



Accreditation Handbook

INTRODUCTION

The National Commission for Academic Accreditation & Assessment (NCAAA) was established by the Higher Council of Education in 2004. A Royal Decree (No. 7/B/6024 on 9/2/1424) was issued and NCAAA was recognized as an administratively and financially independent corporate body responsible for quality assurance and academic accreditation affairs in postsecondary education, except for military education. It aims to develop the quality of both the public and private postsecondary education under the supervision of the Supreme Council of Higher Education. Thereafter, the supervising entity was modified, according to the royal decree 7/B/55759, to be the Supreme Council of Education.

According to the Royal Decree, NCAAA is the organization responsible for academic accreditation of post-secondary education institutions and programs, except for military institutions and programs.

In 2014, there was a merge of the Ministry of Higher Education with the Ministry of Public Education in, and they became the Ministry of Education. In 2016, a Royal Decree (No 94 on 7/2/1438 H) was issued to establish the Education Evaluation Commission (EEC), under the Council of Ministers. EEC is administratively and financially independent body responsible about the evaluation activities for all types of education and training in KSA. NCAAA was moved from the Ministry of Education umbrella to be under EEC and it became the National Center for Academic Accreditation & evAluation (NCAAA). Other entities for testing and assessment, public education evaluation, technical and vocational training were merged also under EEC and were called centers.

In February 2017, it was decided by the new Board of EEC that NCAAA be financially and administratively independent from EEC, because of its strong position in the financial status and scope of operations. NCAAA responsibilities continued to be the same regarding assessment and accreditation of higher education institutions and programs.

The Royal Decree No. (108) dated 14/02/1440 was issued, which includes



amending the name of the Education Evaluation Commission to be the Education and Training Evaluation Commission, and the General Committee of the Council of Ministers No. 837 dated 02/08/1440 issued a recommendation for approving the organization of the Education and Training Evaluation Commission (ETEC).

The primary role of NCAAA in accreditation is to:

- Establish standards, indicators, and procedures for academic evaluation and accreditation of higher education institutions and programs;
- Provide support for higher education institutions and programs to implement accreditation standards and establishment and development of quality assurance systems;
- Evaluate and provide support for the development of quality assurance requirements for the accreditation process;
- Manage and coordinate external accreditation reviews of institutions and programs.

NCAAA Vision

To be a leading institution regionally and a recognized body internationally for evaluating and accrediting higher education institutions and their programs.

NCAAA Mission

To support, evaluate, and accredit higher education institutions and programs, through an objective and transparent system and procedures that are credible in the local and international community regarding the outcomes of these institutions and programs.

NCAAA Values

The NCAAA is committed to abide by the following values:

Excellence

The NCAAA strives to achieve the highest possible quality in all activities to achieve excellence.



Independence

The NCAAA functions independently in developing processes and standards and decision-making.

Cooperation

The NCAAA values cooperation among its staff and stakeholders and appreciates their contribution in the continuing development.

Transparency

The NCAAA guarantees that all the policies, procedures and principles adopted in decision making processes will be disclosed for the public while maintaining confidentiality.

Impartiality

The NCAAA will be impartial in all its dealings and will treat all parties equally. It will exercise strict measures to deter any actual or apparent conflict of interest.

Integrity

The NCAAA will apply the best codes of ethical in all practices, implementing the measures to ensure that these codes of ethics are maintained by its staff and representatives.

Belonging

The NCAAA believes that the sense of belonging among its staff fosters creativity, dedication for serving its interests and ambitions. It would also enhance this sense of belonging through special initiatives and programs.

The Accreditation Handbook should be read in conjunction with other key documents, a National Qualifications Framework for Saudi Arabia and Key Learning Outcomes for various academic disciplines setting out the learning expectations and credit requirements for levels of academic awards and documents setting out standards for accreditation. The primary standards documents are Standards for Institutional Accreditation, Standards for Pro-



gram Accreditation, Standards for Postgraduate Program Accreditation, Standards for provisional accreditation and Academic Accreditation Standards for E-Learning and Distance Education Institutions and Programs.

The four of these are accompanied by companion documents providing Self-Evaluation Scales for evaluation of performance in relation to the standards, Self-Evaluation Scales for Higher Education Institutions, Self-Evaluation Scales for Higher Education Programs, and Self-Evaluation Scales for Postgraduate Programs. These documents explain the standards expected by the NCAAA and are intended to serve as important guides for continuing improvements in quality.



CHAPTER 1

PRINCIPLES AND PROCESSES

Summary of Arrangements

The ETEC-NCAAA is an independent authority reporting directly to the Council of Ministers. Its role is separate from that of the Ministries and other government agencies to which institutions are administratively accountable

The NCAAA has responsibility under its By-Laws for establishing standards and for accreditation of all higher education institutions and programs. Its responsibility relates to both institutions as a whole and to the individual programs they offer.

The NCAAA responsibilities relate to quality issues, which include the resources available, curricula, processes followed, the quality of services provided and the quality of student learning. The NCAAA has established required standards in eight, six, and seven broad areas of activity for institutions, programs, and postgraduate programs, respectively. In addition, Education and Training Evaluation Commission has developed a national qualifications framework for Saudi Arabia that specifies foundational standards of learning outcomes for each level of qualifications, which has been adopted by the NCAAA. The NCAAA expects institutions to establish internal quality assurance systems that ensure high levels of quality in all of these areas of activities.

Internal quality assurance systems of the institution should include processes of strategic planning in relation to appropriately defined institutional mission statements, and short term and long term planning and reporting procedures based on evidence of quality of performance. The internal quality assurance of the program should include processes for ensuring effectively achieving its mission and objectives, and for planning for any changes that are needed. Evidence-based self-studies must be undertaken to assess performance and plan for improvement. These self-studies are followed by independent external peer reviews that verify the conclusions of the self-studies and consider performance in relation to international standards. The Accreditation



Committee/Council considers the reports from these independent external reviews in making its decisions on accreditation.

Institutions and programs, after they have achieved full accreditation, will be followed up for monitoring the actions taken to address final report recommendations and will be reviewed once every seven years.

1.1 Principles Underlying the System for Accreditation and Quality Assurance

1.1.1 Responsibility for quality rests with institutions delivering programs.

The institutions delivering programs in Saudi Arabia are responsible for the quality of those programs and for the quality of all of their facilities and activities. An “institution” is the legal entity established in Saudi Arabia with authority to grant academic awards.

The principle of institutional responsibility has a number of important implications.

First, while an external organization such as the NCAAA can have an important role in assisting institutions in planning and introducing strategies for improvement and in evaluating and publicly reporting on what is achieved, this does not remove responsibility from the institution. An external authority can help, but it cannot deliver quality.

Second, although an institution may decentralize some of its responsibilities or delegate authority to an internal unit, such as a college or department, this does not remove responsibility from the institution as a whole. Reviews of quality by the NCAAA for institutional accreditation will address the total institution, and reviews of programs for program accreditation will address everything that affects the quality of the program.

Third, if an institution in Saudi Arabia delivers a program that has been developed elsewhere, it is still the institution in Saudi Arabia that must



accept responsibility and will be accountable for the quality of the programs it offers. This is the case even where an academic or technical qualification may be issued by a partner institution in another country. An international institution wishing to operate in Saudi Arabia must establish a legal entity within the country, must meet the quality requirements for an institution of its type in Saudi Arabia, and must provide sufficient resources and facilities within Saudi Arabia to satisfy quality standards.

1.1.2 Quality relates to all of an institution's functions and activities.

Quality assurance processes in institutions involve the educational programs and other matters, such as the facilities and equipment, staffing, research activities, relationships with the communities served by the institution and the administrative processes that link all these together. This means that a quality assurance system involves individuals and academic and organizational units throughout an institution, not only those directly involved in the delivery of educational programs.

Consideration is given to inputs, processes, outputs, and outcomes, with an emphasis on the quality of the outcomes of the services they provide. The most important consideration is the quality of outcomes, although inputs and the processes used are still significant and standards relating to them must be maintained.

1.1.3 Emphasis should be on support for continuing quality improvement rather than on satisfying required standards.

The primary objective of the system for accreditation and quality assurance is continuous improvement and enhancement, and this orientation will permeate all of the NCAAA's activities.

An important consideration in accreditation judgments will be the existence and effective use of quality improvement mechanisms. Institutions and programs are encouraged to work towards continuous improvement beyond minimum requirements in all of their activities.



1.1.4 Supportive relationships are essential.

Relationships of trust and support are essential within institutions, between institutions/programs and the NCAAA, and between the reviewers with whom it works. Willingness to acknowledge areas that need improvement and work to deal with them is considered strength, not a weakness. It must be possible for individuals, for groups within institutions, and for institutions as a whole, to acknowledge difficulties and discuss plans for overcoming them with clarity. Attempting to conceal problems is a serious weakness that will be open to criticism.

Therefore, the style of interaction within an institution that is effectively working for quality improvement, and between the NCAAA and the institution during external reviews must be characterized by cooperation, openness and transparency, sensitivity to mission and objectives, and constructive support in identifying and resolving difficulties.

1.1.5 Evaluation of quality must be evidence based and independently verified.

Conclusions about quality should be based directly on observable evidence rather than subjective judgements. Indicators of achievement should be identified in advance, related to valid benchmarks to establish appropriate standards of performance, and systematically analyzed. Where interpretations are required, interpretations should be independently verified.

1.1.6 Diversity should be encouraged.

Flexibility in organizational arrangements is necessary to meet the needs of different communities, to respond to differing missions and to reflect the differing circumstances and resources of different institutions. Allowing diversity is also essential if creativity and innovation are to be encouraged, and improvements are to develop over time. Specific requirements for meeting quality standards may vary for different types of institution and programs. For example, research may be an important



element in the work of some institutions and not for others.

There are important differences in expectations for some standards; the quality of learning expected for academic awards does not vary. If community confidence in the system of higher education is to be maintained, it must be possible to rely on consistent standards of student achievement.

1.1.7 Stakeholders should have substantial involvement in planning and review processes with feedback regularly obtained, analyzed, and responded to.

Stakeholders include students and graduates (alumni), staff, employers, providers of funds, members of the communities served by the institution and any other groups with which the institution/program is involved. The stakeholders have perspectives that need to be considered if a system for quality assurance is to be effective.

1.1.8 Total institutional commitment to quality improvement should be achieved through effective leadership and widespread involvement.

A good educational institution is a learning organization. All faculty and staff are involved in evaluating their performance and that of the units within which they work, and offer ideas and plan for improvement following that evaluation. There must be effective leadership and coordination at the level of the institution as a whole, and this leadership and coordination must be combined with wide participation in evaluation, planning, and reporting. While effective leadership is essential at the most senior levels of the institution, it is equally important in internal academic and administrative units.

1.2 Internal Quality Assurance Processes

All higher education institutions must have comprehensive and effective quality assurance systems.

For a new institution, a quality assurance system should be an integral part of the plans for its development.

For an existing institution, processes of quality assurance must be fully integrated in all parts of the organization. In summary, the expectations include



leadership and coordination of quality evaluation and improvement processes based on the mission and goals of the institution; preparation of detailed planning and reporting procedures; and implementation of those procedures in a continuing cycle of annual planning, monitoring and review. These serve as a vital review and planning mechanism for the institution/program itself and also as the basis for independent external reviews by the NCAAA.

A central part of the institution's responsibility for its own quality assurance involves assessing itself against appropriate performance indicators (KPIs) using internal and external benchmarks or reference points with analysis and applications for improvement. These may be performance descriptions of standards provided by the NCAAA, benchmarks relating to the performance of other comparable institutions/programs within Saudi Arabia or elsewhere, or the opinions of independent evaluators with relevant experience in higher education.

1.3 External Quality Assurance Processes

The NCAAA has established a system for external quality assurance involving accreditation of institutions and programs if they meet required quality standards. To carry out these evaluations the NCAAA uses trained and experienced reviewers. Reviewers study documentary information, visit institutions, and provide recommendations to the NCAAA. The processes followed are described in greater detail in Review Panel Handbook, which deals specifically with external review processes and the preparations that are needed for reviews.

The reviews of institutions and of programs are closely related. Institutional reviews deal with all of an institution's activities, including an overview of the quality of its programs and the facilities and services to support them. Reviews of programs focus in greater detail with individual programs and the sub-standards of teaching and learning achieved in the standard of teaching and learning.



1.3.1 Accreditation of Existing Public Universities and Private Universities and Colleges

The NCAAA will consult with institutions and prepare a schedule for reviews for accreditation. Reviews will normally be carried out for institutional accreditation as a first step, and followed with reviews for accreditation of programs at a later time.

Reviews for accreditation will not be carried out before the first group of students have graduated from the institution or the program concerned.

1.4 Consistent Use of Titles for Awards and Types of Institutions

Higher education programs are provided by many different types of institutions; some designed for different types of programs, for example some involved in research and the delivery of postgraduate professional and research programs, and some concentrating on excellence in teaching and support for students at the undergraduate level. There are also specialized professional institutes offering high quality postgraduate professional education in specific fields for experienced practitioners in those professions, or in general areas of required expertise, such as business administration.

There is potential for confusion and undermining of public confidence if titles of programs or names for categories of institutions are ambiguous or are used inconsistently. Consequently, the NCAAA will require conformity with standard terminology in accrediting institutions and programs.

The titles and expectations for learning outcomes for programs are specified in the National Qualifications Framework for Saudi Arabia (NQF-KSA), and the key learning outcomes specified for various disciplines.

1.5 Misrepresentations of the Status of an Institution or of Approvals or Accreditation

Community confidence in the system of higher education and training requires accurate and honest representation about institutions and programs and their accreditation status. Any misrepresentation by or on behalf of an institution



will be regarded as a serious offence.

Examples include, advertising or referring to a program or an institution as fully accredited when it is not accredited, using the term university in the title of an institution when it has been licensed as a college or an institute, claiming or implying that a program is accredited by the NCAAA when this is not the case, or wrongly claiming that a program offering is within the scope of an institution's license. Misrepresentations will lead to cancellation by the NCAAA of accreditation of the program concerned and of the institution, as well reporting the case to the responsible ministry and official entities.

An institution or a program may be accredited by an international organization outside Saudi Arabia, but not by the NCAAA in Saudi Arabia. To protect the community from possible misrepresentation about the quality of an institution or program, reference to that accreditation can only be made in descriptive information or promotional literature if two conditions are met. (i) Any reference to accreditation by another agency must be clearly indicate the organization from which accreditation has been obtained. It must not say simply that it is or has been accredited which could imply that accreditation has been granted by the official accrediting agency in Saudi Arabia (the NCAAA) and (ii) The accrediting agency is one that is officially recognized by the government in the country where it is established and is endorsed by the NCAAA.



CHAPTER 2

INSTITUTIONAL AND PROGRAMMATIC ACCREDITATION

The NCAAA aims at contributing to the enhancement of quality and excellence in higher education institutions and programs through academic evaluation and accreditation. In order to make the accreditation process and procedures practical and effective, one of the strategic initiatives under the NCAAA's responsibility is improving and streamlining the accreditation process, including the identification and simplification of the review process and procedures.

2.1 Phases for Institutional/Programmatic Accreditation

The NCAAA aims at contributing to the enhancement of quality and excellence in higher education institutions and programs through academic evaluation and accreditation. In order to make the accreditation process and procedures practical and effective, one of the strategic initiatives under the NCAAA's responsibility is improving and streamlining the accreditation process, including the identification and simplification of the review process and procedures.

The following are the phases for reviewing and approving institutions/programs in detail:

First Phase: Applying for Institutional/Programmatic Accreditation

The institution/program applies for obtaining institutional/programmatic accreditation and signs the contract with the National Center for Academic Accreditation and Evaluation (NCAAA).

Second Phase: Verification of Institutional/Programmatic Eligibility for Accreditation

The institution/program sends to NCAAA the documents related to eligibility requirements for institutional/programmatic accreditation. The documents are examined by the NCAAA's accreditation consultant(s) to ensure the sufficiency of information and the eligibility of the institution/program for accreditation. The eligibility review report is then sent to the institution/program.

Third Phase: Forming a Review Panel and Scheduling the Visit



The NCAAA completes the formation and approval of the final list of the independent panel of reviewers. The number of reviewers varies according to the size of the institution and number of branches/locations, while for the program, it depends on the number of locations where the program is offered with minimum of 3 members including the chair in case of program accreditation and minimum of 4 members including the chair for institutional accreditation.

The review visit can be site, virtual or hybrid visit and lasts 3-4 days for program accreditation, and 4-5 days for institutional accreditation. The NCAAA prepares and approves the visit schedule in coordination with the chair of the review panel and the institution. A meeting is held with the institution's/program's officials and other concerned parties for preparation and ensuring the readiness of the institution/program for hosting the review panel.

Fourth Phase: Conducting the Site Visit and Preparing the Review Panel Report

During the visit, the review panel conducts interviews with all institutional constituencies, undertakes campus tour of facilities and equipment, and examines more documents according to the schedule set for the visit. The panel chair is fully responsible for the review process. At the conclusion of the visit, the panel chair submits the initial draft of the review panel report (RPR). The chair will review the draft report, make any editorial changes, and provide the NCAAA with a second draft copy within two weeks of the visit. The NCAAA may subsequently make editorial changes as needed and will forward the second draft report, without the accreditation recommendation, to the institution for a response regarding factual errors, as well as a response to the review panel recommendations.

The NCAAA will forward the institution's/program's response to the review panel chair to determine if it is necessary to revise the report and/or the findings; in either the descriptive sections of the report or any of the comments, commendations, recommendations, or suggestions. Substantive revisions



will be coordinated with the panel members before the report is finalized. The chair is to reply to the institution/program response to recommendations.

Fifth Phase: Accreditation Decision

The final review panel report, the institution/program response to recommendations, and the chair reply to that response are forwarded and thoroughly reviewed by the NCAAA Accreditation Committee, which makes the final decision regarding the accreditation status of the institution. For programmatic accreditation, the Accreditation Committee provides recommendations to the specialized Academic Accreditation Council. The Council solely makes the final accreditation decisions for the concerned programs.

The final report is sent to the institution/program together with the details of the decision on accreditation.

Sixth Phase: Periodic Follow-Up to Accredited Institutions/programs

The institution/program will prepare and provide NCAAA, within two months of receiving the accreditation decision, an action plan in response to the recommendations. Specific timelines for actions in responding to the recommendations are essential elements of the action plan.

For follow-up, the institution/program prepares and submits an annual institutional/programmatic profile and KPIs. The requested documents must be sent to the Center by the end of each academic year and NOT after December. After two and four years from the date of the accreditation decision, the institution/program provides a follow-up report on the progress made on the matters it had agreed to address in its response to the NCAAA's final action and report. Then the report is studied by the NCAAA's accreditation consultant, a visit is made to the institution/program (if necessary), and a response to the follow-up report is prepared and sent to the institution/program. Failing to submit the follow up report and documents in the specified time should result in a warning to withdraw the accreditation, and then the accreditation will be withdrawn.



2.2 Eligibility Requirements for Institutional/Programmatic Accreditation

To be eligible for, to achieve, and to maintain NCAAA academic accreditation requirements, an institution/program must demonstrate that it fully meets the following Requirements of Eligibility. Compliance is expected to be continuous and will be validated periodically, typically at the time of institutional self-study and during any other evaluation of the institution's/program's compliance. Once eligibility is established, an institution/program then must demonstrate on an ongoing basis that it meets the Standards for Accreditation.

Eligibility Requirements

1. For Institutions:

https://etec.gov.sa/ar/productsandservices/NCAAA/Accreditation/Documents/formsPDF_AR/01%20Institutional%20%20Eligibility%20Requirements.pdf

2. For Programs (first 11 items on this link):

<https://etec.gov.sa/ar/productsandservices/NCAAA/AccreditationProgrammatic/Documents1/Eligibility/16%20Eligibility%20Pro%20V2019-Eng.pdf>

3. For Postgraduate Programs (all the 13 items on this link):

<https://etec.gov.sa/ar/productsandservices/NCAAA/AccreditationProgrammatic/Documents1/Eligibility/16%20Eligibility%20Pro%20V2019-Eng.pdf>

4. For E-Learning and Distance Education Institutions and Programs

<https://etec.gov.sa/en/productsandservices/NCAAA/ElearningDE/Pages/default.aspx>

2.3 Standards for Institutional/Programmatic Accreditation

Introduction

The NCAAA Standards for higher education institutions and programs are al-



most entirely qualitative rather than quantitative. Their non-prescriptive quality acknowledges the diversity of higher education institutions and enables evaluation in light of institution/program mission. They are designed to afford institutions/programs opportunities to be creative, innovative, and collaborative in approaching self-study and engaging in self-examination for purposes of institution/program improvement. Each of the accreditation standards includes a concise statement of the principles, quality practices and conditions, which represent the standard. The indicators of each standard specify the components that collectively constitute the standard; they are statements that identify the variables that need to be examined in evaluating an institution's/program's compliance with the standard. The NCAAA will consider the totality of an institution's/program's responses to each of the indicator associated with a specific standard in their determination of the institution/program's compliance with that standard.

The accreditation standards have been defined based on several principles, including supporting national trends related to higher education, focusing on outputs, outcomes, and impact, taking into account the level of tangible maturity reached by higher education institutions in the Kingdom in the field of quality assurance, and consistency with international practices, while giving room for more flexibility, creativity, and innovation for higher education institutions/programs.

The accreditation standards relate to quality issues, which include the resources available, processes followed, the quality of services provided and the quality of student learning. Consideration is given to inputs, processes, outputs, and outcomes, with an emphasis on the quality of the outcomes of the services the institutions/programs provide and the activities they do. The most important consideration is the quality of outcomes, although inputs, processes, and outputs used are still significant and standards relating to them must be maintained.

In evaluations for institutional accreditation, performance in relation to all of



these areas is considered for the institution as a whole, including an overview of programs across the institution.

The standards are applicable to all institutions/programs, large and small, public and private. Nevertheless, the way tasks are carried out will vary widely, reflecting the size, complexity, and resources available to an institution/program, the environment in which it is operating, and the priorities established in its mission.

The NCAAA has not established weightings for the different areas of activity in making evaluations since the relative importance can vary for different kinds of institutions and the circumstances in which they operate. For example, a university with a major commitment to research would be expected to give significant emphasis to research and strategies to develop research capacity. However, a college with undergraduate programs would be expected to have limited involvement in research or perhaps none at all, though its teaching staff would be expected to engage in scholarly activities that keep them up to date with developments in their field.

Despite variations, it is expected that the standard for teaching and learning, with particular emphasis on learning outcomes, will always be regarded as of primary importance and are reviewed in depth at the program level.

The standard for teaching and learning requires that students learn the knowledge and skills expected in academic disciplines or required for professional practice in fields for which they are being prepared. To meet this requirement, institutions should consider in their planning the requirements of any relevant professional body or specialist accreditor in the field, as well as any special requirements relating to circumstances in Saudi Arabia.

Judgments about quality involve comparisons with past benchmark performance (to assess improvement) or with other institutions for analysis and to make judgments about quality and relative levels of performance. The objective of the system in Saudi Arabia is that quality will be at least equivalent to that found in good quality international institutions. This will require interna-



tional comparisons on at least some important matters. However, points of comparison to establish benchmarks of performance must be appropriate for the institution concerned and its mission and circumstances.

For a program evaluation each standard is considered from the perspective of the particular program under review with special emphasis on standards Program management and Quality Assurance, and Teaching and Learning.

Some activities of an institution affect individual programs in only a very indirect way; for example, the quality of processes followed by a university council. These are not included in a program evaluation. However, some activities administered centrally in an institution do have a major impact on programs: for example, the appointment of staff, or the effectiveness of a central library. These are considered in a program evaluation as they affect the particular program being evaluated, even though they are not controlled by the program's managers.

Programs must demonstrate standards of student achievement that are consistent with the requirements of the National Qualifications Framework for Saudi Arabia and the key learning outcomes (KLOs), a document that describes in general terms the increasing levels of knowledge and skills required for higher qualifications. The main elements in the NQF and KLOs must be met. See the NQF-KSA for specific details.

The National Qualifications Framework for Saudi Arabia includes broad general descriptions of the level of mastery expected in each of these domains for each qualifications level. Achieving the required standards of learning in these domains is extremely important and this will require use of teaching strategies appropriate for the type of learning involved. Considerations for program accreditation will include careful consideration of the teaching strategies used to achieve those outcomes, the ways that learning is assessed, the direct and indirect processes for verifying the quality performance of learning outcomes and the extent to which employment requirements are met.

One primary objective of any program is that what is learned will be used



effectively after graduation. Accordingly, the evaluation of programs must include at least some evidence that what is learned is applied appropriately in personal and professional lives after graduation. This will call for evidence based on surveys or other mechanisms to assess whether the required long term learning outcomes have been achieved.

The NCAAA has prepared some guidelines, suggested evidences, Key Performance Indicators, templates, and self- evaluation scales that help higher education institutions to understand, comprehend, and achieve these standards, and to evaluate their performance in light of the standards and indicators specified in this document.

2.3.1 Summary of Standards

2.3.1.1 Institutional Standards

The standards for accreditation of higher education institutions cover eight areas: Mission, Goals and Strategic Planning; Governance, Leadership and Management; Teaching and Learning; Students; Faculty and Staff; Institutional Resources; Scientific Research and Innovation; and Community Partnership.

A summary of the eight general standards is provided below. Details are given in the document entitled Standards for Institutional Accreditation.

Standard 1. Mission, Vision, and Strategic Planning

The institution must have clear and appropriate mission and goals, which specify the purpose of its existence and direct planning, decision-making and working in all academic and administrative units. The strategic plan of the institution must be linked to a clear vision and aligned with national and international trends. The institutional performance must be monitored and assessed based on key performance indicators. Specific requirements for an institution relating to Standard 1 are specified under the headings of:



1.1 Institutional Mission and Goals

1.2 Vision and Strategic Planning

Standard 2. Governance, Leadership, and Management

The institution must have governance systems that ensure its effectiveness and efficiency; and must implement policies, regulations and procedures that support its mission, goals, and strategic and operational plans. The institution must have a clear and functioning organizational structure with defined authorities and responsibilities for all jobs. The institution must have a leadership style, and an administrative system that is based on planning, implementing, reviewing, and improving with follow-up; and must apply quality systems that achieve continuous performance development in a framework of integrity, transparency, equality and fairness in a supportive institutional environment. All related aspects of institutional performance must be assessed based on key performance indicators.

Specific requirements for an institution relating to Standard 2 are specified under the headings of:

2.1 Governing Councils and Committees

2.2 Leadership and Management

2.3 Systems, Policies, and Procedures

2.4 Organizational structure

2.5 Quality Assurance Management

2.6 Integrity, Transparency, and Ethics

Standard 3. Teaching and Learning

The institution must have clear and effective policies and procedures to design, approve and assess academic programs and courses. The planning of the programs must contribute to the achievement of the institution's mission and goals. The institution must define the grad-



uate attributes and learning outcomes at the institution and program levels that are in line with its mission and the National Qualification Framework. The institution must have an effective system that ensures high standards of teaching and learning in all offered programs; and that the quality of teaching and learning is regularly monitored through appropriate mechanisms and periodically reviewed for further development.

Specific requirements for an institution relating to Standard 3 are specified under the headings of:

3.1 Design and Development of Academic Programs

3.2 Graduate Attributes and Learning Outcomes

3.3 Academic Programs Quality Assurance and Enhancement

3.4 Educational Partnerships (if any)

3.5 Graduate Programs

3.6 Learning Resources

Standard 4. Students

Policies and regulations governing students' admission must be clear, fair and published widely. The institution must have an effective electronic system to manage and secure students' records. The rights and duties of students must be specified, published, and adhered to. The institution must establish rules of good conduct, and procedures for disciplinary, grievance and appeals that are transparent and fair. The institution must provide effective mechanisms for guidance and counselling, and provide all the services needed by students equally, taking in consideration people with disabilities. The institution must have an effective policy to benefit from the opinions of graduates, in addition to adopting programs for taking care of international students, if any, and their needs.

Specific requirements for an institution relating to Standard 3 are



specified under the headings of:

- 4.1 Student Admissions
- 4.2 Student Records
- 4.3 Student Rights and Responsibilities
- 4.4 Guidance and Counselling
- 4.5 International Students
- 4.6 Students' Services and Activities
- 4.7 Alumni

Standard 5. Faculty and Staff

The institution must have sufficient number of teaching staff and employee with the appropriate qualifications and expertise to carry out their responsibilities properly, and must provide them with the necessary support and appropriate professional development programs. The institution must assess their performance periodically and use the results for improvement.

Specific requirements for an institution relating to Standard 3 are specified under the headings of:

- 5.1 Employment and Retention
- 5.2 Professional Development and Evaluation

Standard 6. Institutional Resources

The institution must have the adequate financial resources, and the physical and technical infrastructure to support its activities and operations at all its main campuses and branches. These resources must be managed in an efficient manner and comply with the rules and regulations. The institution must verify, through periodic evaluation processes, that its resources are adequate to ensure the quality of its educational programs and support continuous improvement; and that it has an effective system for safety and risk management.



Specific requirements for an institution relating to Standard 3 are specified under the headings of:

6.1 Financial Resources and Budget

6.2 Information Technology

6.3 Facilities and Equipment

6.4 Safety and Risk Management

Standard 7. Research and Innovation

The institution must have specific plans for research and innovation activities that reflect its strategic directions and conform to its scope and mission, and provide the necessary resources to these activities. It must provide appropriate support for faculty, students and staff to carry out their role in these activities. The institution must monitor and document its research and innovation activities, prepare periodic reports and take the necessary actions for improvement and development.

Specific requirements for an institution relating to Standard 3 are specified under the headings of:

7.1 Planning and Management of Research

7.2 Support of Research and Innovation

Standard 8. Community Partnership

The institution must have specific plans and mechanisms for community partnership that reflect its strategic directions, conform to its nature and mission, and support the effective participation of its teaching staff, students and employee. The institution must establish effective cooperative relations with the local and international community, professional bodies, and the various sectors of labor market. The institution must document its activities, follow up the effectiveness of community partnership, and improve and develop it.



Specific requirements for an institution relating to Standard 3 are specified under the headings of:

8.1 Planning and Management of Community Partnership

8.2 Activating Community Partnership

2.3.1.2 Standards for Higher Education Program Accreditation

The program accreditation standards includes six standards covering the main program activities, including the following: mission and goals, program management and quality assurance, teaching and learning, students, teaching staff, learning resources, facilities and equipment. And under each of these standards, a number of indicators that reflect the level of quality in it.

A summary of the six general standards is provided below. Details are given in the document entitled Standards for Program Accreditation.

Standard 1. Mission and Goals

The program must have a clear and appropriate mission that is consistent with the mission statements of the institution and the college/department, and support its application. The mission must guide program planning and decision-making processes. The program goals and plans must be linked to it, and it must be periodically reviewed.

Standard 2. Program management and Quality Assurance

The program must have effective leadership that implements the institutional systems, policies and regulations. The program leadership must plan, implement, monitor, and activate a quality assurance systems that achieve continuous development of program performance in a framework of integrity, transparency, fairness and within a supportive organizational climate.

Specific requirements for an institution relating to Standard 2 are specified under the headings of:

2.1 Program Management



2.2 Program Quality Assurance

Standard 3. Teaching and Learning

Graduate attributes and learning outcomes at the program level must be precisely defined, consistent with the requirements of the National Qualifications Framework and with the related academic and professional standards, and the labor market requirements. The curriculum must conform to professional requirements. The teaching staff must implement diverse and effective teaching and learning strategies and assessment methods that are appropriate to the different learning outcomes. The extent of achievement of learning outcomes must be assessed through a variety of means and the results are used for continuous improvement.

Specific requirements for an institution relating to Standard 3 are specified under the headings of:

3.1 Graduate Attributes and Learning Outcomes

3.2 Curriculum

3.3 Quality of Teaching and Students' Assessment

Standard 4. Students

The indicators and requirements for student admissions in the program must be clear and publicly disclosed, and must be applied fairly. The information about the program and the requirements for completion of the study must be available, and students must be informed about their rights and duties. The program must provide effective guidance and counseling services, and extracurricular and enriching activities to its students. The program must evaluate the quality of all services and activities offered to its students and improve them. The program must follow its graduates.

Standard 5. Teaching Staff

The program must have sufficient numbers of qualified teaching staff



with the necessary competence and experience to carry out their responsibilities. The teaching staff must be aware of current academic and professional developments in their fields of specialization, participate in research and community service, and in improving the program and institutional performance. Teaching staff performance must be evaluated according to specific indicators, and the results of these evaluations must be used for development.

Standard 6. Learning Resources, Facilities, and Equipment

Learning resources, facilities, and equipment must be adequate to meet the needs of the program and its courses; and must be available to all beneficiaries using an appropriate arrangement. Teaching staff and students must participate in identifying such resources based on their needs, and in assessing their effectiveness.

2.3.1.3 Standards for Postgraduate Program Accreditation

A summary of the eight general standards is provided below. Details are given in the document entitled Standards for Postgraduate Program Accreditation.

Standard 1. Mission and Goals

The program must have a clear and appropriate mission that is consistent with the mission statements of the institution and the college/department, and support its application. The mission must guide program planning and decision-making processes. The program goals and plans must be linked to it, and it must be periodically reviewed.

Standard 2. Program Management and Quality Assurance

The program must have effective leadership that implements the institutional systems, policies and regulations. The program leadership must plan, implement, monitor, and activate quality assurance systems that achieve continuous development of program performance in a framework of integrity, transparency, fairness and within a sup-



portive organizational climate.

Specific requirements for an institution relating to Standard 2 are specified under the headings of:

2.1 Program Management

2.2 Program Quality Assurance

Standard 3. Teaching and Learning

Graduate attributes and learning outcomes at the program level must be precisely defined, consistent with the requirements of the National Qualifications Framework and with the related academic and professional standards, and the labor market requirements. The curriculum must conform to professional requirements. The teaching staff must implement diverse and effective teaching and learning strategies and assessment methods that are appropriate to the different learning outcomes. The extent of achievement of learning outcomes must be assessed through a variety of means and the results are used for continuous improvement.

Specific requirements for an institution relating to Standard 3 are specified under the headings of:

3.1 Graduate Attributes and Learning Outcomes

3.2 Curriculum

3.3 Quality of Teaching and Students Assessment

Standard 4. Students

The indicators and requirements for student admissions in the program must be clear and publicly disclosed, and must be applied fairly. The information about the program and the requirements for completion of the study must be available, and students must be informed about their rights and duties. The program must provide effective counseling services to its students, and evaluate the quality of all services and activities offered to its students and continuously improve



them. The program must follow up its graduates.

Standard 5. Faculty Members

The program must have sufficient numbers of qualified faculty members with the necessary competence and experience to carry out their responsibilities. The faculty members must be aware of current academic and professional developments in their fields of specialization, participate in research and community service, and in improving the program and institutional performance. Performance of faculty members must be evaluated according to specific indicators, and the results of these evaluations must be used for development.

Standard 6. Learning Resources, Facilities, and Equipment

Learning resources, facilities, and equipment must be adequate to meet the needs of the program, its courses, and its research activities and projects; and must be available to all beneficiaries using an appropriate arrangement. Faculty members and students must participate in identifying such resources based on their needs, and in assessing their effectiveness.

Standard 7. Research and Projects

The program must adhere to the implementation of the institutional plan for research and play a prominent role in encouraging faculty members and students for the production of research and innovation, publishing their results in specialized scientific journals, and pursuing research activities. The program must implement mechanisms to evaluate, develop, and improve these activities.

2.4 Institutional and Programmatic Evidence and Key Performance Indicators

Introduction

Judgments about quality are based on evidence rather than relying on reputations or general impressions. Quality assurance evidence is direct or indirect



scientific assessment and confirmation of facts and information that inform a decision. In developing a system of quality assurance it is best to plan in advance for the kind of evidence that will be provided. Specific performance indicators are identified to create a framework for benchmark data, a field for analysis, and scientific evidence to confirm or validate standards are met. While a variety of forms of evidence can be used, it is necessary to decide on at least some specific performance indicators.

Performance indicators are used by external reviewers with other information that may be taken into account. Part of the role of an external reviewer is to verify the conclusions made by an institution and this often involves consideration of evidence that goes beyond the performance indicators that have been selected by the institution.

In addition to the indicators that an institution selects for its own evaluations and reports, the NCAAA identified a limited number of key performance indicators (KPIs) that must be used in all institutions or in particular groups of institutions.

Key performance indicators are important tools for assessing the quality of educational institutions and monitoring their performance. They contribute to continuous development processes and decision-making support.

The National Center for Academic Accreditation and Evaluation has identified 23 key performance indicators at the institutional level. All of which are in line with the evolving institutional accreditation standards. These indicators are the minimum to be periodically measured, and the institution can use additional performance indicators if it believes they are necessary to ensure the quality of the institution.

It is expected that the institution measures the key performance indicators with benchmarking using the appropriate tools, such as (Surveys, Statistical data, etc.) according to the nature and objective of each indicator, as well as determining the following levels for each indicator:



- Actual performance
- Targeted performance level
- Internal reference (Internal benchmark)
- External reference (External benchmark)
- New target performance level

A report describing and analyzing the results of each indicator (including performance changes and comparisons according to branches/locations and gender) is expected with a precise and objective identification of strengths and aspects that need improvement.

The following links provide the NCAAA Key Performance Indicators corresponding to each standard for the various accreditation standards.

For Institutions:

<https://etec.gov.sa/ar/productsandservices/NCAAA/Accreditation/Documents/Institutional%20KPIs/Institutional%20KPIs-V2019%20Eng.pdf>

For Programs:

<https://etec.gov.sa/ar/productsandservices/NCAAA/AccreditationProgrammatic/Documents1/KPIs/Program%20KPIs%20V2019-Eng.pdf>

For Postgraduate Programs:

<https://etec.gov.sa/ar/productsandservices/NCAAA/AccreditationProgrammatic/Documents1/Postgraduate%20programs/Program%20KPIs%20Eng%20V2019.pdf>

2.5 Self-Study Report

2.5.1 Self-Study Report for Institutions

An institutional self-study is a thorough examination of the quality of an institution. The mission and strategic objectives of the institution and the extent to which they are being achieved are thoroughly analyzed according to the standards for quality assurance and accreditation defined by the NCAAA.



A Self Study Report for the Institution (SSRI) should be considered as a research report on the quality of the institution. It should include sufficient profile information to inform a reader about the process of investigation and the evidence on which conclusions are based to have reasonable confidence that those conclusions are sound. Conclusions should be supported by evidence, with verification of analysis and advice from others able to offer informed and independent comments.

This SSRI should include all the necessary information for it to be read as a complete self-contained report on the quality of the institution.

The SSRI template includes sections, headings, and tables to assist in preparing the report. Throughout the report evidence should be presented in tables or other forms of data presentation to support conclusions, with comparative data and reference made to other reports or surveys. Key performance indicators (KPIs) are integral to the SSRI. The purpose of the KPIs is to provide reasonable and scientific evidence that the institution meets NCAAA standards.

Further details and instructions are in the SSRI attached template link <https://etec.gov.sa/en/productsandservices/NCAAA/Accreditation/Pages/Forms.aspx>

2.5.2 Self- Study Report for Programs and Postgraduate Programs

The self-study examines the program in greater depth, re-evaluating the need for it, checking on how effectively it is achieving its mission and objectives, and planning for any changes that are needed. The course and program portfolios are important resources for this self-study since they should contain details of development, the reasons for development, course and program evaluations, and the ideas of those who have had responsibility for teaching and learning.

Self-studies involve stepping back from day to day operations and thoroughly reviewing all aspects of a program and the extent to which it is



achieving its objectives. The audience for program SSRs is primarily the Review Panel and the institution.

A self-study is a major undertaking, however if it builds on the outcomes of continuing monitoring and planning, and if subject and program portfolios have been properly maintained, most of the necessary information will already be available.

Programmatic self-study will consider inputs, processes and outcomes, and these are all incorporated in the eleven accreditation standards. The most important of these considerations, and the ultimate test of the value of a program, is what students have learned and can do as a result of participating in it. Consequently special attention should be given to student learning outcomes, including standards of student achievement and how these standards are directly measured and verified.

Each program must have its own particular learning objectives relating to the field of study and/or profession for which students are being prepared. It must also deal with the range of domains of learning set out in the National Qualifications Framework for Saudi Arabia (NQF-KSA) at the level of performance expected for the qualification that is being obtained. Consequently, particular attention in a program self-study should be given to student learning across the range and levels of learning outcomes, the appropriateness of teaching and assessment strategies for those outcomes, and the effectiveness of coordination of students learning experiences across courses in the program. These components should all be in alignment.

Further details and instructions are given in the following links

<https://etec.gov.sa/en/productsandservices/NCAAA/AccreditationProgrammatic/Pages/Forms.aspx>

and



<https://etec.gov.sa/en/productsandservices/NCAAA/AccreditationProgrammatic/Pages/graduateprograms.aspx>

2.6 Self-Evaluation Scales

2.6.1 Self-Evaluation Scales for the Institution

In order to emphasize the vital role played by the NCAAA in supporting higher education institutions and enhancing their ability to meet the standards of quality assurance and academic accreditation, the NCAAA has prepared the Self-Evaluation Scales for Higher Education Institutions document. This document aims at assisting quality assurance officials in educational institutions to conduct evaluation objectively based on the NCAAA's quality assurance standards for higher education institutions. This document can also be used for planning, self-review, and support institutional quality improvement strategies.

This document provides Self-Evaluation Scales for institutional quality assurance and academic accreditation standards, which include the following standards:

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

The quality assurance and continuous improvement of higher educational institutions are based on the self-evaluation carried out by the institution and its various units based on the quality performance indicators. The faculty and staff responsible for the various activities in the in-



stitution evaluate the level of performance according to these indicators and based on suitable evidence and proofs, with the support of performance indicators and benchmark comparisons with other institutions of high-quality performance, especially in areas of high importance. This self-evaluation is supported by independent opinion through an independent evaluator or evaluators from outside the institution; to enhance the credibility, objectivity and accuracy of the evaluation.

This document contributes to the development of a common language between the staff of the educational institution, the external reviewers, and the National Center for Academic Accreditation and Evaluation. This document describes the levels of the good performance of the higher education institutions, thus determining satisfactory or unsatisfactory performance. Furthermore, this document helps higher education institutions to know exactly what is required under each standard, and the performance expected of them in a descriptive, gradual manner that makes it easy to determine its current level of performance. In addition, it benefits the external reviewers and independent evaluators during the review processes, to accurately identify the performance of institutions for each of the institutional areas. Finally, this document serves as the guide for planning processes to improve the quality of performance based on self and external evaluation according to these scales.

2.6.2 Self-Evaluation Scales for the Undergraduate and Postgraduate Programs

It is important at an early stage in the implementation of program quality assurance arrangements to carry out an evaluation of the quality of the program using the rating scales provided in the Self Evaluation Scales for Higher Education Programs, and Self-Evaluation Scales for Postgraduate Programs.

An evaluation carried out in this way should reveal strengths and recommendations for improvement and draw attention to any important



matters that may have been overlooked. Following that assessment, priorities should be determined and action plans developed for improvements where needed. This information should be kept on file in the program portfolio, and progress in implementation of plans for improvement relating to these matters monitored on an annual basis.

An initial program evaluation might be carried out as part of a broader institutional assessment, in which case the institution's quality NCAAA or quality committee may have developed some procedures or templates for presentation of results. Subject to any such requirements the following arrangements are suggested.

Form a small committee to plan for the evaluation. Depending on the numbers involved and the size of the program, this committee might function as a planning and steering committee with sub-committees carrying out detailed work, or might serve as a working party and undertake much of the work itself. If the program is offered in both male and female sections, there should be adequate participation from both sections. Inclusion of some students on relevant sub-committees is encouraged.

Make a general announcement about the evaluation to teaching and other staff, and to students, indicating why it is being done, explaining the procedures to be followed, and inviting participation. If there are other stakeholders they should be informed and invited to contribute.

Preliminary consideration should be given to the self-evaluation scales for each of the standards to determine what evidence is available or could be obtained to support quality judgments. For some items the planning group will know whether a practice is followed or not, and will have an informed opinion about how well this is done. In other cases evidence may not be currently available, but could be obtained by examination of documents from student, or other records available, or through surveys or interviews with individuals or groups. There may



also be cases where evidence is not available, and cannot be provided at the time to assist in the initial self-evaluation.

The committee or sub-committees complete the self-evaluation scales by drawing on the evidence that is available or that can be obtained. An important initial step should be to determine about what kind of evidence would be appropriate for each individual item. If evidence is not available, a plan to establish the required evidence should be initiated. Evidence should include statistical data based on completed evaluation scales and informed opinion surveys by students, graduates, teaching staff or employers, or by people independent of those supplying a service. Evaluations require comparative analysis and judgments which could be based on comparisons with past performance, results in other parts of the institution or other good quality institutions that are similar. Scales must include and be completed for both male and female sections where relevant, using the same processes for collecting information. Where evidence on matters judged to be important is not available, this should be noted and consideration given to how evidence could be provided in future.

The committee reviews the responses, noting any differences between sections, and either develops recommended priorities for improvement or further development, or reviews the recommendations of sub-committees to propose overall priorities.

The results of the self-evaluation, including completed self-evaluation scales and suggested priorities for improvement or development could then be the subject of a general meeting of teaching staff, during which opinions could be expressed about the evaluations and the recommendations.

Any recommendations arising from this process should be included in a (strategic) quality improvement plan for the program and should be considered by the appropriate administrators and committees within the



department or institution.

These suggestions have been made for a department responsible for the administration of a program. They can be modified as appropriate for differing circumstances.

For example, if the process is followed for a college with a number of departments offering different programs, a steering committee could be established at the level of the college, with membership drawn from each of the departments. Detailed evaluations would then be carried out at department level. In a college of education or a college of medicine, there may be a number of departments contributing courses to a single program. A similar process should be followed using a steering committee and sub-committee considering the quality of what is done in each department.

2.6.3 Elements of Evaluation in the Self-Evaluation Scales:

In order to achieve the highest degree of accuracy in the evaluation, the NCAAA has developed specific elements that the evaluation processes depend on for all the indicators listed under each standard. The evaluation of the quality level is based on the extent to which the indicator meets its elements, and effectively closes the quality loop (planning, implementation, review and improvement), taking into consideration the nature of the indicator, and the existence of practices that demonstrate any aspect of excellence and creativity in the institutional performance, that is in line with what many institutions of higher education have reached and what they aspire to reach.

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

- Extent of availability of elements and components of the indicator
- Quality level of application for each element.
- Regularity of application and assessment, and availability of evidence.



- Continuous improvement and level of results in the light of key performance indicators and benchmarks
- Excellence and creativity in practices of the elements of the indicator.

The institution's evaluation should be based on evidence and indicators of quality, not on unsubstantiated impressions that are not supported by evidence.

Essential Indicators:

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

Steps for Evaluation:

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

First Step: Evaluation of the indicator

Starting with determining the extent of applicability of the indicator to the institution using one of the two options:

Option 1: Not Applicable

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

Option 2: Applicable

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



A. Unsatisfactory Performance:

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

Level 1 (Non-Compliance):

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

Level 2 (Partial Compliance)

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

B. Satisfactory Performance:

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

Level 3 (Compliance):

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

Level 4 (Perfect Compliance):

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

Level 5 (Distinctive Compliance):

All the elements of the indicator are available, all of which are applied at a distinct level, on a regular basis, there is a regular, effective, and



excellent assessment, and various, comprehensive, and cumulative evidence is available, there are regular procedures for improvement and distinct results compared to other institutions, and there is creativity in the practices of the elements of the indicator.

Identification of strengths and aspects that need to be improved and priorities for improvement:

The Self-Evaluation Scales document includes parts that require the staff of the institution to identify the strengths in each standard based on the high performance indicators in the institution, in addition to the need to identify areas that need improvement (weaknesses), and then the guidance to focus on priorities for improvement, to be a fundamental basis for building improvement plans.

Independent Opinion:

The Self- Evaluation Scales document includes an independent opinion part to support self-evaluation processes with an evaluation carried out by a person(s) outside the institution, which addresses the accuracy and objectivity of the results of the self-evaluation undertaken by the institution, based on available evidence and performance indicators, with attachment of detailed report about the evaluation.

2.7 Program and Course Specifications and Reports

2.7.1 Program Specifications

The primary purpose of the program specifications is to support the planning, monitoring, and improvement of the program by those responsible for its delivery. It includes information to demonstrate that the program meets the accreditation requirements in addition to guiding those teaching in the program.

The specifications include general descriptive information about the program with emphasis on learning outcomes expected of students and the approach to teaching and student assessment strategies to devel-



op those learning outcomes in different NQF domains of learning. The emphasis is on the program being an integrated package of learning experiences provided through the courses taught. The program specifications include plans for ongoing evaluation of its effectiveness and planning processes for improvement.

2.7.2 Course Specifications

Individual course specifications must be prepared for each course in a program, and kept on file with the program specifications. The purpose is to make clear the details of planning for the course as part of the package of arrangements to achieve the intended learning outcomes of the program as a whole. Consequently, course specifications include the knowledge and skills to be developed in keeping with the NQF-KSA and the overall learning outcomes of the program, the strategies for teaching and assessment in sufficient detail to guide individual instructors. Course learning outcomes, teaching strategies, and teaching methods are to be in alignment.

The structure of course specifications is similar to that for a program as a whole.

2.7.3 Field Experience Specifications

In many professional programs a field experience activity (which may be called a practicum, a cooperative program, an internship or another title) is one of the most valuable components of a program. Although normally offered off campus in an industry or professional setting and supervised at least in part by persons outside the institution, it should be considered as the equivalent of a course and planned and evaluated with considerable care.

A separate field experience specifications should be provided to indicate as clearly as possible what is intended for students to learn and what should be done to ensure that learning takes place. This involves careful preparation of the students and planning in cooperation with the agen-



cies where the field experience will occur. It must also involve some follow up activities with students to consolidate what has been learned and generalize that to other situations they are likely to face in the future.

2.7.4 Course Reports

At the conclusion of each semester or year in which a course is taught the instructor should prepare a summary course report for the program coordinator. This should be attached to a copy of the course specifications, included in a subject file or portfolio, and used for consideration in the review of the program.

2.7.5 Field Experience Reports

Field experience reports should be prepared each year to document what happened, how effective the program has been, and to review the results and make plans for any future adjustments to improve it. The main elements of the report are similar to those for regular courses though necessarily different in some respects because of the nature of the activity.

2.7.6 Annual Program Reports

An annual program report is to be prepared at the end of each year after consideration of course reports and other information about the delivery of the program. The annual program report would normally be prepared by a program coordinator/director, reviewed by a program committee, and kept on file with the program specifications as an ongoing record of the development of the program.

The action plan section in the annual program report identifies particular priorities for development, and matters of concern that should be closely monitored on a continuing basis. Matters selected for continuing monitoring should be included with the annual program report.

The annual program report on quality in the program should be based on evidence. Evidence in the report includes a specific section for pro-





grams to provide direct assessments of program level, student learning outcomes. It is suggested that programs directly assess all program learning outcomes in a 3-year cycle.

Procedures should be in place to ensure that course and program reports are completed as soon as possible so that any necessary responses can be implemented without undue delay.

Copies of the annual program report should be provided to the head of the college or department responsible for the program and to the institution's central quality NCAAA.

To enable senior institutional administrators responsible for academic affairs, the senior curriculum committee, and the quality committee to monitor quality of programs, information should be provided each year on key performance indicators applicable to all programs. These multi-level KPIs should include those required by NCAAA, together with any others identified by the institution to monitor performance or the progress on initiatives.



CHAPTER 3

Virtual Site Visits

3.1 Introduction

The unusual circumstances and health challenges facing Higher Education Institutions in the Kingdom of Saudi Arabia due to the impact of the Corona Virus pandemic (COVID19) have led to the suspension of attendance to workplaces and educational institutions. Restrictions of movement have been imposed within these workplaces, as well, travel restrictions to and from the Kingdom have been put in place, thus making it difficult to implement on-site, in-person visits required by the institutional / programmatic evaluation review contracts.

Given the challenges brought about by the Pandemic and to ensure the safety of all participants and the institutions scheduled for review visits, the National Center for Academic Evaluation and Accreditation (NCAAA) Board of Directors has determined to conduct all 2020-2021 accreditation visits to academic institutions and carry out Institution reviews online. NCAAA is keen to ensure that virtual visits are realistic, flexible, innovative, and highly professional. The Center wants to maximize the quality of online visit procedures to achieve the desired goals of the reviews while considering contractual and technical obligations of all concerned parties. It is important that all persons involved in the review visits to strictly adhere to the policies, protocols and procedures of the Institutional online visits—taking into account the technical requirements of the online visits, particularly during the assessment of facilities, laboratories and equipment, which will require focused attention by the reviewers.

This part is to provide details of what is required in preparation for and the conduct of external virtual reviews that the ETEC-NCAAA will conduct to verify the achievement of high standards of performance for institutions and programs. International benchmarks have been used in order to derive the good practices in the context of shifting from face-to-face to virtual site visits.

The ETEC- NCAAA is proposing, on a temporary basis, to substitute on-site



reviews with virtual site visits. The option to host virtual site visits is for being scheduled or re-scheduled site visits for institutions/programs applying for accreditation or re-accreditation, and for those applying for alleviating the conditions, if required a site visit.

The ETEC- NCAAA is offering the Virtual site visit as an option; it depends on the institutional capacity and agreement to host virtual site visit, and the review panel member's willingness and availability.

3.2 Virtual Site Visits Process Principles

The principles guiding the integration of the virtual site visits process include:

1. Virtual accreditation site visits activities are to be consistent with on-site visits ones; almost all of the accreditation procedures associated with preparing and hosting virtual site visits are very similar to what institutions/programs and reviewers experience during on-site visits.
2. All interviews are to be held online according to the agreed-upon review schedule by using appropriate communication software and platform.
3. Institutions/programs are still required to ensure review panel members have the reports, information, and evidence whenever needed. Institutions/programs must ensure the system has the ability to store digital documents that can be made accessible upon request.
4. All virtual meetings must permit interactive and engaged participation by all constituencies. These meetings should be organized in view of the time difference between the different locations.
5. Interviews are meant to clarify points of concern and verify that the self-study report is accurate and reflects the institution's/program's characteristics and operational activities.
6. Additional evidence may be requested and uploaded.
7. During the virtual review, the institution follows the predetermined and agreed upon schedule for the individual interviews.



3.3 Planning for and Conducting the Virtual Site Visit – A Summary

A summary of planning for and conducting the virtual site visit is given below.

The NCAAA virtual site visits protocol includes, but is not limited to:

- Virtual site visits are grounded in existing the NCAAA standards for institution/program accreditation, requirements of eligibility, and the NCAAA policies and procedures,
- The review panel and the institution/program should uphold the Center’s expectation of confidentiality,
- The review panel and the institution/program should not record any part of the virtual site visit, in any manner or for any reason,
- The review panel members and institutional/programmatic representatives should only use messaging features within the NCAAA provided meeting platform and not through messaging apps on their personal phones.

3.3.1 Before the Virtual Site Visit

Activities before the virtual site visit by both institutions/programs and Review Panels are consistent with The NCAAA-E TEC policy and procedures. When review panel members request additional evidence before or during the virtual site visit to clarify information or verify compliance, the institution/program immediately uploads the evidence to the institutional portal and is made available to the panel.

NCAAA-E TEC

- The NCAAA-E TEC will facilitate the review with the institution/ program in order to finalize the virtual visit schedule, including the daily sessions, meetings and interviews.
- One day before commencing the virtual visit, the NCAAA-E TEC accreditation consultant and the chair hold a Webinar orientation and planning meeting with the panel members. During the meeting, there is a review of arrangements for the visit, and discussion about the NCAAA-E TEC accreditation protocol, standards, policy, and practice.



- The NCAAA-ETEC will make technological arrangements for the review panels and the institution/program participants, and send a clear and easy to follow brochure about how to use/navigate the selected technology to the review panel members and institution/program in advance. Back-up plans will be developed in advance should one method of contact fail.
- The NCAAA-ETEC will assign a technical person to manage all technical activities with the Center's accreditation consultant.
- The NCAAA-ETEC accreditation consultant meets, online one week before the review, a person appointed as an institutional or programmatic liaison during the review to ensure a full understanding of what is needed and ensure that the necessary arrangements are made and followed.
- The NCAAA-ETEC will provide the institution/program the places and itinerary of the on line (live) tour, based on the advice and request of the panel chair.

Institutions/Programs

- Upload the self-study report and self-evaluation scales report and all supporting evidence on the assigned institutional portal
- Assign IT staff.
- Conduct a test meeting to test the technology platform provided and administered by the NCAAA-ETEC.
- Establish a digital "base" room that contains the normal accreditation-related documents that would be available in a face-to-face visit, with access instructions communicated to the panel. It is recommended that the review panel chair communicate what specific documents he/she would like to have available to ensure a smooth visit.
- Appoint a person to manage internal arrangements for the review. Arrangements are made at the institution for equipment and other technological requirements (e.g. meeting software, participation login matters, etc.).



- Arrange for appointing participants in interview sessions. Arrangements are also made for the provision of any additional information sought by the review panel, and provision of interpreting and translating services during the review if required.
- Send in advance the list of participants in each session, including name, job title, mobile number and email address.
- Pre-record a facility tour and upload it on the assigned institutional portal. Facility tour, for the main campus and NCAAA predetermined visited branches, and for male and female sections, includes but not limited to: classrooms, science/experimental labs, computer labs, research labs, specific teaching facilities, student clubs, study rooms, praying area, recreational areas, offices, rooms for storage of materials, students' record room, medical facilities, library, and hospital (if any).
- Take responsibility for the provision of technical aspects of the live walking tour, such as cameras or mobile devices etc., commendation software, and the appropriate internet service for the connection in all places included in the tour.

Review Panel

- Access self-study report and self-evaluation scales report, and supporting evidence
- 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 NCAAA-ETEC to obtain additional information or material.
- The chair will examine and approve the proposed draft schedule for the virtual site visit prepared by the NCAAA-ETEC.
- The chair, working with the review panel, prepares questions for each review session and sends them to NCAAA-ETEC in preparation for discussion meetings set in the review schedule, in order to maximize avail-



able time in the virtual meeting space.

- Prepare near-complete draft report sections in advance and share them among the panel members. This is to facilitate the development of the final draft report.

3.3.2 During the Virtual Site Visit

- The activities during the virtual site visit by both institutions/programs and review panels are consistent with the NCAAA-Etec policy and procedures.
- The institution/program should start, monitor, and end all virtual interview meetings, following the schedule.
- The NCAAA-Etec assigns a lead person(s) to each meeting who can (1) verify that the correct attendees have joined the meeting, (2) serve as a point person for any technological issues, and (3) respond to requests for additional evidence.
- Additional evidence that the review panel needs to review during the virtual site visit must be uploaded into the secure institutional portal by the institution/program for all panel members to immediately access.
- During the virtual site visit, the review panel members will clarify the information provided in the self-study report and verify evidence submitted by the institution/program. The meetings are opportunities for discussions and conversations between panel members and members of the institutional/programmatic community. Review panel members will document attendance in meetings.
- The panel will meet virtually with institutional representatives from the main campus and representatives from branch campuses/locations for interviews.
- The answers to panel members' questions constitute evidence to use in the process of clarifying information or verifying compliance. Institutional/programmatic representatives should answer questions just as



though they were participating in an on-site visit.

- During the review, the panel members undertake a series of online meetings among themselves to review activities and progress and compare notes.
- Arrangement is made for an online virtual tour (a live walking tour that is to augment the pre-recorded tour) according to the review schedule by using appropriate communication software provided by the NCAAA.
- The panel will conduct virtual panel meetings, led by the panel chair. Then the review panel will develop the initial, first draft Review Panel Report, summarizing the panel's findings during the timeframe of the visit, and send it immediately to the accreditation consultant after ending the virtual visit.
- The closing meeting is to be conducted virtually and coordinated by the accreditation consultant.

3.3.3 After the Virtual Site Visit

- Activities after the virtual site visit by institutions/program, panels, and the Center are consistent with Center policy and procedures.
- The panel and the institution/program should adhere to all timelines related to the submission of draft reports, factual error corrections, final reports, and institutional/programmatic responses through the preparation of action plans.
- The Center will take an accreditation action in accordance with its Accreditation Actions Policy and Procedures.

Detailed Procedures for an Online Accreditation Visit are given in the Appendix.



APPENDIX

Detailed Procedures for an Online Accreditation Visit

Detailed procedures have been defined for all participants in the implementation of the online institutional visits, including the General Administration of Institutional Accreditation, the Accreditation Processes Department, the Department of Information Technology, the External Review Team, and the Academic institution. These procedures also include the responsibilities of each party before, during and after the online visit. This Appendix provides a presentation of the detailed procedures for each party.

First: General Administration of Institutional Accreditation (GAPA)

#	Procedures	Timing of procedures	Person Responsible
1	Apply the ETEC-NCAAA Standards, Policies and Procedures as specified in Part 4 of the Quality Assurance and Accreditation Handbook for online site visits.	Continuous	General Manager of institutional accreditation + the Accreditation Consultant
2	Supervise all procedures of the visit and ensure workflow in work.	Continuous	General Manager of institutional accreditation + Accreditation Consultant
3	Assign an accreditation consultant to accompany the Review Panel.	Before the visit: immediately after the approval of the Review Panel	General Manager of institutional accreditation
4	Develop a checklist for reviewers to check the facilities and equipment documents (including the branch of female students, if any) according to the criteria under Standard 6 and according to the nature of the speciality of the institution.	Before the eligibility visit	General Manager of institutional accreditation



#	Procedures	Timing of procedures	Person Responsible
5	Conduct the online eligibility visit according to the approved timetable, with focus on the institution compliance level with the checklist of facilities, equipment, and labs. A report of the visit should be sent to the institution.	Before the visit: in the date specified by visits scheduling	Accreditation Consultant
6	Send Package 2 of documents to the Review Panel. This package will include: <ul style="list-style-type: none"> • The National Qualification Framework document • The Review Panel Report template • Part 4 of the Quality Assurance Accreditation Handbook • Key Performance Indicators (KPI) for institution • Institution Accreditation Standards (version 2018) • The Review Questions Template, and • A link to the institution Accreditation documents. 	Before the visit: immediately after the approval of the Review Panel	Accreditation Consultant
7	Develop suitable timetables for online visits to include the different time zones: KSA, the Middle East, Europe, North America, and Australia.	Before the visit	General Manager of institutional accreditation
8	Specify the timing of the Online Review Schedule for each visit, according to the time zone of the Review Panel Members.	Before the visit: When 2nd package is sent to the Review Panel, immediately after its approval	Accreditation Consultant
9	Draft a timetable of the visit, in coordination with the institution Include specifications of the participants in each session and the specifications of the concurrent meetings for the online tour of facilities, equipment, and labs.	Before the visit: After the university accepts carrying out the online visit	Accreditation Consultant



#	Procedures	Timing of procedures	Person Responsible
10	<p>Give an online orientation workshop to the Review Panel. This Orientation Workshop is a PP presentation which includes explanation of the visit's timetable/ explanation of the check list of the main facilities, equipment, and labs/ explanation of the technical assistance and support provided for the visit. This includes assistance uploading the video conferencing platform and written guidelines/ explanation for the Review Panel on how to conduct private meetings/ explanation on how to carry out the online tour of the facilities, equipment, and labs/ explanation of the protocol for signing and submitting the Review Panel Report/ explanation of the activities after the Review, etc.</p>	<p>Before the visit: at least five days before the visit</p>	<p>Accreditation Consultant</p>



#	Procedures	Timing of procedures	Person Responsible
11	<p>Design a tour plan to view and discuss the quality of the facilities, equipment, and labs. The person in charge of the institution's facilities and equipment and the person in charge of technical support must be present during the tour. The tour plan should also include the condition and quality of all the below mentioned facilities and equipment in the branches, including the branch of female students. Facilities and equipment include the following:</p> <ol style="list-style-type: none"> 1. Classrooms 2. general facilities (i.e. health and security equipment and instructions, emergency exits, the stationary and photocopying center, food services, prayer area, medical services, etc.) 3. labs (including instructions' posters in the labs, the corridors and in different places in the building) (Recorded Video: maximum 10 mins) 4. equipment 5. college library (Recorded Video: maximum 10 mins) 6. university library (Recorded Video: maximum 10 mins) 7. digital resources/ multimedia /computer software's/ any other technologies used in the institution (part of classrooms/ labs/ libraries, general facilities) 	<p>Before the visit: at least five days before the visit</p>	<p>General Manager of institutional accreditation</p>



#	Procedures	Timing of procedures	Person Responsible
12	Review the third draft of the Review Panel Report.	After the visit: within five working days of receiving the Report	Accreditation Consultant + General Manager of institutional accreditation
13	Send the Final Draft of the Review Panel Report (including the relevant templates) to the institution.	After the visit: Within five working days of receiving the third draft of the Review Panel Report from the chair.	General Manager of institutional accreditation + CEO
14	Study the institution's response to the Review Panel Report in terms of factual errors and accepting the recommendations.	After the visit: within five working days of receiving the Institution response	Accreditation Consultant
15	Study the institution's response to the Review Panel Report in terms of the Improvement Action Plan to remedy identified deficiencies within the recommendations of the Review Panel Report.	After the visit: within five working days of receiving the Institution response	Accreditation Consultant
16	Send the Final Review Panel Report to the Consultative Committee.	After the visit: according to the scheduling of the nearest accreditation cycle	General Manager of institutional accreditation



Second: Accreditation Processes Department (Pre-visit Team)

#	Procedures	Timing of procedures	Person Responsible
1	Coordinate with the IT Department at ETEC about the technical and orientation requirements to carry out the online site visit.	One month before the visit	Manager Accreditation Processes Department
2	Send a formal letter to the university with regards to acceptance of the online site visit.	One month before the visit	Manager of Accreditation Processes + CEO
3	Follow up the nomination of the Review Panel and the Observers with the Accreditation Processing Supervising Committee.	One and half months before the visit	Manager of Accreditation Processes
4	Send email invitations to the Review Panel Members to participate in the online site review.	One month before the visit	Pre-visit Team
5	Send Package 2 to the Review Panel Members. It must include: the institution's Accreditation Documents, the Declaration Form, Conflict of Interest Form, and the Short Bio Form.	Before the visit: After all panel members accept to participate in the review	Pre-visit Team
6	Send a letter to the local Review Panel Members' employers requesting their approval of their staff participation in the review.	Before the visit: After all panel members accept to participate in the review	Manager of Accreditation Processes + CEO
7	Send a letter to the Institution with regards to the possible conflict of interest with the Review Panel Members and the Observers.	: After all panel members accept to participate in the review	Manager of Accreditation Processes + CEO



#	Procedures	Timing of procedures	Person Responsible
8	Finalize the formation letter for the Review Panel.	After receiving the Institution's letter, stating that there is no conflict of interest	Manager of Accreditation Processes + CEO
9	Ensure to receive the User Manual of the Approved Communication Platform from the IT Department at ETEC.	After receiving the Institution's letter	Manager of Accreditation Processes
10	Request payment for the Review Panel Members' honorarium, following the completion of the visit.	After the visit: Immediately after the visit for the panel members, and after receiving the final draft of the report for the panel chair	Manager of Accreditation Processes
11	Assign a liaison officer for each online visit to communicate with the Institutional Accreditation Department, the Review Panel members, and the institution.	: After all panel members accept to participate in the review	Manager of Accreditation Processes



Third: Accreditation Processes Department (Visit Coordinator)

#	Procedures	Timing of procedures	Person Responsible
1	Attend the Online Orientation Workshop that will be presented by the NCAAA Accreditation Consultant to the Review Panel.	Five days before the visit	Visit Coordinator
2	Have an online meeting with the Institution Liaison Officer and the NCAAA Consultant to (1) explain the nature of the online visit, and (2) ensure that the institution has provided and made available all the technical requirements for the online visits.	Before the visit: immediately after all panel members accept to participate in the review	Visit Coordinator
3	Send email invitations to attend the sessions and the meetings to all those taking part in the visit.	Before the visit: After approval of the visit schedule	Visit Coordinator
4	Provide a link to each of the online visit surveys and send them to the relevant participants + a reminder	Before the visit	Visit Coordinator
5	Send the User Manual of the approved Communication Platform to all the concerned parties.	Before the visit: after the formation of the Review Panel	Visit Coordinator



#	Procedures	Timing of procedures	Person Responsible
6	Ensure that the names and emails of participants in each session are sent by the Liaison Officer from the Institution. An email including the meeting link, the user name and the password of the meeting should be sent to all participant who should requested to confirm receipt of the invitation email.	Before the visit: After approval of the visit schedule by the Review Panel chair	Visit Coordinator
7	Ensure that each and every participant is allowed access to the sessions.	During the visit: at the beginning of each session	Visit Coordinator
8	Ensure the attendance of all the invitees to meetings and sessions.	During the visit: at the beginning of each session	Visit Coordinator
9	Coordinate with the Institution to arrange for a follow up site meeting if requested by the Chair of the Review Panel.	During the visit	AC+ Visit Coordinator



Fourth: Department of Information Technology in ETEC

#	Procedures	Timing of procedures	Person Responsible
1	Determine the Communication Platform that will be used to carry out the online accreditation visit.	Before the visit	
2	Determine the technical specifications required from the NCAAA, the Review Panel Members, and the Institution to carry out the online accreditation visit.	Before the visit	
3	Provide the Accreditation Process Department with the User Manual of the Communication Platform—this includes orientation videos and other written materials.	Before the visit	
4	Give an online orientation workshop for the NCAAA personnel on how to use the Communication Platform and how to carry out meetings.	Before the visit	
5	Provide technical support and a full-time technician throughout the Online Accreditation visit.	Continuous	Technical support officer
6	Give authority to the Chair of the Panel, the NCAAA Accreditation Consultant, and the Liaison Officer from the Accreditation Processes Department to hold a separate meeting from that of the institution representatives.	Before the visit	
7	Provide written, audio, or video instructions on how to carry out concurrent meeting and concurrent sessions.	Before the visit	



Fifth: The chair and members of the Review Panel

#	Procedures	Timing of procedures	Person Responsible
1	Confirm that there is no conflict of interest with any person or entity in the institution or the Institution under accreditation; whether it is professional, consultative, personal, or commercial interest, or if there is a familial relationship with any representatives from the Institution that may affect the decision of accreditation.	Before the visit: Within one working day after receiving package 1 following acceptance to participate in the review	The chair and members of the Review Panel
2	Demonstrate commitment to the Standards, Policies, Procedures of the NCAAA review visits, with consideration to the nature of online visits, according to Part 4 of the "Quality Assurance and Accreditation Handbook in Saudi Arabia". The Review Panel Chair and Members should focus on the specific items to their duties and tasks from item number 5 (that is verification of conclusions) to item number 11 (follow up procedures after the visit).	Continuous	The chair and members of the Review Panel
3	Confirm receipt of the Institution documents, to the NCAAA Accreditation Consultant.	Before the visit: Immediately after receiving the e-mail containing the second package	The chair and members of the Review Panel



#	Procedures	Timing of procedures	Person Responsible
4	Take extreme precautions to keep discussions, conclusions, reports, decisions, and any other matters discussed by the Panel confidential— before, during, and after the visit. This private and restricted information that they have been entrusted with must be respected, even after the visit. It is of utmost importance not to divulge any discussion or decision taken before, during, or after the visit. Members ought to keep these discussions and decisions private, and not discuss any details of their visits with anyone outside the NCAAA private meetings.	Continuous	The chair and members of the Review Panel
5	Request any other necessary documents from the Institution through the NCAAA Accreditation Consultant	Continuous	The chair and members of the Review Panel
6	Download the required Communication Platform.	Before the visit: Immediately after receiving the e-mail containing the second package	The chair and members of the Review Panel



#	Procedures	Timing of procedures	Person Responsible
7	<p>Have the first online meeting of the Review Panel for the following purposes:</p> <ul style="list-style-type: none"> - to distribute the duties to the Review Panel Members - to explain the nature of the Online Accreditation Review - to explain the Accreditation Review Ethics - to explain the NCAAA Accreditation Standards - to take measures to ensure the Review Panel Members are able to use the electronic features of the Communication Platform - to discuss the review visit time table, especially the concurring meetings. - to discuss and explain the required documents that the Review Panel Members must read before the visit (Package 2 Documents) - to discuss the requirements for reviewing and observing facilities, labs, and equipment - to remind Panel Members that prior to the visit they need to specify the topics, themes, issues, and evidence, as well as, the necessary forms that might require further investigation during the visit. - to inform the Review Panel Members that they will need to prepare the first draft of the Review Panel Report assigned to each member. - to inform the Review Panel Members that they should use the sessions and meetings to consolidate the conclusions that they will reach before the visit. They must not wait for the sessions and meetings to come up with conclusions; they might change their conclusions, but they must develop a clear picture about the Institution, beforehand. - any other issues that the Chair, the Review Panel Members, or the NCAAA Consultants may wish to discuss 	<p>Before the visit: immediately after the formation of the Review Panel</p>	<p>The chair and members of the Review Panel + NCAAA Accreditation Consultant</p>



#	Procedures	Timing of procedures	Person Responsible
8	Review and approve the timetable of the visit and send it back to the NCAAA Accreditation Consultant.	Before the visit: Within one working day after receiving the schedule from the NCAAA consultant	The chair of the Review Panel
9	Attend the online Orientation Workshop that will be presented by the NCAAA Accreditation Consultant.	Five working days before the visit	The chair of the Review Panel
10	<p>Have an online meeting in attendance of the NCAAA Accreditation Consultant, to:</p> <ul style="list-style-type: none"> - discuss what the Review Panels still need, in terms of extra documents. - answer the Review Panels' questions; - specify problems that the Review Panel Members encountered before the visit; - ensure that the RPMs commit themselves to the sessions in terms of timing: the start and the end of the sessions <ul style="list-style-type: none"> - submit the questions forms (to raise during the session) - explain how to prepare first draft of the Review Report - explain how to prepare the Final Draft of the Report during the visit - Specify any extra requirements to review and observe the facilities, labs, and equipment; this includes the online tour and video live tour and any other essential items needed 	Two days before the visit	The chair and members of the Review Panel



#	Procedures	Timing of procedures	Person Responsible
11	Fill out the requested questionnaires at the end of the visit.	After the visit	The chair and members of the Review Panel
12	Specify and extra requirements to observe the facilities, labs and equipment. This includes the online tour and any details the panel wish to look at.	Two days before the visit	The chair and members of the Review Panel
13	Work as a spokesperson for the Review Panel during the sessions and the meetings.	During the visit	The chair of the Review Panel
14	Ensure the RPMs and the Institutional Representatives' commitment to the sessions in terms of: the start time and end time, covering the issues, topics, and discussions; and allowing as many Institution's Representatives to participate in the session.	During the visit	The chair of the Review Panel



#	Procedures	Timing of procedures	Person Responsible
15	<p>Explain the progress and procedures of the sessions as follow:</p> <ol style="list-style-type: none"> Starts the session with: (a) introducing the Review Panel Members; (b) explaining the purpose of the session and the topics under consideration; (c) checking the attendance list of the institution representatives; (d) asking the Institution representatives to introduce themselves; (e) inviting the Review Panel to start asking questions of the session; (f) specifying the extra documents and evidence they might like to look at; and (g) concluding the session. Instruct the Institution Representatives at the beginning of each session with the following: <ul style="list-style-type: none"> - to use the raised-up hand feature when they wish to speak - to open the mike only when they can speak by the Chair - to inform the Chair of any technical errors they experienced during the session; they should not record any meetings or sessions - to use only the approved platform for video and audio communication with the Review Panel Chair and Members - not to use any application on their personal PCs, laptops, or mobile phones to communicate with the Review Panel Chair or Members - to chat in writing (if necessary) with the Chair and Members through the chat feature on the Communication Platform - to inform the Institution Representatives (if necessary) that a session or an online tour might be recorded and 	At the beginning of each session	The chair of the Review Panel



#	Procedures	Timing of procedures	Person Responsible
16	Request extra meetings or sessions (if necessary) to discuss issues with specific Institution representatives.	During the visit: at the end of the session where new issues need more inquiry	Members of the Review Panel in coordination with the chair
17	Provide other members of the Panel with a summary of the concurring meetings assigned to one or more Panel Members.	During the visit: on the same day	The assigned member of the Review Panel
18	Make use of the Review Panel Meetings or the private Review Panel Meetings to discuss the quality of evidence and data provided by the Institution ; and discuss the initial and current conclusions; or, during visits, the conclusions and specification of the issues that still require extra investigation.	During the visit: at the beginning and at the end of each day	The chair and members of the Review Panel
19	Request extra meetings (if necessary) for the RPR other than the scheduled meetings.	During the visit	The chair + AC
20	Request a follow-up onsite visit within a specific period (if necessary).	During the visit	The chair of the Review Panel
21	Prepare the Second Draft (draft 2) of the Review Panel Report and discuss the commendations, recommendations, suggestions, and conditions (if any). These subject matters should be agreed upon during the Private Meetings of the Review Panel.	During the visit: During the Review Panel meetings	Each member of the Review Panel under supervision of the chair



#	Procedures	Timing of procedures	Person Responsible
22	Fill out the required questionnaires at the end of the visit.	After the closing session on the last day of the visit	The chair and members of the Review Panel
23	Have a private meeting with the Review Panel for two hours (2 hours) the following day of the Review Visit to organize the Review Panel Report; in terms of the narratives, commendations, recommendations, suggestions, compliance table, and the accreditation decision.	After the visit: the next day after completing the review	The chair and members of the Review Panel
24	Send the Second Draft (draft 2) of the Review Panel Report to the NCAAA Accreditation Consultant within two day (2 days) after the end of the visit.	Within two days of the end of the visit	The chair of the Review Panel
25	Send the Third Draft (draft 3) of the Review Panel Report to the NCAAA Accreditation Consultant.	Within two weeks (2 weeks) after the end of the visit.	The chair of the Review Panel
26	Review and edit the Third Draft (draft 3) of the Review Panel Report according to the notations of the NCAAA Accreditation Consultant.	After the visit: within five working days after receiving the NCAAA consultant's notations	The chair and members of the Review Panel



Sixth: The Institution

#	Procedures	Timing of procedures	Person Responsible
1	Assign a Liaison Officer for the Institution. A Liaison Officer should be available throughout the visit. He/she will ensure the Institution's commitment to all administrative, organizational, and technical requirements of the visit.	Before the visit: after receiving the date of the visit	Institution Liaison Officer
2	<p>connection: downloading speed 3mbps/ uploading speed 5mbps</p> <ul style="list-style-type: none"> - Camera resolution: minimum of 8 megapixel - Mobile phone operating systems: ios 10 or later Android 2.1 or later - Computer operating system: Win 7 or later OSX 10.9 or later - Computers or laptops with 4 GB of RAM 	Institution Liaison Officer	Visit Coordinator
3	Provide a link for the Review Panel to check all the Institution's documents and evidence. There should be instructions on how to use the link. The documents and evidence forms should be clearly organized on the link.	Before the visit: after receiving the date of the visit	Institution Liaison Officer
4	Provide technical support for the Institution Representatives within the institution.	For the duration of the visit	Department of Information Technology at the Institution
5	Provide the NCAAA Accreditation Consultant with the names of the Institution Representatives participating in the meetings and in the sessions; this includes their positions, duties, e-mails, and mobile numbers.	Before the visit: during drafting the visit schedule	Institution Liaison Officer
6	Send a recorded video showing the quality of the facilities, labs, and equipment.	Five working days before the visit	Institution Liaison Officer



#	Procedures	Timing of procedures	Person Responsible
7	Make sure that all internal and external Institution Representatives download the Communication Platform in coordination with the IT Department at the institution. They should be trained in how to use the Communication Platform.	Before the visit: After approval of the visit schedule by the Review Panel chair	Institution Liaison Officer
8	Give an orientation workshop to the Institution Representatives, including students, alumni, and employers. This workshop should include: <ul style="list-style-type: none"> - instructions contained in the timetable of the visit - discussion of the topics and issues for each session - explanation of the ethics of the visit - explanation of the participation methods—when they want to participate during the sessions, or speak during the sessions, how to effectively take part and contribute to the success of the visit, and - consideration of the start and end of the sessions. 	Before the visit: After approval of the visit schedule by the Review Panel chair	Institution Liaison Officer
9	Instructing the Institution Representatives register their first and last name on the Communication Platform before entering the session.	duration of the visit	Institution Liaison Officer
10	Coordinate with the IT Department at the institution on how to present the Online Tour in real time to check the facilities, labs, and equipment. This includes supplying a proper camera and an appropriate Internet connection in all the places specified by the Chair of the Panel. The Institution should organize a rehearsal for the Online Tour.	Before the visit: after receiving the date of the visit	Institution Liaison Officer



#	Procedures	Timing of procedures	Person Responsible
11	Provide the extra documents and evidence forms requested by the Review Panel before and during the visit.	For the duration of the visit	Institution Liaison Officer
12	Allow the Review Panel Members access to the university databases if requested by the Review Panel.	For the duration of the visit	Institution Liaison Officer
13	The Institution Representatives must observe strict commitment to the Timetable of the visit. This includes: <ul style="list-style-type: none"> the instructions at the beginning of the timetable timing of the sessions, meetings, and activities the list of participants; ensuring the identity of the participants in each session, and commitment to the subject matters under discussion in each session, that is, they should limit themselves to addressing the topics related to the questions asked by the Review Panel Members. 	During the visit: for each session	Internal and external Institution representatives participating in the visit
14	Members of the Institution must pledge to keep a strict commitment to the privacy of the sessions and meetings. Recording of the sessions and meetings is Strictly Prohibited.	During the visit: for each session	Internal and external Institution representatives participating in the visit
15	Fill out the required questionnaires at the end of the visit.	After the closing session on the last day of the visit	Institution Liaison Officer
16	Respond to the Review Panel Report using: <ol style="list-style-type: none"> the Template of Factual Errors, the Template for Accepting or Rejecting the Recommendations, and the Template for Developing an Action Plan to deal or fix the recommendations within the specified period of time required to complete these Templates in the Cover Letter of the Review Panel Report 	After the visit: during the periods specified for these procedures in the official letters from the NCAAA	Institution leaders





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