then hold sessions with students and faculty. Later in the schedule there is time for private panel discussions, review of evidence, and writing.

#### Review Panel Visit Schedule

##### Arrival Day: Friday, MM, YY

Time	Participants	Activity	Location
Arrival Time	Review Panel	Airport pick-up – go to hotel	Airport
6:00 pm	Review Panel	Dinner – social gathering, review work expectations, and establish a collegial and supportive relationship. Discussion of issues arising from self-study, documentation, review of investigation strategies and preparation of the SSR.	Hotel
9:00 pm	Review Panel	Rest	Hotel

#### Preparation Day: Saturday, MM, YY      Review Panel Visit Schedule

Time	Participants	Activity	Location
Morning	Review Panel	Rest – Breakfast	Hotel
9:30-11:30 pm	Review Panel & Accreditation Consultant " AC"	NCAAA Orientation and Preparation	Institution/ or Hotel
11:30-1:00	Break and lunch		
1:00-4:00 pm	Review Panel & AC	Panel organization, assignments, document review, and schedule	Institution/ Hotel

6:00 pm	Review Panel	Dinner – social gathering.	
9:00 pm	Review Panel	Rest	Hotel



## Day 1: Sunday, MM YY

Session	Time	Participants	Activity	Names of Interviewees	Location
	7:00 am	Review Panel	Breakfast		Hotel
	7:30 am	Review Panel	Depart to Institution		Hotel
	8:00–8:15am	AC and RP members	Reception and Preparation.		Panel working Rm.
1	8:20–9:10am	AC and RP members Directors of quality (e.g., Vice Rector of Dev. & Quality, Dean of Uni. development).	Discussing arrangements for the visit, including explanations of materials, meeting arrangements, and logistical assistance. Establish a collegial and supportive relationship		Panel working Rm.
2	9:20–10:10am	Vice Rector of Graduate Studies & Academic Research , Dean/Vice Deans and senior officers responsible for Research, Heads of Research Centers and Chairs, senior faculty from women's sections.	Discussion of research development strategies, supports for extending research faculty, and institutional research activities		Interview Room
3	10:20-11:10	Vice Rector for Academic Affairs and Curriculum development Committee members (8-10 persons)	Discussion of the processes ongoing teaching & learning quality assurance arrangements at Institution		Interview Room
4	11:10-12:00	Team responsible for the SSR, Quality and Development senior Staff (e.g., Vice Rector of Dev & Quality, Dean of Uni. development, Quality directors and Director of Strategic Planning and Institutional Development), Male and female	Discussion on the preparation of the SSR (Discussion about SSR processes for conduct of self study, issues and priorities for the Institution, discussion of KPI's and the processes ongoing quality assurance arrangements at Institution).		Interview Room
	12:00–1:00pm	<b>Rector + guests</b>	<b>Lunch (and prayers)</b>		Main Campus
5	1:10–2:00pm	Vice Rectors: 1. Academic affairs 2. Graduate Studies & Academic Research 3. Development and quality 4. Other Vice Rectors (e.g. Vice Rector/Directors of branches)	Discussion of distribution of academic, research, administrative and services responsibilities at each level (including program planning and development, research strategy and implementation, administrative accountability, reporting arrangements, and documentation of policies and procedures)		RP Interview Room
6	2:10-3:00pm	Senior officials of the university responsible for Academic Affairs (e.g., Vice	Discussion and explanation of division of responsibilities between the different levels		Interview Room

		Rector of Acad. Affairs and members of university committee responsible for Teaching and learning, Programs Approval, and representatives of Senior Academic Council), (8-10persons)	of the University regarding teaching and learning, processes for approval of new programs and major program changes, and institutional monitoring of program quality.		
7	3:10–4:10pm	Review Panel, ACs and Vice Rectors and Dean of University Development	Tour main Campus		Selected Locations
8	4:10–4:25pm	Review Panel	Break and discussion of findings		Panel working Rm
9	4:25–5:00pm	Review Panel	Preparation. Review of resource materials provided		Panel working Rm
	5:00 pm	Review Panel	Return to Hotel		Hotel
	6:30pm	Review Panel	Dinner		Hotel
	7:30pm-9:00pm	Review Panel	Panel meeting—determined by Chair		Hotel

Notice: The schedule from 5:00pm until 9:00pm is designed for the Review Panel to privately and confidentially work, discuss observations, exchange ideas, and write. The Chair and the Panel members may freely adjust these schedule details by working with the NCAAA representatives and the Institution.

**Day 5: Thursday, February 05, 2015**

Session	Time	Participants	Activity	Locations
	7:00 am	Review Panel	Breakfast	Hotel
	7:30 am	Review Panel	Depart to main campus	Hotel
	8:15–8:25am	Review Panel	Reception and preparation	RP Working m.
40	8:30–12:00am	Review Panel	Preparing the final report; Review recommendations and preparing the report <b>(first draft should be submitted to AC by 12:00 with signatures)</b>	RP Working Rm.
	12:00–1:00pm	Review Panel	Preparation for the closing presentation (including prayer time)	RP Working Rm.
	1:00-1:45pm		Lunch	Main Campus
41	1:50-2:30pm	Panel Chair& Official of NCAAA + Rector	Exit Meeting with Rector, Debriefing on findings.	<b>Rector's Office</b>
42	2:40–3:40pm	NCAAA representatives Vice Rectors, University Council Members, Deans, vice deans, Dept. chairs, males and female faculty, quality directors, senior staff, Heads of Admin. Depts. (Including representatives from female sections).	General Exit Meeting. Closing presentation from the Panel Chair  NCAAA closing presentation	Main Campus
	3:40–4:00pm	Review Panel and ACs	Prayer & Break	
43	4:10- 4:30pm	NCAAA representatives Quality Senior Staff (e.g., Vice Rector of Dev. And Quality and Quality Directors.	Review Panel closed meeting and farewells	
	4:30	Review Panel	Return to Hotel or departure – per arrangements	

**Departure (Thursday and Friday) by arrangements with NCAAA Accreditation Coordinator.**

### 3.2.3 Combined or Concurrent Reviews

It is possible in some institutions to conduct institutional reviews and some program reviews simultaneously. Arrangements differ according to circumstances and details worked out on a case-by-case basis. Concurrent program reviews are part of the normal process within a college or when programs from different colleges within an institution are requested.

## CHAPTER 4 – ROLE AND RESPONSIBILITIES OF REVIEW PANELS



## **4.1 Qualities Required in Reviewers.**

The Commission has prepared an *Orientation Guidebook* for reviewers to prepare them in advance of the review date (see publication, D6). The guidebook is normally distributed to reviewers with their invitation to accept a reviewer position.

The value of an external review depends to a considerable extent on the credibility of the review panel, and this will be affected by perceptions of their independence, their expertise in quality assurance processes generally, and their familiarity with the focus of the review.

Members of the panel should have substantial experience in teaching and/or administration in postsecondary education relevant to the institution or program under review. They should also have the personal qualities of sensitivity, objectivity, and integrity to merit the trust and confidence of the institution, the Commission, and the wider community. Members from within Saudi Arabia should have completed a program of training in the processes of quality assurance, and those from elsewhere will also have significant training and experience in the field. Those from outside the country will receive a thorough briefing on local policies and conventions relevant to the review before it commences.

Depending on requirements for expertise in particular reviews, panels may include experienced senior academic administrators, experienced faculty in the field of study concerned, experts in quality assurance processes, and/or experienced members of a profession for which students are being prepared.

### **4.1.1 Personal Qualities**

- Ability to work effectively and collaboratively in a team situation;
- Ability to listen, and to communicate effectively in consultations with faculty, staff and students within an institution;
- Commitment to quality, combined with openness to alternative approaches that meet quality criteria;
- Sensitivity to local culture and traditions, and ability to reconcile these with generally accepted quality benchmarks;
- High standards of ethical behavior in dealing with sensitive or confidential matters.
- Reliability in meeting commitments.
- Ability to support opinions by relevant evidence and to modify opinions in the light of further information.

### **4.1.2 Academic and Professional Expertise**

- Recent successful academic experience, including teaching in one or more fields of study under review;
- Successful experience in a senior academic position;
- Experience in postsecondary education quality reviews;
- Recent experience in managing quality assurance processes in an educational environment;
- Recent senior experience in research or professional practice in a relevant field;

- Demonstrated expertise in the analysis and interpretation of data in forming and validating conclusions;
- Ability to understand and evaluate information provided informally through consultations as well as in formal reports in a way that is sensitive to the particular context, to form hypotheses about underlying issues, and to investigate and form conclusions based on evidence obtained.

Prior to their appointment, members of the review panel must sign a form declaring that they do not have a conflict of interest, and making a formal commitment to maintain the confidentiality of the proceedings after the review is completed.

## **4.2 Responsibilities of Review Panel Members**

Responsibilities of panel members include actions before, during, and after the review.

### **4.2.1 Before the Review**

Panel members should familiarize themselves with the standards and requirements for quality assurance and accreditation as specified in the documents provided by the NCAAA. This is essential because the judgment about accreditation is to be based on performance in relation to the Commission's standards.

- When material about the institution or program is received it should be read thoroughly so that the institution's mission, policies and procedures, and its quality assurance mechanisms are thoroughly understood. The reports should provide evidence of quality of performance which the panel has responsibility to verify.
- After reading this material, panel members will normally be requested to identify matters that they believe should be investigated in detail. Brief written comments about these matters and possible questions that might be asked should be provided to the chair of the review panel and to the accreditation consultant at the Commission by the date specified. An NCAAA template is provided (T10.I or T10.P). Each panel member is to complete the template and return it to the panel chair before the visit. The template is available for reviewers as part of the documents provided by the accreditation management system or it may be emailed directly to reviewers by the accreditation consultant.
- Panel members will normally be asked to investigate particular issues in depth during their initial preparation and during the review itself, as well as contributing to the overall evaluations as a member of a review panel.
- Panel members may request that additional information or documents be provided or ask that additional evidence relating to the self-study conclusions be provided.

### 4.2.2 During the Review

Descriptive information about processes followed and the institution's or the program's evaluations of those processes and outcomes should have been provided in documents sent in advance to the panel or made available through the accreditation management system. Meetings and consultations should focus on verification of conclusions reached, or investigation of issues identified in preliminary analysis for more detailed investigation.

Panel members should communicate genuine interest and understanding, and contribute to the panel's full understanding of the institution's activities.

The review process involves a number of scheduled meetings with staff and students and others associated with the institution or program. During these session meetings members of the panel will ask questions to investigate matters arising from their initial reading of the material provided.

Panel members are to take part in all aspects of the review. It is essential that members follow the guidance of the chair and adhere to agendas and timelines prepared for the various activities.

Arrangements may be made for follow up discussions by individual members of the panel to investigate particular issues in greater depth or to give further consideration to matters raised in later discussions. Where follow up on particular matters is required, this should be arranged through the panel chair with the accreditation consultant and person serving by the institution to assist with arrangements. It should never be attempted independently.

**Where a panel divides into sub-groups, members may be asked to prepare summary notes for the information of others who are involved in different activities.**

The review schedule provides times for the review panel to meet at stages during the review. Full advantage should be taken of these times to assess evidence, to discuss and reach preliminary conclusions, or to identify additional investigations that need to be undertaken.

During the review and at its conclusion, members should assist by drafting assigned sections of the RPR. Conclusions about commendations, suggestions, and recommendations are to be discussed and agreed by the panel as a whole.

### 4.2.3 After the Review

Members of a panel should provide comments to the Commission on the review process and on aspects of the institution's reports and activities that might be helpful in improving quality assurance arrangements.

Matters discussed or reported on in the review are not to be discussed with persons other than the panel members or the Commission representatives. All such matters are to be kept strictly confidential. Information about the review will not normally be provided other than by the Commission. Notes made and material provided during the review must be kept strictly confidential. Notes should be destroyed when no longer required and other documents are returned to the institution or destroyed.

### **4.3 Responsibilities of the Chair of a Review Panel**

The chair has major responsibilities in leading the group investigation and coordinating its activities, in establishing a climate of cooperation and support in what is potentially a sensitive activity, and in coordinating the drafting of the review panel report (see, T14.I or T14.P).

- When the review panel is first formed the Commission requests one of the members to serve as the review panel chair.
- The chair is asked to consider material supplied by the Commission and the institution or program, and advise the accreditation consultant of any special requirements for the arrangements and scheduling of the review activities.
- The chair should consult in advance (normally by email) with the members of the review panel to identify matters that they believe, after reading the material supplied, will need to be given particular attention during the site visit, to work out particular responsibilities for team members during the visit, and to formulate key questions that might be asked during the review. For example, panel members may be asked to give particular attention to performance in relation to several of the Commission's standards, to prepare key questions, and, at a later stage, to prepare initial drafts for the RPR commenting on those standards and possible commendations, suggestions, or recommendations.

These assignments are reviewed when the review panel meets at the start of the site visit and the comments are modified as necessary during the visit, under the leadership of the chair in keeping with the opinions of the group as a whole.

During initial session meetings at the institution the chair is to act as spokesperson for the group (though this responsibility is shared with the accreditation consultant from the Commission). In doing this, it is vitally important that a collegial and supportive climate be established, in which staff and students at the institution and panel members believe they can communicate openly and constructively about matters that may emerge.

- During session meetings and in organization of other activities, the chair is to provide effective leadership, ensuring that meetings proceed in a constructive manner, remain on schedule, and that members can participate effectively in the discussions. The chair must insist that all meetings commence and

conclude on time. If additional time is needed to deal with issues that emerge, then arrangements may be made for follow up discussions with one or more members of the panel.

- At the conclusion of the visit, the chair should ensure that the views of all the panel members are expressed, supported by appropriate evidence, and that notes on those views are provided to assist in the preparation of the RPR.
- In the exit meeting with the Rector or Dean, or other senior faculty, the main conclusions reached should be outlined by the chair in a constructive manner, with acknowledgement and thanks for the assistance provided in the review (see Power Point template, P3).
- At the end of the site visit the initial, first draft of the RPR must be given to the Commission accreditation consultant, with the signature page signed.

Approximately two weeks after the review, the chair submits an edited, first draft of the RPR to the Commission. Subsequently, the RPR proceeds through the accreditation cycle until an accreditation decision is made by the Commission. This process may take from six to nine months.

It should be understood that although the review panel is providing expert advice by performing the review, that advice is given to the Commission, and the final RPR is the report of the Commission. Consequently, although the Commission will normally follow the advice that it has received, it is not bound to do so in all respects, and may seek further advice on particular matters if it believes it is necessary to do so.

#### **4.4 Avoidance of Conflict of Interest**

All review panel members must be independent of the institution and program being reviewed, with no personal, professional or commercial relationships that could lead to a conflict of interest, or even the perception of such a conflict. A person should not serve on a review panel if he or she has personal or business connections with the institution under review, or with any of its students, staff or governing board.

A reviewer should not become involved in consultancy work or related activities for any institution or program which they have reviewed for at least 12 months.

When first approached about participating in a review, the panel member will be asked to indicate any potential conflict of interest or prior association that could, or could reasonably appear to influence judgments made. These would include any contractual or personal relationships with the institution or its staff or students, any family or tribal relationship, any past dispute with the institution or senior staff, any close personal friendships, or any anticipated future personal commercial or educational relationship. Panel members are expected to sign a document certifying that they have no conflict of interest with the institution or program under review. If the member has any doubts about whether any past or possible future relationship would be considered a conflict of interest details should be provided to the Commission for consideration.

As a general rule, the Commission will avoid including a member on the review panel for another institution or program offering similar programs in the same geographical area.

#### **4.5 Verifying Conclusions in an Institution's Self Study**

It is the job of the institution to provide programs and services that meet the required standards, and to establish mechanisms to check that it has done so. It is the panel member's job to independently verify that these processes have been effective. This means that they need to look closely at the processes followed, though they can be selective in what they follow up in detail.

Time in the institution is limited, so it cannot be expected that they will check everything. They must prioritize, and focus on areas where they have concerns.

The starting points are the institutional or programmatic SSR, program specifications, and recent annual program reports. These documents should be evaluative, not merely descriptive. They should be read carefully, and decisions made about which aspects of them are most and least convincing. Supporting documents should be referred to, such as the course specifications and reports, administrative regulations and reports, data on performance indicators (like the NCAAA KPIs), and survey results. The panel member's task is to test, and if possible, verify what the institution says about itself. Members are likely to focus on selected, high priority items, and aspects they find least convincing, but not to the exclusion of other matters – they need to take a balanced view at "*institutional effectiveness*" for institutions and a deeper view of "*student performance*" at the program level.

Testing and verifying can involve simply seeing or observing, for example, if there is a question about the adequacy of the library holdings or laboratory equipment. Yet, where a more qualitative judgment is involved, it will be necessary to explore the perceptions of different people about the matter. To illustrate, a head of a department may be clear about the intended outcomes of a program. But does the person who is teaching a course know and understand that it is part of the program aims, and how their own course contributes to meet them? In order to find out, ask members of the teaching staff. Ask students if they have a clear picture of what skills and abilities they are expected to develop? Do they think the teaching helps them develop those skills?

##### **4.5.1 Using the Criteria**

This section suggests some lines of inquiry that might be taken in relation to some of the standards. They are examples rather than a complete list. Judgment about the particular situation, combined with experience elsewhere, may indicate what needs to be looked at and what should be asked. The examples sometimes are prompts, based on the experience of people who have carried out many similar reviews.

##### **4.5.2 Learning Outcomes**

Student learning outcomes should be set out clearly in the documents from the institution or program and they are to cover the different types of learning described in the *National Qualifications Framework*. The statements of learning outcomes can be compared with the appropriate level of the *National Qualifications Framework*, and the panel member's knowledge of the specialist field should give the background to consider if they are adequate in relation to future employment.

Program level learning outcomes are to be mapped to specific courses and there is to be direct assessment provided for each one at the course level. Additional course level learning outcomes are provided in the course specifications and they are to be in alignment with specific assessment methods and teaching strategy.

In the accreditation process, the teaching staff and students can be asked if they have a clear understanding of what a program is trying to achieve. Teaching staff can be asked what feedback is available from graduates or opinions of employers to support that student learning outcomes meet expectations and are achieved; and how they use that feedback in reviewing the program.

The teaching strategies proposed for use in developing different kinds of learning outcomes should be clearly described in the documents and be in alignment with specific learning outcomes. Knowledge of the subject field can help to assess whether the strategies are likely to be effective in promoting the learning necessary for students to achieve the intended outcomes. All of the outcomes should be supported by the curriculum and the level of demand should be progressively greater on the student at successive stages in the program (known as scope and sequence).

The teaching staff should know how they see their teaching fits in to the overall plan for the program, not just in terms of the knowledge acquired, but also in the development of capacity for thinking and increasing levels of personal skill and capacity for independent learning. Students can be asked what it feels like to be following the curriculum. Does it meet their expectations?

### **4.5.3 Assessment**

Does assessment cover the full range of learning outcomes, including direct and indirect methods? Does it test skills and ability to apply knowledge, or just recall of information? It should be possible to match the specific program learning outcomes to the assessment tasks described in the program specifications. The course specifications template includes a table that aligns each course learning outcome with specific assessment methods and teaching strategies. If this is not demonstrated, there are fundamental questions to ask about whether the institution can be confident that its students have met or will meet the learning standards required for the award of the degree or other qualification.

Is assessment appropriate? For example, to assess whether a student has mastered a practical skill, he or she should be asked to clearly demonstrate it, not just know and write about it.

Assessment includes safeguards against cheating or plagiarism. Is there some form of independent verification of results? The answers should be in the documents, but if they are not, it will be necessary to ask the teaching staff and students.

Clear criteria to distinguish between grades must be provided. Students can be asked if they understand what they have to do to get the highest grade. Teaching staff can be asked if there are explicit criteria for them to use when they are marking. What mechanisms are there for directly verifying academic standards? There should be some way of checking the standards at this institution or program with those achieved elsewhere.

Students should be asked if they are given helpful feedback. It might be helpful to ask for examples of some student work that has been marked, and to form a view on whether the feedback given was fair and helpful.

Student views are essential in considering an application for accreditation. What does it feel like to be a student in this program? Are the teachers friendly, helpful and available to answer questions? What are classes like – interesting and informative, or dull and confusing? Do students believe the teaching is helping them to achieve the outcomes of the program? How do they know?

Teaching staff can be asked how they adjust and vary their teaching styles to include higher levels of learning and to respond to the needs of students. Have they received any training in teaching techniques, or other pedagogical matters? Have they used those teaching strategies? How did the students react? Are the methods appropriate for developing skills and applying knowledge, or just transferring information? Are the planned strategies set out in the course specification actually used?

A panel member can ask to see some learning materials, and use specialist knowledge to consider whether they will be effective.

For accreditation, the documents should contain statistics on progression and completion rates. If these suggest high rates of drop out or failure, faculty should be asked for analysis on the reasons for this. Has enough care been taken to select students who are well matched to the demands of the course? Have the reasons for drop out been analyzed and developed into an action plan?

Ask students about the support and guidance that they receive and whether they think it could be improved. They could be asked whether the question has been asked by the institution or program, and if so, what has been the response.

#### **4.5.4 Learning Resources**

The quantitative assessment of the adequacy of resources is relatively straight forward. However volumes of collections do not mean much unless they are appropriate for the approach to teaching and learning. To establish whether the program is of high quality, it is important to consider how effectively the resources are used. For example, there is little point in having an excellent library if it is closed when students want to use it, or if they are not expected to seek information from a



range of sources beyond a single textbook. How often do students use the library (including e-library) for independent study or for investigations they choose to undertake themselves?

#### **4.6 Techniques for Information Gathering by a Review Panel**

Members of a review panel need to consider both quantitative and qualitative data in verifying conclusions of self study reports, finding strengths and recommendations for improvement, which are prioritized for action planning. A number of techniques can be used.

##### **4.6.1 Interviews**

Much of the information needed by the review panel is provided from interviews in which clarifications are being sought, explanations obtained, and related information gathered that could indicate excellence or opportunities for improvement. Particular features of interviews may include:

- Clarification of any ambiguous data or conflicting claims, including conflicts between what may have been written and what individuals may have said. A goal is to observe consistency.
- Checking on points that may be either the views held by one or two individuals or generally held opinions within the institution.
- Constructive discussion about the collection, analysis, interpretation of data, and its implications.
- Checking that all relevant data has been seen rather than partial data that might give a superficial and mistaken impression.

In conducting interviews, it is important to listen carefully and make notes on what has been said, and to concentrate on major rather than minor or insignificant issues. Making suggestions and proposals is not the role of the interviewers and should be avoided.

Offering advice based on practice at the interviewer's own institution is counter-productive. It creates an impression that the interviewer is making comparisons and judgments with his or her own institution rather than looking objectively at what is being done at the institution under review according to the Commission standards. Any relevant suggestions based on other experience can be included in a report if the panel as a whole believes them to be relevant.

In addition to sampling of issues by the review panel, it is also important in individual or group interviews to provide opportunities for staff or students to raise matters they believe should be considered. Although it may not be possible in the time available to explore such issues in as much depth as might be desirable, the opportunity to raise such matters and consider them is an important element in the review process.

##### **4.6.2 Obtaining Evidence from Different Perspectives**

A further technique that can be used effectively, particularly in relation to matters where direct evidence is difficult to obtain and interpretations must be made, is to use

triangulation. This involves seeking related information of different kinds and considering the consistency or inconsistency of conclusions reached. An example might be to compare perceptions of administration, staff, students, and external stakeholders on particular matters, together with statistical data from different sources. If similar conclusions are reached from different perspectives, then the conclusions can be accepted with reasonable confidence. If the conclusions differ, the result may be in some doubt, but in addition the extent of difference may itself be an indicator of some underlying problem.

#### **4.6.3 Examining Selected Issues in depth**

This strategy involves selecting some issue or planned development and looking at how it was dealt with and what follow up action was taken. An example might be to begin with a user survey of library services and follow action taken in response to that survey by a library reference or advisory group, action or non-action by library staff, and subsequent survey evaluations. Data for consideration might include the survey results, minutes of relevant meetings, interviews with staff, interviews with students, and other evidence. Similar processes could be used for action taken following teaching evaluations, by looking at course reports, action plans, subsequent action to implement the action plans, and later evaluations.

Since there is an enormous range of possible issues and many different functions and activities, it is necessary to select a sample of matters to investigate. These should include some of the matters on which the institution has focused in its own self study, but should not be restricted to these. Other matters may be determined through a random selection process or by an analysis of data provided and identification of things that may have been missed or deliberately avoided.

#### **4.6.4 Style of Questions**

The style of questioning can lead to very different relationships and quality of information gained. As a general principle, the questioners should try to communicate genuine interest in the matter being considered and a full and sympathetic understanding of the response. Questions should be carefully planned and carry the impression that the questioner has already carefully considered information that had previously been provided and is pursuing an important matter in greater depth. Things to avoid include asking multiple questions simultaneously, using lengthy preambles, and telling anecdotes, describing another organization, and offering alternative possibilities for action in dealing with the matter under discussion.

#### **4.6.5 Considering Inputs, Processes, and Outcomes**

In reviewing an institution or program inputs, processes and outcomes must be considered. The most important of these, and the focus of the documents used, is outcomes – specifically student learning outcomes at the program level.

Inputs are the resources that are put into a program – staff, libraries, laboratories, and so on. These are necessary of course and it will be important to check that necessary resources are available to support the programs. This is largely a quantitative measure.

Processes are the things that happen in the institution or program. They need to be efficient, effective in promoting student learning and useful in providing the necessary services and resources to support that learning. Many of the items in the standards documents and the self-evaluation scales relate to processes followed in good institutions. An important part of the quality evaluation relates to whether these things are done in the institution or the program that is under review, and how well they are done.

Outcomes are the results of the activities that take place in an institution. They relate to student learning, research conducted, and contributions to the community.

For student learning, the outcomes are what students know and are able to do as a result of completion of their program. They incorporate knowledge and a set of skills and abilities that each student will have developed and demonstrated through direct assessment techniques. They are described in general terms for each of the domains of learning, at increasing levels of performance, in the *National Qualifications Framework*.

- knowledge associated with a field of advanced study or professional practice; (knowledge domain)
- high level conceptual and cognitive skills that are used for solving complex problems, and for decision-making in unique and unpredictable circumstances; (Cognitive skills domain)
- general competencies needed in a range of employments, such as communication, mathematical and analytical skills, including use of IT Communication; (IT and numerical skills domain)
- acceptance of personal and team responsibilities, capacity for learning, and leadership; (interpersonal skills and responsibility domain)
- and, in certain fields of study, the capacity to perform high level physical skills (Psychomotor skills domain).

It is these abilities that matter to employers, and which students must have developed if they are to progress in their careers. They need to be set at a level that is comparable with the outcomes achieved by universities elsewhere in the world.

For research activity, the outcome is not only the amount of research conducted (which can be assessed by such things as numbers of refereed publications or amounts of competitive research funding) but also its value and significance. This is more difficult to assess. It can be evaluated through the use of indicators, such as, international citation indices or patents. Research can be basic or applied, may deal with the application of knowledge and theory to local or international problems, may be funded from a variety of public and private sources, and may involve applications of insights from one field of knowledge to another. It should include further applications and extensions or research undertaken by faculty in postgraduate programs. However, to be judged as legitimate research, it must have been subject to some appropriate form of independent peer review.

For outcomes relating to an institution or program's contributions to its community, the concern is not just to the amount of such activity, but also to its significance and value. Consequently, evidence provided by an institution or program about community contributions should include some evidence about what difference they have made and be in alignment with program curriculum. Such contributions should include activities provided from within its resources and services.

#### **4.6.6 Checking on Standards of Learning Outcomes**

Institutions and programs are to establish learning outcomes that are consistent with the *National Qualifications Framework*, that meet the requirements for professional practice, and to introduce direct and indirect mechanisms to verify standards of learning outcomes are accomplished. The key is to verify appropriate levels of student learning performance and achievement. Verification of standards of learning is important to ensure internal consistency within an institution (an "A" in one course or section of a course should be comparable to an "A" in any other) and to ensure that the quality of learning outcomes is consistent with that achieved in other good institutions.

The standards for learning and teaching include a requirement that there be systems in place for directly and indirectly verifying standards of student achievement. The SSRs should include detailed descriptions of precisely how this is done on a continuous basis. An institution or program should not expect to earn accreditation without directly demonstrating acceptable levels of student learning outcome performance are achieved. This is a well-established national and international expectation.

External reviewers familiar with particular fields of study can look at samples of students work and form opinions of the standards achieved. A more important and more valid approach is to look closely at the processes used by the institution or program to verify standards, the conclusions reached as a result of those processes, and action taken if any problems are found.

#### **4.6.7 Testing and Verifying in Relation to Standards**

Institutions have been advised that criteria for accreditation will include generally accepted standards of good practice in higher education. Exactly what these "generally accepted standards of good practice" are, could be open to debate. To provide a guide, descriptions of a number of these practices have been provided by the Commission as "standards" documents, and self-evaluation scales, have been provided to assist institutions and programs managers in their self evaluations. The standards are defined in eleven broad areas of activity relating to functions carried out in post-secondary institutions and programs, with sub-standards or sub-sections and individual items that relate to specific activities within each area. Self-evaluation of performance is based on these standards, and the extent to which the institution or program goals and objectives are achieved. Evaluations for accreditation are based on the same criteria.

Higher education institutions and programs are to base their judgments about quality on scientific evidence, including the use of KPIs with benchmarking and analysis, and

to indicate in their SSRs the evidence on which conclusions are based. This should make it possible for a reviewer to consider the evidence and make a reasonable judgment about whether the conclusions reached are valid. KPI tables are included in the SSR template to assist in this process (see, D4, T11, and T12).

For a program to be accredited, it must be consistent with the NQF, and meet at an acceptable level all of the standards relating to programs and learning support services set out in the *Standards for Quality Assurance and Accreditation of Higher Education Programs*. For an institution to be accredited, it must meet all the standards in the *Standards for Quality Assurance and Accreditation* of the overall quality of its educational programs. Of course it does not have to be achieving high standards for every item considered. If problems are found, then they should be identified and acceptable strategies for dealing with them must be in place.

The NCAAA provides numerous workshops to prepare and to guide institutions and programs in all areas of academic quality, self-study, and review for higher education.

## **4.7 Some Issues in the Conduct of Reviews**

### **4.7.1 Judgments of Teaching Effectiveness**

Observations of teaching are unlikely to provide a valid or reliable view of teaching effectiveness in the short and unusual circumstances of an external review. Nevertheless, assessment of the effectiveness of teaching is extremely important. Evidence about it should be provided by the institution or program through examples and analysis of student assessments of teaching effectiveness and trends, induction and peer support strategies, and research on the effectiveness of techniques to develop different kinds of learning outcomes.

In relation to teaching strategies, the information should include the strategies themselves, the extent to which they are used, and their effectiveness in developing the outcomes. Reference should be made to knowledge and skill acquisition, to personal responsibility and capacity for self-directed learning, communication skills, and transfer of learning and creative problem (see, NQF D3). The evidence provided by the institution or program should be verified through discussions with students, through consideration of results of program reviews and surveys of graduates and their employers, and any other measures that may be introduced.

### **4.7.2 Discussions with Students.**

Important objectives of the review are to verify the outcomes of the internal review processes and to make informed and independent judgments about quality. This requires free and frank comments from a representative cross section of the student body. The tone of cooperation in planning for improvement should be preserved in discussions with students, and a careful balance must be achieved between identifying problems and confirming strengths.

The comments of students may be inhibited by cultural sensitivities, such as reluctance to criticize, unwillingness to communicate with or in front of members of

staff, or by fear of consequences if critical comments are reported back to the institution or program. Accordingly, students should be encouraged to speak openly and frankly with assurance of complete confidentiality, and if necessary on an individual basis. Any such assurances must be honored. On the other hand, individual students may have experienced personal difficulties that are not representative of the student group as a whole, and make criticisms that do not accurately reflect the true situation. Where critical comments are made they should be acknowledged in a non-judgmental way and an opportunity taken, without identifying the student concerned, to verify the concern.

Session meetings are held with representative groups of students, and if there are separate sections for male and female students, with students in both sections. At the start of these meetings the members of the review panel should be introduced, the purpose of the meeting and the basis for selection of students described, and the desirability of providing representative and confidential comments emphasized.

Questions raised by panel members vary according to the issues emphasized in the review. They might include some general matters, such as, how are the views of students sought; and how influential are those views when decisions are made; do students serve on institutional or program committees; have their views been sought in the self-study; and how confident are students that they are acquiring the intended range of learning outcomes and whether they are mastering the skills required for practice in their chosen profession. Questions on particular issues might be derived from the *standards documents and self-evaluation scales*, from issues raised in the self study, and from program and course reports. A list of possible questions, appropriate to the institution or program concerned, is to be prepared beforehand by the panel (see, templates 10.I and 10.P).

#### **4.7.3 Discussions with Teaching Staff**

It is important to verify conclusions of the self study and identify other issues that should be addressed through informal and formal discussions with faculty. There are potential barriers to effective communication with staff, just as there are with students. The experience and skill of members of the panels is important in overcoming these problems. Some general considerations that reviewers should keep in mind are discussed below.

It is important that the cooperative and constructive tone of the review is maintained and that it is made clear that the role of the review panels is not to find fault or to resolve disputes. If a member of staff has serious concerns, then these should be acknowledged, but the person is to be referred to appropriate avenues for consideration at the institution or the responsible ministry. Members of the review panel are not to be drawn into discussions with a member of staff about an issue of personal concern.

Individual cases of dispute are not the business of the review, but they are relevant if they indicate a general issue of quality or administrative procedure. An appropriate response to an issue of this sort may be to discuss the issue with the institution or program leadership. Great care should be taken not to probe matters that are

confidential to a particular individual, but rather to determine whether the issue is of general concern, and whether the institution or program processes are adequate.

Communications about the conclusions of the review are only be expressed by the chair in the final meetings with the Rector or Dean and senior staff, and following the review only through the formal report approved by the Commission.

#### **4.7.4 Matters of Commercial Sensitivity or Institutional Confidentiality**

The review panel should be sensitive to personal matters that might be raised, or matters affecting individuals that must be confidential to individual students or members of staff. They are to exercise discretion in relation to matters the institution or program regards as commercially sensitive. It is highly desirable that any such matters be identified in advance so plans can be made for dealing with them. Verification of quality sometimes requires information about things the institution may want to keep confidential. If access to information that the review panel regards as important is denied by the institution, the possibility of a confidential examination by two members of the panel should be discussed with the Rector or Dean, or the senior member of staff responsible for assisting the review; including the Commission accreditation consultant. Those members would then report back to the rest of the group without revealing confidential details.

If this approach is not acceptable by the institution the review panel should indicate in its report that the information was not provided, and whatever conclusions follow from that non-provision should be included in the RPR. A decision whether to require the information will be made by the Commission and, in the case of a dispute between the Commission and the institution, the matter will be resolved by the Minister. In such a dispute the Commission's decision on accreditation must be guided by the information available to it, and its responsibility as an independent authority to accredit institutions and programs on the basis of compelling evidence about their quality. It should not grant accreditation if it believes that it does not have sufficient and valid information on which to base a decision.

#### **4.8 Deciding on Recommendations**

The simplest way of deciding on recommendations is to consider each standard individually. What evidence is there and how does the level of provision compare with the descriptions of standards in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions and the Standards for Quality Assurance and Accreditation of Higher Education Programs*. Is the panel's assessment consistent with the assessment made by the institution or program? The panel needs to make an assessment based on the documents read, the questions asked, and the facilities seen. The evidence itself is analyzed and evaluated. Is it sufficient and compelling for a reasonable decision? Or is it necessary to find out more or to attach a condition in relation to this criterion? Or does the evidence fall so far short of what is required that the criterion has not been met?

The Commission provides a "*compliance table*" as part of the RPR template (see, T14.I and T14.P). This table is to be completed by the panel and is used to assist in the decision-making process.

To recommend accreditation or re-accreditation of an institution or a program, it is necessary to be satisfied that all the eleven standards have been met, although some might be substantially met or minimally met, rather than being fully met. This does not mean that every single item in the self-evaluation scales must receive a high rating or that all the sub-standards are met. However, the overall performance for each standard and sub-standard must be satisfactory and any specific difficulties or problems identified and strategies in place to deal with them.

#### **4.9 Preparation of a Review Panel Report**

An initial, first draft of the RPR is normally prepared by members of the panel on the last two days of the site visit. It draws on information from the institutional or program's self-study, the SSR, other information, and notes prepared by the panel during their discussions. The comments and conclusions represent the opinions of the panel members after reviewing the evidence provided and their own investigations in the review. Opinions are to be supported by evidence and sound reasoning that have been observed, and this evidence is to be referenced to in the RPR. Comments will not be made on individual opinions.

The RPR is not an attempt to present a comprehensive description of the institution or program activities. Rather, after a brief introductory description to provide a context, it should make comments on each of the standards and sub-standards, but not on all the specific practices.

An important element in the RPR is the verification of the institution or program's judgments of the quality of matters considered in its self-studies, and confirmation of those judgments. In addition, the RPR is to note in its comments any activities or initiatives that should be commended, suggestions for development that could be considered, and recommendations for improvement that should be addressed. Where such matters have already been identified by the institution or program, and are being addressed, this should be acknowledged, though the panel may wish to comment on whether the action being taken is likely to resolve the problem.

It is important for the panel to know that the institution or program is required by the Commission to respond to each of the recommendations that are included in the RPR. In most cases, a response includes an action plan to improve and the Commission is responsible to follow-up with this plan. Consequently, it is imperative that each recommendation be written clearly and in measurable terms for assessment.

The RPR is to include a specific recommendation on the decision by the Commission to accredit the institution or program.

Reports on reviews may vary to some extent reflecting differing issues and circumstances. However they will normally include the following sections:



- An introduction, including a brief description and significant features of its mission, planned development, and environment;
- Description of procedures and range of activities followed by the review panel;
- Description and comments, including citations of evidence, relating to the quality of performance in relation to each of the standards and sub-standards identified in the *Standards for Quality Assurance and Accreditation in Higher Education Institutions (or Programs)*. In its observations the panel should acknowledge instances where problems have been identified by the institution and are being dealt with (though it may comment on whether the response is adequate);
- Suggestions, commendations, and recommendations for consideration (are embedded in the body of the document directly below the comments and evidence, and again are listed at the end); and
- The review panel's specific recommendation to the Commission on whether the institution or the program(s) should be accredited.

The RPR is a document owned by the Commission and responsibility for it rests with the Commission.

The following steps are followed by the Commission:

**(i)** The first or initial draft of the RPR will be given to the Commission at the conclusion of the review visit. The Commission may make editorial changes for consistency of style and presentation, but will not change the substance of the comments and recommendations that the report contains. If changes are made the edited draft will be sent to the chair for comment.

**(ii)** The draft report will be sent to the institution or program to check for accuracy of factual information. Responses are provided on a specific Commission template (see, T16). Three weeks are allotted for this response.

If significant corrections are requested, then the Commission may consult with the chair of the panel about the changes and any implications for the recommendations in the RPR, and it may amend the document at its discretion. In case of disputes over factual material, the Commission may arrange for independent advice on the matter, and will make a final decision following consideration of the advice it receives. It is emphasized that this step in the process is designed to check for factual errors, not to provide an opportunity for changing the conclusions of the report. If major factual errors are identified appropriate amendments should be made, not changes in the panel's professional opinions or recommendations.

**(iii)** The Commission will review the RPR and prepare a final version with any factual errors corrected. Copies of the RPR will then be provided to the institution or program and it is made available to the responsible Ministry.

During this stage, the institution or program is to respond to the recommendations provided in the RPR with a precise action plan that addresses each recommendation, using the Commission template T16. Upon receipt of the action plan, the Commission will accept the plan or work with the institution or program to establish an acceptable

action plan. Furthermore, the Commission will follow-up with the action plan until all of the recommendations are satisfied (usually taking 1 to 3 years).

(iv) The final RPR will be considered by the Commission with the institution or program responses to recommendations and other information. A decision is made on accreditation by the Commission. The Commission may decide to accredit the institution or the program or not to accredit. In some instances, the decision is to award conditional accreditation until certain conditions have been met, or to deny accreditation if they are not met within the approved time frame.

#### **4.10 Action Following a Review**

After completion of each review the Commission will invite the institution to provide confidential comments on the value and effectiveness of the review process and the contribution of the panel to its quality assurance processes. These comments will be used by the Commission in reviewing its own procedures, and in selection of personnel for future reviews.

The Commission will also invite the review panel to provide comments on the self study and review process. These comments will not be included in the RPR. The information will be used by the Commission in reviewing and improving its own arrangements, and information relevant to the institution or program's activities will be passed on to it for consideration in improving its quality assurance processes.

The institution or program is expected to consider the RPR and take appropriate action in response, as part of its normal quality assurance processes.

In cases where there are specific requirements or conditions relating to accreditation, the institution or program is expected to indicate what specific action it will take in response, and to report within a specified period of time that the necessary action has been effectively taken; normally as part of the annual program report for programs.

This follow up occurs in two stages.

First, upon the receipt of the final RPR and the decision of the Commission on accreditation the institution or program must advise the Commission annually on the progress it makes toward completion of its action plan in relation to recommendations and/or conditions in the final RPR.

Second, when the action plan is complete, a report should be provided to the Commission and the Commission will determine if the actions satisfy all the recommendations and/or conditions that have been set (normally this will take 1 to 3 years). Upon satisfactory completion of this stage, the formal accreditation cycle is complete.

It is required that recommendations for improvement be acknowledged, taken seriously, and appropriate action taken to deal with them. The recommendations and/or conditions made by the review panel, and the responses made are to be thoroughly satisfied. If appropriate action is not taken by the institution or program in

dealing with concerns raised, it will be up to the relevant Ministry to take action, which may include directions or sanctions appropriate to the problem concerned. The Commission may deny or suspend accreditation.

#### **4.11 Management of Disputes and Appeals**

##### **Background**

The NCAAA values its responsibility of determining standards and criteria for academic accreditation, selecting experienced and knowledgeable academic professionals who are recognized in their fields, and ensuring that those standards are applied consistently for all institutions and programs. The accreditation decisions are based on the evidence presented that supports the case for compliance with the NCAAA standards, policies, and procedures existing at the time of the evaluation.

The processes for internal and external review and preparation of reports are intended to be consultative and supportive rather than critical and adversarial. Nevertheless, it is possible that differences of opinion or value judgments, or differences about the accreditation or approval decisions rendered by the Commission may arise. Consequently, the Commission Appeals Process is available for resolution of such concerns. In this case, the institution or program is provided the opportunity to appeal directly to the Secretary General of the Commission, citing evidence in support of its appeal.

The appeal process is designed to provide procedural fairness for the appellant. Consideration is also given to the public interest in the outcomes of the accreditation and approval process in ensuring provision of high quality educational programs.

Consequently, if an appeal is upheld, the generally accepted resolution is to have an immediate re-assessment of all or part of the grievance, rather than to grant accreditation.

##### **Terms of Reference for Appeals Processes**

###### **Purpose**

- 1.) To provide an opportunity to bring to the Commission's attention matters related to concerns about the procedural and/or administrative conduct of the evaluation.
- 2.) To present to the Commission apparent errors in fact or misinterpretation of evidence in a SSR or errors of observation during an on-site visit.
- 3.) To provide an external, third party assessment of the merits, reasonableness and validity of an appealable decision.

##### **Management of the Appeals Process**

###### **Appealable Issues**

Procedural action on appeals is based on the evidence available to the review panel and the Commission at the time decisions were taken. Complaints or disputes arising from an accreditation decision may relate to:

- 1.) Substantive errors of fact or observation during a site visit.
- 2.) Misinterpretations of the evidence in a SSR.
- 3.) Failure of a review panel to follow the NCAAA published standards, policies and procedures that are sufficiently serious to undermine the validity of the evaluation.
- 4.) The manner in which the Commission staff or persons it appoints handled the procedures published in the Commission's Handbooks.

### **Arrangements for an Appeal**

- 1.) An institution or program may challenge an appealable decision by a formal letter of appeal addressed to the Board of Directors of the NCAAA within thirty (30) days of receipt of written notification of the Commission's accreditation decision. The appeal must specify the basis on which the appeal is made, which must be either that the Commission did not follow its policies and procedures, or substantive errors in fact, misinterpretation of the evidence in a SSR or errors of observation during the on-site visit.
- 2.) Grounds for challenging the accreditation decision must be sufficiently serious to undermine the validity of the decision, or unreasonable judgments about an institution or program on the basis of the evidence available to the review panel and the Commission at the time of the visit.
- 3.) A non-refundable appeal fee will be charged to the institution or program filing the appeal, such fee will be submitted with the letter of appeal.
- 4.) The institution will be advised that the decision of the Board of Directors after considering the Appeals Panel recommendations will be final.
- 5.) The accreditation status of the institution or program shall not change until all procedural processes of the appeal have been exhausted or terminated.

### **Appointment of an Appeals Panel**

- 1.) Within thirty (30) days of receipt of the appeal, the member of the Board nominated by the Board for oversight of appeals will consider the submission. If he believes there are reasonable grounds for considering the appeal, the Board will appoint a three-person appeal panel to advise on the matter.

- 2.) The three persons will include one member of the Board of Directors as chair and two persons familiar with NCAAA standards and procedures and with expertise in quality assurance matters in educational institutions relevant to the dispute or program. None of the persons nominated will have had an affiliation with the institution or program filing the appeal or with the accreditation process which is the subject of the appeal.

### **Scope of an Appeal**

- 1.) The appeal is a challenge to the accreditation decision of the Commission based on the evidence before the review panel and the Commission at the time of the visit.
- 2.) The letter of appeal and supporting information must not refer to facts or conditions that were not presented to the review panel at the time of the visit.
- 3.) The procedural and substantive issues addressed by the Appeal Panel will be limited to those stated in the appeal letter.

### **Decisions of the Appeal Panel**

- 1.) The Appeal Panel may reject the appeal if it believes the accreditation decision was reasonable or not sufficiently serious to undermine the validity of the accreditation decision.
- 2.) If the Appeals Panel finds that there is insufficient evidence to make a fully informed decision or that there was a probable violation of policy or procedures or other technicalities, or an error in judgment of sufficient magnitude to affect the validity of the accreditation decision, the normal remedy will be to have an independent re-assessment -assigned by the commission- of all or part of the issue or issues concerned, rather than to grant or withdraw accreditation.
- 3.) If an appeal is supported by the Appeal Panel, after considering evidence available to the review panel and the Commission at the time the original decision was made, the Appeal Panel may recommend to the Board of the Commission that it reverse the decision of the Commission. The decision of the Commission will not be reversed without compelling evidence to support this action. In other words, the Appeal Panel must become aware of and document *conclusive* evidence that invalidates the accreditation decision of the Commission and communicate this evidence and its recommendation to the Board.

### **Report of the Appeal Panel**

- 1.) The Chair of the Appeal Panel will provide a written report to the Chair of the Board detailing the findings of the Appeal Panel and describing the evidence on which its findings are based. Supporting documentation

should accompany the report for any finding that is contrary to the Commission's accreditation decision.

- 2.) The Chair of the Board will respond to the institution or program with written notification of the result of the appeal. If the appeal was upheld, the report to the institution will be amended in keeping with the decisions of the Appeal Panel. If the appeal was not upheld, the institution will be notified that the issues in dispute were considered and the appeal was not upheld.
- 3.) The decision of the Board of the Directors, after considering the Appeals Panel findings, is final.

## ATTACHMENT 1

### ELIGIBILITY REQUIREMENTS FOR ACCREDITATION OF A HIGHER EDUCATION INSTITUTION

#### F3.I Eligibility Requirements for an Application for Institutional Accreditation

The process for accreditation of an institution involves a rigorous self-evaluation in relation to the eleven standards specified by the NCAAA followed by an independent external review. In that external review a panel of experts will verify the conclusions of the institution's self-evaluation and consider the quality of performance in relation to the NCAAA standards.

Before this process begins the NCAAA must be satisfied that certain requirements are met. These requirements relate to core elements in the standards for quality assurance and accreditation, and in compliance with the terms and conditions of its official approval or for a private institution, its license to operate.

The major steps involved are:

**Step 1:** Completion of an initial self-evaluation scales by the institution in relation to standards for accreditation. Application by the institution including a letter of certification that it:

- a. Believes those standards are met, and
- b. Meets eligibility requirements.

**Step 2:** Acceptance of the application by the NCAAA and scheduling of dates for review.

**Step 3:** Completion of a Self Study Report for Institutions (SSRI) using the criteria and processes specified by the NCAAA. This is normally a 9 to 12 month process. NCAAA will provide on-going advice during this period to ensure full understanding of requirements.

**Step 4:** Independent external review arranged by the NCAAA, including a site visit by a review panel.

**Step 5:** Decision on accreditation by the NCAAA after considering the recommendations of the external review panel.

Details of requirements for a self study and the external review process are included in Part (3) of *Handbook for Quality Assurance and Accreditation of Higher Education Institutions*.

## **Application Requirements for Institutional Accreditation Eligibility**

### **1. Final Licence**

The institution must be established by the Government of Saudi Arabia as a higher education institution, or if a private institution, have been granted a final license to operate as a higher education institution in Saudi Arabia by the Ministry of education or other government authority.

**Attached a copy of the final licence by approved government institution**

### **2. Consistent activities**

The activities of the institution must be consistent with its official approval or its final license. For example its scope or range of programs, the level at which programs are offered, its title as an institution, and any special conditions specified for its license.

**Provide a summary report on the activities supporting the final licence**

### **3. Mission**

The institution must have a mission approved by its governing board that is consistent with its official approval or final license and appropriate for an institution of its type and the community or communities in which it operates.

**Provide details and a copy of approved mission (if outlined in the strategic plan refer to item 4)**

### **4. Strategic Plan and associated plans**

The institution must have a strategic plan for the achievement of its mission and major development objectives that includes objectives for quality improvement.

**Provide a summary report and copy of the Institutions approved strategic plan, operational and quality assurance plans**

### **5. Administrative Policies and Procedures**

The institution must have developed and made readily accessible to teaching and all other staff a complete set of administrative policies and regulations including terms of reference for major committees and responsibilities of teaching and administrative positions. These should be consistent with the requirements of Standard 2—Governance and Administration and other relevant standards dealing with teaching and administrative and support services. Committees or councils for which terms of reference and membership structure must be available include:

- a. University Council or Board of Trustees.
- b. Any standing sub committees of the University Council or Board of Trustees.
- c. Senior academic committees (including the academic council if applicable) responsible for oversight of and approval of programs or major program changes, research development, and graduate studies programs (if applicable).
- d. Any standing sub committees of the senior academic committee.
- e. Institutional quality committee. (**Note** that although it should be normal practice to have a single quality committee for all institutional activities, if separate committees have been established to oversee quality for academic functions and administrative functions the membership structure and terms of reference of both must be available, together with the committee responsible for coordinating the two sets of activities.)
- f. Institutional procedures for college academic committees or councils and standing sub-committees
- g. Institutional procedures for department academic committees or councils and standing sub-committees.

**Provide a list and a copy of the Institution policies, regulations and terms of reference**

### **6. Student Handbooks and guides**

The institution must have published guides (or catalogues or handbooks) that are readily accessible to existing and potential future students, and teaching and other staff, that include accurate and current information about details of programs and courses, degrees offered and graduation requirements, admission requirements and procedures, costs and refund policies (if applicable), rules and regulations directly affecting students.



**Provide a copy of student handbooks, guides, and prospectus**

**7. Program Specifications (refer attachment 1)**

The institution must have program specifications for all of its degree level programs using the template required by the NCAAA. These program specifications must have been approved by the institution's senior academic committee.

**Complete all program specifications as attached to the eligibility list**

**8. Course Specifications (refer attachment 2)**

The institution must have course specifications using the template required by the NCAAA for all courses in all its programs and firm commitments to complete specifications for all remaining courses by the proposed time for the external review.

**Complete three course specifications for each level in each selected program (x12) as attached to the eligibility list**

**9. Program Approval Policy and procedures**

The institution must have established and described in policies and regulations processes for program approval and approval of program changes under the authority of a central curriculum committee or equivalent. The processes must provide an appropriate balance between institutional responsibility and oversight, and flexibility for course and program modifications as required at department or college level.

**Provide a copy of a manual or documents containing the regulations, description for program approval, changes and review**

**10. Guide books for monitoring quality and improving programs.**

The institution must have effective systems for monitoring the quality and supporting improvements in its programs that meet the requirements for Standard 4; Learning and Teaching, and all of its sub-sections.

**Provide a guide book for the internal quality system**



## 11. Record Management

The institution must have established arrangements for maintaining records and providing summary statistical data to departments, colleges and central committees (Quality committee and Curriculum Committee or equivalent) including at least the following information:

- a. Grade distributions for all courses.
- b. Mean grade distributions for all courses for each department (or program), college, and the institution as a whole. (desirably provided for courses at each year level)
- c. Completion rates for all courses.
- d. Mean completion rates for all courses for each department (or program), college, and the institution as a whole. (desirably provided for courses at each year level)
- e. Year to year progression rates and total program completion rates for all programs.

**Provide a summary report and evidence about the analysis and reporting of statistical data**

## 12. Student Evaluation

The institution must have established arrangements for student evaluation of courses and programs and mechanisms for the use of those survey results in program and course evaluations at department, college and institutional levels. These arrangements should include a number of common questions across the institution for internal benchmarking purposes, and centralized processing of survey results with regular reports provided to relevant levels within the institution.

**Provide a summary report and evidence of student surveys**

## 13. Quality Assurance System

The institution must have an effective system for quality assurance covering all areas of institutional activity and operating under the supervision of a senior manager within the institution's central administration. Note that this must include some appropriate processes for monitoring the quality of organizations established by the institution or of services contracted out to other organizations, such as, community colleges, preparatory year programs, regional campuses, or contracted services, such as, catering or IT services.

**Provide a summary report and manuals on how institutional quality assurance is managed and maintained**

The institution must be able to provide reliable data on the Key Performance Indicators specified by the NCAAA and any additional indicators identified by the institution for its own performance evaluation. Note that for the initial accreditation reviews to be conducted in (e.g. 2010) it is recognized that systems for collecting required data for all the NCAAA's KPIs may not yet be in place. However, data must be available for use in the institutions self-study for a majority of items, and plans must have been prepared for the remaining items to be available.

**Provide a summary report and evidence of key performance indicators**

### **15. Comparative benchmarks**

The institution must have identified other institutions to provide comparative benchmarks for quality evaluation and, where necessary, have established agreements for exchange of information on indicators to be used for this purpose. (Note that special agreements are not required for use of published data on performance benchmarks, but are necessary if unpublished data is to be used. An institution may benchmark its performance on different functions against different institutions.)

**Provide a summary report on arrangements for comparative benchmarks**

### **16. Research**

If the institution is a university, or if it is another type of institution that has a mission or objectives that include research, it must have systems for collecting and reporting data from all departments, colleges and any research centers on the extent and significance of research activity.

**Provide a summary report on the system for maintenance and provision of data including research (if applicable)**

### **17. Community Service activities**

The institution must have systems in place for collecting and reporting on the extent and usefulness of formal and informal community service activities, including services provided by community service units or centers, and by other individuals, departments or colleges.

**Provide a summary report on the system for maintenance and provision of data on community service activities**

A new or recently established institution must have been in operation long enough for its first cohort of students to have graduated and information from its graduates about the quality of their programs must be included in evidence provided for accreditation.

**Provide a copy of the alumni guidebook or graduation data**

### **19. Self Evaluation Scales (SES) and Self Study for Institutions (SSRI) (refer attachment 3 & 4)**

The institution must have reviewed its activities in relation to the eleven standards specified by the NCAAA. This includes an initial draft of the SSRI and it involves a complete Self Evaluation Scales report for higher education institutions by a committee or committees with thorough knowledge of all parts of the organization. The Rector (for a university) or the Chair of the Board of Trustees (for a private college) must have certified that in its view the institution has achieved satisfactory performance on each of the eleven standards. (Satisfactory performance for the purpose of this item means an overall rating of at least three stars for each standard and sub-standard on the star rating system.

Note: It is not necessary for every single item within the sub-standards of each standard to be given three stars or more. However, the rating for each standard and sub-standard as a whole must be at that level.

**Complete a first draft of the Self Study Report Institution (SSRI) and Self Evaluation scales (SES) Refer attachment 3 &4**

### **Special Notes:**

Accreditation by the NCAAA is based on all the eleven standards described in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions*. In the accreditation judgments, particular emphasis will be given to standard 4 and all of the sub-standards of that standard and to other items specified by NCAAA.

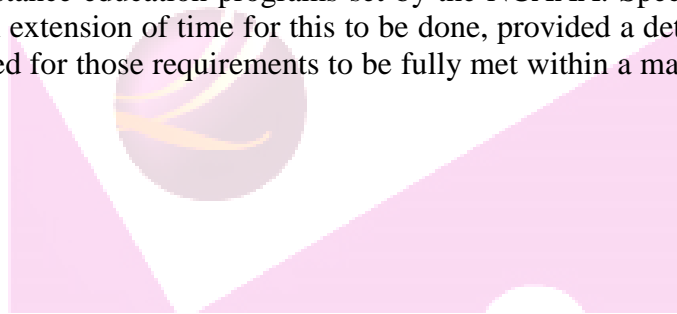
If a former college or colleges were amalgamated with an existing institution two or more years before the date of application the quality assurance arrangements and eligibility requirements will be expected to apply to the total institution, including those former colleges.

If a former college or colleges were amalgamated with an existing institution less than two years before the date of application the quality assurance arrangements and eligibility requirements will not be expected to apply to those former colleges, but the institution will be expected to have finalized plans for the full incorporation of those colleges into the institution and the extension of the quality assurance arrangements to

them within no more than two further years. In this situation the accreditation judgment will be based on the previously existing institution and the adequacy of the plans for incorporation of the college(s).

An institutional review for accreditation must deal with the total institution. Appropriate processes must be in place for the quality assurance of any associated community colleges or foundation year programs. An institutional review of a private college or university will include all associated colleges, even if they have received a separate license from the Ministry of education (MoE).

If an institution offers programs by distance education, then arrangements for the provision of those programs must meet the requirements of the Ministry of education for Distance Education, and the programs offered in that mode must also meet the standards for distance education programs set by the NCAAA. Special arrangements may be made an extension of time for this to be done, provided a detailed action plan has been prepared for those requirements to be fully met within a maximum period of three years.



## Eligibility for Institutional Accreditation Checklist

**Name of Institution** \_\_\_\_\_ **Date** \_\_\_\_\_

All eligibility criteria will need to be met before consideration can be given to accreditation.

Tick the column beside each criterion to indicate if it is met or write in the next column the date by which that criterion will be met. (Must be no later than one month)

Eligibility Check List		Criteria Met	Required Evidence	Confirmed (NCAA)
1.	Final license by approved government institution		Copy	
2.	Activities consistent with license or approval		Document/ Report to support consistency	
3.	Mission approved and consistent with license or approval		Documents/Copy of the decision/ copy of the approved strategic plan.	
4.	Strategic and actual plans, including a plan for continuous quality assurance		A copy of the approved strategic plan.	
5.	Availability of policies, regulations and terms of reference		Copy	
6.	Published guides or handbooks for students		Copy	
7.	Program specifications for all programs		Copy of each	
8.	Course specifications		Sample (three courses from each level)	
9.	Regulations and descriptions of processes for program approval, changes, and review		A Copy of approved manual or documents	
10.	Systems for monitoring quality and improving programs		Guidebook for the internal quality system	
11.	Central maintenance analysis and reporting of statistical data		Evidence and reports about the analysis of results	
12.	Student surveys		Summary Reports	
13.	Quality assurance system covering all standards		Reports/ manual	
14.	Data on Key Performance Indicators		Reports	
15.	Arrangements for comparative benchmarks		Reports	
16.	Systems for maintenance and provision of data, including research (if applicable)		Reports	
17.	Systems for maintenance of data on community service activities		Reports	
18.	Students graduated		Alumni Guidebook or Graduation Data	
19.	Compliance with standards for accreditation: Self-evaluation scales are complete and an initial draft of the SSRI		Completed self-evaluation scales report and the first draft of the SSRI	

**Name & Signature of University Rector (Or Dean for Private Colleges)**

**Date:** \_\_\_\_\_

## ATTACHMENT 2

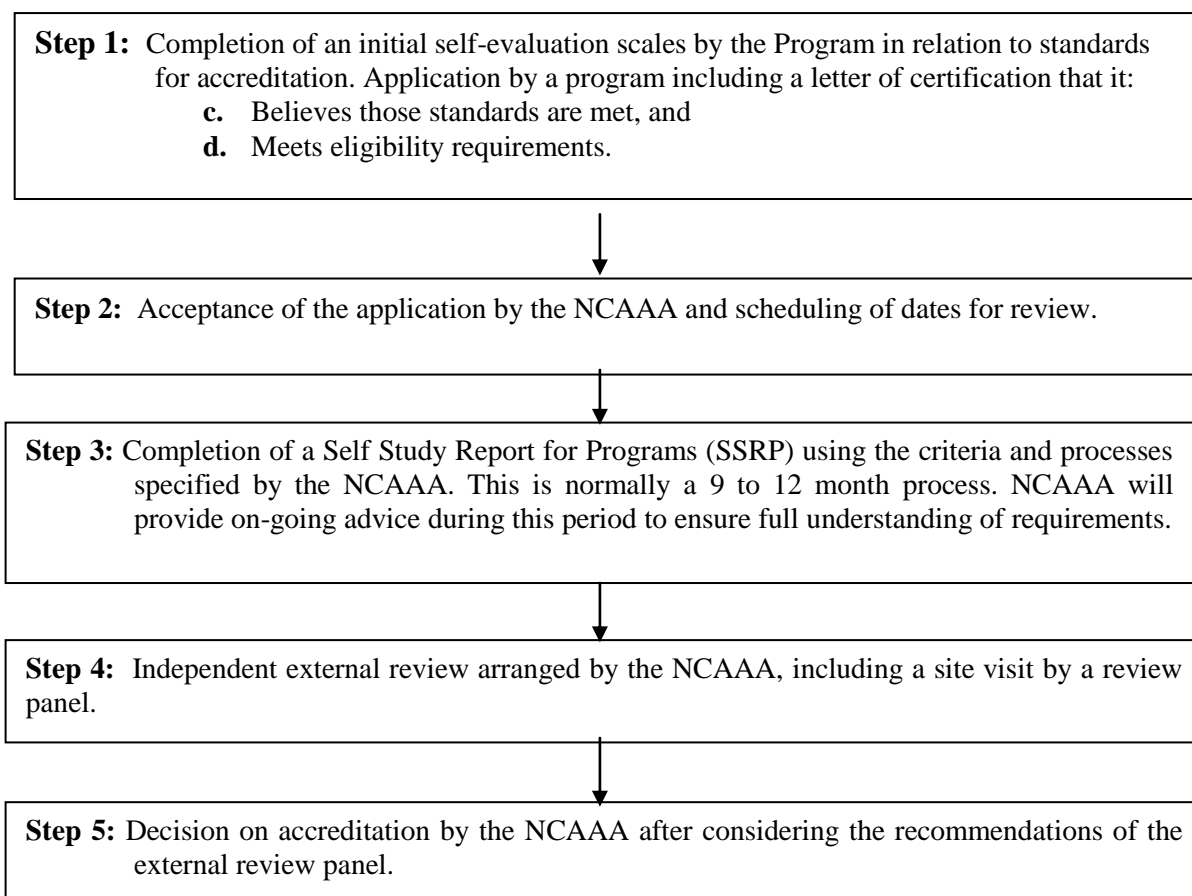
### ELIGIBILITY REQUIREMENTS FOR AN APPLICATION FOR ACCREDITATION OF A HIGHER EDUCATION PROGRAM

#### T14.P Eligibility Requirements for an Application for Program Accreditation

The process for accreditation of a Program involves a rigorous self-evaluation in relation to the eleven standards specified by the NCAAA followed by an independent external review. In that external review a panel of experts will verify the conclusions of the Program's self-evaluation and consider the quality of performance in relation to the NCAAA standards.

Before program accreditation site visit process begins, the NCAAA must be satisfied that certain requirements are met. These requirements relate to core elements in the standards for quality assurance and accreditation, and to compliance with the terms and conditions of its official approval or (for a private institution) its license to operate.

**The major steps involved are:**





Details of requirements for a self study and the external review process are included in Part (3) of *Handbook for Quality Assurance and Accreditation of Higher Education Institutions*.

Accreditation is public recognition that necessary standards are met in the management and delivery of a program, and the quality of learning outcomes is achieved by students. The standards must exceed or be equivalent to what is done in high quality international programs.

The process for accreditation of a program involves a rigorous self-evaluation in relation to the eleven standards specified by the NCAAA, followed by an independent external review. In the external review a panel of experts will verify the conclusions of the program self-evaluation and consider the quality of performance in relation to the NCAAA standards.

### **Relationship to Institutional Accreditation:**

Criteria for program accreditation relate primarily to the program concerned. However, the quality of a program and the evidence that is required for accreditation depend to a considerable extent on processes within the institution as a whole. These may be beyond the control of those managing the program but they still affect its quality and must be considered in program evaluation. Consequently, the NCAAA requires an institutional accreditation review as a whole before going on to accredit individual programs.

It is important to recognize that if a program is to be accredited ALL the standards required must be met, regardless of who is responsible for delivering particular services.

If the institution has earned accreditation recognition by the NCAAA the institutional requirements will be assumed to have been met.

**There are extra-ordinary circumstances when special arrangements related to program eligibility for accreditation are made by the NCAAA if the institution has not yet been accredited. These institutional requirements are provided below (see Minimum Institutional Requirements for Eligibility for Program Accreditation and page 10).**

## **Application Requirements for Program Accreditation Eligibility**

### **1 Authorization of Program**

The Program must be one which the Institution is authorized to offer by the relevant government authority (i.e., at a level and within a field of study that is included in its final License or Ministry or other government approval).

**Insert in this box a copy of the approval from the MoE or decision by the University Council.**

### **2 Application for Accreditation**

The application must have been approved by the Rector of the University or the Dean of the College within which the program is offered.

**Insert in this box a letter of approval signed by Rector, Vice Rector or Chair of Board of Trustee.**

### **3. Program Specifications – T4**

A Program Specifications must be prepared, using the NCAAA T4 template. The Program Specifications must have been approved by the Institution's senior academic committee.

**Complete Program Specifications T4 (or provide a link) (click → T4).**

### **4. Course Specifications and their corresponding Course Reports – T6**

Course Specifications must have been prepared, using the NCAAA template, and approved for all courses included in the program. Course Reports must have been prepared for at least one year for the application to be approved and for a second year by the time of the site visit.

**Complete two Course Specifications together with their corresponding Course Reports for each semester (or provide a link) (click → T6).**

For Example: Four (4) year programs require a total of 16 Course Specifications with their Course Reports.

### **5 Program or Course Requirements**

Clearly stated descriptions must be available of course content, program requirements, and other regulations affecting students in the program, including

institution or college-wide requirements as well as those specific to the program concerned.

**Insert in the box (or provide a link) copies of the descriptions of program and course requirements or regulations.**

## **6. Annual Program Report – T3**

Complete Annual Program Reports, using NCAAA templates, must have been prepared for at least one year for the application to be approved and for a second year by the time of the site visit.

**Provide copies of the last two Annual Program Reports (click → T3).**

## **7. Student Evaluation Survey Results**

Student evaluation surveys must have been conducted with a minimum of a (50%) response rate for all courses, and for the program. Summary reports on survey responses must be available for at least two years by the time the SSRP is completed.

**Insert in the box two summary reports containing annually aggregated statistical data and analysis from the last two years.**

## **8. Alumni and Employer Survey Results**

At least one group of students must have completed the Program, and feedback from that group of students must be available. An Employer Survey should also be conducted.

**Insert in the box two summary reports containing aggregated statistical data and analysis for the alumni and employer surveys.**

## **9. Program Advisory Committees**

For any program designed to prepare students for professional practice, a Program, Department or College Advisory Committee must have been established with a majority of members in the profession(s) concerned who are external to the institution. Terms of reference of that committee must include reviewing program

evaluation data and providing advice on program content and delivery arrangements.

**Insert a sample of minutes, records and reports of the Program Advisory Committee for the last two years.**

## **10. Program KPIs and Benchmarks**

KPIs must have been selected for benchmarking the quality of the Program. A list of KPIs utilized, with benchmarks and analysis must be available. If these indicators and benchmarks include unpublished data, agreements must have been completed for the relevant data to be provided.

**Insert in the box a summary and analysis report on the results of the Program KPIs and benchmarks.**

## **11. Program Learning Outcome Mapping**

**Insert in the box a mapping matrix of the Program learning outcomes with their assigned courses.**

## **12 Self Evaluation Scales – D2.P**

The *Self Evaluation Scales for Higher Education Programs* must have been completed with a rating of at least (3 stars) on all standards and sub-standards applicable to the Program. (Note: It is not necessary for every single item within the scales to be given three stars or more. However, the rating for each group of items must be at the 3 stars level and the Commission may specify certain individual items on which a minimum three star rating is required).

**Complete the Self Evaluation Scales for Programs (click → D2.P).**

## **13 Self Study Report for Programs – T12**

An initial draft of the *Self Study Report for Programs* (SSRP) must be submitted.

**Complete an initial draft of the Self Study Report for Programs (click → T12).**



## MINIMUM INSTITUTIONAL REQUIREMENTS FOR ELIGIBILITY FOR PROGRAM ACCREDITATION

In the event that the Institution is **NOT** accredited by NCAAA, there are extraordinary circumstances when special arrangements related to program eligibility for accreditation are made by the NCAAA. These institutional requirements are provided below. There may be additional flexible requirements that are determined according to individual situations.

### 1. Strategic Plan

**Provide a copy of the institution's approved strategic plan.**

### 2. Quality Center and Strategic Plan for Quality Assurance

Establishment of a quality center and preparation of a strategic plan for quality assurance.

**Provide a summary and analysis report about quality assurance process and improvement.**

### 3. Data on Institutional Key Performance Indicators (KPIs)

Existence of an approved set of key performance indicators for use within the institution that include indicators of program quality. Data from these indicators should be available for the Institution as a whole and for a majority of programs in the Institution (including the Program seeking eligibility for accreditation).

**Provide a summary and analysis report on the KPI data affecting programs across the Institution.**

### 4. Program Approval Process

A clear description of the Institution's processes for program approval, monitoring program quality, and approval of program changes.

**Provide a copy of a manual or documents containing the regulations, description for program approval, changes and review.**

### 5. Student Evaluation Survey Results

Use of student course and program evaluation surveys in at least (50%) of colleges or departments across the Institution and provision of data for the Institution as a whole on common items in a form that can be used for internal Institution benchmarking.

**Provide an aggregated summary and analysis report and evidence of student surveys.**

## **6. Student Advising and Counselling**

Demonstrate provision of student advising and counselling services and processes for the evaluation of the adequacy of those services for the students attending the Institution.

**Provide an aggregated summary and analysis report and evidence of student surveys.**

## **7. Extra-Curricular Activities**

Provision of adequate facilities for extra-curricular activities appropriate for the students attending the Institution.

**Provide a summary and analysis report concerning the extra- curricular activities.**

## **8. Learning Resources**

Provisions of learning resources adequate to support the programs offered by the Institution and processes in place to identify and respond to Program requirements and evaluate the adequacy of this provision.

**Provide a summary and analysis report concerning learning resources.**

## **9. Institutional Storage of Statistical Data**

A system should be in place within the Institution for providing summary statistical data to departments, colleges, and central committees (Quality Committee and Curriculum Committee or equivalent). This data must include at least the following information and be available for purposes of benchmarking and analysis of programs throughout the Institution:

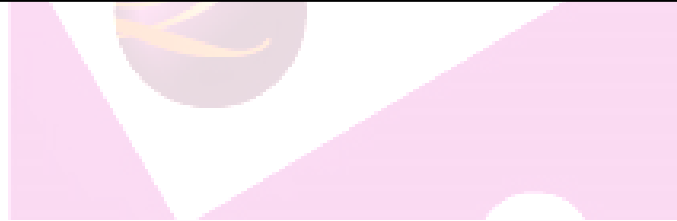
- a. Grade distributions for all courses.
- b. Mean grade distributions for all courses for each department (or program), college, and the Institution as a whole (desirably provided for courses at each year level).
- c. Completion rates for all courses.
- d. Mean completion rates for all courses for each department (or program), college, and the Institution as a whole (desirably provided for courses at each year level).

- e. Year to year progression rates for all year levels, and total program completion rates for all programs.
- f. Data on employment outcomes of graduates.

If programs are offered in sections for male and female students the statistical data must be available for both sections as well as in aggregated form for both sections.

**Note:** Accreditation by the NCAAA is based on all the standards for higher education programs and will apply regardless of whether services are managed by the college or department concerned or by institutional level organizational units. For NCAAA program accreditation, judgments place particular emphasis to standard 4 and all of its sub-standards.

**Provide copies of the last two institutional reports on program performance.**





## Eligibility for Program Accreditation Checklist

Check the criteria "Met" column to indicate that the requirement is met.

Name of Institution			Name of Program		Date		
Program Requirements			Met	Required Evidence	NCAAA Confirmed		
					Y	N	P
1.	Program authorized	Help		Approval document by the University Council/HC for Education or the MoE			
2.	Application for Accreditation approved	Help		Signed by Rector or Vice Rector/ Chair of Board of Trustees			
3.	Program Specifications using the NCAAA template (including program learning outcomes)	Help		Copy (click → T4)			
4.	Course Specifications and their Course Reports using the NCAAA templates	Help		Sample copies (two courses from each semester) (click → T6)			
5.	Descriptions of course and program requirements and regulations	Help		Copies			
6.	Annual Program Report using the NCAAA template	Help		Copies of the last two reports (click → T3)			
7.	Summary report of student evaluation survey results	Help		Report about statistical analysis of the three questioners for the last 2 years			
8.	a. Alumni survey results b. Employer survey results	Help		a. Alumni survey report with analysis b. Employer survey report with analysis			
9.	Program Advisory Committee	Help		Sample of the committee meeting minutes and reports for the last two years			
10.	Program KPIs and benchmarks with analysis for each indicator	Help		Reports on the results of KPI indicators, benchmarks, and analysis			
11.	Program learning outcome mapping	Help		Mapping matrix of Program LOs with courses.			
12.	Completed Self-Evaluation Scales	Help		Completed Program Self-Evaluation Scales Report (done within the last 12 months (click → D2.P)			
13.	Initial Self-Study Report for the Program (SSRP)	Help		Complete 1 <sup>st</sup> draft of the SSRP (click → T12)			

**Name & Signature of University Rector (or Dean for Private Colleges)**

**Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Y = Yes   N = No   P = Partial**