

Standard 3: Management of Quality Assurance and Improvement Processes

Quality assurance processes must involve all sections of the institution and be effectively integrated into normal planning and administrative processes. Criteria for assessment of quality must include inputs, processes and outcomes with a particular focus on outcomes. Processes must be established to ensure that teaching and other staff and students are committed to improvement and regularly evaluate their own performance. Quality must be assessed by reference to evidence based on indicators of performance and challenging external benchmarks. Specific requirements in the institution's quality assurance system should be periodically reviewed to ensure that unnecessary requirements are not included and that data that is provided is actually used in an effective way.

The scales below ask you to indicate whether these practices are followed in your institution and to show how well this is done. Wherever possible evaluations should be based on valid evidence and interpretations supported by independent opinions.

Good Practices Relating to This Standard

**Is this true?
Y/No/NA**

How well is this done?

3.1 Institutional Commitment to Quality Improvement

An institution must be committed to maintaining and improving quality through effective leadership and active involvement of teaching and other staff.

3.1.1 The Rector or Dean strongly supports involvement in quality assurance processes.

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3.1.2 Adequate resources are provided for the leadership and management of quality assurance processes, and provision of assistance where it is needed.

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2.5

3.1.3 All teaching and other staff participate in self-assessments and cooperate with reporting and improvement processes in their sphere of activity.

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3.1.4 Creativity and innovation combined with clear guidelines and accountability processes are actively encouraged at all levels.

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3

3.1.5 Mistakes and weaknesses are recognized and used as a basis for planning for improvement.

3.75

3.1.6 Improvements in quality are appropriately acknowledged.

3.1.7 Evaluation and planning for quality improvement are integrated into normal administrative processes.

Overall Assessment

3.4

Comment: Strengths:

- [Input into 5 Year Planning cycle](#)
- [PMU Accreditation Strategic Plan](#)

Priorities for improvement:

- [More Resources and Training for Quality Teams](#)
- [Reward positive contributions and achievements](#)

Independent Opinion

Comment

There is a commitment to quality improvement processes among the administrators and staff. Existing policies provide for quality review in all associated programs at PMU.

3.2 Scope of Quality Assurance Processes

Quality assurance activities that are necessary to ensure good quality must apply to all functions carried out in the institution and involve teaching and other staff in all parts of the institution in performance evaluations and planning for improvement.

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3.2.1 All academic and administrative units within the institution (including the governing body,

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and senior management) participate in the processes of quality assurance and improvement.

3.2.2 Regular evaluations are carried out and reports prepared to provide an overview of performance for the institution as a whole, and organizational units and functions within it.

3.2.3 Quality evaluations consider inputs, processes and outcomes, with particular attention to quality of outcomes.

3.2.4 Evaluations are carried out for both routine activities and for strategic priorities for improvement.

3.2.5 Quality assurance processes are designed to ensure both that acceptable standards are met, and that there is continuing improvement in performance.

3.2.6 A program of institutional research on quality issues is carried out to investigate and report to the Rector or Dean and the governing body, and inform the institution as a whole on the quality of the institution's activities and achievement of its objectives.

3.2.7 In institutions with sections for male and female students detailed evaluations in relation to all standards should be carried out in a consistent way in both sections and quality reports on those standards should note any significant differences found and make appropriate recommendations for action in response to what is found.

Overall Assessment

Strengths: High participation rate and consistent reporting processes and documentation between all departments, programs and both campuses.

Independent Opinion

Comment

PMU has been actively involved in developing quality assurance processes well before the NCAAA accreditation process.

3.3 Administration of Quality Assurance Processes

The institution must make adequate arrangements for the leadership and administrative support for quality assurance processes throughout the organization.

3.3.1 A senior member of faculty is assigned responsibility and given a sufficient time allowance to provide guidance and support for the quality processes within the institution.

3.3.2 A quality center is established within the institution's central administration and given sufficient staff and resources to operate effectively.

3.3.3 A quality committee is formed with members drawn from all major sections of the institution. As a general guideline this might involve 12 to 15 members and in a large institution might require representatives from groups of Colleges in similar fields rather than from each college.

3.3.4 The committee is chaired by a member of the institution's senior administration who works closely with the director of the quality center in guiding and supporting quality initiatives throughout the institution.

3.3.5 The roles and responsibilities of the head of the quality centre, the centre itself, and the quality committee are formally defined and their relationship with other planning and administrative units made clear.

3.3.6 If quality assurance functions are managed by more than one organizational unit, the activities of these units are effectively coordinated under the supervision of a senior administrator.

3.3.7 The institution's quality assurance system is fully integrated into normal planning and development strategies in a defined cycle of planning, implementation, assessment and review.

3.3.8 Evaluations are (i) based on evidence, (ii) linked to appropriate standards, (iii) include consideration of predetermined indicators, and (iv) take account of independent verification of interpretations.

3.3.9 Common forms and survey instruments are prepared for use for similar activities across the institution (eg. programs, courses, libraries etc.) and responses used in independent analyses of results including trends over time. (This does not preclude additional questions relevant to different programs or special instruments dealing with particular functions eg. specialized libraries or student services)

3.3.10 Statistical data (including pass rates, progression and completion rates and other data required for indicators) are retained in a central data base and provided routinely and promptly to colleges and departments (normally each semester or at least annually) for their use in preparation of reports on indicators and other tasks in monitoring quality.	<input type="checkbox"/>	4.5
3.3.11 The administrative arrangements and processes used for quality assurance in the institution are evaluated and reported on in a way that is comparable to the quality assurance processes for other functions and organizational units.	<input type="checkbox"/>	4.25
3.3.11 Processes for evaluation of quality should be transparent with criteria for judgments and evidence considered made clear.	<input type="checkbox"/>	4.5
Overall Assessment		4.2

Strengths:

- PMU's initial steps included Independent Evaluations by participants from KFUPM and Aramco in addition to the TIEC Design process and subsequent second TIEC contract. NCAAA has also performed an initial visit in 2007 and a second Developmental visit in 2009 to assist PMU in developing its Quality Assurance Administration Processes.

Priorities for improvement:

- Action Plan Log to capture and monitor opportunities for improvement (ongoing)

Independent Opinion

Comment

The Dean of Quality and Accreditation provides excellent overall administrative oversight of the quality assurance process and compliance for PMU. All Colleges have continuous collaboration with the Dean for mentoring and compliance coordination.

3.4 Use of Indicators and Benchmarks

Specific indicators must be identified for monitoring performance and appropriate benchmarks selected for evaluation of the achievement of goals and objectives and for the quality of major institutional functions.

3.4.1 A limited number of key performance indicators that are capable of objective measurement have been identified and provide clear objective evidence of quality of performance for sections within the institution (including colleges and departments) and for the institution as a whole.	<input type="checkbox"/>	4
3.4.2 Additional indicators that provide clear evidence of quality of performance in achieving their objectives are selected by or for each academic and administrative unit within the institution.	<input type="checkbox"/>	4.25
3.4.3 When functions that are carried out by different organizational units (eg. teaching, research, community service) some common indicators are selected for all such units as measures of quality and to provide for comparisons of performance.	<input type="checkbox"/>	4
3.4.4 Benchmarks for comparing quality of performance (including past performance and at least some comparisons with other institutions) are established and achievements in relation to those benchmarks is regularly monitored.	<input type="checkbox"/>	4.25
3.4.5 Key performance indicators and benchmarks for major organizational units or functions are approved by the appropriate committee or council within the institution (e.g. senior academic committee, university council)	<input type="checkbox"/>	4
3.4.6 The format for indicators and benchmarks is consistent across the institution and provides specific evidence relating to important objectives.	<input type="checkbox"/>	4
Overall Assessment		4

Strengths:

- NCAAA KPIs, Research and Benchmarking inherent to PMU system due to TIEC and NCAAA guidelines

Priorities for improvement:

- Devise central surveying/statistical data linkage between LRC/HR/SA/Finance by end of Sp, 2012 (DQA to collaborate with reps from each dept named)

Independent Opinion

Comment

PMU Key Performance Indicators, NCAAA Standards and international accreditation standards, such as SACS and ABET, are used to assess quality of performance.

3.5 Independent Verification of Standards

3.5.1 Self-evaluations of quality of performance are checked against related evidence including feedback through user surveys and opinions of stakeholders such as students and teaching staff, graduates and employers.

3.5.2 Interpretations of evidence of quality of performance are verified through independent advice from persons familiar with the type of activity concerned and impartial mechanisms are used to reconcile differing opinions.

3.5.3 Institutional policies and procedures have been established for the verification of standards of achievement by students in relation to other institutions and the requirements of the National Qualifications Framework.

Overall Assessment

Comment _____

Priorities for improvement:

- Implement Industry Advisory Boards in each Academic Department

Independent Opinion

Comment

Quantitative data for PMU include the Key Performance Indicators, surveys and course evaluations for independent verification of standards.

Combined Assessment Independent Opinion:

Management of program quality assurance is well planned and executed. It is expected that quantitative measures of quality achievement will continue to be collected and evaluated in future years.

Overall Assessment of Quality Assurance and Improvement Processes

3.1 Institutional Commitment to Quality Improvement	3.4
3.2 Scope of Quality Assurance Processes	4
3.3 Administration of Quality Assurance Processes	4.2
3.4 Use of Indicators and Benchmarks	4
3.5 Independent Verification of Standards	3.4
Combined Assessment	3.8

Comment _____

Notes for Priorities for Improvement Standard 3: Management of Quality Assurance and Improvement Processes

- **Challenge:** Accreditation Process shows general trend for scheduled meetings *not to be attended* by a rate between 25 – 50%. **Solutions:** More complete staffing of departments, Parties to communicate need to reschedule when priorities change suddenly, more respect for the necessity to work collaboratively.
- **Challenge:** Academic units need dedicated “release time” in order to properly attend to duties such as internal training/monitoring of processes, committee work, document revision, Action Plan follow-up. **Solution:** Readdress issue with PMU management.
- **Challenge:** Administrative Quality Teams require more support and Training and to dedicate time to NCAAA documentation processes. **Solutions:** Administrative Break-out Sessions, Administrative Training, DQA to Provide Hard and Soft Copy models with prescribed formats and document types (Word, Excel, etc).
- **Challenge:** Necessity to streamline document/data gathering processes to facilitate improved analysis writing and prevent breakdowns resulting in gaps in documentation (Exs: Matriculation Rates, Classroom Adequacy). **Solution:** Pre-load linkages between key report generating bodies within PMU (HR, SA, LRC, IT, Finance) – set schedule for common reports to be presented and disseminated in Word and Excel (not PDF), Streamline KPI responsibilities.

Independent Opinion

Comment _____

Indicators Considered _____

Priorities for Improvement