

OC QMS Handbook

Abridged Version for Academic Programs

Academic Year 2023/2024 AD - 1445 AH



The current Handbook has been discussed and approved by the Senior Committee of Planning and Quality (SCPQ) in its Session (5) on 2024/05/15 (Topic 2), and by the OC Board of Trustees in its Session (2) on 2024/10/15 (Topic 2)

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Key Terminology and Abbreviations

OC-QMS - Onaizah Colleges Quality Management System

OC-E-QMS – OC-QMS Electronic Platform

PDSA - Plan-Do-Study/Check-Act

NCAAA - National Center for Academic Accreditation and Assessment

ETEC - Education and Training Evaluation Commission

MoE – Ministry of Education in Saudi Arabia

NQF-KSA - National Qualifications Framework - Kingdom of Saudi Arabia

GAs - Graduate Attributes

PLOs - Program Learning Outcomes

CLOs - Course Learning Outcomes

CTA - Constructive Alignment; Alignment of CLOs with appropriate Teaching Strategies/Learning Activities and Assessment Methods.

PCA-Matrix - PLOs-Courses Alignment Matrix

OC-SAIPP - Onaizah Colleges Students Academic Integrity Policy and Procedures

QAA - Quality Assurance Administration

SCPQ - Senior Committee for Planning and Quality

QU - Quality Unit

QAC - Quality Assurance Committee

PD - Program Director

APR - Annual Program Report

PLOAP - Program Learning Outcomes Assessment Plan

PLOAR - Program Learning Outcomes Assessment Report

PEM - Program Evaluation Matrix

CEM - Course Evaluation Matrix

FeS - Field Experience Specification

LRFE Committee - Learning Resources, Facilities and Equipment Committee

KPIs - Key Performance Indicators

DTI - Distill-Transform-Include Process

IO - Independent Opinion

CES - Course Evaluation Survey

PAC - Professional Advisory Committee

PEA – Performance Evaluation Administration

SPA – Strategic Planning Administration

PS – Program Specification

CS – Course Specification

CR – Course Report

SSR – Self-Study Report

1. Introduction and Foundational Concepts

This handbook presents an abridged version of the comprehensive Onaizah Colleges Quality Management System (OC-QMS) policies, processes, and procedures. It is designed to provide academic programs with a streamlined overview of the key components of OC-QMS most relevant at the program level.

This abridged handbook summarizes sections from the full volume "OC Quality Management System: Programmatic and Institutional Policies, Processes and Procedures (2023)", which offers extensive details on all aspects of OC-QMS. As an institution-wide framework, the unabridged OC-QMS handbook covers quality policies, procedures, tools, and guidelines at both the institutional and programmatic levels.

In contrast, this abridged handbook extracts and compiles the fundamental program-level OC-QMS content into a concise reference guide for academic programs. While abbreviated, it retains the core components needed for departments and programs to understand and implement essential quality assurance processes aligned with OC-QMS requirements.

The contents of this abridged version focus on quality assurance policies, planning processes, implementation procedures, monitoring mechanisms, and evaluation tools directly related to the program level. It aims to equip program directors and quality assurance committees with the key information required to effectively apply OC-QMS in their context.

At the same time, this abridged handbook frequently references the unabridged version for more details on various topics. Programs are encouraged to consult the full OC-QMS handbook for comprehensive explanations, guidelines, templates, and examples concerning both overarching OC-QMS frameworks and specific quality processes.

Adopting this abbreviated format allows academic programs to rapidly grasp the most vital OC-QMS elements and get started with implementation. The streamlined presentation eases understanding of core components and their interrelationships. While condensed, the abridged handbook retains the fundamental structure and integrity of the complete OC-QMS system.

In summary, this abridged OC-QMS handbook for academic programs provides a focused synthesis of the most essential quality policies, procedures, and tools programs need to begin applying OC-QMS effectively. It serves as a gateway and reference guide to the comprehensive framework detailed in the full "OC Quality Management System: Programmatic and Institutional Policies, Processes and Procedures (2023)" handbook. Together, these two volumes offer a complete view of OC-QMS at both the institutional level and program level to uphold and continually enhance educational quality across Onaizah Colleges.

OC-QMS PDSA

Onaizah Private Colleges' Quality Management System (OC-QMS) is based on the Plan-Do-Study/Check-Act (PDSA) cycle, which involves systematic planning, implementation, evaluation, and improvement at all levels. The PDSA cycle is integrated with all major functions and academic activities in a hierarchical structure, from institutional to program to course levels. Each level has its own PDSA cycle that reflects higher cycles and guides lower cycles. These cycles are also aligned with the five (5) NCAAA quality standards for academic programs, with each standard and criterion having its own PDSA cycle for planning, implementation, and evaluation. The cycles aim to ensure continuous review and improvement. The multi-level alignment of PDSA cycles aims to drive continuous enhancement.

More on this will be provided below. Furthermore, Section 2.3 and Chapter 5 in the unabridged OC-QMS handbook provides detailed explanation of PDSA cycles in OC-QMS processes.

2. Summary of OC-QMS Programmatic Policies and their Related Processes

For OC-QMS institutional policies, see section 2.2 in the unbridged version of this handbook. The following summarizes OC-QMS programmatic policies.

Policy Code	Policy P-01
Policy Statement	An OC academic program should have a mission statement and strategic goals, reflecting the relevant OC and college's mission statements and OC strategic goals. Goals should be reviewed, updated, and aligned with appropriate OC-approved KPIs periodically. All major decisions within the program or its relevant department must be based on the established mission statement and strategic goals.
Basis Guiding Principles	1, 4, 7
Related Processes in OC-QMS	P-P-01 P-P-02

Policy Code	Policy P-02
Policy Statement	An OC academic program should use a Program Specification (PS), Course Specifications (CSs), and Field Experience (FE) Specification, based on the relevant NCAAA templates, reviewed every two years in response to various quality assessment reports.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-P-09 P-P-10 P-P-11

Policy Code	Policy P-03
Policy Statement	An OC academic program should maintain, evaluate, and document its quality findings in course reports, field experience reports, and an Annual Program Report (APR), based on the relevant NCAAA templates.
Basis Guiding Principles	5, 6
Related Processes in OC-QMS	P-C-01 P-C-02 P-C-14

Policy Code	Policy P-04
Policy Statement	An OC academic program should internally conduct a comprehensive program review, at least every five years, examining all quality aspects based on NCAAA standards, identifying strengths, and areas for improvement to be addressed in the subsequent operational plans. An OC academic program should also be subject to a comprehensive evaluation review/audit from the Quality Assurance Administration and independent opinion at least every five years.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-C-11 P-C-12 I-C-01 I-C-02

Policy Code	Policy P-05
Policy Statement	An OC academic program should annually analyze and report on OC-approved programmatic KPIs and surveys following the guidelines for KPIs and surveys analysis, reporting standards, internal and external benchmarking, and timelines outlined in the relevant OC handbook.
Basis Guiding Principles	6, 7
Related Processes in OC-QMS	P-C-08 P-C-09

Policy Code	Policy P-06
Policy Statement	An OC academic program should identify, formulate, review, update, and map its graduate attributes (GAs), program learning outcomes (PLOs), and courses learning outcomes (CLOs) at least every five years.
Basis Guiding Principles	4, 8
Related Processes in OC-QMS	P-P-03 P-P-04 P-P-05 P-P-06

Policy Code	Policy P-07
Policy Statement	An OC academic program should develop, review, and update its GAs and PLOs Assessment Plan at least every five years.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-P-07

Policy Code	Policy P-08
Policy Statement	An OC academic program should annually measure, analyze, report, and verify its GAs, PLOs, and CLOs assessment through course-level and program-level direct and indirect methods in a comprehensive GAs and PLOs Assessment Report.
Basis Guiding Principles	5, 6
Related Processes in OC-QMS	P-C-06 P-E-01 P-E-02 P-C-07

Policy Code	Policy P-09
Policy Statement	An OC academic program should annually identify, introduce, evaluate, and improve all its services, facilities, and equipment, using relevant quality assessment reports, KPIs, and stakeholders' satisfaction findings.
Basis Guiding Principles	2, 6
Related Processes in OC-QMS	P-D-02 P-D-04 P-C-15 P-C-08 P-C-09 P-C-11

Policy Code	Policy P-10
Policy Statement	An OC academic program should have a designated program director (PD) and form a Quality Assurance Committee (QAC). QAC should be assigned the relevant tasks and responsibilities outlined in OC-QMS and actively contribute to the assessment and improvement of the OC-QMS itself. QAC should be chaired and coordinated by the PD and should include in its membership, where appropriate, students' representatives.
Basis Guiding Principles	1, 3, 4
Related Processes in OC-QMS	I-P-07 I-P-08

Policy Code	Policy P-11
Policy Statement	An OC academic program should form other OC-QMS essential committees and delegate to those committees the relevant duties and tasks outlined in OC-QMS. Those committees can be formed at the level of the department and must include: 1. Guidance and Advising Committee 2. Scientific Research and Ethics Committee 3. Community Service and Voluntary Work Committee 4. Learning Resources, Facilities and Equipment Committee 5. A dedicate team for every course offered by the program.
Basis Guiding Principles	1, 4
Related Processes in OC-QMS	I-P-09 P-P-12

Policy Code	Policy P-12
Policy Statement	An OC academic program should ensure sufficient learning resources are easily accessible and available to students and faculty, identified, evaluated, and updated annually.
Basis Guiding Principles	2, 6
Related Processes in OC-QMS	P-P-13 Supporting Processes: P-C-08 and P-C-09

Policy Code	Policy P-13
Policy Statement	An OC academic program should monitor and implement various OC-approved policies and procedures, including Student Academic Integrity Policy and Procedures (OC-SAIPP), Extracurricular Activities Mechanism, Procedures for Ensuring and Monitoring the Quality of Courses Taught by Other Departments (Cross-listed Courses), and Procedures for Ensuring Consistency between Male and Female Sections.
Basis Guiding Principles	1, 3, 8
Related Processes in OC-QMS	P-P-14 P-D-01 P-D-02 Guidelines in Sections 4.1.5, 4.1.6, and 4.1.15

Policy Code	Policy P-14
Policy Statement	An OC academic program should form a professional advisory board/committee that includes specialists and professionals in the relevant field, alumni, and employers. The committee should contribute to the ongoing evaluation and improvement of the program.
Basis Guiding Principles	4, 7
Related Processes in OC-QMS	P-P-19 P-C-10

Policy Code	Policy P-15
Policy Statement	An OC academic program should regularly provide reliable and publicly disclosed information to its stakeholders as well as the community about its admission requirements, offerings, courses, as well as relevant performance, progress, and achievements.
Basis Guiding Principles	4, 6
Related Processes in OC-QMS	P-P-18 Output of some processes mainly P-C-14

Policy Code	Policy P-16
Policy Statement	An OC academic program should implement OC-approved mechanisms for courses instructors and courses delivery evaluation and faculty appraisal.
Basis Guiding Principles	4, 6
Related Processes in OC-QMS	P-C-04 P-C-05 P-C-13 In addition to comprehensive appraisal through Rasid Bank

Policy Code	Policy P-17
Policy Statement	An OC academic program should address and follow up on the implementation of all priority recommendations resulting from various quality reports (especially the annual program report), and internal as well as external reviews as part of its operational plan, reporting on the full implementation in its operational plan progress report.
Basis Guiding Principles	6, 8
Related Processes in OC-QMS	P-P-16 P-P-17 P-D-05 P-E-04

Policy Code	Policy P-18
Policy Statement	An OC academic program should develop annual activities plans for faculty training, research, community service and volunteering in relation to its annual operational planning and in light of findings and recommendations from quality reports. The progress of these activities' plans should be documented as part of the relevant analysis in the ARPs and/or operational plan progress reports.
Basis Guiding Principles	1, 3
Related Processes in OC-QMS	P-P-17-2 P-P-17-3 P-P-17-4 P-D-03-01 P-D-03-02 P-D-03-03

Policy Code	Policy P-19
Policy Statement	An OC academic program should adhere to the OC-approved regulations, procedures and OC authorization matrix stipulated in OC handbooks and MoE (Ministry of Education) bylaws when changes are planned to the program's curriculum, study plans, courses, or other major academic aspects of the program.
Basis Guiding Principles	1, 8
Related Processes in OC-QMS	P-P-08 Guidelines in Chapter 6 (Regulatory Framework)

3. Quality Organizational Structure in OC Academic Programs

At the institutional level, section 3 in the unabridged version of OC-QMS handbook discusses the organizational functions, tasks and duties of the Senior Committee for Planning and Quality (SCPQ), Chairman Assistant for Planning & Quality, and Quality Assurance Administration (QAA). At the college and program level, the functional organizational units and their tasks are summarized below from the relevant sections of the unabridged version.

3.1 Quality Unit (QU)

At a college level, the key programmatic tasks of DAA are accomplished through Quality Units (QUs). Although Quality Units report directly to the Deans, DAA has a direct contact with QUs, represented by the dashed line in the quality organizational chart in **Error! Reference source not found.** above. It should be mentioned here that this unmediated contact is not meant to be an organizational conflict as QUs are still under the Deans' lines of authority, but rather to facilitate and maximize communication between DAA and QUs, and to free OC QMS from any potential bureaucratic obstacles.

Every QU has a team lead by a quality expert appointed by the relevant dean. QU's head is also an active member of the respective college council. The main responsibilities and duties of QUs and their heads mainly include monitoring the actualization of OC QMS in academic programs within the college, and oversight of programmatic continuous improvement plans and projects as outlined below:

1. Review and endorse program-level quality assurance plans and reports including PLOAPs, APRs, PLOARs, surveys reports, course reports, etc. [P-P-07, P-C-14, P-C-09, P-C-01], in addition to following up on relevant processes through OC-E-QMS.
2. Verify alignment of program QA activities with college strategic priorities and quality policies. [P-P-01, P-P-03]
3. Coordinate activities of Quality Assurance Committees (QACs) within departments in the college. [P-C-01, P-C-14]
4. Provide guidance to programs on quality assurance processes and documentation, including following up on accreditation requirements.
5. Identify and promote integration among QA processes at program and college levels.
6. Conduct pre-reviews of program self-study reports before submission for accreditation. [P-C-11]
7. Monitor, review and approve formation of program committees and course teams. [P-P-12]
8. Verify adherence of programs to college academic regulations and policies. [P-P-09, P-P-10]
9. Coordinate college participation in external reviews and audits by regulatory bodies. [P-C-12]
10. Keep college leadership informed of risks or issues concerning academic quality assurance matters.
11. Contribute to the preparation of college annual reports.
12. Propose plans to develop QA staff performance and contribute to determining QA training needs.

The above QUs roles and duties within OC QMS will be discussed in more detail throughout this handbook.

3.2 Program Director and Quality Assurance Committee (QAC) (I-P-07 and I-P-08)

Based on OC-QMS Institutional Policy I-01 and Programmatic Policy P-11, and in consistency with NCAAA standards, OC QMS mandates that academic programs should be represented by a program director (PD). A program's PD directly reports to the respective QU's head in coordination with the chair of the department. This is not meant to be a hierarchical conflict, but rather to free OC QMS of potential bureaucratic lags and barriers.

A PD may be selected according to the following criteria:

1. Holding a PhD in the field of the program.
2. At least 2 years of experience in teaching courses in the program's field.
3. Previous membership in QAC.
4. Sufficient experience in quality assurance and NCAAA standards.
5. Sufficient training in quality assurance, at least passing the NCAAA Quality Practitioner course.
6. Ability to effectively collaborate with faculty, students, administration.
7. Strong verbal and written communication skills.
8. Skills in delegation, conflict resolution, and team building.

A PD must be appointed through a formal designation letter issued and signed by the chairman of the relevant department. The process of PD designation and appointment is denoted I-P-07 in OC-QMS.

The main task of a PD is to oversee and lead the relevant QAC and its tasks and responsibilities outlined below.

Based on the two policies I-01 and P-10, OC QMS also mandates that every program must form a Quality Assurance Committee (QAC), headed by the program's PD. A QAC involves at least three faculty members with sufficient experience in quality management and OC QMS processes. Together, the program's PD and QAC are directly responsible for the actualization of OC QMS in their academic program, the ongoing implementation of program quality PDSAs, as well as follow-up and evaluation of internal QMS processes. The main duties and tasks of a QAC are given below:

1. Overseeing the implementation of the program's mission and goals and verifying the consistency of all program decisions with them, and periodically evaluating achievement levels according to the approved performance indicators and managing the process of reviewing and updating them when necessary, according to the procedures stipulated in this OC-QMS handbook. (In accordance with OC-QMS processes mainly P-P-01, P-P-02, P-E-04)
2. Managing the process of updating and reviewing the program's graduate attributes and learning outcomes of program (PLOs) and of courses (CLOs), in addition to the process of internal and external review, according to the time frames stipulated in OC-QMS. (In accordance with OC-QMS processes mainly P-P-03, P-P-05, P-C-11).
3. Managing the process of preparing and reviewing the program specification, courses' specifications and their related mappings and matrices, and updating them periodically according to the approved procedures and timeframes, and according to evaluation results and changes, in addition to following up on implementing all policies and

procedures stipulated in those specifications. (In accordance with OC-QMS processes mainly P-P-09, P-P-10).

4. Following up and reviewing the results of CLOs assessments, exit exams, and preparing GAs and PLOs Assessment Plans (PLOAPs), and assessment reports according to the approved time frames. (In accordance with OC-QMS processes mainly P-E-02, P-C-06, P-P-07, P-C-07).
5. Following up, reviewing and approving periodic course reports, and preparing the annual program report (APR). (In accordance with OC-QMS processes mainly P-C-01, P-C-02, P-C-14).
6. Preparing essential quality reports such as the KPIs and Benchmarking report, annual survey report, peer review report etc. (In accordance with OC-QMS processes mainly P-C-05, P-C-08, P-C-09).
7. Managing the process of preparing the program's operational plan and ensuring the inclusion of all recommendations contained in periodic quality reports, recommendations of the professional advisory committee/board, as operational objectives, with verification of the consistency of activity plans (e.g. research, community, training) with operational objectives, and preparing an achievement report of the operational plan, in addition to evaluating achievement levels of program goals, according to the approved OC-QMS templates. (In accordance with OC-QMS processes mainly P-P-16, P-P-17, P-D-03, P-D-05, P-E-04).
8. Supervising the process of forming course teams and following up their work, implementation of their tasks, and minutes of periodic meetings. (In accordance with OC-QMS processes mainly P-P-12, P-D-06).
9. Periodically verifying the implementation of policies, procedures and periodic evaluations stipulated in the program specification, through following up the work of the program's main committees and their operational objectives such as the advising and guidance committee, scientific research committee, community service and volunteering committee, learning resources and facilities committee, exam committees etc. (In accordance with OC-QMS processes mainly P-E-04, P-D-05).
10. Contributing to quality and accreditation culture dissemination by direct coordination with the Quality Assurance Administration. (In accordance with OC-QMS processes mainly P-D-07).
11. Forming self-evaluation and self-study teams for the program and supervising the preparation of the self-study report and providing all evidence and data related to it. (In accordance with OC-QMS processes mainly P-C-11).
12. Managing the program account on the electronic quality system (OC-E-QMS). (Required by almost all OC-QMS processes).
13. The committee should hold weekly meetings to review related tasks and documents and its decisions should be documented in formal minutes.
14. The committee should totally comply with the policies, processes and procedures stipulated in this OC-QMS handbook.

The QAC key tasks above will be discussed in detail throughout the following chapters. The process of forming a QAC is denoted I-P-08 in OC-QMS.

3.3 Program Organizational Structure (Essential OC-QMS Requirements) (I-P-09)

While OC-QMS does not impose strict limitations on the organizational structure of academic departments and programs, it does identify seven essential committees required for the proper implementation of the quality management system as stipulated by OC-QMS Programmatic Policy P-11 and in support of Institutional Policy I-01. These committees represent the minimum organizational components needed to effectively carry out the key processes and activities mandated within OC-QMS. The seven essential committees are:

1. Quality Assurance Committee (QAC)
2. Professional Advisory Board/Committee
3. Course Teams
4. Guidance and Advising Committee
5. Scientific Research and Ethics Committee
6. Community Service and Voluntary Work Committee
7. Learning Resources, Facilities and Equipment Committee

Each of these committees has designated roles, responsibilities, and procedures outlined within the OC-QMS framework. QAC has been discussed above, Professional Advisory Committee and course teams will be discussed in section 4.14 later. The minimum organizational structure in a department and its programs are summarized below.

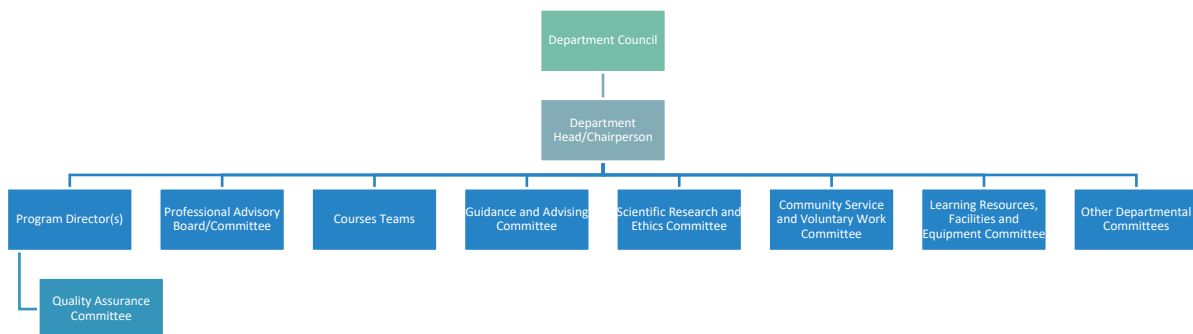


Figure 1: Quality Organizational Structure in OC Departments and Academic Programs (Minimum Requirements)

Every OC department is headed by a chairperson. As stipulated in the relevant OC Job Descriptions Handbooks, the chairperson should be a PhD holder with a minimum experience in administrative affairs of two years. The main (12) duties and responsibilities of a **department chairperson** are given below:

1. Preside over the Department Council, supervise the organization of its affairs, call for attendance at its sessions, implement its decisions, and send the minutes of its sessions to the Dean of the College.
2. Achieve higher goals and policies in colleges.
3. Implement the decisions of the College Council and the Department Council and follow-up of those decisions.
4. Supervise the preparation of the department's plans and follow up on their implementation.
5. Supervise administrative, academic and research management and development, as well as all committees within the department.
6. Supervise the level of quality.
7. Carry out the powers delegated to him by the Dean of the College.
8. Supervise the progress of all processes and plans within the department.
9. Supervise various student activities in the department.
10. Monitor the performance of exams and control the system within the department.
11. Supervise the recruitment of faculty members in the department.
12. Prepare a comprehensive annual report on the progress of study and academic, administrative and research performance in the department and submit it to the Dean of the College.

While there may be some overlap in their broader responsibilities towards upholding quality and achieving institutional goals, the department chairperson and program director perform clearly distinct roles within the OC-QMS framework.

The chairperson's duties are managerial and administrative in nature, providing high-level oversight on aspects like department operations, recruitment, curriculum development, and progress monitoring. The chairperson handles responsibilities at the department level such as presiding over the department council, supervising implementation of the strategic plan, overseeing exams and recruitment, and preparing the department's annual report.

In contrast, the program director's role is more hands-on and operational. As the leader of the Quality Assurance Committee (QAC), the director oversees the day-to-day quality assurance processes within the program, from managing reviews of program specifications to preparing assessment reports and operational plans. While the chairperson has a bird's eye view of the department, the director is fully immersed in the specific quality mechanisms and procedures of the program as delineated in OC-QMS.

In this way, the chairperson and the program director perform complementary rather than conflicting functions. The chairperson handles higher-level departmental supervision and administration. The director manages ground-level program operations and QA protocols. This division of labor allows each role to focus on their core responsibilities to together achieve OC-QMS objectives, program excellence, and institutional advancement.

The **Guidance and Advising Committee** is another essential OC-QMS committee within a department. The committee reports directly to the department chairperson and its main tasks and duties are given below:

1. Developing the mechanisms, procedures and forms of academic advising in coordination with the advising unit at the college level and according to best practices (locally and internationally).
2. Developing the mechanisms, procedures, and forms of career counseling in coordination with relevant parties in the colleges and according to best practices.
3. Developing the mechanisms, procedures and forms of psychological and social counseling in coordination with relevant units and administrations in the colleges, and according to best practices.
4. Monitoring and periodically evaluating advising operations in the program (based on periodic survey report results).
5. Following up on the activation of faculty members and students for the advising mechanisms in all its types.
6. Incorporating within the advising mechanisms procedures for identifying outstanding and gifted students and motivating them.
7. Incorporating within the advising mechanisms procedures for identifying underperforming students and procedures to support and deal with them.
8. Monitoring relevant program KPIs and surveys and implementing their specific action plans that are included in the program annual operational plans.
9. Periodic dissemination of the advising mechanisms in all their types, forms and procedures for students and advisors.

The second essential committee in an OC department is the **Scientific Research and Ethics Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Preparing a list of research priorities for the program and getting it approved by the department council in coordination with the research center at the colleges.
2. Developing and announcing a mechanism to ensure commitment of the research output in the program to the research priorities.
3. Preparing an independent annual plan for the annual research activities based on the programs' annual operational plans. (This plan should include activity and its type, timing, responsible person for implementation, target group, and expected impact) (See Section 4.10 below for more on these plans).
4. Preparing an annual report on the extent of faculty participation and contribution in research activities and scientific production stated in the college's research plan. This report should be documented in the annual program report (APR).
5. Developing a mechanism to ensure and monitor researchers' commitment in the program to rules of conduct, scientific integrity and ethical practices (with specific procedures and forms according to the guide issued by the OC Research Center).
6. Periodic monitoring and calculation of KPIs and surveys related to scientific research.

The third essential OC-QMS committee in an OC department is the **Community Service and Voluntary Work Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Preparing a separate plan for community service activities and voluntary work activities, identifying external partners, consistent with the nature of the program and the colleges' community plans, and highlighting the role of students and faculty in those activities. This plan should be based on the programs' annual operational plan and the guidelines in section 4.10 below.
2. Periodically evaluating the community activities in which the program participates or provides.
3. Verifying that the community activities and voluntary work in which the student participates are related to their specialization.
4. Continuous communication and coordination with the Community Administration in the colleges to enhance the role of the program in institutional community plans.
5. Monitoring and periodically measuring the approved KPIs and surveys for community activities and volunteer work.
6. Encouraging and motivating faculty members and students to participate in the implementation of the community activities and volunteer work plan.

The fourth essential committee in an OC department is the **Learning Resources, Facilities and Equipment Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Periodic evaluation of the learning resources, facilities and equipment needed by the program, according to the relevant results of KPIs and surveys.
2. Developing a plan in coordination with the Risk Management and Development Department to train faculty, staff and students on public and professional safety methods and evacuation plans in emergencies.
3. Preparing a clear mechanism for the disposal of hazardous waste (if any) in coordination with the relevant administrations within the colleges.
4. Following a clear mechanism to provide public health and occupational safety requirements in the facilities and equipment in coordination with the relevant administrations.
5. Following the mechanism for procedures and guidelines detailed in section 4.5 (and Process P-P-13), in order to provide all learning resources specified in the course specifications, and resource requirements of the relevant programs, in addition to their relevant evaluations according to the guidelines in sections 4.5 and 6.3 below.

In summary, the committee is responsible for the continuous review, acquisition, evaluation, and adjustment of learning resources to maintain their relevance, effectiveness, and alignment with program needs.

The process of forming these four committees (i.e. Guidance and Advising Committee, Scientific Research and Ethics Committee, Community Service and Voluntary Work Committee, and Learning Resources, Facilities and Equipment Committee) is collectively denoted in OC-QMS as I-P-09.

4. Summary of OC-QMS Planning Processes (P) for Academic Programs

4.1 Program Mission and Strategic Goals (P-P-01)

Based on Policy P-01, an OC academic program should have a mission statement and a set of strategic goals. The first step in developing a program's mission and goals is drafting an initial mission statement and set of strategic goals by the program's quality assurance committee (QAC) (Process Code: P-P-01). The mission and goals should align with OC's mission and strategic priorities, address key stakeholders like students, faculty, and employers, and reflect national education policies (according to the guidelines in the unabridged version of OC-QMS Handbook, Section 4.1.1). The draft is submitted to the college quality unit (QU) for review against established criteria in the OC-QMS-P-01 template, such as clarity and alignment with OC. If needed, the draft is returned to QAC for revision.

Next, QAC gets input from focus groups of key stakeholders using the OC-QMS-P-02 template on whether the draft mission and goals meet their needs. QAC also surveys a broader range of stakeholders quantitatively using the mission and goals survey (PO-PMGE). The draft is revised based on this feedback. The revised draft is submitted to the Quality Assurance Administration and Strategic Planning Administration for further review and approval using the OC-QMS-P-01 template.

The draft then goes through additional review and approval steps involving SCPQ, the department council, and finally the college council. At each step, the draft is reviewed qualitatively against the required principles and criteria. Revisions may be requested at any step.

Once approved, the finalized mission and goals are documented in the program specification (NCAAA-T3) and the program operational plan template (OC-QMS-P-03). QAC publicizes the mission and goals through channels like the website, handbooks, and announcements. By completing this process (P-P-01), the mission and goals are ready to be aligned with key performance indicators (P-P-02).

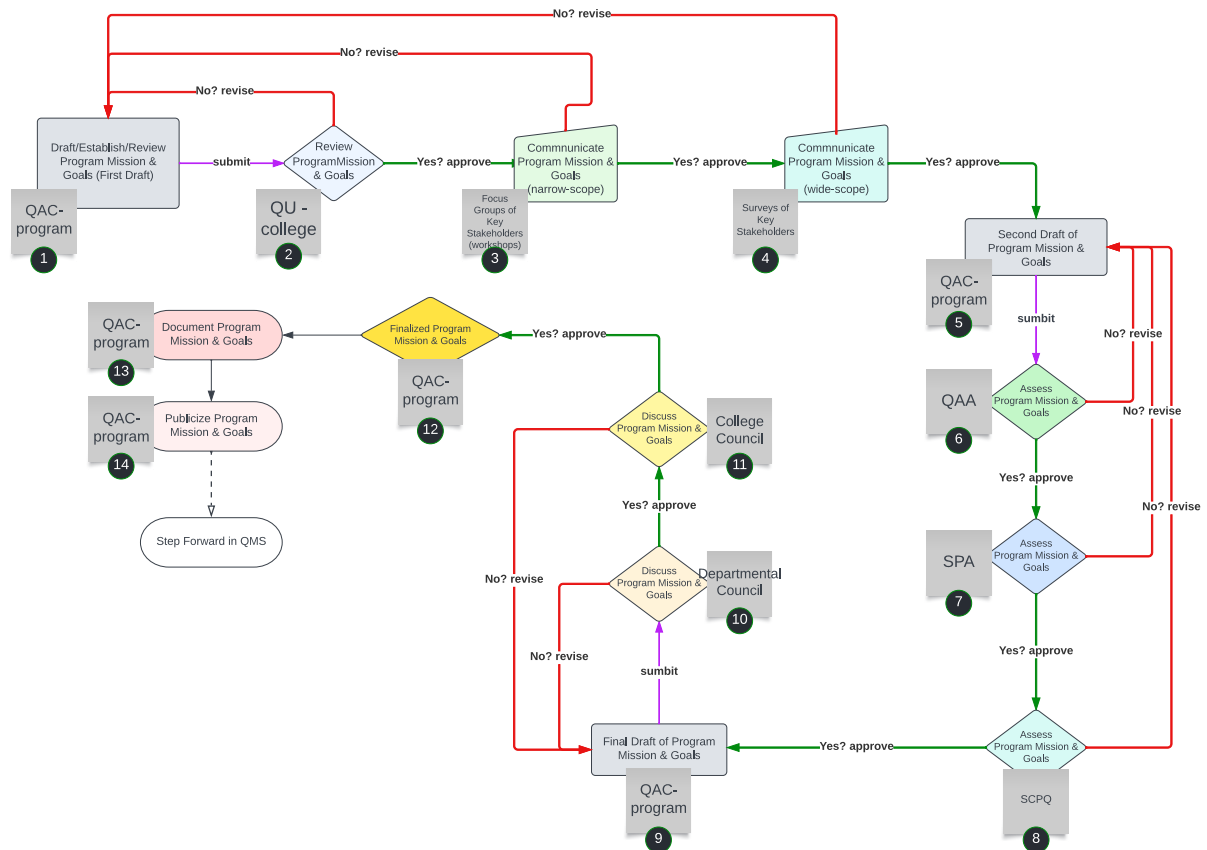


Figure 2: A flowchart demonstrating the process of program's mission & goals drafting, review and approval (**Process Code: P-P-01**)



4.2 Mapping Program Strategic Goals to KPIs and Setting KPIs Targets (P-P-02)

Based on Policy P-01, program's strategic goals should be aligned with appropriate OC-approved KPIs. The process of linking program strategic goals to key performance indicators (KPIs) involves careful alignment to ensure the connections are logical and justifiable (Process Code: P-P-02). OC has approved primary and secondary KPIs aligned with strategic priorities and NCAAA standards (OC Guidebook on Programmatic KPIs and Surveys). Primary KPIs link directly to core OC strategic focus areas. QAC conducts initial KPI-goal mapping guided by linking strategic categories to corresponding primary KPIs (guided by Table 1 below).

Once the program mission and goals are finalized according to the guidelines provided in section 4.1.1.2 in the unabridged version of this handbook, the quality assurance committee (QAC) links each goal to relevant key performance indicators (KPIs) from the approved set in the OC Guidebook on Programmatic KPIs and Surveys (Process Code: P-P-01). The initial alignment is submitted to the quality unit (QU) for review based on guidelines in the OC Guidebook. After revision, the alignment goes through further review by the Performance Evaluation Administration and Strategic Planning Administration.

Next, QAC sets targets and benchmarks for the KPIs following the KPIs Guidebook. The targets and benchmarks are reviewed by the Strategic Planning Administration and then approved by the department and college councils. If major revisions are needed, the alignment returns to QAC for adjustment.

Once approved, the KPI-goal alignment is documented in the program operational plan template (OC-QMS-P-03). Completing the planning of KPI-goal mapping, targeting, and benchmarking finishes this process (P-P-01).

As required by NCAAA, the finalized program mission and goals are the primary basis for decision-making on planning, evaluation, changes, activities, and more. Council and committee minutes must show how decisions align with and support elements of the mission and goals. Periodic review and update of the mission and goals is conducted as per the OC-QMS guidelines.

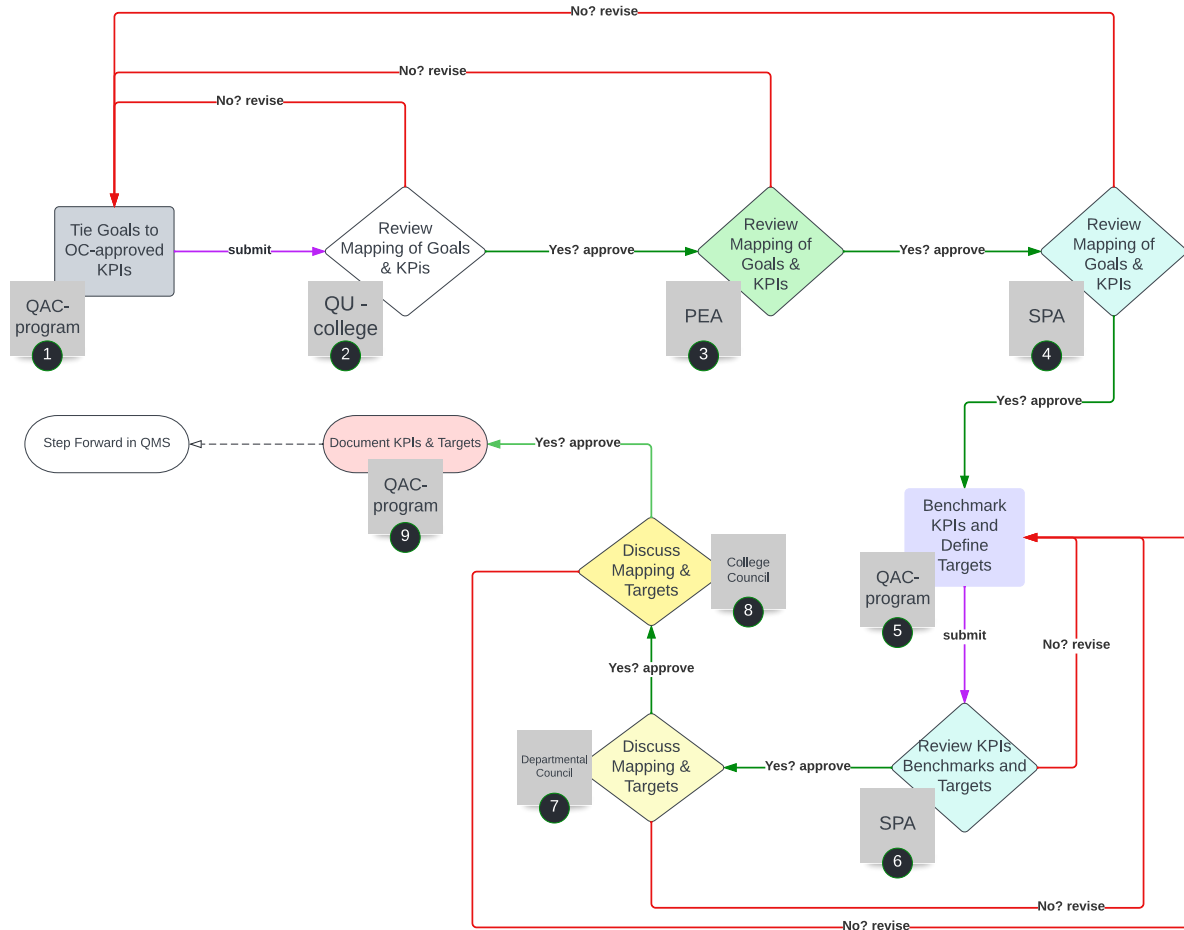


Figure 3: A flowchart demonstrating the process of mapping program strategic goals to KPIs, benchmarking & setting targets (**Process Code: P-P-02**)

Table 1: Plausible Mapping of OC Strategic Themes/Categories to OC-approved Primary KPIs

OC Main Strategic Themes/Categories	Appropriate Primary KPIs ¹
1. Preparation/Production of competent and qualified graduates with employability skills demanded in the labor market.	KPI-P-07 KPI-P-09
2. Improvement of the academic and administrative environment.	OC06 KPI-P-13
3. Improvement of the teaching and learning experience.	KPI-P-03 KPI-P-02 KPI-P-12
4. Improvement of academic, social, psychological, and professional advising, counselling and supportive services.	KPI-P-04 KPI-P-05 OC25 OC26 OC27
5. Enhancement of the performance of faculty members and staff both professionally and academically.	OC45 OC46
6. Improvement of development, community and consultation services provided to the local community of Qassim.	OC44
7. Improvement of research quality, production, and related services and infrastructure.	KPI-P-14 KPI-P-15 KPI-P-16
8. Improvement of facilities, equipment, learning resources, supporting infrastructure, operations, and services.	KPI-P-17 OC58
9. Improvement of quality assurance system, procedures, processes, and activities.	KPI-P-01 KPI-P-10 OC-63

See section 4.1.1.3 for Procedures for Assuring the Quality of the Program's Mission Statement and Goals.

¹ Detailed in OC Guidebook on Programmatic KPIs and Surveys.

4.3 Program Learning Outcomes (PLOs), Graduate Attributes (GAs), and Curriculum Mapping

4.3.1 Defining Program Learning Outcomes and Program Graduate Attributes (P-P-03)

As detailed in the unabridged version of this handbook (section 4.1.2), recent studies show a global shift in higher education towards outcome-based education (OBE), which focuses on what students achieve rather than what is taught. OBE improves student-centeredness and education quality. Saudi Arabia and accreditors like NCAAA have adopted OBE in qualification frameworks. Learning outcomes describe student achievements; curriculum drives towards outcomes. Outcomes differ from objectives on educational intent versus student results. OC-QMS, following NCAAA and based on Policy P-06, requires programs define program learning outcomes (PLOs) and course learning outcomes (CLOs) after mission and goals.

The process of GAs and PLOs definition (P-P-03) begins with OC programs derive graduate attributes (GAs) from OC approved ones (OC Graduate Attributes and OC Learning Outcomes Document), embodying major skills. QAC tailors GAs to the program discipline. Initial PLOs build on: program GAs, OC institutional learning outcomes (ILOs) from the OC document, program mission/goals, Saudi NQF guidelines (NQF-KSA), and similar external programs' PLOs. GAs translate to PLOs using alignment matrices in OC-QMS-P-04. ILOs derive from OC GAs and Saudi NQF; PLOs align with NQF domains using OC-QMS-P-04. Mission/goals translate to PLOs on skills and knowledge. Saudi NQF guides PLO consistency with program level descriptors using OC-QMS-P-04.

PLOs are written using single measurable verbs, explicit language, and appropriate domain verbs, based on guidelines provided in section 4.1.2.1 in the unabridged version and according to OC-QMS-P-04 template. QU reviews initial PLOs against criteria in OC-QMS-R-01 on specificity, measurability, achievability, alignment and realizability. Reviews by stakeholders and external experts using OC-QMS-R-01 further refine PLOs. QAA confirms stakeholder feedback is incorporated. SCPQ, and department councils discuss and recommend approval of finalized PLOs. The college council finally approves PLOs or returns them to QAC in case further revision needed. Documentation in program specification (NCAAA-T3) and dissemination of GAs and PLOs complete the process. P-P-03 and its relevant procedures are detailed in the unabridged version and summarized in

Figure 4 below.

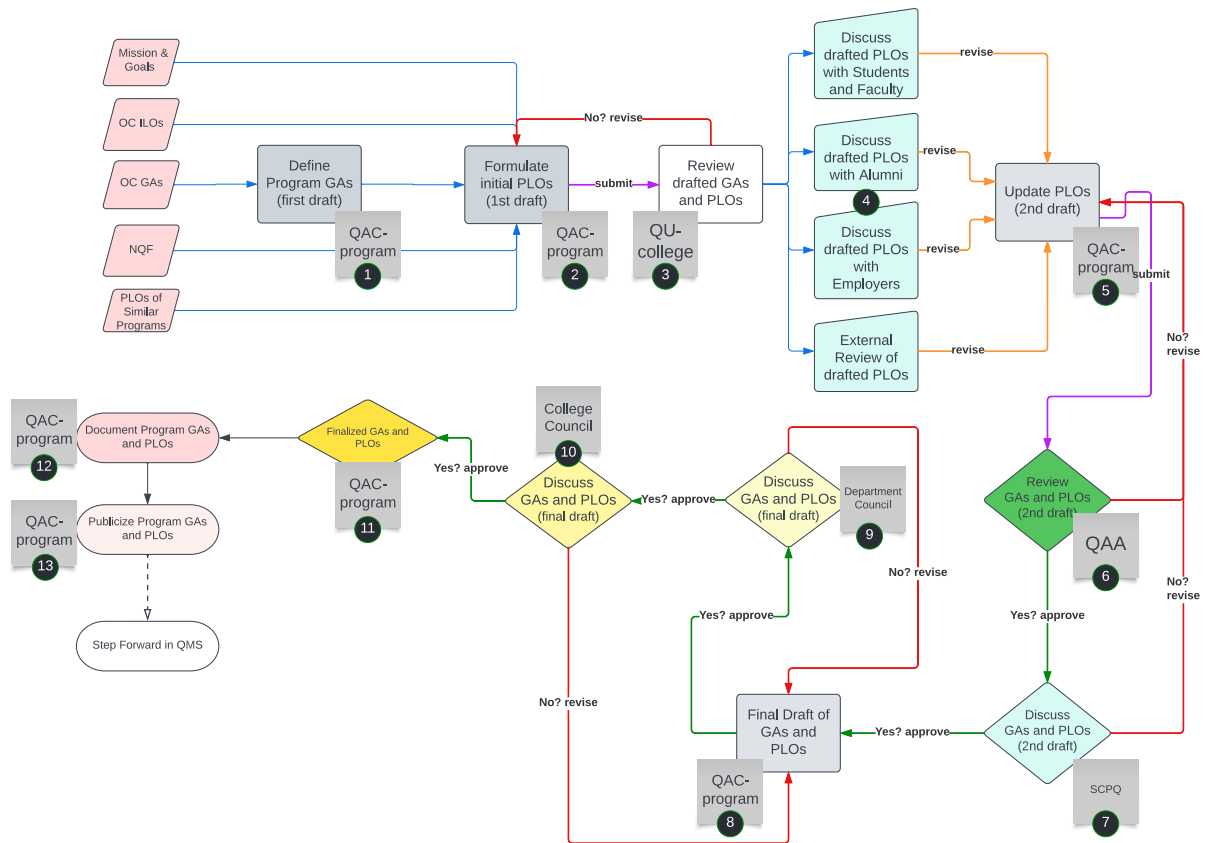


Figure 4: A flowchart demonstrating the process of GAs and PLOs Formulation, Review and Approval (Process Code: P-P-03)

4.3.2 PLOs Tracks, Entry and Exit Points

An important consideration when drafting PLOs is accounting for program tracks and exit points to ensure alignment with NQF-KSA. OC-QMS mandates separate PLOs for tracks derived from general program PLOs. Best practices recommend track-specific PLOs be limited to 20% of total, with 80% shared across tracks. For programs with exit points, traditional practices assign PLOs hierarchically according to degree level, but this causes redundancy and complicates alignment and assessment. An alternative approach is adopting the same PLOs for all degrees offered, but with ascending expected levels of performance (I, P, M) aligned to exit points. This approach fits NQF-KSA requirements on knowledge levels, eliminates redundant PLOs, and aligns to the sequential nature of curriculum content and courses. As course levels increase over semesters, so do linked PLO performance levels, mirroring increasing requirements for higher exit point degrees. This proportionality between course levels, PLO performance, and exit points enables coherent PLO assignment for tracks and degrees within a program. More on this is provided in section 4.1.2.2 of the unabridged version.

4.3.3 Curriculum Mapping (P-P-04)

Curriculum mapping identifies where and how PLOs are addressed in courses (Process P-P-04). This alignment matrix links courses to PLOs showing where each is embedded. The NCAAA-PS prescribed matrix also indicates performance levels of Introduced (I), Practiced (P) and Mastered (M) for each PLO-course link. Mapping reveals curriculum gaps, improves PLO communication, increases coherence, and boosts PLO achievement. A balanced map gives equal attention to all PLOs. A coherent map has logical sequencing of courses associated with each PLO. Typically, performance levels are proportional to course levels.

The mapping process is denoted in OC-QMS as P-P-04 and summarized in ... below. The initial mapping matrix or PLOs-Courses Alignment Matrix (PCA-Matrix) is created collaboratively by faculty based on curriculum plans and course descriptions/contents. The program director submits the matrix through the OC-QMS E-Platform (OC-E-QMS). OC-E-QMS statistically analyzes the matrix to test balance and coherence.

Analysis includes identifying missing links, performance-course contradictions, performance distribution per PLO, course distribution per PLO, course contributions to PLOs, and correspondence analysis. The correspondence analysis biplot visually represents PLO-course inter-correlations, with PLOs forming clusters of associated courses. Total inertia quantifies overall balance - high values (>5) indicate PLOs too narrowly linked to courses; low values (<3) suggest PLOs are too broad or courses have too many CLOs. Ideal total inertia is 3-5, indicating balanced moderate PLO-course correlations.

QAC revises the initial mapping based on the OC-E-QMS analysis results. QU reviews against criteria on appropriate links, performance-course consistency, coverage of courses and PLOs, and other criteria detailed in section 4.1.2.3 in the unabridged version of this handbook. QAA conducts further review based on specific criteria. The department council discusses and approves the final matrix. The approved mapping is documented in the program specification (NCAAA-T3) and template OC-QMS-P-04. This curriculum mapping informs defining CLOs. Authority matrix (which will be further discussed in Chapter 8 later) provides the flexibility for programs to make subsequent necessary curriculum adjustments while maintaining appropriate oversight according to the significance of the change. This supports iterative enhancement of curriculum design based on insights gained through the curriculum mapping process.

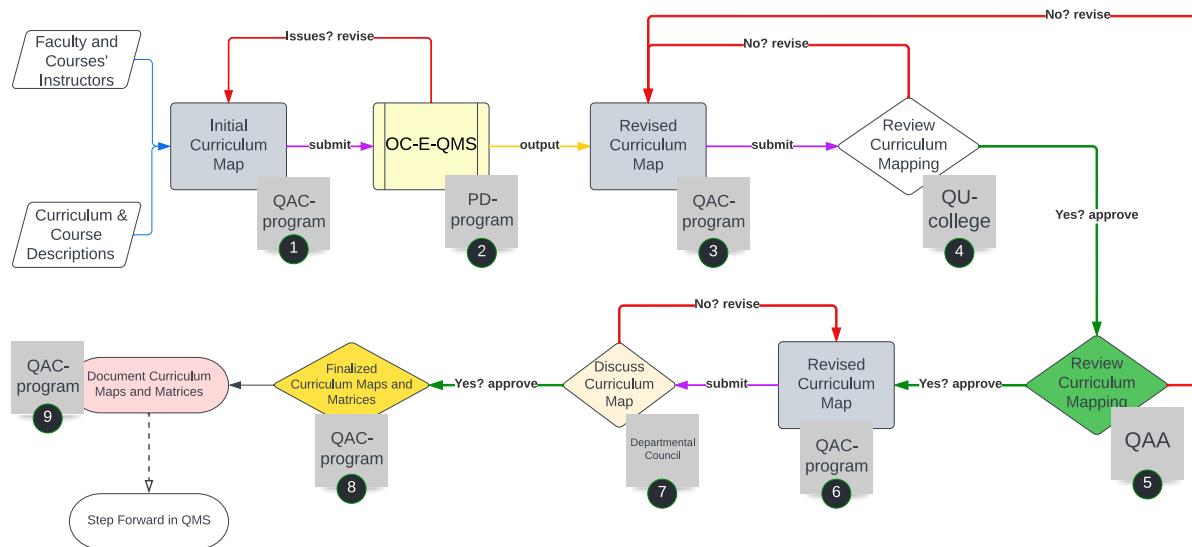


Figure 5: A flowchart demonstrating the process of mapping curriculum to PLOs, review and approval of curriculum maps and matrices (Process Code: P-P-04)

4.3.4 Defining and Establishing Course Learning Outcomes (CLOs) (P-P-05)

The next step after curriculum mapping is identifying CLOs, per Policy P-06. CLOs are directly derived from and aligned with the PLOs linked to a course in the mapping matrix. Course instructors/coordinators develop an initial CLO list, submitted via OC-E-QMS which enforces linkage to mapped PLOs.

CLOs should: begin with a measurable action verb, contain measurable content on course topics, have a clear context, be specific, reflect course objectives/content, align to PLOs, match PLO learning domains, and follow the key CLOs in the National Project for Learning Outcomes in Higher Education (NP-PLOs, 2013). As detailed in section 4.1.2.4 in the unabridged version of this handbook, a CLO formula consists of action verb, content, and context (Moon, 2002) as summarized in

Figure 6 below. The verb is based on the PLO verb, performance level, and learning domain using OC-approved verbs (listed in Appendix in the unabridged version).

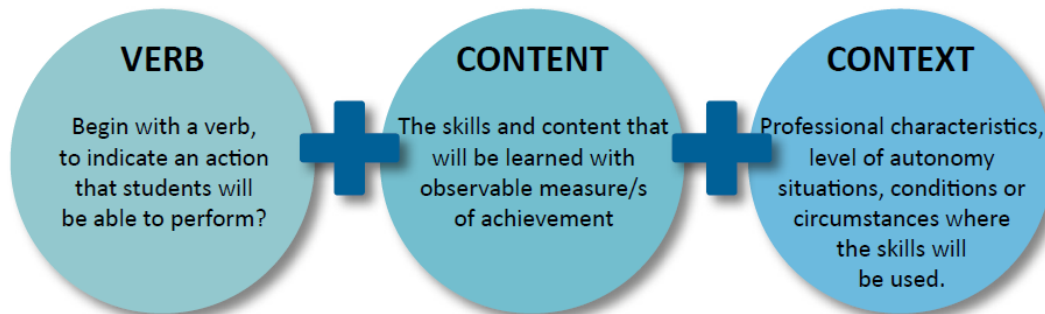


Figure 6: Formula for Writing Course Learning Outcomes (adapted from Moon, 2002).

The number of CLOs per course is ideally 3-6. It depends on the linked PLOs and performance levels; each PLO translates to 1 CLO (min) and 3 CLOs (max). CLOs should more specific than PLOs through embedding course topics.

QAC reviews initial CLOs against best practices and OC-E-QMS guidelines. QU focuses on PLO alignment and learning domains, with external review of capstone courses CLOs as will be discussed in the following section. Instructors update CLOs in OC-E-QMS. QAA performs final review using rubric OC-QMS-C-01. Departments approve final CLO sets, and QAC documents them in course specifications (NCAAA-T104).

Figure 7 below summarizes P-P-05.

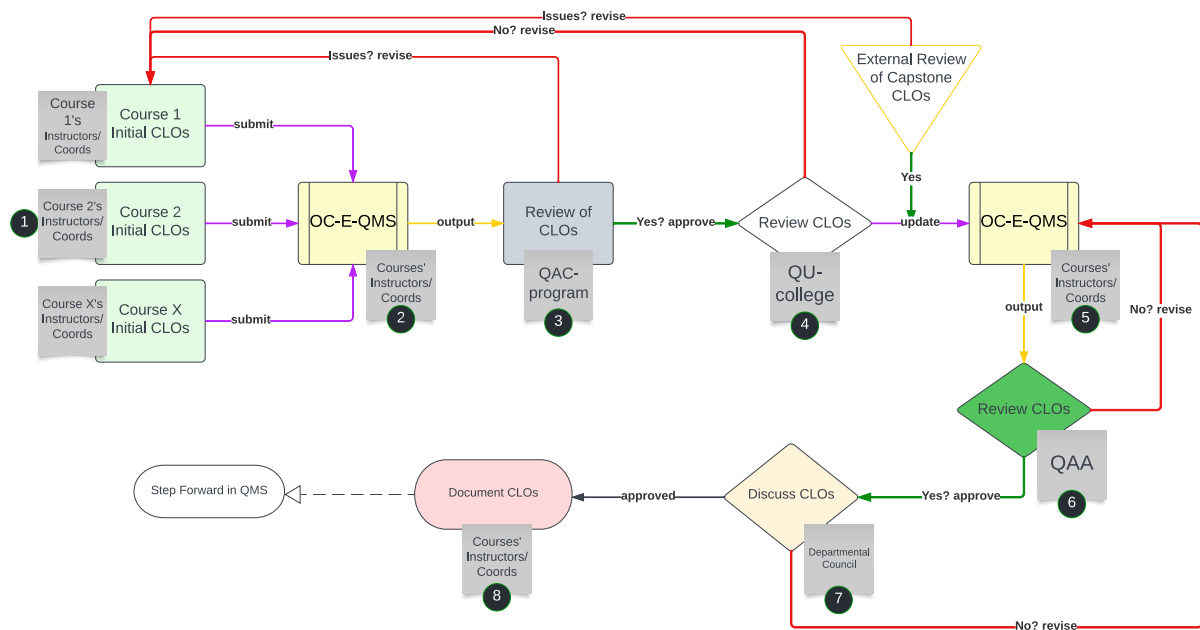


Figure 7: A flowchart demonstrating the process of defining, reviewing and approving CLOs (Process Code: P-P-05)

4.3.5 Mapping and Alignment of CLOs with Teaching and Assessment Strategies (P-P-06)

Per Policy P-06, approved CLOs must be aligned with appropriate teaching/learning strategies and assessment methods, known as constructive alignment (CTA) (Process P-P-06). Instructors/coordinators identify initial CTAs, submitted in OC-E-QMS which enforces linkage and some alignment rules.

Factors in CTA alignment include: CLO learning domain, verb, content, context, and performance level. Recommended strategies and assessments per domain follow a Bloom's-like taxonomy continuum (listed in Table 2 below). Lower order CLOs align with simpler strategies, higher order CLOs with complex strategies. Strategies/assessments are limited based on performance level.

Table 2: Recommended General CTA Alignment at Course Level (adapted and modified from multiple sources including Kennedy et al., 2006; Jaiswal, 2019) ¹

NQF-KSA Learning Domain	Recommended Teaching Strategies/Learning Activities	Recommended Assessment Methods
Knowledge & Understanding e.g. list identify describe classify summarize explain contrast infer	1. Lectures 2. Tutorials 3. (Online) Video 4. Discussions (and similar active learning activities) 5. Online Discussions (e.g., Discussion Forums) 6. Independent Study or Research 7. Group Work and Cooperative Learning Activities (including online group activities) 8. Group Research	1. Quiz (including online) 2. Homework 3. Written Exam (both MCQ and Essay Questions) 4. Essay (both Individual and Group) 5. Research Summary 6. Student Portfolio (knowledge tasks)
Skills	1. Interactive Lecture Demonstration 2. Demonstration Video. 3. Discussions (and similar active learning activities)	1. Written Exam 2. Oral Exam or Interview 3. Practical Assessment (according to a specific rubric, in both labs and classrooms)

¹ These teaching strategies, learning activities and assessment methods are extensively discussed in a focus group formed from educators and practitioners with expertise in teaching and assessment strategies. The group had a long meeting on 17 November 2022 and meeting minutes had been recorded by QAA ([can be accessed by ctrl-clicking here](#)). The group later prepared a guidebook on OC teaching strategies, learning activities and assessment methods. This guidebook was later approved by SCPQ (Topic #4) Session No. (1) on 20/9/2023 ([approval minutes can be accessed by ctrl-clicking here](#)).

e.g. ↓ solve model communicate employ compare analyze evaluate build create ↓ design	- Group Work and Cooperative Learning Activities (including online group activities) - Extracurricular Activities - Lab Work and Experiential Learning Activities - Fieldwork - Seminar - Peer group presentations - Project or research work - Case Study.	- Fieldwork Assessment (e.g., by field experience supervisors) - Presentation (both individual and group, according to a specific rubric) - Project/research assessment. - Short Reports (both individual and group, according to a specific rubric) - Case Study (both individual and group) - Course Evaluation Survey (item 14) - Observation (according to a specific rubric) - Student Portfolio (skills tasks)
Values, Autonomy and Responsibility e.g. ↓ participate collaborate adhere to comply with act ↓ demonstrate	- Discussions (debates and similar active learning activities) - Independent Study. - Group Work and Cooperative Learning Activities (including online group activities) - Lab Work - Fieldwork - Group Project or Research - Extracurricular Activities	- Observation (according to a specific rubric by faculty, peer students and/or committee) - Oral Exam or Interview - Case Study (both individual and group) - Fieldwork Observation - Student Portfolio (independent or team tasks)

CLO verb and content also inform strategy/assessment choices. For knowledge CLOs, lower order verbs suit independent learning/written assessments; higher order verbs fit group activities/research papers. Skills CLOs move from interactive lectures to fieldwork/projects with written to practical assessments. Value CLOs progress from discussions to group work, observed or via case studies.

Formative assessments measure progression; summative evaluate CLOs. OC-E-QMS requires one of each per CLO, with target level set for summative only. Strategies/assessments reflect OC educational philosophy.

QAC reviews initial CTAs against guidelines and philosophy. QU pinpointed review targets appropriate strategies/assessments. Instructors update CTAs per feedback. QAA conducts final rubric-based review of high priority CTAs (OC-QMS-C-01). External experts review capstone CTAs (OC-QMS-02). Departments approve final CTAs, documented in course specifications (NCAAA-T104). Process P-P-06 is summarized in ... below.

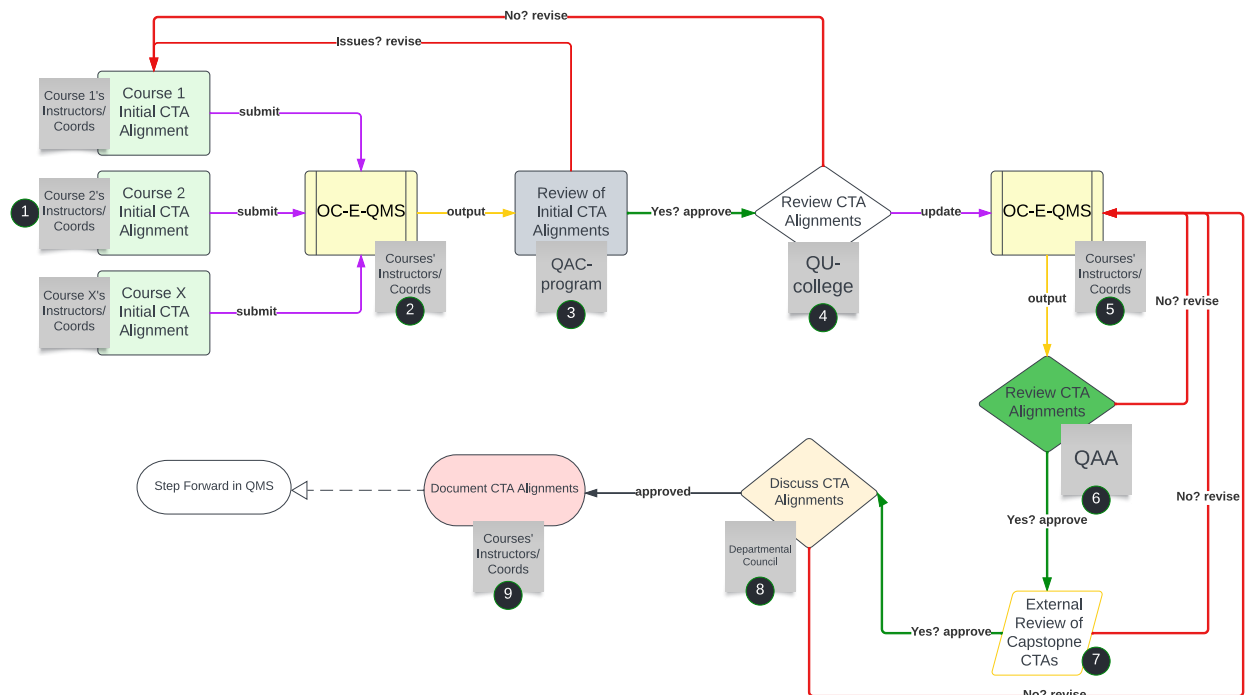


Figure 8: A flowchart demonstrating the process of defining, reviewing and approving CTA Alignments (Process Code: P-P-06)

4.3.6 Program Learning Outcomes and Graduate Attributes Assessment Plan (PLOAP) (P-P-07)

Per Policy P-07, programs must develop and update a PLO assessment plan (PLOAP) at least every 5 years (Process P-P-07). As detailed in section 4.1.2.6 in the unabridged version of this handbook, OC-E-QMS automatically builds an initial PLOAP using submitted course-level CTAs. It extracts PLOs, CLOs, CLO-PLO mappings, teaching/learning strategies, and assessment methods to populate PLOAP components like: PLO code/statement, strategies, assessments, assessment target, responsibility, and timeframe.

QAC adds program-level direct (exit exam) and indirect (surveys) assessment methods, with details on KPIs and interpretation, per OC-QMS-P-07 template. QU reviews consistency with CLO mapping and CTAs. QAA focuses on validity of added assessments and responsibilities/timeframes per guidelines.

The department council discusses and approves the second draft. The college council reviews impact on institutional-level assessment and provides final approval. QAC finalizes the approved PLOAP. OC-E-QMS sets biannual PLO assessment and annual analysis/reporting timeframes.

PLOAPs become the basis for generating the institutional learning outcomes and graduate attributes assessment plan (ILOAP). ILOAP aligns PLOAPs to predefined PLO-ILO mappings. The multi-level reviews ensure appropriate PLO assessment planning that ladders up to institutional assessment. Process P-P-07 is summarized in

Figure 9 below.

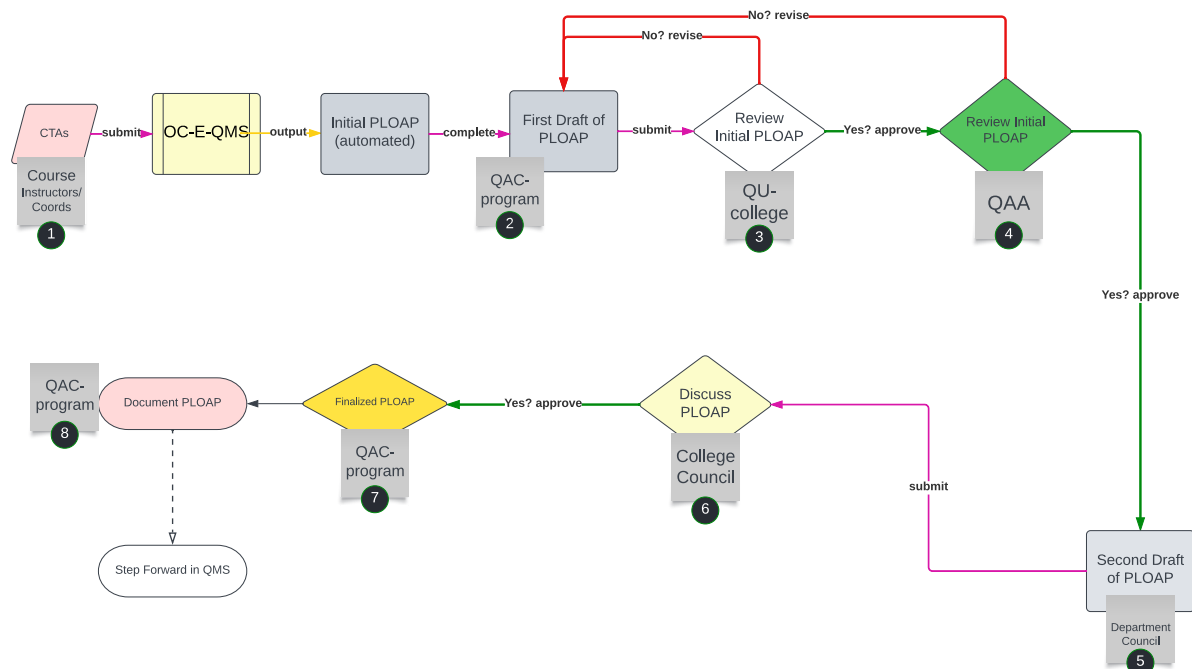


Figure 9: A flowchart demonstrating the process of developing, reviewing, and approving a PLO Assessment Plan (Process Code: P-P-07)

4.3.7 Procedures for Assuring the Quality of PLOs, CLOs, Curriculum Mapping and Assessment Plan

Quality of PLOs, CLOs, Curriculum Mappings, and PLOAPs is ensured throughout PLO formulation, mapping, CLO definition, and PLOAP development through review, evaluation, and approval processes. Initial PLO alignment to mission, ILOs, GAs, NQF, and external PLOs is evaluated by QAC and QU using OC-QMS-P-04 matrices. External experts review draft PLOs per OC-QMS-R-01 rubrics, as do stakeholders. QU and QAA confirm stakeholder feedback is addressed. Councils discuss and approve final PLOs. OC-E-QMS analyzes curriculum mapping statistically for balance, coherence, and PLO specificity. QU and QAA evaluate maps against criteria. Departments approve final mappings. OC-E-QMS enforces linkage rules as faculty submit initial CLOs and CTAs. QAC reviews alignment to guidelines. QU focuses on PLO and domain alignment. QAA conducts rubric-based review (OC-QMS-C-01). External experts review capstone CLOs/CTAs (OC-QMS-C-02). Councils approve final CLOs/CTAs.

OC-E-QMS auto-generates initial PLOAPs, reducing potential human errors and oversights. QAC adds program assessments. QU and QAA review quality of assessments, especially exit exam (OC-QMS-P-05) and surveys. SCPQ, department and college councils evaluate and approve final PLOAP. The multi-level review process ensures high quality PLOs, mapping, CLOs, CTAs, and PLOAPs. More on this is provided in section 4.1.2.7 of the unabridged version of this handbook.

4.3.8 OC Learning and Teaching (Educational) Philosophy

OC's philosophy is student-centered, putting learners at the center of the experience through active learning like discussions and group work. It promotes practical application where students solve real-world problems using knowledge and skills aligned to workplace needs. The philosophy is value-driven, developing interpersonal abilities like autonomy, self-direction, teamwork, and respect for others through independent work, group activities, and extracurriculars. Diversity of strategies is encouraged rather than reliance on lectures alone, using methods suited to different learning styles. Authentic assessment like projects and fieldwork is promoted to evaluate skills in real-world contexts. These resonate with OC graduate attributes and ILOs. OC-approved strategies align with the philosophy tenets - student-centeredness, practical application, values, and diversity. Programs should adopt OC's philosophy in teaching, learning, and assessment. For more on this, please see section 4.1.2.8 of the unabridged version of this handbook.

4.3.9 Periodic Review of CTAs, CLOs and PLOs (P-P-08)

OC-QMS requires regular review of CTAs, CLOs, and PLOs to maintain relevance and effectiveness per Policy P-06. Minor annual reviews involve small CTA adjustments or CLO/PLO assessment target changes based on assessment results, course/program reports, or recommendations needing CTA/CLO modifications. Changes are gradual - initial actions raise awareness and provide training before altering CLOs/CTAs. Major reviews every 3-4 years can warrant broader PLO, CLO, curriculum, and CTA revisions based on multiple years of assessments, reports, field training, KPIs, advisory boards, labor market needs, field requirements, and trends. Changes from major reviews are evidence-based and justified, following OC procedures.

Reviews are planned in program operational plans. The regular minor and major reviews ensure continuous alignment of all program components to evolving needs while maintaining stability. Section 4.1.2.9 of the unabridged version provides more details on these reviews which are summarized in

Figure 10 below.

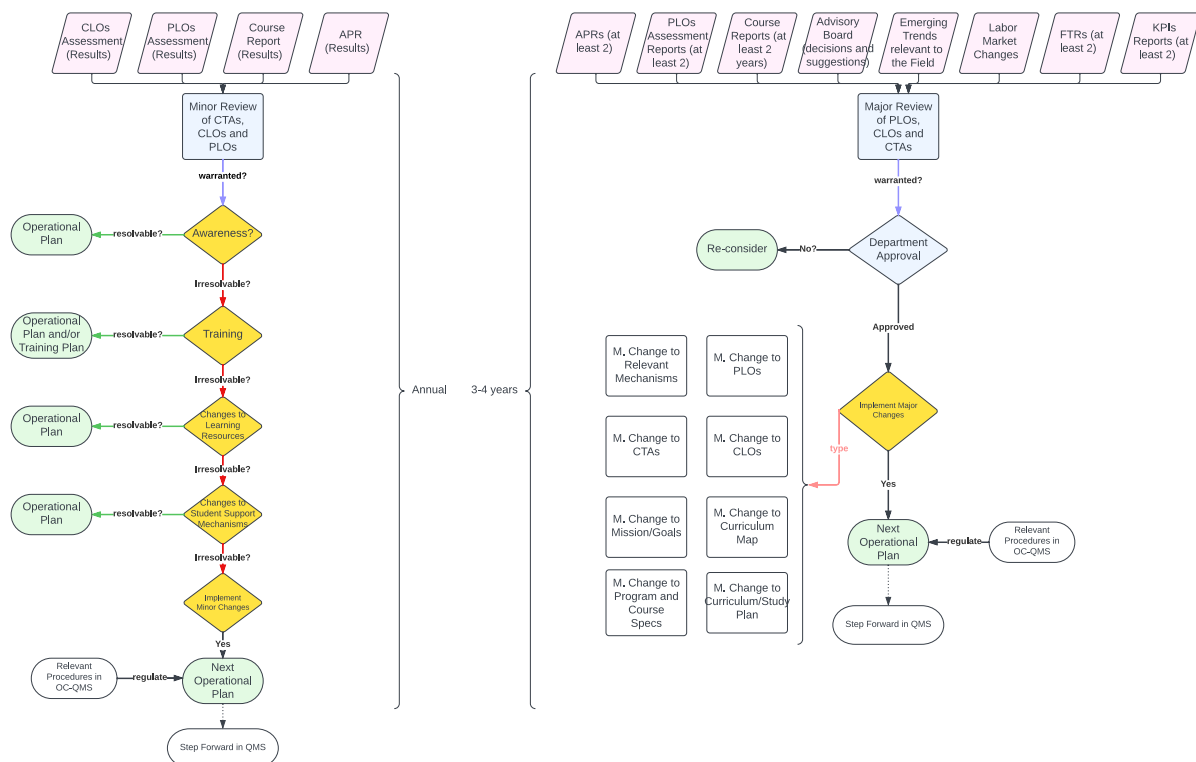


Figure 10: Flowchart of Minor and Major Reviews of CTAs, CLOs and PLOs Process (Process Code: P-P-08)



4.4 Program and Course Specifications

4.4.1 Program Specification (T-103) (P-P-09)

The program specification (PS) comprehensively defines all program components and is the main educational strategy guiding the program (based on Policy P-02). OC-QMS mandates a regularly updated, NCAAA-aligned PS responsive to changes in:

- Industry/field advancements (prompter 2.1)
- Stakeholder feedback (2.2)
- Accreditation standards (2.3)
- Institutional goals/strategies (2.4)
- Program reviews (2.5)
- Legislation/regulations (2.6)
- Technology (2.7)
- Student needs and demographics (2.8)
- Curriculum and study plans (2.9)

Updates are informed by the prior two years of: course reports, program reports, operational plans, and quality reports (KPIs, surveys, PLO assessments).

QAC incorporates outputs from mission, KPIs, GAs/PLOs, curriculum mapping, and PLOAP processes (P-P-01, P-P-02, P-P-03, P-P-04, P-P-07) into PS drafts using the NCAAA PS template (T-103).

QU and QAA evaluate drafts against criteria on completeness, accuracy, consistency, relevance, clarity, NCAAA/OC-QMS alignment, and forward-thinking. Deficiencies prompt returns to QAC for revision. Department councils discuss and approve the PS, focusing on alignment to program goals and needs, pedagogical appropriateness, and consideration of QU/QAA feedback. College council provides final PS approval. The approved PS guides consistent program implementation while evolving responsively via the prompts and rigorous review process. Faculty and stakeholders are informed of PS updates. The dynamic PS, anchored by OC-QMS processes and prompts, remains the key strategy for program educational quality and continuous improvement. The criteria for PS review and approval are outlined in detail in section 4.1.3.1 of the unabridged version of this handbook. The process of PS review and approval (Process P-P-09) is summarized in

Figure 11 below.

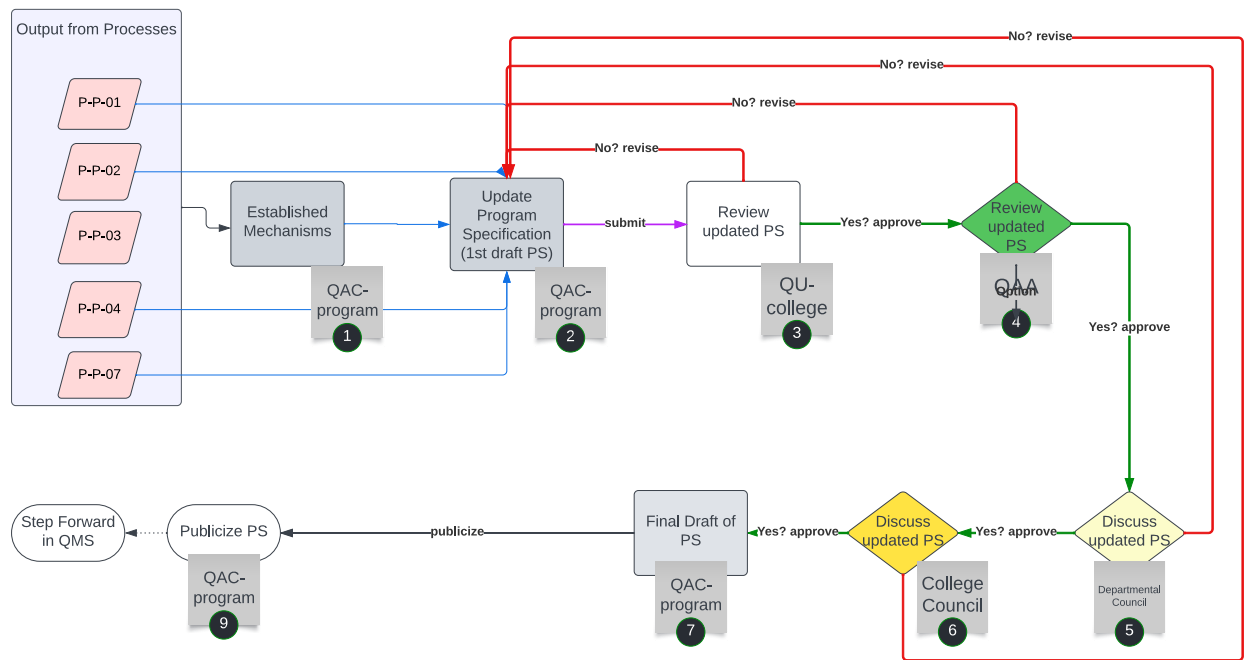


Figure 11: A flowchart demonstrating the process of Program Specification review, update, and approval (Process Code: P-P-09)

4.4.2 Program Evaluation Matrix (PEM)

The program evaluation matrix (PEM) in the program specification provides comprehensive quality assessment across eight key areas: teaching/assessment effectiveness, field training quality, learning resource quality, facilities/equipment quality, leadership and environment, graduates' competence and PLOs achievement, service/procedure quality, and overall program quality. PEM utilizes diverse sources like faculty, students, alumni, advisory boards, chairpersons, QAC, staff, and external reviewers, through surveys, meetings, visits, quality reports, and committee analyses. PEM implementation is guided by relevant OC-QMS processes. The matrix takes a holistic, robust approach to upholding educational quality standards and enabling continuous improvement through regular, multi-source evaluations of all critical program aspects. For more on PEM, please see section 4.1.3.2 of the unabridged version of this handbook.

4.4.3 Course Specification (T-104) (P-P-10)

Course specifications (CSs) comprehensively define all course components and, per Policy P-02, must be regularly updated based on factors like student feedback, instructor insights, curriculum changes, industry shifts, discipline advancements, alumni/employer perspectives, institutional goals, technology, regulations, and review cycles (Process P-P-10). Updates are informed by curriculum mapping, CLOs, and CTAs processes. OC-E-QMS prefills ILOs and CTAs data in draft CSs for course teams to complete remaining sections. QU and QAA review drafts against criteria on completeness, accuracy, consistency, relevance, clarity, and alignment. Councils discuss and approve CSs, ensuring pedagogical appropriateness and consideration of all feedback. Approved CSs are communicated to stakeholders, guide consistent course delivery, and remain responsive to evolving contexts via the update prompts and rigorous review process. Section 4.1.3.3 provides more on Process P-P-10 which is summarized in

Figure 12 below.

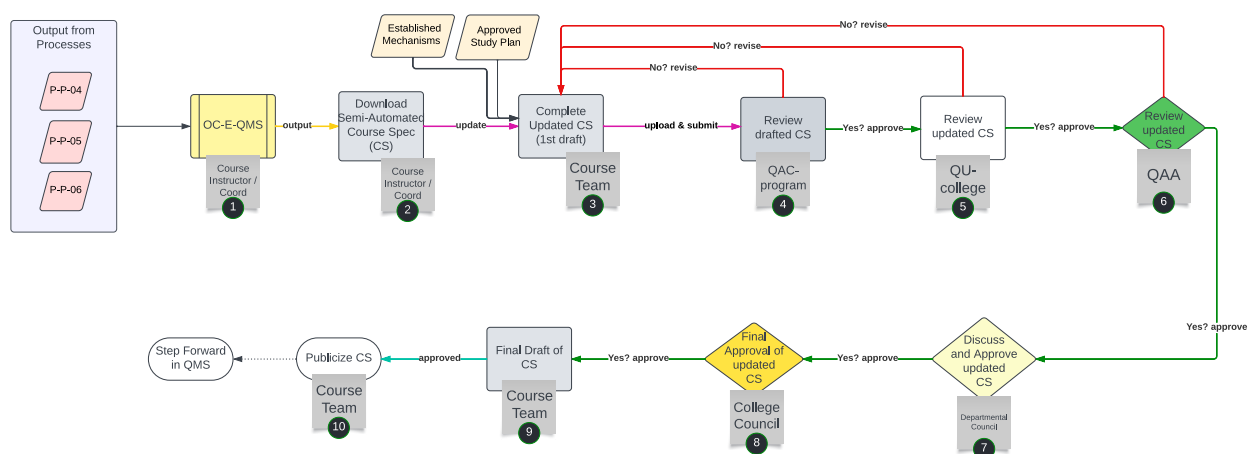


Figure 12: A flowchart demonstrating the process of Course Specification review, update, and approval (Process Code: P-P-10)

4.4.4 Course Evaluation Matrix (CEM)

The course evaluation matrix (CEM) in the course specification provides comprehensive quality assessment across seven key areas: teaching effectiveness, student assessment efficacy, learning resource quality, CLO achievement, commitment to approved strategies/assessments, action plan continuity, and instructor support. CEM utilizes diverse sources like peer reviewers, faculty, students, chairpersons, and QAC, through classroom observations, assessment analysis, surveys, focus groups, and report reviews. CEM implementation is guided by relevant OC-QMS processes. The matrix enables regular, multi-source evaluation of all critical course aspects to ensure high-quality education delivery and ongoing improvements. For more on CEM, please see section 4.1.3.4 of the unabridged version of this handbook.

4.4.5 Field Experience Specification (TP-155) (P-P-11)

The field experience specification (FES) review and update process (Process P-P-11) mirrors the course specification process, per Policy P-02, including regular updates based on factors like feedback, industry shifts, and reviews. A key input is alignment to college field experience mechanisms. After the course team updates the FES, the college Field Training Unit reviews alignment to mechanisms before submission to QU, QAA, and council approval. The FES includes a similar evaluation matrix but relying more heavily on student and supervisor field experience surveys. Approved FESs guide consistent field training delivery while evolving responsively via the update prompts and rigorous review process. Like course specifications, FESs are communicated to stakeholders and include a revision history QR code for transparency. More on P-P-11 can be found in section 4.1.3.5 of the unabridged version of this handbook. P-P-11 is summarized in ... below.

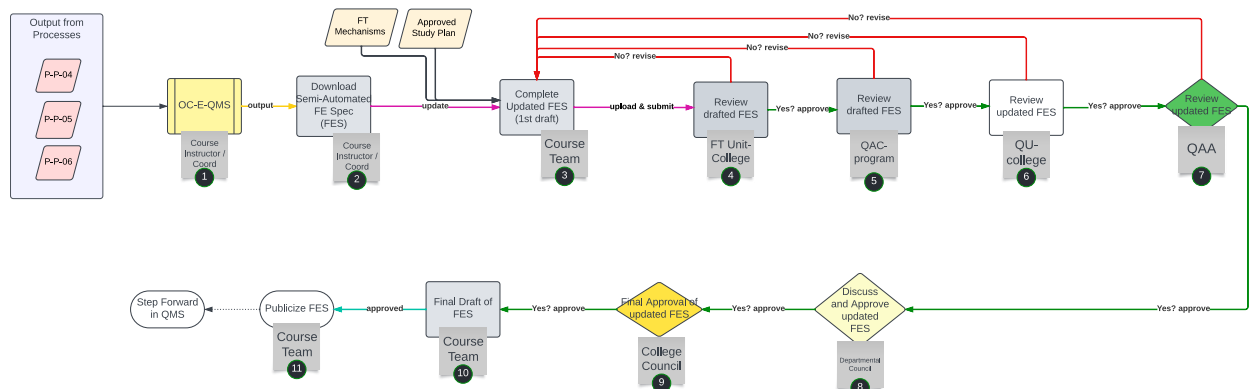


Figure 13: A flowchart demonstrating the process of Field Experience Specification review, update, and approval (Process Code: P-P-11)

4.4.6 Procedures for Assuring the Quality of Program and Course Specifications

The process to assure the quality of program specifications and course specifications involves several key steps, each associated with specific quality measures. At the initial stages, the Quality Assurance Committee (QAC) and Quality Unit (QU) are expected to ensure that all inputs of Program Specifications (PS) and Course Specifications (CS) conform to the good practices and criteria outlined in the relevant sections. These inputs mainly include a well-defined program definition, the update/review mechanism and prompts, and communication strategies.

The initial drafts of PS are further evaluated by units and parties external to the program using specific rubrics. These rubrics are fully in line with the guidelines provided in the relevant sections. Furthermore, feedback on the drafted PS from representative samples of main stakeholders, i.e., students, faculty, alumni, employers, and industry professionals, are examined and addressed by QAC. The QU and Quality Assurance Administration (QAA) also use a similar rubric to further evaluate the final draft of PS, paying special attention to whether key issues raised by stakeholders are sufficiently addressed in the final drafts.

The Quality Assurance Committees (QACs), Quality Units (QUs), and Quality Assurance Administration (QAA) play a crucial role in reviewing the CSs. They ensure that the course specifications meet the required quality standards and are in line with the program's goals and the institution's mission. They also ensure that the process of updating the CSs is based on relevant factors such as feedback from students, instructors, industry changes, institutional or program goals, technological developments, regulatory or accreditation changes, and periodic review cycles. All reviews of CSs should be accessible through QRs and hyperlinks embedded in the courses' specifications.

Approving Field Experience Specifications (FES) involves a similar process to that of CS, with the addition of established field experience mechanisms at the college level. The FES must be reviewed and updated by the appropriate committees and departments and must be approved by the relevant councils.

For more on this see section 4.1.7 in the unabridged version of this handbook.

4.5 Planning, Acquisition and Evaluation of Learning Resources (P-P-13)

Based on Policy P-12, each OC academic department must establish a "Learning Resources, Facilities and Equipment Committee" (LRFE Committee) to support the internal QMS of its programs (Process Code: P-P-13). The committee is responsible for evaluating learning resources, coordinating safety training and waste disposal, ensuring facilities meet requirements, and providing required learning resources as outlined in section 3.3 above. A key process involves acquiring, managing, and evaluating learning resources to ensure their ongoing accessibility, availability, and adequacy.

The committee compiles a list of required learning resources from course specifications (step 1). After department approval (step 2), the list goes to the dean who contacts the Library and Learning Resources Administration (LLRA) to secure them (step 3-4). The LRFE reviews evaluation results and KPIs annually (step 8) to determine if resources need updating, then follows the same steps to acquire new resources. This consistent review and acquisition process ensures learning resources remain relevant in supporting teaching and learning. Details of the annual review (step 8) are maintained per instructions. These steps are detailed in section 4.1.4 in the unabridged version of this handbook and summarized in

Figure 12 below.

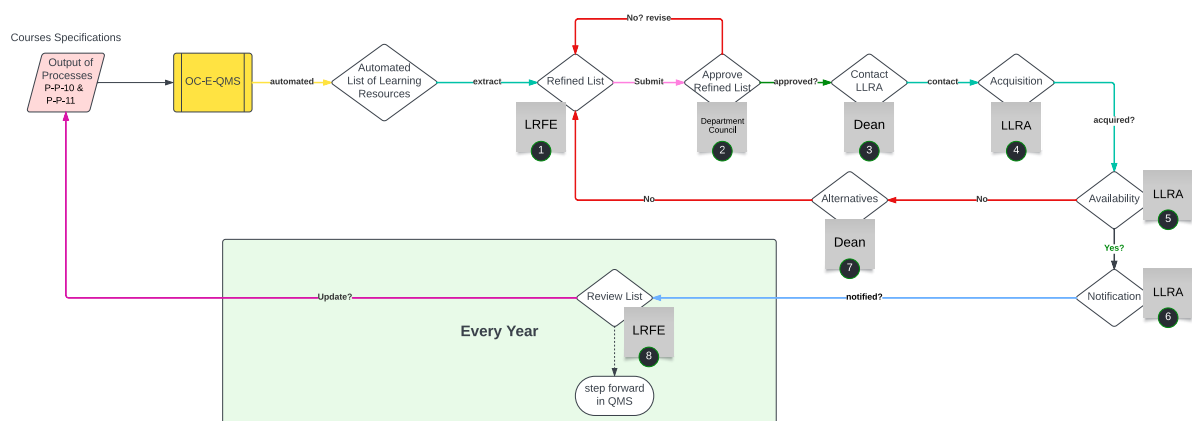


Figure 14: A flowchart demonstrating the process of Learning Resources Acquisition, Management and Evaluation (Process Code: P-P-13)

4.6 Procedures for Ensuring and Monitoring the Quality of Courses Taught by Other Departments (Cross-listed Courses)

One of the key features of the current OC-QMS is the integration of specific quality assurance mechanisms across all its major processes. These mechanisms and measures address and control the quality of courses taught by other departments or programs (or cross-listed courses). These are not standalone procedures, but integral components within OC-QMS processes, covering the major processes of the Plan-Do-Check-Act (PDCA) cycle as summarized below (and detailed in the various sections of this handbook):

1. Involvement of all programs in which the course is delivered (or listed) in reviewing course learning outcomes (CLOs):

OC-QMS includes procedures for developing/updating course learning outcomes in OC-E-QMS (process P-P-05 above). These entail a series of reviews, most importantly reviews by the program director (as well as assistant director and quality assurance committee members; QAC for short) of CLOs in OC-E-QMS, particularly those linked to one of the program learning outcomes (PLOs). The system allows the director of each program in which the course is delivered to comment on the CLOs linked to its PLOs, accept or reject them, and explain the rationale, for all courses including those offered across departments or colleges.

The course specification includes a QR code and hyper-link showing the detailed report of the review process as well as its timeframes associated with each program director, along with the outcomes and course coordinator's responses.

2. Involvement of all programs in which the course is delivered in reviewing and approving the course specification matrix:

Similarly, the OC-QMS process P-P-06 requires engagement of all program directors (and QACs) in reviewing course matrices (CTAs) for joint, externally offered, or cross-listed courses via OC-E-QMS. The course specification includes a QR code and link showing the detailed report of the review process, as well as its timeframes associated with each program director, along with the outcomes and course coordinator's responses to relevant program directors' comments.

3. Involvement of all programs in which the course is delivered in reviewing and approving the course specification:

Furthermore, all program directors (and QACs) participate in reviewing the specifications for courses offered in their programs by other departments or programs (per process P-P-010 in OC-QMS). The electronic system gives each program director the authority to accept or reject with justification the specification for any course linked to their academic program be it delivered by the program itself or another program/department within OC. Course specs can only be approved by both program directors and college quality unit (QU). Upon approval by these two parties, the course coordinator/instructor cannot modify them without going through the programs' directors of program in which the course is delivered and their relevant department councils. Each course specification includes a QR code and link showing the review details and reports for each program director.

4. Involvement of all programs in which the course is delivered in reviewing and approving CLOs assessment results:

Additionally, all directors (and QACs for that matter) of programs sharing the course must participate in reviewing and approving CLOs assessment results and their relevant evidence, especially results and targets for the CLOs linked with the program in its curriculum mapping matrix (process P-E-02 in OC-QMS). The electronic system gives each program director the authority to accept or reject with justification the assessment results and/or its evidence for a particular course. Final approval of assessment results and their evidence cannot be granted until all directors of the programs linked to the course provide their individual approval and feedback. All course reports include a QR code and link showing the detailed report of the review process, timing, and outcomes associated with each program director.

5. Involvement of all programs in which the course is delivered in reviewing and approving the course report:

Similarly, to the (semester) course report, OC-QMS through process P-E-03 requires engagement of all program directors (and QACs) in reviewing and accepting course reports for externally offered courses through the electronic system. Directors of the program in which the course is offered can also view all related reports including student evaluation survey report, peer review report, chairperson evaluation of course instructor(s), and course recommendations within the course report. They are also expected to provide feedback within OC-E-QMS. All course reports include a QR code and link showing the detailed documented processes, timeframes, and reviews of related reports by each program director, and documentation of their acceptance or rejection of the course reports.

6. Inclusion of course learning outcomes (CLOs) assessment results in PLOs Assessment reports of all programs in which the course is delivered:

Additionally, CLOs assessment results and targets of all courses taught either by the program itself or another program/department are automatically included by OC-E-QMS in PLOs Assessment Reports (or PLOARs for short, according to template OC-QMS-C-07 and process P-E-01 in OC-QMS). Analysis of PLOs assessment results in the report relies on CLOs assessments of all courses based on their links to program outcomes (in the mapping matrix resulted from process P-P-04). Recommendations in the program outcomes report are binding for all courses offered by the program or externally delivered and must be adopted based on the relevant college council decision (related to discussing and approving PLOARs).

7. Review and approval by the college quality unit (QU) and quality assurance administration (QAA):

For all the above processes, reviews by QU and QAA represent the final stage of endorsement, approval, or rejection of those processes' outcomes. OC-QMS does not allow acceptance of any process outcome such CLOs, CTAs, specifications or reports without the approval of all relevant program directors through OC-E-QMS. All ad-hoc or periodic taskforces and review teams formed by QAA to review of outcomes of the above processes cannot approve any specifications or reports or provide the final rubric evaluation for some processes like P-P-06 without full approval of those specifications or reports by all program directors in which the course is delivered. QUs must coordinate (or liaise where needed) between those programs in case of differing perspectives on the outcomes of any of the above processes.

8. Involvement in forming the course team:

As outlined in process P-P-12 of OC-QMS, the course team is formed during the program planning stages. The team is usually headed by the course coordinator, who is typically affiliated with the program responsible for the course delivery. However, OC-QMS provide adequate flexibility for the team to include instructors across all sections, where some of those instructors may be from other programs where the course is offered, thereby representing those programs on course teams to varying extents. In any case, the course team cannot make final decisions on any changes to the course (CLOs, CTAs matrices, specifications, reports) without approval from the director of each program in which the course is delivered, as explained for each process above.

9. Participation of all programs in the periodic review of CLOs, CTAs matrices, and course specifications:

Additionally, all programs participate in the periodic review process for course learning outcomes, CTAs matrices, and specifications (process P-P-08 in OC-E-QMS). The director of each program can recommend through quality committees and department councils any changes, whether major or minor, relating to courses offered by other programs or departments, and according to the procedure outlined in the OC-QMS handbook. Again, QUs must coordinate as needed between programs in case of differing perspectives on enacting such changes.

Finally, it should be emphasized that the above mechanisms, which are crucial for maintaining the quality of courses taught by other departments or cross-listed courses, are an essential part of all OC program specifications. The responsibility for their effective implementation lies with the Quality Assurance Committees (QACs) as per Policy P-13, Quality Units (QUs), and Quality Assurance Administration (QAA).

4.7 Procedure for Ensuring Consistency between Male and Female Sections

In response to the guiding principles (discussed in section 2.1 of the unabridged version of this handbook), and Policy P-13 in particular, the current OC-QMS has established various quality assurance measures to ensure parity between male and female sections across all academic programs. These procedures encompass a wide range of measures, such as ensuring equal implementation of the mission statement and goals, maintaining an inclusive department council and committees, and following consistent study plans, curriculum, and course specifications across both sections. In addition, gender balance is assessed and evaluated in annual KPIs and surveys reports, as well as in PLOs Assessment Reports and Annual Program Reports. Consistency is also maintained in the planning for course learning outcomes, teaching strategies, and assessment methods as course teams involve both male and female instructors. Furthermore, consistency and equity between the two sections is ensured by providing equal training opportunities, services, and support to all faculty, staff, and students of both genders. OC-QMS also emphasizes quality parity in services, facilities, and equipment across both sections and any discrepancies are considered a priority for improvement in our reports and operational plans. These measures are further elucidated as follows:

1. Equal implementation of the mission statement and goals

OC-QMS established certain mechanisms through which the academic program ensures that the mission statement and goals are implemented equally in both male and female sections. An equal implementation is ensured through several measures mainly including an annual operational plan inclusive of both sections where assignment of responsibilities is equally distributed among male and female faculty and committees, and ii) its progress reports identifying any potential gaps in performance between the two sections.

2. Inclusive department council and gender-balanced committee membership

In compliance with the national bylaws and regulations, the department council is comprised all female and male faculty members. Furthermore, internal regulations of OC stipulate that all committees should have proportional representation of both female and male sections. In addition to department chairpersons, the Administration of Councils and Committees is responsible for monitoring the proper and consistent implementation of this practice.

3. Study Plans, Curriculum and Course Specifications

The program implements the same study plans, curriculum, course specifications, learning outcomes, teaching strategies, learning activities, and assessment methods in both male and female sections. This ensures that regardless of gender, all students have access to the same educational content, receive the same learning experience, are evaluated using the same criteria, and follow the same academic trajectory, eliminates any potential bias in curricular content and provides equal learning opportunities for all female and male students.

4. Assessment and evaluation reports reflecting both sections

In compliance with OC-QMS as detailed in the relevant sections, all assessment and evaluation reports must be based on an in-depth analysis of the program's performance across both sections by incorporating comparative data from both female and male stakeholders. These reports mainly include KPIs reports, annual surveys reports, operational plan progress reports, annual program reports (APRs), and PLOs assessment reports (PLOARs). Results outlined and documented in these reports should help the program to identify and address any gender-specific trends or disparities in performance.

5. Equal opportunities and support, gender-neutral procedures and mechanisms

In compliance with OC regulations, the program provides equitable services, support, and opportunities for both male and female stakeholders. Both male and female faculty have the same training and professional development opportunities, and both have access to all available facilities, labs, equipment, services etc. Furthermore, the program implements impartial, unbiased and gender-neutral mechanisms and procedures for faculty appraisal and evaluation, for recruitment, for research, for community service activities, for grievance, complaints and disciplinary, for activation of values of proper conduct, scientific integrity, and intellectual property rights, and so on. All procedures implemented in the program to assess, guide and support the program's students are unbiased and gender-neutral, including procedures for academic, psychological, social, professional advising, for grievance, complaints and disciplinary, for extra-curricular activities, for field training, for voluntary participation and community service, for ethical conduct and academic integrity, for admission, registration, transfer of credits, graduation requirements and so forth.

6. Gaps and Improvements

OC-QMS explicitly stipulates (especially in the action planning and closing the quality loop chapters) that any gaps between the two sections must be considered a priority for improvement in all reports (e.g. KPIs, surveys, PLOARs, ARPs) and should be addressed immediately in its annual operational plans. This should ensure that any disparities in performance, resources, services, or outcomes between the two sections are promptly identified and addressed, fostering continuous improvement with equity at the center.

Finally, it is critical to note that these quality assurance measures are not optional add-ons but must be included in all OC program specifications whenever applicable. The responsibility for ensuring their proper implementation lies with the Quality Assurance Committees (QACs), Quality Units (QUs), and Quality Assurance Administration (QAA).

4.8 Program Exit Exam Specification (P-P-15)

The program exit exam is a pivotal component of the PLO assessment plan (as per Policy P-08). It serves as a direct assessment method to evaluate student achievement of the Program Learning Outcomes (PLOs) at the program level (Process P-P-15). The Quality Assurance Committee (QAC) must include comprehensive exit exam details when drafting the PLO assessment plan, such as mapping specific exam questions/items to each PLO.

The exit exam quality is thoroughly reviewed by the Quality Unit (QU) and Quality Assurance Administration (QAA) using criteria like alignment to PLOs, appropriate question types, balance of lower and higher order skills, and inclusivity (see section 4.1.8 of the unabridged version for more on these criteria). The exam consists of theoretical and practical parts mapped to Knowledge/Understanding and Skills/Values PLOs respectively (based on Template OC-QMS-P-05).

Once the exit exam specification is iteratively reviewed and meets quality standards, it goes to the department council for final approval (Process P-P-15, steps 1-4). Their oversight confirms alignment to PLOs. After approval, QAC finalizes the specification (step 5) for adoption within OC-QMS. The rigorous design and review process ensures the exit exam validly assesses program-level PLO attainment.

Figure 15 below summarizes P-P-15.

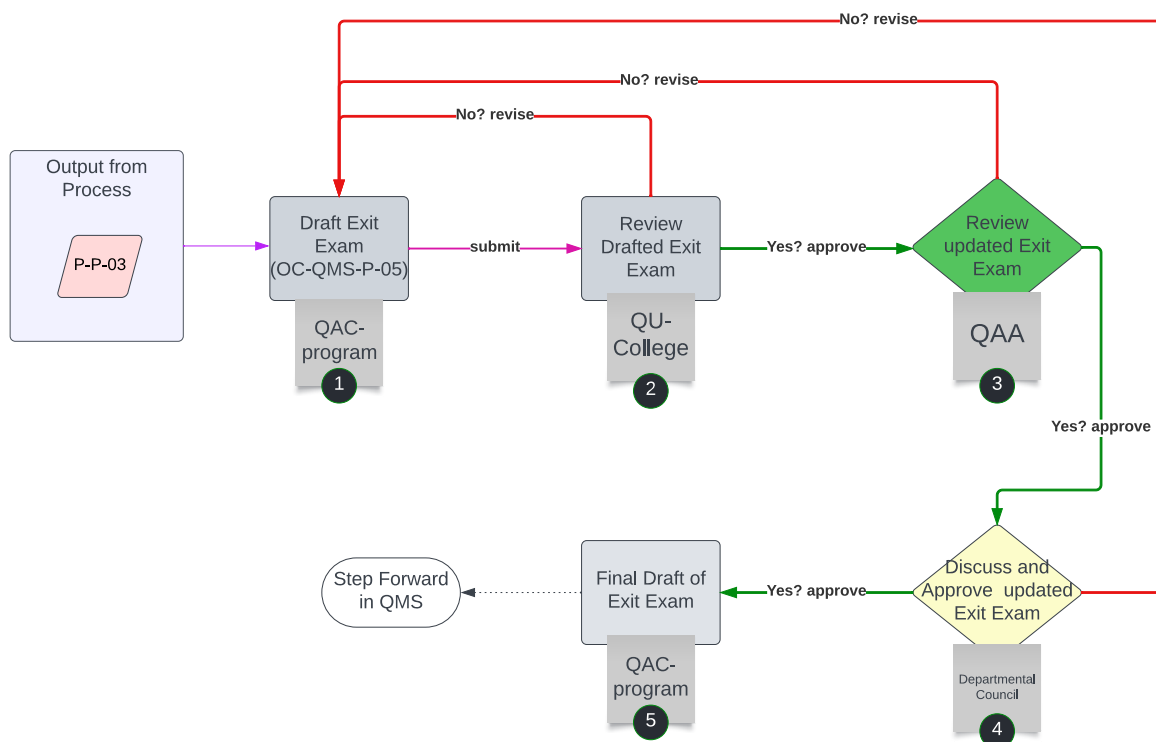


Figure 15: A flowchart demonstrating the process of Exit Exam Specification Preparation, Review and Approval (Process Code: P-P-15)

4.9 KPIs and Surveys Planning

In alignment with Policy P-05, OC-QMS mandates adoption of institutional programmatic KPIs to assess realization of program goals and mission, compliance with NCAAA standards, and priority areas for improvement (OC Guidebook on KPIs and Surveys).

KPI planning is centralized, with most measurement done by the Quality Assurance Administration (QAA). A few KPIs have measurement assigned to program committees. KPIs are measured annually and targets are set using baselines or benchmarks. Programs document KPIs in specifications (Process P-P-09).

KPIs are mapped to OC Strategic Goals and NCAAA Standards centrally in the Guidebook. Programs map KPIs to their strategic goals (Process P-P-02).

Surveys are also centralized and institutionalized per the Guidebook. The Performance Evaluation Administration conducts surveys, analyzes results, and reports to QAA. QAA uploads reports to OC-E-QMS which prepares statistical reports for program directors to complete annual survey reports (Process P-E-04).

This centralized yet collaborative approach provides meaningful performance data to guide program enhancements aligned with OC quality policies and processes.

4.10 Program Annual Operational Plan and the DTI Phase (P-P-16 and P-P-17)

Programs' annual operational plans are an integral part of OC-QMS, as required by Policies P-17 and P-18. In fact, these plans, and their progress reports (discussed in later [in section 6.7](#)), are the primary mechanisms for programs to implement the results and recommendations from all programmatic (dispersed) quality reports, thus closing the feedback and quality loops. In other words, the operational plan serves as a comprehensive repository, capturing all recommendations arising from various quality reports. **It acts as a centralized "bucket," consolidating and integrating these scattered recommendations into a single cohesive plan.** It effectively replaces the need for scattered plans dedicated to each individual report, allowing for a consolidated and cohesive approach towards implementing the proposed improvements.

To this end, OC-QMS developed two templates to comprehensively standardize and streamline the process of operational planning and progress reporting, namely OC-QMS-P-03 (Program Annual Operational Plan Template) and OC-QMS-C-03 (which will be discussed later in [section 6.7](#)).

The OC-QMS-P-03 template is a comprehensive guide for developing the annual operational plan of an academic program, ensuring alignment with the program's mission, strategic goals, and key performance indicators. It provides a structured framework for stakeholders to review and approve the plan, promoting effective implementation and monitoring of objectives. Brief descriptions of the main elements of OC-QMS-P-03 are given below:

1. **Program Mission and Goals Alignment:** This section outlines the program's mission statement and strategic goals. It also involves the alignment between the program's mission and goals with the mission statements of the relevant college and OC.
2. **Alignment of Program Goals with Strategic Goals and Key Performance Indicators (KPIs):** This section demonstrates the alignment of the program's strategic goals with the strategic goals of the institution. It also specifies the key performance indicators and targets associated with each program goal.
3. **Operational Plan:** This section includes the operational objectives, implementation steps, required resources, and responsibilities for achieving the operational objectives. It also specifies the source of the operational objectives and their alignment with the program's strategic goals.
4. **Review of Mission and Goals by Stakeholders and Approval Minutes:** This section presents the review and approval process of the program's mission and goals by various stakeholders, such as the quality assurance administration QAA, strategic planning administration SPA, focus groups of major stakeholders, and professional advisory committees. It includes links to minutes and evidence of the review and approval process.
5. **Approval of Operational Plan:** This section highlights the approval of the operational plan by the department council, college council, and other relevant committees. It provides session numbers, dates, and hyper-links to the minutes of the approval sessions.

4.10.1 Formulation and selection of operational objectives and the DTI Process (P-P-16)

The two main sources for formulating operational objectives in the program's annual operational plan (OC-QMS-P-03) are:

1. Final recommendations from all program quality reports (e.g. KPIs, surveys, peer reviews, PLO assessments, advisory board, self-studies). This closes the quality loop.
2. Recommended actions from previous operational plan progress reports.

OC-QMS requires stating the source for each objective. Objectives are identified through a "distill-transform-include" (DTI) process:

1. **Distill:** Extract key essence from recommendations. Focus on most relevant aspects needing action.
2. **Transform:** Convert distilled recommendations into SMART operational objectives. Translate into implementable steps.
3. **Include:** Incorporate transformed objectives into next operational plan. Promotes accountability.

DTI provides a structured approach to effectively utilize recommendations in planning, and it is summarized in Figure 16 below.

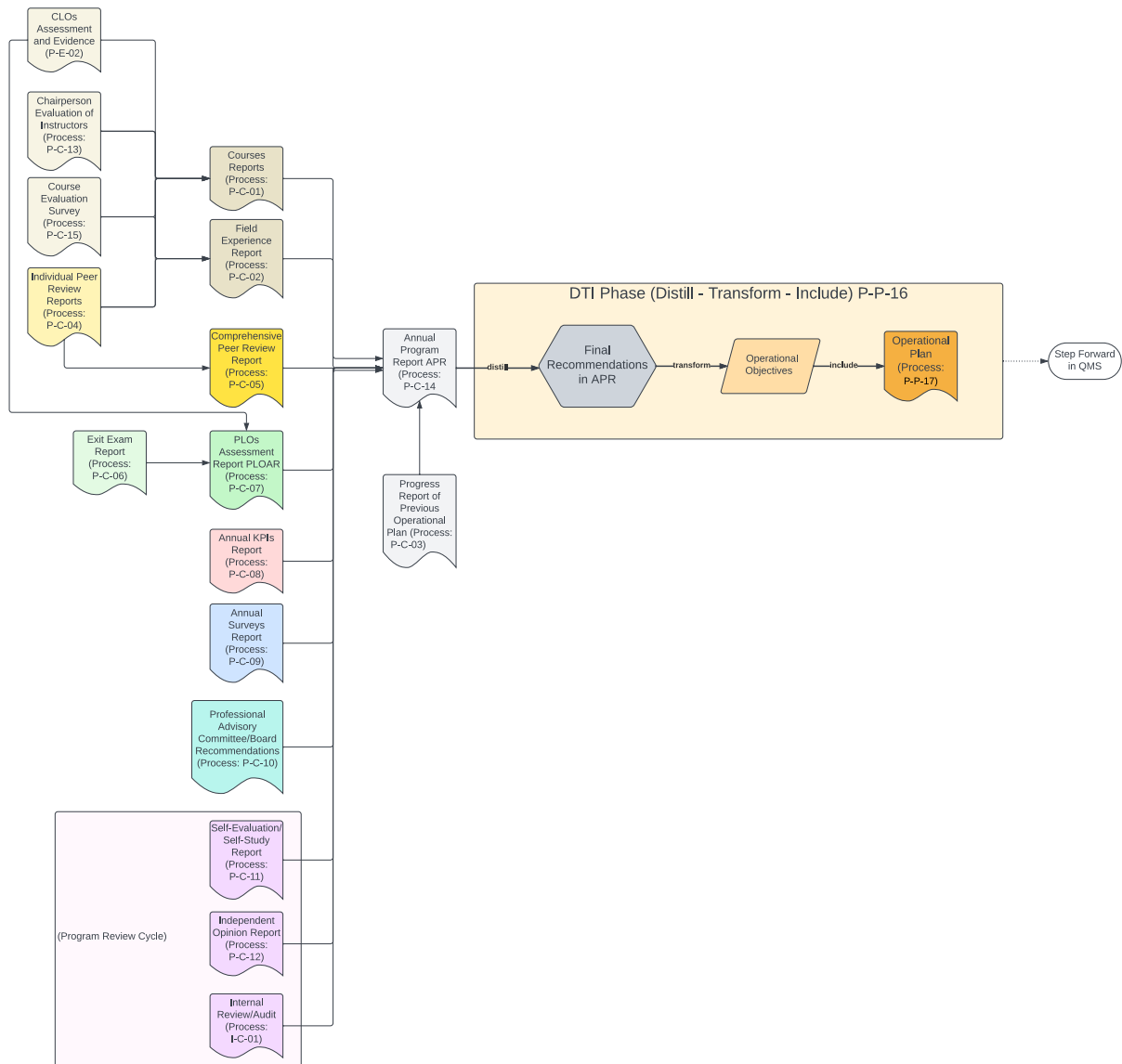


Figure 16: Selection and Identification of Program Operational Objectives: DTI Phase and Process (Process Code: P-P-16)

Criteria to prioritize recommendations include: repeated in consecutive reports, connected to program mission/goals, linked to PLOs/teaching-learning, tied to essential NCAAA criteria. This focuses efforts on most critical areas needed for quality improvement. For more on this, please see section 4.1.10.1 in the unabridged version of this handbook.

4.10.2 Preparation and Approval of Operational Plan (P-P-17)

The Quality Assurance Committee (QAC) prepares the initial draft of the annual operational plan using template OC-QMS-P-03 (Process P-P-17, step 1). The plan is reviewed by the Quality Unit (QU) and Quality Assurance Administration (QAA) against criteria like alignment to program/OC missions and goals, appropriate KPIs targets, logical operational objectives linked to Annual Program Report recommendations, realistic timeframes, clear implementation responsibilities matched to personnel duties, and inclusion of all relevant committees (steps 2-3). (These criteria are discussed in detail in section 4.1.10.2 of the unabridged version). If criteria are not met, the plan is returned to QAC for revision before review by the Strategic Planning Administration (SPA) focused on alignment with OC strategic goals (steps 4).

Once approved, the plan goes to the department and college councils for discussion and approval (steps 5-6). QAC then prepares a final draft incorporating approved suggestions (step 7). The approved plan is published and circulated to stakeholders like faculty, students, advisory board (step 8). The thorough review process ensures the annual operational plan supports program quality and alignment with the broader OC strategic vision. These steps are detailed in section 4.1.10.2 of the unabridged version and summarized in

Figure 17 below.

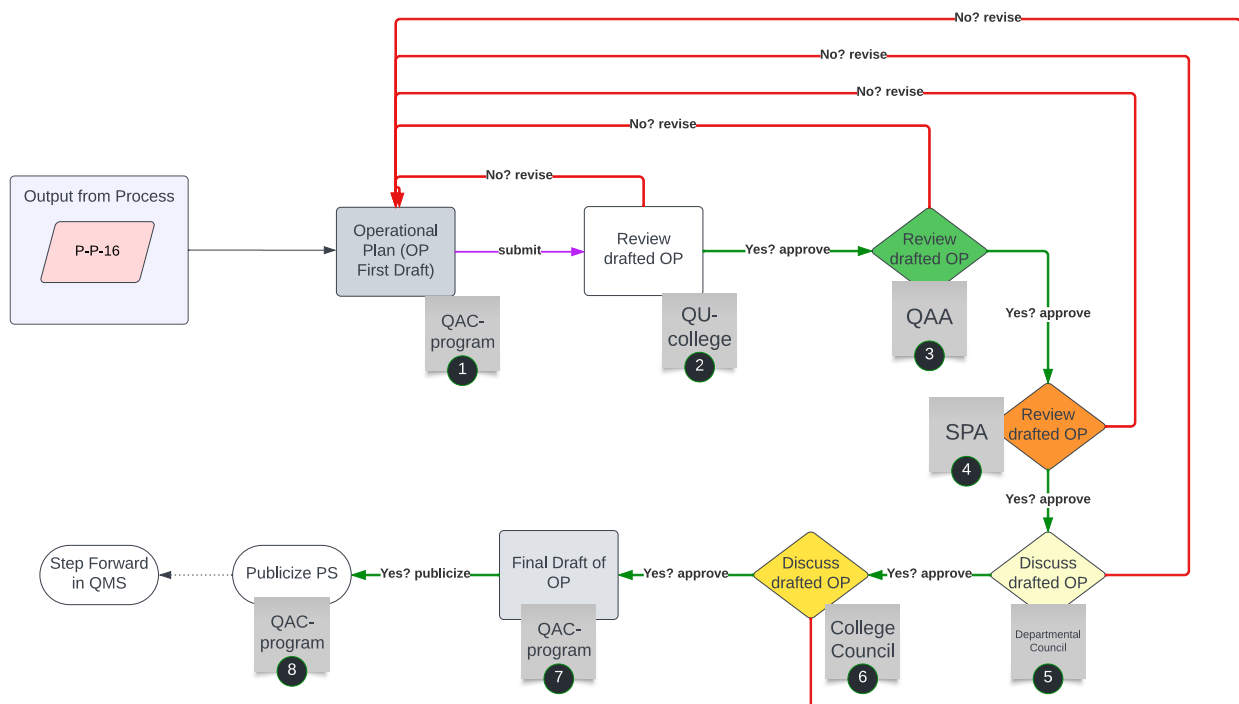


Figure 17: A flowchart demonstrating the process of Program Operational Plan preparation, review, and approval (Process Code: P-P-17)

4.10.3 Constant, Perennial Operational Objectives

In OC-QMS, there are certain operational objectives that are deemed '**perennial**', meaning they recur on an annual basis and are a core part of the operational plan. These objectives are essential for maintaining the program's continuity and standard of quality. The four (4) perennial operational objectives within OC-QMS are:

1. **Course Report Monitoring and Implementation:** This objective, under the purview of the Quality Assurance Committee (QAC), involves the ongoing tracking and enactment of recommendations stemming from course reports. This ensures consistent course improvement and the addressing of any identified issues. Within this operational objective, all prominent courses recommendations should be included.
2. **Community Engagement and Volunteer Plan:** The Community Service and Voluntary Work Committee is tasked with creating a yearly plan for community activities and voluntary work. This ensures consistent engagement with the community and fosters a culture of service among students and staff. Within this operational objective, all recommendations related to community engagement and volunteering should be included. This sub-process is denoted as P-P-17-2.
3. **Annual Research Activity Planning:** Managed by the Scientific Research and Ethics Committee, this objective involves crafting a yearly plan for research activities. This ensures the program continues to contribute to knowledge advancement while upholding ethical standards. It should be noted here that all recommendations related to research activities should be included under this operational objective. This sub-process is denoted as P-P-17-3.
4. **Faculty Training Plan Development:** This objective, also managed by the QAC, involves the creation of a faculty training plan based on the training recommendations found in the annual program report. This ensures faculty members receive necessary training to continually enhance their skills and competencies. Within this operational objective, all recommendations related to faculty training should be included. To this end, a program should use the approved template **OC-QMS-P-08** to prepare its annual faculty training plan within the sub-process P-P-17-4.

These perennial operational objectives serve three vital purposes:

1. **Assurance of Regular Planning for Program Goals and Missions:** These objectives ensure that all related program goals and mission components are systematically planned on an annual basis. This helps maintain the alignment and relevancy of the program's activities through its annual operational plan.
2. **Simplification and Focus of the Operational Plan:** By separating the plans involved in these four perennial objectives from the remainder of the operational plan, the latter becomes more manageable and easier to follow. This prevents the operational plan from becoming overloaded with objectives concerning community and research activities as well as training programs, allowing for a more focused approach to achieving strategic goals.

Ensuring Full Involvement of Essential Committees: These objectives also ensure that all essential committees within the program are fully involved in the annual planning process. By assigning each committee a specific perennial objective, the program ensures that each committee plays a significant role in shaping the program's direction and activities for the upcoming year.

4.11 Formation of Course Teams (P-P-12)

Based on Policy P-11, OC-QMS mandates dedicated course teams with these responsibilities:

- Hold regular meetings to follow tasks.
- Commit to approved course specification.
- Standardize measurement/evaluation tools.
- Standardize teaching and learning methods.
- Submit learning outcomes measurement.
- Prepare course report.
- Verify student work for academic integrity.
- Implement previous recommendations.
- Submit recommendation implementation evidence.
- Attend professional development workshops.

The process of course team formation (denoted as P-P-12 in OC-QMS) serves a crucial role in ensuring the quality and integrity of the courses offered at Onaizah Colleges as it:

- Ensures uniformity and consistency across sections.
- Leverages senior faculty experience and expertise.
- Enables regular review and improvement.
- Guarantees compliance with OC quality standards.
- Promotes accountability through divided responsibilities.
- Supports continuous professional development.
- Implements recommendations for issues/improvements.

In summary, course teams are vital for consistency, improvement, standards compliance, accountability, and implementing recommendations - thereby ensuring high-quality education. For more details on courses teams, see section 4.1.11 of the unabridged version.



4.12 Student Academic Integrity Policy and Procedures (SAIPP)

OC has developed the Student Academic Integrity Policy and Procedures (OC-SAIPP), which is accessible at ([CLICK HERE](#)). OC SAIPP provides a framework that has been adapted and approved by each college's council to suit their specific programs and needs. The overall objectives are consistent across colleges - to promote academic honesty and ensure the authenticity of student work. However, the policy articulates flexibility for each college to modify details and procedures accordingly.

The policy prohibits behaviors like plagiarism, cheating, and fabrication across all colleges. The consequences and disciplinary processes have been customized by each college based on the established bylaws and regulations. All colleges are required to disseminate the policy, monitor academic integrity, and investigate violations, but the specific methods may vary.

To prevent violations, the policy requires disseminating information about academic integrity (especially SAIPP), using diversified assessments, creating original assignments, and training faculty. To detect violations, the policy mandates that course teams (discussed in section 4.1.11 above) monitor student work through plagiarism detection software (Turnitin), verify group work contributions, and proctor exams.

Faculty and students are obliged to report suspected violations, which will be investigated. Students can appeal decisions through a written appeal process. The Quality Assurance Committee is tasked with overseeing implementation, monitoring adherence, gathering feedback, and reviewing the policy regularly.

Overall, the policy aims to deter dishonest academic practices through prevention, detection, reporting, and consequences, while upholding values of excellence, honesty, and fairness. It provides comprehensive procedures and accountability measures to maintain academic integrity. All OC programs should adhere to, implement and monitor SAIPP as per Policy P-13.

4.13 Extracurricular Activities Mechanism (P-P-14)

Extracurricular activities reinforce and supplement classroom learning when thoughtfully designed and aligned with program goals. A systematic approach involves stakeholder input, mapping activities to learning outcomes, monitoring implementation, evaluating effectiveness, and annual review. The extracurriculars mechanism is outlined in Table 3 below.

Table 3: Process and Procedures for Selection, Planning and Evaluation of Extracurricular Activities in OC Academic Programs (Process P-P-14)

#	Subprocess	Procedures
1	Input from Stakeholders The process should begin with soliciting input from key stakeholders, namely faculty, students, and the Professional Advisory Board.	1.1. Conduct meetings with faculty in order to gather their perspectives on what extracurricular activities would be most beneficial. 1.2. Organize focus group discussions with students to identify their interests and needs. 1.3. Schedule a meeting with the Professional Advisory Board to gain insights from industry professionals about what activities could help students build relevant skills.
2	Selection Criteria The next phase of the process involves selecting the activities that will be implemented. The selection should be based on certain criteria, particularly relevance to Program Learning Outcomes (PLOs).	2.1. Develop a set of criteria for selection, such as potential for skill development, alignment with PLOs, student interest, and practical feasibility. 2.2. Apply these criteria to the ideas gathered from stakeholders to select the most suitable activities.
3	Mapping to PLOs Once the activities have been selected, they should be mapped to the PLOs. This means identifying which PLOs each activity will help students achieve.	3.1. Create a matrix that lists each PLO along one axis and each activity along the other. 3.2. For each activity, mark which PLOs it is expected to help achieve. 3.3. Identify whether the activity is expected to be implemented by specific courses (they must be listed) or at the program level. 3.4. Use Template P-P-14-A to streamline the above procedures.
4	Monitoring Implementation The task of monitoring the implementation of the selected extracurricular activities falls under the purview of the Quality Assurance Committee (QAC). This step is integral to guaranteeing that the activities are being executed as per the established plans and are on track to achieving their intended goals.	4.1. QAC should actively oversee the unfolding of each activity by maintaining regular contact with the responsible parties, especially course teams and chairperson, possibly through scheduled check-ins or feedback sessions. 4.2. QAC should be alert to any issues or challenges that emerge during implementation. The chairperson should be ready to intervene promptly and provide necessary resources or adjustments to ensure smooth execution of the activities. 4.3. Post implementation, QAC should compile and review the outcomes of the monitoring process. This assessment will serve as a valuable input for the subsequent evaluation process.

5	Evaluation Process After the activities have taken place, the Quality Assurance Committee should evaluate their effectiveness.	5.1. Use surveys or feedback forms to collect participant feedback on the activities. 5.2. Assess the level of achievement of the mapped PLOs from the PLOAR report. 5.3. Conduct this evaluation at the end of each academic year.
6	Review & Update The final phase of the process involves reviewing the evaluation results and using them to update the extracurricular activities for the next academic year. This should be done by QAC.	6.1. Analyze the evaluation results to identify what worked well and what could be improved. 6.2. Based on this analysis, make adjustments to the selection criteria, activities, and mapping process as necessary. 6.3. Continue to involve stakeholders in this review and update process to ensure that the extracurricular activities remain relevant and effective. 6.4. Use Template P-P-14-B to streamline the evaluation subprocess.

P-P-14 is graphically summarized in ... below. It should be noted here that the implementation responsibility of P-P-14 falls under the purview of the Quality Assurance Committee (QAC) as per Policy P-13. The two relevant templates P-P-14-A and P-P-14-B are provided in the appendix of the unabridged handbook).

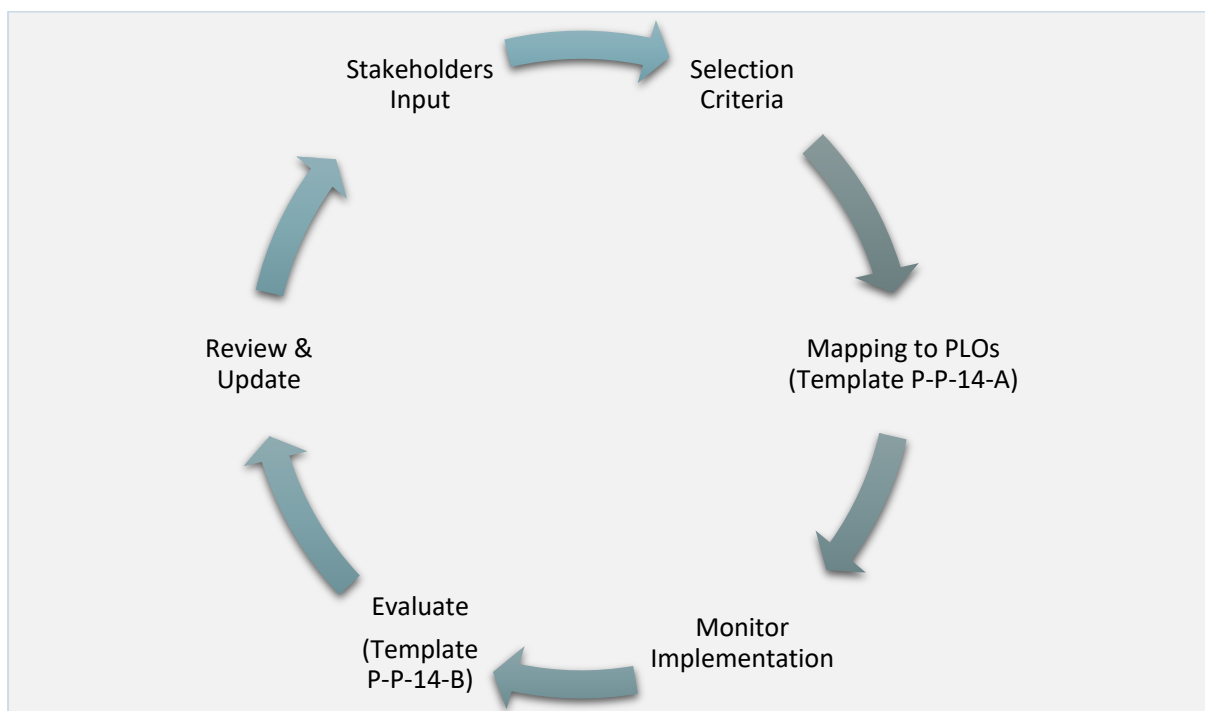


Figure 18: Graphical summary of P-P-14

4.14 Professional Advisory Committee (PAC) Formation (P-P-19)

Based on OC-QMS Policy P-14, every program should form a professional advisory committee (PAC). PAC should be formed at the level of the department; that is, all programs under the same department could have one PAC. PAC should be headed by the head of the department, and it should include:

1. Programs' Directors,
2. At least two experts (e.g., senior faculty) in the field from external institutions,
3. At least two employers' representatives,
4. At least two alumni of all programs, and
5. Programs that have both male and female students should include in PAC male and female alumni, and preferably male and female representatives of employers and external experts.

PAC should be held at least once every semester (either in-person or online). The main terms of reference of a program's PAC include the following:

1. Contributing to the periodic review of the program's mission, goals, and their achievement levels.
2. Providing advice on the appropriateness of the program learning outcomes to the program's specialization.
3. Providing developmental suggestions regarding the courses, study plans, extracurricular activities, and improvement initiatives according to the latest professional standards, labor market expectations, and periodic evaluation results.
4. Discussing the key findings of the program's periodic core reports (including the program's annual report, learning outcomes assessment report, and KPIs reports) as well as the main improvement opportunities included thereof.
5. Discussing the key findings of the field experience reports and their evaluation results, their improvement opportunities, and suggesting initiatives to improve their overall quality.
6. Expressing opinion on the program's main research and community engagement initiatives and activities.
7. Periodically discussing the progress in implementing the committee's recommendations.

PAC should keep minutes of each meeting to document the discussions, recommendations, and action items. Annual Program Reports (APRs) should have a section summarizing PAC meetings over the year, including date, attendees, key discussion items, recommendations. Program directors should compile all PAC recommendations over the academic year into the APR to ensure the valuable external feedback is formally captured. In this way, PAC recommendations via meeting minutes and the Annual Program Report are fully documented and integrated into the program review and improvement process. The formation process of PAC is denoted as P-P-19.

4.15 Program Introductory and Essential Handbooks (P-P-18)

OC programs must prepare, update and maintain introductory handbooks per Policy P-15. The program introductory handbook covers the mission, goals, committees, admission requirements, graduate attributes, learning outcomes, curriculum, courses, facilities, and advising. The student handbook provides academic policies, study plan details, learning outcomes, career opportunities, resources, advising, conduct guidelines, support services, field training, alumni relations, and facilities map. More details are provided in section 4.1.15 of the unabridged version of this handbook.

The process of essential handbooks preparation and approval (P-P-18) begins with the Quality Assurance Committee (QAC) prepares initial drafts and submits them to the Quality Unit (QU) and Quality Assurance Administration (QAA) for review against expected content and alignment with related process outputs. After feedback and revisions, the handbooks go to the department council for approval. Once approved, QAC finalizes and publicizes the handbooks. These steps are detailed in the unabridged handbook and summarized in

Figure 19 below.

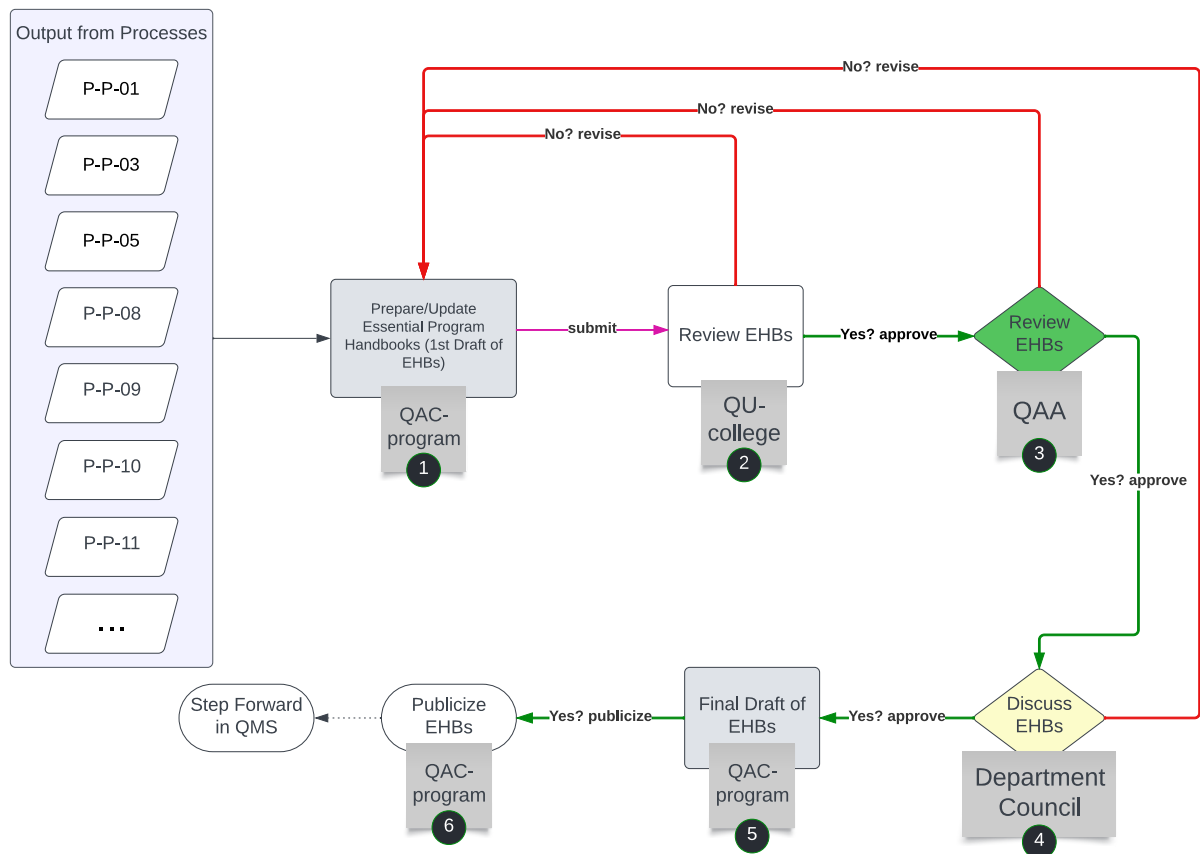


Figure 19: Essential Program Handbooks preparation, update and approve process (Process Code: P-P-18)

The process also incorporates related college and institutional handbooks including:

- OC Quality Management System: Programmatic and Institutional Policies, Processes and Procedures (The Current Handbook)
- OC QMS Handbook (Abridged Version for Academic Programs)
- College Field Training Handbook
- OC Student Handbook
- OC Guide to Establishing, Restructuring and Approving Academic Programs
- OC Faculty Handbook
- OC Professional Code of Ethics
- OC Scientific Research Guidebook
- OC Risk Management Handbook
- OC Student Academic Support Services Handbook
- OC Student Disciplinary Bylaws Handbook
- OC Student Extracurricular Guidebook
- Exams and Studies Regulations

The institutional handbooks above are available at OC official website. It is the responsibility of each OC program to ensure awareness of these institutional handbooks among its stakeholders.

5. Summary of OC-QMS Implementation, Monitoring and Checking Processes (D/C) for Academic Programs

5.1 Peer Reviews and Classroom Visits (P-C-04)

Peer review is critical for continuous improvement and upholding educational standards per Policy P-16 and Guiding Principle #4. OC-QMS mandates annual structured peer reviews (Process P-C-04) using the OC-approved template OC-QMS-D-01 (provided in appendix of the unabridged version of this handbook).

The template evaluates 20 criteria across 5 categories: organization, communication/technology, knowledge/resources, teaching/assessment, and self-skills/values. Reviewers are carefully selected by the Quality Assurance Committee (QAC) based on expertise while avoiding conflicts of interest.

QAC oversees the review process facilitated through OC-E-QMS. Reviewers conduct classroom visits and record evaluations in the template (Process P-C-04, steps 1-4). Course teams examine feedback to understand strengths and weaknesses (step 5). Teams integrate recommendations into course reports, detailing improvement plans (step 6).

Recommendations feed into individual course reports and a comprehensive peer review program report prepared by QAC (process P-C-05 discussed later). Peer reviews promote self-reflection, provide insights on faculty development needs, and uphold academic excellence across programs through structured annual feedback. The steps of P-C-04 are detailed in section 4.2.1 of the unabridged version of the handbook and summarized in

Figure 20 below.

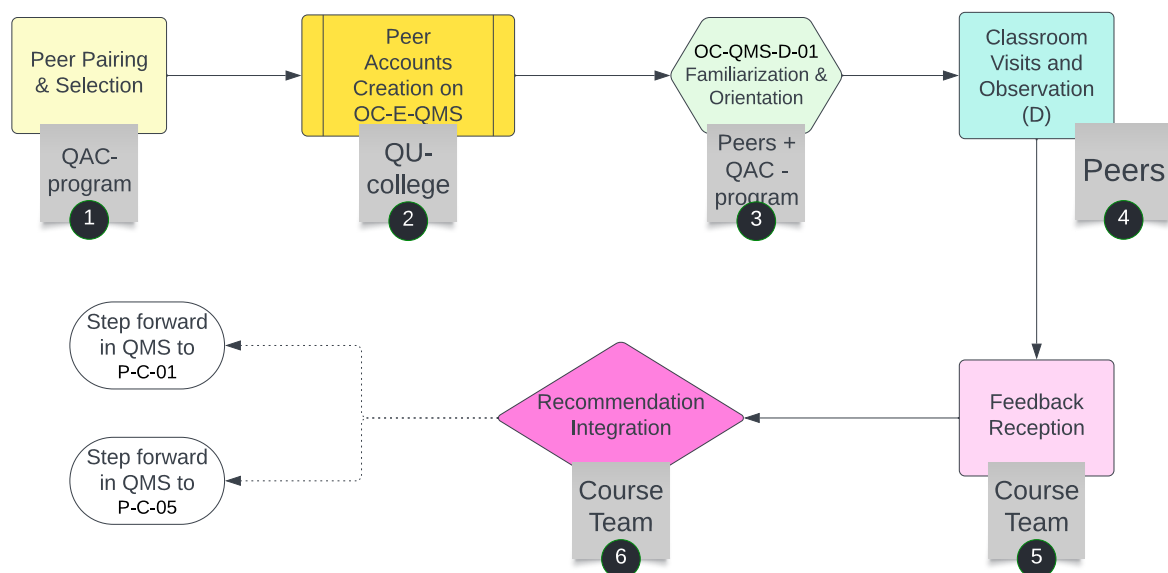


Figure 20: Peer Review Process Flow (Process Code: P-C-04)

5.2 Academic Program Comprehensive Peer Review Report (P-C-05)

The comprehensive peer review report (template OC-QMS-D-02) provides a holistic view of the program's performance based on aggregated peer review data (Process P-C-04). It identifies strengths, weaknesses, and high-priority recommendations for improvement.

The majority is auto-generated by OC-E-QMS from individual course peer reviews. It includes detailed results, program-level rubric scores, low-rated items/domains, and high-priority recommendations drafted by the Quality Assurance Committee (QAC).

The automated process compiles data, allowing QAC to focus on key recommendations. The Quality Unit reviews recommendations for feasibility and alignment with goals. The report goes to the Department and College Councils for discussion and approval of recommendations.

The report spots program-wide trends and systemic issues. Recommendations become inputs into the Annual Program Report for planning and improvements. By consolidating individual peer review results, the comprehensive report is an important instrument for continuous quality enhancement. More details on P-C-05 are provided in section 4.2.2 of the unabridged version of this handbook, and ... below summarizes its procedural steps.

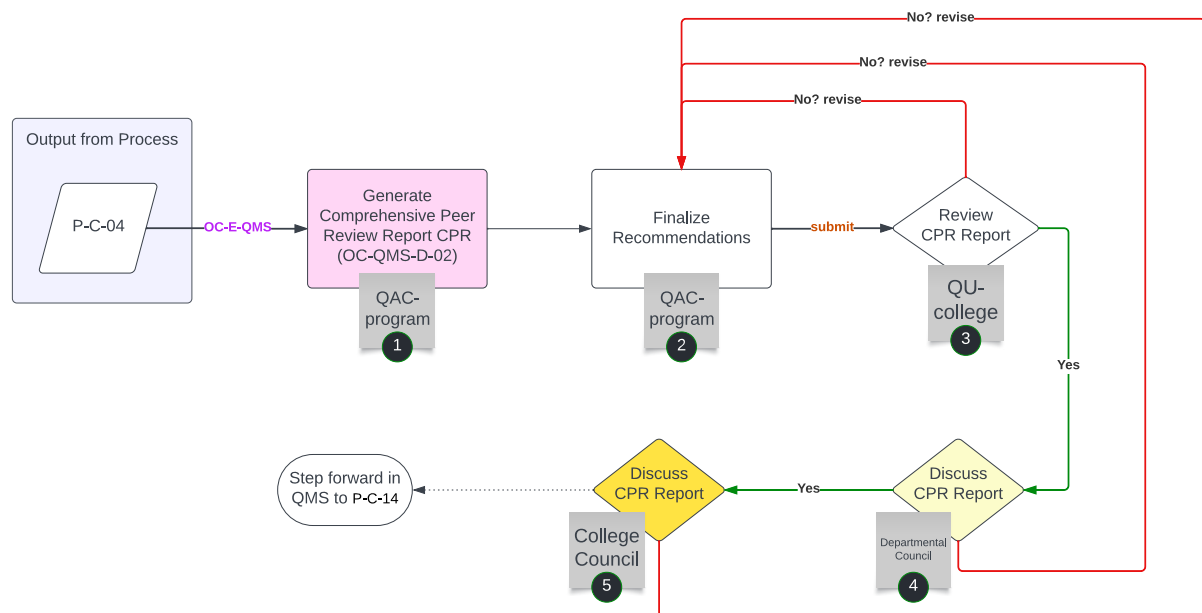


Figure 21: Comprehensive Peer Review Report Process Flow (Process Code: P-C-05)

5.3 Department Head Evaluation of Courses' Instructors (P-C-13)

The Department Head Evaluation of Courses Instructors (template OC-QMS-D-03) assesses teaching effectiveness against criteria like implementation of approved teaching strategies, assessment methods, coverage of course topics, use of learning resources, attainment of CLOs, adherence to timelines, and student support (Process P-C-13).

The evaluation includes instructor info, a detailed rubric, strengths/recommendations, and signatures. Criteria are scored on a 5-point scale to enable granular, qualitative feedback. The aim is continuous elevation of instructional quality.

The process may involve classroom observation, student focus groups, completing the evaluation form, presenting feedback to the instructor, and reviewing recommendations with the course team to determine implementation strategies. The major steps of P-C-13 are summarized in

Figure 22 below. These steps are detailed in section 4.2.3 of the unabridged handbook.

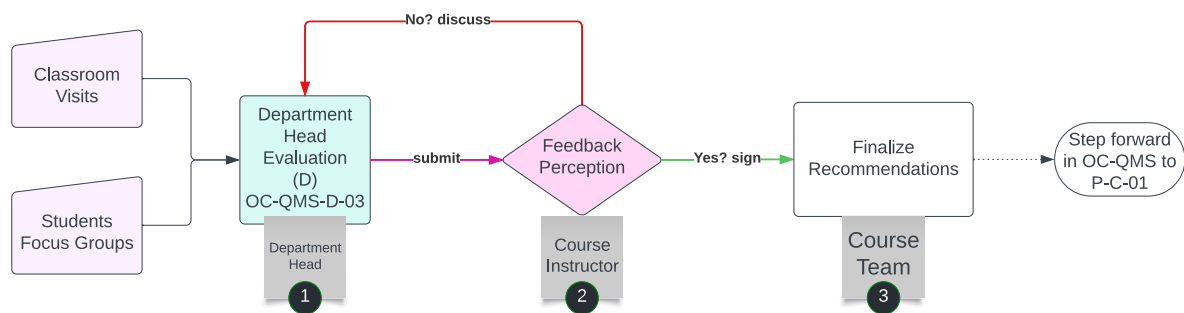


Figure 22: Flowchart of department head evaluation of courses instructors (Process Code: P-C-13)

Furthermore, the Rasid Bank appraisal system takes a broader, holistic approach focused on alignment with OC's mission/goals across diverse categories like innovation, revenues, teaching quality, research, leadership, and social responsibility. Faculty upload evidence which is reviewed by supervisors.

Rasid (<https://rased-bank.com>) promotes transparency, self-improvement, accountability, and alignment with institutional priorities. The multifaceted evaluations and oversight ensure teaching quality and comprehensive faculty development in line with strategic objectives.

5.4 CLOs Assessment and Evidence (P-E-02)

Per Policy P-08, the course team analyzes CLO results by comparing them to CTA targets and recording insights. OC-E-QMS is used to manage the process and calculate new targets based on actuals. Evidence like rubrics is submitted.

The process involves implementing assessments uniformly per CTAs (P-E-02, step 1). Evidence is collected (step 2) and results/evidence are entered into OC-E-QMS (step 3). Quality Assurance Committees review results and evidence validity (step 4). Quality Units conduct further review of assessments and evidence (step 5).

OC-E-QMS ensures consistency in CLO assessment across sections. Comparative analysis with targets provides insights into learning effectiveness. New target calculation according to a specific equation (and automated by OC-E-QMS) aims for continuous improvement. Reviews verify assessment accuracy and evidence validity. CLO data contributes to course reports and PLO assessment reports, enabling data-driven improvements. More details on P-E-02 is provided in section 4.2.4 of the unabridged version, and

Figure 23 below summarizes its steps.

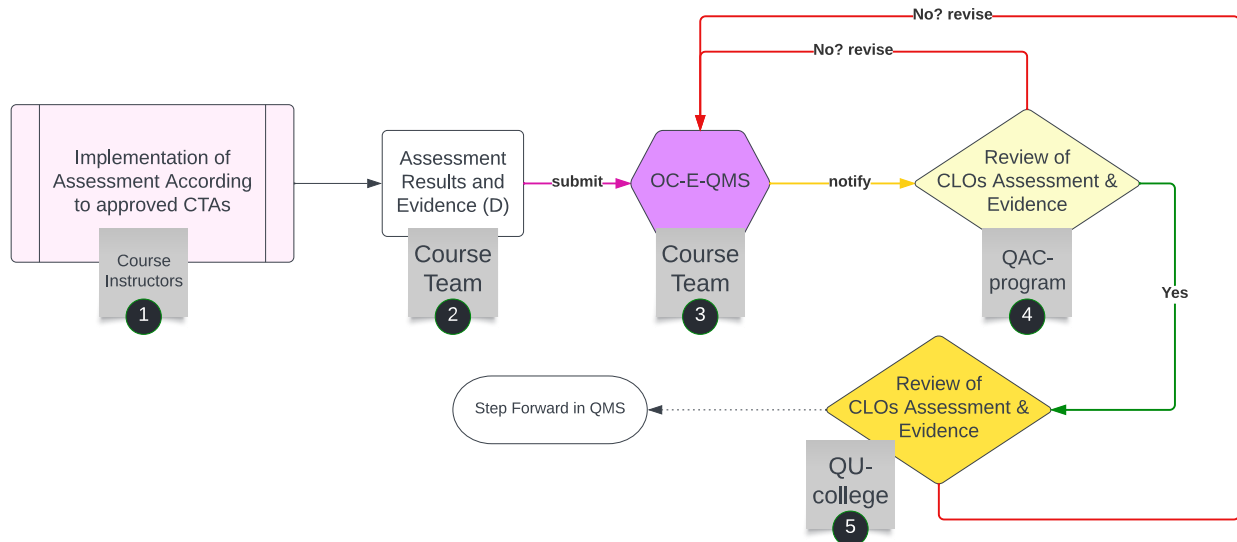


Figure 23: Flowchart of CLOs Assessment and Evidence (Process Code: P-E-02)

5.5 Course Evaluation Survey (CES) (P-C-15)

In alignment with Guiding Principle #4, the course evaluation survey designed by Onaizah Colleges is a comprehensive tool that assesses a broad spectrum of course attributes. The survey seeks to understand if the course's objectives and outcomes were clear to students from the outset and how well-prepared the course instructor was. The instructor's knowledge of the course content and their willingness to provide assistance and cooperation are also evaluated.

Additionally, the relevance and usefulness of the course content, the availability of learning resources, and the effective use of modern technology in the course delivery are assessed. The survey also investigates whether students received their assignment and exam scores in a timely manner, the fairness of marking, and the consistency of the course requirements with its objectives and outcomes. It also gauges the perceived future benefits of the course and whether it helped students to develop critical thinking and problem-solving skills, rather than just focusing on memorizing information.

The process of conducting and analyzing the course evaluation survey (P-C-15) is a well-structured, multi-step process as illustrated in

Figure 24 below.

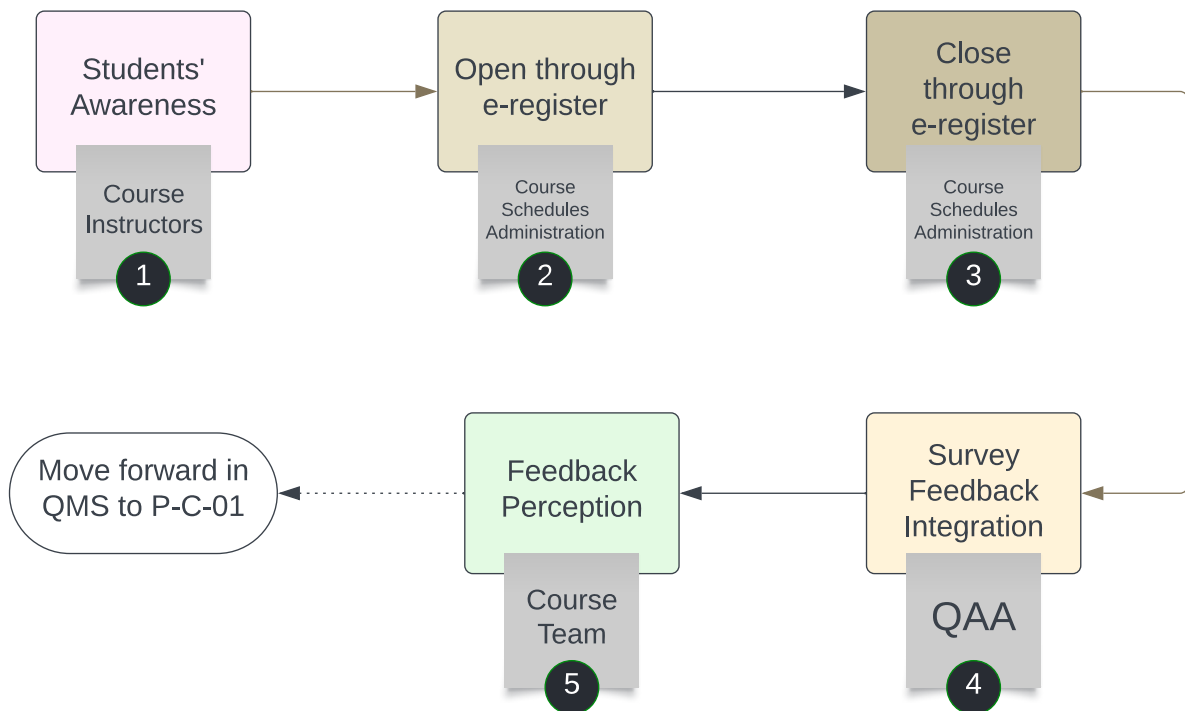


Figure 24: Flowchart of Course Evaluation Survey (Process Code: P-C-15)

P-C-15 begins with course instructors raising students' awareness about the survey during a class session, explaining the purpose and importance of their feedback (step 1). Following this (step 2), and two weeks before the final exams, the survey is opened by the Course Schedules Administration through the e-register portal to give students sufficient time to reflect and provide meaningful responses.

The survey is then closed before the commencement of the next semester to allow for the collection and analysis of the data (step 3). Step 2 and 3 can be considered as the "doing" subphases of P-C-15. Once closed, the results and a summary analysis of the survey are transferred by Quality Assurance Administration and made available on the OC-E-QMS platform (step 4). Course teams can access this information via their accounts, enabling them to review the feedback (step 5). This step is of paramount importance, as it allows the course teams to assess each survey element's score, especially those that have received low scores. A low score on any element (especially $< 2.8/5$) can indicate potential areas for improvement.

CES results are not only a reflection of the course's effectiveness but also serve as an essential input to the Course Report process (P-C-01 which is discussed in the following subsection). They provide the raw data that feeds into the report, contributing to a comprehensive understanding of the course's strengths and areas for improvement. This integration of feedback into the Course Report process underscores the importance of the course evaluation survey in the continuous improvement of courses and programs.

5.6 Course Report (P-C-01)

Course Reports align with Policy P-03 to maintain, evaluate, and document program quality. Reports follow the NCAAA template (T-107 2022), detailing course info, enrollment, grades, CLO assessment mapped to PLOs, uncovered topics, and an improvement plan.

The Course Team downloads the automated report pre-filled with existing data and verifies accuracy (Process P-C-01, step 1-2). The team provides expert commentary and recommendations based on inputs like CLOs, surveys, peer reviews (step 3).

The report goes to Quality Assurance Committees (QACs) for relevance review (step 4). Quality Units (QUs) review recommendation comprehensiveness against inputs (step 5). Councils scrutinize feasibility and curriculum relevance (step 6).

The approved report feeds the Annual Program Report and next year's course team formation, enabling continuous improvement. A QR code links to documents, decisions, and process details for transparency.

The structured process leverages data and inputs to facilitate insightful analysis. Review and approval ensure insightful and actionable recommendations to elevate course quality. More on P-C-01 can be found in section 4.2.6 of the unabridged version of this handbook.

Figure 25 below summarizes its procedural steps.

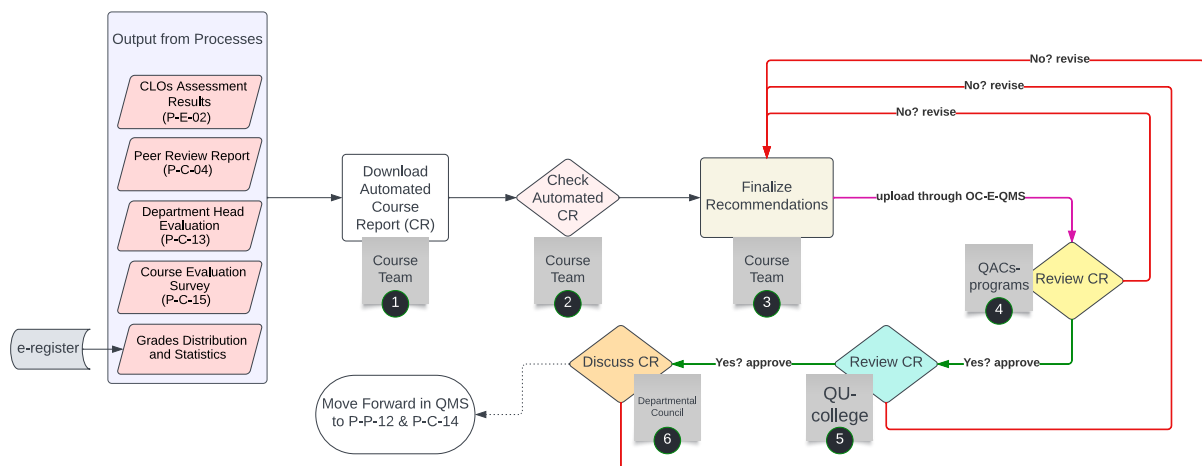


Figure 25: Process Flow of Course Report Preparation, Review and Approval (Process Code: P-C-01)

5.7 Field Experience Report (P-C-02)

Based on Policy P-03, Field Experience (FE) Reports must be completed using NCAAA template (T-107 2022) which is identical to the course report template (T-107 2022). The FE reports contribute to the Annual Program Report for a comprehensive evaluation.

The preparation, review and approval process mirrors the Course Report process (P-C-01 discussed above) but with two key differences (Process P-C-02):

1. It utilizes field experience survey insights rather than peer reviews.
2. It follows field experience guidelines and handbooks that govern implementation and evaluation.

The approved report feeds into annual planning and next year's field experience supervision, enabling continuous enhancement. A QR code is automatically added to all FE reports that link to documents, decisions, and details for transparency and understanding of recommendations to foster quality improvement.

P-C-02 is detailed in section 4.2.7 of the unabridged version and summarized in

Figure 26 below.

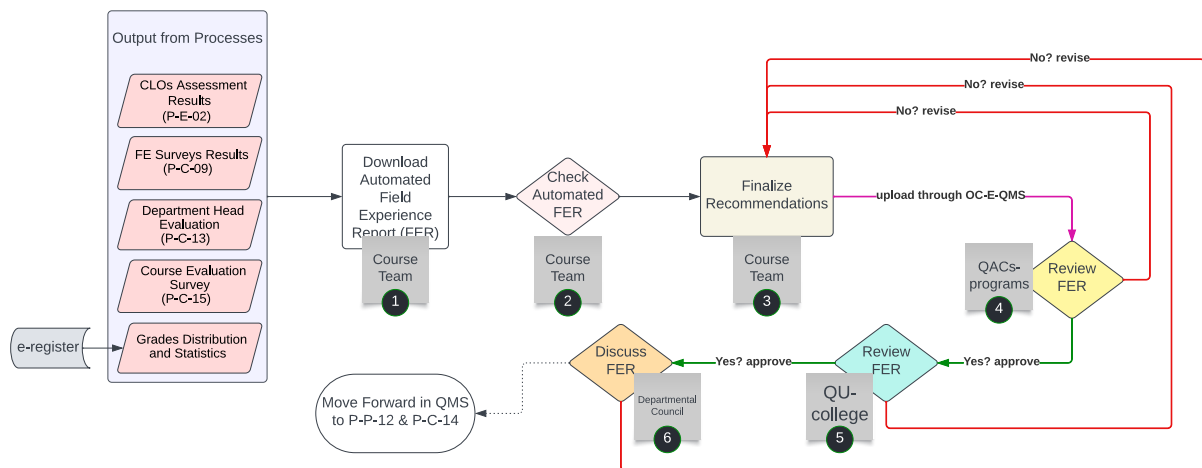


Figure 26: Process Flow of Field Experience Report Preparation, Review and Approval (Process Code: P-C-02)



5.8 Annual Program Report (APR) (P-C-14)

The Annual Program Report (APR) serves as an integral component in OC efforts to uphold and enhance the quality of its academic programs. It is explicitly linked to Policy I-03 and Policy P-03, which mandate the monitoring of the Quality Management System (QMS) and the documentation of quality findings, respectively.

Under Policy I-03, the APR plays a crucial role in systematically monitoring the implementation of the QMS. This is achieved by incorporating the major results of assessments—both Graduate Attributes (GAs) and Program Learning Outcomes (PLOs) discussed in section 4.2.18 below—as well as the analysis of Key Performance Indicators (KPIs) and feedback from surveys discussed in sections 4.2.16 and 4.2.17 below. The report acts as a reflective document, bringing to light the effectiveness of the QMS in practice and providing evidence-based insights that inform necessary updates and modifications to the system.

Policy P-03 emphasizes the need for academic programs to maintain, evaluate, and document their quality findings annually, which is precisely the function of the APR. The policy underscores the use of a standardized template, namely the NCAA T-106 2022 Template, to guide the reporting process. By detailing quality findings across various dimensions of the program—including course reports, field experience reports, and the synthesis of the overall APR—the process ensures that all major aspects of program quality are scrutinized and accounted for.

The APR template covers a range of sections, each designed to capture different elements of program quality. Program Statistics offer a snapshot of program capacity and growth, reflecting on the numbers of enrolled and graduating students. The Program Assessment sections delve deeper, examining the extent to which PLOs are met, evaluating individual courses, and considering the quality of the program through student feedback—all of which are crucial to continuous improvement, a core tenet of Policy I-03.

Additionally, the APR documents the program's research and community engagement activities, aligning with Policy P-03's directive for programs to demonstrate their broader impact and relevance. The KPIs are a testament to the program's commitment to ongoing quality monitoring, providing quantifiable measures that speak to the success and challenges of the QMS, as required by Policy I-03.

The Challenges and Difficulties section, along with the Program Development Plan, responds to Policy P-03's requirement for documented evidence of continuous quality enhancement. It is here that the program identifies areas for action, ensuring that improvement is not just conceptual but also planned and executed with clear responsibilities assigned, and with explicit links to the annual operational plan.

The final approval section of the APR ensures that all the quality measures and improvements are not only proposed but are also acknowledged and endorsed by the program's governing bodies, thus closing the feedback loop essential for a robust QMS, as envisioned by both policies.

The APR is a manifestation of OC's commitment to quality, as outlined in Policies I-03 and P-03. It is a comprehensive instrument that not only evaluates the current state of academic

programs but also sets the stage for future advancements, ensuring that quality remains at the forefront of the institution's mission.

The process of APR preparation, review, and approval (P-C-14) is an integral part of the formulation and selection of annual operational objectives, especially the DTI phase of the annual operational plan (P-P-16) as discussed in section 4.1.10.1 above. That is, the major recommendations of the APR constitute the main source of program annual operational objectives in its operational plan.

As illustrated in **Error! Reference source not found.** below, P-C-14 is a seven-step process with multiple inputs from several OC-QMS processes, ensuring that each aspect of the program's performance is captured accurately and evaluated comprehensively for continuous improvement.

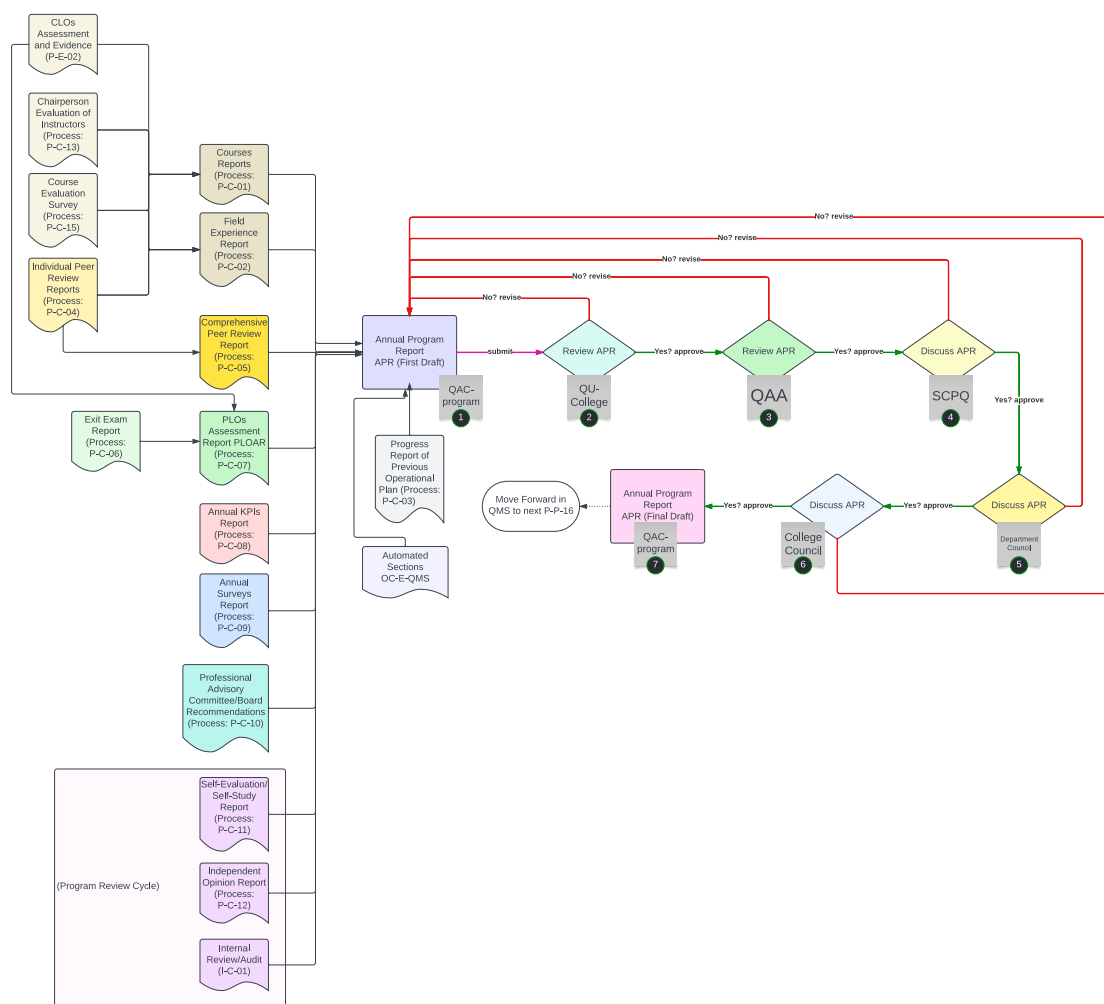


Figure 27: A flowchart demonstrating the process of APR preparation, review, and approval (Process Code: P-C-1

The initial phase of the process involves gathering detailed inputs from a variety of reports and assessments that collectively provide a multifaceted picture of the program's health and effectiveness. The Field Experience Report, stemming from Process P-C-02, offers valuable insights into how students apply their learning in real-world settings, which is crucial for the APR's sections on Program Assessment and Development Plan. The nuanced feedback from

Courses Reports (Process P-C-01) contributes to the APR's Evaluation of Courses section, where the performance of individual courses is scrutinized. The Comprehensive Peer Review Report (Process P-C-05) provides nuanced a quality evaluation of the program's ability to deliver its courses as outlined in the courses' specifications, enriching the Other Evaluation section with an unbiased perspective on program quality.

Moreover, the PLOs Assessment Report (Process P-C-07) is foundational for crafting the Program Learning Outcomes Assessment section of the APR, as it indicates how effectively the program is achieving its educational targets. The Annual KPIs Report (Process P-C-08) supplies data-driven measures for the Program Key Performance Indicators section, enabling the assessment of program success against predefined benchmarks.

The Annual Surveys Report (Process P-C-09) captures student feedback, which is instrumental for the Students Evaluation of Program Quality section, ensuring that the student voice is central to the program's evaluation. That is, both PO_SU_01 and PO_SU_02 surveys will be the basis for section (3) in the APR. Results from other surveys (namely PO_PRO_01, PO_PRO_02,, PO_FTR_STU, PO_FTR_SUP, PO_EMPO, PO_GRAD, PO_STAFF, PO_SPN_STU) will be the basis for section (6) of Other Evaluation.

Additionally, the Self-Evaluation/Self-Study Report (Process P-C-11), if available during the reporting year, informs several sections of the APR, including Program Assessment and Challenges, and helps identify strengths and areas needing attention. The Independent Opinion Report (Process P-C-12) and the Internal Review/Audit (I-C-01), if available during the reporting year, adds depth to the Other Evaluation section with an impartial assessment of the program's quality. Recommendations from the Professional Advisory Committee/Board (Process P-C-10) are crucial for the Program Development Plan, ensuring that industry and educational standards inform the program's strategic direction. Lastly, the Progress Report of the Previous Operational Plan (Process P-C-03) enables the APR to track and report on the follow-through of past improvement plans.

Next, another main input to the APR leverages the OC-E-QMS for efficient data integration. Automated parts of the APR, such as PLOs Assessment results, Courses Evaluations and Recommendations, and KPIs, are downloaded, ensuring that the APR is populated with up-to-date and accurate data, and ensuring that no results or statistics are overlooked during the preparation of the first draft of the APR.

In step (1), the first draft of the APR is prepared by QAC, integrating all the aforementioned inputs. This draft is a convergence of past experiences, current assessments, and future recommendations, reflecting a holistic view of the program's performance over time.

In step (2), the draft APR is submitted to the Quality Unit (QU) of the relevant college. The QU's review is critical; it verifies the relevance, feasibility, and coherence of the APR's comments, improvement areas, and recommendations, ensuring they are well-founded and linked directly to the diverse inputs provided.

Step (3) involves a parallel review by the Quality Assurance Administration (QAA), which emphasizes the same critical aspects as the QU review, ensuring consistency and alignment with institutional quality requirements and expectations.

The APR then progresses to step (4), where it is taken up for discussion and approval by SCPQ. Next in step 5, the APR is discussed by the department council. This step is vital for securing department-level consensus and for making any necessary adjustments based on the collective expertise of the department's faculty. Upon departmental approval, step (6) involves deliberation by the college council, where the APR is finally discussed and approved to ensure that its content aligns with the college's strategic goals and quality standards. College council's endorsement signifies that the APR has passed through rigorous examination and is ready to serve as a guiding document for the program's continuous improvement and strategic development, and to inform the program's forthcoming operational plan.

Throughout this process, the APR is transformed from a collection of individual reports and data points into a comprehensive document that not only reflects the program's current state but also charts a path for future growth and excellence. Once the final draft of the APR is completed by QAC (in step 7), the APR recommendations are ready to enter the DTI phase of the next annual operational plan (P-P-16). Furthermore, major program achievements and results of the APR should be made available at the program's webpage on OC website.

5.9 Implementation and Monitoring of Student Academic Integrity Policy and Procedures (OC-SAIPP) (P-D-01)

To ensure SAIPP as Process (P-D-01) is actively maintained and enforced as required by Policy P-13, OC-QMS established a series of actionable steps that serve as the foundation for monitoring and implementing the policy effectively.

1. Policy Orientation and Commitment (P-D-01-1)

- Responsible: QAC (Implementation), QU (Monitoring)
- Action: Disseminate policy, secure commitment acknowledgment
- Outcome: Informed students and faculty committed to standards
- Documentation: Records of orientation, signed forms, syllabi

2. Assessment Design and Standardization (P-D-01-2)

- Responsible: Course Teams (Implementation), QAC (Monitoring)
- Action: Create diverse, original assignments aligned with standardized criteria
- Outcome: Varied and fair assessments that discourage dishonesty
- Documentation: Assessment strategies, examples, rubrics, approvals

3. Faculty Development and Student Support (P-D-01-3)

- Responsible: Development Administration (Implementation), QAC (Monitoring)
- Action: Training on authentic assessments and academic integrity workshops
- Outcome: Informed faculty and educated students
- Documentation: Schedules, attendance, feedback surveys

4. Verification and Monitoring (P-D-01-4)

- Responsible: Course Teams (Implementation), QAC (Monitoring)
- Action: Verify student work authenticity using plagiarism and AI detection (**Turnitin**), proctoring
- Outcome: Consistent enforcement of integrity through work verification
- Documentation: Detection reports, proctoring logs, individual contributions

5. Violation Management (P-D-01-5)

- Responsible: Instructors, Dept. Head, Committees (Implementation), QAC (Monitoring)
- Action: Standardized reporting, preliminary review, formal investigation
- Outcome: Systematic handling of violations
- Documentation: Report forms, reviews, investigation reports

6. Policy Review and Improvement (P-D-01-6)

- Responsible: QAC (Implementation), QU (Monitoring)
- Action: Annual review incorporating feedback to keep policy updated
- Outcome: Evolving policy upholding academic integrity
- Documentation: Annual reports, revisions, feedback

These steps are summarized in ... below, and more details on P-D-01 can be found in section 4.2.9 of the unabridged version.

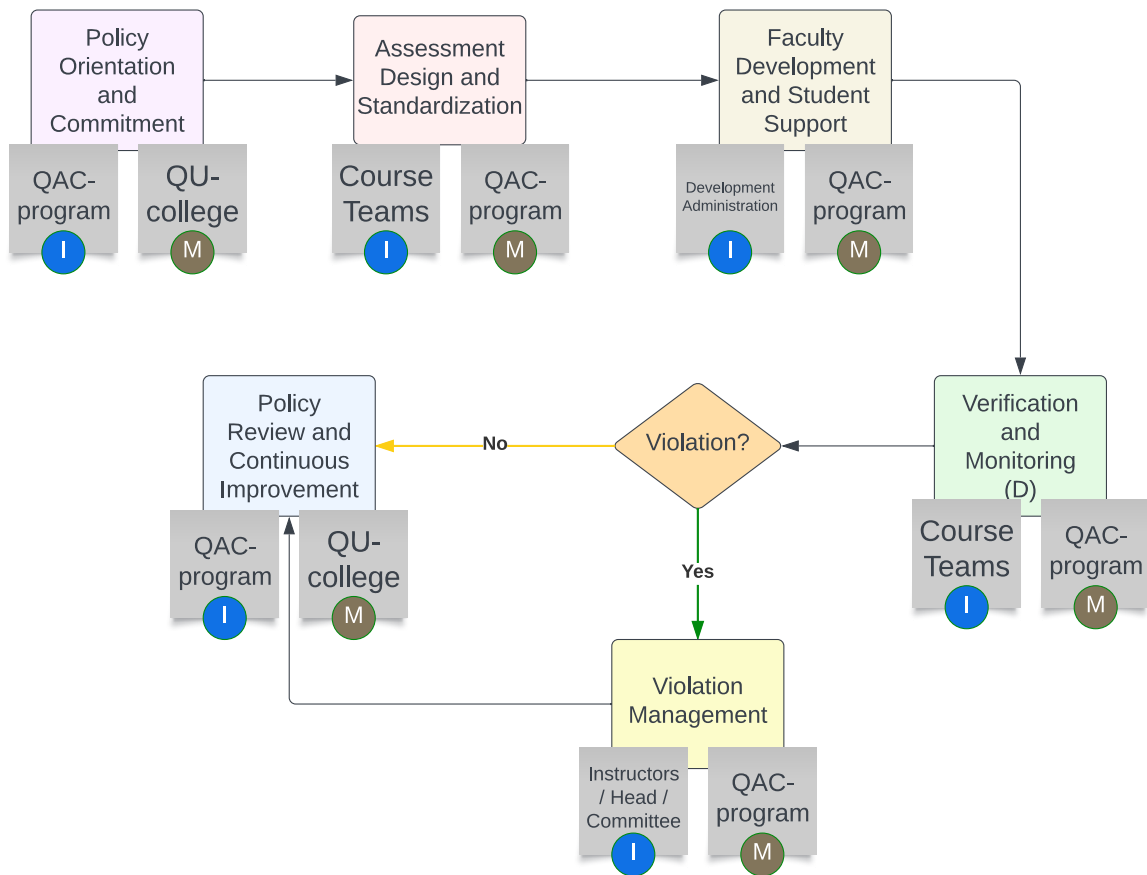


Figure 28: Flowchart of OC-SAIPP implementation and monitoring process (Process Code: P-D-01)

5.10 Implementation and Monitoring of Extracurricular Mechanisms (P-D-02)

To ensure the seamless integration of the extracurricular activities into the academic framework, and based on Policy P-13, a structured implementation and monitoring strategy is essential. This strategy complements the process P-P-14, which is outlined in section 4.1.13 of the academic program documentation. The Quality Assurance Committee (QAC) is charged with the execution and continuous oversight of these activities, employing Templates P-P-14-A and P-P-14-B. These templates aid in the mapping and planning of activities to program learning outcomes (PLOs), as well as in their subsequent evaluation to ensure they meet educational goals and PLOs.

The process of implementation and monitoring of the extracurricular mechanism detailed in section 4.1.13 can be considered both the “doing” and “checking” phases of P-P-14. This process consists of eight major steps summarized as follows:

1. Stakeholder Input (P-D-02-1)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Engage stakeholders for activity recommendations
2. Selection Criteria (P-D-02-2)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Develop criteria aligned with PLOs, interests, feasibility
3. Planning with Template P-P-14-A (P-D-02-3)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Map activities to PLOs and detail plans
4. Resource Coordination and Scheduling (P-D-02-4)
 - Responsible: Department Chair (Implementation), QAC (Monitoring)
 - Actions: Secure resources and schedule activities
5. Communication and Promotion (P-D-02-5)
 - Responsible: Activity Leaders (Implementation), QAC (Monitoring)
 - Actions: Publicize activities and engage students
6. Implementation Oversight (P-D-02-6)
 - Responsible: Activity Leaders (Implementation), QAC (Monitoring)
 - Actions: Execute activities per plan, gather feedback
7. Monitoring and Support (P-D-02-7)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Conduct check-ins, attend activities, resolve issues
8. Documentation and Reporting (P-D-02-8)
 - Responsible: Activity Leaders (Implementation), QAC (Monitoring)
 - Actions: Track progress against plans
9. Evaluation with Template P-P-14-B (P-D-02-9)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Assess impact, recommend continuance or changes
10. Review and Update (P-D-02-10)
 - Responsible: QAC (Implementation), QU (Monitoring)
 - Actions: Analyze evaluations, update plans with stakeholders

These ten steps are detailed in section 4.2.10 of the unabridged version of this handbook and summarized in

Figure 29 below.

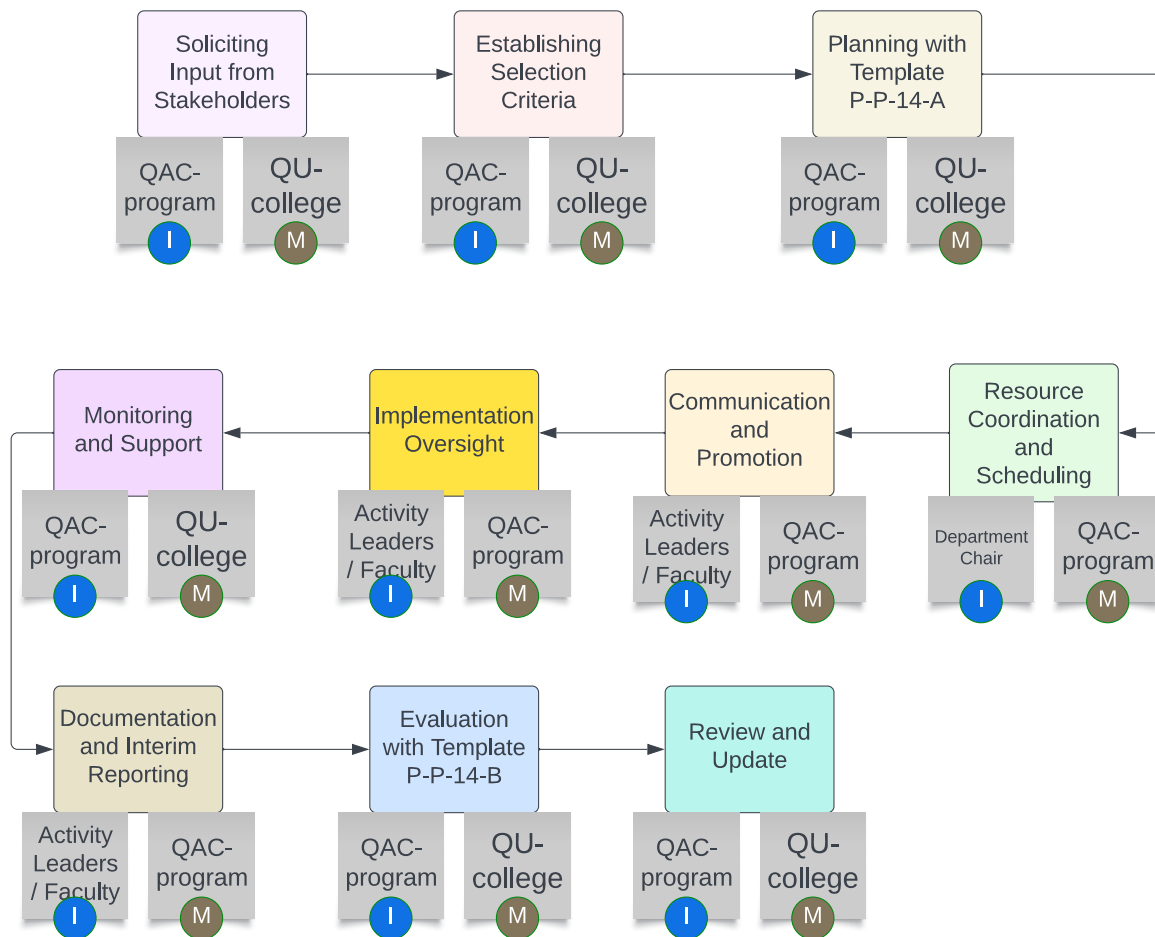


Figure 29: Flowchart of Extracurricular Mechanism implementation and monitoring process (Process Code: P-D-02)

5.11 Academic Advising as Process (P-D-04)

The academic advising system at the college is structured as a well-defined process consisting of sequential steps for effective planning, implementation, and continuous improvement. There are ten essential stages that cover the advising process (P-D-04) from initial preparation through execution, monitoring, and evaluation. At each step, specific responsibilities are assigned to the relevant stakeholders such as the Academic Advising Unit (at college), Guidance & Advising Committee (at department, discussed in section 3.7 above), Academic Unit Director, Coordinators, and Advisors. Key actions are identified along with mechanisms for monitoring the activities to ensure they are carried out appropriately.

The ten-step process outlined here provides a guiding framework for conducting comprehensive academic, social and psychological advising at the college. It establishes the essential components and activities that should be incorporated into the advising system. However, the specific tasks and procedural details for executing each step are elaborated separately in the College Academic Advising Handbook. The handbook provides advisors with clearly defined policies, mechanisms, forms, and instructions for carrying out their roles and responsibilities. This includes procedures for conducting advising meetings, following up with struggling students, identifying, and supporting outstanding students, documentation, reporting, and more. The process steps give advisors an overview of the stages involved, while the handbook equips them with the tools and knowledge needed to effectively implement academic and wellbeing advising activities. Together, the high-level process view and the detailed operational guide provide a robust structure for delivering personalized advising that meets student needs and facilitates their success. The framework allows the system to be consistently applied across the institution while the handbook enables customization of advising practices within different colleges.

Step 1: Planning and Distribution

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** The committee assists in organizing receptions for new students and collaborates in the distribution of students among faculty members.
- **Monitoring:** Review the distribution process for effectiveness and adjust as necessary, by Academic Advising Unit.

Step 2: Establishing Academic Advisor Roles

- **Responsibility:** Academic Advising Committee, Academic Advisors.
- **Action:** The committee oversees the preparation of student files and the provision of general guidance, ensuring all advisors understand their roles.
- **Monitoring:** Evaluating advisor's performance and providing additional training or guidance as needed.

Step 3: Regular Advising and Monitoring

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** The committee ensures regular meetings between advisors and students are scheduled and followed through. This is the main "doing" subphase of the whole process.
- **Monitoring:** Academic Advising Unit will conduct periodic audits of advising records to ensure compliance with the advising schedule.

Step 4: Intervention with Underachieving and Outstanding Students

- **Responsibility:** Academic Advising Committee, Academic Advisors, Coordinators, Academic Advising Unit Director.
- **Action:** The committee and advisors review cases of underachieving and outstanding students and guide the development of supportive or enrichment programs. This is another main “doing” subphase in the process.
- **Monitoring:** Tracking the progress of these students and the effectiveness of interventions by Academic Advising Committee.

Step 5: Reporting and Feedback

- **Responsibility:** Academic Advising Committee, Academic Advising Director, and Coordinators.
- **Action:** The committee coordinator helps in preparing and reviewing reports, discussing development opportunities, and addressing obstacles.
- **Monitoring:** Analyzing report data and relevant KPIs, to identify trends and areas for improvement, by the Academic Advising Committee. Results should be reported to the Academic Advising Unit.

Step 6: Continuous Development

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** Both the Committee and the Unit recommend and help organize seminars, lectures, and workshops for students.
- **Monitoring:** Assessing the impact of these developmental activities on student success, by Academic Advising Unit.

Step 7: Quality Assurance and Policy Review

- **Responsibility:** Academic Advising Unit.
- **Action:** The Unit develops and maintains advising standards and policies, ensuring they align with institutional goals.
- **Monitoring:** Regularly reviewing policy adherence and making updates based on evolving best practices. The Unit should report to the Vice Dean regarding those updates.

Step 8: Liaison and Coordination

- **Responsibility:** Academic Advising Committee.
- **Action:** The committee coordinates with Academic Advising Unit and various college centers to ensure a holistic approach to student support.
- **Monitoring:** Ensuring effective communication and collaboration between academic and support services, by Academic Advising Unit.

Step 9: Evaluation and Recognition

- **Responsibility:** Academic Advising Committee.
- **Action:** The committee participates in the evaluation of advisors and contributes to the recognition and reward system.
- **Monitoring:** Reviewing the outcomes of the evaluations to ensure they are driving the desired advising quality, by Academic Advising Unit.

Step 10: Feedback Loop and Continuous Improvement

- **Responsibility:** Academic Advising Committee.
- **Action:** Collect feedback from students and faculty and suggest changes to the advising process based on this feedback.
- **Monitoring:** Assessing the effectiveness of changes and continuously looking for improvement opportunities, by Academic Advising Unit.

These ten steps are summarized in

Figure 30 below.

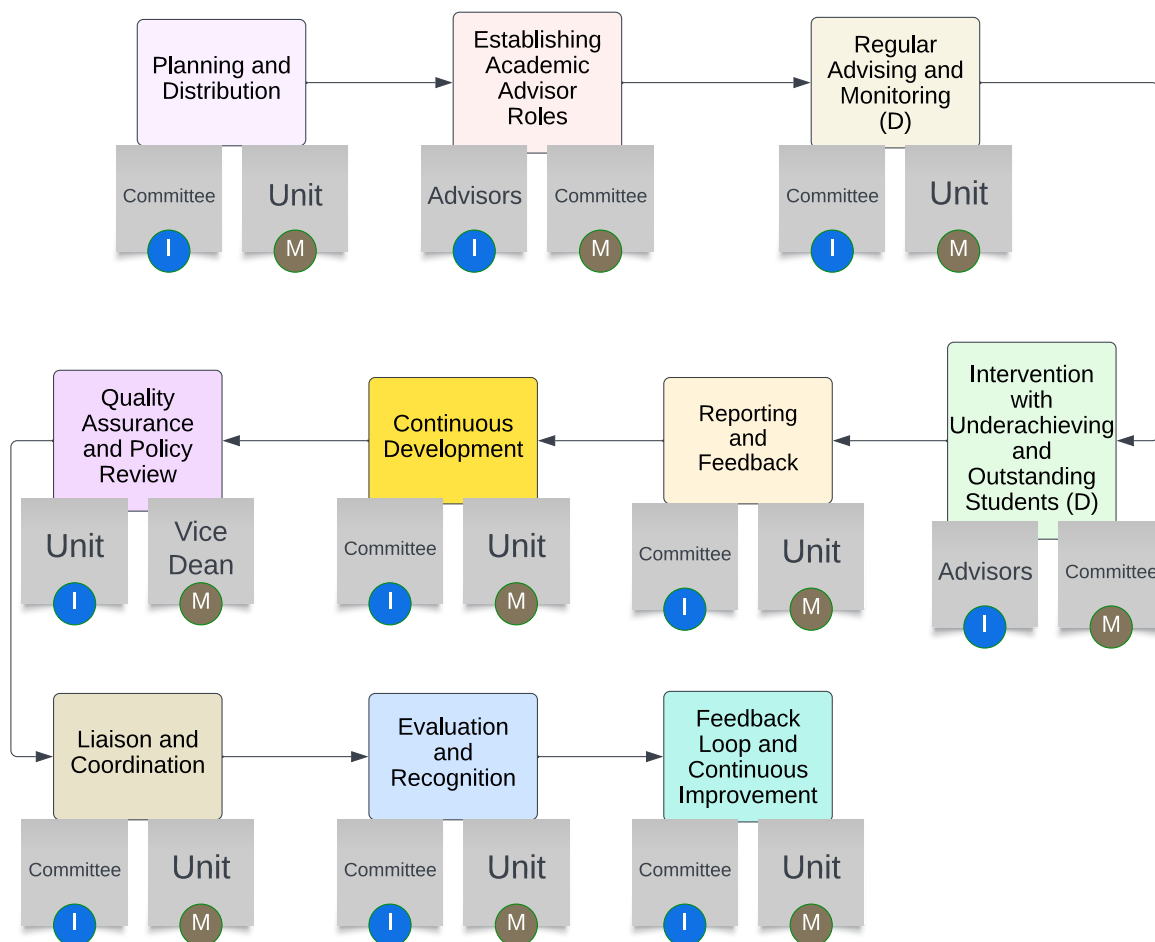


Figure 30: Flowchart of Academic Advising implementation and monitoring process (Process Code: P-D-04)



5.12 Monitoring the Implementation of Activities Plans (P-D-03)

The three annual activity plans for community engagement and volunteering, research activities, and faculty training are critical components that stem from the Program Annual Operational Plan (as detailed and discussed in section 4.10 above). These plans are designed to implement the strategies and recommendations identified through various programmatic quality reports and align with the program's strategic goals. Based on Policy P-18, the implementation and monitoring of activities plans are crucial for ensuring that the program meets its strategic goals and maintains high standards of quality. This section provides a comprehensive process for implementing and monitoring the three activities plans within the framework of OC-QMS.

Although the processes to implement and monitor the three plans are basically identical, each plan involves specific implementation steps as detailed below. The general process for implementing and monitoring the three plans is coded P-D-03, where each plan has its own subprocess.

5.12.1 Annual Community Engagement and Volunteer Plan Preparation, Implementation and Monitoring (P-D-03-01)

The Annual Community Engagement and Volunteer Plan is a direct response to the strategic goals of community interaction and contribution, as described in section 4.10, regarding perennial operational objectives.

Implementation Steps

Responsibility: Community Service and Voluntary Work Committee (CSVW)

1. **Plan Development:** Following the guidelines from section 4.10.3, the plan is drafted with an emphasis on integrating new recommendations and feedback from past activities, especially the last APR.
2. **Stakeholder Review:** The draft is circulated for input from various stakeholders, especially faculty and students.
3. **Final Approval:** The refined plan is submitted for final approval as per the Approval of Operational Plan process.
4. **Resource Allocation:** Necessary resources, if any, are allocated.
5. **Activity Launch:** Activities are launched according to the operational timeline.
6. **Documentation:** All activities are documented, maintaining consistency with the operational objectives' documentation requirements (discussed in section 4.10 above).

Monitoring Steps

1. **Regular Check-Ins:** Monthly check-ins are conducted, as recommended for monitoring perennial operational objectives, by CSVW.
2. **Performance Metrics:** KPIs for community engagement are calculated and monitored by CSVW, reflecting the alignment with program strategic goals.
3. **Quarterly Reports:** Progress is reported quarterly by CSVW, adhering to the requirements of the operational plan monitoring. QAC should review the reports, ensuring their accuracy and completeness.
4. **Adjustments:** Adjustments are made as necessary by CSVW, ensuring continuous improvement as per the OC-QMS framework.
5. **Annual Review:** An annual review is conducted, following the process for annual assessments outlined in section 4.10.1. The review should be conducted by QAC.

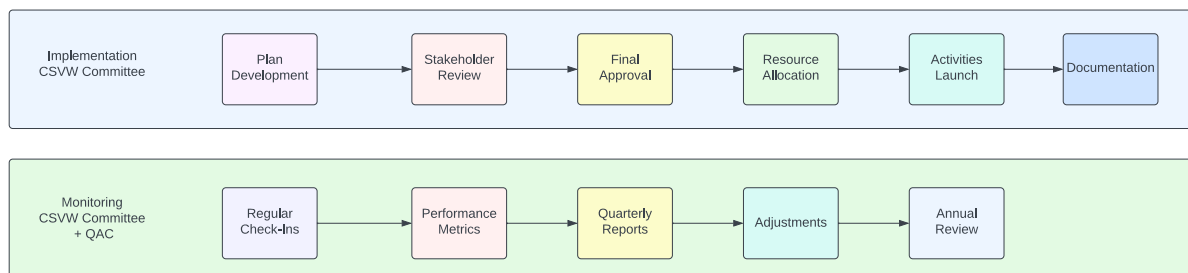


Figure 31: Flowchart of Annual Community Engagement and Volunteer Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-01)

5.12.2 Annual Research Activity Plan Preparation, Implementation and Monitoring (P-D-03-02)

This plan is designed to ensure the program's research activities contribute to knowledge advancement and align with the institutional mission and research goals as emphasized in section 4.10.3.

Implementation Steps

Responsibility: Scientific Research and Ethics Committee (SRE)

1. **Plan Formulation:** The plan is drafted in alignment with the operational objectives sourcing (section 4.10.1), and with the research goals of the program. The plan should take into consideration all recommendations related to research production, research quality, and research activities, especially those in the last APR.
2. **Stakeholder Review:** Input is solicited from internal stakeholders, especially faculty, following review processes by QAC.
3. **Approval Process:** The plan is approved following the same process as the community engagement plan above.
4. **Funding and Resources:** Resources are allocated as per the guidelines in section 4.10.
5. **Project Kickoff:** Research activities are initiated, aligning with the operational plan's objectives.
6. **Record Keeping:** Documentation is maintained as required by the operational objectives tracking.

Monitoring Steps

1. **Progress Tracking:** Progress is monitored by SRE against the plan's objectives, as per the operational plan's monitoring guidelines.
2. **KPI Analysis:** Research KPIs are calculated and analyzed by SRE, ensuring alignment with program goals.
3. **Biannual Assessments:** Assessments are conducted biannually by SRE, as suggested for perennial operational objectives.
4. **Plan Revisions:** Revisions are made as required, adhering to the continuous improvement approach.
5. **Annual Synthesis:** An annual synthesis is prepared by SRE, following the operational plan monitoring process. QAC should review the final report prepared by SRE.

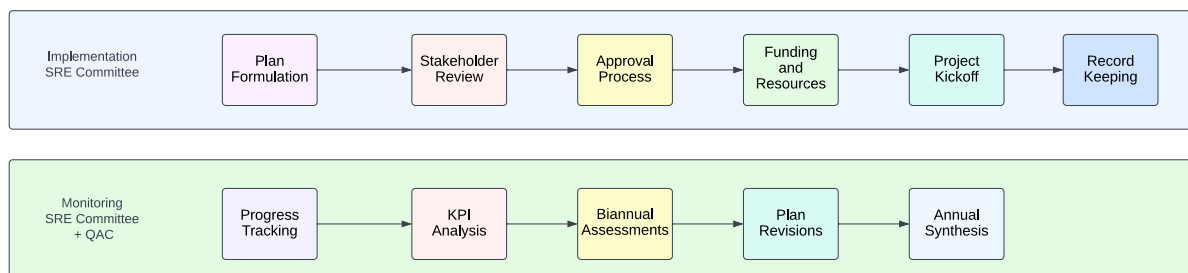


Figure 32: Flowchart of Annual Research Activity Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-02)

5.12.3 Faculty Training Plan Preparation, Implementation and Monitoring (P-D-03-03)

The Faculty Training Plan supports the strategic goal of faculty development, as referenced in the perennial operational objectives (section 4.10.3).

Implementation Steps

Responsibility: QAC

1. **Training Needs Analysis:** Needs are assessed, drawing from the recommendations in the program's quality reports, mainly the last PLOAR and APR.
2. **Training Plan Development:** The plan is developed using the **OC-QMS-P-08** template, ensuring alignment with recommendations (section 4.10.1). The plan should be prepared in coordination with the Development Administration.
3. **Feedback Loop:** Feedback is integrated as per the review processes (section 4).
4. **Finalization and Approval:** The plan is finalized and approved, following the guidelines discussed in section 4.10.
5. **Resource Allocation:** Resources are allocated, if needed, as outlined in **OC-QMS-P-08**.
6. **Conduct Training:** Training is carried out, with documentation as per the requirements. QAC should keep samples of attendance certificates as well as pre-test, post-test, and training program survey results.

Monitoring Steps

1. **Attendance and Engagement:** Attendance and engagement are monitored by QAC, in line with the process for tracking implementation steps.
2. **Evaluation of Training:** Training effectiveness is evaluated, as recommended by the operational plan's monitoring guidelines and according to the established processes in the Development Administration. QAC should obtain surveys results regularly from the Administration.
3. **KPI Monitoring:** KPIs related to faculty development are tracked, ensuring they align with the program's goals.
4. **Mid-Year Review:** A mid-year review is conducted, adhering to the continuous improvement approach of OC-QMS.
5. **Annual Assessment:** The overall impact of the training plan is assessed annually and documented using OC-QMS-C-08 (template for Faculty Training Plan Progress Report).

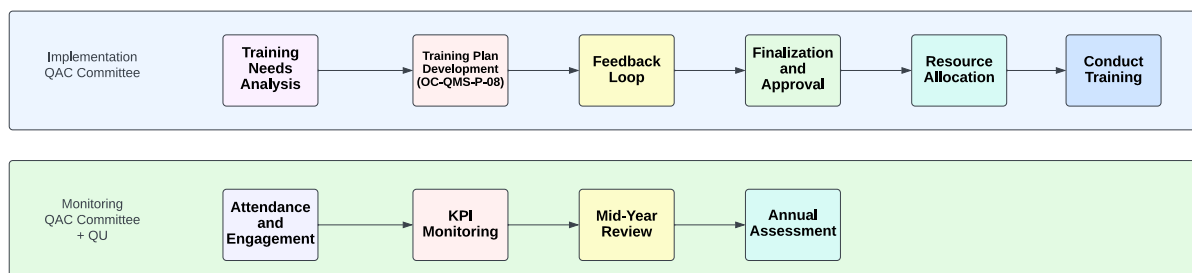


Figure 33: Flowchart of Faculty Training Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-03)

5.13 Monitoring the Implementation of the Annual Operational Plan (P-D-5)

Effective monitoring of the program's annual operational plan (discussed in section 4.10) is critical to ensure that each operational objective is being implemented as intended and is on track to meet its targets, as required by Policy P-17. This section outlines a streamlined process for monitoring the implementation of the operational plan, focusing on the responsibilities of those tasked with each operational objective.

Step 1: Assign Monitoring Responsibilities

For each operational objective outlined in the OC-QMS-P-03, assign a specific individual or team responsible for its implementation. This assignment includes the responsibility for monitoring progress and reporting on the status of the objective. QAC is responsible for the overall monitoring of the implementation and progress of the operational plan. QAA will form a dedicated team for monitoring the implementation of OC programs' operational plans. QAC should periodically coordinate with this team.

Step 2: Establish Monitoring Schedule

Set a regular schedule for monitoring activities, which could be monthly or quarterly, depending on the nature and timeline of the operational objective. The schedule should be communicated to all parties involved in the implementation process. This schedule should be prepared with coordination between QAC and QAA's monitoring team.

Step 3: Define Monitoring Metrics

Determine the specific metrics and key performance indicators (KPIs) that will be used to measure the progress of each operational objective. These should be aligned with the targets set out in the operational plan.

Step 4: Collect Monitoring Data

The responsible individuals or teams collect data on their respective operational objectives according to the defined metrics. This data collection should be systematic and consistent with the established monitoring schedule.

Step 5: Analyze and Report Progress

Analyze the collected data to assess the progress of each operational objective. Prepare brief progress reports that detail the status, challenges encountered, and any deviations from the plan. These reports should be submitted to the Quality Assurance Committee (QAC) by the responsible parties of each operational objective and eventually to the Strategic Planning Administration (SPA) for further review.

Step 6: Review and Feedback

QAC review the progress short reports, providing feedback and guidance to the responsible parties. This step ensures that any issues are addressed promptly and that the operational plan remains aligned with the program's strategic goals before preparing the final progress report later.

Step 7: Document and Adjust

Document the outcomes of the monitoring process and make any necessary adjustments to the implementation strategies of the operational objectives. These adjustments should be based on the analysis of the monitoring data and feedback received during the review process. The documentation should be based on the evidence outlined in the OC-QMS-P-03 for each operational objective. If adjustment is necessary, QAC and the party responsible for the adjusted operational objective should re-collect the relevant data (in step 4) and re-analyze the progress after implementation.

Step 8: Communicate Outcomes

Communicate the findings of the monitoring process to all stakeholders involved in the operational plan. This ensures transparency and allows for collective input on potential improvements to the implementation process.

Step 9: Move forward in QMS to P-E-04

After completing the monitoring process, proceed to P-E-04. In this step, all progress is thoroughly analyzed, KPIs aligned with the program's strategic goals are calculated and analyzed, and areas for improvement are identified. The details of process P-E-04 will be elaborated on later in this handbook.

This monitoring process (P-D-5) is designed to ensure that those responsible for each operational objective are actively engaged in the assessment of their progress and are held accountable for achieving the desired outcomes. By following these steps, the program can maintain a clear view of the implementation status of its operational plan and make informed decisions to foster continuous improvement. The monitoring process is summarized in

Figure 34 below.

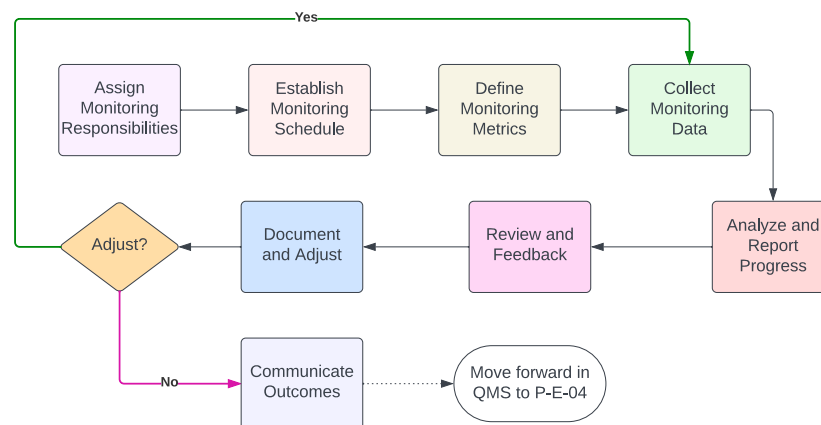


Figure 34: Flowchart of Monitoring the Implementation of the Annual Operational Plan Process (Process Code: P-D-5)

In addition to the above monitoring steps, and at the institutional level, QAA will annually form a task force of at least (8) members of both genders. The task force will monitor the implementation of all programs' operational plans according to specific templates as well as timeframes that include periodic reporting, and pre-scheduled meetings with QACs.

5.14 Monitoring Courses Teams (P-D-06)

In alignment with Policy P-11, the Quality Assurance Committee (QAC) in an OC academic program is tasked with a systematic process for monitoring course teams. This process (coded P-D-06) ensures that the teams fulfill their outlined responsibilities effectively in accordance with section 4.11 above. The steps for the QAC's monitoring process are as follows:

Step 1: QAC Appointment and Role Definition

The QAC is designated as the primary body responsible for the oversight of course teams. Its role is clearly defined to include the evaluation of adherence to OC-QMS standards and the verification of the successful execution of course teams' responsibilities.

Step 2: Establishment of a Monitoring Schedule

The QAC establishes a schedule to consistently review the performance of each course team. These reviews are strategically timed to coincide with the course teams' meetings, occurring at least once per academic semester.

Step 3: Review of Meeting Documentation

The QAC examines the minutes from the course teams' meetings to confirm that they are conducted as required and that the content of the discussions is appropriately documented and in line with OC-QMS requirements. The reviews should be conducted through OC-E-QMS. Course teams will upload meeting minutes according to the yearly established timeframes by QAA. QAC will conduct its review through OC-E-QMS. Then, QU at the relevant college will have the final decision regarding the uploaded minutes.

QAC reviews the minutes uploaded by course teams to the OC OC-E-QMS. The review must verify that meetings are conducted according to OC-QMS mandates and that the documented discussions accurately reflect the agenda and are consistent with OC-QMS requirements. The course teams are required to upload their meeting minutes to the OC-E-QMS within the timeframes established annually by the Quality Assurance Administration (QAA). QAC conducts its review directly through the OC-E-QMS platform, ensuring a streamlined and centralized evaluation process. While there is no upper limit to the number of meetings the course teams may hold, OC-QMS stipulates a minimum of three essential meetings, each with corresponding minutes to be uploaded:

1. **Minutes for Unified Assessment Tools Discussion:** These minutes should document the course team's discussion and consensus on the standardized assessment tools to be used across all sections of the course.
2. **Minutes on Progress of Previous Recommendations:** These minutes should detail the course team's review of the implementation progress concerning recommendations from the previous course report.
3. **Minutes on Current Semester Course Report:** These minutes are expected to capture the discussion surrounding the development of the current semester's course report, including any final recommendations to be made.

Post-review, the Quality Unit (QU) at the relevant college will make the final decision on the reviewed minutes. This ensures that the course teams' efforts align with the OC-QMS guidelines.

Step 4: Adherence to Course Specifications

QAC reviews the extent to which courses teams are adhering to the approved course specifications through the uploaded meeting minutes, focusing on the consistency of assessment methods with those stipulated in the relevant course specification.

Step 5: Evaluation of Standardization Processes

QAC evaluates the effectiveness of the course teams' efforts to standardize the measurement and evaluation tools, as well as the teaching and learning methods, ensuring uniformity across all course sections.

Step 6: Validation of Learning Outcomes Reporting

The QAC verifies the evidence of learning outcomes measurement submitted by the course coordinator against the data on the OC-E-QMS to ensure accuracy and timeliness. This should be conducted according to process P-E-02 discussed in section 5.4 above.

Step 7: Course Report Examination

QAC reviews the course reports prepared by the course teams at the end of each semester, checking for compliance with OC-QMS guidelines and the quality of the content. This review should be conducted according to process P-C-01 and P-C-02 discussed in sections 5.6 and 5.7 above.

Step 8: Assurance of Academic Integrity Compliance

QAC confirms that course teams are adhering to the Students' Academic Integrity mechanism (SAIPP) by reviewing evidence submitted by the teams regarding academic integrity cases and software implementation. This process should be conducted according to the guidelines discussed in section 4.12, and to process P-D-01 discussed in section 5.9 above.

Step 9: Monitoring of Recommendations Follow-Through

QAC monitors the course teams' implementation of recommendations from previous course reports, ensuring that evidence of these actions is presented at the semester's end and documented in the uploaded meeting minutes.

Step 10: Confirmation of Continued Professional Development

QAC reviews relevant records to confirm that all course team members are participating in mandatory professional development activities, with a particular focus on areas highlighted in previous course reports.

Step 11: Provision of Constructive Feedback

QAC provides a comprehensive feedback report to each course team, detailing areas for improvement, best practices observed, and any recommendations for future action. QAC's feedback should be submitted through OC-E-QMS and is also shared with the department chairperson, QU and QAA.

Step 12: Implementation of Corrective Actions

Should any issues be identified, the QAC collaborates with the course team to develop a corrective action plan and monitors the implementation within an agreed timeframe.

Step 13: Annual Review

At the conclusion of the academic year, the QAC conducts a review of the course teams' performance over the past year. This review informs the reformation process for course teams for the upcoming academic year according to process P-P-12 discussed in section 4.11 above.

By following these (13) steps, QAC ensures that the course teams at OC operate effectively, maintaining the educational excellence aspired to by the OC-QMS. The process of monitoring courses teams (P-D-06) and its thirteen steps discussed above are summarized in

Figure 35 below.

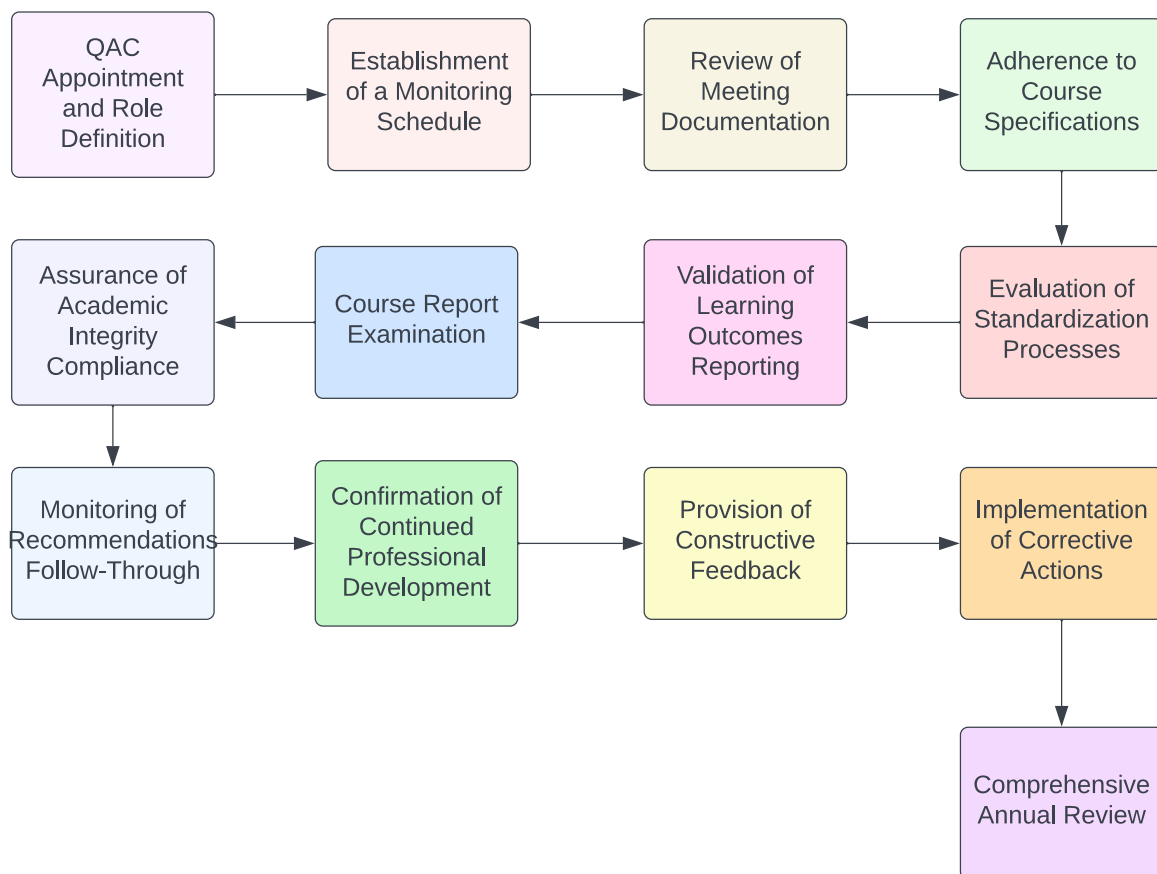


Figure 35: Flowchart of Monitoring Courses Teams Process (Process Code: P-D-06)

5.15 Exit Exam Implementation and Report (P-C-06)

Monitoring the exit exam and preparing its final report constitutes an essential “doing” and “checking” process within the programmatic OC-QMS framework, as it provides valuable insights into the efficacy of both the exam and the PLOs of the program itself. This process allows for a comprehensive evaluation and continuous improvement of the program as detailed in this section. The procedures for monitoring the exit exam and preparing its final report are outlined in the steps below. Note that the process of monitoring and implementation of the exit exam and preparing its final report (P-C-06) is divided into two sub-processes: Monitoring and Implementation (P-C-06-01) and Exit Exam Report (P-C-06-02), as follows:

Monitoring the Implementation of the Exit Exam (P-C-06-01):

Pre-Exam Preparation:

- **Eligible Students Identification and Registration:** Collaborate with the Registrar's Office to identify and register eligible graduates. Ensure accommodation for special needs are arranged.
- **Preparation of Exam Materials:** Align exam content with PLOs and prepare all materials, adhering to Exit Exam Specification (OC-QMS-P-05). Organize logistics for the exam.

Exam Implementation:

- Conduct the exam strictly following protocols, ensure staff are briefed, and maintain academic integrity per OC-SAIPP.

Post-Exam Activities:

1. **Collection of Exam Data:** Securely collect and store completed papers and additional data like attendance and incident reports.
2. **Marking and Initial Data Analysis:** Score exams using rubrics and conduct preliminary result analysis to detect concerns.
3. **Data Entry and Compilation:** Enter results into a secure database and verify accuracy.

The Exit Exam Report (P-C-06-02):

Analysis of Results:

- Perform quantitative analysis of theoretical and practical parts and calculate statistics to assess performance against PLOs.

Mapping Results to PLOs:

- Align results with PLOs to evaluate student achievement.

Comprehensive Comments:

- Generate comments on student performance and the effectiveness of exam questions.

Drafting the Report:

- Structure the report with an Executive Summary, Methodology, detailed analyses, Results Mapped to PLOs, Overall Comments, and Appendices.

Review and Feedback:

- Circulate the draft for feedback and finalize the report ensuring clarity and actionable insights.

Presentation and PLOAR:

- Present the final report to the department council and enter results into OC-E-QMS. The results are crucial for the PLOs Assessment Report (PLOAR, process P-C-07).

More details on these two processes are available in section 4.2.15 of the unabridged version. P-C-06 is summarized in Figure 36 below.

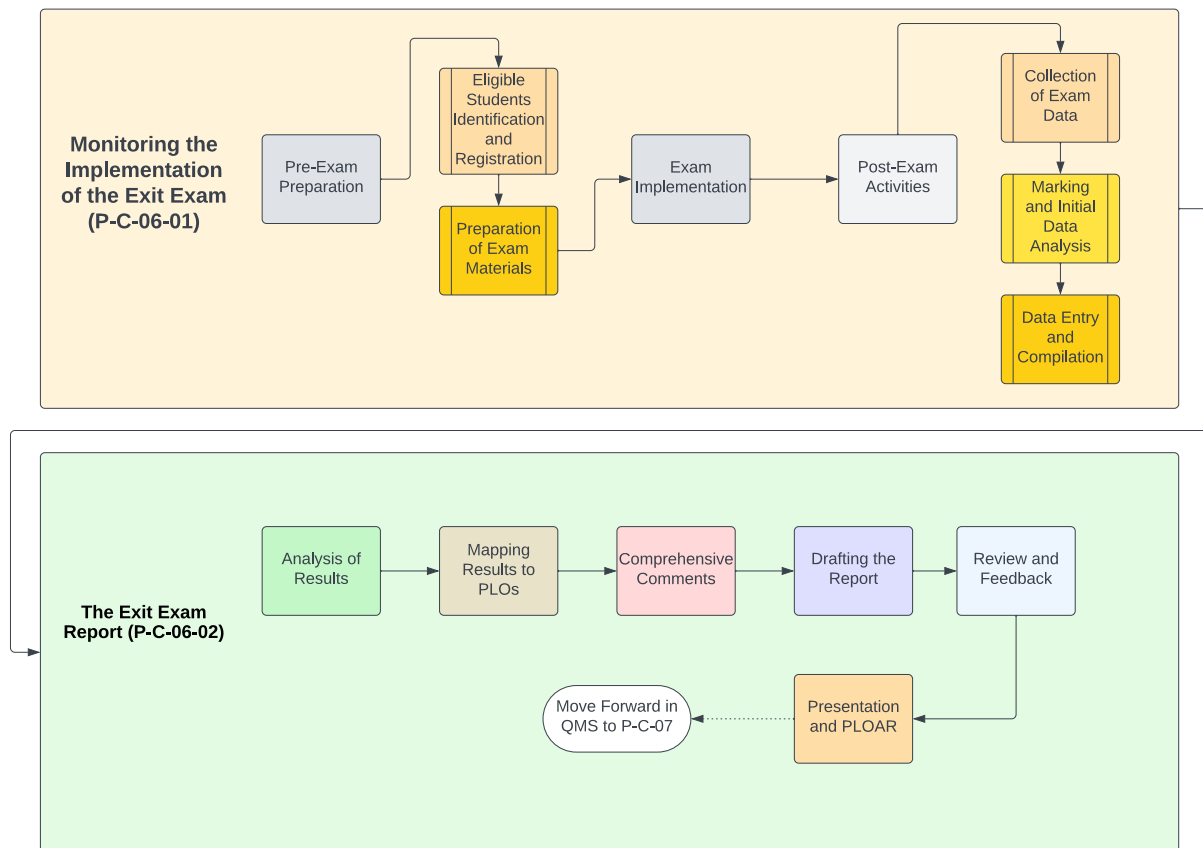


Figure 36: Flowchart of Exit Exam Implementation, Monitoring and Reporting (Process Code: P-C-06)

5.16 Annual Program Surveys Report (P-C-09)

In alignment with Guiding Principle #5, and based on OC-QMS Policy P-05, all OC academic programs are expected to analyze (10) surveys annually and prepare a comprehensive periodic surveys report. The [OC Guidebook on Programmatic KPIs and Surveys](#) provides the detailed process and procedures for conducting, analyzing, and reporting periodic program surveys (P-C-09). For convenience, a summary of the key steps is provided below:

1. The program ten (10) surveys are conducted centrally through the Onaizah Colleges' Online Quality Management System (OC-E-QMS) as per the schedule outlined in the Guidebook.
2. At the start of each semester, the Performance Evaluation Department uploads the surveys scheduled for that semester on Google Forms and sends an official notification to colleges with survey links.
3. Colleges disseminate the survey links to their academic programs.
4. Programs publish the survey links through email and other channels to relevant stakeholders like students, faculty, employers etc.
5. The surveys are kept open for 2 weeks (weeks 8 and 9 of the semester) for responses.
6. In week 10, the Performance Evaluation Department reviews response rates and follows up to improve rates below 50%.
7. The surveys may be extended up to week 11 to improve response rates if required.
8. In week 12, detailed survey reports are generated by the Performance Evaluation Department and uploaded through OC-E-QMS.
9. OC will provide thorough analysis and charts for each program survey.
10. The Periodic Surveys Report is completed by QAC in OC-E-QMS. The role of QAC is to examine the automatic analysis and charts and comment on those. Finally, QAC should provide actionable recommendations by the end of the surveys report on OC-E-QMS.
11. The final report is reviewed by QA.
12. The final report is then downloaded, presented, and approved by the Department Council.
13. The College Council discusses and endorses the final Periodic Surveys Report.
14. The report's recommendations are finalized to be a major input to the DTI phase of the Annual Program Report process (P-C-14 discussed in section 4.2.8 above), as well as other process mainly the self-evaluation and self-study report (P-C-11) under the analysis of relevant NCAAA standards and criteria, and the operational plan progress report (P-E-04) under the analysis of program goals achievement.

The following flowchart

Figure 37 summarizes the steps of P-C-09.

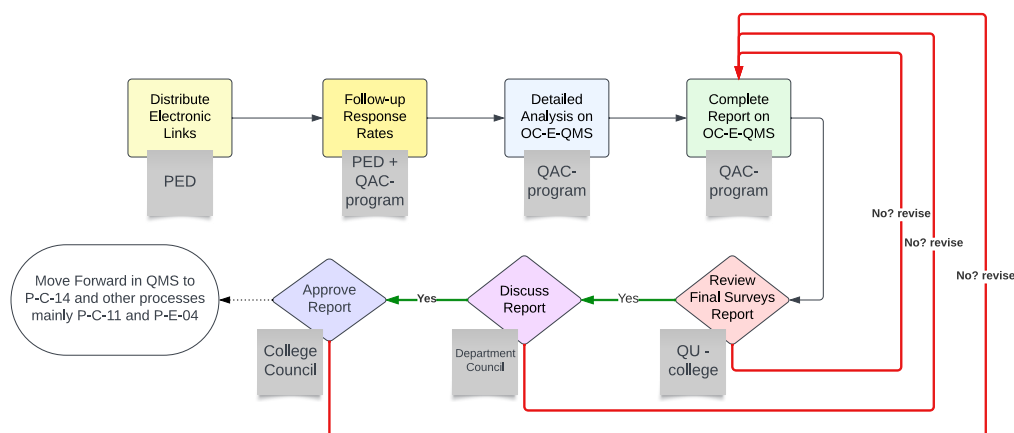


Figure 37: Flowchart of Periodic Surveys Report Preparation and Monitoring Process (Process Code: P-C-09)

5.17 Annual Program KPIs Report (P-C-08)

In alignment with Guiding Principle #5, and based on Policy P-05, an OC academic program must also analyze and report on approved programmatic KPIs annually, adhering to guidelines outlined in the relevant handbook. The process of Key Performance Indicators (KPIs) management is a critical component in evaluating the effectiveness and efficiency of academic programs at Onaizah Colleges. This procedure is detailed in the [OC Guidebook on Programmatic KPIs and Surveys](#) and outlines the annual process for calculating, analyzing, and preparing KPI reports. The process (P-C-08) is designed to ensure that KPIs are accurately measured, properly analyzed, and reported in a way that facilitates continuous improvement within OC academic programs. For convenience, the main steps of the process are given below:

1. Manual Calculation of KPIs by the Quality Assurance Committee (QAC)

Each academic program's Quality Assurance Committee (QAC) is responsible for manually calculating certain KPIs. These KPIs are typically those that cannot be automatically measured due to their nature or because they require specific contextual insights from the QAC.

Procedure:

- Identify the KPIs that require manual calculation. Those KPIs are highlighted in the [OC Guidebook on Programmatic KPIs and Surveys](#).
- Gather the necessary data from relevant sources.
- Calculate the KPIs using the prescribed formulas and methods as stipulated in the Handbook.
- Document the calculated values for further analysis and reporting.

2. Automatic Calculation of Survey-based KPIs

Survey-based KPIs are calculated automatically by the OC-E-QMS (Onaizah Colleges Electronic Quality Management System). These KPIs are derived from data collected through various surveys discussed in the previous section.

3. Electronic KPIs Report Generation

The OC-E-QMS will generate an electronic KPIs report that includes all KPI values and visual charts. The report will also present internal benchmarks, external benchmarks, and predefined targets for comparison.

Procedure:

- Access the KPIs report on the OC-E-QMS.
- Review the completeness and accuracy of the KPI values, charts, and benchmarks.

4. Automated Analysis of Each KPI

The OC-E-QMS will provide an automated analysis of each KPI, highlighting trends, performance against targets, and any other significant insights derived from the data.

Procedure:

- Review the automated analysis for each KPI to ensure it aligns with the data presented.
- Note any discrepancies or areas that require further investigation.

5. QAC Commentary and Recommendations

The QAC is required to comment on the analysis provided and finalize the report by writing actionable recommendations. These recommendations should follow the guidelines provided in the OC KPIs Handbook to ensure consistency and relevance.

Procedure:

- Discuss the KPI analyses within the QAC to identify potential areas for improvement.
- Draft clear, actionable recommendations based on the guidelines in the Handbook.
- Finalize the report with the QAC's comments and recommendations.

6. Review by Quality Unit (QU) and Quality Assurance Administration (QAA)

The QU at the college as well as QAA will review the finalized report to ensure that all comments and recommendations are consistent with the analyses provided.

Procedure:

- Submit the report to the QU for review through OC-E-QMS.
- Submit the report to the QAA for review through OC-E-QMS.
- Address any feedback or revisions suggested by QU or QAA.

7. Council Discussions and Approval

The report is then presented to the department and college councils for discussion and formal approval. The final discussion and approval will be conducted the relevant college council.

Procedure:

- Schedule a meeting with the department and college councils to discuss the report.
- Present the KPIs, analyses, and QAC's recommendations.
- Obtain formal approval for the report from both councils through meetings minutes.
- Once approved, send the report to QAA which will arrange for presenting the report to SCPQ to obtain its formal approval.

8. Input to the Annual Program Report and Other Processes

Once approved, the KPIs report becomes a major input to the Annual Program Report, as per Process P-C-14, and other processes such as P-C-11 and P-E-04.

Procedure:

- Incorporate the approved KPIs report recommendations into the Annual Program Report according to the details of the DTI subphase discussed earlier, into the self-evaluation and self-study report under the analysis of relevant NCAAA standards and criteria (P-C-11), and into the operational plan progress report under the analysis of program goals achievement (P-E-04).
- Ensure that the KPIs report informs the broader analysis and development plans included in the Annual Program Report.

The following flowchart

Figure 38 summarizes the steps of P-C-08.

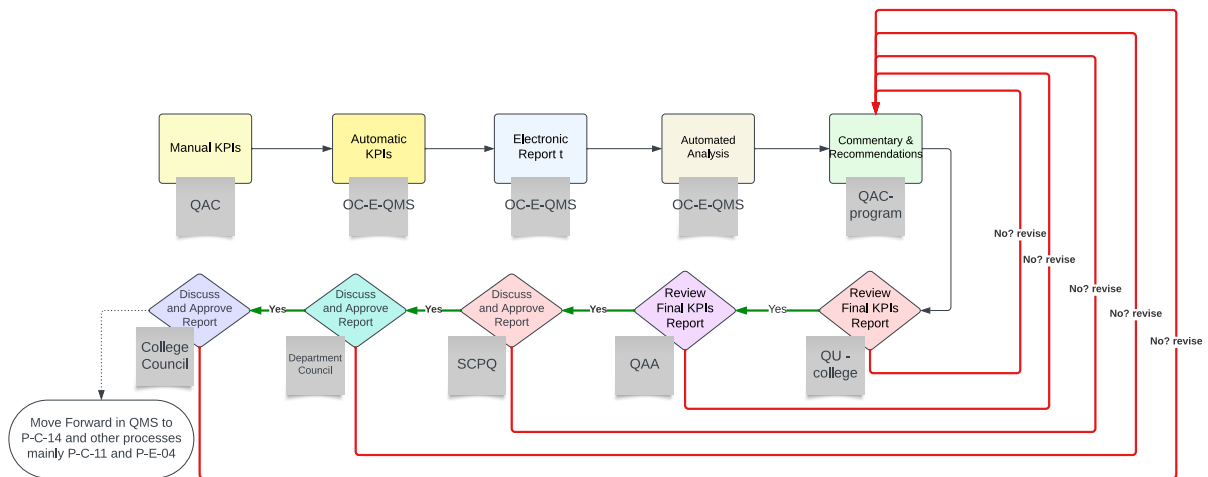


Figure 38: Flowchart of Program KPIs Report Preparation and Monitoring Process (Process Code: P-C-08)

5.18 PLOs and GAs Assessment Implementation and Documentation (P-C-07)

The Program Learning Outcomes Assessment and Reporting process (P-C-07) serves as a critical component in the overarching framework of academic program evaluation and enhancement. Its primary purpose is to systematically measure and document the extent to which students have achieved the Program Learning Outcomes (PLOs) set forth at the commencement of their educational journey. The PLOAR (PLOs Assessment Report) is the main output of this process, and it is intrinsically linked to the Program Learning Outcomes Assessment Plan (PLOAP- process P-P-07 discussed in section 4.1.2.6 above), functioning as a reflective analysis and culmination of the PLOAP's structured approach to assessing educational outcomes. By effectively capturing both the direct and indirect measures of student learning, ranging from course-level outcomes to comprehensive program-level evaluations, the PLOAR ensures that the educational objectives align with the expectations of stakeholders and conform to the institution's standards of excellence.

Policy P-08 mandates "an OC academic program should annually measure, analyze, report, and verify its GAs, PLOs, and CLOs assessment through course-level and program-level direct and indirect methods in a comprehensive GAs and PLOs Assessment Report". The implementation process of the PLOAR is a multi-faceted endeavor that begins with the gathering of key inputs, including the results of Course Learning Outcomes (CLOs), program exit exams, and targeted surveys that collectively provide a nuanced view of student achievement. Following the data collection, an automated initial draft of the PLOAR is generated using the OC-E-QMS, which then undergoes a rigorous review by the Quality Assurance Committee (QAC). This review is crucial to interpret the data accurately, highlight the strengths, identify areas for improvement, and provide actionable recommendations. Subsequent steps involve a thorough examination by both the Quality Unit at the college (QU) and the Quality Assurance Administration (QAA), followed by discussions and approvals from the department and college councils, culminating in the final endorsement by the Senior Committee for Planning and Quality (SCPQ). The finalized PLOAR then informs the Annual Program Report (APR), ensuring a closed-loop process that feeds into the continuous cycle of program improvement.

The major steps of P-C-07 are simplified below:

1. **Inputs:**
 - CLO assessment results from process P-E-02 (for calculating PLO attainment from aggregated CLOs linked to each PLO).
 - Exit exam results from process P-C-06 (to evaluate PLOs at the program level).
 - Survey results from process P-C-09 (using specified items in the surveys PO_GRAD and PO_EMPO as indirect PLO assessment).
 - All these inputs will already be available in OC-E-QMS.
2. **OC-E-QMS automatically generates a draft PLO Assessment Report (PLOAR) based on the template OC-QMS-C-07, pulling the relevant data from the inputs** (This automated subprocess is denoted as **P-E-01**)

The main sections of OC-QMS-C-07 include:

 - Basic info (college, program, date) [**Automated**]
 - Detailed PLO assessment results [**Automated**]
 - PLOAR summary [**Automated**]
 - % of achieved PLO targets (KPI OC-63) [**Automated**]
 - Summary analysis of PLOAR [**Manual**]

- Top strengths and recommendations from PLOAR [**Manual**]
- Graduate Attributes assessment results [**Manual**]
- Comments on GAs assessment [**Manual**]
- Top strengths and recommendations from GAs assessment [**Manual**]
- Approval Data [**Manual**]

Note that PLOs assessment results, actual values, male/female attainment, and targets will be calculated automatically based on the provided inputs and links established in PLOAP from process P-P-07.

3. **QAC reviews the draft PLOAR and completes the following:**
 - Provides comments on each PLO's assessment results.
 - Provides comments on GAs assessment results.
 - Identifies top 3 strengths and recommendations based on PLOAR and GAs assessment.
4. **QAC submits the completed PLOAR to QU and QAA for review of comments and recommendations.** QU and QAA's reviews will focus on:
 - Validity of the comments and recommendations made by QAC.
 - Ensuring the automated and manual sections of the report are comprehensive, completed, and accurate.
5. **PLOAR is discussed and approved by the Department Council and College Council.**
6. **Final approval of PLOAR is obtained from SCPQ.**
7. **Approval Data Documentation:** Record the session numbers and dates in the relevant sections when the PLOAR was approved by the department council, college council, and SCPQ.
8. **PLOAR results and recommendations become a main input to the Annual Program Report (APR) process P-C-14.** This also means that major recommendations from PLOAR will eventually be incorporated into operational objectives in the program's next operational plan.

The following flowchart

Figure 39 summarizes the steps of PLOAR process P-C-07.

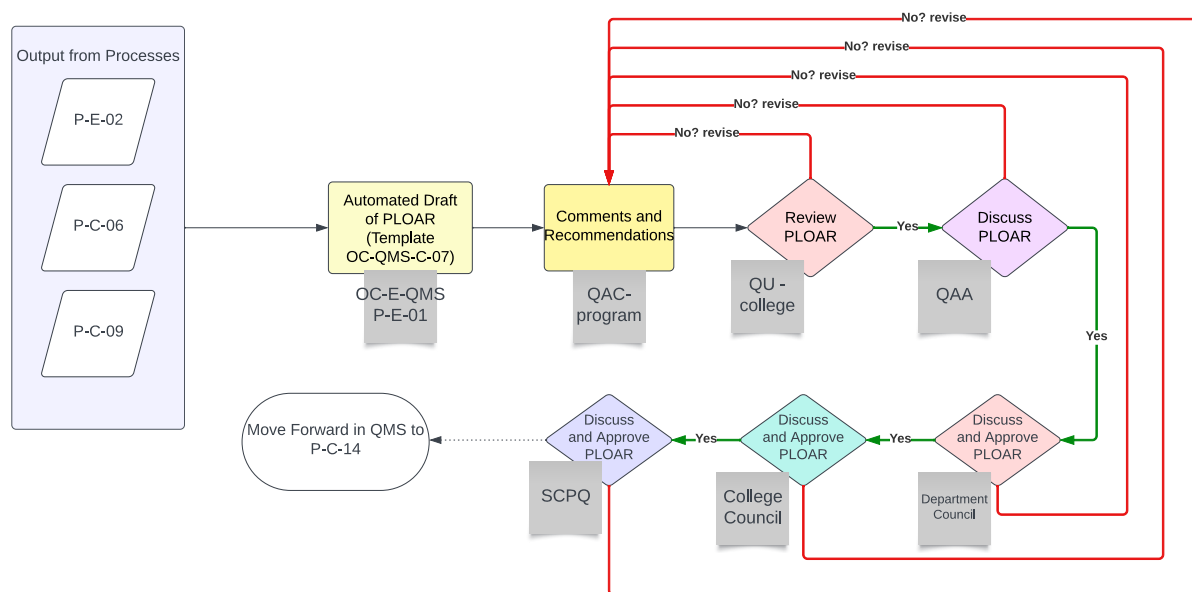


Figure 39: Flowchart of PLOs Assessment and Reporting process (Process Code: P-C-07)

5.19 Program self-evaluation and self-study report (P-C-11)

In alignment with Policy P-04, creating a comprehensive self-evaluation and self-study report involves several stages, from gathering and analyzing information to drafting and finalizing the report. Here is a detailed process, P-C-11 Self-Evaluation, and Self-Study Report, with steps tailored to guide an academic program through conducting a self-evaluation, engaging stakeholders, and utilizing ongoing evaluation processes.

Step 1: Preparation and Planning

1.1 Assemble the Self-Evaluation Team and Announce the Initiation of the Process

- Identify team members from stakeholder groups mainly faculty, and students, administrators, if necessary and applicable.
- Assign roles and responsibilities, ensuring balanced representation.
- Widely announce the initiation of the process among main stakeholders.

1.2 Review Evaluation Criteria and Standards

- Familiarize the team with the NCAAA accreditation (5) standards and quality assurance criteria.
- Map the relevant KPIs, survey results, PLOs Assessments, and operational plans progress reports.

1.3 Establish a Timeline

- Set clear deadlines for each component of the self-evaluation process.
- Schedule regular team meetings to monitor progress.

1.4 Gather Existing Reports and Data

- Collect the Annual KPIs Report (P-C-08) for at least two or three years, Annual Surveys Report (P-C-09) for at least two or three years, PLOs Assessment Report (PLOAR) (P-C-07) at least two, Annual Program Report (APR) (P-C-14) at least two, and Operational Plan Progress and Performance Report (P-E-04) at least two.
- Ensure access to necessary databases and information systems, especially OC-E-QMS and E-Register systems.

Step 2: Data Collection and Analysis

2.1 Analyze KPIs and Operational Plans Progress Reports

- Examine the Annual KPIs Reports and Operational Plan Progress Reports for trends, achievements, and areas needing improvement.
- Match KPI results with program goals.

2.2 Review Survey Results and Stakeholder Feedback

- Review the Annual Surveys Reports for feedback from students, faculty, alumni, employers, and other stakeholders.
- Identify patterns and concerns that may indicate areas for improvement for each relevant NCAAA criterion.

2.3 Assess Program Learning Outcomes

- Evaluate the PLOs Assessment Reports to determine how well students are meeting the established learning outcomes.
- Correlate the findings with teaching practices, curriculum design, and assessment methods, based on PLOARs.

2.4 Synthesize Information from the Annual Program Reports

- Integrate insights from the APRs to provide context to the performance indicators and stakeholder feedback.
- Highlight accomplishments, initiatives, and strategic developments.

2.5 Draft Preliminary Findings

- Summarize the data analysis, highlighting strengths, weaknesses, and opportunities for improvement.
- Validate findings with relevant stakeholders to ensure accuracy and completeness. To this end, focus groups should be formed including various stakeholders: faculty, students, external stakeholders, administrators etc.

Step 3: Writing the Self-Study Report

3.1 Compile the Draft Report

- Based on the data analysis above, begin drafting the self-study report using the approved NCAAA template (TP-112 2022).
- Ensure that each section of the report template is addressed thoroughly.

3.2 Integrate Stakeholder Input

- Involve stakeholders in reviewing draft sections relevant to their interests and expertise.
- Solicit feedback and incorporate it into the report. Rate the individual criteria based on evidence as well as on stakeholders' evaluations.

3.3 Review and Revise the Draft

- Circulate the draft report among the self-evaluation team for initial feedback, especially from relevant committees.
- Make revisions as necessary to ensure clarity, accuracy, and comprehensiveness.

Step 4: Internal Review and Feedback

4.1 Submit to the Quality Unit-College (QU)

- Present the draft report to the QU for preliminary review and feedback.
- Address any concerns or suggestions from the QU.

4.2 Engage with Quality Assurance Administration (QAA)

- Submit the revised report to the QAA for a more formal review.
- Based on the submitted report, QAA will conduct the Comprehensive Internal Review/Audit (Process I-C-01) according to the guidelines in Chapter 4 below.
- Incorporate their feedback and refine the report accordingly.

4.3 Review by Senior Committee for Planning and Quality (SCPQ)

- Present the report to the SCPQ for high-level evaluation and input.
- Make final adjustments based on the SCPQ's recommendations.

4.4 Modify the report accordingly.

Step 5: Approval and Finalization

5.1 Department and College Councils Discussion

- Discuss the self-study report with the department and college councils for approval.
- Ensure that all suggestions are considered and integrated into the final version.

5.2 Final Revisions and Approval

- Make any last revisions as per the councils' feedback.
- Obtain final approval from the department head, dean, or other designated authority.

5.3 Dissemination and Implementation

- Distribute the finalized self-study report to relevant stakeholders especially faculty, students, and administration.
- Develop an action plan to address recommendations and priorities for improvement. This action plan will be embedded in the next operational plan later.
- Set clear timelines for implementing the action plan.

Step 6: Documentation and Moving Forward in OC-QMS

6.1 Attach Supporting Documents

- Attach independent evaluator reports, when available later.
- Attach Internal Review/Audit reports, when available later.
- Ensure that all other relevant documents are attached as per the template instructions, as in-text hyperlinks.

6.2 Move Forward in OC-QMS

- Embed the action plan in step (5) above into the next Annual Operational Plan of the program (according to guidelines and procedure under P-P-17).
- Initiate the Independent Opinion Process (P-C-12 discussed in Chapter 4 below) based on the finalized self-study report.
- Initiate the External Review by NCAAA based on the finalized self-study report.

By following these steps, the program can conduct a thorough self-evaluation, engage stakeholders effectively, and produce a self-study report that provides a clear picture of the program's performance and areas for improvement. The process leverages ongoing evaluation mechanisms and ensures that the report is comprehensive, evidence-based, and aligned with the institution's strategic goals and quality standards. This process (P-C-11) is summarized in Figure 40 below.

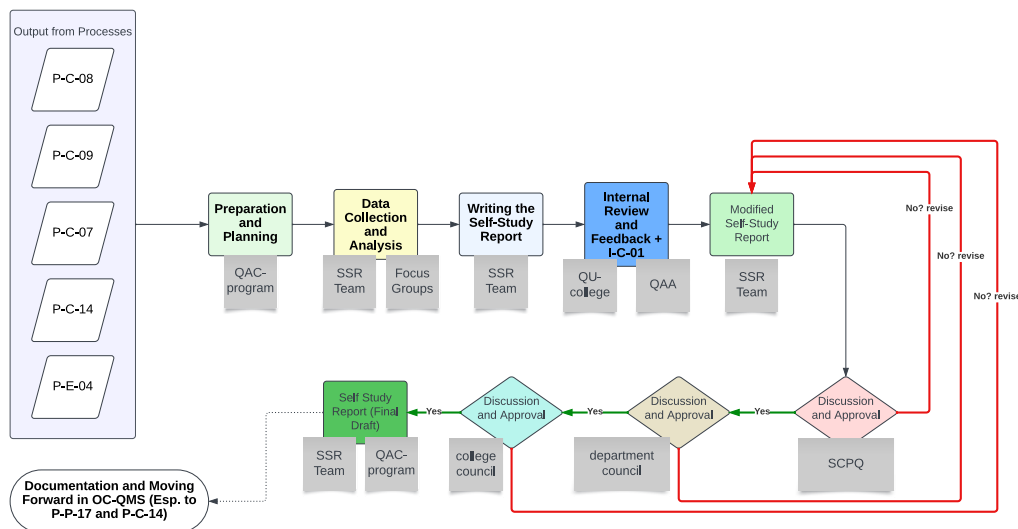


Figure 40: Flowchart of Self-Evaluation and Self-Study Report Process (Process Code: P-C-11)



5.20 Monitoring the Implementation of OC-QMS in Academic Programs: Summary

The effective implementation of OC-QMS requires monitoring at multiple levels. At the course level, QAC oversees peer reviews, learning outcomes assessments, academic integrity policies, and course reports. At the program level, Quality Unit monitor learning outcomes, surveys, annual reports, and operational planning across academic programs. At the institutional level, the Quality Assurance Administration conducts taskforce reviews, internal audits, monitoring reports, and operational plan monitoring to identify large-scale implementation issues. The OC-E-QMS platform supports monitoring through automation of workflows, data centralization, and identification of gaps. This multi-tiered human and automated monitoring system instills accountability and enables continuous assessment and enhancement of OC-QMS implementation across courses, programs, and the institution. For more on this, please see section 4.2.21 of the unabridged version.

6. Evaluation, Action Planning for Improvement and Closing the Quality Loop (S and A) for Academic Programs

6.1 Evaluation of Teaching & Learning and Learning Experience (Including Field Experience and Extracurriculars) (Evaluation Matrix EM1)

Teaching and learning are evaluated through various means as outlined in the Program Evaluation Matrix (PEM) and Course Evaluation Matrix (CEM) discussed above in sections 4.4.2 and 4.4.4 respectively. This section summarizes the key points outlined in section 4.3.1.1 of the unabridged version of this handbook.

- Teaching effectiveness is evaluated through faculty peer reviews using a standard rubric, as well as student course surveys.
- Learning outcomes achievement is measured by analyzing student performance on course learning outcome (CLO) assessments.
- Feedback from the Professional Advisory Committee provides insights on graduate competencies.
- The overall learning experience is evaluated via student surveys at the course and program levels, as well as alumni and employer surveys.
- The Quality Assurance Committee reviews all evaluation data to identify strengths and weaknesses. Recommendations for improvement are incorporated into operational plans.
- Internal quality audits by the Quality Assurance Administration provide an additional assessment of teaching and learning quality.
- The quality of field experiences is evaluated through surveys of students, field supervisors, and partner institutions, along with analysis of field experience CLOs.
- Extracurricular activities are mapped to intended learning outcomes, which are then evaluated after implementation to gauge their impact.
- Many aspects of teaching and learning are evaluated through specific KPIs.

These evaluations and their underlying mechanisms of Teaching & Learning and Learning Experience in OC academic programs are summarized in Table 4 below. More details on these evaluations can be found in section 4.3.1.1 of the unabridged version of this handbook.

Table 4: Summary of Teaching & Learning Evaluation (Evaluation Matrix EM1)

Evaluation Component	Evaluation Method(s)	Linked Matrix Component or Process	Evaluation Tool	Main KPIs
Teaching Effectiveness	Faculty Peer Reviews	CEM - Component 1	OC-QMS-D-01 Rubric	KPI-P-13
Teaching Effectiveness	Student Surveys	CEM - Components 1, 3	PO_SU_01 PO_SU_02 Course Evaluation Surveys	KPI-P-03 OC18 OC19
Learning Outcomes Achievement	CLO Assessments	CEM - Component 4	Analysis of student performance and CLOs attainment	KPI-P-02 OC63
Graduate Competence	Professional Advisory Feedback	PEM - Component 6	Feedback on graduate skills PO_GRAD PO_EMPO	KPI-P-07
Learning Experience	Student Surveys (Courses & Program)	CEM - Components 3-7	PO_SU_01 PO_SU_02 Course Evaluation Surveys	KPI-P-10 OC25 OC26 OC27 OC28 OC29 OC30
Graduate Competence and Experience	Alumni and Employer Surveys	PEM - Components 6, 9	PO_GRAD PO_EMPO	KPI-P-06 KPI-P-09
Quality Assurance	Quality Assurance Committee Reviews	PEM - Component 8	Evaluation data synthesis	-
Quality of Extracurricular Activities	Quality Assurance Committee	Evaluation based on Template P-P-14-B	-	-
Quality Assurance	Internal Quality Audits	QAA Institutional Level (I-C-01)	Long-term and annual reviews	-
Overall Quality	Independent Opinion	Evaluation based on NCAAA Standards (P-C-12)	Long-term	-
Field Experience & Training Quality	FE Course Instructor(s)	PEM Component 2, CEM Component 2	FE CLOs assessment and analysis of results according to FE CLOs targets	-
Field Experience & Training Quality	Student, Supervisor, Surveys	PEM Component 2, CEM Component 2	PO_FTR_STU PO_FTR_SUP	OC68 OC69



6.2 Evaluation of Advising, Counselling and Academic Support Services (Evaluation Matrix EM2)

Academic, social, psychological advising and grievance/disciplinary processes are evaluated through student surveys at the course and program levels. Course evaluations gather feedback on instructor availability, responsiveness and overall support (CEM component 7, PO_SU_01 Q7). Program surveys evaluate the effectiveness of academic advising (PEM component 7, OC25, PO_SU_02 Q14), career guidance (OC26, PO_SU_02 Q9-Q12), psychological counseling (OC27, PO_SU_02 Q15) and social counseling services (OC27, PO_SU_02 Q15). Students also assess the fairness of grievance and disciplinary mechanisms (PEM component 7, OC24, PO_SU_02 Q7-Q8).

The program identifies talented, creative, and struggling students through indicators like test scores, assignment performance, faculty referrals and attendance rates (PEM component 7, linked to OC28, OC29). Support procedures for these groups are reviewed by the Student Welfare Committee and the Quality Assurance Committee. Surveys evaluate student satisfaction with services for talented (OC28, PO_SU_02 Q16-Q17) and struggling students (OC29, PO_SU_02 Q18-Q19).

Results are compiled into both course reports and APRs. Recommended enhancements are incorporated into action plans and operational plans overseen by the Program Chair, based on the DTI phase discussed earlier. Previous evaluations are reviewed to ensure issues are addressed and improvements achieved, closing the quality loop (PEM component 8) through the Operational Plan Progress Report discussed below.

In addition to the above mechanisms, the quality of academic, psychological, social, and professional advising services is also evaluated through (both long-term and short-term) internal audits conducted by the Quality Assurance Administration (QAA) at the institutional level. The audit teams provide recommendations and feedback for enhancing the effectiveness of advising services and supporting struggling, talented, and creative students. Advising and academic support services are also included in the Independent Opinion process, providing an objective outside perspective. By incorporating insights from these additional verification reviews, the program ensures advising services fully support student development and success.

This comprehensive evaluation approach utilizes surveys (mainly PO_SU_01 and PO_SU_02), data analysis, committee reviews and student feedback, as summarized in Table 5 below.

Table 5: Summary of Advising, Counselling and Academic Support Services Evaluation (Evaluation Matrix EM2)

Evaluation Method	Evaluation Focus	PEM/CEM Component	Main KPIs /Survey Items
Course Evaluations	Instructor availability, responsiveness, and overall support	CEM 7	OC25, OC27, Course Evaluation Survey (CES)
Program Surveys	Effectiveness of academic advising	PEM 7	OC25, PO_SU_01 Q7, PO_SU_02 Q14
Program Surveys	Effectiveness of career guidance	PEM 7	OC26, PO_SU_02 Q9-Q12
Program Surveys	Effectiveness of psychological counseling	PEM 7	OC27, PO_SU_02 Q15
Program Surveys	Effectiveness of social counseling services	PEM 7	OC27, PO_SU_02 Q15
Program Surveys	Fairness of grievance and disciplinary mechanisms	PEM 7	OC24, PO_SU_02 Q7-Q8
Identification of Talented, Creative, and Struggling Students	Test scores, assignment performance, faculty referrals, and attendance rates	PEM 7	OC28, OC29
Support Procedures for Talented and Struggling Students	Advising Committee Reviews	PEM 7	OC28, OC29
Student Satisfaction with Services for Talented Students	Surveys	PEM 7	OC28, PO_SU_02 Q16-Q17
Student Satisfaction with Services for Struggling Students	Surveys	PEM 7	OC29, PO_SU_02 Q18-Q19
Internal Audits by Quality Assurance Administration (QAA)	Evaluation of Quality of Advising and Academic Support Services based on NCAAA relevant criteria.	-	-
Independent Opinion Process	Evaluation of Quality of Advising and Academic Support Services based on NCAAA relevant criteria.	-	-

6.3 Evaluation of Learning Resources and IT services (Evaluation Matrix EM3)

- Quality and adequacy of learning resources and IT services evaluated through detailed student and faculty surveys at the course and program levels (CEM component 3, PEM component 3, PO_SU_02 survey Q28-30, PO_SU_01 survey Q26-27).
- Survey results analyzed annually by Learning Resources, Facilities and Equipment Committee (LRFE) along with course evaluation data, faculty input, and performance on relevant KPIs (OC-50, OC-51, KPI-P-17, OC-54, OC-71).
- LRFE conducts periodic re-evaluations of learning resources at minimum once per year based on Policy P-12 to ensure relevance, currency, and effectiveness in supporting teaching and learning (P-P-13).
- Learning resources undergo periodic quality audits by QAA (I-C-01 and I-C-02) and Independent Opinion (IO) review (P-C-12).
- Recommendations from surveys, evaluations, audits, and independent review incorporated into operational plans through DTI phase.
- Consistent review, acquisition, evaluation, and adjustment cycle maintains outstanding quality and continuous improvement of learning resources.

The overall evaluation of learning resources and IT services is provided in Table 6 below. More details on these evaluations can be found in section 4.3.1.3 of the unabridged version of this handbook.

Table 6: Summary of Learning Resources and IT Services Evaluation (Evaluation Matrix EM3)

Evaluation Method	Evaluation Focus	PEM/CEM Component	Main KPIs /Survey Items
Course Surveys	Quality of individual learning resources	CEM 3	Course Evaluation Survey (CES)
Program Surveys	Overall learning environment, including availability and accessibility of resources	PEM 3	PO_SU_02 Q28-30, PO_SU_01 Q26-27
Learning Resources, Facilities and Equipment Committee (LRFE) Reviews	Gaps or areas needing improvement related to the program's learning resources	PEM 3	OC-50, OC-51, KPI-P-17, OC-54, OC-71
Periodic Re-evaluations by LRFE	Relevance, currency, and effectiveness of resources in supporting teaching and learning	PEM 3	-
Quality Audits by Quality Assurance Administration (QAA)	All aspects of learning resources	-	-
Independent Opinion (IO) Review	Quality and adequacy of learning resources, in addition to their alignment with program and course learning outcomes	-	-

6.4 Evaluation of Admission and Enrolment Mechanisms and Services (Evaluation Matrix EM4)

- Admission and enrollment evaluated through Program Evaluation Matrix (PEM), Course Evaluation Matrix (CEM), student and alumni surveys, and relevant KPIs (KPI-P-11, KPI-P-08, KPI OC-20, KPI OC-22, KPI-P-05).
- PEM component on Teaching and Assessment Effectiveness uses surveys of students (PO_SU_01), alumni (PO_GRAD), and Advisory Committee to assess if admission criteria are aligned with program outcomes and course requirements.
- CEM student course evaluation questions assess if enrolled students match course demands.
- Student surveys assess efficiency, clarity, transparency of enrollment procedures (PO_SU_01, PO_SU_02).
- Periodic quality audits by QAA and Independent Opinion (IO) review (P-C-12) investigate admission and enrollment procedures and provide recommendations.
- Recommendations incorporated into Operational Plan objectives and workplans (KPI-P-01) to drive continuous enhancements.
- Follow-up evaluations next year compare results to assess impact of changes and provide evidence of effectiveness.

The overall evaluation of admission and enrollment is summarized in Table 7 below. More details on these evaluations can be found in section 4.3.1.4 of the unabridged version of this handbook.

Table 7: Summary of Admission and Enrollment Evaluation (Evaluation Matrix EM4)

Evaluation Component	Evaluation Method(s)	Linked Matrix Component or Process	Evaluation Tool	Main KPIs
Admission Criteria Alignment	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 (Students) PO_GRAD (Alumni)	KPI-P-11
Enrollment Capacity Management	KPI Analysis	PEM - Teaching and Assessment Effectiveness	KPI-P-11 (Student to Faculty Ratio)	KPI-P-08
Admission Criteria Effectiveness	Cross-checks & Surveys	CEM - Course Evaluation Matrix	Course Evaluation Survey	-
Enrollment Procedure Efficiency	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 PO_SU_02 PO_GRAD	OC-20 OC-22
First-Year Retention Analysis	KPI and Data Analysis	PEM - Teaching and Assessment Effectiveness	KPI-P-05 (First-Year Retention)	-
Induction Program Effectiveness	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 (Survey Item 13)	-
Overall Quality of Admission and Enrollment	Internal Quality Audits	-	-	-
Overall Quality of Admission and Enrollment	Independent Opinion Review	-	-	-

6.5 Evaluation of Facilities, Equipment and Safety (Evaluation Matrix EM5)

- Quality of facilities, equipment, and safety evaluated through PEM, CEM, surveys (PO_PRO_01, PO_PRO_02, PO_SU_01, PO_SU_02), and KPIs (OC56, OC57, OC58, OC59, OC60).
- PEM evaluates via surveys, LFE Committee analysis, and QAC reviews.
- CEM evaluates via student course surveys and peer classroom observations.
- Internal audits by Quality Assurance Administration (QAA) provide comprehensive reviews of facilities, equipment, and safety.
- Independent Opinion (IO) review (P-F-10) provides objective assessment against benchmarks.
- Audit and IO review findings and recommendations feed into operational planning process (DTI phase).
- Key evaluation aspects: PEM, CEM, surveys, LFE Committee review, KPIs, audits, IO review.

These evaluation aspects are summarized in Table 8 below. More details on these evaluations can be found in section 4.3.1.5 of the unabridged version of this handbook.

Table 8: Summary of Evaluation of Facilities, Equipment and Safety (Evaluation Matrix EM5)

Evaluation Aspect	Evaluation Mechanism	Contributors	KPIs	Outcome
Quality, availability, maintenance, and safety of facilities	Student, faculty, and staff surveys; LFE Committee analysis;	Students, faculty, staff, LFE Committee, QAC	OC56, OC57, OC58, OC59, OC60	LFE Committee and QAC analysis; Development of action plans; Inclusion in annual operational plans
Adequacy of classrooms, capacity, and technical equipment	Course evaluation survey; Peer classroom observations	Students, faculty, peers	OC57	Action plans to address classroom and equipment issues; Inclusion in annual operational plans
Satisfaction with lab technicians	Student, faculty, and staff surveys	Students, faculty, staff	OC56	Improvement in qualifications and hiring practices for lab technicians
Quality and adequacy of facilities and equipment	LFE Committee review; QAC reviews	LFE Committee, QAC	OC58	Strategic investments in facilities and equipment; Upgrades and maintenance planning
Availability of security and safety equipment	Student, faculty, and staff surveys	Students, faculty, staff	OC59	Enhancement of security measures; Regular updates to safety equipment; Increased safety drills and training
Awareness of risks evidence and management	Surveys; Internal audits	Students, faculty, staff, QAA	OC60	Improved risk management strategies; Enhanced awareness programs
Effectiveness of safety training and Suitability of facilities for educational purposes	Internal QAA audits; IO review	-	-	Refinement of safety training programs; Upgrades to facilities to meet educational requirements; Renovations and expansions; Implementation of recommendations

6.6 Evaluation of Other Quality Aspects

There are additional quality aspects and criteria from the NCAAA standards that are not directly covered in the specific evaluation sections above. These other aspects relate to broader program management, quality assurance processes, curriculum design, some student support services, faculty sufficiency and performance, and overall resource management.

While some components are evaluated through indirect mechanisms like surveys and committee reviews discussed earlier, the overall quality in these other areas is thoroughly evaluated through the comprehensive Internal Quality Audits conducted by the Quality Assurance Administration (QAA) at the institutional level. The audit teams do in-depth investigations and analysis of all the program's systems, processes, resources, and outputs based on the full criteria and standards outlined in the NCAAA requirements.

In addition to the internal audits, an overarching external perspective is provided through the Independent Opinion (IO) review process. The IO provides an impartial evaluation of all aspects of the program, including the quality of program management, curriculum design, teaching effectiveness, student services, faculty qualifications, and resource adequacy. It benchmarks the program's performance against the NCAAA standards and similar international programs.

Again, the findings, recommendations, and feedback from both the Internal Quality Audits and the Independent Opinion review feed directly into the operational planning process through the DTI phase, which allows the program to continuously monitor its overall performance against the comprehensive NCAAA criteria and implement improvements to the aspects not covered directly through other specialized evaluations outlined earlier.

6.7 Annual Operational Plan Progress (or Performance) Report and Evaluation of Achieving Mission and Goals (P-E-04)

The Operational Plan Progress Report (OC-QMS-C-03) is an integral component within the quality management system (OC-QMS) that enables effective tracking and evaluation of the program's improvement efforts through the operational planning process, as well as evaluation of the progress towards achieving the program's mission and strategic goals.

As discussed earlier, the "distill-transform-include" (DTI) phase guides the formulation of an operational plan (P-P-16) based on priority recommendations extracted from all relevant quality reports. The progress report (OC-QMS-C-03) then provides a standardized template to methodically document the program's progress in implementing each operational objective outlined in the plan.

For every operational objective, the progress template captures granular implementation details including:

- Percent completion based on specific implementation steps accomplished. This is quantitatively calculated by dividing the number of finished implementation steps by the total steps defined in OC-QMS-P-03.
- Explicit reasons for any unfulfilled implementation steps, covering factors like insufficient resources, unrealistic timelines, misassigned responsibilities etc. as specified in OC-QMS-P-03.
- Recommended corrective actions to address the unfulfilled steps in the next operational plan, such as reassignment of responsibilities, extension of timelines, reallocation of resources etc.
- Supporting evidence and verification documentation uploaded into the program's dedicated folder. This could include minutes of meetings, completion reports, photographs, videos, survey results etc.

Additionally, the template links each operational objective to the relevant strategic goal and associated KPI targets. By summarizing the actual performance of the KPIs mapped to each strategic goal, the report elucidates the impact of the operational plan in enabling the program to achieve its overarching mission and goals.

The final sections of the report synthesize the performance data to determine the overall achievement of strategic goals based on operational objectives and KPIs. It also highlights priority areas for improvement to be tackled in the next planning cycle through specific recommendations.

In essence, the progress report template OC-QMS-C-03 enables a standardized and evidence-based approach to track short-term operational progress as well as inform long-term program development. By methodically documenting objective achievement and performance gaps, it facilitates sound data-driven decision making to guide impactful quality improvements through the operational planning process. The template is thus indispensable for closing the quality loop, monitoring advancement toward goals, and spearheading program excellence within the OC-QMS framework.

6.7.1 Preparation, Review and Approval of OC-QMS-C-03

The process for the preparation, review, and approval of the Annual Operational Plan Progress Report, denoted as P-E-04, is a multi-step process as diagrammed in Figure 41 below.

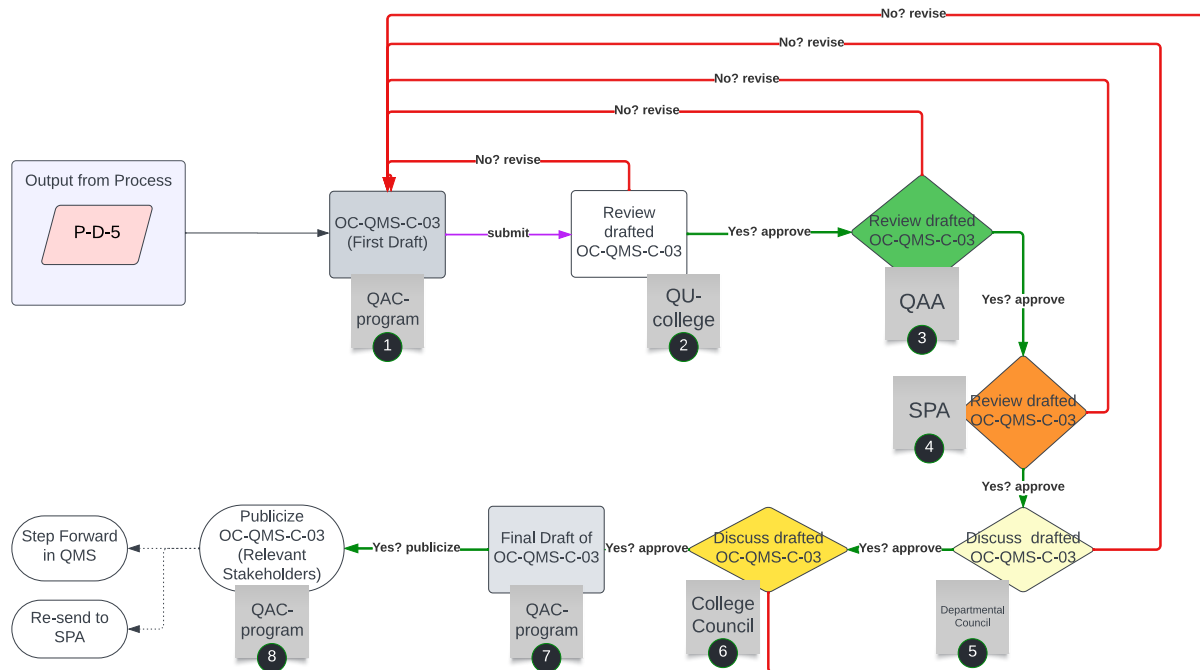


Figure 41: A flowchart demonstrating the process of Program Operational Plan Progress/Performance Report preparation, review, and approval (Process Code: P-E-04)

The preparation of the progress report OC-QMS-C-03 begins with the program's Quality Assurance Committee (QAC) drafting the template based on the previous year's approved operational plan OC-QMS-P-03 and based on the output of the monitoring the implementation of the Operational Plan (P-D-5). Using the documented operational objectives, implementation steps, and performance targets, QAC comprehensively populates each section of the report template with the relevant data, analysis, and evidence (Step 1).

Once a draft is ready, QAC sends the OC-QMS-C-03 report to the Quality Assurance Unit (QU) for an initial review (Step 2). QU thoroughly examines all aspects of the report to ensure proper completion of all required sections, accuracy of supporting evidence provided, and alignment with the guidelines of the quality management system OC-QMS. If any deficiencies are identified, such as incomplete information, insufficient evidence, or deviations from the template format, QU returns the report to QAC for modifications and improvement.

After revising OC-QMS-C-03 accordingly, QAC resubmits the updated version to QU for a final check. When QU verifies that the report satisfies all stipulated criteria, the OC-QMS-C-03 is forwarded to QAA for further review (Step 3).

Once reviewed by QAA, the report is sent to the Strategic Planning Administration (SPA) for the next level of review (Step 4). SPA focuses its evaluation on the achievement of strategic goals and key performance indicators, ensuring the analysis and conclusions presented align with the actual data. If any disconnect is noted, SPA provides input to OAC for remediation.

Subsequently, QAC modifies the document as needed and prepares a version of OC-QMS-C-03 to be tabled to the Department Council (Step 5). The council thoroughly discusses the report and may recommend further changes to strengthen the quality of reporting or better reflect the program context. QAC notes all suggestions made during the council review and incorporates the approved modifications into a final version of the progress report.

This finalized OC-QMS-C-03 is then elevated to the College Council for the final stage of review leading to formal approval (Step 6). Upon endorsement by the college council, QAC prepares the final draft of the report considering all recommendations by the councils (Step 7). The approved and final draft report is then reviewed by QAC (Step 8) for archiving and publication to all relevant program stakeholders, both internal and external. QAC also provides a copy of the approved OC-QMS-C-03 to SPA for incorporation into institutional quality reports. At this stage, the authorized progress report OC-QMS-C-03 is ready to feed forward into the next iteration of the quality management system, becoming a vital input for the formulation and selection of operational objectives in the next operational plan (Process P-P-16). It also serves as a key reference document for the program's Self-Evaluation and Self-Study process (Process Code: P-C-11) as well as other OC-QMS processes requiring information on the achievement of strategic goals and operational objectives. Thus, the completion of OC-QMS-C-03 closes the current quality loop while catalyzing the next cycle of quality enhancement.

In summary, this process of preparation, review, feedback, and endorsement at multiple levels ensures OC-QMS-C-03 provides high quality, evidence-based reporting on the program's operational progress aligned with the objectives of OC-QMS.

6.8 External and Internal Quality Audits/Reviews

Based on Policy P-04, OC-QMS mandates that all academic programs be subject to internal and external quality reviews and audits. In OC-QMS, there are two types of internal audits, and two types of external audits as follows:

1. **Interim Internal Quality Audit:** This should be conducted annually by QAA where the focus will be on the extent to which an academic program progresses towards its annual operational objectives, and with respect to follow-up on APRs, KPIs Surveys Reports, and SSR recommendations.
2. **Comprehensive Internal Quality Audit:** This should be conducted every 3-5 years and requires that an academic program have completed its SSR. The audit will evaluate the program regarding its compliance to the NCAAA criteria and based on its SSR and supportive evidence. A full review report will be issued including strengths and areas for improvement.
3. **Independent Opinion:** This should be conducted every 5 years and requires that an academic program have completed its SSR. OC will contract an external expert in quality and the field of a given program who will evaluate the program regarding its compliance to the NCAAA criteria and based on its SSR and supportive evidence. A full IO review report will be issued including strengths and areas for improvement. A program should discuss the IO recommendations in an updated version of its SSR.
4. **NCAAA External Review:** This review will be conducted by NCAAA directly. A full review report will be issued by NCAAA including strengths and recommendations. A program should respond to this report by an action plan for all recommendations.

The four reviews/audits and their exact procedures are discussed in detail in section 4.3.2 of the unabridged version of this handbook.



7. Summary of OC-QMS Cycles, Interrelations, Interconnectivities and Overarching Synopsis

7.1 OC-QMS Interrelations and Interconnectivities

OC-QMS provides a comprehensive framework for upholding and enhancing academic quality and outcomes through an integrated Plan-Do-Study/Check-Act (PDSA) cycle. This quality management approach aligns with best practices for continuous improvement. The OC-QMS programmatic processes comprehensively map onto the four PDSA stages, with interlinked planning activities that establish strategies and structures, implementation “doing” processes that execute education and assessments, monitoring, and evaluation “study/check” mechanisms that review results and identify opportunities for improvement, and actionable “act” procedures to drive enhancements based on the evaluation outputs. The following detailed mapping aims to elucidate the linkage of all key OC-QMS processes and components to the PDSA cycle stages, demonstrating how the system enables an integrated approach to managing, evaluating, and enhancing academic quality and outcomes on an ongoing basis.

Plan (P)

The planning phase establishes the building blocks for quality management and strategic direction:

- Defining program mission, goals, KPIs (P-P-01, P-P-02) - Aligns program efforts with institutional direction. Details strategic targets.
- Developing program specification (P-P-09) - Comprehensively defines all academic components. Guides consistent program delivery.
- Preparing course specifications (P-P-10) and field experience specification (P-P-11) - Outlines all course components including CLOs, topics, assessments. Provides course implementation blueprint.
- Formulating PLOs (P-P-03), CLOs (P-P-05) - Ensures student-centered education focused on outcomes. Defines measurable knowledge/skills outcomes.
- Curriculum mapping (P-P-04), constructive alignment (P-P-06) - Links outcomes to curriculum/teaching strategies/assessments. Promotes curriculum coherence.
- Crafting PLO assessment plan (P-P-07) - Blueprint for evaluating PLO achievement. Details assessment methods, targets, timelines.
- Preparing exit exam specification (P-P-15) - Defines exit exam for direct PLO measurement at program level.
- Planning surveys & KPIs (P-P-05) - Performance metrics centrally managed for consistency.
- Developing operational plan (P-P-16, P-P-17) - Consolidates recommendations into operational objectives and implementation plans.
- Forming quality teams and committees (I-P-08, I-P-09, P-P-12, P-P-19) - Enables oversight and accountability. Establishes organizational structures.
- Developing research, community engagement, training plans (P-P-17-2,3,4) - Develops annual activities plans based on recommendations.
- Planning extracurricular activities (P-P-14) - Defines co-curricular activities, maps to PLOs.
- Planning learning resources (P-P-13) - Ensures adequate resources for curriculum. Outlines acquisition and evaluation.
- Preparing essential program handbooks (P-P-18).

Do/Monitor/Implement (D)

Executing education, assessment, and quality assurance:

- Delivering courses based on specifications - Provides consistent, high-quality education. Monitoring the delivery through monitoring courses' teams (P-D-06). Evaluating the delivery of courses and its conformity to the courses' specs through Department Head Evaluation (P-C-13) and peer reviews (P-C-04).
- Implementing extracurricular activities (P-D-02) - Offers enrichment opportunities aligned to PLOs.
- Conducting peer reviews and classroom visits (P-C-04) as well as Department Head evaluation and visits (P-C-13) - Supports faculty and students. Provides developmental feedback.
- Carrying out advising and academic support (P-D-04) - Delivers holistic student guidance services.
- Implementing SAIPP (P-D-01) - Upholds academic integrity standards. Defines mechanisms for enforcement, violations management.
- Monitoring operational plan implementation (P-D-05) - Tracks completion of planned activities. Ensures accountability.
- Performing PLO assessments (P-C-07), administering exit exam (P-C-06), CLOs assessment (P-E-02) - Measures PLOs and CLOs achievement at course and program levels.
- Launching surveys centrally (P-C-09) - Gathers stakeholder feedback.
- Delivering field training (P-C-02) - Provides practical experience for students.
- Implementing research, community, faculty training activities (P-D-03-01,2,3) - Executes plans developed in the planning phase.

Study/Check (S/C)

Reviewing results and identifying opportunities for improvement:

- Analyzing PLO assessments (P-C-07) - Determines if outcomes are achieved. Pinpoints gaps.
- Reviewing survey reports (P-C-09) - Assesses stakeholder satisfaction. Highlights areas of concern.
- Evaluating KPIs (P-C-08) - Checks performance against targets. Identifies shortfalls.
- Preparing course reports (P-C-01) and field experience reports (P-C-02) - Evaluates individual courses. Surfaces strengths/weaknesses.
- Compiling peer review findings (P-C-05) - Identifies program-wide strengths and improvements areas.
- Completing APR (P-C-14) - Draws insights from all evaluations to determine program health.
- Monitoring course teams (P-D-06) and learning resources (P-P-13) - Verifies adherence to standards/requirements.
- Conducting internal quality audits (I-C-01) and independent opinion (P-C-12) - External quality checks through neutral lenses. Benchmarks performance.
- Evaluating field experience (P-C-02) - Assesses applied learning. Identifies areas for enhancement.
- Tracking research, community, training activities (P-D-03) - Tracks implementation of plans. Determines gaps.
- Reviewing extracurricular activities (P-P-14-B) - Evaluates impact on PLO achievement. Checks alignment.

Act/Improve (A)

Implementing enhancements based on the evaluation results:

- Incorporating recommendations into operational plan objectives (P-P-16) - Strategically addresses areas needing improvement.
- Implementing changes from operational plans - Executes recommendations to improve quality.
- Conduct PLOs and CLOs alignments minor or major reviews based on P-P-08.
- Updating program specification (P-P-09) and course specifications (P-P-10) - Revises based on findings to maintain relevance.
- Adjusting extracurriculars based on evaluation (P-P-14) - Improves PLO alignment.
- Re-evaluating through assessments, surveys, KPIs etc. - Checks impact of changes, restarting PDSA cycle.
- Preparing operational plan progress report (P-E-04) - Evaluates achievement of objectives, strategic goals and program mission. Informs next cycle.

It should be emphasized here that all OC-QMS programmatic processes are designed to connect and build upon one another in an integrated manner. That is, the outputs from certain processes become inputs for subsequent processes, creating a closed-loop system for continuous improvement. Some key examples of process interconnections are:

- The program's mission, goals, KPIs, developed in P-P-01 and P-P-02, inform the program specification P-P-09. The program specification is a key input into defining program learning outcomes in P-P-03.
- The program learning outcomes formulated in P-P-03 feed into curriculum mapping in P-P-04. The curriculum mapping matrix is used to develop course learning outcomes in P-P-05.
- The course learning outcomes from P-P-05 are inputs for course specification development in P-P-10 and establishing constructive alignment of assessments in P-P-06.
- The constructive alignment and curriculum mapping provide the foundation for the PLO assessment plan crafted in P-P-07.
- Recommendations from annual evaluation reports including PLO assessments P-C-07, surveys P-C-09, and KPIs P-C-08 are distilled into annual operational plan objectives in P-P-16 and P-P-17.
- The annual operational plan drives implementation and monitoring processes like P-D-01 through P-D-06.
- The operational plan progress report P-E-04 evaluates achievement of operational objectives, strategic goals, and incorporates recommendations into the next operational plan, restarting the cycle.
- Course learning outcomes are assessed in P-E-02 and become inputs into the course report P-C-01. Course reports inform program specification updates in P-P-09.
- Survey reports P-C-09 and KPI reports P-C-08 provide data for the annual program report P-C-14. The APR's recommendations feed into operational planning in P-P-16/17.
- Program specification P-P-09 guides consistent course delivery. Course reports P-C-01 inform specification reviews and updates in P-P-10.
- Quality audit reports I-C-01 and independent opinion findings P-C-12 are incorporated into operational planning P-P-16 and program self-evaluation P-C-11.

In summary, the OC-QMS processes utilize their outputs as inputs for subsequent stages. This interconnectivity creates an integrated system whereby the processes inform each other in a cyclic fashion to enable continuous improvement. The whole interconnectivity among OC-QMS processes is summarized in the OC-QMS Processes Map in

Figure 42 below. More details on this are provided in Chapter 5 of the unabridged handbook.

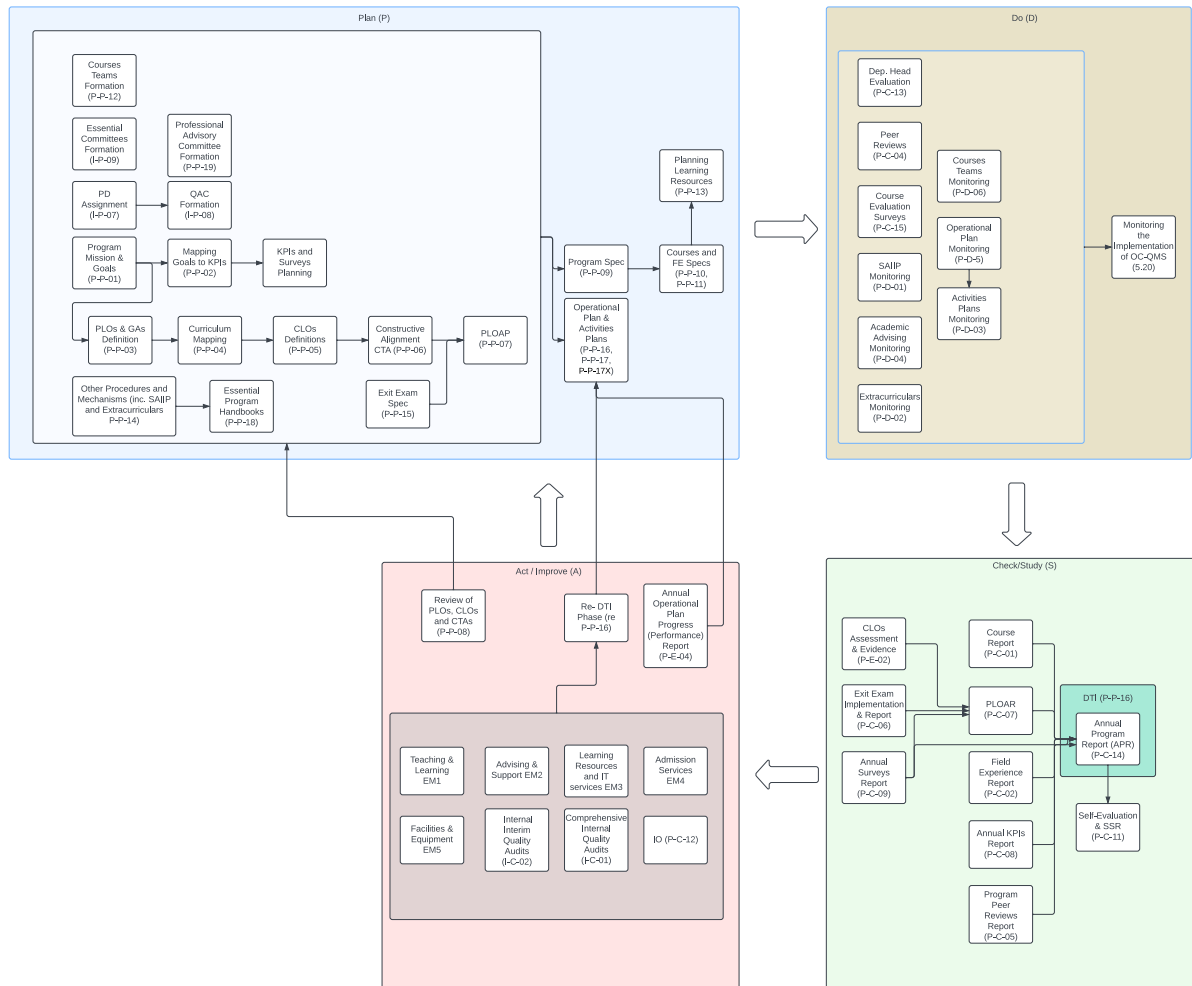


Figure 42: OC-QMS Interconnectivities - Map of Programmatic Processes

7.2 Short-term and Long-term Review Cycles for Academic Programs

OC-QMS incorporates both short-term and long-term review cycles to enable regular, systematic evaluation and improvement of academic programs. For more on these two cycles, please see Chapter 5 of the unabridged version of this handbook. The following summarizes the key points in that chapter.

Short-Term Annual Review Cycle

The short-term review cycle operates on an annual basis. It utilizes the Annual Program Report (APR, process P-C-14) and the program's Annual Operational Plan (process P-P-17) along with its Progress Report (process P-E-04) as the core components.

This annual cycle aims to review the program's performance, identify areas for improvement, develop action plans, and monitor progress on an ongoing basis. Key steps include:

- **Preparing the Annual Program Report (APR):** The APR consolidates evaluations and recommendations from all relevant processes completed during the year including PLO Assessment (P-C-07), Surveys (P-C-09), KPIs (P-C-08), Course Reports (P-C-01), Field Reports (P-C-02), and Operational Plan Progress Report (P-E-04). It provides a holistic overview of the program's performance.
- **Formulating the Annual Operational Plan:** Priority recommendations from the APR feed into the "distill-transform-include" phase (P-P-16) to develop operational objectives and implementation plans for the next year.
- **Monitoring Implementation:** The Operational Plan Progress Report (P-E-04) evaluates completion of planned activities and tracks progress on objectives.
- **Restarting the Cycle:** The Progress Report feeds forward into the next APR, restarting the annual review cycle.

This short-term cycle (summarized in

Figure 43 below) based on the APR-Operational Plan-Progress Report sequence enables regular monitoring, evaluation, and improvement on a yearly basis. It often results in minor modifications and adjustments of PS, CSs, FEs and PLOAP as well as minor reviews of PLOs, CLOs, CTAs (according to P-P-08 discussed in section 4.3.9 above).

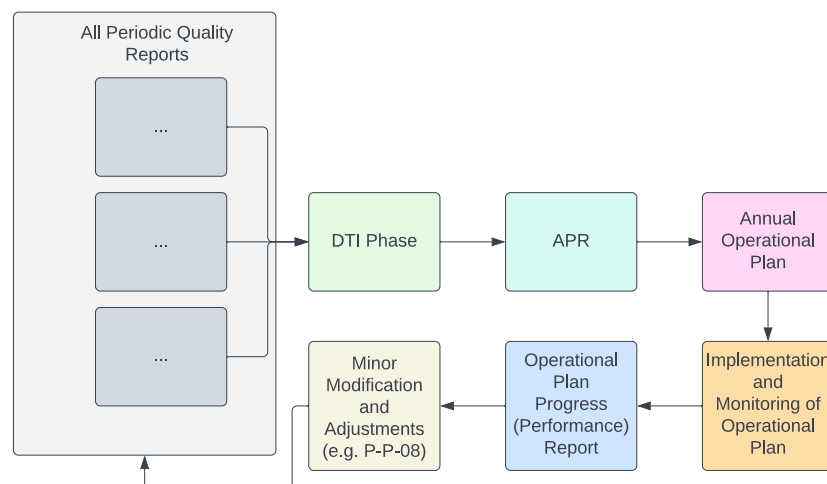


Figure 43: Summary of Programmatic Short-Term Annual Review Cycle



Long-Term Comprehensive Review Cycle

The long-term review cycle is more extensive and occurs approximately every five years. It leverages two key processes - the Self-Study Report (SSR, P-C-11) and Independent Opinion (IO, P-C-12).

The SSR involves a rigorous self-evaluation across all aspects of the program based on NCAAA standards. An IO review is then conducted by an external expert using the SSR as reference.

Key steps include:

- **Program Self-Study:** The program forms a committee to lead the self-evaluation process using relevant quality reports like APRs, PLOARs, surveys etc. This culminates in a comprehensive SSR outlining performance against the NCAAA criteria.
- **Independent Opinion:** An impartial external reviewer conducts an intensive evaluation of all program aspects based on the SSR and supporting documents. The IO produces a detailed report with strengths, areas for improvement, and ratings.
- **External Review:** another impartial external review usually conducted by NCAAA.
- **Action Planning:** The program develops a detailed action plan in its Operational Plan (P-P-17) to address IO and External Review recommendations. This action plan should be translated into several operational plans over several years.
- **Monitoring and Reporting:** Progress on implementing the IO recommendations is tracked through the Operational Plan Progress Reports (P-E-04) over multiple annual cycles.
- **Next Review Cycle:** After approximately 5 years, the next long-term review cycle begins with a new SSR that incorporates the improvements from the previous cycle.

This long-term cycle (summarized in Figure 44 below) provides both internal and external perspectives to comprehensively evaluate all program components and guide strategic enhancements over the longer-term. It often involves major changes of curriculum, program mission and strategic goals, PS, CSs, FEs as well as major review of PLOs, CLOs and CTAs (according to P-P-08 discussed in section 4.3.9 above).

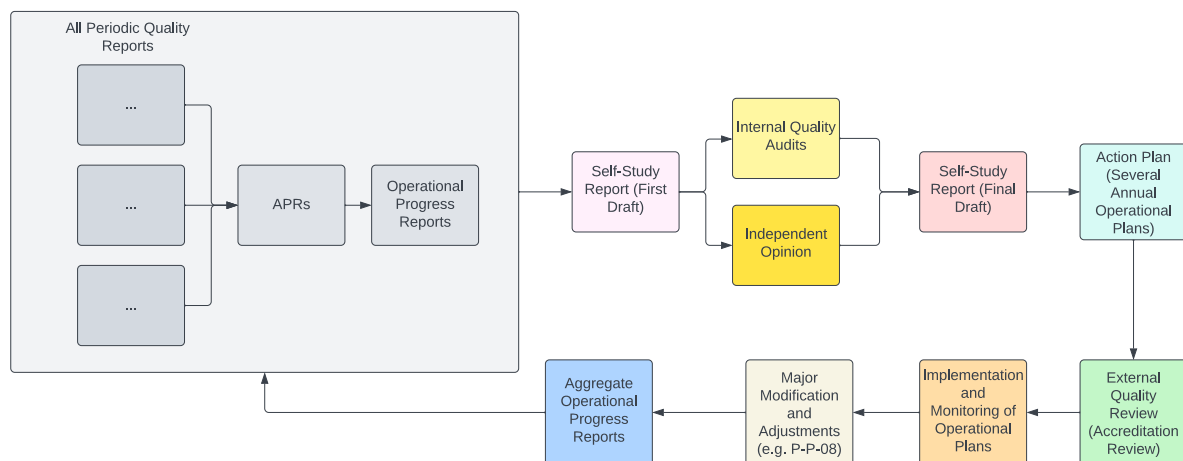


Figure 44: Summary of Programmatic Long-Term Comprehensive Review Cycle

The combination of regular short-term and periodic long-term cycles ensures OC academic programs undergo frequent internal review and continuous external validation to uphold educational excellence.

8. Regulatory Framework

The process of establishing and approving new academic programs at Onaizah Colleges is thoroughly explained in the [OC Guide to Establishing, Restructuring, and Approving Academic Programs](#). This process involves several stages, including conducting studies on market needs, benchmarking against other programs, developing program and course specifications, and obtaining approvals from various committees and administration units. Specific committees conduct feasibility studies, aligns the program with the colleges' strategic plans, and develops program specifications. MoE regulations and bylaws also mandates that study plans of a new program should be obtained/approved from/by a public university. College and department councils are involved to varying degrees in this process. Periodic program reviews are based on periodic evaluations and achievement of learning outcomes, recommend improvements, and propose modifications outputted from the relevant processes discussed in this handbook.

The OC Guide also mandates that "any proposed changes or modifications in the course or program specifications whether they are essential or secondary changes must be subject to the change levels matrix (or authority matrix given below) which organizes change levels and processes according to a hierarchical order of change authorization. Some of these authorities originate from the bylaws and regulations of MoE while others originate from the systems and regulations of Onaizah Colleges and its QMS. The purpose of using this hierarchical order matrix to organize the change processes exercised on the elements of course and program specifications is to avoid any individual non-systematic acts. All OC academic programs should refer to this authority matrix before effecting any changes in the quality documents or their elements and it is all done in line with the quality curriculum alluded to above.

The authority matrix above provides a hierarchical order of authorities to regulate change processes to course and program specifications to ensure a standardized quality system. The goal is to launch (redesign, review or modify) high-quality academic programs aligned with market needs, national qualifications frameworks, and OC mission and vision. For convenience, the authority matrix is provided in Table 9 below

Table 9: OC Authority Matrix for Programmatic Changes

Subject of change	Course Team	Quality Assurance Committee (QAC)	Quality Unit (QU)	Quality Assurance Administration (QAA)	Strategic Planning Administration (SPA)	Field Training Unit (FTU)	Senior Committee for Planning and Quality (SCPQ)	Department council	College council
1. Name of program	---	Proposal to change program name and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
2. Program code	---	Proposal to change program code and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
3. Program Total Hours	---	Proposal to change program hours and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
4. Program Mission	---	Proposal to change program mission and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
5. Program Strategic Goals	---	Proposal to change program goals and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
6. Program KPIs, KPIs-Goals Mapping	---	Proposal to change KPIs and KPIs-Goals	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Final Approval



		Mapping and submission to QU							
7. Modification of Program study plan (and/or adding/removing courses)	---	Proposal to change program study plan, adding or removing courses and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
8. Program Learning Outcomes (PLOs)	---	Proposal to change program learning outcomes and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final approval
9. Program assessment methods of PLOAP (PLOs Assessment Plan)	---	Proposal to change program assessment methods of PLOAP and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	--	Reviewing and recommendation for approval	Final approval
10. Program Teaching Strategies/Learning Activities of PLOAP	---	Proposal to change program teaching strategies/learning activities of PLOAP and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval
11. Program Curriculum Mapping (PLOs-Courses Matrix)	---	Proposal to change curriculum mapping matrix and submission to QU	Reviewing and recommendation for approval	Review and Recommendation for Approval	---	---	---	Final approval	---
12. Program Specification	---	Proposal to change program specification and	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval



		submission to QU							
13. Course Name/Title	Proposal to change Course name and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval
14. Course code	Proposal to change Course code and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
15. Credit hours	Proposal to change Credit hours and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
16. Level at Which the Course is offered	Proposal to change level in which the course is offered and submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
17. Pre-requisites and co-requisites of the course	Proposal to change pre-requisites and co- Requisites of the course and submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	---	Reviewing and recommendation for approval	Final approval
18. Course Main Objective	Proposal to change course main objective and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	--
19.Course Learning outcomes	Proposal to change Course learning outcomes and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	---



20. CTA (CLOs – TSs-AMs Mapping)	Proposal to change Course Teaching Strategies/Learning Activities/Assessment Methods/CLOs Matrix and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	---
21.Course Specification including Textbooks and Learning Resources	Proposal to change Course Specification and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	---
22. Field Experience Specification	Proposal to change Field Experience Specification and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	Final approval
23. Exit Exam Specification	---	Proposal to change Exit Exam Specification and Submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	---

