University of Tabuk

Faculty of Applied Medical Sciences
Department of Health Rehabilitation Sciences

Physical Therapy Program Quality Assurance System

2026

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Declaration:

The Physical Therapy Program at University of Tabuk is dedicated to maintaining the utmost standards and ensuring quality assurance. We are committed to providing an outstanding program that fulfils the requirements and expectations of our stakeholders. Moreover, we continuously enhance and align our program to meet the evolving demands in Physical Therapy education. To ensure effectiveness and efficiency, we will establish and uphold rigorous quality assurance procedures. We will regularly conduct evaluations, assessments, and audits to ensure that our program not only meets but surpasses the established standards

Definitions:

Quality: It is a measure of how well an object, product, service, or process meets or exceeds established standards, requirements, or expectations.

Academic quality: refer to the standard of excellence in educational institutions and programs. It encompasses various aspects related to the learning experience, curriculum, teaching methods, faculty, resources, and student outcomes.

Quality assurance: is a systematic and on-going process that institutions and organizations implement to ensure and enhance the quality, effectiveness, and standards of education and related services provided to students.

Academic standards: refer to a set of criteria and benchmarks that define the expected level of knowledge, skills, and competencies that students should attain in a specific field or discipline within the context of higher education

Quality system: refer to a comprehensive framework and a set of documented policies, procedures, processes, and resources that a program implements to ensure and manage the quality of their academic programs, teaching, research, and related activities.

Policies: are formal statements or guidelines that define an organization's principles, rules, and procedures. They serve as a framework for decision-making, governing various aspects of an organization's operations, behaviour, and interactions.

Procedures: are step-by-step instructions or guidelines that outline the specific actions and processes required to carry out a particular task or achieve a specific outcome within an organization.

Tasks and Activities: Tasks are typically specific, well-defined, and focused actions that can be completed within a relatively shorter timeframe. Activity typically refers to a broader, more encompassing unit of work. It represents a larger, more complex set of actions or operations that are performed to achieve a specific objective or goal.

Forms: refer to structured documents or templates used to collect, record, and organize information in a standardized format.

Records: refer to any documented information, data, or evidence that is created, received, maintained, and used by an individual, organization, or system as evidence of activities.

Course: is a structured educational program or unit of study offered by an educational institution.

Determinants: refer to the factors or influences that shape the development of some program component.

Instructor: also known as a teacher or educator is an individual responsible for facilitating the learning process and guiding students in their educational journey.

Course coordinator: Also known as course manager, is an individual who oversees the planning, development, and overall management of a specific course or a group of related courses within an educational institution.

Program Committees: Program committees are established to facilitate collaborative decision-making, address specific program-related issues, and ensure representation from relevant stakeholders.

Faculty Members: Faculty members are responsible for delivering courses, designing curricula, and providing academic guidance to students. They contribute their expertise and knowledge to ensure high-quality teaching and learning within the Physical Therapy program.

Abbreviations

In order to improve the readability and simplify the content of the manual, we have incorporated a section that contains a compilation of frequently used abbreviations along with their corresponding complete forms.

UT: University of Tabuk.
NCAAA: National Commission for Academic Accreditation and Assessment
NQF: National Qualification Framework.
AAQA: Academic Accreditation and Quality Assurance.
AES: Alumni Evaluation Survey
ACSS: Academic Counselling Student Survey
CES: Course Evaluation Survey
CSS: Community Service Survey
ESS: Employee satisfaction Survey
FSS: Faculty Satisfaction Survey
PES: Program Evaluation Survey
SES: Student Experience Survey
AAC: Academic Advisory Committee
AQAC: Accreditation and Quality Assurance Committee
CCDC: Curriculum and Course Development Committee
CEC: Continuing Education Coordinator
CTC: Clinical Training Committee

ELC: E-Learning coordinator
ERC: Examination Review Committee
LEC: : Laboratory and Equipment Committee
SACSC: Student Activities and Community Service Committee
SC: Scientific Committee
APR: Annual Program Report
CLOs: Course Learning Outcomes
CR: Course Report
HOD: Head of Department
KPI: Key Performance Indicators
PLOs: Program Leaning Outcomes
SES: Self-Evaluation Scales
SSRP: Self-Study Report for Programs

Introduction in preparing the guide

It is necessary for the Department of Health Rehabilitation Sciences and its academic programs to have an internal quality management system in place to control all processes connected to formulating, approving, and overseeing the execution of quality policies and objectives. The department's administrative and academic activities are coordinated and directed by the quality management and assurance system to produce outstanding educational, research, and community outputs in the Department of Health Rehabilitation Sciences that satisfy the demands of the labour market. It also helps to ensure that everyone in the department is aware of, understands, and participates in the department's quality policies and objectives, as well as in their implementation, assessment, and continuous review.

To ensure the quality management system, this guide has been prepared, and it is one of the tasks entrusted to the Development of Quality Committee in the Department which begins with defining the organizational structure, responsibilities, and permissions to planning, moves through implementation and follow-up, and concludes with evaluation, assessment, and improvement through:

- Developing a clear organizational map for the department that includes all the department committees associated with the implementation of the program's activities with clarity of lines of authority and the correlation between the committees and the entities they follow at the college level.
- Defining the terms of reference, roles and responsibilities of committees, councils, and academic and administrative leadership to ensure that there is no overlap between the committees' tasks.
- Determining the total operations and procedures adopted by the department in all its administrative and academic activities and operations and clarifying the mechanism for its follow-up and documentation.
- The overall procedures related to the department's work.
- Include all updates and modifications approved to the contents of the guide.

The Accreditation and Quality Assurance Committee (AQAC) is aware of the need to comply with the program quality criteria for the National Centre for Academic Accreditation and Assessment (NCAAA) process as it prepares this guide, the most important of which are:

- The alignment of the department's organizational map and all its procedures to the general policies and regulations governing work in Saudi universities and the following organizational policies and internal regulations approved at the University of Tabuk (**UT**) and the Faculty of Applied Medical Sciences (FAMS).
- The adherence in consistency with the organizational frameworks of the UT and FAMS.
- The importance of closing the loop of the quality department (planning - implementation - measurement - improvement) for all operations and procedures adopted by the department in all its administrative and academic activities and operations.
- The need to directly involve the stakeholders (students, graduates, faculty members, employees, employers and those who have a direct and indirect relationship with the educational institution) in planning and evaluation processes with obtaining observations and different points of view on an ongoing basis in addition to analysing and interacting with them.

The quality management system manual is approved by the department and college councils. The guide is updated regularly and all changes that occur that are of interest to quality policies and objectives are included. This study considers all proposals for developing the work system proposed by the faculty members. The guide is presented to the department's management and to reviewers and experts in the field of quality and academic accreditation to check and review its components. The AQAC is responsible for following up the amendments, distributing the manual and clarifying its components.

Mission, Vision, Goals, Learning Outcomes and Graduate Attributes

Bachelor of Physical Therapy – Mission, Vision

Mission	To graduate qualified physical therapy practitioners with knowledge and skills in a distinct educational and research environment to meet the health needs of the community.

The program goals:

1. To provide students with the fundamental knowledge and skills necessary to practice the physical therapy profession.
2. To promote scientific research to advance the field of physical therapy.
3. To enhance community services engagement.
4. To ensure adherence to professional ethical standards and code of conduct.

The Physical Therapy Program Graduate Attributes:

1. Discipline Knowledge
2. Technologically Proficient
3. Lifelong Learner
4. Skilful Communicator
5. Culturally Oriented and Religiously Aware
6. Responsible
7. Responsive community advocate
8. Professionalism & Team leader

PROGRAM LEARNING OUTCOMES (PLOs)

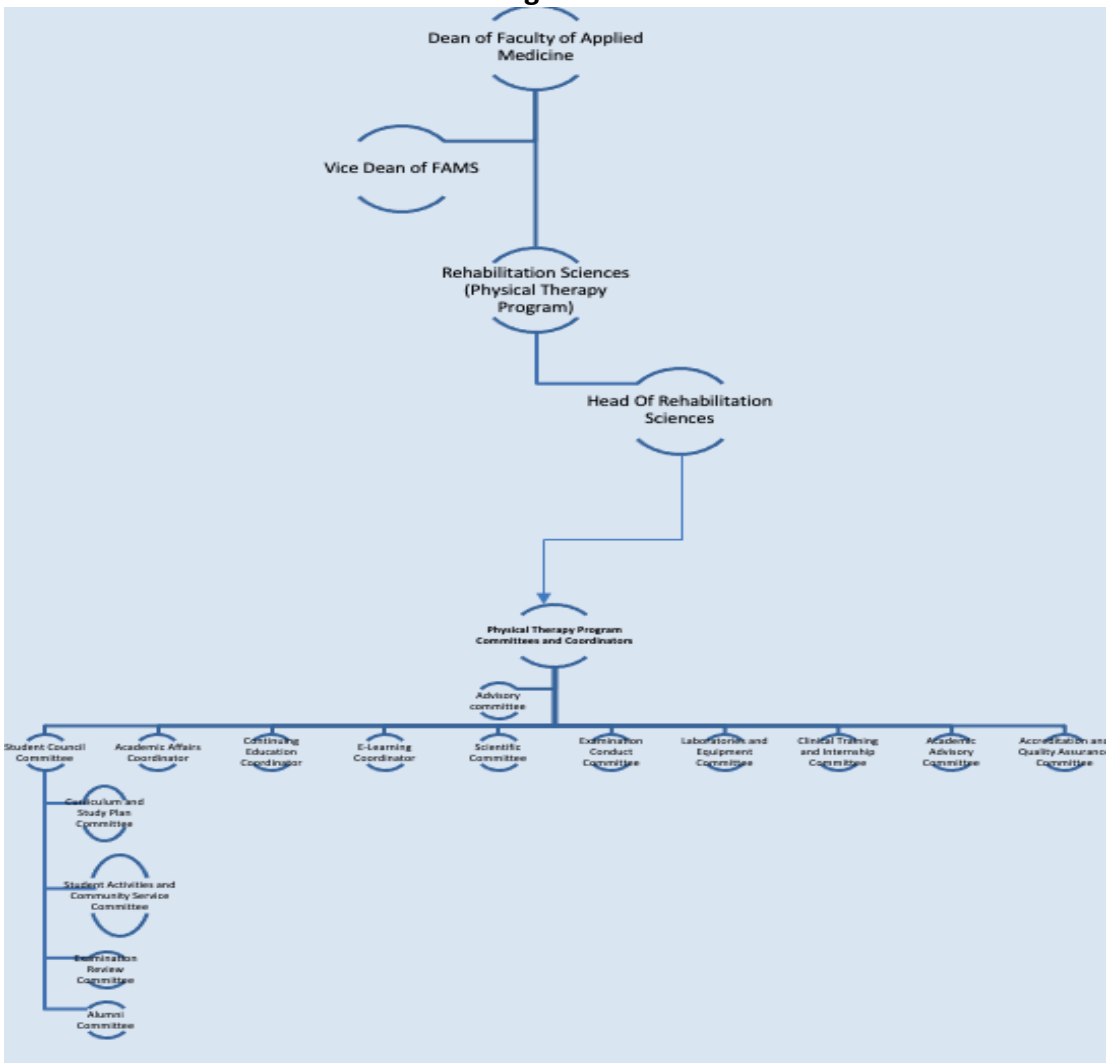
Learning outcomes of Physical Therapy are specified clearly in the program specification using the National Qualification Framework (NQF) provides three learning domains.

Knowledge and Understanding	
K1	Identify the fundamentals, theories, and concepts in the field of physical therapy.
K2	Recognize principles, clinical procedures, techniques, practices, and research methodologies in physical therapy and related disciplines.
Skills	
S1	Apply integrated theories, principles, and concepts to solve complex problems in various contexts of physical therapy.
S2	Utilize critical thinking, inquiries, and research methodologies to develop creative solutions in physical therapy.
S3	Execute practical tasks, procedures, and techniques in practical activities related to physical therapy.
S4	Implement advanced practical procedures in complex contexts of the physical therapy field.
S5	Display effective communication and information technology skills in research and physical therapy practice.
Values, Autonomy, and Responsibility	
V1	Demonstrate commitment to professional values, ethical standards, responsible citizenship, and respectful coexistence.
V2	Exhibit autonomous planning, achievement of professional tasks, self-development, and continued self-learning in the field of physical therapy.
V3	Collaborate responsibly and constructively on leading diverse teams, planning joint work, and effectively developing the field of physical therapy and the community.

The organizational structure of the Physical Therapy Program

The Physical Therapy Program's organizational structure is designed to effectively track and report its operational goals. This structure ensures that there is a clear framework for academic governance and decision-making within the program. Figure 1 provides a visual representation of the organizational structure of the Physical Therapy program. This diagram outlines the various positions and their relationships within the program. It shows the hierarchy and reporting lines, highlighting the flow of authority and responsibility. The Physical Therapy Program's organizational structure is a well-thought-out system that promotes effective communication, accountability, and transparency. It provides a solid foundation for achieving the program's operational goals and maintaining high standards of education and training in the field of Physical Therapy.

Figure 1


Dean of Faculty of Applied Medicine
Vice Dean of FAMS
Rehabilitation Sciences (Physical Therapy Program)
Head Of Rehabilitation Sciences
Physical Therapy Program Committees and Coordinators
Advisory committee
Student Council Committee
Academic Affairs Coordinator
Continuing Education Coordinator
E-Learning Coordinator
Scientific Committee
Examination Conduct Committee
Laboratories and Equipment Committee
Clinical Training and Internship Committee
Academic Advisory Committee
Curriculum and Study Plan Committee
Student Activities and Community Service Committee
Examination Review Committee
Alumni Committee

1. The Department's organizational environment

1.1. Procedure for determining the organizational structure of the Physical Therapy Program

Field	The Physical Therapy Program's organizational environment.
Aim	• Description of the administrative system for all activities in the department. • Define tasks • Define the responsibilities • Define permissions • Determine the procedures that lead to achieving the objectives of the department's organizational environment • Ensure the alignment between the tasks and activities of the department and the tasks and activities of the FAMS. • Ensure that all department members are involved in the management and implementation of work and in decision-making.
Execution responsibility	Physical Therapy Program Head, Supervisor, Team of AQAC
Reference	● FAMS organizational structure ● Requirements of the National Centre for Academic Accreditation and Assessment Standards ● A guide to the tasks and duties of leaders at the University of Tabuk ● Guide to the organizational structure of the faculty at the university ● Tasks guide for faculty and deanships at the university

Procedures	• Prepare detailed lists of the academic and administrative activities in the department • Determine the organizational relationships of these activities with the various departments and units of the FAMS at various levels, vertically and horizontally. • Define a communication network that allows achieving consistency with the college's organizational structure to help exchange information, implement plans, and make decisions in harmony and without overlap or duplication of work. • Distribution of tasks, responsibilities, assignments, and implementation mechanisms • Determine the follow-up mechanism through the department council • Create job description
Outputs	• Minutes of approval of the organizational structure • Job description cards

1.1.1. Department Council

Organizational leadership	Head of Department
Aim	Study and discussing matters of interest to work in the scientific department, such as recommending to the faculty council the decisions and procedures required for the progress of work.
Council Chairman	Head of Department
Council members	● Faculty members that are ranked Assistant Professor and above ● Secretary (Rapporteur) of the Council (Designated Faculty Member)
Reference	Tasks guide for leadership positions in the supporting colleges and deanships at the University of Tabuk.

Tasks	1. Propose to the college council the study plan, curricula, prescribed books and references. 2. Recommend the appointment and promotion of faculty members, lecturers and teaching assistants. 3. Study scientific research projects, encouraging the faculty to carry out research, and assisting in the dissemination of completed research. 4. Distribution of lectures, exercises and training works to faculty members and teaching assistants. 5. Suggest the necessary plans for postgraduate programs, and the rules for accepting students therein. 6. Each department teaches courses within its specialization after being approved by the University Council. 7. Form permanent and temporary committees from the faculty members in the department according to the requirements of the situation. 8. Consider any subject referred by the dean, the faculty council, or the vice deans.
Council inputs	● The minutes of the committees and what is referred to them by the head of the department for presentation to the council ● Minutes or correspondences that are referred by the dean, the college council, or the college vice deans.
Council outputs	Minutes of meetings submitted to the dean of the FAMS or the faculty council.

1.1.2. The duties and responsibilities of the department's management and Teaching Staff

1.1.2.1. Department management

Job title	**Head of Department**	**Supervisor**	**Council Secretary**	**Program Coordinator**	**Department secretarial**
Organizational Hierarchy	Dean of the College	Head of Department Faculty Vice Dean	Head of Department	Head of Department Faculty Vice Dean	Manager director Head of Department Supervisor
Description	The Head of the Department is among the distinguished faculty members with scientific and administrative competencies. Assigned by a decision of the University Director based on the nomination of the Dean of the college, and the assignment is for a renewable year.	The Department Supervisor is from among the faculty members who are distinguished with scientific and administrative competencies and is assigned by a decision of the University Director on a nomination from the dean of the college, the Vice Dean and Head of the Department, and the assignment is for a renewable year.	The Secretary of the Council from among the distinguished faculty members with scientific and administrative competencies is assigned by a decision from the Dean of the College based on the nomination of	The Program coordinator is from among the faculty members who is distinguished with scientific and administrative competencies and is assigned by a decision of the Dean of the College, the Vice Dean and Head of the Department, and the assignment is for a renewable year.	An employee in the college administration is assigned by the director of the administration to carry out secretarial work for the Head of the Department.

			the Head of the Department, and the assignment is for a period of one year, subject to renewal.		
General aim	Supervise the scientific, financial, and administrative matters in the department, and applying the system and regulations of the Higher Education Council and the decisions issued there under.	Supervise the scientific, financial, and administrative matters in the department in the female section in coordination with the vice dean and head of the department and apply the system and regulations of the Higher Education Council and the decisions issued thereunder.	Organize and document the work of the department council and is responsible for implementing the council system.	Supervise the quality management system of the department/ program.	Doing department secretarial work.
Responsibilities	**1.** Distribution of the academic load among faculty members.	**1.** Assign cross-checker to verify the accuracy and consistency of the primary grader's	1. Prepares the council's agenda. 2. Coordinates	1. Review and verify course specifications and course reports. Prepare program	1. Coordinates and followsup the preparation of

	2. Assigning mentors and academics. **3.** Assign a course coordinator for each course taught in the academic program. **4.** Approval of grades. **5.** Assign cross-checker to verify the accuracy and consistency of the primary grader's assessments of the final exam. **6.** Prepare faculty members performance reports. **7.** Promote the department employees to attend training programs inside and outside the university. **8.** Assign a faculty member other than	assessments of the final exam. **2.** Approval of grades. **3.** Distribute the academic load among faculty members. **4.** Promote the department employees to attend training programs within the university.	with the committees concerned with the issue of the Council to collect the required documents and documents under discussion 3. Prepares and sends the invitation to the members of the Council and taking the necessary measures to hold the meetings. 4. Edits the minutes and submitting them to vote	specification, annual program report and SSRP. Discuss these preparation and reports during faculty and department meetings to look for and identify good practice as well as problem areas. Comparative analysis to identify variances, reasons for the variances and identify program solutions for negative variances. 2. Responsible for all the program documents pertaining to accreditation to be submitted for finalization and approval to FAMS Quality and Accreditation Unit. 3. Ensures that the faculty members are	the meetings of the councils and committees in the department and ensuring the readiness of the facilities in the specified meeting places. 2. Prints meeting schedules, writing meeting minutes and documenting them. 3. Archives the minutes of councils and committees, on paper and electronically.

	the one who taught the course to write the final exam questions when necessary. The authority granted in the electronic registration portal. 1. Supervise the progress of the educational process within the department, implementing study plans, and support the effort to develop them. 2. Foster the academic and research development within the program. 3. Supervise the achievement of quality and academic accreditation		on the council system, accompanied by all documents. 5. Vote	provided with comprehensive details about their respective courses every semester. 4. Recommends quality tasks 5. Prepare reports of quality assurance operation of the program	4. Ensure that all minutes, letters, and correspondence related to the minutes of councils and committees are printed, checked and sent to the competent authorities of the college and university. 5. Ensure that all materials and supplies for the department's work are available to run the work as required.

	requirements. 4. Representing the department in activities and meetings related to the department's work inside and outside the university in accordance with the granted authorities. 5. Coordinate the department's partnership relations with relevant authorities inside and outside the university in accordance with the granted authorities. 6. Submit reports to the dean regarding the department's progress, as well as any scientific or behavioural				

	violations, or breaches of professional duties by any member of the department. Also, monitoring the implementation of directives issued by the dean regarding these matters. 7. Prepare a comprehensive annual report on the study academic progress, research and administrative performance in the department and submit it to the Dean. 8. Carry out any additional tasks within the authority of the HOD as assigned by the Dean				

Adjustment and documentation	Reports - Correspondence - Data.	Periodic reports on the progress of studies and academic, administrative and research performance – correspondences	Correspondence - minutes of meetings	Periodic Reports Quality Correspondence	Correspondence-reports inventory needs

1.1.3 Department employees

Job title	Academic advisor	Course Coordinator
Organizational Hierarchy	Head of Department	Program Coordinator
General aim	Support and assist the Department's Development and Quality Committee in ensuring the quality management of the scheduled teaching.	Support and assists the Department's AQAC in ensuring the quality management of the scheduled teaching.
Tasks	1. Supports the students' academically. 2. Identify the student's interests and helping him to refine his skills by nominating him to various programs in this regard provided by the Academic Affairs and Academic Advising Committee in the Department and the Academic Advising Unit at the college	1. Prepares the course description 2. Supports new faculty members in the documentation process, preparation of the course report, and the requirements of the files for documenting quality work in the course 3. Follow up on the progress of the educational process and the commitment of faculty members to teaching strategies and course evaluation 4. Prepares the combined report for the course 5. Coordinates to meet with faculty members of the course to discuss issues related to the quality assurance management of the course.

	3. Identify the problems of the failing student and support him academically by nominating him for various programs in this regard provided by the Academic Affairs and Academic Advising Committee in the department and the Academic Advising Unit at the college.	
Documentation	Minutes of meetings - files of stumbled and talented students	Meeting minutes - combined course report - course quality file attachments

1.2 Conducting the formation of the main committees in the Department

Field	All aspects of the work that directly affect the implementation, management and follow-up of the main operation and tasks of the Department.
Aim	• Ensures the participation of the largest possible number of members in the department, each according to its competence in managing and implementing the work.
Execution responsibility	Department Head, Supervisors
Reference	-Requirements of the National Center for Academic Accreditation and Assessment Standards -Guide to the organizational structure of the colleges at the university
Policies	• The program is committed to implementing the general policies and regulations governing work in Saudi universities and the following organizational policies and internal regulations approved by the university / college • Main committees are formed • Committees are formed according to members' interests, qualification, and experiences,

	• Each faculty member belongs to a maximum of three committees. • The decision makers in the college do not belong to the committees. • The organizational structure of it is determined in line with its technical agency, • A committee chair and recorder are appointed from among the faculty members, as well as coordinators of the college's agency units and sub-committees serving its various tasks. • Responsibilities and tasks are distributed to the members of the committee,
Procedures	• The Department Head forms the committees at the Department level with an internal circular specifying the tasks and terms of reference of the committee's work, its members, and the duration of its work. • Department committees are formed with the approval of the department council at the beginning of the academic year, and the department council may add its needs, provided that its tasks are specified.
Outputs	• Administrative decisions for assignments approved by the Council and Dean.

1.3 Conducting control and follow-up of the work of the main committees in the Department

Field	All aspects of the work that directly affect the implementation, management and follow-up of the main operation and tasks of the Department.
Aim	• Implementation of the Department's study and operational plans, which are the guarantor for achieving the department's goals and mission • Ensure the participation of the largest possible number of members in the department, each according to its competence in managing and implementing the work • Implement corrective and preventive actions as quickly as necessary to achieve quality of work.
Execution responsibility	Department Head, Supervisor, Committee Chairman
Reference	Requirements of the National Centre for Academic Accreditation and Assessment Standards. Quality Manual.
Policies	• All program employees are mandated to implement the approved study and operational plans for the

	program, its policies, systems and regulations without making any modification to them. • In case that there are developments that require taking exceptional measures or an amendment in the implementation of the approved plans of the program, the male/female employees or the heads of the executive committees of the program may submit to the program management the proposed amendment and its justifications, and they may not start implementing the amendment before obtaining the approval of the competent authority at the Department or College level (according to the level of the proposed amendment and as determined by the terms of reference in the approved organizational guide for the program/college). • All employees of the program and the executive committees of the program are responsible for preparing and keeping files and records that include documenting their implementation of the tasks and activities assigned to them in paper and electronic form. • All documents are kept within the Department's electronic files.
Procedures	• The work of the committees in the Department is related to the implementation of the various tasks referred to them by the head of the department, in addition to the initiatives of the operational plan and the work entrusted to them. • Each committee receives the initiatives of its own operational plan, along with the work referred to it, which correspond to the tasks assigned to it • The committees prepare a procedural work plan for the operational initiatives and for all the works referred to them • The distribution of responsibilities and a timetable for each action in the plan, and the involvement of all faculty members in the implementation of the plan is considered. • The committee's action plan is presented to the department council for discussion and recommendation of accreditation and referred to the college council through the Head. • The plan is announced to all members of the department and to the supporting units in the college • Each unit coordinator manages the operational plan initiatives assigned to him. The chairman of the committee manages the rest of the tasks assigned to him, each according to the approved work plan. • The unit coordinator meets with the support unit at the college level to coordinate to implement the

	operational initiatives as appropriate. The Head of the committee meets with the concerned college agencies to receive the technical support and the necessary support to accomplish the assigned tasks according to the specified time plan. • The Head of the Committee and the Head of the Department supervise monthly, through reports, on the proper scheduling of operations and procedures. Template for monthly accomplishment is used, as well as monitoring template (monthly and at the end of the year as accomplishment report) • An integrated report on the progress of work plans, especially the operational plan, is presented monthly to the Head of the Department. • At the end of the academic year, program coordinator and committee heads conduct a self-assessment process for the proper implementation of action plans based on comparing the achievement indicator with the target. • After conducting the initial self-assessment process, the committee develops an improvement plan to address the aspects that need improvement to meet the achievement requirements. • The coordinator of the operational strategic planning unit and the program coordination in the department prepare the achievement report of the operational plan based on the self-evaluation reports of the initiatives and the proposed improvement plans and the accompanying evidence. • The AQAC conducts a review of the report in its annual form to assess the extent to which the requirements of the completion report and the quality of the accompanying documents have been met. • The Department's AQAC and program coordinator check the evidence for the achievements that have been collected at the level of each initiative from all the committees in the program. • The report is presented to the Department Head of Health Rehabilitation Sciences and the Head of each committee clarifies the obstacles that prevented implementation, if any, and puts forward the proposed improvement plans prepared by his committee for discussion. • The Head of the Department receives the achievement report and improvement plans from committee head and submit to the department council with a recommendation to adopt and include it within the operational plan for the following year and refer it to the concerned support agencies.

Outputs	• Minutes of meetings / achievement reports* / improvement plans.

1.4. Roles and responsibilities of committee members

1.4.1. Committee Chairman

Organizational Hierarchy	Head of the Administrative Department and the Technical Support Agency
Aim	Study and discuss matters related to the committee's tasks and making appropriate recommendations to the department council regarding decisions such as the procedures required for the progress of work.
Committee chairman	The Head of the Committee is assigned from among the distinguished faculty members with scientific and administrative competencies in the field of the committee, nominated by the Head of the Department, and the assignment is renewable every year.
Reference	Procedural guide to quality in the department.
Tasks	1. Nominates the coordinators of the college units affiliated to the committee. 2. Receive what is referred to the committee by the Department Head for presentation to the committee 3. Distribute tasks and work to the members of the committee. 4. Suggests the necessary plans to complete the appropriate work and considering the participation of all faculty members in the department in preparing them. 5. Considers any subject referred by the Department Head, Department Council, or College Vice-Dean.
Inputs	Reports of unit coordinators / minutes or communications that are referred from the Head of the Department.
Outputs	Committee work plans - reports of committee activities - minutes of meetings.

1.4.2. Committee recorder/secretary

Organizational Hierarchy	Head of the Department administratively and Head of the Committee for Technical Aspects
Aim	Controls and document the work of the committee.
Committee decision-maker	Assigned by the Head of the Department and the assignment is for a renewable year.
Reference	Procedural guide to quality in the department
Tasks	1. Prepares the committee's agenda 2. Prepares the minutes of the committee meeting
Inputs	Reports of program coordinators / lecturers or communications that are referred from the HOD
Outputs	Committee activity reports/meeting minutes

1.5. The main committees in the department and their tasks

1.5.1. Academic Advisory Committee (AC)

Organizational relationship	Administratively, the committee reports to the Head of the Department and technically to the Vice Deanship for development and quality in the college
Aim	Managing quality business, setting plans, drawing up policies and developing methodologies in accordance with the college’s Quality Assurance Department policies.
Committee members	• Chairman of the Academic Advisory Committee • Committee decision-maker • Committee members
Reference	University Advisory Committee Guide
Tasks	1.Monitoring the work of academic advisors within the department. 2. Discussing students problems that may affect their academic performance and finding solutions.

	3. Raising awareness among students about the university's study and examination regulations and the executive rules adopted by the university. 4.Raising awareness among students regarding regulations and instructions related to dress code, academic conduct, and student affairs. 5.Informing and guiding students about academic regulations and systems pertaining to their studies throughout their academic journey, including all related procedures and controls for registration, academic processes, graduation requirements, and information about the electronic services available to students. 6. Reviewing awareness of the importance of academic advising and the importance of communicating with academic supervisors. 7.Raising awareness of the importance of psychological counseling and students rights. 8.Supervising orientation programs for new students to familiarise them with the department's study and examination system. 9.Discussing periodic or exceptional reports submitted by academic advisors. 10.Monitoring the implementation of academic procedures for department students with academic advisors and following up on the number of approved forms for each academic procedure. 11. Any other tasks assigned by the committee according to its specialization.
Inputs	The statements, recommendations, or reports presented to it by the Chairman of the Committee.
Outputs	Minutes of meetings submitted to the department council or the college council.

1.5.2. Quality Assurance Committee (QAC)

Organizational Hierarchy	Administratively, the committee reports to the Head of the Department and technically to the office or Head for quality and academic accreditation in the college.
Aim	Managing quality operations, setting plans, drawing up policies and developing methodologies in accordance with the department and college’s Quality Assurance policies.
Committee	Head of QAC

members	Committee secretary Committee members
Reference	Tasks guide for leadership positions in the supporting colleges and deanships at the University of Tabuk Assignment letter from the department board Quality Manual at the College and University.
Tasks	1. Collecting current year data and comparing it with data from the previous two years, in addition to collecting the program's performance indicators for the last three years, and preparing an annual report that includes an analysis of these indicators and recommendations for improvement. 2. Making the necessary arrangements to conduct the surveys (questionnaires) required to evaluate the program by obtaining feedback from relevant stakeholders such as students, faculty members, staff, alumni, and employers, in order to prepare an annual report summarizing the results of the various surveys and recommendations for improvement based on them. 3. Selecting two peer programs and obtaining their performance indicators to conduct the necessary benchmarking analysis within the report, and including the results of the annual benchmarking study of the program's performance indicators. 4. Preparing the program's annual operational plan and monitoring its implementation to achieve the program's objectives. Reviewing course reports and evaluating teaching, learning, and assessment strategies at the beginning of each semester. 5. Monitoring key performance indicators (KPIs) at the middle and end of the semester. 6. Monitoring faculty members' adherence to approved teaching strategies and assessment methods. 7. Assigning faculty members to the Standard Plus system (coordinators) and monitoring their adherence to submitting course reports and files on time. 8. Preparing the annual plan for departmental committees for the current year, taking into account the improvement plan derived from the previous year's operational plan for the Health Rehabilitation Sciences Department. 9. Preparing the annual training plan for faculty members and non-academic staff, and organizing

	workshops for the current academic year. 10. Preparing the program's annual report and presenting it to the department council for approval and discussion of its recommendations. 11. Any other tasks assigned to the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department Council

1.5.2.1 Quality and Academic Accreditation Unit (FAMS QAAU)

The following figure shows the components of the organizational structure of the committee, the quality organization of the college, where the outputs of the committee were written to be followed up by the Vice Deanship for Development and Quality.

Figure 2. The organizational structure of the Development and Quality Committee in Physical Therapy and its consistency with the organizational structure of the Deanship of Development and Quality.

Alignment of Unit work with Vice Deanship of Development & Quality work matrix		**Vice Dean for Development and Quality (D&Q)**			
		Development and Quality Unit in the agency	Strategic plan unit	Statistics and Information Unit	Corporate and Community Service Unit
Development and Quality Unit	Head, Quality and Academic accreditation unit				
	Strategic plan unit coordinator				
	Head, Statistics and Information Unit				
	Coordinator of the Community and Corporate Service Unit				

1.5.3. Education Affairs Committee

Organizational hierarchy	The committee reports administratively to the Head of the Department and technically to the college's programs and plans committee.
Aim	Reviewing and developing the program structure in accordance with the standards of the University's Study Programs and Plans Committee, in coordination with the College's Study Programs and Plans Committee.
Committee members	Head of the **Education Affairs Committee** Committee decision-maker Committee members
Reference	Tasks guide for leadership positions in the supporting colleges and deanships at the University of Tabuk Assignment letter from the department board Procedural guide for programs and plans at the University of Tabuk.
Tasks	1. Ongoing coordination with the college's curriculum unit. 2. Supervising the development of study plans and programs within the department, reviewing their outcomes, and determining their alignment with labor market requirements. 3. Submitting reports on study plans, programs, and other related matters to the department council. 4.Reviewing the department's vision, mission, and objectives, and proposing amendments in light of new developments, for presentation to the department council for approval or modification. 5. Identifying common courses across various programs within the college (college requirements) based on the recommendations of the relevant academic department councils. 6.Ensuring that study plans and programs comply with the standards and regulations of the National Qualifications Framework document issued by the National Center for Academic Accreditation and Evaluation. 7. Reviewing the number of credit hours for each of the following:

	A. University requirements. B. College requirements (mandatory, elective). C. Major (program) requirements (mandatory, elective). D. Graduation project (if applicable). E. Elective courses. F. Field training (if applicable). 8. Preparing study plans and programs according to approved models. 9. Submitting a proposal for the annual program for developing teaching methods and techniques. 10. Organizing a workshop on general guidelines for measuring learning outcomes through assessments. 11. Organizing an annual workshop for faculty members on evidence-based practice or similar training courses in the areas of academic and professional development. 12. Organizing an annual workshop on modern teaching strategies, such as problem-based learning or other similar workshops. 13. Developing annual educational programs in collaboration with other entities in Tabuk. 14. Proposing the annual program for developing teaching methods and techniques. 15. Monitor the implementation of academic procedures within the university system, as submitted by the Academic Advising Committee and approved by the authorized official. 16. Supervise the implementation of the regulations and executive rules of the undergraduate studies and examinations regulations. 17. Overseeing the preparation of lists of students who have been barred from taking courses and lists of graduates. 18. Overseeing requests for deferral and withdrawal from studies, as well as the add/drop process, in accordance with the relevant regulations and decisions. 19. Monitoring the course equivalency process. 20. Overseeing the preparation of class schedules for students in the department.

	21. Overseeing the preparation of the academic advising program for students in the department and developing its implementation plan in collaboration with the department's academic advising committee. 22. Preparing, implementing, and planning the remedial program for struggling students in the department in cooperation with the department and the department's academic advising committee. 23. Any other tasks assigned by the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department Council

1.5.4. Scientific Committee (SC)

Organizational hierarchy	The committee reports administratively to the Head of the Department and technically to the college's programs and plans committee.
Aim	Strengthening the scientific research system to develop the educational process and solve community problems.
Committee members	Chairman of the Scientific Committee Committee decision-maker Committee members
Reference	Tasks guide for leadership positions in the supporting colleges and deanships at the University of Tabuk Assignment letter from the department board
Tasks	1. Studying matters related to faculty affairs, including appointments, academic promotions, merit awards, incentive awards, participation in or attendance at conferences, workshops, training, scholarships, and local and international seminars. 2. Highlighting the research activities of faculty members and students. 3. Preparing, proposing, and reviewing research plans and strategies within the department, in accordance with college and university policies. 4. Assessing research needs, identifying research priorities, and submitting them to the department council

	in coordination with relevant committees and entities. 5. Contributing to the establishment of training courses and development programs related to scientific research and graduate studies for faculty members and students. 6. Following up on matters related to supporting and developing scientific research and graduate studies programs within the department with relevant entities. 7. Monitoring the implementation of department policies regarding scientific research and faculty affairs, in accordance with college and university policies. 8. Encouraging interdisciplinary research between the department's specializations and other specializations within the college and university. 9. Fostering a culture of scientific research among faculty members and students. 10. Proposing and overseeing graduate programs in coordination with relevant committees and entities. 11. Encouraging faculty members to attend and participate in local and international conferences. 12. Reviewing matters referred to the committee by the department head before submitting them to the appropriate committees and councils. 13. Any other tasks assigned to the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the department head
Outputs	Minutes of meetings submitted to the head of the department for department council

1.5.5. PT Advisory Committee

Organizational hierarchy	Administratively, the committee reports to the head of the department and technically to the college agency.
Aim	Academic support for students.

Committee members	Chairman of the committee (Vice Dean of Postgraduate affairs, Head of department of health rehabilitation sciences, Head of Physical therapy Department of Taif University, Heads of physical therapy departments of different local hospitals in Tabuk city, in addition to a physical therapy graduate. Committee decision-maker Committee members
Reference	Academic Student Guide at the University of Tabuk University of Tabuk Admission and Registration Guide List of study and exams at the University of Tabuk University student rights and duties Implementing rules for student grievance at the University of Tabuk College academic advising guide
Tasks	1. Submitting development proposals regarding the program's implementation plans in relation to education, scientific research, and community service. 2. Submitting development proposals regarding the program and its curricula, and providing recommendations to develop it according to the latest professional standards, labor market requirements, and evaluation results. 3. Discussing the program's annual report, which includes beneficiary feedback, performance indicator measurements, teaching strategies, assessment methods, key performance indicators, opportunities for improvement, and the improvement plans contained therein. 4. Discussing field experience reports and proposing solutions for improvement opportunities to achieve excellence in professional practice. 5. Discussing the skills outputs adopted by the program in light of the needs of various employment sectors, considering the latest developments and advancements in the field of specialization and societal needs. 6. Contributing to the conclusion of agreements, memoranda of understanding, and cooperation with academic and industrial institutions and research centers. 7. Contributing to establishing relationships with employers and recruitment agencies to enroll students in

	programs prior to graduation, such as training opportunities, job placements, and part-time employment opportunities. 8. Contributing to the evaluation of learning outcomes in various domains (cognitive, skill-based, and behavioral) within the field of specialization, education, scientific research, and community service. 9. Other issues and topics related to community service for which the department deems it appropriate to consult with the advisory committee.
Inputs	Minutes or correspondences referred to it by the department head
Outputs	Minutes of meetings submitted to the head of the department for department council

1.5.6. Student Activities, Community Service, Alumni Committee (SACSAC)

Organizational hierarchy	Administratively, the committee reports to the Head of the Department and technically to the college unit.
Aim	Contribute to raising the efficiency of graduates and students and refining their skills through a set of training programs and workshops
Committee members	Head of the SACSAC Committee decision-maker Committee members
Reference	Academic Student Guide at the University of Tabuk Student's guide to the Department of Health Rehabilitation Sciences .
Tasks	1. Preparing quarterly and annual plans to identify and develop student activities and community service within the department. 2. Organizing, implementing, and supervising curricular and extracurricular student activities in coordination with relevant committees and entities. 3. Organizing and implementing community service programs with the participation of students and faculty

	members to activate the role of social responsibility. 4. Organizing and implementing events for new and visiting students to introduce them to the department's programs and college facilities. 5. Motivating, guiding, and monitoring gifted and innovative students within the department. 6. Encouraging students to participate in department, college, and university activities. 7. Motivating, guiding, and monitoring students and faculty members within the department to achieve the university's goals in volunteer work through: ● Register on the National Platform for Volunteer Work ● Promote and organize a culture of volunteerism. ● Create meaningful and professional opportunities. ● Establish clear and sustainable mechanisms. ● Continuous monitoring to achieve growth and positive impact. 8. Creating and updating the program's graduate database. 9. Creating and updating employer databases. 10. Communicating with graduates in coordination with relevant university departments. 11. Communicating with employers in coordination with relevant university departments. 12. Monitoring graduate surveys. 13. Monitoring employer surveys. 14. Preparing reports and following up on recommendations based on graduate and employer feedback, and submitting them to the relevant authorities. 15. Engaging department graduates in university activities and events. 16. Collaborating with relevant entities regarding graduate affairs. 17. Any other tasks assigned by the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the Department Head or Department Council
Outputs	Minutes of meetings submitted to the Head of the Department for Department Council

1.5.7. Continuous Education Coordinator

Organizational hierarchy	Administratively, the coordinator reports to the head of the department.
Aim	Contribute to raising the competencies of the Staff through professional seminars and development.
Committee members	Continuous education coordinator
Reference	Measurement and Evaluation Guide at the University of Tabuk
Tasks	• Monitoring the implementation of the committee's responsibilities as outlined in the strategic plan, including: ❖ Conducting an annual workshop for faculty members on evidence-based practice. ❖ Organizing an annual workshop on problem-based learning. ❖ Developing an annual educational program in collaboration with other entities in Tabuk.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department Council

1.5.8. E-learning coordinator

Organizational hierarchy	Administratively, the coordinator reports to the head of the department.
Aim	Contribute to the use of e-learning resources and trainings related to e-learning technology
Committee members	E-Learning Coordinator

Reference	E-learning Guide at the University of Tabuk
Tasks	1.Providing recommendations related to e-learning. 2.Implementing, monitoring, and developing training and procedures related to e-learning technology. 3.Cooperating with the Curriculum and Study Plans Committee to ensure the integration of technology into the department's approved curricula and distance learning programs. 4.Cooperating with accreditation and development committees to ensure that distance learning offerings meet accreditation requirements. 5.Following up on the implementation of the committee's responsibilities as outlined in the strategic plan, including: ● Developing online theoretical and practical curricula. ● Establishing an online testing and grading system. ● Organizing and conducting a training program—at least annually—for faculty members and students on how to use scientific journals and electronic databases to develop research skills.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department Council

1.5.9. Clinical Training and Internship Committee (CTIC)

Organizational hierarchy	Administratively, the committee reports to the Head of the Department.
Aim	Contribute to raising the competencies of the clinical training of the students in hospital.
Committee members	Head of the CTIC Committee decision-maker

	Committee members
Reference	Student Guide of University of Tabuk Clinical Training and Internship Manual
Tasks	1. Maintaining coordination with accredited training providers for clinical training and internship year training for department students. 2. Implementing and updating clinical training and internship year plans and guidelines. 3. Monitoring the performance of clinical trainees and interns, facilitating procedures, and resolving training-related issues. 4. Maintaining and updating the internship completion certificate form. 5. Updating student evaluation procedures and receiving performance reports from approved training providers for interns. 6. Monitoring the updating and receipt of performance reports from approved training providers for interns. 7. Assessing collaboration needs and reviewing applications for clinical training collaboration. 8. Monitoring the affairs and performance of collaborators and evaluating them. 9. Organizing orientation meetings, workshops, and seminars for clinical trainees and interns. 10. Any other tasks assigned by the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the head of the Department for Department council

1.5.10. Examination Review and Process Committee (ERPC)

Organizational hierarchy	Administratively, the committee reports to the Head of the Department.
Aim	Monitor the quality of the exam in the program.
Committee members	Head of the ERPC Committee decision-maker

	Committee members
Reference	Task Guide for faculty Members at University of Tabuk Faculty Members Manual
Tasks	1. Review the department's course specifications and ensure their alignment with the university's Measurement and Evaluation Unit's programs. 2. Ensure the quality of the exam and its alignment with the learning outcomes of the course. 3. Adhere to the standardized exam paper format. 4. Approve the exam characteristics tables for the midterm exams and ensure their conformity with the program's specifications. 5. Review each exam question and ensure that the questions are constructed according to the general conditions and rules approved by the university's Measurement and Evaluation Unit and the department council, including: A. Aligning the content with the course specifications. B. Aligning the content with the exam outline. C. Distributing and diversifying the exam format. D. Providing answers for each question on the exam. 6. Coordinating between the course instructors for both male and female students regarding exams. 7. Ensuring the validity of results and verifying the accuracy and integrity of grading through random sampling. 8. Collecting samples of final exam papers along with model answers. 9. Post-exam analysis, preparation of an exam analysis report, and submission to course coordinators. 10. Ensuring the smooth conduct of exams within the department and raising the level of evaluation of the educational process by ensuring the quality of exams. 11. Discussing the necessary procedures to guarantee the smooth conduct of exams, developing exam schedules, and obtaining approval from the department head. 12. Preparing invigilation schedules for midterm and final exams, attendance and absence lists, cheating

	reports, and student allocation in exam halls. 13. Adhering to the university's exam regulations and approved executive rules. 14. Supervising all exams, including the distribution and collection of exam questions and answer sheets. 15. Conducting daily rounds of exam halls to ensure the orderly conduct of exams. 16. Monitoring student attendance during exams and submitting a report to the department head. 17. Monitoring invigilators to address any instances of lateness and address any shortages. 18. Recording student violations during exams according to the established procedures and submitting them to the relevant committees. 19. Writing final reports that include the positive and negative aspects of the exam process, along with proposed solutions. 20. Providing support and assistance to students, addressing their problems and suggestions regarding exam schedules, and offering solutions. 21. Any other tasks assigned by the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the department head
Outputs	Minutes of meetings submitted to the head of the department for department council

1.5.11. Laboratories and Equipment Committee (LEC)

Organizational hierarchy	Administratively, the committee reports to the Head of the Department.
Aim	Facilitates and manages the supplies, request of staff for laboratory activities.
Committee members	Head of the LEC Committee decision-maker Committee members
Reference	Task Guide for faculty Members at University of Tabuk

	Faculty Members Manual
Tasks	1.Equipping the department's laboratories in a manner suitable for their purpose, providing all requirements, and preparing proposals and specifications for equipment and laboratory units. 2. Establishing, developing, and supervising research laboratories and facilities, in addition to preparing a mechanism for faculty members to utilize them. 3. Ensuring that the specifications of equipment to be supplied to the laboratories are met before finalizing the purchase process. 4. Ensuring regular maintenance of the laboratories and replacing damaged equipment, especially at the end of each semester. 5. Equipping laboratories and classrooms with the necessary furniture and appropriate teaching aids. 6. Inventorying materials, equipment, and devices in the various departmental laboratories and research centers, and organizing their storage and distribution in accordance with applicable laws and regulations. 7. Identifying and assessing all types of risks to which laboratory personnel are exposed. 8. Working to develop safety and security procedures in the laboratories. 9. Any other tasks assigned to the committee within its area of expertise.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department council

1.5.12. Academic Affairs Coordinator

Organizational hierarchy	Administratively, the committee reports to the Head of the Department.
Aim	Close collaboration with faculty, staff, and students to ensure the smooth operation and continuous improvement of academic programs.

Committee members	Head of the committee Committee decision-maker Committee members
Reference	Task Guide for faculty Members at University of Tabuk Faculty Members Manual
Tasks	1.Follow up on the implementation of academic procedures within the university system, in accordance with what is submitted to it by the committee of academic advising, and after approval by the authorized person. 2.Supervising the implementation of the regulations and executive rules of the studies and examinations regulations for the university stage. 3.Supervising the preparation of lists of those who are denied admission and lists of graduates. 4.Supervising requests for deferral and withdrawal from studies, as well as the add/drop process, for undergraduate students, in accordance with the regulations and decisions issued in this regard. 5.Follow up on the course equivalency process. 6.Supervise the preparation of class schedules for students in the department. 7.Supervise the preparation of the academic advising program for students in the department and develop its implementation plan in collaboration with the department's academic advising committee. 8.Prepare, implement, and plan the remedial program for struggling students in the department in cooperation with the department and the academic advising committee.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department council

1.5.13. Student Council Committee

Organizational hierarchy	Administratively, the committee reports to the Head of the Department.
Aim	To represent the interests and amplify the voices of the student body, foster a sense of community and engagement among students, advocate for student needs and concerns
Committee members	Head of the committee (head of department of health rehabilitation science) Committee decision-maker (female-section supervisor of health rehabilitation department Committee members (physical therapy students)
Reference	Task Guide for faculty Members at University of Tabuk Faculty Members Manual
Tasks	1. Organizing activities and initiatives that foster a spirit of cooperation among students, faculty members, and administrative staff within the department. 2. Establishing effective communication channels between students and the department to contribute to improving the academic, educational, and service processes. 3. Submitting recommendations to the department head to address the academic challenges facing students. 4. Monitoring the implementation of initiatives and evaluating their impact on the department environment. 5. Gathering student feedback regarding academic and extracurricular activities and the services provided to them. 6. Preparing periodic reports that include student suggestions and submitting them to the administration. 7. Ensuring students' adherence to university rules and regulations.
Inputs	Minutes or correspondences referred to it by the Department Head
Outputs	Minutes of meetings submitted to the Head of the Department for Department council

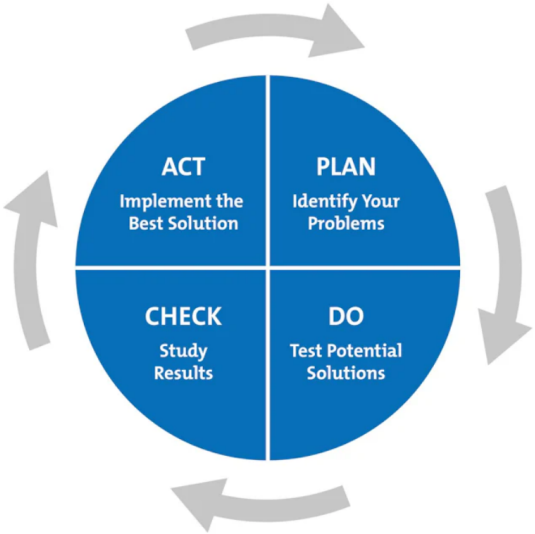
Quality Management System of Physical Therapy Program

PDCA Cycle in Physical Therapy Program:

PDCA stands for Plan-Do-Check-Act, also known as the Deming Cycle or the Shewhart Cycle. The PDCA cycle is a loop rather than an end-to-end process. The goal is to improve on each improvement in an ongoing process of learning and growth. In the PDCA cycle, there are four stages:

Plan: Define the problem or opportunity, establish a goal and objective, and develop a strategy to address the issue.

Do: Implement the plan and collect data to evaluate its effectiveness.
Check: Analyze the data collected during the "Do" stage and evaluate the results of the plan.
Act: Based on the results of the evaluation, make changes to the plan and take corrective or preventive action as necessary.



PDCA CYCLE

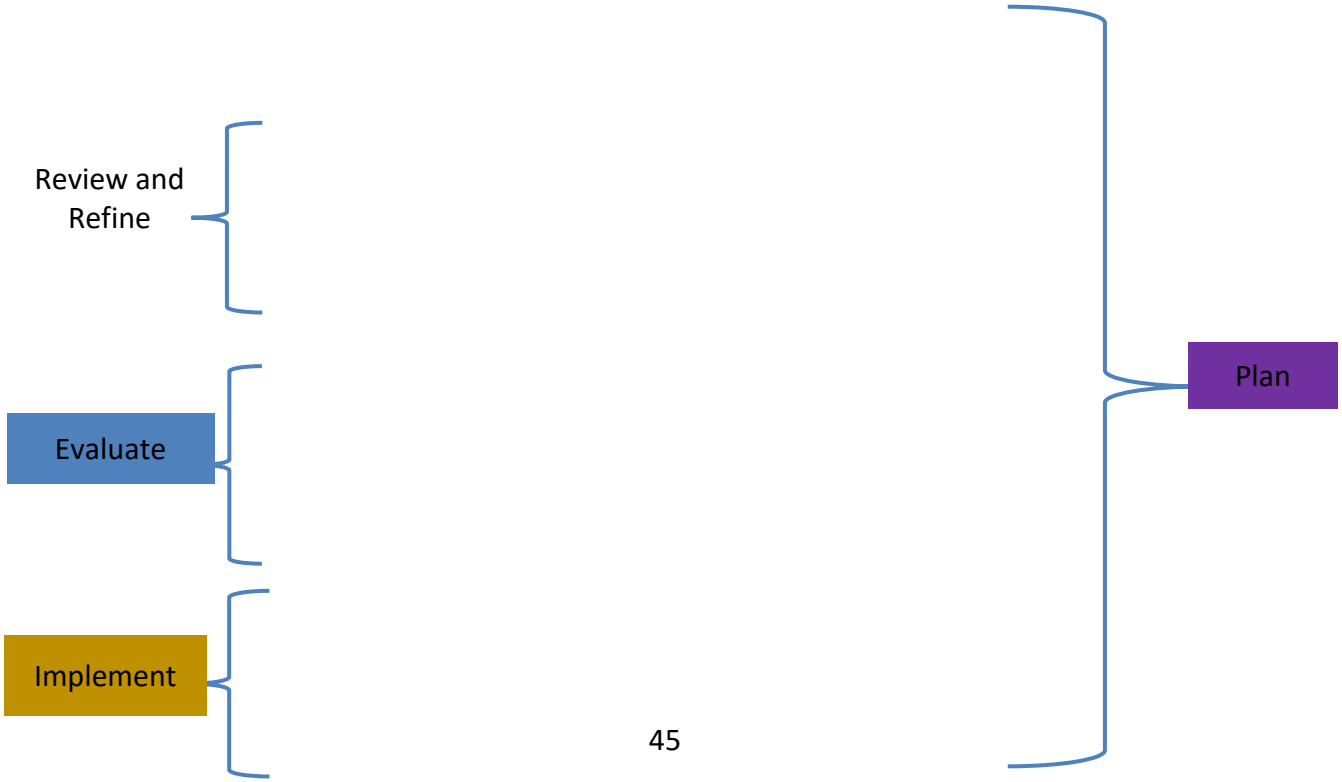
The PDCA cycle is an iterative process that is repeated over time to drive continuous improvement. The cycle provides a structured approach to problem-solving and continuous improvement, helping organizations to identify areas for improvement, implement changes, and measure their effectiveness. By continuously repeating the PDCA cycle for continuous improvement, the program ensures that its processes and systems are optimized and that they are continuously improving.
The cycle begins with the Plan step. This involves identifying a goal or purpose, formulating a theory, defining success metrics, and putting a plan into action. These activities are followed by the Do step in which the components of the plan are implemented. Next comes the Study step, where outcomes are monitored to test the validity of the plan for signs of progress and success or problems and

areas for improvement. The Act step closes the cycle, integrating the information generated by the entire process. This can also be used to reiteratively adjust the goals and the plan. These four steps can be repeated over and over as part of a cycle of continual improvement.

Closing the quality loop

The Physical Therapy Program has established a thorough and strong quality system to guarantee excellence in all aspects of the program. This quality system includes the development of a clear Program Learning Outcomes (PLOs), Course Learning Outcomes (CLOs), and Graduate Attributes that guides the curriculum design and delivery. The figure illustrates the quality assurance cycle employed by the Program in order to close the quality loop in its activities.

Figure 3: Closing the quality loop.



Steps for closing the quality loop

The process of closing the quality loop encompasses a sequence of actions that focus on addressing feedback and enhancing the overall quality of a program. The steps with its comprehensive explanation involved in this process:

Step 1: Planning

1. **Gather Feedback:** The first step is to gather feedback from stakeholders such as students, faculty members, employers, and other relevant parties. This can be done through surveys, focus groups, interviews, or any other means of collecting input.
2. **Analyze Feedback:** Once the feedback is collected, it needs to be thoroughly analyzed. This involves categorizing and identifying common themes, strengths, weaknesses, and areas for improvement. The goal is to gain a comprehensive understanding of the feedback received.
3. **Identify Improvement Points:** Based on the analysis, specific improvement points should be identified. These are the areas that require attention and enhancement within the program. It could be related to curriculum, teaching methods, resources, support services, or any other aspect of the program.
4. **Develop Action Plan:** After identifying the improvement points, an action plan should be developed. This plan outlines the steps, strategies, and resources needed to address the identified areas of improvement. It should be specific, measurable, achievable, relevant, and time-bound (SMART) to ensure effective implementation.

Step 2: Implementing

5. **Implement Changes:** The next step is to implement the changes outlined in the action plan. This may involve revising the curriculum, providing additional training or support to faculty members, improving resources or facilities, or enhancing student services. The changes should be implemented systematically and monitored closely.

Step 3: Evaluating

6. **Monitor Progress:** It is essential to monitor the progress and effectiveness of the implemented changes. Regular evaluation and assessment of the improvements help determine if they are achieving the desired outcomes. This can be done through ongoing data collection, student feedback, performance indicators, or other evaluation methods.

Step 4: Review and Refine

7. **Adjust and Refine:** Based on the monitoring and evaluation, adjustments and refinements should be made as necessary. This step involves making modifications to the implemented changes or strategies to ensure continuous improvement. It requires flexibility and a willingness to adapt based on the evolving needs of the program and its stakeholders.

By following these steps, the quality loop can be effectively closed, ensuring that feedback is acknowledged, improvements are made, and the overall quality of the program is enhanced. This iterative process promotes continuous improvement and allows the program to adapt and meet the changing needs of its stakeholders.

☑… A very important point that must be activated during continuous development processes:

Communication and Engagement: Effective communication and engagement with stakeholders throughout the process are essential. Regularly updating students, faculty members, and all relevant parties on the progress made, changes implemented, and outcomes achieved are necessary. This keeps stakeholders informed and involving them in this information enhances their sense of belonging and collaboration.

The Physical Therapy Program utilizes a range of assessment methods to comprehensively evaluate student progress and provide timely feedback for improvement. Moreover, the Physical Therapy Program's quality system incorporates a rigorous program evaluation procedure that enables continuous assessment of its effectiveness, informed decision-making based on data, and implementation of improvements to meet the changing requirements of both students and industry demands. Any changes or modifications to program components must comply with the authority matrix outlined in Table 1.

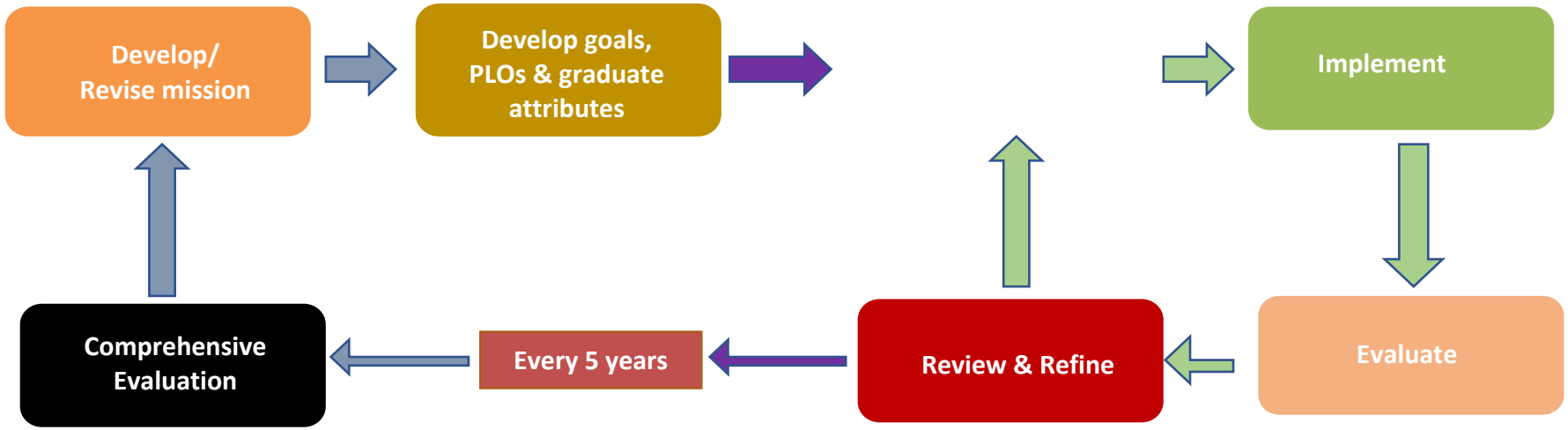
Table 1: The approval levels of modification that take place within the University of Tabuk.

Intended curriculum changes	Final Level of Approval
Program Level	
Changes including a program's mission, objectives, title, program length (total number of years/levels/ hours), program learning outcomes, program specification, study plan, and adding co-requisites or prerequisites	UT Standing committee of programs and study plans
Changes in ordering of PLOs, program KPIs, course code	UT Management of Programs and study plans
Change in the facilities, operational plan, dropping program co-requisites or pre-requisites	Faculty Council
Course Level	
Changes in the title, credit hours, length of period for teaching, timing in the program plan, update of course specification affecting >25% of CLOs, language of teaching	Standing committee of programs and study plans at UT
Course code	Management of Programs and study plans at UT.
Changes in course policies and regulations	Faculty Council
Course teaching strategies, <25% change in CLOs, textbooks, reference materials, updates in medical knowledge in related topics, distribution of topics/weeks, methods for assessment; measurement and evaluation grading systems.	Department Council

The Physical Therapy Program Review Cycles:

The Physical Therapy program goes through two review cycles, an annual review cycle and a five years review cycle as shown in figure 3.

Figure 4: The Physical Therapy Program Review Cycles.



The Annual review cycle

The Physical Therapy Program utilizes the annual program review as a means to continuously enhance the quality of the program and uphold the highest standards of academic excellence. To initiate the review, data is collected through university templates and forms, encompassing course reports, student and graduate surveys, faculty member and administrative staff surveys, as well as surveys from professional bodies. The analysis of this data, along with the formulation of action plans and performance indicators, is then documented in the annual program report. At the conclusion of the academic year, the Head of Department (HOD) submits the report to the Deanship of Development and Quality, who ensures its adherence to the quality standards set forth by the University of Tabuk and the NCAAA. Refer to Figure 5 for a visual representation of the annual review process.

Figure 5. Annual cycle of program quality assurance

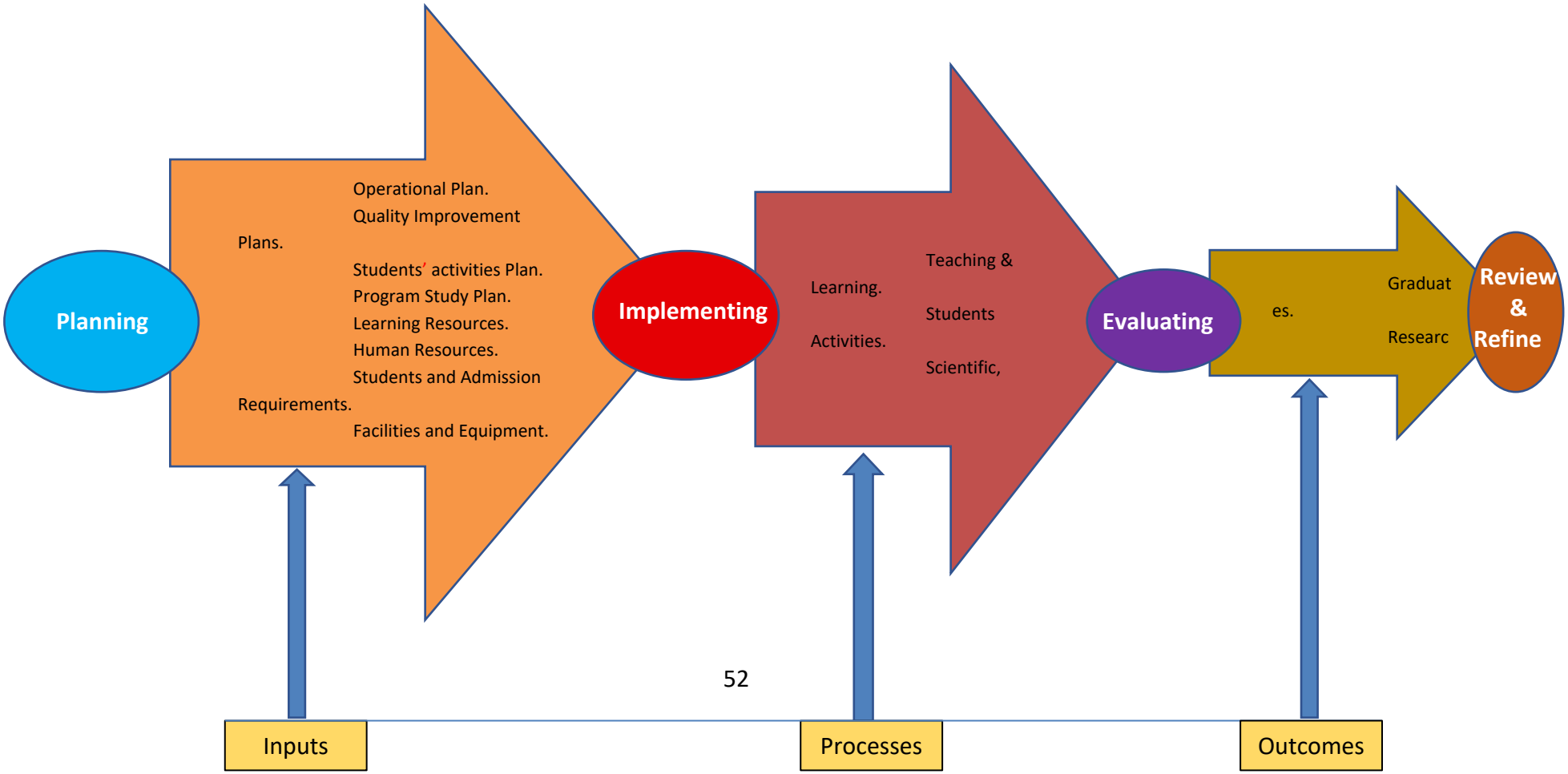


Table 2: The quality assurance procedures at the course and program levels.

Activity	End of term	Annually	Responsibility
Course evaluation survey	✔		Course coordinators
Post-Term meeting	✔		Course coordinators
Course report (CR)	✔		Course instructors + Course coordinators
Course file submission	✔		Course coordinators
Students experience survey		✔	AQAC
Program evaluation survey			AQAC
Faculty members satisfaction survey			AQAC
Employers' evaluation survey			AQAC
Academic advising survey		✔	Academic advising committee
Operational plan report		✔	HOD, Program Coordinator
Program KPI report		✔	AQAC, Program Coordinator
Annual program report (APR)		✔	Program Coordinator, AQAC
Annual program report revision		✔	Deanship of Development and quality
Approval of the APR		✔	Higher Standing Committee for Academic Accreditation
Approval of course reports	✔		Higher Standing Committee for Academic Accreditation
Action plan preparation & distribution		✔	HOD, Program Coordinator, AQAC
Action plan execution & assessment		✔	HOD, Program Coordinator, AQAC

The Five-Years Review Cycle

The Physical Therapy program adheres to a systematic approach in order to ensure quality assurance based on a predetermined timetable. It encompasses various stages, starting from the initial planning phase, followed by implementation, performance measurement, and evaluation of the outcomes. This process ultimately leads to periodic and consistent review and enhancement of the program.

The program adheres to systematic procedures in order to deliver a high-quality annual course within a specified timeframe. It also formulates operational plans to accomplish the program's mission and objectives, executes operations based on a defined framework, and assesses performance using data and diverse activities. These efforts contribute to the continuous review and enhancement of annual improvement plans, ultimately driving the program towards achieving its mission and objectives.

The program conducts a thorough evaluation every five years following the completion of the program cycle and provides a detailed report on the overall quality level, highlighting both strengths and weaknesses. It also outlines plans for enhancement and ensures that these plans are effectively implemented. This evaluation encompasses all facets of the Physical Therapy program, encompassing the curriculum, program learning outcomes, academic policies, and procedures, taking into account any modifications and suggestions put forth by stakeholders.

The program ensures continuous quality audit and control by utilizing stakeholder surveys, operational plan reports, and Advisory Committee recommendations. It also aligns with the updated forms of the National Qualifications Framework (NCAAA) and follows the authority matrix approved by the University. This self-evaluation process involves reviewing all aspects of the program in light of recent developments over a specific time frame (figure 3).

2.1.1. **Procedures for drafting or reviewing the formulation of mission and objectives**

Description	The mission statement describes the current status and the action that will be taken to achieve the strategic direction by answering the following questions: Who are we? What do we do? And for whom do we do it? And how?
Aim	Supporting the planning, determining the path and direction of development, and directing decision-making to ensure the achievement of its objectives
Implementation responsibility	Accreditation and Quality Assurance Committee (AQAC) and Program Coordinator
Follow-up responsibility	Head of Physical Therapy Program
Reference	• Opinions of experts and physiotherapists in the program's specialization • Objectives of development plans and aspirations for aspects related to higher education that is compatible with the program's specialization • The objectives of higher education are defined by the Ministry of Education and its relevant bodies • The mission and objectives of the college and university • The practical and functional reality of the program's specialization • Review the corresponding programs and requirements • Beneficiaries' opinion surveys in the labor market • National Qualifications Framework • University programs and plans guide

Determinants	Consistent with the mission of the college and university It aligns with the needs of society and national trends Involve all beneficiaries in the formulation of the message
Input	• The mission and objectives of the college and university • Benchmarking • Comprehensive calendar reports and results
Procedures	• The AQAC prepares a proposed formulation of the program's mission statement that is consistent with the mission statement of the college. • The proposed formulation of the program's mission is presented to the beneficiaries of faculty members, students, graduates, and employers. • The AQAC reviews the mission in light of the results of opinion polls • The Programs and Plans Committee coordinates with the Department Head to hold a workshop to consider the proposal to formulate and review the program mission with the participation of the beneficiaries (the Program Advisory Committee from employers, faculty members, students, graduates, and employers). • The phrasing is modified in light of the comments • The Programs and Plans Committee presents the program mission proposal after the amendment to the Department Council • The Department Council discusses the proposal to formulate the program's mission statement in line with the mission of the college and university • The Department Council issues a recommendation to approve the drafting of the mission statement and submit it to the College Council • The Programs and Plans Committee prepares (or reviews) the program objectives in light of the (modified) mission after approval by the College Council (the amendment, if any, is reflected in the

	outcomes and study plan). • All of this is presented to the department council for approval and then to the college council (and the university's plans and program management if there is any change in the study plan). • The program's mission and objectives are published and announced differently (department publications, introductory guides, activities, and events).
Output	Opinion survey reports - minutes of approval of descriptions by councils and competent authorities

2.1.2 Benchmarking Procedure

Description	Information, data, and indicators in the field of the educational and research process for corresponding programs
Aim	Planning support and decision making
Implementation responsibility	The Programs and Plans Committee and the Department's AQAC
Follow-up responsibility	Head of Department
Reference	• The procedural guide for benchmarking and independent opinion at the university • The mission and objectives of the college and university • The practical and functional reality of the program's specialization • Agreements, companies, and memoranda of cooperation
determinants	Involve all beneficiaries in the formulation of the message
Input	• Handbook of reference comparisons and independent opinion of the university

Procedures	• The Department Committees determine the needs of information, data, and indicators for related programs for comparison in the educational and research process field. • The AQAC prepares a proposal for reference comparisons and an explanation of the reasons for its selection • The Committee also considers existing agreements, companies, and memoranda of cooperation and determines the corresponding programs among them. • The Department Council considers, discusses, and approves the proposals for the development and quality committees, programs, and plans • The head of the department, together with the vice dean (DQ) of the college, communicates with the comparison parties from the specified Committee • If approved, the entity sends the data and information, and it is distributed as needed to prepare the appropriate benchmarking reports • The reports are presented to the Department Council to make the necessary decisions in development and improvement
Output	Official data and information documents - minutes of approval of descriptions by councils and competent authorities

2.1.3 Drafting the characteristics of the graduates

Description	Descriptive information about the characteristics of the graduates of the program that qualifies them to lead a successful career, competes in the labor market, and deal with all its variables. The National Qualifications Framework defines the characteristics of graduates as the knowledge and skills that program graduates use in practical situations and on an on-going basis.
Aim	The existence of learning outcomes of knowledge, skills, and values that are measurable and developmental and achieve the objectives of the program
Implementation responsibility	AQAC and CCDC
Follow-up responsibility	Program Coordinator
Reference	National Qualifications Framework University Programs and Plans Guide
Determinants	The characteristics of the program graduates should be consistent with that of the University level. That the characteristics of the graduates of the program be consistent with the specifications of the characteristics of graduates in the national qualification framework
Input	• Mission and objectives of the program • Characteristics of the university's graduates • Benchmarking • The National Framework for Academic Qualifications

Procedures	• The AQAC and CCDC shall consider the mission and objectives of the program • The AQAC and CCDC undertake the study of the National Qualifications Framework • The AQAC and CCDC survey the experiences of programs of the same specialization in drafting from inside and outside the Kingdom of Saudi Arabia • The committees shall formulate the characteristics of the graduates • The features are presented to the department board for discussion • The preparation team modifies the notes received from the council • It is given to the advisory Committee, beneficiaries, and academics • Comments received from the advisory Committee are modified • They are presented to the department council and the college council for discussion and approval • It is advertised in a variety of different ways
Output	Records of approving the qualifications of graduates in the program from the councils

2.1.4 Drafting the program and course learning outcomes

Description	Descriptive information about what the student is expected to know, understand and be able to perform.
Aim	The existence of learning outcomes of knowledge, skills, and values that are measurable and developmental and achieve the objectives of the program.
Implementation responsibility	CCDC and AQAC
Follow-up responsibility	Program Coordinator

Reference	National Qualifications Framework University Programs and Plans Guide
Determinants	The learning outcomes should be distributed to all areas of learning required by the National Qualifications Framework The learning outcomes of the program shall be consistent with the specifications of the learning outcomes for the sixth level in the National Qualifications Framework
Input	• The mission and objectives of the program and the characteristics of the graduates • Benchmarking • The National Framework for Academic Qualifications
Procedures	• The CCDC and AQAC determine the members of the work team with the approval of Department Head and distribute roles, forms, and the time frame for implementation • Considering the program's mission and objectives and the characteristics of the graduates • Reviewing the list of previous learning outcomes and the notes on them, studying the national framework and related documents of the National Center for Evaluation and Accreditation and what has been updated on them and academic and professional standards, reviewing the experiences of peers in reference universities, developments in the field and labor market requirements. • Formulating outputs • Presenting the outputs to the department board for discussion • The preparation team modifies the notes received from the council • Raising it to the Advisory Committee and the beneficiaries • Amending the directives received from the advisory Committee • Presenting it to the department council and approving it

	• Announcing it and including it in the program description • Suggesting appropriate teaching strategies and assessment methods • Training the faculty members on it to work accordingly when formulating the learning outcomes of the courses • Developing the learning outcomes of the courses according to the learning outcomes of the program • Suggesting teaching strategies and assessment methods for the course in alignment with the learning outcomes of the program • Inclusion in the course description and presentation for approval by the department council within the course description document • Announcing it to the students, staff, and other stakeholders
Output	Minutes of approval of the descriptions from the councils and the competent authorities

2.1.5 Preparing, developing or modifying the study plan of the program

Description	A detailed plan of the program showing the academic courses, their classification, their sequence, the number of accredited and actual academic hours, their previous and accompanying requirements, the distribution of courses according to what is followed (compulsory, optional, free), and their division (university, college, department)
Aim	Support planning and monitoring operations
Implementation responsibility	CCDC
Follow-up responsibility	Head of the department's programs and plans committee
Reference	National Qualifications Framework University Programs and Plans Guide

Determinants	Adhere to the minimum number of credit hours required for the intended qualification Commitment to include courses based on graduate characteristics and learning outcomes Commitment to the policies and powers of building, amending, and developing the university's study plan Commitment to the university's course coding system Commitment to the sequence of courses and determining the need for any course for a prerequisite or requirements Commitment to coordinating with the various scientific departments related to the college and university It is necessary to reduce the previous requirements as much as possible It is taken into account to include the practical aspect and the development of skills A cooperative training program should be included
Input	• The mission and objectives of the program and the characteristics of the graduates • Program and course learning outcomes • Benchmarking • The CCDC justifications for the proposed modification, modernization, or construction • The National Framework for Academic Qualifications
Procedures	• The CCDC shall determine the members of the work team with the approval of the head of the department and distribute the roles, models, and time frame for implementation, together with justifications for the proposal for modification, modernization, or construction. • Draft the updated/amended/new study plan • Submitting it for discussion in the department council • Modify the notes received from the board • Presentation of the Plan to the advisory Committee • Amending the Plan according to the notes received from the advisory Committee • Presenting the Plan to the department council for discussion

	• Submitting to the College's Programs and Plans Committee • Amendment according to the directives received from the Committee • Presentation to the College Council for discussion • Amending the council's observations and submitting them to the University Vice Presidency for Academic Affairs at the university through the electronic system "Bina." • Review by the University Vice Presidency for Academic Affairs at the university and submitted to external arbitration. • Amending the Plan according to the notes contained in the report of the Vice Deanship for Academic Affairs at the university and the external arbitration report for the program • Submit it to the University Vice Presidency for Academic Affairs at the university to complete the approval procedures and send it to admission and registration to be installed in the system • Announcing it to the students
Output	Minutes of the teams' meeting - Minutes of the meeting of councils and the competent authorities

2.1.6 Preparing, modifying, or developing a program description

Description	Descriptive information about the program and learning outcomes
Aim	Support planning, monitoring the course, and evaluating its effectiveness
Implementation responsibility	CCDC
Follow-up responsibility	Head of the CCDC

Reference	Form (program description) prepared by the National Center for Academic Accreditation and Assessment National Qualifications Framework Procedural Manual for Quality Management System University programs and plans guide
Determinants	The preparation of the program description takes into account the participation of all faculty members Adhere to the parameters of the powers-to-modify Matrix of the academic program
Input	• Mission and objectives of the program • Learning outcomes and characteristics of graduates • A detailed plan for the program showing the courses, their classification, their sequence, the number of accredited and actual academic hours, their previous and accompanying requirements, the distribution of courses according to what is followed (compulsory, optional, free), and their division (university, college, department) • A detailed plan for each course includes the course's general description, the language of instruction, objectives, learning strategies, assessment methods, and learning resources. • Internal and external changes • Opinion polls, annual program reports, program and course reports • Benchmarking • Matrix linking course learning outcomes with program learning outcomes • Quality Procedural Guide • Procedural guide for study programs and plans
Procedures	• The CCDC shall prepare the specific documents as inputs for this procedure • Determine the work plan for preparing the description and the members of the work team with the approval of the head of the department, and the distribution of roles and forms and the time frame for implementation

	• The assigned specification preparation team completes the program description form prepared by the National Center for Academic Accreditation and Assessment, amending or developing it according to the forms with consideration of all procedure inputs • The CCDC presents and discusses it in the Department Council • The preparation team modifies the notes received from the council • Presenting it to the Advisory Committee • Amending the notes received from the advisory Committee • Presenting it to the department board • Submitting it to the College's Programs and Plans Committee for review • Modification of the description according to the observations of the Committee • Raising it to the College Council for approval • If there are substantial amendments (modification powers matrix) to the program description, the university's Vice Presidency for Academic Affairs will be submitted to the university • Make observations and send them to external arbitration • Send notes to the program for modification • Modifying the program to describe the program in light of the observations and its approval by the department council. • The College Council for its approval • Submitting to the Vice Dean for Academic Affairs at the university to complete the procedures for approving the description with the modified study plan and installing it in the admission and registration system
Output	Description of the program approved - transcripts of approval of the report from the councils and the competent authorities

2.1.7 Procedures for preparing, modifying, or developing a course description and field experience description

Description	Descriptive information about the course and learning outcomes
Aim	Support planning, monitoring the course, and evaluating its effectiveness
Implementation responsibility	Course Coordinator
Follow-up responsibility	Head of the department's CCDC and Program Coordinator
Reference	Program Description Study plan of the program Procedural guide for programs and study plans Cooperative Training Bag (to describe field experience)
determinants	Commitment to fulfilling all the terms of the description prepared by the National Center for Quality and Academic Accreditation, and what was stated in the procedural guide to the programs and plans of the university
Input	• Mission and objectives of the program • Learning outcomes and characteristics of graduates • Program Description • Study plan of the program • A detailed plan for the program showing the courses, their classification, their sequence, the number of accredited and actual academic hours, their previous and accompanying requirements, the distribution of courses according to what is followed (compulsory, optional, free), and their division (university, college, department) • A detailed plan for each course includes the course's general description, the language of

	instruction, objectives, learning strategies, assessment methods, and learning resources. • Matrix linking course learning outcomes with program learning outcomes • Internal and external changes • Opinion polls, annual program reports, program, and course reports • Benchmarking • Quality Procedural Guide • Procedural guide for study programs and plans
Procedures	• The CCDC determines the time frame for implementation, compiles the input documents, and submits them to the department's electronic cloud for the benefit of all participants in developing specifications with the approval of the head of the department. • The AQAC is holding a training workshop to clarify the mechanism for filling out the course description form prepared by the National Center for Quality and Academic Accreditation. • The course coordinator assigned by the department council considers the inputs and prepares the description of the course designated to coordinate • The course coordinator completes the course description form prepared by the National Center for Academic Accreditation and Assessment or amends or develops it according to the updated forms. • The description is presented to the department board for approval if necessary modifications are not essential (refer to the program modification powers matrix). • If the amendments were to change the course or add a new course, they would be presented to the Advisory Committee for opinion • The description is modified in light of the observations and presented to the department council • It is submitted to the College's Programs and Plans Committee for review • The description is modified according to the Committee's notes • Raising it to the College Council for approval

	• The University Vice Presidency for Academic Affairs is submitted to the university • The agency makes the observations and sends them to external arbitration • Send notes to the program for modification • The course coordinator amends his course description in light of the notes • The department council approves the report. • Submitting it to the College Council for approval • Submitting to the University Agency for Academic Affairs at the university to complete the procedures for approving the description with the modified study plan and installing it in the admission and registration system
Output	Approved course descriptions - transcripts for supporting specification by councils and competent authorities

2.2 Procedures for preparing, implementing, and developing the Operational Plan

Description	Descriptive information about the program and learning outcomes
Aim	Support planning, monitoring the course, and evaluating its effectiveness
Implementation responsibility	AQAC
Follow-up responsibility	Head, AQAC
Reference	Form (program description) prepared by the National Center for Academic Accreditation and Assessment National Qualifications Framework Procedural Manual for Quality Management System

	University programs and plans guide
Determinants	The preparation of the Operational Plan takes into account the participation of all committees
Input	• Mission and objectives of the program • The Strategic Plan of the college • Priorities for improvement contained in the previous operational plan completion reports • Improvement plans related to the priorities of improving the implementation of the operational Plan received from the various committees in the department • Improvement plans and improvement priorities are contained in the annual report and course reports • Priorities for improvement received from reports of performance indicators and benchmarks, • Polls Reports • Reports of graduate characteristics and learning outcomes • Priorities for improvement contained in the self-evaluation scales and the self-study report, if any
Procedures	• The AQAC, under the supervision of the Program Coordinator, links all improvement priorities from the various reports (see inputs) with the program objectives and the program's operational Plan by filling out a form linking improvement priorities with the objectives of the operational Plan, which achieves consistency with the initiatives of the college's strategic Plan • Various initiatives and priorities for improvement are distributed to the various committees concerned with the department, each according to its field. A time frame is set for setting improvement plans for these priorities. • Each Committee considers the initiatives and priorities for improvement, a proposal for an improvement plan is developed, and a procedural plan for its implementation is drawn up that contains the time frame, implementation responsibility, performance indicator, target, and needs

	from various resources and sources. • The program coordinator collects the proposed plans and fills out a form for preparing the operational Plan containing the time frame, implementation responsibility, performance indicator, and target. • The Operational Plan is presented to the department council for discussion • Submit the Operational Plan of the unit for Quality and Accreditation Unit in the college for verification • The unit coordinator of the department's strategic Plan amends according to the notes received • The Plan is submitted to the department council and the college council for accreditation • The head of the department lists the resources required to implement the operational Plan in terms of facilities, learning resources, and human resources and submits them to the dean of the college, who directs them to the concerned authorities and follows up the responsibility to provide them. • Each Committee in the department works on implementing its initiatives and the related operational Plan by assigning the coordinators of its specialized units. • Each unit coordinator manages the initiative assigned to him in the form of a small project under the supervision of the head of the department and with the coordination and support of the concerned college unit • Prepares periodic reports on strengths and aspects that need improvement, which is submitted to the department head • Reports of progress in achievement with evidence are submitted to the supervisor of the strategic plan unit at the college, who uses the proof of activities consistent with the initiatives of the college in submitting a periodic report on the level of progress in achievement to the university agency • The initiative completion project ends with a self-assessment process based on comparing the actual achievement with the target.

	• The program coordinator in the department prepares the achievement report of the operational Plan based on the self-evaluation reports of the initiatives received from the various committees in the department and the evidence and evidence accompanying it. • The AQAC reviews the report in an annual form to assess the extent to which the requirements of the completion report and the quality of the accompanying documents have been met. • The report is presented to the department council for discussion. • Then it is submitted to the Quality and Academic Accreditation unit for technical consideration • The information is modified according to the notes received • The report is submitted to the department and college councils for approval and accreditation and directing the development of appropriate improvement plans
output	Approved operational plan - achievement report - minutes of approval of the description from the councils and the competent authorities

2.3. Performance Measurement

2.3.1. Procedures for preparing performance measurement reports

Description	Performance Measurement Report
Aim	Analyse past performance results
Implementation responsibility	AQAC
Follow-up	Coordinator of the Statistics and Information Unit

responsibility	
Reference	Procedural Manual for Quality Management System
Determinants	Adherence to the mechanisms for preparing the performance measurement cards that exist in the National Centre forms in the event of the lack of performance indicators
Inputs	• Output Measurement • Survey • Key Performance Indicators
procedures	• The AQAC Committee shall prepare and update a plan of action to prepare a performance measurement according to a specific time frame that takes into account the dates of submission of periodic calendar reports. • The AQAC reviews the results of the annual program report and follows up on the effectiveness of the implementation of the improvement plan related to the priorities of improving the previous performance measurement reports. • The Coordinator of the Statistics and Information Unit is responsible for following up on the implementation of the measurement processes, compiling the results, and the various priorities for improvement from the responsible authorities. • The AQAC discusses the collected results with the unit coordinators responsible for the various activities in the department to identify the priorities for improvement. • The AQAC presents the results of the reports to the department council and the various beneficiaries and advisory committees. • The AQAC takes over the views of the various surveyed parties. The report is submitted to the department council to recommend the adoption of the various statements and the priorities for improvement contained therein and to benefit from them in improving performance

Outputs	Performance Measurement Report - Minutes of the report's adoption by the boards. Working group meeting minutes

2.3.2. Graduate Attribute Measurement Plan

2.3.2.1. The starting points for building a plan

- Link the graduate attributes to the PLOs
- Measure the PLOs
- Use of tools specified for measurement of the graduate attributes

2.3.2.2. The Graduate Attributes of the Physical Therapy program

Table 3 below shows the characteristics of the Physical Therapy program graduates, which is the set of knowledge, skills, and values that qualify the graduate for the future. The eight characteristics were divided into the three areas adopted by the National Qualifications Framework 2020 in classifying areas of learning outcomes for all programs.

Graduate Attributes
1) Knowledge and Technical Skills: 1.1- Integrate scientific knowledge and practice of basic, clinical, social and behavioural sciences in physical therapy practice. 1.2- Design and apply a comprehensive physical therapy program based on the patient's history, and clinical findings.

2) Critical thinking: Apply clinical reasoning, problem solving, innovative thinking, and scientific research skills for finding appropriate realistic achievable therapeutic goals, guidelines & therapeutic solutions for different health problems.
3) Community participation: Display social responsibility through participation in community activities aiming for promotion of health, preventing diseases, and solving national health problems.
4) Communication and social skills: Communicate effectively with members of the health care team and community.
5) Professionalism: Adopt and employ physical therapy professional values, ethics, attitudes and standards.
6) Research: Critically analyse, appraise and interpret researches in the field of physical therapy and rehabilitation to develop up to date knowledge and clinical skills and build a foundation for evidence-based practice

Table 3: Graduate Attributes

Table 4. Physical Therapy Program Learning Outcomes under the NQF Domains

1. Learning Outcomes Code	Program Learning Outcomes (PLOs)	NQF Level Descriptors of Learning Outcomes – Level 5
Knowledge and understanding		
1.1	Identify the fundamentals, theories, and concepts in the field of physical therapy.	Broad in-depth integrated body of knowledge and comprehension of the underlying theories, principles, and concepts in one or more disciplines or field of work,
1.2	Recognize principles, clinical procedures, techniques, practices, and research methodologies in physical therapy and related disciplines.	In-depth knowledge and comprehension of processes, materials, techniques, practices, conventions, and/or terminology

		Knowledge and comprehension of research and inquiry methodologies
Skills		
2.1	**Apply integrated theories, principles, and concepts to solve complex problems in various contexts of physical therapy.**	**Solve problems in various complex contexts in one or more disciplines or fields of work**
	Utilize critical thinking, inquiries, and research methodologies to develop creative solutions in physical therapy.	**Use mathematical operations and quantitative methods to process data and information in various complex contexts, related to a discipline or field of work.** **Select, use, and adapt various standard and specialized digital technological and ICT tools and applications to process and analyze data and information to support and enhance research and/or projects**
2.2	**Execute practical tasks, procedures, and techniques in practical activities related to physical therapy.**	**Conduct inquiries, investigations, and research for complex issues and problems Use critical thinking and develop creative solutions to current issues and problems, in various complex contexts, in a discipline, profession or field of work**
2.3	**Implement advanced practical procedures in**	**Apply integrated theories, principles, and concepts**

	complex contexts of the physical therapy field.	**in various contexts, related to a discipline, profession, or field of work**
2.4	**Display effective communication and information technology skills in research and physical therapy practice.**	**Carry out various complex practical tasks and procedures related to a discipline, professional practice, or field of work.**
2.5	**Apply integrated theories, principles, and concepts to solve complex problems in various contexts of physical therapy.**	**Communicate effectively to demonstrate theoretical knowledge comprehension and specialized transfer of knowledge, skills, and complex ideas to a variety of audiences**
3.1	**Demonstrate commitment to professional values, ethical standards, responsible citizenship, and respectful coexistence.**	**Effectively plan for and achieve academic and/or professional self-development, assess own learning and performance, and autonomously make decisions regarding self-development and/or tasks based on convincing evidences** **Autonomously and professionally manage tasks and activities related to the discipline and/or work** **Collaborate responsibly and constructively on leading diverse teams to perform a wide range of tasks while playing a major role in planning and evaluating joint work**
3.2	**Exhibit autonomous planning, achievement of professional tasks, self-development, and**	**Demonstrate commitment to professional and academic values, standards, and ethical codes of**

	continued self-learning in the field of physical therapy.	**conduct, and represent responsible citizenship and coexistence with others Actively participate in advancing the discipline and society**
3.3	**Collaborate responsibly and constructively on leading diverse teams, planning joint work, and effectively developing the field of physical therapy and the community.**	

Table 5. Alignment of Physical Therapy Graduate Attributes and Program Learning Outcomes with UT and Physical Therapy Mission statement

Attributes of graduates of Physical Therapy Program	**Physical Therapy Program PLOs**										**Physical Therapy Program Mission**
	K1	**K2**	**K3**	**S1**	**S2**	**S3**	**S4**	**S5**	**V1**	**V2**	
1) Knowledge and technical Skills: 1. Integrate scientific knowledge and practice of basic, clinical, social and behavioural sciences in physical therapy practice. 2. Design and apply a comprehensive physical therapy program based on	✔	✔	✔	✔	✔	✔	✔	✔			To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct educational**

patient's history, and clinical findings.											**environment**
2) **Critical thinking:** Apply clinical reasoning, problem solving, innovative thinking, and scientific research skills for finding appropriate realistic achievable therapeutic goals, guidelines & therapeutic solutions for different health problems.				✔	✔						To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct educational environment**
3) Community participation: Display social responsibility through participation in community activities aiming for promotion of health, preventing diseases, and solving national health problems**.**							✔	✔		✔	… meet health needs of the **community**
4) **Communication and social skills:** Communicate effectively with members of the health care team and community.								✔	✔		To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct**

											educational environment
5) **Professionalism:** Adopt and employ physical therapy professional values, ethics, attitudes and standards.						✔	✔	✔	✔	✔	To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct educational environment**
6) **Research:** Critically analyse, appraise and interpret researches in the field of physical therapy and rehabilitation to develop up to date knowledge and clinical skills and build a foundation for evidence-based practice					✔	✔		✔			---- efficiency in a distinct **research** environment

Table 6 below shows the correlation of the characteristics of the Physical Therapy program graduates with the characteristics of the university graduates.

Table 6. Alignment of Institutional Learning Outcomes (ILO) with Graduate Attributes

Attributes of graduates of UT	Physical Therapy Program PLOs									
	K1	K2	K3	S1	S2	S3	S4	S5	V1	V2
First: Qualified Graduate ILO1: acquire necessary scientific and practical skills and knowledge in his/her specialty enabling him/her to have a successful life and compete in the local, regional and international labor markets.	✔	✔				✔	✔			
Second: Technologically Adept ILO2: the ability to use new technology in an ethical, safe, and effective manner for both research and life purposes.			✔	✔	✔		✔			

Third: Communication Savvy ILO3: the ability to send, receive, as well as effectively express information and ideas using various methods. ILO4: acquire the principals and skills necessary for constructive communication such as tolerance and acceptance of differing points of view and the preservation of freedom within cultural and moral boundaries.							✔	✔	✔	
Fourth: Culturally and Religiously Enlightened and Aware ILO5: the ability to evaluate current issues logically with consideration of different perspectives in order to provide creative solutions which contribute to the development of his/her community and humanity. ILO6: the ability to differentiate between true and authentic beliefs in contrast to untrue ones of his/her religious, historical culture, and national heritage based on true educational curriculums and a solid basis of knowledge.				✔			✔			✔
Fifth: A Responsible Citizen ILO7: retains ethics and behavior which help him/her cope with the changing cultural and social challenges; deals with others and							✔	✔	✔	✔

him/herself with honesty, professionalism, and integrity. ILO8: participates in community activities such as volunteering and collaborative works in support of his/her community and national identity.										
Sixth: Professional ILO9: ability to abide by the rules and regulations of the job and complete tasks efficiently while being not just a team-player, but also flexible, adaptive, and retain impeccable time-management skills. ILO10: meet leadership requirements and interact with others in order to achieve the common goals of the professional community.		✔		✔	✔	✔	✔	✔	✔	✔

*Star and green color denote link description.

Table 7 is the matrix linking the characteristics of the graduates of the program with the learning outcomes of the program.

Table 7. Alignment of GA with Physical Therapy PLO

Attributes of graduates of Physical Therapy Program	Physical Therapy Program PLOs										Physical Therapy Program Mission
	K1	K2	K3	S1	S2	S3	S4	S5	V1	V2	
7) Knowledge and technical Skills: 3. Integrate scientific knowledge and practice of basic, clinical, social and behavioural sciences in physical therapy practice. 4. Design and apply a comprehensive physical therapy program based on	✔	✔	✔	✔	✔	✔	✔	✔			To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct**

patient's history, and clinical findings.											**educational environment**
8) **Critical thinking:** Apply clinical reasoning, problem solving, innovative thinking, and scientific research skills for finding appropriate realistic achievable therapeutic goals, guidelines & therapeutic solutions for different health problems.				✔	✔						To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct educational environment**
9) Community participation: Display social responsibility through participation in community activities aiming for promotion of health, preventing diseases, and solving national health problems**.**							✔	✔		✔	… meet health needs of the **community**
10) **Communication and social skills:** Communicate effectively with members of the health care team and community.								✔	✔		To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct**

											educational environment
11) **Professionalism:** Adopt and employ physical therapy professional values, ethics, attitudes and standards.						✔	✔	✔	✔	✔	To **graduate qualified** physical therapy practitioners with **knowledge, skills** and **efficiency in a distinct educational environment**
12) **Research:** Critically analyse, appraise and interpret researches in the field of physical therapy and rehabilitation to develop up to date knowledge and clinical skills and build a foundation for evidence-based practice					✔	✔		✔			---- efficiency in a distinct **research** environment

*Star and green color denote link description.

2.3.3. Plan for measuring the characteristics of the graduates of the program

The Bachelor's Program in Physical Therapy is measuring the graduate attributes on the verge of indirect measurement method associated with measuring the learning outcomes of the program. Therefore, the program, through the AQAC, distributes the graduates' attribute questionnaire to the stakeholders like alumni and employers to solicit their opinions. The Graduate attributes are assessed in reference to the mechanism developed by the program, with the use of this developed survey. This method is based on a survey of the stakeholders' opinion of prospective graduating students, graduates and employers.

2.3.4. Measurement Plan of learning outputs

2.3.4.1. The starting points for building a plan

- Selecting measuring tools
- Determine indicators
- Defining goals

2.3.4.2. Measuring learning outcomes at the course level

In the process of measuring course learning outcomes, the program relies on a direct assessment method. This method is represented in the results of the written tests carried out by the student and the adoption of rubric scales to assess the students' activities. To facilitate the process of measuring the outputs, the AQAC has prepared template forms that facilitate the process of linking the outputs to questions, in addition to defining the appropriate targets for each output, which are set in

agreement based on the measurement results of the previous chapters. The following figure shows the various models used and found in the appendices of this booklet dedicated to the mechanism of measuring outputs at the level of the course.

PHYSICAL THERAPY PROGRAM (CLO) ASSESSMENT PROCESS

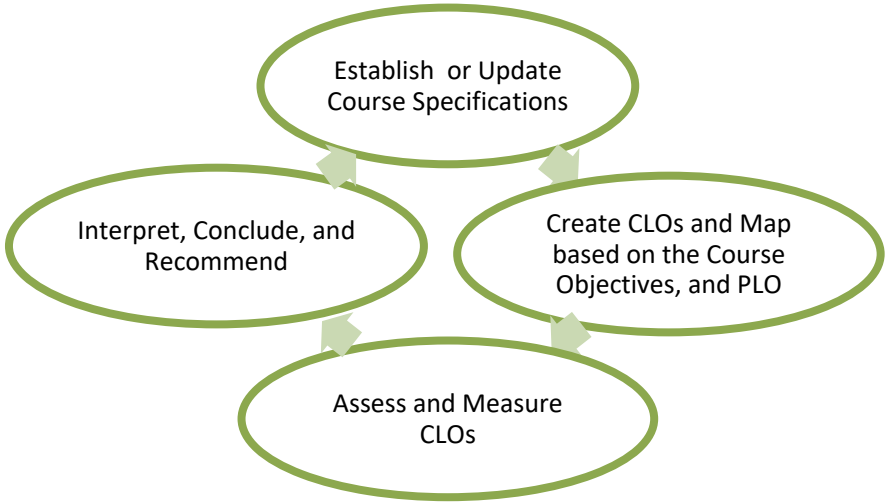


Figure 6: Course Learning Outcome Assessment Process

The figure 6 depicts the procedure followed in the CLO assessment in Physical Therapy program. The program begins by determining the objectives for the students to learn and then aligning those objectives with the courses provided within the program. Throughout the program duration, different learning opportunities and a variety of assessments are administered to measure the extent to which the students have achieved the objectives. The data from the assessments will be collected and analyzed. The results will be used for the improvement of the courses.

All courses offered should clearly state Course Learning Outcomes (CLOs), and these are mapped to the learning outcomes of the programs included in the course specifications.

These are periodically reviewed during the process of course/program assessment. CLOs are mapped with the teaching and assessment strategies in accordance with the Saudi Arabia Qualification Framework (SAQF).

The CLO assessment process involves the following steps;

- **a.** Establish or Update Course Specifications
- **b.** Create CLOs based on the Mapped PLO
- **c.** Assess and Measure CLOs
- **d.** Interpret, Conclude, and Recommend

Establish or Update Course Specification

The assessment of the program process starts with determination of the mission and vision, and objectives of the Physical Therapy Program, which are aligned to that of the institution (University of Tabuk). In addition, the objectives would depend on the demands of the community, the nature of job demands, and professional expectations of the graduates.

The Course Learning Outcomes is a relevant component of the Course Specification. The CLO created should be aligned with the Saudi Arabia Qualification Framework (SAQF) categorized under three domains of learning (Knowledge & Understanding, Skills, and Values) and the Program Learning Outcomes (PLOs).

The course instructor will select relevant assessment tools for course-level assessment with the help of which each CLO in the course will be measured using direct methods. The table below provides PLO statements aligned and applied to CLO Assessment Methods and Learning Domains.

Table 8. CLO Assessment Methods, PLO Statements and Learning Domains

Program Learning Outcomes and Assessment Methods

Learning Domains	Learning outcomes	Assessment Methods
Knowledge & Understanding	● K1 Identify the fundamentals, theories, and concepts in the field of physical therapy. ● K2 Recognize principles, clinical procedures, techniques, practices, and research methodologies in physical therapy and related disciplines.	Quizzes, Written exams.
Skills	● S1 Apply integrated theories, principles, and concepts to solve complex problems in various contexts of physical therapy. ● S2 Utilize critical thinking, inquiries, and research methodologies to develop creative solutions in physical therapy. ● S3 Execute practical tasks, procedures, and techniques in practical activities related to physical therapy. ● S4 Implement advanced practical procedures in complex contexts of the physical therapy field. ● S5 Display effective communication and information technology skills in research and physical therapy practice.	Quizzes, Written exams, Oral exams/ Presentation Research activities Clinical case study Objective Structural Clinical Exam (OSCE), Physical Therapy Care Plan (NCP) Objective Structural Practical Exam (OSPE). Observational Checklist Written reports Case Based individual essay Clinical/practical exams Case presentation. Oral Exam End-of-Lab Report Sheet Laboratory Activity Sheet Laboratory Exercises
Values	● V1 Demonstrate commitment to professional values, ethical standards, responsible citizenship, and respectful coexistence. ● V2 Exhibit autonomous planning, achievement of professional tasks, self-	Observational Checklist Oral Exam

	development, and continued self-learning in the field of physical therapy. ● V3 Collaborate responsibly and constructively on leading diverse teams, planning joint work, and effectively developing the field of physical therapy and the community.	

A quality accreditation body reviews and approves the course assessment process.
The following steps are considered:

1. All the course team members are involved in preparation of the course assessment process.
2. The course coordinator submits the assessment tool for each course with the direct and indirect assessment methods.
3. The assessment plan needs to be approved by the quality coordinator and also in the department council.
4. All CLOs are assessed at the course level and measured directly through specific rubrics for each CLO.
5. The selected direct assessment method(s) should cover all CLOs in a course in every academic semester.
6. The course instructor should prepare a course exit survey every academic semester or year, depending on the department policy.

Throughout the program, different teaching strategies and a variety of assessments are administered to measure the extent to which the program has achieved the objectives. The direct assessments results are collected, measured, and analyzed. In addition, appropriate evaluation results will be incorporated in the analysis. The strengths & weaknesses are generated and translated into recommendations. The recommendations will be selected based on the priorities for improvement. These priorities will be utilized to formulate recommendations for action to be taken. The results will be used for the improvement of the program. The improvement is directed primarily on the program objectives.
These improvements will be addressed according to major component program areas, namely:

(a) Mission and Goals
(b) Administration
(c) Teaching and learning
(d) Student

(e) Teaching staff

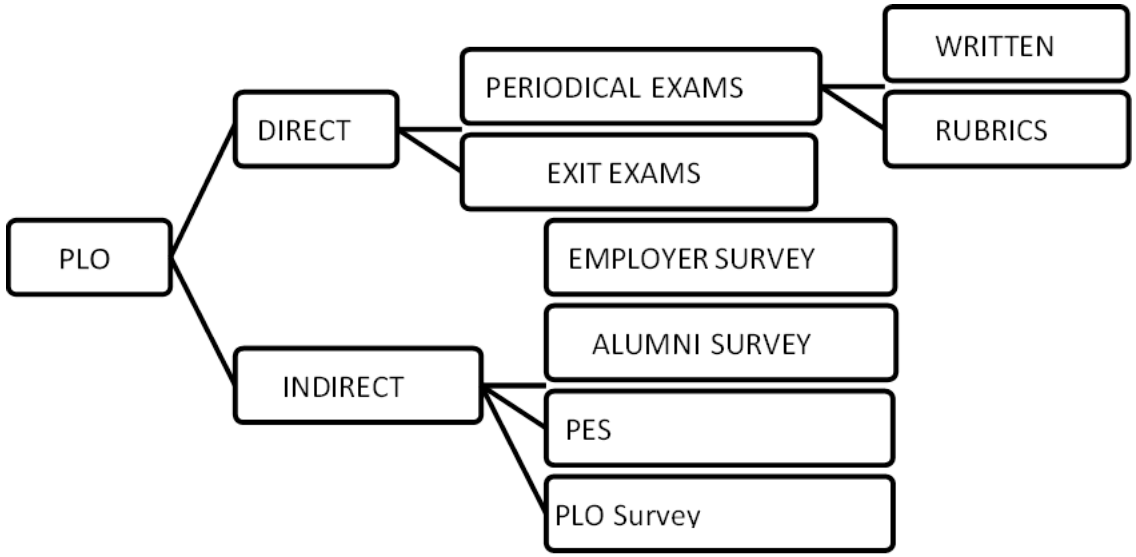
(f) Learning resources, facilities & equipment

These areas play a very important and cohesive role in achievement of the program learning outcomes.

Map Representative Courses with Assessment Methods to PLO

It is obligatory to use only the core courses for assessing the PLOs. In addition to that, it is preferable to use the courses at the mastery level for the assessment purpose. The assessment methods aligned with teaching methods are mapped with the PLOs. In addition, the map also indicated the learning domain classification of PLOs. The assessment methods are also provided in the course specifications. The selection of assessment methods for a specific CLO depends primarily on its alignment and applicability. The criteria include the learning domain, verb used, scope, and nature of the PLO to be assessed.

Figure 7. PLO assessment paradigm applied for the individual PLOs



The **direct evidence** of students' skills through the administration of periodical examination of student work (e.g., written and rubric) and determine the extent to which each product demonstrates mastery of specific skills related to the PLO. The Saudi Commission Physical Therapy Licensing examination results from the most recently concluded year were gathered and incorporated. The exit examination conducted in the program also plays a vital role in computation of the matrix.

The exit survey results are the indirect evidence on computing the matrix. This type of evidence is most useful when the survey questions are tailored to match the specific skills that are being assessed by faculty .

There are 4 survey questionnaires wherefrom items are pre-identified to a specific PLO is administered. These surveys include:

(1) Employer
(2) Alumni
(3) Graduate

The evidence for PLO achievement is termed “assessment”. This will measure the extent to which the stated learning outcomes are achieved by the students in the program. The assessment methods utilized are all “direct” types. This type is based on a sample of work or “actual” result that the student has produced.

A questionnaire is also distributed to employers to find out the extent of their satisfaction with the program's outputs, and for graduates to find out the extent of their satisfaction with their educational experience with the program. The responses to these questionnaires can be analyzed to determine the level of graduates and their ability to learn the program outcomes from the point of view of employers and graduates after they enter the labor market.

Key performance Indicators

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

The National Center for Academic Accreditation and Evaluation has identified 11 key performance indicators at the program level. These indicators are the minimum to be periodically measured, and the academic program can use additional performance indicators if it believes they are necessary to ensure the quality of the program. It is expected that the academic program measures the key performance, indicators with benchmarking using the appropriate tools, such as (Surveys Statistical data, etc.) according to the nature and objective of each indicator, as well as determining the following levels for each indicator:

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

Furthermore, NCAAA affirms that "a report describing and analyzing the results of each indicator (including performance changes and comparisons according to sites) is expected with a precise and objective identification of strengths and aspects that need improvement".

Actual KPI: Refers to the finding determined when the KPI is measured or calculated. It represents the actual reality of the present situation.

Internal KPI: Refer to benchmarks that are based on information from inside the program or institution. Trend data is an example of an internal benchmark.

External KPI: Refer to benchmarks from similar programs that are outside the institution, it refers to other institutions (national or international).

Targeted KPI: Refers to the anticipated performance level or desired outcome for a KPI. Is determined according to the KPIs measurements of the internal and external benchmarking. Hence, it is the new target KPI of the former academic year.

New target KPI: Is determined in consideration of the actual benchmark.

KPI Analysis: Refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.

Benchmarking and Target Setting

A systematic benchmarking process was established. Program KPI results were compared with those of accredited peer institutions, and realistic thresholds/targets were set. This eliminated the previous inconsistencies in KPI reporting and ensured stronger justification for performance changes. The following is the criteria approved by the department:

External Benchmark:

The KPI reporting template was redesigned to address confusion in external benchmarking presentations. The program directly connects external benchmarking results (Majmah University) with internal performance thresholds and target-setting. For each KPI, actions are now explicitly determined by comparing program results with peer institutions and national benchmarks, ensuring that increases are evidence-based and thresholds are justified.

KPI Target-Setting Policy

To ensure clarity, consistency, and evidence-based justification in reporting KPI targets, the program established a formal KPI Target-Setting Policy. This policy is grounded in four principles:

- Historical trend analysis: three-year performance data are reviewed to guide realistic progress.
- Peer benchmarking averages: program results are compared against accredited peer institutions.
- National and international standards: targets are aligned with SCFHS, NCAAA, and recognized global benchmarks.

Justification requirement: every adjustment to a KPI target must be accompanied by a written justification report that cites historical trends, benchmarking data, and feasible improvement actions.

To eliminate confusion in reporting, external benchmarking data are presented in separate comparative columns (Program Result → Benchmark 1 → Benchmark 2 → New Target), ensuring transparency and straightforward interpretation for all stakeholders.

2.3.5 Procedures for determining external benchmark

Information, data, and indicators in the field of the educational and research process for corresponding programs	**Description**

Support planning and guide decision making	**Goal**
Quality Committee	**Implementation responsibility**
Head of the Department (HOD)	**Responsibility for follow-up**
Procedural guide for benchmarking and independent opinion at the university The mission and objectives of the faculty and the university, The practical applications and employment opportunities of the program specialization. Agreements, partnerships and memorandums of cooperation.	**References**
Involve all beneficiaries in drafting the message.	**Determinants**
Guide to benchmarking and independent opinion at the university	**Inputs**
1. The department committees determine data needs in the field of the Physical Therapy and research process for debate programs for comparison. 2. The Vice Deanship for Quality and Development prepares a proposal for benchmarking and explains the reasons for its selection. 3. The Vice Deanship for Quality and Development reviews existing agreements, partnerships and cooperation memorandums and utilises this data to identify a suitable program for benchmarking. 4. The council considers, discusses and approves the proposals of the Vice Deanship for Quality and Development 5. The HOD, together with the Dean communicates with the external benchmark providers. 6. The designated external benchmark providers are required to supply the benchmark data	**Procedures**

along with the corresponding information. Subsequently, the benchmark data will be utilized to compile the benchmarking report. 7. Reports are presented to the department council to take the necessary decisions for developments and improvements.	
Benchmarking report.	**Outputs**

The Physical Therapy Program can derive multiple advantages from benchmarking, as it plays a crucial role in ensuring on going improvement and enhancing its quality. By engaging in benchmarking, the program can systematically compare its performance, practices, and outcomes with established standards, best practices, or similar programs in other institutions. This systematic comparison offers valuable insights into areas of excellence as well as areas that need improvement, enabling informed decision-making and targeted interventions. The KPIs assessment cycle is illustrated in Figure 8.

The sources of data includes: the Physical Therapy program operational plans, reports from the stakeholders, Program Evaluation Surveys (PES); Course Evaluation Surveys (CES); Student Experience Survey (SES); Faculty Satisfaction Survey (FSS); Employee Satisfaction Survey (ESS); Alumni Evaluation Surveys (AES); Questionnaire for Employers satisfaction with the program and Alumni (QES); Academic Counselling Students Survey (ACSS); Community Service Survey (CSS).

Table 10: NCAAA KPIs, Goals, and Method of Measuring Indicators.

Code	Indicator	Goal	Time for measurement	Data Measurement Provider	Measurement Responsibility	Measurement Tools
KPI-P-01	Students' Evaluation of quality of learning experience in the program	To measure the average of overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey.	Annually Thirteenth week 2nd semester	Course Coordinator	AQAC	Program Evaluation Questionnaire
KPI-P-02	Students' evaluation of the quality of the courses	To measure the average student overall rating for course quality on a five-point scale in an annual survey	Annually Thirteenth week 2nd semester	AQAC	AQAC	Students Evaluation Survey Questionnaire
KPI-P-03	Completion rate	To measure the percentage of undergraduate students who completed the program in the minimum period of	At the end of academic year 2nd semester	Coordinator of the Academic Affairs Unit in the Department	Coordinator of the Statistics and Information Unit	Statistical data and analysis

		the program from each batch				
KPI-P-04	First-year students retention rate	To measure the percentage of first-year students in the program who continue in the program for the following year to the total number of first-year students in the same year	At the end of academic year 2nd semester	Head of Department and Program Coordinator	AQAC	Statistical data and analysis
KPI-P05	Students' performance in the professional and/or national examination	NA	NA	NA	NA	NA
KPI-P-06	Graduates' employability and enrolment in postgraduate programs	To measure the percentage of program graduates who: A. Get hired B. Have enrolled in postgraduate programs during the first year of their graduation out of the total.	Annually Thirteenth week 2nd semester	Head of the Department	AQAC	Alumni Survey Questionnaire

KPI-P-07	Employers' evaluation of the program graduate proficiency	To measure the average overall rating of employers for the efficiency of program graduates	Annually Thirteenth week 2nd semester	Alumni Affairs Head of the Department	Coordinator of the Statistics and Information Unit	Questionnaire for Employers' Satisfaction with the Program and Its Alumni
KPI-P-08	Ratio of students to teaching staff	To measure the ratio of the total number of students to the total number of full-time faculty or its equivalent in the program.	At the end of each semester	Academic Affairs Committee	AQAC	Faculty data collection tool
KPI-P-09	Percentage of publications of faculty members	To measure the percentage of full time faculty who published at least one paper during the year to the total faculty in the program	Annually	Scientific Committee	AQAC	Faculty data collection tool
KPI-P-10	Rate of published research per faculty member	To measure the average number of refereed and/or research per faculty member	Annually at the end of academic year	Scientific Committee	AQAC	Faculty data collection tool
KPI-P-11	Citations rate in refereed journals per faculty member	To measure the average number of citations in refereed journals of scientific	Annually at the end of academic year	Scientific Committee	AQAC	Faculty data collection tool

		research published for each faculty member in the program				

2.3.6 Procedure for preparing the performance assessment report

Performance Assessments Report	**Description**
Analyze performance assessments results.	**Goal**
AQAC	**Implementation Responsibility**
AQAC	**follow-up Responsibility**
The program procedure guide for quality.	**References**
Involve all beneficiaries in drafting the message.	**Determinants**
Outcomes measurements reports. Surveys reports. KPIs report.	**Inputs**
The AQAC is responsible for developing and updating an action plan for performance measurement within a defined timeframe, taking into account the deadlines for periodic evaluation reports. The AQAC is responsible for reviewing the results of the annual program report and monitoring the effectiveness of the implementation of the improvement plan linked to the	**procedures**

priorities for enhancing previous performance measurement reports. The AQAC is also responsible for monitoring the implementation of measurement processes, collecting results, and prioritizing improvement actions from the relevant entities. The AQAC holds discussions with the committees' chairmen to identify improvement priorities based on the aggregated results. The AQAC is responsible for presenting the report results to the department council, stakeholders, and the advisory committee. The AQAC takes into account the feedback received from various surveyed entities. The report is forwarded to the department council for approval, incorporating the improvement priorities mentioned in it and utilizing them to enhance performance.	
Performance assessment report. Minutes of the department council meeting for the approval of the Performance Assessment Report. AQAC meeting minutes.	**Outputs**

Measuring the program's goa

Measuring the program goals enables the assessment of program efficacy and offers valuable insights for continuous improvement. The collection of data and evidence during the evaluation process is vital in facilitating decision-making, as it ensures that program improvements are based on objective information rather than assumptions. Furthermore, measuring program goals aids in identifying areas where students may require additional support or where adjustments to the curriculum may be necessary.

The Physical Therapy Program consistently oversees and assesses the advancement made towards its objectives. Key Performance Indicators (KPIs) are utilized to evaluate whether the intended outcomes are being accomplished. Subsequently, appropriate measures are taken to improve performance based on the assessment findings and established benchmarks.

Determinants The factors shape the influence of the measurement of the program goals.	1. Goal Clarity and Specificity: ● Clearly defined metrics: Establish clear and specific metrics or indicators that align with each goal, allowing for objective measurement. ● Operational definitions: Provide operational definitions for each metric, ensuring consistent interpretation and application during the measurement process. ● Timeframe: Determine the appropriate timeframe for measuring goal attainment, considering short-term and long-term targets.

	Compliance with the Accreditation Standards: ● National standards: Compliance with the NQF standards often involves the use of specific indicators, assessment methods, and reporting frameworks, to ensure a high quality measurement process and outcomes. 2. Data Collection Methods and Tools: ● Quantitative measures: Identify quantitative data collection methods, such as surveys, assessments, or institutional records, to capture numerical data related to the program goals. ● Qualitative measures: Incorporate qualitative data collection methods, such as interviews, focus groups, or reflective essays, to gather in-depth insights and perspectives on goal attainment. ● Valid and reliable tools: Select valid and reliable measurement tools or instruments that align with the specific metrics and goals being assessed. 3. Data Analysis and Interpretation: ● Data processing: Develop a systematic process for collecting, organizing, and analyzing the data collected for each program goal. ● Data interpretation: Apply appropriate statistical or qualitative analysis techniques to interpret the collected data and derive meaningful insights regarding goal attainment. ● Benchmarking: Compare program data against relevant benchmarks or established standards to

	provide context for interpreting the results. 4. Stakeholder Engagement: ● Stakeholder involvement: Engage relevant stakeholders, such as students, faculty, alumni, employers, in the measurement process to gather diverse perspectives and ensure the validity and relevance of the data. ● Communication and feedback: Establish mechanisms for communicating measurement results to stakeholders and seeking their feedback and input on the findings. ● Collaborative data analysis: Foster collaboration among stakeholders in analyzing and interpreting the measurement data, facilitating a shared understanding of program goals and their measurement. 5. Continuous Improvement and Action Planning: ● Assessment of progress: Regularly assess and track progress towards program goals to identify areas of success and areas for improvement. ● Actionable insights: Use the measurement results to generate actionable insights and recommendations for program improvement or refinement. ● Action planning: Develop action plans based on the measurement findings, outlining specific steps to be taken to address identified gaps or enhance performance in relation to the program goals.

	6. Ethical Considerations: ● Data privacy and confidentiality: Adhere to ethical standards and regulations regarding data privacy and confidentiality, ensuring that data collected for measurement purposes is handled securely and responsibly. ● Informed consent: Obtain informed consent from participants involved in data collection, ensuring their understanding of the purpose, procedures, and potential uses of the data. ● Transparent reporting: Maintain transparency in reporting measurement results, providing clear explanations of the methods, findings, and limitations of the measurement process.
Quantitative Metrics Quantitative metrics provide objective data that can be measured numerically.	Completion rate: The proportion of undergraduate students who completed the program in minimum time in each cohort. First-year students retention rate: Percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year. Graduates' employability and enrolment in postgraduate programs: Percentage of graduates from the program who within a year of graduation were: ● Employed within 12 months, ● Enrolled in postgraduate programs during the first year of their graduation to the total number

	of graduates in the same year. Ratio of students to teaching staff: Ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program Percentage of publications of faculty members: Percentage of full-time faculty members who published at least one research paper during the year to total faculty members in the program. Rate of published research per faculty member: The average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year). Citations rate in refereed journals per faculty member: The average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published).
Qualitative assessment	Students' Evaluation of Quality of learning experience in the Program: Average of the overall rating of final year students of the quality of learning experience in the program, satisfaction with the various services offered by the program (restaurants, transport,

Qualitative assessments provide subjective insights and feedback from various stakeholders.	sports facilities, academic, vocational, psychological guidance...), student satisfaction with the adequacy and diversity of learning sources (references, periodicals, information databases... etc.) on a five-point scale in an annual survey. Students' evaluation of the quality of the courses: Average of students' overall rating for the quality of courses on a five-point scale in an annual survey. Employers' evaluation of the program graduate's proficiency: Average of the overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey.
Responsibilities	AQAC
Development & Approval	Department council. UT strategic planning unit. Vice dean of development and quality. Faculty council. Advisory committee. Administrative staff Students, Alumni and Employers. All committees.

Procedure	Plan Development: The AQAC will oversee the entire process for measuring program goals, and the development of the program goals measurement plan. The AQAC measures the achievements in the Physical Therapy Program goals through the achievements of the program's operational plan. Where the Physical Therapy Program's operational plan includes specific KPIs and target benchmarks that are connected to the program goals. Monitor Progress: The AQAC Continuously monitors the progress of the operational plan against the established timelines and KPIs to track the implementation of the action plans, and hence provide a systematic way to measure the program goals. Evaluate Results: The AQAC assesses the results and outcomes of the implemented action plans, comparing the actual results against the established targets or benchmarks. This analysis helps assess whether the program is on track to achieve its goals and identifies areas that require improvement or further attention. Report on the Outcomes: The AQAC report on the progress made toward achieving the program goals and submits the report to the HOD. Seek Feedback: The report will then be presented at the department council for discussion. Based on the feedback, strategies, action plans, and resource allocation may be modified to address any identified issue or make necessary improvements for the succeeding year improvement cycle.

	Final Approval of the Achievement Report: The final report will then be submitted to the Vice Dean of development and quality, and then to the department and faculty councils for final approval.
Note	The previous year actual values are taken as an internal benchmark.
Reports	Report on measurement of program goals and improvement plans. Meeting minutes on AQAC, Departmental council, Faculty council

2.3.7 Beneficiary feedback plan

2.3.7.1 The students

Questionnaire name	Questionnaire subject	Target group	Distribution responsibility	Distribution timing	The uses of the questionnaire	The target of the response
Course evaluation Course Evaluation Questionnaire (CES)	Course quality	The students who successfully complete the course	Course Instructor published it online Via Maear plus platform	Annually Thirteenth week 2nd semester	(KPI-P-02) Average students' overall rating for course quality on five-point scales in an annual survey. Students' general assessment of the quality of courses (university indicators) course report	Application to all program decisions With a response rate of not less than 50% of the sample
Program evaluation	Final stage student satisfaction with services, support, and program management	Final year students of the program	AQAC	Annually Thirteenth week 2nd semester	KPI-P-01 Students' evaluation of the quality of learning experiences in the program	With a response rate of not less than 50% of the sample

2.3.7.2 Faculty

Faculty				
	Questionnaire name	**The purpose of the questionnaire**	**Publishing periodical**	**Publication time**
1	Program mission	• Measuring the extent of faculty members' awareness of the program's mission • And its consistency with the programs mission and its use as a means of planning	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year.
2	Program management (Department Council and Faculty Council)	• The extent to which the university's systems, policies and regulations are applied • The extent of the ability to plan, develop, continuous improvement and fairness • Extent of an organizational climate that supports work within a framework of integrity and transparency	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year.
3	Organizational climate	Extent of an organizational climate that supports work within a framework of integrity and transparency	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year.
4	Quality assurance	The extent of the program's keenness to implement a flexible and integrated system for quality that achieves its	yearly	It is presented to faculty members from the tenth

		comprehensiveness, guarantees and development, and is in line with the university's systems and regulations.		week until the thirteenth week of the second semester of the university year.
5	Dean of the College	The effectiveness of the leadership of the scientific councils in the college	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year.
6	Head of Department	Satisfaction with the Department Head's performance	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year
7	Scientific councils	How effective is the Department Council	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university

				year.
8	Educational process	● The extent to which the curriculum complies with professional requirements, ● The extent of activating diverse and effective teaching and learning strategies and assessment methods that fit the different learning outcomes,	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year
9	Internal calendar for the course instructor's performance	● The effectiveness of teaching performance from the point of view of colleagues.	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year
10	Learning Outcomes	● The consistency of the graduates' characteristics and learning outcomes in the program with the requirements of the Saudi Qualifications Framework (ceiling), academic and professional standards, and the requirements of the labor market. ● The extent to which learning outcomes are achieved through various means,	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year

		● The extent to which results can be used for continuous improvement.		
11	Scientific Research	● The extent to which the faculty is aware of the academic and professional developments in their specializations. ● Extent of participation in scientific research activities.	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year
12	Community Service	● The extent to which members participate in scientific research and community service activities.	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year
13	Facilities and equipment	● The learning resources, facilities and equipment must be sufficient to meet the needs of the program and its courses of study. ● It is available to all beneficiaries in an appropriate arrangement ● The extent of the program's ability to	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year

14	learning resources	effectively manage the available capabilities of facilities, equipment and learning resources	yearly	It is presented to faculty members from the tenth week until the thirteenth week of the second semester of the university year.

2.3.7.3 Graduates

Questionnaire name	Questionnaire subject	Target group	Distribution responsibility	Distribution timing	The uses of the questionnaire	The target of the response
Graduates' decision	Alumni satisfaction with the program	Graduate students	Alumni unit coordinator	The distribution of this survey is 6 months after graduation.	KPI-P-01 Students' evaluation of the quality of learning experiences in the program	With a response rate of not less than 50% of the sample
Employers Survey	Employers' satisfaction with program outcomes	Employer		Annually Thirteenth week 2nd semester	KPI-P-07Employers' evaluation on the program graduate proficiency	With a response rate of not less than 50% of the sample

2.3.7.4 Faculty/Employees

Questionnaire name	Questionnaire subject	Target group	Distribution responsibility	Distribution timing	The uses of the questionnaire	The target of the response
Program mission and vision	Appropriate the mission and vision of the program	Employees	Coordinator of the Statistics and Information Unit	Yearly	--	With a response rate of not less than 50% of the sample
Job satisfaction questionnaire	Job Satisfaction				--	With a response rate of not less than 50% of the sample

2.4. Periodic evaluation

2.4.1. Procedures for evaluating the performance of a faculty member

The faculty member is evaluated annually by the department head via performance evaluation.

2.4.2. Procedures for preparing the course report and accompanying documents

Description	Report on the quality of the course's educational process.
Aim	To ensure the quality of teaching through verification of teaching strategies and the targeted learning outcomes used. To Identify the administrative difficulties that the course teacher faced during the semester, To analyse the student's achievement through the distribution of grades and compare the distribution in all the sections. To verify the extent to which the quality department is closed at the level of the course by following up on the percentage of completion of the proposed improvement plan for the previous semester, To develop an improvement plan appropriate to the recommendations reached, at the end of preparing the course report.
Execution responsibility	faculty member
Follow-up responsibility	AQAC - Course Coordinator
Reference	Form (course report) prepared by the National Center for Academic Accreditation and Assessment Procedural Manual for Quality Management System
Determinants	The faculty member must abide by the course description

	The faculty member is obligated to follow the course improvement plan The faculty member is committed to measuring the extent to which the intended learning outcomes for the course are achieved, according to the measurement mechanisms approved by the department.
Inputs	• Course Description • Report of the course for the previous semester • Students' evaluation of the quality of the course ● Learning outputs Reports • Statistical analysis of the distribution of scores
Procedures	• Consider all entries • A member of the course faculty prepares the report based on the information available in the course reports of the various divisions. • The course coordinator prepares the report based on the information available in the reports of the decisions of the various divisions. • The course coordinator presents the report to the faculty of the combined course to discuss the results of the students and the extent to which the learning outcomes are achieved among the divisions, and to determine the appropriate improvement plans for the proposed recommendations. • The combined report is uploaded to the private electronic cloud of the department • The AQAC monitors the extent to which the various requirements of the course report have been fulfilled, and monitors all improvement plans in the combined courses. • The AQAC at the program level gives feedback to the course coordinators on the quality of reports • The course coordinator amends according to the notes contained in the report, and they are submitted according to the time frame specified by the Department's Development and Quality Committee The AQAC meets with CCDC in the department to review the proposed improvement plans in the collected reports.

	• The AQAC notifies the coordinators of the observations made on the improvement plans • The course coordinator will amend according to the received notes The reporter's reports are submitted to the department council for review and discussion • Reports are submitted to the electronic cloud of the College Unit for Development and Quality • The Agency for Development and Quality reviews the combined course report and submits it to the College Council. Preparing a report on the extent to which all the items of the combined course report have been fulfilled and submitting it to the College Council. • The Coordinator's AQAC Committee reviews the agency's notes and sets the time frame for their fulfilment • The course coordinator will amend according to the received notes. ● The reporter's reports are submitted to the department council for review and recommendation for approval • The improvement plans are presented to the department Council for approval in the event that substantial improvement recommendations are found, and reports are submitted to the Deanship of Development and Quality via its electronic cloud to assess the quality of the report. • The submission of recommendations to improve the report to the Vice Dean for Academic Affairs is completed based on the amendment procedures found in the matrix.
Outputs	Description of the program approved - transcripts of approval of the description from the councils and the competent authorities.

2.4.3 Course management cycle and Unified course report

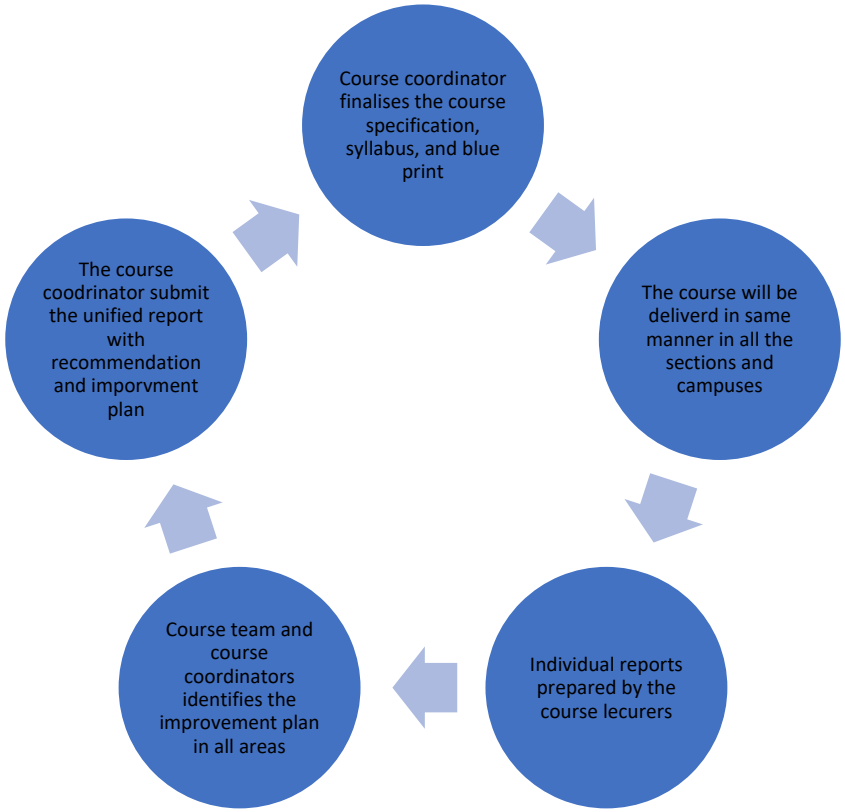


Figure 9. Course Management cycle

2.4.4. Course coordinator

- Appointed by the program coordinator with the suggestions from the Curriculum Committee.
- Monitors the courses delivered in different sites.
- Chair the course management working group.
- Receives course reports from the coordinators of different cycles
- Identify areas for improvements and the need for amendment.
- Share the proposed changes for next academic year with the coordinators to reach consensus on the changes.
- Prepare the unified course plan, course assessment and course report.
- Prepare a unified blueprint for the assessment of courses for the next academic year.
- Prepare and finalize exam questions.
- Coordinate with the exam committee.
- Submit the final plan for the next academic year.

2.4.5. Documentation of teaching quality assurance work

This file is created by AQAC and stored in Google Drive. As the university acquires an appropriate space on Google Drive for each faculty member, in addition to providing all information security conditions, it facilitates access to all documents related to quality files by all members of the program during each semester. It also helps to monitor the extent of faculty members' commitment to the quality requirements of the course.

It aims to clarify documentation processes to help in improvement and sustainability

- Ensure consistent results
- Prevent errors and reduce costs
- Ensure processes are identified and controlled procedures

1. All the requirements of the quality file in the course are documented by the faculty members in the department in an electronic cloud of the department's quality files.
2. The electronic cloud is available to all faculty members in the department to view and benefit from it.
3. The Department's Development and Quality Committee arranges files according to the requirements of the study plan.
4. Each faculty member shall raise the requirements according to the work plan shown below.
5. The course coordinator is responsible for following up on the completion of the files at the end of each semester.
6. The Development and Quality Committee prepares a report on the extent to which the requirements are met and submits it to the HOD to complete the necessary.

Table on Documents

	Requirements for documenting quarterly quality work at the course level	**Content**	**Notes**	**Timing of uploading the content for documentation on the electronic file**	**Data level**	**Execution responsibility**
1	Curriculum vitae	The curriculum vitae is updated and filled out according to the university form	It is updated periodically and uploaded to the faculty member's website, as well as handed over to the course coordinator to put it in the faculty member's file	The first week of each semester	faculty member	faculty member

2	Course Description	Description of the approved course according to the National Center for Academic Accreditation model	The description is reviewed periodically only at the level of teaching strategies at the beginning of each semester according to for improvement plans found in the report of the course coordinator for the previous semester, and after approval by the department council As for other developmental reviews, the existing controls must be adhered to. The procedural guide to plans and programs The description is approved after review in a department meeting and signed by the course and program coordinator	The first week	all groups	Course Coordinator Program Coordinator

3	Course plan*	Filled out according to the university form	The plan is announced on the faculty member's website and uploaded to the course quality file cloud	The first week of each semester	All groups taught by a faculty member	faculty member

Documenting the measurement of learning outcomes						
1	Table of performance indicators, teaching methods and evaluation methods	The table contains performance indicators for each learning outcome, teaching strategies, and assessment methods that are agreed upon within the course teaching team, and previous results are taken into consideration.	The forms are standardized at the department level, approved by the department council, included in the output measurement guide, and must be adhered to	The second week of each semester	All groups	Course Coordinator
2	Learning Outcomes Matrix	It contains a matrix that links the course content and learning outcomes				
3	Test paper specification table	It contains the distribution of learning outcomes on course content and assessment methods				
4	Distribution of grades on outcomes according to evaluation method.	It contains a table of distribution of scores according to the evaluation method				

Documenting student assessment activities and methods						
1	Typical answers for exams	Sample test with correct answers	Agreed by the course team members	From the end of the sixth school week to the end of the semester	Group	Course Coordinator
2	Samples of students' tests for each group distributed according to performance (highest, average and lowest score)	Corrected forms of students' tests for distributed according to performance (highest, average and lowest score)	Distributed according to performance, highest and lowest score, and signed by the department's internal auditors	From the beginning of the sixth week to the end of the semester	Group	Course instructor
3	Samples of all the students' classroom and extra-curricular work/assignments (such as research related works)	Corrected forms of all class and extra-curricular work/ assignments of students ensuring that these assignments/ research related works have been checked and verified by faculty to be the students own work. Plagiarism check through the Blackboard or	Distributed by highest and lowest performance	According to the assessment weeks specified in the course description	Group	Course Instructor

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Documenting the students' evaluation of the quality of the course						
	Requirements for documenting quarterly quality work at the course level	Content	Notes	Timing of uploading the content for documentation on the electronic file	Data level	Execution responsibility
	Results of a survey of students' opinion on the quality of the course	The results are downloaded from the benchmark system in the form of an excel sheet	The results obtained resulted from sending a link to the course evaluation questionnaire by the course instructor to all students of the group.	The end of the semester	All groups	Course Instructor

Other assessments of course quality						
1	A self-evaluation form for the opinion of faculty members	Fill out the form prepared by the department's development and quality committee	Include the opinion of the program leaders in the course report	The end of the semester	All groups	Course Instructor
2	Program Leaders Opinion Form	Fill out the form prepared by the department's	Include the opinion of the program leaders in the course report	The end of the semester	All groups	Course Instructor

		development and quality committee				
3	Peer Reviewer Opinion Form	Fill out the form prepared by the department's development and quality committee	Optional	The end of the semester	All groups	Course Instructor

Course reports						
1	Course report by group	Filled out according to the National Center for Academic Accreditation and Assessment form	All tools included	The end of the semester	Group	course teacher
2	Combined course report	Filled out according to the National Center for Academic Accreditation and Assessment form	The course coordinator is responsible for the course, signed by the course coordinator and the program supervisor, and attached to the minutes of the course coordinator’s meeting with the course instructors.	The end of the semester	All groups	Course Coordinator

Quality department closing report						
	Requirements for documenting quarterly quality work at the course level	Content	Notes	Timing of uploading the content for documentation on the electronic file	Data level	Execution responsibility
1	Course Improvement Recommendations	The course coordinator discusses the proposed improvement plans in the people's reports in a meeting with the course's work team	It is presented to the relevant committees for consideration, acceptance or rejection, and submitted to the councils for discussion and approval	The end of the semester	All groups	AQAC CCDC
2	Report on the completion of course improvement plans	Course improvement plans are compiled within a special excel sheet to follow up on the completion of work on them		The end of the semester	All groups	AQAC CCDC

2.4.6 Procedures for preparing the program report

Description	Report on the quality of the program's performance
Aim	Measuring and evaluating program performance and benefiting from the evaluation results for development and improvement
Execution responsibility	AQAC
Follow-up responsibility	Head of the AQAC, Program Coordinator
Reference	Form (program course report) prepared by the National Center for Academic Accreditation and Assessment Procedural Manual for Quality Management System
Determinants	Program mission and vision Permissions Matrix
Inputs	• Program Description • Course Reports • Output Measurement • Payment Tracking Data • Polls •. Key Performance Indicators
Procedures	• The AQAC prepares an action plan for preparing the annual program report with the participation of

	faculty members, in which tasks for preparing the program report are distributed to faculty members according to the time frame that respects the delivery dates specified by the Deanship of Development and Quality. • The Committee coordinates the meetings of the annual program report preparation team to review the annual program report and the effectiveness of the achievement of the previous year's development plan, discuss the relevant details and identify priorities for improvement. • The Program Development and Quality Committee coordinates and standardizes the final work of the annual program report. • The Committee discusses improvement recommendations with the unit coordinators responsible for the various activities in the department until a proposed development plan is developed. • The Committee shall present the report to the department council and the various beneficiaries and advisory committees. • The Committee takes over the views of the various parties that were surveyed. • Reports are submitted to the Vice Dean for Development and Quality to monitor the quality of the report by reviewing and checking the fulfilment of the terms of the annual report of the program • The Committee undertakes the amendment of the report according to the notes from the Agency for Development and Quality. The report is submitted to the department council to recommend its approval • The report is presented to the College Council for review and discussion of improvement and accreditation plans and directing the various college authorities to support and support the implementation of improvement plans • The report is submitted to the Deanship of Development and Quality to consider its quality • If there are improvement recommendations that require major amendments, the report shall be submitted to the Vice Dean for Academic Affairs.

Outputs	Program Report Accredited - Transcripts Approval of the report from the boards. Working group meeting minutes

2.5. Procedures for identifying and nominating training needs:

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All aspects of work that directly affect the implementation, management and follow-up of major businesses and tasks in the department	Field
Developing and improving the performance of the department's staff	Aim
Head of department, supervisor	Responsibility implementation
Training controls and standards at Tabuk University The procedural directory, not the department's quality assurance department	Reference
Plan to improve courses, course reports Improvement plans from the program report Training requirements specified in the program's operational plan Improvement plans resulting from faculty member evaluation Training needs for employees of different committees Training needs of teaching staff	Determinants

Setting of the time frame: - The specific time frame is set from the higher authorities to account for the training needs of the department. **Training needs:** - The training needs model is assessed as the initial part of the improvement plan. - The program management gives all its members the opportunity to raise their training needs in different academic fields by accessing the department's electronic cloud link and filling out the needs identification model according to a specific time frame. - The program management determines the training needs of the staff of the committees according to the tasks assigned to them. - The department's management submits its training needs to the Department council, which in turn raises them to the development and quality deanship authorized to provide skills development training programs. - After the official announcement of the training programs by the University's Deanship of Development and Quality, the program management directs and urges all its members to attend if the training programs are open to all members, especially those who need performance improvement. - If the places are specific, the program management nominates members according to their tasks or needs to improve performance	Procedures
Letter to the Development and Quality Agency with the different training needs of the department with the needs inventory model	Output

2.6. Comprehensive evaluation procedures:

Aim	Comprehensive program evaluation to find out: The success of the program in graduating outstanding scientific competencies in the field of specialization The appropriateness of educational practices in achieving the strategic direction of the program The novelty of what is presented in the courses of the program and its integration and balance in terms of meeting the requirements of the college and the university and the basic requirements of specialization and its academic and professional developments from the point of view of the beneficiaries Assess the availability of appropriate resources and facilities
Execution Responsibility	AQAC
Follow-up Responsibility	Chairman AQAC
Reference	National Center for Quality and Academic Accreditation Models The procedural guide to programs and plans at the university
Determinants	Vision and mission of the program Permissions Matrix

Input	• National trends in accordance with the requirements of sustainable development in the Kingdom ● Statistical reports on students' quarterly results ● Periodic reports of programmer and courses • Results of the implementation of the operational plan of the program at the end of each school year (from the previous three years) and measure the extent to which it deviates from its objectives • Beneficiary opinion polls ● Arbitration of academic experts ● Survey of employers in the field of specialization
Procedures	1. The quality committee examines successful practices and innovative experiences in the programs in preparing self-study reports. 2. AQAC forms comprehensive evaluation committees and develops a proposed action plan with the approval of the Departmental Council. 3. The action plan contains all procedures and requirements for the preparation of calendar reports (environmental analysis report, self-assessment measures and self-analysis report). Responsibilities, implementation times and resources are also defined. 4. To implement the plan, commissions and working groups will be formed, involving all the teaching staff according to their academic and administrative experiences, inclinations, and desires. 5. The board of the department discusses the proposal of the action plan and the approval of this procedure, as well as the organizational structure of the extensive evaluation committee of the program. 6. Formed committees meet periodically to decide on the performance of their tasks. 7. Each committee periodically presents a report to the committee on development and quality, which includes the progress of the achievement with difficulties and obstacles. 8. The AQAC committee monitors the implementation of the action plan approved by the section council, coordinates meetings, takes care of the needs of the various committees and overcomes obstacles.

	9. AQAC is the final coordination of the various comprehensive evaluation reports of the program based on priorities for improvement. 10. Reports are submitted separately for independent opinion in accordance with university policies and procedures confirming strengths and improvements. 11. The independent opinion will be discussed in the general program review committee and the recommendations will be sent to the relevant subcommittees for response or rejected for appropriate reasons. 12. The development and quality committee gathers all the improvement priorities and presents them to the main committees of the department, and relevant improvement plans are defined in the workshops organized by the development and quality committee. 13. Recommendations and improvement plans are submitted for discussion to the management of the department for their visualization 14. Plans are modified according to the comments received 15. The plans are subject to approval by the department and university councils 16. The development plans are included in the action plan of the department and are linked to the goals. 17. If the recommendations are relevant (e.g. review and development of the strategic direction of the program, review and development of the structural structure of the program), the study office will be completed according to the procedure manual and curriculum. Use of the program by the program and planning committee of the higher education institution for the technical progress of this development process.
Output	Certified evaluation reports - records of the adoption of reports from councils. Team meeting minutes - Minutes of the improvement plan

3. **Safety, emergency evacuation and maintenance procedures**

Determinants These factors ensure a robust framework for safety, emergency evacuation and maintenance.	1. Building Design and Construction: • Structural integrity: Ensure that buildings are constructed with robust materials and techniques to withstand various hazards. • Adequate exits and evacuation routes: Design buildings with sufficient exits and clearly marked evacuation routes, ensuring that occupants can easily and safely evacuate in case of an emergency. • Emergency lighting and signage: Install emergency lighting systems and clear signage to guide occupants during evacuations, especially in low-light or smoky conditions. 2. Safety Systems and Equipment: • Fire detection and suppression systems: Install and maintain fire alarms, smoke detectors, throughout the building to detect and suppress fires effectively. • Emergency communication systems: Implement emergency communication systems to broadcast alerts and instructions to occupants during emergencies. • Emergency power and backup systems: Ensure the availability of backup power systems, such as generators or uninterruptible power supplies, to support essential safety systems during power outages or emergencies.

	• Security systems: Install appropriate security systems, including surveillance cameras, access control systems, and alarms, to deter and detect security threats. 3. Safety Policies and Procedures: • Emergency response plan: Develop a comprehensive emergency response plan that outlines procedures for different types of emergencies, including evacuation protocols, communication channels, and roles and responsibilities of personnel. • Training and drills: Conduct regular training sessions and evacuation drills to familiarize occupants with emergency procedures, evacuation routes, and the proper use of safety equipment. • Safety education programs: Provide educational materials, resources, and training sessions to educate occupants about safety procedures, evacuation routes, and the importance of reporting safety concerns. • Maintenance and inspections: Establish regular maintenance schedules and inspections for safety systems and equipment to ensure their proper functioning and compliance with regulations. • Reporting mechanisms: Implement a clear and accessible reporting system for safety concerns and incidents, encouraging occupants to report potential hazards or issues promptly.
Responsibility	Occupational and Health Safety Department (OHSD)
	The OHSD is responsible to: 1. Engage with authorities at UT for periodic inspections and certifications to ensure that the program's facilities meet the required safety standards and comply with local building codes and regulations. 2. Ensure that buildings and facilities are accessible to individuals with disabilities, including the

	presence of ramps, elevators, handrails, and accessible restrooms. 3. Develop and maintain an emergency response plan that outlines procedures and protocols for various emergencies, such as fires, natural disasters, medical emergencies, or security threats. 4. Clearly mark evacuation routes, exits, and emergency assembly points throughout the facility. Ensure that exits are unobstructed and easily accessible. 5. Communicating emergency alerts and instructions to all occupants of the building. 6. Maintain an updated list of emergency contacts, including local emergency services, security personnel, and relevant program staff members. 7. Establish regular maintenance schedules based on the specific needs of equipment or systems. 8. Maintain detailed records of maintenance activities, including dates, tasks performed, parts replaced, and any issues or observations. 9. Clearly communicate the available channels for reporting maintenance issues, such as a designated maintenance hotline, email address, or online reporting system. 10. Establish a follow-up mechanism to provide feedback and updates to individuals who have reported maintenance issues, keeping them informed of the progress and resolution. 11. Encourage feedback from individuals who have reported maintenance issues to evaluate the effectiveness of the maintenance process and identify areas for improvement.
Procedures	1. The OHSD holds yearly training sessions and drills to educate faculty members on emergency procedures, evacuation routes, and the proper use of emergency equipment. Practice scenarios for different types of emergencies. 2. The AQAC conducts an annual survey among students and faculty on effectiveness of safety regulations and procedures followed by the Physical Therapy Program, seeking feedback, suggestions for improvements. A feedback report is prepared by the AQAC. 3. The OHSD reviewed the feedback report and revised the safety regulations and procedures

	accordingly. 4. The OHSD presents its annual report and safety plan for the upcoming year. 5. The OHSD communicates any updates in the safety regulations, procedures or contact numbers to all stakeholders.
Records	● OHSD annual safety reports.
Appendices	● UT Procedural guide for programs and study plans development.

Appendices

Level of Approval in Curriculum

Request	Level of Approval						
	Department Council	College Programs and Plans Committee	College Council	Management of programs and study plans	Program and Study Plans Committee	University Council	Ministry of Education
Changes at the level of college and scientific departments							
Creating a new college				✔	✔	✔	✔
Changing the name of the college			✔	✔	✔	✔	✔
Create and modify the name of the scientific department	✔	✔	✔	✔	✔	✔	✔
		Changes in the academic program					
Create a new program	✔	✔	✔	✔	✔	✔	
Add or delete a path to the program	✔	✔	✔	✔	✔	✔	
Change the requirements for admission to the program	✔	✔	✔	✔	✔	✔	
Changing the name of the certificate or degree	✔	✔	✔	✔	✔	✔	
Update graduation requirements	✔	✔	✔	✔	✔	✔	
Update vision, mission, program goals	✔	✔	✔	✔	✔		
Changing the name of the academic program	✔	✔	✔	✔	✔		
Update total program hours	✔	✔	✔	✔	✔		

Request	Level of Approval						
	Department Council	College Programs and Plans Committee	College Council	Management of programs and study plans	Program and Study Plans Committee	University Council	Ministry of Education
Update the learning outputs of the program	✔	✔	✔	✔	✔		
Update program description	✔	✔	✔	✔	✔		
Update the standards of regularity in the study	✔	✔	✔	✔	✔		
Update entry points or graduate from the program	✔	✔	✔	✔	✔		
Add an earlier requirement within the program	✔	✔	✔	✔	✔		
Add a synchronous requirement within the program	✔	✔	✔	✔	✔		
the order of the output matrix	✔	✔	✔	✔			
Update program performance indicators	✔	✔	✔	✔			
Delete an earlier requirement within the program	✔	✔	✔				
Delete a synchronous requirement within the program	✔	✔	✔				
Update facilities and operational plan of the program	✔	✔	✔				

Request	Level of Approval						
	Department Council	College Programs and Plans Committee	College Council	Management of programs and study plans	Program and Study Plans Committee	University Council	Ministry of Education
Course-level changes							
Changing the name of the course	✔	✔	✔	✔	✔		
Change in the number of teaching or approved hours for the course	✔	✔	✔	✔	✔		
Changing the semester within the program plan	✔	✔	✔	✔	✔		
Update course description: Changes affect decision output by more than 25%	✔	✔	✔	✔	✔		
Update course teaching time	✔	✔	✔	✔	✔		
Update the language of teaching	✔	✔	✔	✔	✔		
Change course code	✔	✔	✔	✔			
Update the rapporteur's references	✔						
Update the teaching methods and methods of the course	✔						
Update the means and methodologies of measurement and evaluation of the decision	✔						

Request	Level of Approval						
	Department Council	College Programs and Plans Committee	College Council	Management of programs and study plans	Program and Study Plans Committee	University Council	Ministry of Education
Changes affect decision output by less than 25%	✔						
Update decision policies	✔	✔	✔				

Requirements for applying for previous changes:

1. The need to abide by the controls adopted by the University Agency for Academic Affairs regarding the procedure of previous applications
2. All requests must include:
    - The justification for the request.
    - A reference comparison with at least 3 universities.
    - Self-examination of challenges or difficulties requiring change (including data collection, interviews with interested parties, and/or questionnaires, and other data collection methods), including the decision report and the programmer.
    - Management forms for each of the previous requests.
3. All previous applications, depending on the validity of their accreditation. They must be submitted to the Department of Programs and Study Plans to update the description of the approved course or program.
4. A filing time limit for all previous change requests is determined by the Department of Programs and Study Plans.

5. The Department of Programs and Study Plans at the University Agency for Academic Affairs is responsible for coordinating to notify other stakeholders in updating approved changes, such as updating the study plan on the student information system.