Final Report on LLC Euroregional Teaching University Authorization

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Authorization Report Resume

General information on the educational institution

The Euroregional Teaching University was founded in 1995 as the Gori branch of the Academy of Agrarian Sciences of Georgia. Subsequently, LLC Small Academy, the Institute of Gory changed its name and functioned as LLC Sukhishvili Teaching University starting in 2008.

The university went through a rebranding process which began in 2016 and ended in 2017 when the institution was renamed the Euroregional Teaching University, but also underwent through improvement of the business model, renewal of the management structure, and the revision of the mission statement and strategic plan.

Currently the university organizes 13 bachelor's degree programs, 6 master's degree programs, and 1 single-level accredited educational program in the following areas: Business Administration (management, marketing, finance, accounting), Tourism, International Relations, Public Governance, Ecology (environmental protection), Pharmaceutical, Law, Public Relations, Tourism and Hospitality Management, Agribusiness Management, Pharmacy Management and Marketing, Forestry, Finance, Banking, One-Stage Program of Medicine, Georgian Language Learning program. From the 2010-2011 academic year, the student contingent was set at 1,500 students.

University infrastructure is made of three buildings, spread in two campuses: Gori and Tbilisi, which accommodate auditoriums, cabinet-laboratories, libraries, digital libraries, computer centers, law clinic, study pharmacy, scientific research center, assembly and conference halls, and open and covered sports fields.

Brief overview of the authorization site visit

The site visit to ERSU was conducted by the panel nominated by the National Centre for Educational Quality Enhancement, hereafter NCEQE. The site visit took place between 26-29 June 2018, when the panel has visited both campuses of the institution (26 June in Gori and 27-29 in Tbilisi). The agenda of the site visit was drafted jointly by the ERSU and NCEQE. During the site visit, the experts confirmed the information provided by ERSU in the self-evaluation documentation and explored in meetings and interviews the perceptions of the internal and external stakeholders; based on these main aspects, the panel assessed the compliance of ERSU with NCEQE institutional authorization standards.

The institution has been particularly welcoming and did its best to accommodate all the needs of the review panel. For this reason, the panel is truly grateful, as genuinely expressed at the end of the site visit.

However, the evaluation faced a few significant obstacles, some of which have made the mission of the review panel more difficult.

Firstly, the institution lacked the self-critical and self-analytical capacity, both in the submitted documentation, as well as in the meetings conducted during the site visit; this not only made it difficult for the panel to distinguish between objective information and unsubstantiated judgements, but also made the panel wonder if the institution has the ability to identify its challenging areas and be honest about them (at least to itself) so that to address them accordingly. Generally, it is considered a significant shortcoming when an external quality assurance process identifies weaknesses that the institution has not already identified by itself and acknowledged in the self-assessment documentation.

Secondly, there was a general confusion about the scope of the authorization visit and, it is the impression of the panel, that the same confusion is extended to the role of quality assurance across the institution even outside the framework of the authorization visit. Specifically, the management of the institution is confusing the notions of legality and institutional/educational effectiveness; there were repeated instances where the panel had to clarify that, whilst some practices in the institutional management and administration might be compliant with the law, that doesn't necessarily guarantee their efficiency from the educational management perspective; this distinction has to be made clear, especially to and by the people that are the face and forefront of quality assurance at institutional level.

Lastly, it was saddening for the panel to see that ERSU is very far away from the idea of university, the higher education institution founded hundreds of years ago to contribute to community development, to build minds, engaged citizens in democratic societies, a space of the free search for the truth, the good and the beautiful, a school of character and intelligence. The panel, made of higher education professionals, found it truly offensive that ERSU does not understand its role in society beyond a profit making, family inherited LLC.

Overview of the HEI's compliance with standards

The current format and wording of the mission do not fully meet the characteristics of a mission that properly guides management in their decision making: a concise, specific, distinguishable, realistic, aware of the context, forward-looking mission that promotes the institution's uniqueness. The panel believes that the current mission statement could easily be transferred to any higher education institution in the world; therefore, in order to serve as a strategic tool, the mission statement should present to the internal and external community what distinguishes ERSU from other universities. The current mission defines „business, health, law and social sciences fields" as the type and main directions of the university work, including the health area encompassing the medical program the institution will start organizing soon; however, is not clear as to where does the institution position itself, if it aspires to be of local, national or global interest, outreach and competition.

ERSU has a strategic development plan for 2018 - 2024 and a 3-year actions plan, both adopted in 2018. The management of the university does not have a clear view as to how does the institution contribute to the social development of the country, shares with the society the knowledge gathered in the institution. The targets and objectives in the strategic and action plans are very broad and generally not measurable; therefore, it is unclear for the panel how does the university evaluate the progress of its actions and how does it know when they achieved the stated objectives.

The panel believes that the organizational structure of ERSU is not fit for the implementation of the goals and activities described in its strategic plan and is in the same time very concerned about the units' and individuals' capacity to ensure effective management of the activities of the institution. The two highest management structures have overlapping responsibilities and the difference between the two could not be explained even by their members themselves. At the time of the site visit, students were not represented in any of the strategic, decisional, consultative and executive bodies of ERSU.

While internationalization is not reflected in the institutional mission statement, the institution has an internationalization strategy and demonstrates prioritizing this area, as identified in the strategic plan and confirmed by the interviewees the panel has met. Mobility of students and staff, however, is very reduced. Similar to the strategic plan, the targets set in the Internationalization strategy are not SMART; it would be very difficult for the institution to report on and monitor the achievement of its goals without actually having the possibility to measure them. Therefore, the panel is concerned about the effective utilization of internationalization results in the work of the institution. Furthermore, an additional challenge will be arising if ERSU does not increase the English language proficiency amongst its academic and administrative staff members.

The main internal Quality Assurance responsibility across the organization lies with the Quality Assurance Office. The office is active, but it is overloaded with responsibilities, some of them quite unfit; this mix of responsibilities has also lead to the office not being able to cover all tasks within the limits of the informational and human resources allocated to them. As it stands now, the quality assurance office is creating the quality, not assuring it; the intense involvement of the office across the institution is preventing other units and individuals from taking responsibility for their work relying on the office instead. Building the quality, rather than offering recommendations for improvement and supporting others in building it and only then assuring that it might have led the office to neglecting some of its responsibilities, as many areas in the institutional activities lack a systematic support and coordination. The level of development of the quality culture across the institution does not support the development of the operations. The very idea of quality culture is not well defined, spread or promoted across the institution.

The institution has a Code of ethics and has established an Ethics Committee responsible of safeguarding the provisions in the Code of Ethics. The Ethics Committee does not have a permanent composition, but is established on a case-by-case basis by the decision of the rector. Ethical expectations are generally disseminated across the

institution and, as confirmed during the meetings conducted by the panel, students and staff are informed as to what is expected from them in terms of ethical behavior. However, the Code of Ethics does not clearly define and fully clarify the sanctions in case of disciplinary breaches or regulations regarding conflict of interests. There are no instruments in place to fight plagiarism as the institution is relying that it will be the teachers themselves that can identify plagiarism in students' work, projects and thesis; the panel has serious concerns that individual teachers have the ability to identify theft of intellectual property considering the amount of references in the world and the accessibility of information online. Students involved in research are not following any process to confirm if their activity is conducted according to ethical rules: signed consent forms for all human subjects, ensuring confidentiality of research data, etc. The institution has not created appropriate units and bodies in charge with observing and safeguarding these procedures.

ERSU has a central learning regulatory document which determines the academic governance and processes. The institution conducts market analysis which supports the establishment of new educational programs. Whilst it is clear that there is an organized structure for papers, such as recommendations (for new programs and those to be abolished) to be submitted for approval by the Academic Council and Rector, it is unclear as to systems in place for their scrutiny by the academics with the appropriate discipline-specific knowledge to assure the credibility of the process.

The university has documented educational programs and syllabuses for each subject compiled in modules. The programs are created according to current legislation and ECTS standards. Learning outcomes are stated in programs and syllabuses for each subject. However, the academics knowledge of these concepts appeared to be hazy; there is no clear steer from ERSU leadership as to how the curriculum is maintained up to date and research-informed. The learning outcomes are not clearly stated, and could be fluid if students did not like what they were being taught. There was no clear indication of academic progression in learning outcomes as students moved through their program. The teaching literature is outdated and does not reflect the market recent trends and demands of students and employers. Also, teaching and learning methods defined in syllabuses are too general and do not ensure the linkage to learning outcomes. Moreover, in some cases the effectiveness of the defined teaching methods stated in the syllabuses cannot even be measured by the evaluation methods and criteria stated in the same document.

Learning outcomes in each program are presented according to the procedure of creating the programs in the university. However, the track of achieving the objectives of the program is not clear. The syllabuses contain learning outcome grading system that is in accordance with country's legislation. In some cases, teaching methods do not allow the students to achieve the goals stated in the syllabuses. The impression of the panel was that the student assessment system was rather more random, without clear evidence of a systematic approach to assessing learning outcomes. The panel is concerned that some academic staff appear not to be aware of the necessary theory and practical aspects of assessment methods required to test applied test knowledge and skills competence in the future medical program.

In line with its institutional mission, the university is trying to help the students in gaining a more contemporary/European knowledge. However, existing staff, both administrative and academic, do not have sufficient knowledge of foreign/English language, which will also be an obstacle to administrative staff in giving proper „service" to the future international students. In addition, the lack of foreign language literacy does not allow academic personnel to develop research and progress in their profession since this inability is restricting their access to international resources.

There is no clear policy of identifying needs of staff development neither in the field they are teaching, nor in the direction of learning and teaching methods. According to the interviews conducted by the panel, the program managers decide the development needs of academic staff. Moreover, there is no systematic process of evaluating the impact of the professional development activities staff attend that would allow the university to measure the effectiveness of its investment and evidence base its future decisions in this area. The practical side of the lectures needs substantial improvement, the opinion being shared by different internal and external stakeholders. However, the panel believes that the university has serious difficulties in addressing this need since most of the academic personnel do not have past or current working experience in organizations and do not have practical skills that would support a more applied teaching process. Staff have few opportunities to attend international conferences abroad in order to update qualification and renew studying programs.

The panel is concerned about the background of some administration personnel: some of the existing positions are occupied by individuals that are not properly qualified in order to fulfil their duties in a professional and effective manner. Therefore, the institution does not have the capacity to ensure that staff employed in the institution are able to effectively manage educational, scientific and administrative processes and achieve the goals defined by the ERSU strategic development plan.

The regulations for assignment, suspension and termination of student status are clearly defined and most of the information is accessible on the institutional website. However, the panel is concerned about the institutional capacity of selecting foreign students, addressing the high number of students with suspended status and the proper dissemination of student rights. Students consider that their requests relating to administrative issues are timely and effectively managed. On the other hand, however, consultations relating to educational process planning and facilitation or psychological support do not seem to be implemented. The panel has learnt that students receive information about existing support services from study process managers by means of personal interaction and electronic communication. Career services are in place and they support students by offering job positions, career fairs and recommendations if needed. The job positions offered at the moment are mostly based on personal contacts, and not through a systematic approach planned and implemented by the institution, although there are several Memorandums of Understanding (MoUs) in place which are seen as facilitators in this process. The career development center doesn't see professional orientation as its primary duty.

There is no student representation in any decision-making boards or councils. Still, students believe that their needs are taken into account by the ERSU management. However, students are engaged in rather informal ways; student appeal process is also rather informal.

Low SES students are supported in the university. However, the financial aid available to them is confusing and it is mixing the principles and criteria with academic performance. The needs of students with special needs are not addressed. The buildings are not sufficiently adapted for students with physical disabilities and there are no learning resources adapted for students with other needs such as visual or hearing impairments.

ERSU has not identified and defined any research priorities or fields of focus, and there were no clear answers regarding how the research will inform curriculum development in the future. Moreover, research results are not integrated in teaching process and lack sufficiency to push activities aimed at economical, technological, industrial and other innovative development. There is no clear steer on academic workload allocation or training of supervisors and thesis examiners; also, there are no clear policies for the assessment and defense of theses; bachelor students are not involved in research, and master students have some research components included in their programs. The institution established in February a scientific research centre and has more recently created 2 faculty research centers inside the main scientific research center. The panel was unable to identify the exact functions and necessity of these centres, and to identify ERSU research strategy, aims and objectives. Moreover, the Faculty Board could not fully articulate the main roles and functions of the faculty research centres. The institution was also unclear about the rationale of having both a university central facility and the faculty research centers.

An effective system is needed to support the developments in terms of the researchers and the infrastructure to deliver credible and notable research. Moreover, a faculty development program is needed for training in matters such as the construction of research questions, how can research questions be answered (such methods are naturally discipline-specific), methodologies for competence in the analysis of data effectively. The institution does not currently have a system of policies and strategies to support decisions on precise research activities for knowledge exchange and knowledge transfer which in turn inform curriculum and are integrated into teaching; Internal funding allocation for research; external funding opportunities, Audit and advice to ensure that augmentation and effectiveness of research within ERSU.

The institution does not currently have a functional system for the monitoring of research activities and evaluation of research outcomes.

Various buildings, fixed assets, including furniture, computers and other assets are owned by the institution. However, the panel has observed during the visit that the buildings and facilities have several shortcomings, such as air conditioning not installed in most of the classrooms, insufficient lighting for a successful teaching and learning process, limited capacity, lack of privacy and non-compliance with modern standards in sanitary units, no ventilation system, classrooms are not equipped with overhead projectors, there are several projectors across the

institution which are transferred to the rooms upon need; In both buildings, Gori and Tbilisi, only the first floor is adapted for the wheelchair access; The conditions, equipment and safety in these laboratories are not sufficient for the realization of the university mission and strategic development plan. The infrastructure investment will need to be augmented so that it is also fit for the medical program. The institution has a library in each of its buildings in Gori and Tbilisi, but both libraries are rather small and the diversity of books needs enrichment. Staff and students have access to international library databases, but the range and diversity of those databases is quite limited; moreover, according to the statistics provided by the ERSU, no one has used electronic databases in 2017. The institution has developed an electronic catalogue of library resources and an electronic search system. However, at the time of the site visit, the electronic catalog was not functioning and the electronic inventory of the library was in need of substantial development.

The official web-page is designed to provide information in Georgian, English and Russian languages. However, the English version is incomplete and the, Russian version is almost empty and the Georgian version provides useful information as requested by the standards. The panel considers that all three versions need improvement in terms of structure, content and translations.

There are questions regarding security of data and its safety. Also, data protections risks are not currently considered by the institution and there is no data protection policy. The university is in the process of implementing electronic services and electronic management systems. Now parts of the system are operating in test regime. At the time of the site visit, an electronic system for administrative work (e-flow) was not available in ERSU. Overall, the panel believes that IT needs major improvement as it does not provide the sufficient support needed by the institution.

The main source of income for ERSU is tuition fees. The institution plans to develop new business opportunities in the future so that to attract additional financial resources. The analysis of the income dynamics shows that there is a decline tendency: from 2013 the income has declined by 43%. The budget provided by the institution indicates the annual income and expenses. The panel has observed that the forecasted income exceeds actual income of 2017 by 7%. The analysis of historical data and information provided by the management gives no support to imply such growth. Based on the documents provided by the institution, the panel is unable to ascertain a complete picture and judge what effect is the attraction of foreign students going to have on the financial standing of ERSU. The evidence shows that the financial analysis and management systems are not effective and require improvements in regards of reporting and budgeting, as explained under the relevant section of the present report.

Summary of Recommendations

- Ensure the mission statement reflects its realistic role of the university in the Georgian higher education landscape and society, including by reflecting its recent research focus;
- Disseminate the knowledge gained at, and produced by the institution so as to ensure the „sharing-process to society" component in its mission statement;
- Adjust the format of the mission statement so that it is concise, specific, distinguishable, realistic, aware of the context, forward-looking mission that promotes the institution's uniqueness;
- Properly disseminate the institutional mission across the academic community;
- Define measurable targets and Key Performance Indicators in the Strategic and Action plans;
- Ensure the effectiveness of the monitoring and reporting of the strategic plan achievements, as well as taking corrective actions, if applicable;
- Increase the proactivity of the university in regards to its contribution to the social development of the country and knowledge sharing with society;
- Gain valuable insight and information around the 5 areas cited in the descriptive summary (from the best practice in other medical schools of Georgia) around recruitment and selection of students, infrastructure and space needed to deliver the program;
- Ensure the engagement and financial agreements with the local health economy to deliver the program and ensure that goodwill is maintained in all areas within the medical community and medical education, such as the clinical placement of current Tbilisi medical schools;

- Revisit the organization structure taking into consideration optimization of top management, faculties and administrative units;
- Increase the transparency in the selection of units and individuals across the organization structure including, preferably, establishing a representative body elected by the academic community of ERSU;
- Explore ways of evaluating the effectiveness of higher management structures;
- Increase the clarity of the functions and responsibilities of the structural units of the institution so that they implement their functions effectively and in a coordinated manner;
- Improve and formalize student representation at all institutional levels, as detailed above;
- Promote a culture of engagement and partnership with students in all processes;
- Implement an electronic document processing system;
- Develop a plan to ensure continuity of all major business processes taking place at the institution;
- Increase the utilization of internationalization results in the work of the institution, including through more structured, coordinated and targeted MoUs;
- Identify based on clear criteria similar higher education institutions nationally and internationally to benchmark institutional processes against;
- Revisit the internationalization strategy so that to have SMART objectives;
- Increase the English language proficiency of both academic and administrative staff;
- Insure the systematic and formal approach of the internal management and quality assurance systems so as to safeguard their stability and continuity even with individuals changing positions within the institution;
- Establish MoUs which state clearly a service-level agreement around expectations for learning and teaching in the clinical setting, i.e. academic clinical teaching staff contracts, learning infrastructure, nature and range of patients seen, opportunities for attending clinics, inpatients ward rounds, surgical theatres, teaching in seminars / case-based learning , skills training and assessment in practice;
- Revise the tasks and responsibilities of the Quality Assurance Office so that to relocate some of its responsibilities to more relevant units;
- Develop and adopt a comprehensive policy for quality assurance that is made public and forms part of its strategic management;
- Ensure that task division, responsibilities, as well as processes used for the quality assurance of all operations are formalized and consistent across the institution;
- Develop the internal Quality Assurance system so that it is formal, clear, consistent, regular and conducted on a continuous basis;
- Ensure that the internal quality assurance system covers the whole range of institutional activities;
- Increase the data collection capacity of the internal quality assurance system;
- Improve the capacity of the internal quality assurance system to detect and signal irregularities to higher management so that to better support strategic management;
- Ensure the regularity of all surveys, consistency of the platform for conduction, ensure the transparency of results and that these serve as a basis for improvement;
- Revise the mechanisms dedicated to the evaluation of institutional administration so that the outcomes have the capacity to serve as basis for improvement;
- Clarify, centralize and disseminate the staff performance review system;
- Increase student participation in quality assurance processes;
- Standardize the revision of the quality assurance instruments and safeguard the comparability of data;
- Increase the efforts of developing an institutional quality culture;
- Ensure that the student body planning methodology is fit for the particularities of all programs;
- Expand the remit of the quality assurance system so as to include the clinical placement learning and collect feedback not only from students, but also from the clinical placement tutors and professional services;
- Establish an Ethics Committee to act permanently in order to promote and safeguard the ethical principles across the institution;
- Better disseminate the Code of Ethics by publishing it in a more accessible location easily-reachable by the academic community;

- Revise the Code of Ethics so that to clarify the breaches in ethical expectations for all the members of the academic community;
- Define and formalize the notion of „conflict of interest";
- Develop effective mechanisms to detect plagiarism and theft of intellectual property by seeking technological solutions and software programs instead of relying on the human factor;
- The institution should clarify within its procedures for ethics and integrity and implement in its operations that the authors of scientific production (including students' thesis) are legally responsible and held accountable for the originality of their work;
- Establish a Professional Capability/Fitness to Practice Board chaired by, and has membership which includes clinically qualified colleagues;
- Improve the clarity regarding the content and use of the MoUs with external stakeholders;
- Enhance the academic and student involvement in decision-making processes;
- Draft and adopt a methodology for new programs creation and design;
- Ensure that students are competent in the language in which they are taught, be it Georgian or English;
- Greater clarity is needed regarding, (a) who takes the decision, and (b) ERSU's rationale around strategic planning and decisions on, program design and development, and decision to discontinue programs;
- Update the teaching material with recent editions in order to provide students with contemporary knowledge;
- Update the program of medicine according to the new benchmarks;
- Adjust the teaching methods so that they are more specific, as well as measurable by evaluation criteria;
- Ensure a clearer selection and recruitment policies that are adhered to, so that students are given equitable chances to flourish;
- Ensure that the academics (clinical and non-clinical) are aware of the new standards for medicine programs, and are able to assess students' competence in knowledge, skills and professional behaviours;
- Establish a fitness to practice committee for the student professional conduct assessment;
- Ensure that the nature and modality of assessments reflect the learning outcomes of programs, and demonstrate adequately the student academic progression;
- Revise the teaching methods so that they ensure the achievement of the learning outcomes;
- Ensure that the medical curriculum and the methods of assessment to test knowledge, skills and professional behaviours, are fit for purpose in terms of assessment reliability and validity;
- Ensure that the assessment standards used globally are implemented in assessing competence in the future medical program. It will be mission-critical that staff development initiatives are in place to both write and deliver these assessments, e.g. applied medical knowledge single best answer papers, and objective structured clinical examinations;
- Consider the level of English language knowledge while recruiting the staff (administrative and academic) and improve the foreign language literacy among the existing academic and administrative staff;
- Increase the emphasis on practical part of the teaching and learning process, and the practical job/industry experience of academic personnel;
- Revisit the personnel (administrative and academic staff) evaluation system so that it becomes a useful tool conducive for quality enhancement;
- Increase affiliated staffs' level of ownership over ERSU and ensure they allocate their intellectual resources to the university;
- Review job descriptions in order to clarify the roles and responsibility of staff, as well as the reporting relationships;
- Increase and formalize the institutional efforts into staff development in terms of learning and teaching methods;
- Implement a coherent system for staff development that include systematic process of needs identification, relevant financial resources investments and impact evaluation;
- Take into consideration the academic staff's overall workload in all HEIs;
- Formalize and implement regularly new staff orientation procedures and program;

- Ensure that positions across the organization chart are occupied by individuals with the right qualifications that would allow them to fulfil their duties in an effective and professional manner;
- Formalize and implement the staff development in learning and teaching methods;
- Develop an academic-led approach to staff development and peer-review of teaching;
- Ensure a budget allocation for academics to have opportunities (a) for professional development, and (b) to meet and collaborate with National and International conferences for credibility of the university courses and overall longevity;
- Increase the number of research projects;
- Revise the need of faculty research centres' necessity;
- Track the workload of academic personnel in other HEIs;
- Set benchmarks for staff effectiveness;
- Ensure tenured contracts for key academics running the medicine program to assure the longevity of the venture;
- Secure agreements with the leadership and management of the clinics regarding payment and time allocations to teach the medical students in practice;
- Develop and implement clearly defined criteria of Georgian language competencies for international students intending to be enrolled to the programs taught in Georgian;
- Ensure the credibility and usefulness of the agencies used for recruitment of overseas students;
- Implement more proactive mechanisms to change the perception of student rights concept among the students and staff members so that it encompasses all forms of rights;
- Improve the mechanisms for dissemination of students rights, in particular in currently challenging areas: ethics provisions, student representation, etc.
- Develop more robust and actionable approach to student right protection;
- Ensure that the responsibilities of the ombudsman are clearly defined and increase student's awareness about this position;
- Address the issue of the very high number of students with suspended status in a structured and systematic way, taking into consideration all the threats that this situation might be related to;
- Make sure all the student registers are timely updated and reported to the authorities responsible for countrywide registers;
- Redefine the role of student consultation services to include a broader spectrum of student support activities (such as educational process planning and psychological assistance) and ensure their implementation through a proactive approach in order to better identify students' needs;
- Provide more structured career support services in order to reach the institutional ambition of increasing the employability of graduates and reaching the benchmarks the institution has set for itself;
- Revise the existing surveys so that they effectively explore the needs to be addressed;
- Encourage and ensure student involvement in all decisional, consultative and executive bodies of the institution;
- Adopt a clearly defined procedure for the submission and resolution of appeals with indication of the responsible units, and ensure this procedure is consistently followed in each case and properly monitored;
- Ensure the regularity of the quality assurance instruments (such as surveys) in the area of student support services;
- Better support students in identifying the skills and competencies the university can help them develop even through extracurricular activities; facilitate and encourage their involvement in such activities;
- Develop more fit-for-purpose criteria for providing financial aid to student, based exclusively on their social status and needs;
- Ensure the institution is prepared, in terms of facilities, services and learning resources, to welcome students with different special needs;
- Ensure the systematic and coherent approach to research activities and their alignment with the university's mission and vision;
- Define the priorities and trends of focus in the research activities conducted at the institution;

- Ensure that discipline-specific knowledge is respected (with autonomy) for the credibility of all research and researchers, not just the scientists, in order to support and direct the social sciences research;
- Ensure a cogent and realistic focus on research activities and that appropriate faculty development is in place for supervisor and thesis examiner training and mentorship;
- Develop more precise MA thesis evaluation criteria and ensure the students are aware of them and follow them strictly;
- Ensure that policies and procedures are in place for a transparent and equitable system of supervision, examination and defense of research theses;
- Ensure that all curriculum are informed by research and scholarship activities;
- Ensure that research results are integrated in the teaching process;
- Encourage academic staff to engage in research projects, supporting faculty development to augment their skills in collaboration with researchers**;**
- Ensure that funds given adequately support research initiatives, and these are allocated in a fair and transparent way, and that they are targeted for the courses offered and the expertise which exists/is required;
- Seek out external partners to collaborate and compete for external funding e.g. Horizon 20:20, in order to become established in research;
- Ensure that medical education research is introduced and maintained as this is fundamental to the longevity of the ERSU medicine program;
- research activities should be increased for academic credibility and a strategic approach needed for the targeted allocation of colleagues and resources to research for the greatest impact.
- To train researchers in the construction of research questions, how can research questions be answered, methodologies for competence in the analysis of data effectively;
- Further refine and ensure the coherent and competent implementation of the newly created Research Evaluation Mechanism;
- Ensure that the evaluation of research is distributed to a relevant structural unit;
- Discuss with other universities in order to gain valuable information, so the ERSU can design and steer the setting of priorities for research together with the strategy and policies to underpin this work, e.g. inviting international researchers;
- Take a strategic approach to the nature of research ERSU is funding in relation to the subjects offered and resources available;
- Provide faculty professional development and training in developing research skills, as detailed above;
- Maintain a record of trained supervisors, so that they in turn can mentor new supervisors;
- Improve facilities in regards of lighting, air conditioning, ventilation, and modern learning support tools;
- Fully adapt both buildings, as well as learning resources to people with disabilities and special learning needs;
- Improve sanitary units to provide staff and students with modern facilities, guaranteeing privacy, adequate lighting, ventilation and capacity;
- Increase the infrastructure investment in terms of clinical skills laboratories (on campus and in clinics) together with biosciences and anatomy laboratory facilities so that resources and equipment are fit for the purpose of the medical program;
- Gain advice from medical school academics from public universities in order to ascertain infrastructure and facilities investment needs of the medical program;
- Provide better equipped space for library, including more reading places, collaboration spaces, computers, areas for individual and group work, etc.
- Increase the diversity of books and resources available in the library;
- Increase the diversity of the international databases students and staff have access to, and take advice from colleagues from other medical schools in Georgia as to the preferred options for students to study from;
- Discuss with other universities regarding the requirements for databases in medical programs and ensure these are made available to future medical students;
- Ensure the functionality of the electronic catalogue;

- Further develop the electronic inventory of the library;
- Develop and implement more coherent and consistent processes for the enrichment of library resources
- Ensure that the library complies with local and international copyright laws regarding the photocopied books;
- Ensure that the number of books and learning resources available are assigned according to and sufficient for the number of students on the respective program;
- Ensure better provision and processes regarding data protection across the institution;
- Review the security policy and revisit the provision and processes on safety of the information stored on the server maintained by sole entrepreneur in Gori;
- Ensure the effective implementation of the electronic system for administrative work (e-flow);
- Further develop all three versions of the institutional website in terms of structure, content and translations into English and Russian;
- Ensure the information available on the website is updated and available in accessible and visible locations;
- Ensure the students receive comprehensive training and are familiar with operating with the study process management system;
- Revisit the access rights to the study process management system so that to ensure fit for purpose accessing rights to all parties that avoids unnecessary administrative burden;
- Develop and implement a feasible plan for the improvement of financial standing;
- Implement a formal budgeting process, ensuring relevant inputs by faculties, study programmes and administrative units on their needs and requirements;
- The institution should develop and implement a financial analysis system, in order to be able to allocate revenues and expenses to profit and cost centers, perform profitability analysis and provide management with financial reports for effective decision making.

Summary of Suggestions

- Continue to monitor and safeguard the academic freedom of the university community;
- Enhance the practice-based learning segment within the curriculum;
- Increase the external collaborations for research and joint grant funding;
- Encourage and support student engagement in research;
- Install licensed software to provide high quality usage and avoid penalties;
- Install overhead projectors in all classrooms;
- Better promote the usage of electronic databases.

Summary Table

	Standard	Complies with Requirement	Substantially complies with requirements	Partially Complies with Requirement	Does not Comply with Requirements
1.	**Mission and strategic development of HEI**	☐	☐	☒	☐
1.1	Mission of HEI	☐	☐	☒	☐
1.2	Strategic development	☐	☐	☐	☒
2.	**Organizational structure and management of HEI**	☐	☐	☐	☒
2.1	Organizational structure and management	☐	☐	☐	☒
2.2	Internal quality assurance mechanisms	☐	☐	☐	☒
2.3	Observing principles of ethics and integrity	☐	☐	☐	☒
3.	**Educational Programmes**	☐	☐	☐	☒
3.1	Design and development of educational programmes	☐	☐	☒	☐
3.2	Structure and content of educational programmes	☐	☐	☐	☒
3.3	Assessment of learning outcomes	☐	☐	☐	☒
4	**Staff of the HEI**	☐	☐	☐	☒
4.1	Staff management	☐	☐	☐	☒
4.2	Academic/Scientific and invited Staff workload	☐	☐	☒	☐
5	**Students and their support services**	☐	☐	☒	☐
5.1	The Rule for obtaining and changing student status, the recognition of education, and student rights	☐	☐	☒	☐
5.2	Student support services	☐	☐	☒	☐
6	**Research, development and/or other creative work**	☐	☐	☐	☒
6.1	Research activities	☐	☐	☐	☒
6.2	Research support and internationalization	☐	☐	☒	☐
6.3	Evaluation of research activities	☐	☐	☐	☒
7	**Material, information and financial resources**	☐	☐	☐	☒
7.1	Material resources	☐	☐	☐	☒
7.2	Library resources	☐	☐	☒	☐
7.3	Information resources	☐	☐	☒	☐
7.4	Financial resources	☐	☐	☐	☒

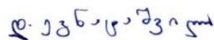**Signature of expert panel members**

1. Anca Prisacariu (chair)
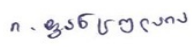
2. Olwyn Westwood (co-chair)

3. Demetre Egnatashvili (member)

4. Ketevani Kankava (member)

5. Tamar Magalashvili (member)

6. Ia Pantsulaia (member)

7. Maia Shishniashvili (member)

Compliance of the Authorization Applicant HEI with the Authorization Standard Components

1.   Mission and strategic development of HEI

Mission statement of a HEI defines its role and place within higher education area and broader society. Strategic development plan of HEI corresponds with the mission of an institution, is based on the goals of the institution and describe means for achieving these goals.

1.1 Mission of HEI
Mission Statement of the HEI corresponds to Georgia's and European higher education goals, defines its role and place within higher education area and society, both locally and internationally.
Descriptive summary and analysis of compliance with the standard component requirements
According to the SER, the mission statement of the institution is „to support acquisition of modern knowledge and promotion of the sharing-process to society. The university offers European standard higher education at Bachelor's and Master's degree in business, health, law and social sciences fields. Within the university students, academic, invited, and administrative personnel are highly interconnected, through the cooperation of which relevant condition for higher academic education are created." The mission has been adopted during the rebranding process the institution went through during 2016-2017, especially considering that the old mission statement was, according to the interviewees the panel has met, not properly aligned with the institutional goals. The mission statement includes two main pillars of a higher education institution – education and contribution to society. However, the mission statement does not make any reference to research; while this is somehow justified by the fact that ERSU is a teaching institution, it is the policy promoted across the Georgian higher education system that all universities, regardless of their profile, should also encompass research as part of their activities. It is also the shared view of some of the interviewees the panel has met that the institutional mission should reflect the research component, considering the focus it is starting to gain. The institutional mission takes into consideration the role of higher education in developing active members of the society, knowledge creation and facilitating students' personal development. However, the mission does not reflect the features that ensure the competitiveness of university graduates on the labor market. Moreover, during the meetings conducted by the panel, it was concluded that the management of the university does not have a clear view as to how does the institution ensure the „sharing-process to society" component included in its mission statement, as further detailed in standard 1.2. below. Also, the current format and wording of the mission do not fully meet the characteristics of a mission that properly guides management in their decision making: a concise, specific, distinguishable, realistic, aware of the context, forward-looking mission that promotes the institution's uniqueness. The panel believes that the current mission statement could easily be transferred to any higher education institution in the world; therefore, in order to serve as a strategic tool, the mission statement should present to the internal and external community what distinguishes ERSU from other universities. The current mission defines „business, health, law and social sciences fields" as the type and main directions of the university work, including the health area encompassing the medical program the institution will start organizing soon; however, is not clear as to where does the institution position itself, if it aspires to be of local, national or global interest, outreach and competition. According to the meetings conducted by the panel, the

institution aspires to be „competitive nationally, but hope to be competitive internationally"; the panel believes that such aspirations should be realistic and feasible, and should be included in the mission statement so as to reflect the realistic role of the institution in the Georgian higher education landscape and society.

According to the management of the university, the new mission was elaborated through a comprehensive consultation process where „everyone was engaged in the process" and it is also published on the institutional website; however, when the panel asked the interviewees to list some of the elements included in the institutional mission statement, there was hardly any clarifying response as faculty members, students or invited staff were unable to explain what is mission of ERSU.

Evidences/indicators

- Institutional mission statement, as reflected in the Strategic Plan and on the university website;
- Self-evaluation report;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Ensure the mission statement reflects its realistic role of the university in the Georgian higher education landscape and society, including by reflecting its recent research focus;
- Disseminate the knowledge gained at, and produced by the institution so as to ensure the „sharing-process to society" component in its mission statement;
- Adjust the format of the mission statement so that it is concise, specific, distinguishable, realistic, aware of the context, forward-looking mission that promotes the institution's uniqueness;
- Properly disseminate the institutional mission across the academic community.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

1.2 Strategic Development

- ○ HEI has a strategic development (7-year) and an action plans (3-year) in place.
- ○ HEI contributes to the development of the society, shares with the society the knowledge gathered in the institution, and facilitates lifelong learning
- ○ HEI evaluates implementation of strategic and action plans, and duly acts on evaluation results.

Descriptive summary and analysis of compliance with the standard component requirements

ERSU has a strategic development plan for 2018 - 2024 and a 3-year action plan, both adopted in 2018, which cover the whole range of institutional activities. According to the university representatives, the consultation process for the development of the strategic plan included both internal and external stakeholders, a fact also confirmed by the stakeholders the panel has met during the site visit. The strategic planning methodology utilized while drafting its strategic development and action plans is described in Chapter 4 of the Strategic Plan itself.

During the meetings conducted by the panel, it was concluded that the management of the university does not have a clear view as to how does the institution contribute to the social development of the country, shares with the society the knowledge gathered in the institution. While the management considered this component to be ensured by the „educated students rolling out in the society", no reference was made to the dissemination of knowledge produced by the institution, current or future, through research or otherwise.

The institution plans to evaluate the implementation of the strategic and actions plan every year. According to the Strategic Plan „the working group on strategic development will constantly monitor the process of implementation of the strategic document. It will also create an action plan and listen to reports from administrative heads. The working group on the strategic development plan will evaluate the content of the strategic document annually and make appropriate recommendations." However, the university finds itself in the early stages of the strategic plan implementation so it is too early to present evidence of such evaluations.

The panel observes that both the strategic plan and action plan, the goals and objectives are very general, targets are generally not measurable, and assigned actions not specific enough: for example, we randomly

select section number 12: the university plans to facilitate attraction of new and qualified personnel, but it does not clarify how this facilitation will occur, progress targets/KPIs, associated budget, how many new staff, etc; similarly, the university plans to finance international internship programs, but it does not clarify what is the associated investment, how many programs, how many staff to be engaged, progress targets/KPIs, etc. This conclusion is extended to the entire content of the Strategic Development Plan and Actions Plan. Therefore, it is unclear for the panel how does the university evaluate the progress of its actions, if they are heading in the right direction, with the right speed and, most importantly, when the institution has achieved its objectives. The panel believes that the follow-up of the strategic development will be challenging unless measurable Key Performance Indicators are accompanying the actions plan.

ERSU has within its strategic development plan the application to set up a medicine program and is using a recruitment agent to attract students, mostly from India. However, based on the self-evaluation documentation and the meetings taking place during the site visit, the panel is concerned about the apparent lack of clarity at different levels of institutional management regarding:

1. The number of students the institution intends to recruit in September 2018;
2. The selection criteria for student recruitment – a knowledge of English without the aptitudes for biosciences, social sciences and the willingness to be trained in order to become a medical professional;
3. Infrastructure investment for the early years of the program - the strategic development plan does not clearly determine the development of infrastructure for the medical faculty which would have to be created by ERSU;
4. A real in-depth knowledge of the willingness of the local healthcare providers and financial investment needed for clinical placement provision;
5. Strategic investment in faculty development to quality assure both the student education and the assessment of clinical competence.

Evidences/indicators
- LLC Euroregional Teaching University's Strategic Development Plan 2018-2024 Time-Span;
- Action plan;
- Self-evaluation report;
- Appendix 1.4 Implemented and Planned activities for the purpose of societal development;
- Appendix 1.5 Annual report of the Euroregional Teaching University LLC;
- University web-site http://ersu.edu.ge/;
- Meetings conducted by the panel during the site visit.

Recommendations:
- Define measurable targets and Key Performance Indicators in the Strategic and Action plans;
- Ensure the effectiveness of the monitoring and reporting of the strategic plan achievements, as well as taking corrective actions, if applicable;
- Increase the proactivity of the university in regards to its contribution to the social development of the country and knowledge sharing with society;
- Gain valuable insight and information around the 5 areas cited in the descriptive summary (from the best practice in other medical schools of Georgia) around recruitment and selection of students, infrastructure and space needed to deliver the program;
- Ensure the engagement and financial agreements with the local health economy to deliver the program and ensure that goodwill is maintained in all areas within the medical community and medical education, such as the clinical placement of current Tbilisi medical schools.

Evaluation
- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☒ Does not comply with requirements

2. **Organizational Structure and Management of HEI**

Organizational structure and management of the HEI is based on best practices of the educational sector, meaning effective use of management and quality assurance mechanisms in the management process. This approach ensures implementation of strategic plan, integration of quality assurance function into management process, and promotes principles of integrity and ethics

2.1 Organizational Structure and Management
o Organizational structure of HEI ensures implementation of goals and activities described in its strategic plan
o Procedures for election/appointment of the management bodies of HEI are transparent, equitable, and in line with legislation
o HEI's Leadership/Management body ensures effective management of the activities of the institution
o Considering the mission and goals of HEI, leadership of the HEI supports international cooperation of the institution and the process of internationalization.

Descriptive summary and analysis of compliance with the standard component requirements

Considering its legal status as LLC, there is quite a high autonomy in how the university is organizing its structure and organization chart. The panel has learnt that the highest organizational unit, the Partner Assembly, appoints the rector and delegates 3 of its 5 members to compose the Supervisory Board. According to the University Charter, the rector is accountable to both structures and is automatically member and chair of the Academic Board. According to the SER, the members of the Academic Board as well as the heads of other management bodies and structural units of the university are appointed by the Rector. None of the structures across the university are democratically elected by the ERSU academic community. The panel understands this is not a requirement of the relevant law governing the LLC structures such as ERSU, but it is a principle that contributes to the effectiveness, transparency and legitimacy of higher education institutions' management. The distinction between the legality and the educational effectiveness is therefore underlined, since the first does not necessarily ensure the latter.

According to the SER, a rule has been established in regards to selecting persons at the ERSU, which aims to „select candidates in management units in accordance with the principles of transparency, fairness and lawfulness", even if the said candidates are technically appointed by the rector. Even though the rule was planned to go into force on May 1, 2018, the panel has no evidence of its implementation. Based on the meetings during the site visit, it is the panel's conclusion that the appointment of management, both individuals and units, is not transparent and equitable, starting with the rector, which has been appointed based on a „genealogy tree" principle after the next person „in line" for the position has declared herself unavailable due to an incompatibility, as the panel got to learn during the site visit. Once again, the panel does not argue the legality of the rector appointment, but it does judge the accountability, transparency, fairness and equity of the procedure, as these are not in line with NCEQE standards which reflect the management principles of higher education institutions. For example, there is no evidence that ERSU has considered other possible candidates, what is the mechanism of accountability if the rector's performance is unsatisfactory, how can ERSU demonstrate to the academic community that the current appointee is the best candidate to ensure the effective implementation of activities defined in the strategic plan, and achievement of institutional goals, or she was appointed just because of her family status.

The panel believes that the organizational structure of ERSU is not fit for the implementation of the goals and activities described in its strategic plan and is in the same time very concerned about the units' and individuals' capacity to ensure effective management of the activities of the institution. The two highest management structures have overlapping responsibilities and the difference between the two could not be explained even by their members the panel has met. Also, it resulted during the site visit that the members of the academic community, including the Partner Assembly and Supervisory Board could not recall elements of the mission statement or strategic plan of the institution. In spite of having adopted a „Monitoring and Evaluation System of Management Efficiency of LLC EuroRegional Study University", the panel found no evidence of evaluation of institutional higher management bodies effectiveness, which might have indicated the partial overlapping of responsibilities and general unfitness for governance.

Currently ERSU has two active faculties: Social Sciences, and Law and State Management. ERSU plans to open a faculty of medicine. However, the detail information about this plan is not clear. The deputy dean at the Faculty of Social Sciences and the head of program are responsible for the organizational part of the medicine program.

In terms of administration, the university currently operates the following offices: Students and Public Relations Office, International Relations Office, IT Technologies Office, Personnel Management, Registry and Recording Office, Financial, Logistics and Security Office, Legal Office, Head of Culture, Sport and Tourism Development Center, Head of Student and Graduate Career Center, Head of Reproductive Information and Youth Health Center, Head of Scientific Research Center, and Library. However, the functions and responsibilities of some of these structural units are not coherently defined. For example, the Quality Assurance Office has taken over some academic administration responsibilities that should be under the functions of more relevant units, as further detailed under the 2.2. section. Also, the quality assurance work combines policy making, decision making, administrative implementation and accountability in the same structural unit supervised by the rector. Similarly, according to the interviewees the panel has met, the rector has a very micro-management role that is impacting on the autonomy of small administrative units with the relevant expertise and might not be a very effective division of responsibilities.

At the time of the site visit, students were not represented in any of the strategic, decisional, consultative and executive bodies of ERSU. The panel would, therefore, like to remind the university that according to article 43 of the Law of Georgia on Higher Education students shall have the right to elect a representative and be elected as a member of the students' self-government body, as well as of the management bodies of the higher education institution and its main educational units on the basis of universal, equal and direct suffrage by secret ballot, as provided for by the statute of the higher education institution. Moreover, the European Ministers responsible for Higher Education described (in their Prague Communique, 2001) students as "competent, active and constructive partners" in the establishment and shaping of EHEA. Students should be involved in all strategic, decisional, consultative and executive bodies, as well as in all quality assurance processes.

Student representation should be organized in line with the Law of Georgia on Higher Education, also reflecting the pillars of the student movement published by the European Students Union:
- independently - by the students themselves, without the involvement of the institution;
- openly - with all current students having the right to vote and be elected, regardless of their academic performance or any other discriminatory criteria;
- democratically - the representatives should be elected by all the students at the corresponding level – e.g. Students in the Academic Council to be elected by all the students at institutional level and the same rule is applied for lower organizational levels;
- with precise regulations that ensure the formality and transparency of the process – adopt a formal document (drafted by the students themselves) that provides the exact rights, responsibilities and obligations for students' representatives, the length of the mandate for each position, mentions the exact percentage students have in all decision making bodies, etc;

A culture of participation and engagement should be more intensely promoted to students, considering the fact that all institutional processes and decisions making levels are with no doubt affecting and impacting students.

The institution does not use an electronic document processing system in order to support its administration, and it acknowledges in the SER that „in the nearest future a new system for managing paperwork will be introduced."

According to the SER, the institution maintains the registry of educational institutions, as described in the current legislation, and has established a registry procedure. The registry reflects all the educational programs implemented by the university and includes details of all students, academic professors, as well as the invited personnel.

The institution has submitted a document titled „Continuity Plan for Business Processes of LLC EuroRegional Study University", which does not meet the expectations reflected by the NCEQE authorization standards. Whilst the plan does start from the weaknesses and threats identified through the SWOT analysis included in the strategic plan, the document does not provide mechanism for their prevention and a strategy for risk mitigation.

While internationalization is not reflected in the institutional mission statement, the institution has an internationalization strategy and demonstrates prioritizing this area, as identified in the strategic plan and confirmed by the interviewees the panel has met. Mobility of students and staff, however, is very reduced.

According to the Internationalization strategy „Conclude Memorandum of Cooperation with Foreign Universities" seems an end it itself, not a bridge of opportunity to further develop the institutional quality; also, according to the meetings during the site visit, the panel has learnt that there is no systematic process based on a benchmarking analysis to support the institution in choosing the universities ERSU signs MoUs with. Similar to the strategic plan, the targets set in the Internationalization strategy are not SMART (specific, measurable, achievable, relevant, time-bound) it would be very difficult for the institution to report on and monitor the achievement of its goals without actually having the possibility to measure them. Therefore, the panel is concerned about the effective utilization of internationalization results in the work of the institution.

Furthermore, an additional challenge will be arising if ERSU does not increase the English language proficiency amongst its academic and administrative staff members. For example, only one of the three representatives of the International Relations Office had the English language proficiency to support a basic conversation with the panel; when asking for the CVs of the respective personnel, the panel could notice that the language proficiency declared in the CVs was very far from reality. This is therefore a major deficiency especially if the institution is preparing to welcome more international students in its medical program. Likewise, most academic staff the panel has met did not have even a minimum knowledge of English that would allow them to respond to panel questions.

As in every small community, people are communicating rather informally; however, if the processes are based on individual, informal and inconsistent discussions, they risk to disappear when people in certain institutional positions are changing. Even if ERSU is a small university, its management and internal quality assurance systems have to be developed and formalized (for example by adding agenda, minutes, list of participants to meetings with external stakeholders, among others).

With respect to the memorandums of understanding with clinical stakeholders, e.g. clinical practitioners and clinics, the content was generally much the same as other memoranda involving non-clinical activities, i.e. the intention of collaboration, without a detailed plan (although there was one memorandum with National Center of Dermatology and Venerology, which describes the financial arrangements paid by ERSU to this Center, per student). Whilst the memoranda may have suggested areas for learning and infrastructure were needed, the critical piece around the professorial clinical teaching staff was not articulated. Therefore, whilst is a reasonable start, more work is needed in order to assure clinical placement learning provision.

Evidences/indicators

- Structure of HEI;
- The Charter of the University;
- LLC Euroregional Teaching University's Strategic Development Plan 2018-2024 Time-Span;
- Selection regulation for managerial positions;
- Monitoring and evaluation system for effective management;
- Internationalization strategy;
- Self-evaluation report;
- Mission of statement of ERSU;
- University web-site http://ersu.edu.ge;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Revisit the organization structure taking into consideration optimization of top management, faculties and administrative units;
- Increase the transparency in the selection of units and individuals across the organization structure including, preferably, establishing a representative body elected by the academic community of ERSU;
- Explore ways of evaluating the effectiveness of higher management structures;
- Increase the clarity of the functions and responsibilities of the structural units of the institution so that they implement their functions effectively and in a coordinated manner;
- Improve and formalize student representation at all institutional levels, as detailed above;
- Promote a culture of engagement and partnership with students in all processes;
- Implement an electronic document processing system;

- Develop a plan to ensure continuity of all major business processes taking place at the institution;
- Increase the utilization of internationalization results in the work of the institution, including through more structured, coordinated and targeted MoUs;
- Identify based on clear criteria similar higher education institutions nationally and internationally to benchmark institutional processes against;
- Revisit the internationalization strategy so that to have SMART objectives;
- Increase the English language proficiency of both academic and administrative staff;
- Insure the systematic and formal approach of the internal management and quality assurance systems so as to safeguard their stability and continuity even with individuals changing positions within the institution;
- Establish MoUs which state clearly a service-level agreement around expectations for learning and teaching in the clinical setting, i.e. academic clinical teaching staff contracts, learning infrastructure, nature and range of patients seen, opportunities for attending clinics, inpatients ward rounds, surgical theatres, teaching in seminars / case-based learning , skills training and assessment in practice.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☒ Does not comply with requirements

2.2 **Internal Quality Assurance Mechanisms**

o Institution effectively implements internal quality assurance mechanisms. Leadership of the institution constantly works to strengthen quality assurance function and promotes establishment of quality culture in the institution.

o HEI has a mechanism for planning student body, which will give each student an opportunity to get a high quality education.

Descriptive summary and analysis of compliance with the standard component requirements

The main responsibility for internal quality assurance across the organization lies with the Quality Assurance Office. The office is active, but it is overloaded with responsibilities, some of them unfit: the library staff could ensure by themselves the fitness of their resources to syllabi requirements, the academic units could manage syllabi contents by themselves, student administration services could handle new students' guides, orientation programs and examinations (see the activity report of the Quality Assurance Office for 2016-2017 academic year) – all under the supervision and coordination of the office. This mix of responsibilities has also lead to the office not being able to cover all tasks within the limits of the informational and human resources allocated to them.

As it stands now, the quality assurance office is creating the quality, not assuring it; as it could be observed during the site visit, the intense involvement of the office across the institution is preventing other units and individuals from taking responsibility for their work relying on the office instead. Building the quality, rather than offering recommendations for improvement and supporting other structural units in building it and, only then, assuring it might have led the office to neglecting some of its responsibilities; many areas in the institutional activities lack a systematic support and coordination (reflected across the present report). The institution has to have in mind what an internal quality assurance system means and design the tasks of the office accordingly, while assigning the other tasks to more relevant units which are now not effectively involved in the implementation of internal quality assurance mechanisms. Therefore, the present responsibilities of the office should be revisited so that to confirm if they belong to the right structural unit, in both areas of academic and administration so that more individuals contribute to quality enhancement; it is very likely that this action would also lead to developing a quality culture across the institution since the panel observed during the interviews that not many of internal stakeholders are familiar with the notion.

In order to add more structure to its internal quality assurance work ERSU should carefully follow all NCEQE authorization standard components, as well as to refer to Part I of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (EHEA, 2015).

At present the institution does not have a Quality Assurance policy to reflect all task division, responsibilities, as well as processes used for the quality assurance of all operations and to include the mechanisms and instruments

used for academic and administrative staff evaluation, the surveys conducted by the institution, and, more importantly, to clarify what is the information flow and how does the collected data serve as a basis for improvement. All of these information are scattered across different documents, where the responsibilities of the office sometimes differ, which makes it difficult to follow the entire quality assurance work at the institution, as well as the specific design of processes, mechanisms and instruments dedicated to the purpose.

The internal quality assurance system does not cover all activities of the institution and the data collection practice is reduced; therefore, the capacity of the internal quality assurance system to detect and signal irregularities to higher management, provide potential sources of the problem and support the solution finding is a severe deficiency. The quality assurance mechanism manages only in isolated cases to ensure the assessment and development of institution's activities and its resources, but this is not generalized or systematic.

The institution is conducting a series of surveys in order to quality assure its processes; however, the work generally lacks regularity, professionalism and a systematic approach:

- The employee satisfaction survey has only been conducted once and by an external company it was externalized to;
- The performance review of staff is unclear in both documentation and practice which makes it difficult for staff to know what is expected from them; staff are not aware if there is any line manager performance review, there is no peer or self-review and it is unclear if and how do these mechanisms impact decisions related to contracts and remuneration;
- No results of students surveys are being published, which has impacted on the response rate and rendered the data invalid, and can lead to a low level of trust in the instrument;
- Some surveys are being conducted in hard copy, others online which puts an additional burden on data aggregation;
- There is no comprehensive evaluation of students and academic staff satisfaction with the university administration that could actually serve as a basis of improvement for each individual service as the survey structure is too general;
- Some problematic areas are being left out: low completion rates caused by the very high number of students suspending their status. When asked about the reasons for the high dropout rates, the institution has listed as the main causes: financial grounds, student academic performance and others. However, these are only assumptions as no data has been collected in this regard. Needless to say is that, since the institution did not collect exact data to confirm the reasons for suspension, it cannot provide fit-for-purpose solutions.

The panel found evidence that evaluation results are used for further development and that the leadership of the institution makes decisions based on the results of quality assurance. However, examples in this regard only referred to student surveys and, most importantly, such results only impacted on small changes related to a particular teacher or introduction of a course, while generally the panel found no link between the strategic management of the university and the quality system; in fact the question was addressed to higher management in several instances, but often not understood.

Some of the surveys are being periodically revised in order to ensure their reliability; however, the panel has learnt during the site visit that such revision happened even more than twice a year. The institution should consider a systematic approach in this area as well: revise all the surveys periodically but be mindful of the cycle duration; a very often revision is severely impacting the comparability of data.

The institution has no notion of self-evaluation in order to reflect on the quality of its operations; therefore, such processes are also only conducted on the occasion of external accreditation/authorization.

Students are not engaged in the internal quality assurance processes as they only serve as a source of feedback; the institution should consider getting them more actively involved in these processes, even in the design of data collection instruments.

ERSU also appeared to be unable to discuss in detail the quality assurance systems in place for the learning environment and student support within the ERSU, and in the partner clinics delivering the clinical placements for the future medicine program. This is an area for development by those who are academically qualified to lead, i.e. clinical and non-clinical academics, and cannot be simply the responsibility of the quality assurance office. This requires regular visits in order to quality assure the learning within the placement providers. Mechanisms for

sharing information of the curriculum, details of the student support and assessment of skills whilst on placement, and communication between the placement provider and ERSU on student performance and professional behaviours.

At the moment, the level of development of the quality culture across the institution does not support the development of the operations. The very idea of quality culture is not well defined, spread or promoted across the institution. The institution should increase its efforts to promote the development of quality culture as a common understanding of quality values, for which every individual of the organization is responsible, a set of shared ideas, beliefs and values about quality united when everyone inside the academic community is sincerely engaged and motivated.

ERSU has a mechanism for planning the student body across the institution, which takes into consideration the resources allocated for the delivery of every program. However, it was unclear as to how the mechanism described in the SER might be applicable for the future medical program where the resources and teacher-student ratio will need to be much greater than other programs at ERSU owing to the need for professional tutors within ERSU and at the partner clinics.

Evidences/indicators

- Self-evaluation report;
- Statute of quality assurance;
- 2017 Annual report of quality assurance department;
- Action Plan for Quality Assurance Service for 2017;
- Quality Assurance Service 2016-2017 academic year;
- The Rule and Terms of Euro Regional Studying University Ltd. Employees;
- The Rule of Evaluation of Euro Regional Studying University Ltd. Academic and Invited Personnel's Activity;
- Additional mechanisms for ensuring quality enhancement;
- Survey results;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Revise the tasks and responsibilities of the Quality Assurance Office so that to relocate some of its responsibilities to more relevant units;
- Develop and adopt a comprehensive policy for quality assurance that is made public and forms part of its strategic management;
- Ensure that task division, responsibilities, as well as processes used for the quality assurance of all operations are formalized and consistent across the institution;
- Develop the internal Quality Assurance system so that it is formal, clear, consistent, regular and conducted on a continuous basis;
- Ensure that the internal quality assurance system covers the whole range of institutional activities;
- Increase the data collection capacity of the internal quality assurance system;
- Improve the capacity of the internal quality assurance system to detect and signal irregularities to higher management so that to better support strategic management;
- Ensure the regularity of all surveys, consistency of the platform for conduction, ensure the transparency of results and that these serve as a basis for improvement;
- Revise the mechanisms dedicated to the evaluation of institutional administration so that the outcomes have the capacity to serve as basis for improvement;
- Clarify, centralize and disseminate the staff performance review system;
- Increase student participation in quality assurance processes;
- Standardize the revision of the quality assurance instruments and safeguard the comparability of data;
- Increase the efforts of developing an institutional quality culture;
- Ensure that the student body planning methodology is fit for the particularities of all programs;
- Expand the remit of the quality assurance system so as to include the clinical placement learning and collect feedback not only from students, but also from the clinical placement tutors and professional services.

Evaluation
☐ Complies with requirements
☐ Substantially complies with requirements
☐ Partially complies with requirements
☒ Does not comply with requirements

2.3. Observing Principles of Ethics and Integrity

- o HEI has developed regulations and mechanisms that follow principles of ethics and integrity. Such regulations are publicly accessible.
- o Institution has implemented mechanisms for detecting plagiarism and its prevention.
- o HEI follows the principles of academic freedom.

Descriptive summary and analysis of compliance with the standard component requirements

The institution has a Code of ethics and has established an Ethics Committee responsible of safeguarding the provisions in the Code of Ethics. The Ethics Committee does not have a permanent composition, but is established on a case-by-case basis by the decision of the rector, should such any disciplinary case require an analysis and intervention.

Ethical expectations are generally disseminated across the institution and, as confirmed during the meetings conducted by the panel, students and staff are informed as to what is expected from them in terms of ethical behavior. However, the Code of Ethics does not make clear the sanctions for all types of disciplinary breaches (specifically, what sanction applies for each breach); the document does reference that such provisions will be determined by the Ethics Committee, but such structure has never been established and there is no evidence of any meetings organized for the purposes of regulating the sanctions in case of disciplinary breaches.

While the Code of Ethics is published on the website of the institution, it takes a special search to find it since the document is not in a visible and accessible location, where it would be easy to find by the academic community.

The Code of Ethics does not provide any regulation regarding conflict of interests, even though there are staff that hold positions in several different higher education institutions. The institution does not define what situations are considered conflict of interests so that all members of the academic community identify if they are in such positions, and what are the measures to be taken to address them.

The university is planning and has included in its Strategic Plan the acquisition of an anti-plagiarism software. Until that becomes functional, there are no instruments in place for this purpose as the institution is relying that it will be the teachers themselves that can identify plagiarism in students' work, projects and thesis; the panel has serious concerns that individual teachers have the ability to identify theft of intellectual property considering the amount of references in the world and the accessibility of information online. Moreover, there is no provision that the academic staff is obliged or even recommended to submit student work in freely available plagiarism detection software.

Students involved in research, even for the purpose of the master thesis, are not following any process to confirm if their activity is conducted according to ethical rules: signed consent forms for all human subjects, ensuring confidentiality of research data, etc. The institution has not created appropriate units and bodies in charge with observing and safeguarding these procedures. For example, no research ethics committee has to approve the research methodology that implies human subjects, which is particularly concerning if the institution is preparing to deliver a medical studies program.

ERSU follows the principles of academic freedom, as no obstruction to academic freedom of the university community was confirmed during the meetings conducted by the panel.

ERSU plans to recruit students for the Medical Program starting September; however, the institution does not currently have a bioethics committee for the evaluation of questions or issues related medical fields.

During the site visit, there was no mentioning of the need for a Professional Capability/Fitness to Practice Board or the need for health screening and immunization of medical students, which is significant for the health and safety of both the students and the general public they will be in contact with during their studies.

Evidences/indicators

- Code of Ethics;
- Self-evaluation report;
- University web-site http://ersu.edu.ge/;
- Meetings conducted by the panel during the site visit.

Recommendations:
- Establish an Ethics Committee to act permanently in order to promote and safeguard the ethical principles across the institution;
- Better disseminate the Code of Ethics by publishing it in a more accessible location easily-reachable by the academic community;
- Revise the Code of Ethics so that to clarify the breaches in ethical expectations for all the members of the academic community;
- Define and formalize the notion of „conflict of interest";
- Develop effective mechanisms to detect plagiarism and theft of intellectual property by seeking technological solutions and software programs instead of relying on the human factor;
- The institution should clarify within its procedures for ethics and integrity and implement in its operations that the authors of scientific production (including students' thesis) are legally responsible and held accountable for the originality of their work;
- Establish a Professional Capability/Fitness to Practice Board chaired by, and has membership which includes clinically qualified colleagues.

Suggestions:
- Continue to monitor and safeguard the academic freedom of the university community.

Evaluation
- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☒ Does not comply with requirements

3. Educational Programmes

HEI has procedures for planning, designing, approving, developing and annulling educational programmes. Programme learning outcomes are clearly defined and are in line with the National Qualifications Framework. A programme ensures achievement of its objectives and intended learning outcomes

3.1 Design and Development of Educational Programmes

HEI has a policy for planning, designing, implementing and developing educational programmes.

Descriptive summary and analysis of compliance with the standard component requirements

The ERSU has two main faculties which are responsible for the development, planning and delivery of the education programs. Being a small institution, ERSU prides itself on its ability to be flexible and be able to make rapid changes as required, as well as responding to individual students, e.g. changes in timetabling for individual students taking part in sports. There was evidence that the study programs were configured, and the curriculum revised by academic staff with the credibility to teach the disciplines, and who are integral to the preparation of program content and assessment of students.

ERSU has a central learning regulatory document which determines academic governance and processes. The university periodically carries out labor market analysis and results are used in the development process of the programs; for example, the analysis shows that the recently employed graduates need several-month long adaptation period in order to get familiar with the employment peculiarities, so it is very important to take courses that will grant them practical knowledge, including law courses in the selective subjects. Also, the analysis shows that the part of employers think that graduates ought to be able to work on legal documents

independently, which is reflected in preparation of relevant legal acts.

New program creation is also regulated by these documents. The head of each program creates new curriculum and submits it for discussion to the Faculty Board and it is then submitted to the Rector for approval. Whilst it is clear that there is an organized structure for documentation, such as recommendations (for new programs and those to be abolished) to be submitted for approval by the Academic Council and Rector, it is unclear as to systems in place for their scrutiny by the academics with the appropriate discipline-specific knowledge to assure the credibility of the process.

ERSU does conduct market analysis, but the process related to the creation of the medicine program is not clear. No stakeholders, students or academic/invited staff opinions were collected or analyzed for this purpose.

There are regular opportunities for students to provide their feedback on the courses they study through surveys which includes the design of course content, as detailed under standard 2.2. above. However, the role of the Quality Assurance Office in assuring the nature and appropriateness of the learning resources for programs is unclear; also, the process around closing feedback loops with all relevant stakeholders is not apparent.

Internationalization of programs was acknowledged as a challenge for ERSU, but the main strategy involved English-language courses for specific disciplines, e.g. International Relations.

Based on the discussions taking place during the site visit, the panel could observe that the Academic Council makes decisions based on the competitiveness of programs, labor market priorities and the resources (infrastructure and human) available to deliver them. Although we met with employers and Alumni as stakeholders, there was no clear detail around who provides the information on which the decisions were made, and how the information was disseminated to be part of the decision-making process. Likewise, it was unclear as to how student academic performance was both monitored in relation to institutional planning and development. What was clear, is that the significant decision making authority of ERSU was the Rector Council.

As observed during the meetings conducted by the panel, the internships made available to students are considered helpful, but more practical learning through internships and practice-based learning during their studies would support student transition to employment.

Generally, the university is able to facilitate student employability my their collaborations with employers, and these external stakeholders are enthusiastic about their relationship with ERSU. For instance, a number of firms offering internships to students, e.g. law, business administration. However, they too advocated for more practice-based learning in the curricula. Moreover, there was an additional number of issues to be addressed, such as the clarity regarding the Mission of university with some employers as to the nature of the collaboration, the content and the rationale for their involvement in the higher education process, as well as the employer engagement within the curriculum development processes.

The panel has a significant concern regarding the language competence of the overseas students (taught in Georgian or English where appropriate). That is, when students are being taught in Georgian and it is a second language, and students being taught in English where it is a second language. Therefore when planning programs and the policies around recruitment, there needs to be detail in place to ensure that students recruited are equipped with the skills and academic acumen to succeed, otherwise they are being set up to fail.

In relation to the program of medicine which was accredited in 2018, this is not operational yet. No students were enrolled in the program at the time of the site visit as ERSU only intents to announce the opening of this program in September 2018. According to the documentation made available to the panel, it was only the head of program and the deputy dean who was involved in the planning and preparation of this program. ERSU has no methodology and clear plans for the Program of Medicine; the institution has no faculty in the field of medicine and the program is located under the administration structure of the Faculty of Public Relations.

Evidences/indicators
- Self-evaluation report;
- Survey results data on study programs (Analysis of Student, Graduates, Employer Survey Results, Development of Programs and use of results report);
- 2017 Annual report of quality assurance department;
- Methodology for Planning, Development and Development of Educational Programs;
- Instruction for compiling educational program/curriculum;

- Instruction of drawing syllabus;
- Educational programs and syllabuses;
- Decision of the Academic Council on the one-step educational English language program of the Euro Regional Teaching University;
- Analyzing the requirements of the labor market and employers;
- Meetings conducted by the panel during the site visit.

Recommendations:
- Improve the clarity regarding the content and use of the MoUs with external stakeholders;
- Enhance the academic and student involvement in decision-making processes;
- Draft and adopt a methodology for new programs creation and design;
- Ensure that students are competent in the language in which they are taught, be it Georgian or English;
- Greater clarity is needed regarding, (a) who takes the decision, and (b) ERSU's rationale around strategic planning and decisions on, program design and development, and decision to discontinue programs.

Suggestions:
- Enhance the practice-based learning segment within the curriculum.

Evaluation
- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☒ Partially complies with requirements
- ☐ Does not comply with requirements

3.2 Structure and Content of Educational Programmes
- o Programme learning outcomes are clearly stated and are in line with higher education level and qualification to be granted
- o With the help of individualized education programmes, HEI takes into consideration various requirements, needs and academic readiness of students, and ensures their unhindered involvement into the educational process.

Descriptive summary and analysis of compliance with the standard component requirements

The university has documented educational programs and syllabuses for each subject compiled in modules. The programs are created according to current legislation and ECTS standards. Learning outcomes are stated in programs and syllabuses for each subject. However, the academics knowledge of these concepts appeared to be hazy, e.g. frameworks for learning outcomes and assessments were compliant with Bloom's Taxonomy for the demonstration of academic progression. It is unclear as to whether academic progression can be demonstrated, hence for this is clearly verified, the articulation of the learning outcomes should to be written and nomenclature applied which proves that students are able to synthesize and apply knowledge, rather than simply describe as per the ECTS credit system. When discussing how the curriculum was maintained up to date and research-informed, there was no clear steer from ERSU leadership as to how this might be achieved. It was also not well articulated when we asked about the logical progression of the curricula components to achieve the learning outcomes.

It is probable that when the medicine program begins, that the ECTS credit system will be applied (in demonstrating synthesis and application of knowledge, skills and professional attributes) owing to the nature of the learning taking place in the clinical settings. The medicine program has yet to recruit students; therefore, it would be important for the NCEQE to audit ERSU to ascertain whether they are compliant with the revised standards and benchmarks for medicine.

The panel observed that the learning outcomes were not clearly stated, and could be changed if students did not like what they were being taught. There was no clear indication of academic progression in learning outcomes as students moved through their program. Moreover, given the rather changeable way in which students are able to modify the assessments if they do not like them, it would suggest that there is no logical

connection between components and achievement of learning outcomes by a student with an average academic performance within a reasonable timeframe.

There are opportunities for students to elect non-compulsory elements to their programs and there is also opportunity for internships. However, as observed during the meetings conducted by the panel, the credit system is unclear; therefore, it is difficult to comment on the curriculum constructs and thus the learning outcomes of the various disciplines offered by ERSU.

Regarding the teaching materials, each syllabus contains the teaching means - books and internet resources. However, in most cases the teaching literature - mainly books - is outdated and does not reflect the market recent trends and demands of students and employers. Also, teaching and learning methods defined in syllabuses are too general and do not ensure the linkage to learning outcomes. Moreover, in some cases the effectiveness of the defined teaching methods stated in the syllabuses cannot even be measured by the evaluation methods and criteria stated in the same document.

The panel found little evidence to support academics' continuing professional development, as further detailed under standard 4.

There is a catalogue of programs available on the ERSU website, but as so much of the information is in the Georgian language and not translated into English it is difficult to ascertain whether the programs would be recognized as potentially relevant by interested individuals or other non-Georgian speaking external stakeholders. During the meetings the panel has conducted, it was evident across the institution that the academic readiness of students was not assured and, therefore, this could hinder academic progression. A clear example was the international students taught in Georgian without a working knowledge of the language in which they are taught - thus taking fees from students ill-equipped to study in ERSU is not effective for students and for the reputation of the university.

With regards to students with special needs, there was some evidence of reasonable adjustments made to the infrastructure for wheelchair access. However, there needs to be radical overhaul of all sites, e.g. elevator, loops for those who are hearing impaired as it was not clear how such students would be able to study effectively on the various campuses owing to access issues. Likewise, the institution should make reasonable adjustments for students with a specific learning difficulty such as dyslexia. Having said this, ERSU claimed not to have students with a specific learning difficulty.

With respect to the forthcoming medicine program, it is difficult to comment on the proposed learning outcomes for it has yet to recruit students. Therefore, as stated earlier, NCEQE would be advised to visit ERSU specifically to address the issues of compliance with the revised standards and benchmarks for medicine. However, it was obvious that greater clarity is required regarding the MOUs and service level agreement with the local medical community in advance of placement learning commencing in terms of the nature of the clinics and specialties to be used and their capacity and capability to teach the students, as well as the requirements for clinical skills and their assessment of competence to practice. There will also need to be: (a) faculty development in learning, teaching and assessment for clinical tutors in clinical settings, (b) an effective communication system set up between ERSU and the clinical tutors, e.g. clinical administrators permanently located at the clinics to coordinate the learning process, and so that clinical tutors are aware and comply with expectations for curriculum and the students on placement. In addition, there will need to be regular visits by clinical academic colleagues employed by ERSU to quality assure the placement provision, and mechanisms for gaining feedback from students on the education experience in these partner clinical settings.

The learning outcomes for the Program of Medicine were prepared by the head and the co-head of the program, but according to the discussions had by the panel, it seemed that they have no clear vision on this point. Deans are generally not aware of the concept of learning outcomes, student assessment systems seem to be randomly assigned and no systemic approach is present. The program of medicine is not integrative and is subject based; the learning outcomes are competence based and cannot be achieved using only subject based disciplines. This program was accredited by NCEQE in 2018 according to the old national benchmarks. In fact, as the medicine program starts in 2019, there needs to be a review to ensure the curriculum has been updated according the new medicine benchmarks (more integration between disciplines, more vertical integration and competence based learning process). However, the logical connection between courses (prerequisites) does exist.

Evidences/indicators

- Self-evaluation report;
- Educational programs and syllabuses;
- Regulation statute of the educational process of the Euroregional Teaching University;
- Instructor of the Master's Degree of Euroregional Teaching University (Procedure for Planning, Implementation and Evaluation of Scientific-Research Component);
- Academic calendar;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Update the teaching material with recent editions in order to provide students with contemporary knowledge;
- Update the program of medicine according to the new benchmarks;
- Adjust the teaching methods so that they are more specific, as well as measurable by evaluation criteria;
- Ensure a clearer selection and recruitment policies that are adhered to, so that students are given equitable chances to flourish;
- Ensure that the academics (clinical and non-clinical) are aware of the new standards for medicine programs, and are able to assess students' competence in knowledge, skills and professional behaviors;
- Establish a fitness to practice committee for the student professional conduct assessment.

Evaluation
- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☒ Does not comply with requirements

3.3 Assessment of Learning Outcomes

HEI has law-compliant, transparent and fair system of learning outcomes assessment, which promotes the improvement of students' academic performance.

Descriptive summary and analysis of compliance with the standard component requirements.

Learning outcomes in each program are presented according to the procedure of creating the programs in the university. However, the track of achieving the objectives of the program is not clear. The syllabuses contain learning outcome grading system that is in accordance with country's legislation. However, in some cases, teaching methods do not allow the students to achieve the goals stated in the syllabuses. Also, students' knowledge level is evaluated just based on the above mentioned system, but they do not have information weather they achieved the goals, what are the learning gaps and how they can improve and progress.

Assessments include online formats and the Quality Assurance Office is responsible for maintaining of assessment databases. However, the impression of the panel was that the student assessment system was rather more random, since it was claimed that if students did not like a certain modality of assessment, the assessment could be changed to something that was more acceptable, albeit so significant examples were offered, this was simply stated in the interviews with the different academic and professional stakeholders. This indicates a lack of a systematic approach to assessing learning outcomes and thus it is not fair and equitable. Students having such freedom in the creation and changes of the learning outcomes reflects lack of rigor and stretch in a curriculum, and therefore could thwart academic progression. Moreover, this type of fluid assessment structure could mean a lack of transparency and unfairness to students who were not involved in the process. Assessment regulations are available to students in the program documentation and there is an appeals process for students who are unhappy with the outcome of their assessments, but again the system was not articulated adequately for the visiting team to gain clear insight into the appeals practices

The panel is concerned that some academic staff appear not to be aware of the necessary theory and practical aspects of assessment methods required to test applied test knowledge and skills competence in the future

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medical program. Therefore, the assessment system in ERSU, which may well be based on current legislation, will need to be revised in order to comply with the requirements of NCEQE.

The institution plans to use the OSCE method for assessment of clinical competence, but it was evident that there was the need for significant up-skilling for this to be viable, and for the OSCE system to be credible in terms of its reliability and validity, and thus defensible in terms of passing or failing at candidate. Indeed for the OSCE system to be a success, there will need also for there to be technical and practical help for the successful organization of these practical skills assessment..

Evidences/indicators

- Self-evaluation report;
- Regulation Regulating the Study Process of Euroregion Teaching University;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Ensure that the nature and modality of assessments reflect the learning outcomes of programs, and demonstrate adequately the student academic progression;
- Revise the teaching methods so that they ensure the achievement of the learning outcomes;
- Ensure that the medical curriculum and the methods of assessment to test knowledge, skills and professional behaviours, are fit for purpose in terms of assessment reliability and validity;
- Ensure that the assessment standards used globally are implemented in assessing competence in the future medical program. It will be mission-critical that staff development initiatives are in place to both write and deliver these assessments, e.g. applied medical knowledge single best answer papers, and objective structured clinical examinations.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☒ Does not comply with requirements

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4. Staff of the HEI

HEI ensures that the staff employed in the institution (academic, scientific, invited, administrative, support) are highly qualified, so that they are able to effectively manage educational, scientific and administrative processes and achieve the goals defined by the strategic plan of the institution. On its hand, the institution constantly provides its staff with professional development opportunities and improved work conditions.

4.1. Staff Management

- o HEI has staff management policy and procedures that ensure the implementation of educational process and other activities defined in its strategic plan.
- o HEI ensures the employment of qualified academic/scientific/invited/administrative/ support staff.

Descriptive summary and analysis of compliance with the standard component requirements

The university has drafted and adopted a personnel management policy reflecting the human resource management cycle. According to the Self Evaluation Report, „ERSU tries to attract professional and experienced staff while providing them with professional development, fair evaluation and motivation systems". However, the panel found no evidence to support this statement considering that there is no clear /strategy of determining professional development needs, sufficient funding allocated into this direction or a coherent rewarding system to motivate performance.

The university also has in place a procedure of hiring administrative and academic personnel, according to which academic personnel is recruited by a committee created by the rector, which „takes in consideration the applicants' qualification, work experience, vision and plans". According to the interviewees the panel has met, the applicants' vision and plans are reflected in the motivation letters. However, the respective letters are not included and could not be found in personnel individual folders (where only CVs are presented) therefore the

panel has no evidence to confirm the actual implementation of the existing procedures.

The university has regulated affiliation terms and conditions which are presented in the form of affiliation agreement between the university and an academic person. ERSU's academic and affiliated personnel give lectures in several other universities. Among them, some affiliated professors are full or associated professors in other HEIs. In addition, affiliated personnel in other universities give lectures in ERSU. Even though the affiliation rule allows them to work in other HEIs, there is not clear definition what does the "essential educational activities" mean (Appendix 4.11). Out of 184 academic personnel, 110 are invited. The panel is concerned that these lecturers might not have any ownership or commitment to ERSU and might not fully allocate resources to the institution. It is worth mentioning that the rector is also associated professor in other university, University of Business and Technology (according to rector's CV).

There is no clear policy of identifying needs of staff development neither in the field they are teaching nor in the direction of learning and teaching methods. According to the interviews conducted by the panel, the program managers decide the development needs of academic staff. Moreover, there is no systematic process of evaluating the impact of the professional development activities staff attend that would allow the university to measure the effectiveness of its investment and evidence base its future decisions in this area.

The university has provisions for the evaluation of academic personnel. However, the evaluation system of administrative staff does not meet the objectives it has been created for; namely, scale and scores definition lack clarity (e.g. what is the meaning of scores 2, 3, etc.) Also, it is preferable to use different approaches to evaluate competencies and skills.

In the instruction of evaluating the academic personnel, there is no clear mention on how many components should be taken into consideration to evaluate the staff (number of appendixes do not match the number mentioned in the Article 2 of the document "Appraisal Rule of Academic and invited personnel). The regulations are not clear regarding the rule of calculation of the minimal, maximum and final score in the overall staff performance review. According to staff evaluation system, the university conducts regular surveys among students to evaluate their perception about academic staff and, as resulted from the interviews conducted by the panel, there is some evidence of results being used as a basis for improvement. However, the response rate is very low, which gravely impacts on the validity, legitimacy and reliability of the data. Also, the results are not made publicly available and there isn't always evidence of having feedback from the university – the results not being published and feedback not being always visible are, in panel's opinion, reasons for a low level of students' trust in the instrument which has decreased the response rates.

Even though the panel did learn about the informal integration of newly recruited staff, the institutional mechanisms designed to support staff in adapting to the new working environment when they are hired at the institution lacks formalization and systematization.

In line with its institutional mission, the university is trying to help the students in gaining a more contemporary/European knowledge. However, existing staff (both administrative and academic) do not have sufficient knowledge of foreign/English language, as evidenced by their CVs and conversations taking place during the site visit, which will also be an obstacle to administrative staff in giving proper „service" to the future international students. In addition, the panel believes that the lack of foreign language literacy does not allow academic personnel to develop research and progress in their profession since this inability is restricting their access to international resources. ERSU conducted two-weeks English classes for academic staff, but these are far from being enough considering the level of English language of the staff the panel has met during the visit. The English language proficiency of employees in international affairs department is in particular a substantial shortcoming since this service is the forefront and main point of interaction with future international students.

During the meetings conducted on the site visit, the panel has learnt that the practical side of the lectures needs substantial improvement, the opinion being shared by different internal and external stakeholders. However, the panel believes that the university has serious difficulties in addressing this need since most of the academic personnel do not have past or current working experience in organizations and do not have practical skills that would support a more applied teaching process, as evidence by the CVs the panel has analyzed. According to the interviewees met by the panel, staff have few opportunities to attend international conferences abroad in order to update qualification and renew studying programs.

The university has staff qualification requirements for administrative staff signed by the rector. Though, in some cases, the panel could not find evidence of required qualification in employees' documents. Also, the panel has observed that qualification requirements of supervisor and subordinate are sometimes the same, which may cause confusion and mislead between the employees.

University administrative staff has job descriptions where the duties of each personnel are divided in two types – duties I – 90% and duties II – 10%. The distribution of performed percentage of duties is the same for every administrative employee. In addition, according to second type duties (10%), the employees are obliged to fulfill the demands of the top management regardless if he/she is their direct supervisor or not. In addition, some administrative staff have two or three line managers. The panel believes that duties' definition and percentage division should reflect the employees' real occupancy. Also, for work effectiveness purposes, employees should have one supervisor and if they have two, it should be clarified which supervisor oversees what duties and how this supervision is being shared.

In the same time, the panel is concerned about the background of some administration personnel: some of the existing positions are occupied by individuals that are not properly qualified in order to fulfil their duties in a professional and effective manner - the head of the quality assurance office has a background in law which has influenced the quality work at the institution to the extent that it does not always ensure the educational and management effectiveness, but its legality; similarly, the head of administration has a background in law, which has led to the institution to contract an audit company to provide close consultancy to streamline financial management and this way compensate for the in existing background of the head of administration in the fields of Business Administration, Economics or Finance. Taking this into consideration, the panel considers that the institution does not have the capacity to ensure that staff employed in the institution are able to effectively manage educational, scientific and administrative processes and achieve the goals defined by the ERSU strategic development plan.

Evidences/indicators

- Institutional mission statement, as reflected in the Strategic Plan and on the university website;
- Self-evaluation report;
- Rule of affiliation and the list of affiliated personnel (provided by the centre);
- Academic and invited personnel evaluation system;
- Administrative staff evaluation system;
- Appraisal Rule of Academic and invited personnel;
- Student satisfaction survey;
- Staff CVs and qualification requirements;
- Employee satisfaction survey;
- Additional Mechanisms of Quality Assurance of LLC Euroregional Study University;
- Academic personnel individual folders;
- Meetings conducted by the panel during the site visits.

Recommendations:

- Consider the level of English language knowledge while recruiting the staff (administrative and academic) and improve the foreign language literacy among the existing academic and administrative staff;
- Increase the emphasis on practical part of the teaching and learning process, and the practical job/industry experience of academic personnel;
- Revisit the personnel (administrative and academic staff) evaluation system so that it becomes a useful tool conducive for quality enhancement;
- Increase affiliated staffs' level of ownership over ERSU and ensure they allocate their intellectual resources to the university;
- Review job descriptions in order to clarify the roles and responsibility of staff, as well as the reporting relationships;
- Increase and formalize the institutional efforts into staff development in terms of learning and teaching methods;
- Implement a coherent system for staff development that include systematic process of needs

identification, relevant financial resources investments and impact evaluation;

- Take into consideration the academic staff's overall workload in all HEIs;
- Formalize and implement regularly new staff orientation procedures and program;
- Ensure that positions across the organization chart are occupied by individuals with the right qualifications that would allow them to fulfil their duties in an effective and professional manner;
- Formalize and implement the staff development in learning and teaching methods;
- Develop an academic-led approach to staff development and peer-review of teaching;
- Ensure a budget allocation for academics to have opportunities (a) for professional development, and (b) to meet and collaborate with National and International conferences for credibility of the university courses and overall longevity.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☒ Does not comply with requirements

4.2. Academic/Scientific and Invited Staff Workload

Number and workload of academic/scientific and invited staff is adequate to HEI's educational programmes and scientific-research activities, and also other functions assigned to them

Descriptive summary and analysis of compliance with the standard component requirements

The university has adopted a methodology of calculating academic personnel per program and workload scheme of academic personnel, which is updated on regular bases. Workload management and teaching hours appears to be determined by „rank" and is organized by the Deans with some academics teaching in Tbilisi and Gori.

In some cases, affiliated professors in ERSU have much workload in other HEIs than they do in ERSU. Even though the workload scheme is in place regarding the lecturing hours in ERSU, some professors have unrealistic workload (e.g. 40 to 47 lecturing hours per week during the semester) in all HEIs. In some cases, the same lecturer teaches subjects that are not correlated to each other (e.g. marketing and strategic management). The university lacks clear benchmarks that would enable the university to increase staff's work efficiency.

The university has allocated to scientific-research activities 2.5% of its total budget. There are 5 staff members managing research activities, and the number of current and executed researches during last authorization is only 38. During the interviews it has conducted, the panel learned that research centres within faculties are not fully aligned with the Scientific Research Centre and the functions of these structural entities need to be more clear and distinct in order to avoid overlapping. For the future enhancement of research direction development, which the university aspires to develop, it would be preferable.

Staff data is ambiguous regarding levels, contracts and numbers of staff relative to numbers of students on courses. There is significant concern for the new medicine program, where invited academics are set to run key areas of the medical curriculum – this type of contract will put the program at high risk if such members of staff decide to resign, which would lead to the demise of the program. Likewise, the MOUs do not articulate the levels of investment agreed for clinical academic support at the clinical placement partner organizations.

Evidences/indicators

- Self-evaluation report;
- Workload scheme for academic and invited personnel;
- Methodology of identifying the workload;
- Meetings conducted by the panel during the site visits.

Recommendations:

- Increase the number of research projects;
- Revise the need of faculty research centres' necessity;
- Track the workload of academic personnel in other HEIs;
- Set benchmarks for staff effectiveness;

- Ensure tenured contracts for key academics running the medicine program to assure the longevity of the venture;
- Secure agreements with the leadership and management of the clinics regarding payment and time allocations to teach the medical students in practice.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

5. Students and Their Support Services

HEI ensures the development of student-centred environment, offers appropriate services, including career support mechanisms; it also ensures maximum awareness of students, implements diverse activities and promotes student involvement in these activities. HEI utilizes student survey results to improve student support services

5.1. The Rule for Obtaining and Changing Student Status, the Recognition of Education, and Student Rights

o For each of the educational levels, HEI has developed regulations for assignment, suspension and termination of student status, mobility, qualification granting, issuing educational documents as well as recognition of education received during the learning period.

o HEI ensures the protection of student rights and lawful interests.

Descriptive summary and analysis of compliance with the standard component requirements

The regulations for assignment, suspension and termination of student status are clearly defined and most of the information is accessible on the institutional website. Effective and timely implementation of these regulations is not disputed by students.

According to the institution, there are no examinations held to check the competencies of international students at the time of enrollment. Their Georgian language skills are being formally checked through interviews. However, no documentation could be provided regarding these interviews. As the panel has learnt during the site visit, the questions in the admission interview are rather general, "we ask them to present themselves and check whether they can recognize Georgian letters". This selection procedure is reflected in the educational process resulting in the students with very poor or no Georgian language skills being involved in programs. The written works of these students are much better than their basic communication skills, which raises a question of reliability of these works. ERSU is planning to start implementing a written test for language skill assessment.

ERSU has signed an agreement with an agency which will recruit students from Asian countries for the university future medical program, but there does not appear to be any in-depth steer for the agent regarding selection and recruitment criteria of candidates. The only requirements from the university side are English language competency and high school diploma. The panel is unsure about the credibility of the agent and the election criteria of the agency could not be addressed or checked.

Processing the educational documentation is implemented effectively. However, the diplomas are issued within a meaningful timeframe after graduation; if necessary, students are provided with letters to confirm their degree.

The contract between students and the institution is well structured and clear, and has provisions to demonstrate the protection of student rights. Students declare that they are aware of their rights and obligations, and they refer to specific documentation (contract, code of ethics, information on web-page) as the source of the information. However, the panel has checked those specific documents but they do not always contain the information referred to by students. Students declare that their rights are protected, but the panel observed that they are not aware of many of their rights, especially their right to be involved in decision making process at the institution, which has been approached in detail under standard 2.1.

The institution has developed a position of student ombudsman. According to the representatives of the

institution, the main responsibilities of the student ombudsman are related to student right protection, but it is not clear what are the exact activities planned for this position. As reflected in the rule of student rights protection, the obligations of the ombudsman are: collecting the information about student problems and mediation between students and administration, discussion of student appeals and delivering them to administration, protection of student rights and interests. Neither the above-mentioned document, nor other documents or interviews could provide details about how these functions are different from the functions of student self-governance or other support units. The candidate was elected by students and a first year student occupies this position. The background and competencies of this person are questionable as student right protection is inevitably related to at least basic knowledge of legal principles and having appropriate skills, which cannot be expected from a first year student. The panel didn't have the opportunity to meet the ombudsman in person; the only argument that the panel could hear from administration was that "we think he can cope with it". In addition, some students are not even aware that this person exists.

The panel is concerned about the high number of students with suspended status. According to the representatives of the institution, this is explained by several factors: financial issues, personal/family issues, moving abroad. However, these conclusions are based on assumptions, as no proper investigation has been conducted in order to understand the decision and reasons of so many students to have their status suspended. According to the information the panel has learnt during the site visit, the study process managers track those students, offer them flexible payment schedules and warn them if their status is about to change. However, a more structured approach to this issue could provide more solutions to be offered to these students, as the seriousness of the problem has to be recognised and better tackled. At some point these students may wish to return to the study process and it might be impossible to accommodate all of them in the educational programs. These responsibilities have to be recognized.

The number of registered international students with active and suspended status found in the documentation requested from the institutional doesn't match with the numbers from official resources. This discordance significantly complicates the judgments of the panel and raises a question about the correctness and reliability of the data provided by ERSU.

Evidences/indicators
- Code of Ethics;
- Self-evaluation report;
- Student survey results;
- Student exam papers;
- Student contract sample;
- Rule of student rights and interest protection;
- International student lists by faculties and programs;
- Meetings conducted by the panel during the site visit.

Recommendations:
- Develop and implement clearly defined criteria of Georgian language competencies for international students intending to be enrolled to the programs taught in Georgian;
- Ensure the credibility and usefulness of the agencies used for recruitment of overseas students;
- Implement more proactive mechanisms to change the perception of student rights concept among the students and staff members so that it encompasses all forms of rights;
- Improve the mechanisms for dissemination of students rights, in particular in currently challenging areas: ethics provisions, student representation, etc.
- Develop more robust and actionable approach to student right protection;
- Ensure that the responsibilities of the ombudsman are clearly defined and increase student's awareness about this position;
- Address the issue of the very high number of students with suspended status in a structured and systematic way, taking into consideration all the threats that this situation might be related to;
- Make sure all the student registers are timely updated and reported to the authorities responsible for countrywide registers.

Evaluation
☐ Complies with requirements
☐ Substantially complies with requirements
☒ Partially complies with requirements
☐ Does not comply with requirements

5.2 Student Support Services

- o HEI has student consulting services in order to plan educational process and improve academic performance
- o HEI has career support service, which provides students with appropriate counselling and support regarding employment and career development
- o HEI ensures students awareness and involvement in various university-level, local and international projects and events, and supports student initiatives
- o HEI has mechanisms, including financial mechanisms to support low SES students

Descriptive summary and analysis of compliance with the standard component requirements

The dean's office is responsible for tracking students' academic progress and identifies students at risk. All other formal and administrative procedures of student support services are led by study process managers, whose responsibility is to address any issues raised by students and redirect them to the relevant structural units or authorities entitled to address the respective problems. The managers also conduct the surveys, ensure that all students receive the questionnaire (in a printed or electronic format) and handle them back to the Quality Assurance Office. Students consider that their requests relating to administrative issues are timely and effectively managed. On the other hand, however, consultations relating to educational process planning and facilitation or psychological support do not seem to be implemented; this kind of service is not a part of the duties of any of the staff members and according to the administration representatives, there has never been a case where this kind of support was needed. The panel has learnt that students receive information about existing support services from study process managers by means of personal interaction and electronic communication.

Career services are in place and they support students by offering job positions, career fairs and recommendations if needed. The job positions offered at the moment are mostly based on personal contacts, and not through a systematic approach planned and implemented by the institution, although there are several MoUs in place which are seen as facilitators in this process. The career development center doesn't see professional orientation as its primary duty. This unit provides interaction with employers relating to internships, but their involvement in educational program development in rather scarce - some of the relevant employers interacting with the institution are not aware of the basic principles of educational programs. Career development unit representatives state they have started to create a database of employers.

The institution conducts surveys among its students and alumni; however, their regularity seemed to differ in the interviews conducted by the panel and it is therefore questionable. The surveys are not structured well enough to target the issues that the institution should be addressing. Personal, professional and academic development are not addressed in the surveys. According to one of the survey data reports, a large proportion of the graduates couldn't find jobs corresponding to their specialization. However, this issue has not been addressed by the institution, nor are the results of most other surveys taken into consideration during planning the activities of ERSU. The quality assurance instruments relating to students and their support services are further detailed under standard 2.2.

There is no student representation in any decision-making boards or councils. Still, students believe that their needs are taken into account by the ERSU management. The QA office team, staff members and supervisory board members have different understandings of the mechanisms of student involvement in the implementation of various initiatives. However, the panel finds these procedures informal in nature. It is essential that students comprehend the importance of their role and responsibility to be involved in governing units. The matter of student representation has been approached in detail under standard 2.1.

Student appeal process is also rather informal. Students communicate mainly with study process managers and

their lecturers, discuss any issues and receive response from them. This approach doesn't ensure fairness and equitability in the implementation and resolutions to the appeals. It is essential that every single appeal is appropriately addressed to safeguard students' trust and increase their participation in the quality enhancement of the university. According to the students the panel has met, there is a box of complaints which they can use, but no examples of its effectiveness were offered to the panel; there is no well-defined procedure to be followed in response to these complaints.

Students are not involved in quality assurance planning and analysis. Some students are members of the monitoring groups - they enter other classes to check attendance of students, disciplinary and academic performance of lecturers and students. This is the only student-involvement practice identified by the panel. Many students are employed during their studies and they are satisfied with the individualized approach from the university side, which allows them to take classes on Saturday, have flexible schedules, and compensate for attendance with essays, presentations or other activities. The downside that the panel believes the institution should be concerned about is that students do not see ERSU as their main area of activity during the study years. The importance of the time spent at the university is not sufficiently credited. Students feel satisfied with student life, but at the same time most of them see trips and sport activities as the main duty of the self-government body and the only student activity offered by the institution. The panel can therefore conclude that most of the students do not identify the purpose of various extracurricular activities and the needs they are addressing; students are not encouraged to be proactive in terms of submitting initiatives, although the rule of initiative submission is formally present.

As stated by university representatives, at the moment there are no exchange programs being active and no students being involved. Several memoranda and recent association with Erasmus project are seen as opportunities to develop exchange activities in future.

Low SES students are supported in the university. ERSU provides financial aid to the students with different social problems, which is clearly defined in the rule of implementation of the social program. However, the social status alone does not determine student's eligibility for funding, as academic achievements are also taken into consideration. It makes the program less effective and restricts some students with special needs from participating in it. The panel would like to remind the institution that there are two categories of scholarships/financial aid which have different purposes: first type – academic scholarships – have the objective to support and encourage excellence and performance and therefore should be offered taking into account academic results. The second type – social financial aid – has the role to facilitate the access, progress and completion of higher education studies of students that are facing socio-economical difficulties. The criteria for identifying these students are clear, transparent and fair. However, this type of support should be offered to students that need them from the socio-economical point of view, without taking into account the academic performance. Consequently, the program and its associated policies and procedures should be revised so as to ensure that their criteria are kept separately. The interviews conducted by the panel confirmed that the institution offered a flexible schedule for tuition fee coverage and comfortable condition for students with governmental funding in case of belated transfer of the funds from government.

Students with special needs might not find the most friendly and welcoming environment at the institution. The buildings are not sufficiently adapted for students with physical disabilities and there are no learning resources adapted for students with other needs such as visual or hearing impairments.

Evidences/indicators

- Self-evaluation report;
- Student survey results;
- Alumni survey results;
- Rule of submitting initiatives;
- Rule of implementation of the social program;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Redefine the role of student consultation services to include a broader spectrum of student support activities (such as educational process planning and psychological assistance) and ensure their implementation through a proactive approach in order to better identify students' needs;

- Provide more structured career support services in order to reach the institutional ambition of increasing the employability of graduates and reaching the benchmarks the institution has set for itself;
- Revise the existing surveys so that they effectively explore the needs to be addressed;
- Encourage and ensure student involvement in all decisional, consultative and executive bodies of the institution;
- Adopt a clearly defined procedure for the submission and resolution of appeals with indication of the responsible units, and ensure this procedure is consistently followed in each case and properly monitored;
- Ensure the regularity of the quality assurance instruments (such as surveys) in the area of student support services;
- Better support students in identifying the skills and competencies the university can help them develop even through extracurricular activities; facilitate and encourage their involvement in such activities;
- Develop more fit-for-purpose criteria for providing financial aid to student, based exclusively on their social status and needs;
- Ensure the institution is prepared, in terms of facilities, services and learning resources, to welcome students with different special needs.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

6. Research, development and/or other creative work

Higher Education Institution, considering its type and specifics of field(s), works on the strengthening of its research function, ensures proper conditions to support research activities and improve the quality of research activities

6.1 Research Activities

- o HEI, based on its type and specifics of its fields, carries out research/creative activities.
- o Ensuring the effectiveness of doctoral research supervision
- o HEI has public, transparent and fair procedures for the assessment and defense of dissertations which are relevant to the specifics of the field

Descriptive summary and analysis of compliance with the standard component requirements

ERSU identifies itself and has been recognized as a teaching university, hence there are few Masters programs and no doctoral students.

Based on the analyzed documentation, as well as the meetings conducted during the site visit, the panel concludes that ERSU has not identified and defined any research priorities or fields of focus, and there were no clear answers regarding how the research will inform curriculum development in the future. Thus there was little evidence, for without a research culture at the university, the research-informed basis of curriculum content is minimal. Moreover, research results are not integrated in teaching process and lack sufficiency to push activities aimed at economical, technological, industrial and other innovative development.

There is no clear steer on academic workload allocation or training of supervisors and thesis examiners; also, there are no clear policies for the assessment and defense of thesis - this has to be an area for development. Bachelor students are not involved in research, and master students have some research components included in their programs.

The gross budget for ERSU research is 100K Lari from the central budget annually and there does not appear to be targets for research students. Furthermore, the research methods training in the bachelor programs did not appear to exist. What was evident was ERSU considering expanding to increase their research footprint, hence

the investment in the research centres.

The institution established in February a scientific research centre with 3 staff members and has more recently created 2 faculty research centers inside the main scientific research center. The panel was unable to identify the exact functions and necessity of these centres, and to identify ERSU research strategy, aims and objectives. Moreover, the Faculty Board could not fully articulate the main roles and functions of the faculty research centres. The institution was also unclear about the rationale of having both a university central facility and the faculty research centers, since the faculty-based centres will offer more focused and subject-specific research agenda. The panel understands that this is a teaching university and the leadership is seeking to address this through configuration of university research centers, but the role and remit of the scientific centre is unclear.

ESRU has traditionally organized 2 annual scientific-practical conferences: in spring by students, and in the autumn by teachers and professors. All materials presented at the conferences are published and retained in the ERSU collection. In recognition of the increasing emphasis on research, the institution has signed several MOUs, but the panel was unable to clarify how many researchers will be exchanged or how the collaboration with European or other country's universities will be organized.

Of concern, given the many different disciplines (not just sciences), was the claim that the faculty research centres will be subordinate to the central ERSU centre. It is highly questionable that the disciplinary knowledge of the ERSU scientific research centre will be able, in all credibility, to support and direct the social sciences research. Thus it is important to respect academic disciplines of the public scientists. An area where the university research centre may have a role is in the coordination of faculty development for training of supervisors and thesis examiners, given that there are currently no doctoral students at ERSU.

The panel was impressed by the academics who are looking to work with government as a research institute in public sciences, and that there was preliminary work for setting up exchange programs with plans (although very expensive) to invite sabbatical fellows from the USA. Thus the rector and her senior management team would need to factor this into their budgetary allocation, if there is the direction of travel for the ERSU. Likewise, areas for growth were highlighted on potential collaborations with government around international and regional affairs, and advisory roles for recommendation on policy.

Evidences/indicators
- Self-evaluation report
- Information on the scientific activities of HEI Academic and Scientific Personnel;
- Memorandum of Cooperation with Economic Agents;
- Current and planned studies according to faculties - (Memorandum of Cooperation with Economic Agents and Cooperation with Cooperative, Current and Implemented Research Projects);
- Euroregional Teaching University's Research Activity Development Plan 2018-2024 (Strategy for the University as a Fundamental and/or Applied Research/Cultural/Performance Activities;
- List of postgraduate works preserved during the last 2 years according to faculties;
- Abstracts of Master's Papers Preserved during the last 2 years;
- Meetings conducted by the panel during the site visit.

Recommendations
- Ensure the systematic and coherent approach to research activities and their alignment with the university's mission and vision;
- Define the priorities and trends of focus in the research activities conducted at the institution;
- Ensure that discipline-specific knowledge is respected (with autonomy) for the credibility of all research and researchers, not just the scientists, in order to support and direct the social sciences research;
- Ensure a cogent and realistic focus on research activities and that appropriate faculty development is in place for supervisor and thesis examiner training and mentorship;
- Develop more precise MA thesis evaluation criteria and ensure the students are aware of them and follow them strictly;
- Ensure that policies and procedures are in place for a transparent and equitable system of supervision, examination and defense of research theses;

- Ensure that all curriculum are informed by research and scholarship activities;
- Ensure that research results are integrated in the teaching process;
- Encourage academic staff to engage in research projects, supporting faculty development to augment their skills in collaboration with researchers.

Suggestions:
- Increase the external collaborations for research and joint grant funding;
- Encourage and support student engagement in research.

Evaluation
- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☒ Does not comply with requirements

6.2. Research Support and Internationalization
- ○ HEI has an effective system in place for supporting research, development and creative activities
- ○ Attracting new staff and their involvement in research/arts-creative activities.
- ○ University works on internationalization of research, development and creative activities.

Descriptive summary and analysis of compliance with the standard component requirements

ERSU is in the very early stages of introducing a research culture into the business of the university and this area of activity is to be encouraged. It is of utmost importance for policies and strategies to be developed for the transparency in all areas to improvement of research infrastructure, such as:
- Decisions on precise research/creative activities for knowledge exchange and knowledge transfer which in turn inform curriculum and are integrated into teaching;
- A strategy for attracting new researchers and for encouraging current academic colleagues to engage with research projects. Naturally this will have both financial implications for the university and will need to be consider in terms of workload allocation for current academics, and the professional services infrastructure to support an expanding research culture;
- A transparent system for internal funding allocation for research;
- A system in place for support in external funding opportunities, e.g. the call for grant applications, help in writing a successful grant application, aiding their collaborations with external researchers to be known in their field of interest;
- Audit and advice to ensure that augmentation and effectiveness of research within ERSU.

ERSU signed many MoUs with economic agents, according to which research activities will be pursued based on the interests of the economic agents. However, it was not clear to the panel as to the criteria embedded within the MoUs or how these would agents help in the scientific research areas. Hence, greater definition is necessary for an effective system for attracting and supporting new staff in research disciplines and focus. In so-doing the ERSU will be not only more attractive to international partners to engage and assist in their research culture within the sciences, arts and humanities, as well as law and policy activities, but will also have supported academics and students in order to introduce viable and sustainable Masters and PhD programs, and have the academics mentored in thesis supervision and examination.

ERSU experience in research internationalization is naturally limited, and therefore there was little evidence of MoUs for cooperation between international researchers are the university. Nonetheless, according to the academics that were interviewed, there are ongoing discussions on how to increase this direction which seems to have been mostly based on research centre cooperation. The panel learnt during the site visit about the scientific research centre's call for project into 4 directions, with 10,000Lari given to organize a student summer school. The research projects were evaluated and discussed by a special committee including the rector, the dean and the faculty board. Since research is a relatively new venture for ERSU, naturally the levels and nature of research were unclear.

As mentioned under standard 6.1., the precise direction, priorities and strategy for research at ERSU are not clear. An effective system is needed to support the developments in terms of the researchers and the infrastructure to deliver credible and notable research. Moreover, a faculty development program is needed for training in matters such as the construction of research questions, how can research questions be answered (such methods are naturally discipline-specific), methodologies for competence in the analysis of data effectively. Developing a research culture will support ERSU in fulfilling its aims of attracting new staff and develop their research which is competitive nationally and internationally.

With respect to the new medicine program, it will be necessary that a research-informed and evidence-based approach is used for the curriculum content and delivery, the methodologies used in assessment and feedback on performance in knowledge and skills, the student support for assuring their professional behaviours comply with the expectations of the accreditation agency within Georgia.

Evidences/indicators

- Self-evaluation report;
- Strategic Development Action Plan 2018-2020 (Joint Research/Art/Creative Activities and Cooperation with International Partners);
- Internationalization Policy of Euro Regional Teaching University;
- Procedure for Presenting and Financing of Initiatives and Projects - The Rule of Implementation of Social Program (public, transparent and fair procedures of research financing);
- The Euroregional Teaching University's Research Activity Development Plan 2018-2024 (the attraction and involvement of young staff in scientific research/artistic and creative activities of the University);
- Mechanisms Supporting Research and Creative Activities;
- Results of Student Survey on their Research/Artistic Activities and Support of Appropriate Initiatives
- Meetings conducted by the panel during the site visit.

Recommendations:

- Ensure that funds given adequately support research initiatives, and these are allocated in a fair and transparent way, and that they are targeted for the courses offered and the expertise which exists/is required;
- Seek out external partners to collaborate and compete for external funding e.g. Horizon 20:20, in order to become established in research;
- Ensure that medical education research is introduced and maintained as this is fundamental to the longevity of the ERSU medicine program;
- research activities should be increased for academic credibility and a strategic approach needed for the targeted allocation of colleagues and resources to research for the greatest impact.
- To train researchers in the construction of research questions, how can research questions be answered, methodologies for competence in the analysis of data effectively.

Evaluation

☐ Complies with requirements
☐ Substantially complies with requirements
☒ Partially complies with requirements
☐ Does not comply with requirements

6.3. Evaluation of Research Activities

HEI has a system for evaluating and analysing the quality of research/creative-arts activities, and the productivity of scientific-research units and academic/scientific staff.

Descriptive summary and analysis of compliance with the standard component requirements

ERSU has adopted a Research Evaluation Mechanism - an evaluation system for the research activity of academic and invited personnel. However, according to the SER, the implementation of this mechanism is to commence in September 2019 under the supervision of the Quality Assurance Office. Therefore, the panel concluded that the

university does not currently analyse the quality of research and other research-related activities in terms of effectiveness and efficiency, as it was also confirmed from the meetings taking place during the site visit. Since research is a recent occurrence, this system needs to be build in an comprehensive and integrated manner, and to be properly disseminated among the academic community.

As the introduction of research is a very new at the institution - the university research centre was only established in early 2018 and the faculty research centres in May 2018 - it was difficult to articulate the precise levels of research within ERSU. Therefore, the panel would like to encourage ERSU to explore further their research agenda, and to take advice from local, national and international collaborators on how to develop the research culture. In addition, there is a drive with the university to encourage the research agenda, ensuring that colleagues are aware and can contribute, and which is supported by strategies and policies to underpin these endeavors.

it was unclear to the panel how are the research centres of ERSU (university central and the two faculty centres) interacting in the endeavour for research to be introduced. There are many different disciplines (not just sciences); the claim that the faculty research centres will be subordinate to the central ERSU centre not very coherent. It is rather doubtful that the discipline-specific knowledge of the ERSU scientific research centre will be able, in all credibility, to support and direct the social sciences research. Hence, it is significant that the expertise in academic discipline, e.g. public scientists, is acknowledged and respected.

An area where the university research centre may have a role would be in the coordination of training from external experts for training of supervisors and thesis examiners, and the audit and recording of data on supervisors who can in turn mentor new supervisors

Finally, greater clarity and dissemination are necessary to ensure that academics and students at all levels are aware and able to contribute to these developments. It will also be imperative that this is not left to the Quality Assurance administrators - this system of evaluation demands that academiccs and researchers are integrated in the research evaluation process, are authors of the regular reporting on implementation of research activities; also, the institution has to ensure that the evaluation of research is used to inform priorities for the further development of research and other creative activities within ERSU.

Evidences/indicators

- Self-evaluation report;
- Research Evaluation Mechanisms (Research/creative performance assessment mechanism and evaluation results);
- Personnel Scientific Assessment System;
- Report on the studies carried out by the faculties/departments (taking into consideration the academic staff affiliation);
- Regulation of the Scientific Research Center;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Further refine and ensure the coherent and competent implementation of the newly created Research Evaluation Mechanism;
- Ensure that the evaluation of research is distributed to a relevant structural unit;
- Discuss with other universities in order to gain valuable information, so the ERSU can design and steer the setting of priorities for research together with the strategy and policies to underpin this work, e.g. inviting international researchers;
- Take a strategic approach to the nature of research ERSU is funding in relation to the subjects offered and resources available;
- Provide faculty professional development and training in developing research skills, as detailed above;
- Maintain a record of trained supervisors, so that they in turn can mentor new supervisors.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☒ Does not comply with requirements

7. Material, Information and Financial Resources

Material, information and financial resources of HEI ensure sustainable, stable, effective and efficient functioning of the institution, and the achievement of goals defined through strategic development plan.

7.1 Material Resources
o The institution possesses or owns material resources (fixed and current assets) that are used for achieving goals stated in the mission statement, adequately responds to the requirements of educational programmes and research activities, and corresponds to the existing number of students and planned enrolment. o HEI offers environment necessary for implementing educational activities: sanitary units, natural light possibilities, and central heating system. o Health and safety of students and staff is protected within the institution. o HEI has adapted environment for people with special needs
Descriptive summary and analysis of compliance with the standard component requirements ERSU provided ownership documents (extract from Public Registry) on buildings in Tbilisi, Jikia Str. 9a, 2052 sq. m and Gori, Tskhinvali Str. 9, 2785 sq. m, where learning process takes place. Various fixed assets, including furniture, computers and other assets are owned by the institution as indicated in its accounting register. Both buildings have classrooms, library, foyer and recreation area. Heating system is in place, in both buildings. However, the panel has observed during the visit that the buildings and facilities have several shortcomings, as follows: ● Air conditioning is not installed in most of the classrooms; ● Lighting is insufficient for an effective teaching and learning process; ● Sanitary units have limited capacity, lack privacy and do not comply with modern standards; ● No ventilation system (this information is also confirmed in the independent consultant's conclusion); ● Classrooms are not equipped with overhead projectors, there are several projectors across the institution which are transferred to the rooms upon need; ● In both buildings, Gori and Tbilisi, only the first floor is adapted for the wheelchair access. The institution has computer rooms intended for students. The panel was informed that the software installed on these computers is not licensed. Apart from Microsoft Office, there is a demo version of accounting software, which is used by Business Administration students. There is no other software which may be useful for learning purposes. ERSU has study and research laboratories; however, the conditions, equipment and safety in these laboratories are not sufficient for the realization of the university mission and strategic development plan. For example, ERSU purchased new student microscopes, but without oculars, so these microscopes cannot be used. Additionally, there are no safety rules and regulations related especially pharmaceutical or medical laboratories. Since there were no students in these laboratories during the site visit, the panel is unable to comment on the issue of health and safety regarding infrastructure and equipment in these laboratories. With respect to the new medicine program, the infrastructure investment, in terms of clinical skills laboratories (on campus and in clinics) together with biosciences and anatomy laboratory facilities, will need to be augmented so that it is fit for purpose. ERSU had purchased some mannequins to be used in clinical skills training and simulated practice for the medicine program. There did not appear to be a strategic approach to purchase of this equipment, rather it was there for 'show'. If the medicine program is to be a success, the senior leadership of ERSU and medicine program would be advised very strongly to gain expert advice from national and international medical educators. Currently, it is unclear as to whether ERSU would be able to fulfil the requirements of the revised standards. Nonetheless, the institution is in the early stages of developing the

medicine program, there are no students as yet, and it was very unclear as to how many would actually be registering in academic year 2018-19, as there did not seem to be a definitive answer to the question of student numbers.

Evidences/indicators

- Self-evaluation report;
- University web-site http://ersu.edu.ge/;
- Information Security Policy Policies;
- Information Technologies Management Policy and Procedures, Information Technology Infrastructure;
- Contract with Internet Providers;
- Information on Electronic Services and Management Systems;
- Rules for the Registration and Use of University Emails;
- Strategic Development Plan 2018-2024;
- A document certifying ownership of domain and hosting;
- Visit of the facilities;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Improve facilities in regards of lighting, air conditioning, ventilation, and modern learning support tools;
- Fully adapt both buildings, as well as learning resources to people with disabilities and special learning needs;
- Improve sanitary units to provide staff and students with modern facilities, guaranteeing privacy, adequate lighting, ventilation and capacity;
- Increase the infrastructure investment in terms of clinical skills laboratories (on campus and in clinics) together with biosciences and anatomy laboratory facilities so that resources and equipment are fit for the purpose of the medical program;
- Gain advice from medical school academics from public universities in order to ascertain infrastructure and facilities investment needs of the medical program.

Suggestions:

- Install licensed software to provide high quality usage and avoid penalties;
- Install overhead projectors in all classrooms.

Evaluation

- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☒ Does not comply with requirements

7.2. Library Resources

Library environment, resources and service support effective implementation of educational and research activities, and HEI constantly works for its improvement.

Descriptive summary and analysis of compliance with the standard component requirements

The institution has a library in each of its buildings in Gori and Tbilisi, which the panel has visited during the site visit. Both libraries are rather small: in Tbilisi the reading hall, library staff space and group workspace are not differentiated. In Gori the number of computers in library is limited, but students can use computers in adjacent room. In Tbilisi number of computers is limited. Computers are connected to internet; printer, copy machine and scanner were available. There is a WI-FI connection accessible and functional.

The institution has adopted the following provisions relating to the library: "Rules for usage of library resources", "Regulations of library" and "Mechanism for development and updating of library resources".

According to the "Mechanism for development and updating of library resources", the Head of library and staff should develop recommendations about development and enrichment of the library resources. In reality, librarians are monitoring syllabi and are responsible for provision of the books indicated in syllabi, at the same time academic staff and heads of programs may recommend purchase of books. After approval of Quality

Assurance and Administration, books are added to the library. Librarians themselves are not constantly searching for updates, news, etc., and recommending new resources to academic staff. As a result, the assortment and the type of resources depends on recommendations of individual lecturers, and not on a well thought, systematic approach as the strategy and system for update via dialogue with the academics leading the programs lacks consistency.

The panel has checked the availability of the books from syllabi by randomly selecting several books from syllabi, and books were present at the library. The diversity of books needs enrichment in terms of textbooks and access to medical journals and databases. Furthermore, since some of these databases do not permit full access to journal articles, academics will need to be careful about suggesting reading materials, to ensure they are available, otherwise, the ERSU is likely cause anxiety in overseas students who are already adjusting to studying in a country far from home.

Staff and students have access to international library databases, but the range and diversity of those databases is quite limited; moreover, according to the statistics provided by the ERSU, no one has used electronic databases in 2017. Panel was informed that students and teachers were trained to use databases. As concluded during the meetings conducted by the panel, students and academic staff are aware of the existence of electronic databases, but some of the interviewees the panel has met suggested that they have no need to use them.

According to regulations library is available 10 hours, 6 days a week from Monday to Saturday.

The institution has developed an electronic catalogue of library resources and an electronic search system. However, at the time of the site visit, the electronic catalog was not functioning and the electronic inventory of the library was in need of substantial development.

According to the meetings conducted by the panel, library staff trains and helps users when needed.

The number of specific books allocated per number of students was unclear and it is questionable as to whether library resources are adequate for the new medical programme. Whilst there are photocopied books available in library, as the student numbers remain elusive, the panel is concerned that there will be insufficient learning resources available. A lot of materials in the library represent the photocopies of the original books; no author's or publisher's permission could be provided.

Evidences/indicators

- Self-evaluation report;
- Visit of the facilities;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Provide better equipped space for library, including more reading places, collaboration spaces, computers, areas for individual and group work, etc.
- Increase the diversity of books and resources available in the library;
- Increase the diversity of the international databases students and staff have access to, and take advice from colleagues from other medical schools in Georgia as to the preferred options for students to study from;
- Discuss with other universities regarding the requirements for databases in medical programs and ensure these are made available to future medical students;
- Ensure the functionality of the electronic catalogue;
- Further develop the electronic inventory of the library;
- Develop and implement more coherent and consistent processes for the enrichment of library resources
- Ensure that the library complies with local and international copyright laws regarding the photocopied books;
- Ensure that the number of books and learning resources available are assigned according to and sufficient for the number of students on the respective program.

Suggestions:

- Better promote the usage of electronic databases.

Evaluation
☐ Complies with requirements
☐ Substantially complies with requirements
☒ Partially complies with requirements
☐ Does not comply with requirements

7.3 Information Resources

- o   HEI has created infrastructure for information technologies and its administration and accessibility are ensured
- o   Electronic services and electronic management systems are implemented and mechanisms for their constant improvement are in place
- o   HEI ensures business continuity
- o   HEI has a functional web-page in Georgian and English languages.

Descriptive summary and analysis of compliance with the standard component requirement

The institution has developed an IT policy and procedures as well as an IT security policy. However, IT risks are not evaluated by independent consultants. ERSU considers its system to be sound and secure. According to the meetings conducted by the panel, information is stored on a server which is maintained by an independent service provider, sole entrepreneur located in Gori. Backups of data are stored in the same building. Therefore, there are questions regarding security of data and its safety. Also, data protections risks are not currently considered by the institution and there is no data protection policy.

The university is in the process of implementing electronic services and electronic management systems. Now parts of the system are operating in test regime. At the time of the site visit, an electronic system for administrative work (e-flow) was not available in ERSU.

The official web-page is designed to provide information in Georgian, English and Russian languages. However, the English version is incomplete and the, Russian version is almost empty and the Georgian version provides useful information as requested by the standards. The panel considers that all three versions need improvement in terms of structure, content and translations. The Georgian version of the web-page seems easy to operate but some documents can only be reached when searched through the "search" option - this means users need to know exact title (or at least words from the title) of the document in order to find it. Most of these documents have been uploaded at once (dated Jan 13, 2017) together with the SER (which is dated 2018).

The study process management system for students is quite complete and comfortable, but considering the meetings and visiting conducted by the panel, there are concerns that students are not familiar with the details and how to operate with it. Teachers can only look at students' marks uploaded to the study process management system, but do not have the access to upload them by themselves or to correct them.

Overall, the panel believes that IT needs major improvement as it does not provide the sufficient support needed by the institution.

Evidences/indicators

- ●   Self-evaluation report;
- ●   Visit of the facilities;
- ●   Meetings conducted by the panel during the site visit.

Evaluation
☐ Complies with requirements
☐ Substantially complies with requirements
☒ Partially complies with requirements
☐ Does not comply with requirements

Recommendations:

- ●   Ensure better provision and processes regarding data protection across the institution;
- ●   Review the security policy and revisit the provision and processes on safety of the information stored on the server maintained by sole entrepreneur in Gori;
- ●   Ensure the effective implementation of the electronic system for administrative work (e-flow);
- ●   Further develop all three versions of the institutional website in terms of structure, content and

translations into English and Russian;

- Ensure the information available on the website is updated and available in accessible and visible locations;
- Ensure the students receive comprehensive training and are familiar with operating with the study process management system;
- Revisit the access rights to the study process management system so that to ensure fit for purpose accessing rights to all parties that avoids unnecessary administrative burden.

7.4 Financial Resources

o   Allocation of financial resources described in the budget of HEI is economically achievable

o   Financial standing of HEI ensures performance of activities described in strategic and mid-term action plans

o   HEI financial resources are focused on effective implementation of core activities of the institution

o   HEI budget provides funding for scientific research and library functioning and development

o   HEI has an effective system of accountability, financial management and control

Descriptive summary and analysis of compliance with the standard component requirements

The main source of income for ERSU is tuition fees. The institution plans to develop new business opportunities in the future so that to attract additional financial resources. These opportunities include rental of the building owned by the HEI (the indicated building that is currently not used in the learning process) as well as development of vineyards on the land in the property of the institution. For the purposes of such developments, ERSU has hired an independent consultant, responsible for the development of a business plan.

The analysis of the income dynamics shows that there is a decline tendency: from 2013 the income has declined by 43%. The leadership of the institution explained that this is due to the decline in the number of students considering that "students find public universities more attractive. To improve the financial situation, we are forced to look for international students, for the medical and business programs". It is expected that 100 foreign students will be attracted during 2018.

The budget provided by the institution indicates the annual income and expenses. The panel has observed that the forecasted income exceeds actual income of 2017 by 7%. The analysis of historical data and information provided by the management gives no support to imply such growth. The financial department has confirmed that the income expected from foreign students is not included.

The planned expenses included in the budget in terms of salary expenses are similar with the 2017 salary expenses, but do not include salary growth associated with the addition of staff implied by the new influx of international students.

Based on the documents provided by the institution, the panel is unable to ascertain a complete picture and judge what effect is the attraction of foreign students going to have on the financial standing of ERSU. The institution did not develop an updated budget yet, budget which will include forecast of income and expenses associated with foreign students to be attracted to the medicine program in September, 2018. Taking into consideration the documents and information provided by the institution, ERSU will face a great challenge in improving its financial standing.

The panel has observed the action plan for years 2018-2020 and noticed that actions are not specific and measurable; also, the financial funds needed to implement each activity are not indicated in the action plan. The budget provides some details, but it is impossible for the panel to deduce whether each activity indicated in the action plan is sufficiently budgeted.

Financial audit of 2017 was performed by the independent auditor, Lazika Audit LLC.

The financial department provides monthly reports to the rector and the head of administration; such reports include profit and loss statements, as well as cash flow statement. The monthly monitoring of the budget and its report were not named by the financial department; in fact, none of the administrative staff or line management of academic staff has named these reports as a part of their daily routine. Moreover, the heads of the organizational units explained that they do not have budgets, do not know what amounts could be spent for accomplishment of their action plans, and have to ask and agree with the rector every time they need financial resources. The evidence shows that financial analysis and management systems are not effective and require

improvements in regards of reporting and budgeting.

Based on the meetings conducted by the panel, it appeared that the new medical program is being perceived as a way of retrieving the economic issues of ERSU. However, the panel is reluctant considering that these programs are highly resource intensive with respect to time, human resources, infrastructure investment and clinical placement provision, and may actually result in debt rather than increased financial stability.

Evidences/indicators

- Self-evaluation report;
- Budget, income dynamics and financial statements;
- Meetings conducted by the panel during the site visit.

Recommendations:

- Develop and implement a feasible plan for the improvement of financial standing;
- Implement a formal budgeting process, ensuring relevant inputs by faculties, study programmes and administrative units on their needs and requirements;
- The institution should develop and implement a financial analysis system, in order to be able to allocate revenues and expenses to profit and cost centers, perform profitability analysis and provide management with financial reports for effective decision making.

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☒ Does not comply with requirements