



განათლების ხარისხის განვითარების ეროვნული ცენტრი
NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

**Higher Education Institution Authorisation Experts'
Report
LLC - David Aghmashenebeli University of Georgia**

Expert Panel Members

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Co-chair: Carol Sybil Hodgson Birkman, University of Alberta, Canada

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Tbilisi
2024

Authorisation Report Resume

General information on the educational institution

"David Aghmashenebeli Tbilisi Engineering-Economic Institute" was founded in 1987 as the first private higher education institution in Georgia. In 1992, the name of the Institute was changed to "Davit Aghmashenebeli University of Georgia".

Until 2011, the University had been implementing educational programmes in the field of medicine, dentistry, law, journalism, economics, business administration, finance and banking, tourism, English and German philology and engineering. In 2018, accreditation was granted to the Bachelor's programme of Business Administration, and in 2019 to the Master's programme. Additionally, in 2018, accreditation was granted to the Bachelor's programme in Tourism. In 2020, accreditation was granted to the programme in Information Technologies and the one-cycle programme in Dentistry. In 2021, several programmes were accredited, namely: Bachelor's, Master's, and Doctoral programmes in Law, Bachelor's and Master's programmes in Journalism. Also, in 2021, the Doctoral programme in Economics was accredited. In 2023, accreditation was granted to the Bachelor's programme in English Philology. However, in the same year, the one-cycle programme in Medicine was denied accreditation; it has been resubmitted for accreditation and is currently in the process.

"Davit Aghmashenebeli" University of Georgia was awarded institutional authorisation from 2007-2008 academic year and was awarded the status of higher education institution from 2012-2013 academic year.

Since 2011, the university has implemented accredited educational programmes for all three levels of higher education: Bachelor of Law, Business Administration and Management, Financing and Banking, Tourism, Journalism, English Philology, Masters of one-cycle Dentistry, Criminal Law, Business Administration, English Philology and Journalism, PhD in Medicine, Law and Economics.

Currently, there are 656 active students enrolled at SDASU: 420 bachelor students, 21 master's students, 168 students on one-cycle educational programmes, and 47 doctoral students. These students are supported by a team of 32 administrative and support staff, 117 academic staff, 52 affiliated staff, and 65 invited staff members. The University provides 15 accredited higher education programmes, comprising 7 bachelor's, 4 master's, 1 one-cycle, and 3 doctoral programmes.

SDASU conducts its educational and scientific-research activities in the main building at Tbilisi. N 25 I.Chavchavadze Avenue. The language of instruction is Georgian.

Brief overview of the evaluation process for authorisation: SER and Site visit

The authorisation process was conducted by the panel nominated by NCEQE, and took place on the SDASU campus between 11 - 14 June 2024. The agenda of the site visit was drafted jointly by the institution and NCEQE. However, the institution did not always respect the instructions provided by NCEQE when putting together the list of attendees; specifically, the condition that the employers included in the meeting with the panel should not be employed at the institution was not respected; one employer included had an ongoing contractual (financial) relationship with SDASU and was therefore timely removed. A second employer was engaged in delivering classes as SDASU, but this was identified in the meeting itself. The panel therefore saw such instances prone to impact on the objectivity or bias of the conversations.

During the site visit, the panel confirmed the information provided by the institution in the self-evaluation report and other documentation, and explored in meetings the perceptions of the internal and external stakeholders; based on these main aspects, the panel assessed the compliance of the university with the NCEQE institutional authorization standards.

Firstly, the quality of the SER represented quite a challenge for the panel to conduct its work; sometimes the report was heavily narrative with no self-criticism; other parts were unnecessarily long copy and paste from institutional documents (activity reports of different departments, functions of different units, etc); in other parts, the report was providing no real self-assessment, but only included copy and paste of the NCEQE standards but completely unsupported by evidence of compliance; therefore, the panel found itself in a position to request many supplementary documents and generally invest a lot of time in hunting down information. Even so, the institution did not provide most of the supplementary documentation requested by the panel.

Secondly, the panel found that interviews were equally lacking self-reflection and appeared quite staged in nature, as was the case for the rest of the site visit. The interviewees the panel has met were generally not able to indicate any areas in need of improvement, nor to be critical about the working environment, or to share opinions about the larger picture of the institution, claiming that they are only doing their job and nothing else. There was generally a strong feeling that things were being made up when answering the questions of the panel because theoretically things existed, but then upon follow-up, there was an inability to provide specific examples as evidence.

Thirdly, the panel also noted, during the site visit, the rather low foreign language proficiency amongst all groups it met (as an indication, none of the meetings on the agenda were conducted in English, as they were all dependent on translation to and from Georgian). Particularly considering the plans of Georgia regarding EU accession, as well as the internationalisation strategic aspirations of the institution, SDASU should ensure, through both its recruitment practices as well as professional development opportunities, that staff have foreign language capabilities.

Finally, one of the strongest impressions that characterized the site visit was the lack of structure, transparency, clarity and accountability in how the organization operates. Basically, the strategic planning, governance, leadership and administration are either under regulated, or regulated but not implemented, or regulations are contradictory and inconsistent, or there has been a major discrepancy between the written regulations and the testimonies collected from the interviews (all relevant evidence and examples are provided under Standards 1 and 2). Furthermore, most of the individuals the panel has met declared they are reporting to the rector, in spite of the different reporting lines that would apply based on the organization chart. However, when asking different groups who is responsible/accountable for different workstreams, the answer was always, without exception, that there is not one individual or team, but all of them are. The panel finds it very difficult to manage an organisation in terms of performance, measure effectiveness, and enforce accountability if at all times there are no clear responsibilities defined for a certain unit or individual. Furthermore, what is even more concerning to the panel was that, as it transpired from some meetings, the representatives of the institution perceived these matters as not being serious and important, which was quite literally what one respondent stated.

To conclude, the panel would like to thank all interviewees who attended the site visit meetings. Their contribution was important in enabling the panel to assess the compliance of SDASU with the authorisation standards.

Overview of the HEI's compliance with standards

According to the SER, the mission statement of "Davit Aghmashenebeli" University of Georgia is to:

- Impart freedom, independence, ethical, national, and social values, and ideals to young people;
- Promote the intellectual, moral, cultural, and socio- economic strengthening of society;
- Foster complex, critical, innovative, and creative thinking among students;
- Create and disseminate new knowledge and preserve and further develop the longstanding traditions of the institution;
- Promote lifelong learning in an ever- evolving and global environment, in line with the Sustainable Development Goals;
- Prepare competitive, qualified personnel that meet the demands of the labor market;

- Facilitate the development of promising, achievable, and innovative projects and ideas.

The mission statement takes into consideration the role of higher education in developing active members of the society, knowledge creation, and dissemination, facilitating students personal development and ensuring their competitiveness on the labor market, in alignment with the authorisation standards. However, the mission does not define the role of the institution locally and/or internationally, nor the characteristics of the institution based on its type and main directions of its work (profile).

Regarding the format of the mission statement, the institution could consider benchmarking itself with other higher education institutions and possibly amend the mission statement to a format that is clear, brief, and narrative.

The institution has developed and adopted the Strategic Development Plan 2025 - 2031 based on its mission and priorities of its activities, as derived from the SWOT analysis included in the Strategic Plan. The institution also developed the rule of monitoring and evaluation of strategic planning, adopted in 2024, which includes the strategic planning methodology utilized while drafting its strategic development and action plans. The strategic development direction for the institution for the 2025 - 2031 time frame is:

1. Developing scientific research;
2. Developing educational programs;
3. Fostering internationalization;
4. Developing Student Services;
5. Fostering institutional development.

The Strategic Development Plan covers all aspects which are vital to the operation of an institution, including institutional development, quality assurance, planning and implementation of educational programmes, student body planning, research, human and material resources, student services, infrastructure, among others. The panel is concerned, however, that the nature of the Strategic Plan might not be effective in ensuring the achievement of institutional goals and a few examples are included in Standard 1 below.

The institution also developed the Action Plan 2025 - 2027 which takes every strategic goal and task from the Strategic Plan and breaks it down into activities, and determines timelines, responsible individuals, monitoring periods, indicators and financial resources needed for their implementation.

The panel fears that the structure of the Strategic and Action Plans, as well as the strategic planning methodology do not ensure the achievement of SDASU goals, as explained under Standard 1.

According to the University Statute, the management bodies of the University are as follows:

- 1.1. Rector
- 1.2. Academic Council
- 1.3. The Quality Assurance Service
- 1.4. The Head of Administration

The functions and responsibilities of all other structural units of the institution are defined in Statutes or equivalent documents, which were made available to the panel. However, the panel does not find that the structural units implement their functions effectively and in a coordinated manner. Most of the teams and individuals the panel has met declared they are reporting to the rector, in spite of the different reporting lines that would apply based on the organisation chart. However, when asking different groups who is responsible/accountable for different workstreams, the answer was always, without exception, that there is not one individual or team, but all of them are. The panel finds it very difficult to manage an organisation in terms of performance, measure effectiveness, and enforce accountability if different structural units do not work in a coordinated manner. While it is evident that a collaborative and dialogue-based approach are commendable, structural units and their overall work has to be organised with clarity, transparency and predictability. Even if the panel noted that the functions and responsibilities of all other structural units of the institution are clearly defined, they are not implemented consistently and in a coordinated manner.

The panel cannot state with confidence that the organizational structure of the institution ensures effective implementation of activities defined in its strategic plan, and achievement of its goals, as justified in Standard 2 below, nor that the decisions of the management body related to academic, scientific and administrative issues, are made in an effective manner.

SDASU developed a document titled Mechanisms of quality assurance, assessment and the procedure for utilizing assessment results; According to the document, the quality assurance policy serves the fulfillment of the mission, strategic goals and objectives of the University and is aimed at the continuous evaluation and development of the activities and resources of the University. The document also states that the Quality Assurance Policy is based on the following principles: Continuity, transparency, academic freedom and integrity, stakeholder engagement, awareness and accountability. The panel finds the policy document phrased in a theoretical manner, similar to the reading list of an academic/professional course, rather than practice oriented commitments.

In spite of the mechanisms of quality assurance being declaratively PDCA-oriented, the panel finds that the quality loop is generally not closed in order to make the best use of the collected data and to inform evidence based decision making, as explained in Standard 2. Hence, the panel fears that the evaluation results might not always be effectively utilized for the further improvement of the institution in order to ensure the continuous assessment and development of the institution's activities and its resources.

At the moment, the level of development of the quality culture across SDASU does not support the development of the institutional 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 in the organisation is responsible, a set of shared ideas, beliefs and values about quality united when everyone inside the academic community is sincerely engaged and motivated.

The institution has a Code of Ethics and has established an Ethics Committee responsible for safeguarding the provisions of 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. The Code of Ethics also envisages sanctions in case of disciplinary breaches. Despite formal mechanisms and awareness of internal stakeholders, there have been no disciplinary or ethics committees established, or any meetings organized for the purpose of discussing whether disciplinary breaches took place which the panel was able to confirm either through documentation or by the meetings organized during the site visit.

While the Code of Ethics includes quite detailed information on what is ethical and unethical, including issues of discrimination and integrity, it does not contain any regulation regarding conflict of interests.

SDASU has developed a methodology of planning, elaboration and development of educational programs, as well as procedures for amending and annulment in educational programs. According to these, educational programs are elaborated by academic and invited personnel of the respective Faculty of the University. As stated in the methodology, besides the academic and invited personnel, other interested parties (field specialists, potential employers, graduates, etc.) are involved in the programme designing process. There is no reference to student engagement in the programme design process.

The panel does not find the mechanisms for the evaluation and improvement of educational programmes as being clear, transparent and predictable. There is no clarity as to the cyclicity of the programme review (annual, periodic, etc), which leaves the entire process ad-hoc as opposed to a planned review of the programmes relevance. The panel does not find clarity as to how often and how radical programme changes can happen, as there is no classification of minor and major amendments based on their impact on the programme structure, and reserved for a predefined timeline.

As it transpired from the meetings conducted by the panel, none of the external stakeholders/employers, graduates or students the panel has met have any knowledge or testimony about their engagement in any of the programme design, evaluation, or improvement.

The panel could not identify any evidence as to how SDASU reviews and updates their programs based specifically on the changing environment, such as the COVID-19 pandemic or other cultural, social, or scientific changes that the institution may experience. This, in spite of the SER stating that educational programmes must be focused on continuous renewal and development to ensure its relevance to the ever-changing environment.

Programme learning outcomes are stated and are in line with high education level and qualification to be granted. Learning outcomes are based on field characteristics and are developed in line with the qualification framework. The structure and content of educational programs are logically connected and ensure achievement of learning outcomes. Basically, programme components are defined, teaching and learning methods reflect specifics of the field and ensure achievement of learning outcomes of the programs. According to the SER, the programme structure and contents ensure logical links of all comprising components and achievement of learning outcomes by a student with an average academic performance in a reasonable time frame”, a statement for which the panel was not able to identify any evidence. The *Procedures for amending and annulment in educational programs* indicate that the Quality Assurance Services office evaluates each educational programme for compliance with these requirements, i.e., completion rate of the programme within the period stipulated by the level and duration of the program.

Most of the programmes provide the opportunity for non-compulsory courses, as confirmed in the SER and programme descriptions, as well as through the interviews conducted by the panel.

SDASU has a transparent system of learning outcomes assessment which takes into account the specifics of the field. The learning outcomes assessment system includes the assessment format and methods. The assessment system enables identifying students' achievements. According to the syllabi made available to the panel, the assessment system regulations are described and are in line with Georgian legal act. The institution uses transparent criteria during the assessment of students' learning outcomes. The information about the assessment system is known for students, who also have information about the appellation system. Mostly, the learning outcomes assessment system elements are located in the syllabi. As confirmed during the interviews conducted by the panel, students are aware of the programme evaluation system.

SDASU has drafted a Personnel Management Policy reflecting the general principles of the human resources management process. The panel noted that the university has no structured approach for staff management, the policy itself is quite fragmented and vague highlighting only general scope, list of principles and priorities. The policy is not drafted in a way to represent a set of rules or guidelines for institutions and for employees to follow in order to maintain compliance. Working rules and workplace management principles are scattered in the regulations of the institution.

There is no clear policy of identifying needs of staff development neither in the field they are teaching nor in the direction of research. According to the interviews conducted by the panel, the Deans and Heads of the programme decide the development needs of academic staff. The above-mentioned priorities are not grounded by the Action Plans, time bound strategic objectives or measurable indicators. 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.

Administrative staff performance assessment is regulated by the Administrative Staff Competence Evaluation Rules. A 360-performance review system is envisaged for administrative staff evaluation, including an employee self-evaluation, supervisor assessment and anonymous evaluations from the people who work around them. The panel observed lack of information among the heads and employees of different structural units and received inconsistent information during the interviews. Each structural unit involved in the evaluation process provided different information, but confirmed that generally in the evaluation process three different tools for data collection are used – a self-assessment form, satisfaction survey and assessment of employees by the Head of Administration. It should be also mentioned that the functions of the Head of Administration do not include responsibilities related to staff assessment, as defined in the job descriptions and qualification requirements document.

Human resources development and performance evaluation functions are scattered within three different structural units – Human Resources Management Office, Quality Assurance Office and Scientific-Research and Continuing Education Center. Studying the relevant documentation and interviews during the site visit convinced the panel there is no clear distribution and ownership of the tasks during the human resources management and evaluation process between the involved structural units.

The panel considers that the institution lacks 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 university strategic development plan. This is explained in detail under Standard 4.

The university has adopted the Regulation for Academic and Invited Staff Workload and a Methodology for Defining Academic and Invited Staff per program. The workload scheme is updated on a regular basis and takes into consideration the content of the programme and courses, specificities, number of students and capacity of infrastructure.

For affiliated staff the university has defined workload management that differs according to the academic rank. Workload is measured in hours and is defined specifically for each affiliated staff. If an academic staff member occupies an administrative position at the university, they are eligible for a part-time academic contract. By signing an affiliation agreement, an academic staff defines their primary affiliation to a SDASU. The agreement also defines the responsibilities of the staff and in case of breaching the affiliation agreement, the contract is automatically terminated.

The institution currently has 210 academic and invited staff, out of which 52 are affiliated. With the purpose of ensuring programme and institutional sustainability, SDASU considers the number of existing and prospective students on each programme and the specifics of the programme while planning the number of academic and invited staff. The actual number and indicators are complying with ones defined in actual benchmarks according to the faculties ensure implementation of educational programs and other activities assigned to staff. However, the panel has not explored any methodology or strategy for attaining target benchmarks in short and longer indicated periods. Besides, the panel was not convinced that the university sets progressive benchmarks for its staff in order to effectively carry out its educational, research and other performing activities. As performance review and evaluation is not consistent and composite, SDASU also lacks employee performance benchmarks.

SDASU developed and adopted rules for obtaining, suspending and terminating student status, as well as mobility, granting qualifications, issuing educational documents, and recognizing the education received during the period of study for each educational level. These normative documents are transparent and in accordance with the legislation of Georgia.

The educational programme is considered completed if the student has fulfilled all the requirements stipulated by the educational program, accumulated the number of mandatory credits for the programme and achieved the results planned by the educational program. An honors degree is awarded to a student with a GPA of 3.5 or higher. The degree is awarded to the student according to the level.

According to the interviews conducted by the panel, as well as after observing the samples of the contract and relevant regulatory documents, it can be confirmed that the interests of the students are protected according to their relevant level, and the content of the contract is clear to them. The normative documents which regulate the rules for obtaining, suspending and terminating student status, mobility, awarding qualifications, issuing an educational document, as well as recognizing the education received during the study period, are transparent and in compliance with the legislation of Georgia.

Students receive appropriate counseling and support to plan their learning process and improve their academic performance. Additional counseling hours are written in the syllabuses of the study subject, and the academic and administrative staff express their readiness to consult students if necessary. Students receive information about the available counseling and support mechanisms at the first meeting after the start of their studies.

The university has a student career development and graduate employment promotion service, which compiles a list of graduates, as well as a database of employers. During the visit, the panel received a list of employed graduates. In addition, the career service maintains constant contact with graduates and provides active assistance to students in the employment process.

The university has developed an individual study plan which provides the goals and objectives of the learning journey of the student. This process helps the student evaluate and actively engage in the learning process.

A number of extracurricular activities are held at SDASU. An international student scientific conference is held every year at the university, which allows students to develop their skills in the scientific-research direction. Students participate in various cultural, educational, entertainment and other types

of events, namely: cultural programs, organizing and planning exhibitions, expositions and art competitions. Students organize poetry evenings, concerts, New Year's carnival, charity and social events. Public lectures, meetings, etc. are held in the university.

According to the *SER*, SDASU envisions its continuous development as a modern academic scientific and research center. The institution emphasizes innovative, quality, and result-oriented research integrated into the educational process. However, the university lacks clear research priorities and a dedicated research laboratory, especially considering the current lack of funding.

As stated by the institution, SDASU carries out innovative, quality, and result-oriented research and research is integrated into the educational process. Despite such declared goals, during the meetings conducted by the panel it became clear that the university does not have clearly defined research priorities, which is very important in times of lack of funding. The panel also learned that research topics in medicine are mainly focused on data collection and statistical processing and clinical research, thus explaining the absence of a research laboratory in the institution. Although the main direction is clinical research, the teaching of statistical methods is not included in the doctoral program.

In an effort to strengthen its research direction, the university established the Scientific Research and Continuous Education Center to support and coordinate its scientific research potential. Additionally, an interdisciplinary research center was created to engage students in interdisciplinary research. However, it was revealed that the center primarily focuses on organizational tasks, such as gathering information about scientists and doctoral students, rather than being directly involved in preparing, presenting, and implementing research projects.

The *SER* shows that the university has published 29 monographs, 48 textbooks and 265 scientific articles. Academic staff participated in 54 national and international scientific grant projects and 279 local and international conferences. However, during the interviews conducted by the panel and detailed study, it became clear that the number of articles includes abstracts published at the conference and the presented information is not well sorted. It is also not stated how many are published directly by university-affiliated staff.

The university supports scientific research works and aims to "develop new knowledge, vision, approaches and perspectives". To fortify research activities, SDASU has established a Scientific Research and Lifelong Education Center, tasked with coordinating scientific research studies and managing relationships with the Ministry of Education, Science And Youth of Georgia as well as other state and non-state organizations. The Center is primarily responsible for preparing, presenting, and implementing projects based on the Socio-economic and Environmental Review. However, according to the interviews conducted by the panel, the center predominantly performs organizational tasks such as gathering information about scientists and doctoral students and is not directly involved in preparing, presenting, and implementing research projects.

The university is committed to promoting internationalization of educational and scientific activities through a policy that emphasizes international mobility, staff involvement, and close interaction with domestic and international partner universities and organizations. In support of this internationalization policy, the Department of Public Relations and Internationalization facilitates staff upskilling and maintains relations with higher education institutions, international organizations, and non-state organizations. This is evidenced by signed memorandums of cooperation with foreign universities and economic agents to engage in research and development activities, including creating innovative scientific products. However, during the interviews conducted by the panel it became clear that participation in international research is very rare.

The university has developed criteria for evaluating the scientific activity of academic/scientific personnel, which includes participation in scientific events/conferences, as well as the number of researches conducted by the scientist, the number of received grants, patents, submitted grant applications and other parameters that are written in the relevant documents.

Evaluation of scientific activity is carried out annually no later than February 1 of the following year. It can be implemented step by step according to the projects. The assessment process is coordinated by the Center for Scientific Research and Continuing Education, which reports to the Rector and the Quality Assurance Department. Based on the analysis of the evaluation results, the Quality Assurance

Department together with the Rector are developing recommendations and presenting them to the Academic Council.

Based on the evaluation of the scientific/scientific staff and the recommendations of the Academic Council, the Center for Scientific Research and Lifelong Education, in agreement with the Head of Quality Assurance and the Head of Administration, applies to the Rector for the use of motivational incentives defined by the internal regulations. The panel noted that the scientific research report presented in the documents was not well analyzed and quantified according to the criteria approved by the university. To get a complete picture of the evaluation of scientific research work, it is not enough to simply collect information, but it is necessary to analyze it thoroughly in order to plan measures aimed at eliminating deficiencies.

SDASU owns the real estate located on Chavchavadze street and Shartava street. The total area of the institution is 4992,3 sqm, where the total educational area is 4609,96 sqm, and the additional space is 382,34 sqm. The main campus was observed first, then the panel split into two groups covering the "SDASU" Georgian-English Dental Clinic, "Nino Dadvani Dentistry Center", "Center for Mental Health and Prevention of Addiction", and "Aversi Clinic".

At an initial stage, the spaces intended for educational activities and the adherence to safety norms were noted. The university operates without a passenger elevator and lacks a cafeteria. The panel was informed that the cafeteria is not functional since 2018, and there is no catering facility provided to students and staff. The auditoriums are functioning with natural light but without central heating. There is no air conditioning in the auditoriums. Video cameras equipped for video recording are installed on the internal and external perimeter of the university. Information about the presence of cameras is posted on the walls for the attention of staff and students.

For security purposes, fire extinguishers are located on all floors of the university; however, the instructions for use are not posted in the appropriate places on certain floors. There are no signs of renewal on the fire extinguishers, which indicates that they are out of order. All floors are equipped with smoke detectors. Evacuation plans are posted on the walls of each floor in the building. There is an emergency exit that opens from inside to the outside. The panel observed the doctor's office but unfortunately the doctor was not present at the time of the visit; the first aid kits are not located on each floor, but two first aid boxes were observed in the doctor's office only after it was requested.

The sanitary facilities have partitions that do not fully separate the stalls, allowing visibility of faces and feet, which provides for a very uncomfortable set-up. Natural continuous light is provided. The restrooms are not adapted for people with physical disabilities. The campus has no designated parking area for individuals with mobility limitations. As confirmed during the site visit, there are no students with disabilities currently enrolled, but it appears that in previous years this was the case. In such situations, the teaching process took place on the first floor, and all the material resources were also provided there.

SDASU operates a library that is open six days a week. The physical space of the library can accommodate 50 students at a time. The panel observed two large reading rooms designated for staff and students. Even though, in theory, the two rooms are accommodating both group and individual work, these two needs are conflicting e.g. group work could disturb individual readers. The library houses a substantial bookcase. The institution has a policy for using the library, which is available in the university's electronic system, both for students and staff. Computers and printers with appropriate functions are available.

The library literature is available in both print and electronic formats, as showcased during the tour of facilities. The book fund comprises 22,000 volumes. The institution was not able to provide statistics on the division between Georgian and foreign literature. During the observation of facilities, it was noted that the literature had been significantly updated over the past year. The panel additionally requested documents confirming the budget allocated for the purchase of literature; an order issued by the rector regarding the updated literature was provided, with reference to the specific budget and overhead.

SDASU has established a comprehensive Information Technology Management Policy centered around the cooperation defined by the agreement with the electronic system of educational process management, "INI.GE". The policy mandates that all users of the university's information technologies

adhere to the Georgian legislation pertaining to the protection of intellectual property, information technology security, and personal data.

The educational process management system, *sdasu.ini.ge*, is a robust platform designed to support the comprehensive educational and administrative activities of the institution. This system facilitates process support, communication, information processing, and data protection. It automates various aspects of the educational process management, including the financial model and electronic case management. The system is widely used by lecturers, administrative and academic staff, and students. SDASU has secured a one-year agreement with the "INI.GE" group to enhance these services.

According to the meetings conducted by the panel, the information management systems enable efficient searching of student records, processing of student information, and determination of student status and GPA. Furthermore, students are granted the ability to access their personal electronic system remotely, facilitating communication with professors, lecturers, administrative staff, and fellow students. This system also allows for the exchange of electronic materials and the printing of necessary documents. Students, along with academic and invited staff, have access to specific programs and syllabi via the electronic system. Additionally, rating systems and an electronic appeal mechanism are available to them.

SDASU has presented its budget for the fiscal year 2024. The total projected income is 4,390,843 GEL, derived from various sources: 3,421,921 GEL from tuition fees, 128,700 GEL from state grants, 34,030 GEL from economic activities such as the university buffet and credit services, and 806,192 GEL from interest income. The planned expenditures for 2024 amount to 3,404,367 GEL. A detailed breakdown of the budget reveals that 643,795 GEL has been allocated for commodity material resources, while 215,603 GEL has been designated for the book fund. Additionally, 132,000 GEL is earmarked for internal grants. However, the panel learned that only 6,000 GEL has been spent on internal grants to date.

SDASU has established a comprehensive policy for the distribution of responsibilities, delegation of tasks, and accountability. This document outlines the duties of the heads of each structural unit to ensure the timely and complete achievement of goals as set out in the action and strategic plans within the allocated budget. According to the policy, the financial service plays a crucial role in coordinating the budget, participating in its preparation, maintaining records, and controlling the compliance of expenses and income with the budgetary parameters.

Additionally, SDASU has created a mechanism document for the implementation of the financial management and control system. This document's purpose is to determine the expected total revenues for the budget year, set priorities and goals, develop a budget calendar, forecast costs, review the budget project, and facilitate public review. The institution has also developed procedures for analyzing and evaluating the budget monitoring report.

Summary of Recommendations

1. Ensure consistency between all versions of mission statement published and disseminated by the institution;
2. Revisit the text of the mission statement so that it defines the role of the institution locally and/or internationally, as well as the characteristics of the institution based on its type and main directions of its work (profile);
3. Clarify and ensure the consistency in the division of responsibilities in regards to all stages of the strategic planning process – including the development, implementation, monitoring the reporting – as well as accountability relationships;
4. Revisit the structure of the Strategic and Action Plans so that they are effective in ensuring the achievement of institutional goals (e.g. measurability of goals and tasks, accountability, resources, etc);
5. Ensure the implementation of the rule of monitoring and evaluation of strategic planning in regards to the components of the action plan, relevant stakeholders engaged, cyclicity of monitoring and reporting;
6. Ensure that the implementation of the Strategic Plan is always accompanied by a formally adopted Action Plan;
7. Increase the representation and engagement of internal and external stakeholders in the strategic planning process;

8. Revisit and clarify the role of the faculty council as a management body at SDASU, and define its remit exhaustively;
9. Enable and support the student self-government so that it becomes an independent and autonomous student voice;
10. Explore extensively the notion of accountability and actually enforce it in practice, together with the formally defined functions, so that structural units implement their functions effectively and in a coordinated manner;
11. Update the organizational structure available on the institutional website so that it reflects an accurate reflection of the institutional arrangements;
12. Revisit the organizational structure in order to ensure that it enables the institution conduct an effective implementation of activities defined in its strategic plan, particularly in regards to the lines of authority, division of responsibility, and reporting lines;
13. Expand on the regulations for election/appointment to the governing bodies to cover all institutional governing and managerial bodies and roles, and to create a clear, transparent and predictable system of selection;
14. Formalise and implement a system of official approval of documentation, which also includes taking record of whom and when adopts a document;
15. Increase the international engagement and utilization of internationalization results in the work of the institution, including through more diverse, coordinated and targeted MoUs;
16. Revisit the internationalization strategy so that to have SMART objectives;
17. Reconsider the sizing of the Quality Assurance Service team and allocate more appropriate human, information and material resources with the purpose of effective implementation of the internal quality assurance mechanisms;
18. Regularly conduct the tools dedicating to measuring the satisfaction of all internal and external stakeholders in relation the programmes delivered at SDASU;
19. Increase the visibility of the survey results by publishing consolidated results across the academic community;
20. Reconsider the accountability of the Quality Assurance Service in relation to the development, review, and approval of the satisfaction surveys;
21. Safeguard the continuity and comparability of survey data through better-times survey template revision;
22. Ensure the closing of the quality feedback loop by adding more intentionality to following up on survey data and ensure action taking; disseminating the actions taken in response to stakeholders feedback can also increase the trust in surveys;
23. Increase institutional efforts to support the development of quality culture across the institution;
24. Increase the dissemination of the Code of Ethics, principles of academic integrity and academic freedom by publishing it in accessible location through institutional communication channels, including official website;
25. Ensure awareness of academic and invited staff, as well as students concerning the anti-plagiarism policy and its relevance, including the permitted similarity score, sanctions and consequences for the plagiarized work, thorough understanding of the software utilization;
26. Disseminate information concerning sanctions for breaches ethical principles;
27. Define and formalize the notion of conflict of interest;
28. Ensure student engagement in the programme design process;
29. Revisit the mechanisms for the evaluation and improvement of educational programmes to ensure that there are more structured clear, transparent and predictable, including setting pre-determined timelines for programme reviews;
30. Classify the type of modifications that can be operated under different timelines of programme reviews;
31. Enforce the decisional authority of the Academic Council for the programme management;
32. Enhance the engagement of external stakeholders/employers, graduates and students in processes relating to programme management and its entire lifecycle;
33. Enact a clear process for regularly scheduled oversight of all educational programmes that is transparent, communicated to all Deans, programme Directors, and academic faculty, have clear jurisdiction, policies, and meet on a regular basis i.e., more often than once a semester.

34. Continue the institutional efforts to align the learning objectives and outcomes of the dental education programme with the benchmark statement of higher dental education programme to ensure that the programme meets the minimum required competencies and criteria outlined in the benchmark document, in close consultation with faculty members, curriculum developers, industry experts, and student representatives;
35. Elaborate an overarching Staff Management Policy to formally define, agree and manage human resources in accordance with this policy, as well as ensure fostering employee engagement culture and representation in decision making;
36. Ensure transparent and competitive hiring process using sourcing channels, predefined selection and assessment criteria;
37. Ensure meticulous maintenance of documentation at each stage of the HR processes, including selection, evaluation, monitoring, rewarding;
38. Implement a clear strategy of determining professional development needs, sufficient funding allocated into this direction or a coherent rewarding system to motivate performance;
39. Implement a process of evaluating the impact of the professional development activities to measure the effectiveness of investment and consider further necessities in this area;
40. Revisit management review and monitoring process so that it becomes systemic, clearly considers hierarchy under the organizational chart, facilitates continuity and proves to become useful tool conducive for quality enhancement;
41. Implement a coherent performance review for all staff members that focuses on observable, measurable and objective performance outcomes and offers alignment between individual, team, and overall organizational goals. As well as defines roles and responsibilities for each structural units involved in the process;
42. Consider performance evaluation results in employee development, therefore, developing purposive and relevant responding mechanisms for high and poor performing employees respectively;
43. Formalize and implement regularly new staff orientation procedures and integration;
44. Review roles and responsibility and qualification requirements in order to include all existing positions inside the institution, starting with the senior management and ending with the support staff; as well as ensure all staff members comply with the qualification requirements defined respective roles;
45. 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;
46. Implement acquiring, deploying, and retaining strategy for a workforce of sufficient quantity in relation to the actual workload of structural units;
47. Develop workload defining and monitoring methodology for Non-A type contract staff, including academic and invited personnel and relevant workload margins;
48. Elaborate short- and long-term strategy to maintain objectives in terms of defined target benchmarks concerning staff ratios and numbers;
49. Set benchmarks for staff effectiveness and progression;
50. Create an adapted environment for students with physical disabilities so that they can use all spaces and services smoothly;
51. Ensure that the student surveys reflect the specifics of all study levels at the institution;
52. Implement a feedback mechanism to evaluate student satisfaction with their scientific supervisor;
53. Establish international mobility programs, both in terms of implementation of semester exchange programs and short-term international projects;
54. Integrate the teaching of statistical methods in the doctoral program;
55. Clearly define the main research priorities of the institution;
56. Revisit the admissions policy and procedures so that students enroll in doctoral studies on the basis of competition;
57. Capitalise on the Scientific Research and Continuous Education Center expertise by increasing its engagement in preparing, presenting, and implementing research projects;
58. Increase institutional efforts and arrangements for the results of doctoral students' research to be published in a journal with an impact factor;
59. Establish research laboratories in the university;

60. Revisit institutional inventory of research outputs so that they are structured per category of publication and category of staff publishing;
61. Increase the financial support available for conducting research;
62. Establish new collaborations with international research centers;
63. Analyze thoroughly the research evaluation data in order to effectively plan measures aimed at eliminating deficiencies;
64. Equip each floor with accessible first aid kits, and ensure the presence of a trained medical professional during operational hours;
65. Modify restrooms to accommodate staff, students and people with special needs, ensuring privacy and accessibility;
66. Designate parking area for people with disabilities to facilitate their access to the university premises;
67. Ensure that all the fire extinguishers are up-to-date, with clear instructions for use posted in the immediate vicinity;
68. Install an elevator for people with mobility limitations to have access to the upper floors of the building;
69. Equip all the auditoriums and laboratories with central heating and air conditioning systems to provide a comfortable learning environment;
70. Install a central ventilation system in all clinics, including the "SDASU Georgian English Clinic" to ensure proper air quality and compliance with health regulations;
71. Equip all classrooms and laboratories with projectors;
72. Establish a dental simulation laboratory for Dentistry preclinical studies.;
73. Update the university website to make it more user-friendly and ensure that all educational programme and prerequisites are clearly listed and easily accessible;
74. Regularly update the website with the latest information in terms of action plans of the university;
75. Implementing a more transparent barcode system that includes cost information could enhance accountability;
76. Establish dedicated grants for innovative research projects and provide financial incentives for high-impact research outcomes.

Summary of Suggestions

1. Research analogue higher education institutions nationally and internationally to benchmark institutional processes against;
2. Develop an academic-led approach to staff development and peer-review of teaching;
3. Ensure a higher budget allocation for academics that will be shared with them to have opportunities (a) plan their professional development, and (b) engage in national and international events for credibility of the university courses and experience-sharing;
4. Develop standardized and detailed workload scheme, indicating not only the total workload inside the institution, but also visualize proportions for each workload elements;
5. Develop preventive tools for eliminating unrealistic workload both inside the institution and other HEIs;
6. Strengthen the provision of information to students about the legal and ethical norms so that they are well aware of their rights and duties, the code of ethics, internal regulations, etc;
7. Increase the visibility and encourage the usage of the appeal mechanism;
8. Enhance the visibility of the student ombudsman so as to enable it to meet its goals;
9. Develop an electronic repository for online scientific resources in order to reduce dependency on external contracts. This could include digitizing more of its own collections and creating an open-access platform for sharing these resources;
10. Improve communication regarding available research funds;
11. Ensure that bonuses and financial rewards are distributed transparently and fairly;
12. Elaborate and implement a more precise student body planning methodology to fit for the particularities of the programs;
13. Reopen the cafeteria or provide alternative catering services to ensure that students and staff have access to meals on campus;
14. Create an online education policy to facilitate distance learning;

Summary of the Best Practices

N/A

Summary Table of Compliance of HEI with Standards and Standard Components

	Standard	Compl ies with Requi reme nts	Substa ntially compli es with requir ement s	Partial ly Compli es with Requir ement s	Does not Comply with Require ments
1.	Mission and strategic development of HEI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.1	Mission of HEI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	Strategic development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Organisational structure and management of HEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	Organisational structure and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	Internal quality assurance mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Observing principles of ethics and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Educational Programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	Design and development of educational programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2	Structure and content of educational programmes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Assessment of learning outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Staff of the HEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1	Staff management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2	Academic/Scientific and invited Staff workload	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Students and their support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	The Rule for obtaining and changing student status, the recognition of education, and student rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Student support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Research, development and/or other creative work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1	Research activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2	Research support and internationalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.3	Evaluation of research activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Material, information and financial resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	Material resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.2	Library resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Information resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Financial resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

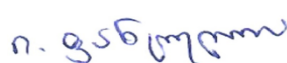
Signature of expert panel members

1. Ancuta Diana Prisacariu(Chair) 

2. Carol Sybil Hodgson Birkman (Co-chair)



3. Ia Pantasulaia (Member)



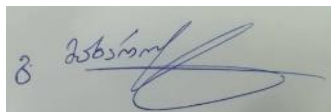
4. Elene Gigineishvili (Member)



5. Tamta Tskhovrebadze (Member)



6. Giorgi Makharoblishvili (Member)



7. Soso Gazdeliani (member)



Compliance of the Applicant HEI with the Authorisation 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
<p>According to the SER, the mission statement of the university is to:</p> <ul style="list-style-type: none">• <i>Impart freedom, independence, ethical, national, and social values, and ideals to young people;</i>• <i>Promote the intellectual, moral, cultural, and socio- economic strengthening of society;</i>• <i>Foster complex, critical, innovative, and creative thinking among students;</i>• <i>Create and disseminate new knowledge and preserve and further develop the longstanding traditions of the institution;</i>• <i>Promote lifelong learning in an ever- evolving and global environment, in line with the Sustainable Development Goals;</i>• <i>Prepare competitive, qualified personnel that meet the demands of the labor market;</i>• <i>Facilitate the development of promising, achievable, and innovative projects and ideas.</i> <p>According to the document titled "Mission" submitted by SDASU, the mission statement of the university is to <i>develop critical, innovative, and creative thinking in students, which are decisive factors for the success of the country and the development of society; ensure the integration of the university into the single European educational space; and foster the generation of new knowledge through academic and research activities. prepare students to the maximum extent for those changes, in the condition of which they will have to work in the future; facilitate selection of the most perspective, realistic and innovative projects and ideas; inform young people about freedoms, independence, ethical values and ideals defined by "Great Charter of Universities".</i></p>

According to the website of the institution, the mission statement is *to be a leading educational institution; to ensure the integration across European Higher Educational space; to create valuable knowledge for students through the academic and research activities; to prepare the students for facing future new challenges; to select the most perspective, realizable and innovative projects and ideas; to get young people acquainted with freedom, independence, ethical values and ideals defined by the "Great Charter of Universities"*.

The panel is concerned that there are multiple versions of the mission statement and considers that this might represent a challenge in having the internal and external community of the institution identify with the mission.

The mission statement takes into consideration the role of higher education in developing active members of the society, knowledge creation, and dissemination, facilitating students personal development and ensuring their competitiveness on the labor market, in alignment with the authorisation standards. However, the mission does not define the role of the institution locally and/or internationally, nor the characteristics of the institution based on its type and main directions of its work (profile). Regarding the format of the mission statement, the institution could consider benchmarking itself with other higher education institutions and possibly amend the mission statement to a format that is clear, brief, and narrative as opposed to bulleted.

Evidences/indicators

- Self-evaluation report;
- Mission;
- Institutional website;
- Meetings conducted by the panel during the authorisation process.

Recommendations:

1. Ensure consistency between all versions of mission statement published and disseminated by the institution;
2. Revisit the text of the mission statement so that it defines the role of the institution locally and/or internationally, as well as the characteristics of the institution based on its type and main directions of its work (profile).

Suggestions:

N/A

Best Practices (if applicable):

N/A

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

The institution has developed and adopted the Strategic Development Plan 2025 - 2031 based on its mission and priorities of its activities, as derived from the SWOT analysis included in the Strategic Plan. The institution also developed the rule of monitoring and evaluation of strategic planning, adopted in

2024, which includes the strategic planning methodology utilized while drafting its strategic development and action plans. According to this document, the strategic planning process at SDASU is grounded on the following fundamental principles:

1. Participation
2. Consideration of Stakeholder Expectations
3. Alignment with National Interests
4. Transparency
5. Accountability

According to the Rule, a working group is convened under the rector's order, responsible for developing a comprehensive seven-year strategic plan, along with a three-year action plan, overseeing the monitoring and evaluation of these plans, as well as preparing and disseminating the progress of the action plan. The document does not clarify the accountability chains regarding the strategic planning: who is accountable for the actual implementation of the plans, and whom they are accountable to. Furthermore, the rule is very confusing in regard to the leadership and ways of working of the group: Article 6 states that the working group is under the leadership of the head of the quality assurance service, who oversees the strategic planning process at the university. However, the nominal composition of the group made available to the panel indicates that the group is chaired by a different person. Even after the meetings conducted by the panel, both the leadership of the groups, as well as the accountability relationships appear to be equally confusing (even to the institution itself) and not formally well defined.

The strategic development direction for the institution for the 2025 - 2031 time frame is:

1. Developing scientific research;
2. Developing educational programs;
3. Fostering internationalization;
4. Developing Student Services;
5. Fostering institutional development.

The Strategic Development Plan covers all aspects which are vital to the operation of an institution, including institutional development, quality assurance, planning and implementation of educational programmes, student body planning, research, human and material resources, student services, infrastructure, among others. The institutional website presents the Strategic Plan for the 2018 - 2024, while the Plan for the 2025 - 2031 timeframe has not yet been published. The panel is concerned, however, that the nature of the Strategic Plan might not be effective in ensuring the achievement of institutional goals and a few examples are provided below:

- the Strategic Plan defines strategic goals, as well as tasks that will lead to the achievement of the goals. Neither of the two are time bound, nor measurable; e.g. *Promoting and commercializing the outcomes of university research activities; Promoting international mobility of staff and students; Professional development of management personnel.*
- the Strategic Plan proceeds with defining indicators of measuring the success of each strategic goal. However, these are not allocated to individual task so it is difficult to follow which indicator is allocated to which task, and therefore present a challenge in terms of monitoring. More importantly, the defined indicators are not measurable either: projects funded by internal grants; new types of bachelor's and master's programs have been created; International mobility is expanded (involving foreign students, academic staff, and researchers in teaching and research); Events organized by the Center for Student Career Development and Graduate Employment; results of the student satisfaction survey; results of the graduate satisfaction survey. Neither of these so-called indicators have not determined numerical/percentage value, which will without a doubt make it difficult for the institution to measure their progress and accurately monitor the progress of its actions, if they are heading in the right direction, with the right speed and, most importantly, when it has achieved its goals.

According to the Rule of monitoring and evaluation of strategic planning, *a strategic goal should be measurable - allowing for objective assessment of progress towards its achievement*; it is evident that this is not implemented by the institution.

The institution also developed the Action Plan 2025 - 2027 which takes every strategic goal and task from the Strategic Plan and breaks it down into activities, and determines timelines, responsible

individuals, monitoring periods, indicators and financial resources needed for their implementation. The institutional website presents an Action Plan for 2018 - 2020 timeframe, but no other Action Plan since then. According to the rule of monitoring and evaluation of strategic planning, *key components of the action plan include: the strategic goal, task, activity (if necessary, sub- activity), implementation period in months, the responsible person/structural unit, executing person/structural unit, other involved parties beyond the university, performance indicators, evidence, and the resources required for task/activity implementation*. It is evident that the institution has not implemented this provision fully.

The following observations can be made about the Action Plan 2025 - 2027:

- the Action Plan seems to rather indicate the person accountable for a certain activity, as opposed to taking account of the total human resources necessary for the successful completion of the activity;
- no material resources are indicated for the implementation of each activity;
- the financial resources column is either empty, or listed as Not required, or mentions university budget, with no other specifics being provided regarding the costs of implementation for each activity. The panel is unsure therefore how evidence-based is the budgeting attached to the Strategic and Action Plans.
- the indicators included in the action plan are equally unmeasurable as the ones in the strategic plan, being unable to support the institution in defining and observing the progress of its success. e.g. New Programs, Accredited programs, Signed memoranda, Participation of foreign academic staff in educational programs, Programs for Hosted International Conferences.

The Rule of monitoring and evaluation of strategic planning regulates that the institution develops an Action Plan for a three-year timeframe (Article 3), and in the same document it regulates that Action Plans span a one-year period (Article 9). While the reason for this inconsistency is unclear and confusing, the institution seems to have implemented Article 3 and operate a 3-year action plan; however, no Action Plan seems to have been produced for the timeframe between 2021 - 2024.

For all these reasons, the panel fears that the structure of the Strategic and Action Plans, as well as the strategic planning methodology do not ensure the achievement of SDASU goals.

According to the SER, the institution organized a roundtable titled "Strategic Development of SDASU 2025-2031", where participants engaged in discussions regarding the strategic development plan and priorities of SDASU, focusing on sustainable development issues; as stated in the SER, the meeting was attended by representatives from government agencies, non- governmental and international organizations (including various programs of USAID, FAO, and CENN), as well as small, medium, and large businesses and also heads of vocational colleges, principals of private and public schools, supervisors of educational programmes at SDASU, students, graduates, employers, professors, and students from partner universities. However, none of the external stakeholders the panel has met during the site visit had been engaged in strategic planning consultations.

In regards to the engagement of the internal stakeholders in the strategic planning process, during the site visit, the panel heard from most meetings about the collaborative nature of the relationships within the team and how the working environment was conducive for cooperation and dialogue and where everyone is free to express their opinion. However, none of the internal groups interviewed by the institution were able to provide specific examples of inputs and suggestions they had during the drafting of the strategic and operational plans.

The Rule of monitoring and evaluation of strategic planning regulates that:

- the university prepares a *semi-annual* progress report on the action plan's implementation (Article 3); the university conducts monitoring and evaluation of action plans *biannually*, in June and December (Article 12, Par 1); working group members review the implementation reports of the action plan on an annual basis, with the possibility of more frequent reviews if deemed necessary (Article 12, Par 15).
- Monitoring and evaluation of the strategic plan occur annually.

During the meetings, however, it was clarified that the reporting happens once a year.

According to the SER, the monitoring group prepares an annual final report which details the implementation of the strategic development and action plans, focusing on specified key indicators. The

<p>monitoring group presents the assessment results of the strategic development and action plans report, along with any associated recommendations, to the university's academic council for appropriate action.</p> <p>Upon inquiring during the site visit if the working group and the monitoring group are one and the same, some respondents that are technically at the forefront of the strategic planning process stated that they are two separate groups, others responded stated that it is one and the same.</p> <p>According to the Rule of monitoring and evaluation of strategic planning, the rector discusses the results of the monitoring and evaluation of the action plan during the biannual report presentation to the university's founders. However, during the meetings conducted by the panel, the panel learnt that in fact the founders have no role in the governance and management of the institution.</p> <p>Based on the provisions above, there is a generalised inconsistency and contradiction regarding: the cyclicity of the reporting (annual or bi-annual), the object of the reporting (the implementation of the strategic and action plan in separate reports or a single report), as well as the actors involved (from the rector to the founders or from the monitoring group to the Academic Council or from the rector to the Academic Council). The panel also learned that the institution has 3 shareholders, but there are no accountability relationships or reporting mechanisms to them.</p> <p>According to the same rule, the progress reports on the action plan's implementation are made publicly available on the university's website. Upon consultation of the institutional website, the panel observed titles of annual reports (not semi-annual) between 2012 - 2017, but none of them can be accessed (Page Not Found). Nothing else has been published since 2017.</p> <p>Upon inquiring how the institution contributes to the development of the society and knowledge dissemination, SDASU stated that their way of doing so is by instilling certain values in their students through the education model, which they then spread in their communities.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> • Self-evaluation report; • Strategic Development Plan Project 2025-2031; • Action Plan Project 2025-2027; • The rule of monitoring and evaluation of strategic planning; • Institutional website; • Meetings conducted by the panel during the authorisation process.
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Clarify and ensure the consistency in the division of responsibilities in regards to all stages of the strategic planning process – including the development, implementation, monitoring the reporting – as well as accountability relationships; 2. Revisit the structure of the Strategic and Action Plans so that they are effective in ensuring the achievement of institutional goals (e.g. measurability of goals and tasks, accountability, resources, etc); 3. Ensure the implementation of the rule of monitoring and evaluation of strategic planning in regards to the components of the action plan, relevant stakeholders engaged, cyclicity of monitoring and reporting; 4. Ensure that the implementation of the Strategic Plan is always accompanied by a formally adopted Action Plan; 5. Increase the representation and engagement of internal and external stakeholders in the strategic planning process.
<p>Suggestions:</p> <p>N/A</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>

Evaluation

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

2. Organisational Structure and Management of HEI

Organisational 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 Organisational Structure and Management

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

Descriptive summary and analysis of compliance with the standard component requirements

According to the University Statute, the management bodies of the University are as follows:

- 1.1. Rector
- 1.2. Academic Council
- 1.3. The Quality Assurance Service
- 1.4. The Head of Administration

As it can be observed in the organisation structure made available on the institutional website, the highest positions of authority at SDASU are the Rector and the Academic Council.

The responsibilities of the Academic Council, as well as those of the Rector are defined in the University Statute.

In spite of not being included in the University Statute under the management bodies of the University, nor listed in the document SDASU Structure made available during the authorisation process, the panel learned about the Faculty Council, which is introduced in the University Statute as the representative body that manages the Faculty. Article 17 of the Statute determines the following authority of the Faculty Council:

- a. determines the main goals, current tasks and activity priorities of the faculty;
- b. develops proposals regarding the necessary expenses of the faculty and submits them to the rector of the university;
- c. on the proposal of the dean, develops strategic and action plans for the development of the faculty, educational and scientific-research programs of the faculty and submits them to the academic council for approval;
- d. under the recommendation of the Dean, develops the Faculty structure and submits it to the Academic Council for approval;
- e. upon presentation by the dean, develops the regulations of the faculty, the faculty council, the dissertation council and the doctoral studies and submits them to the academic council for approval;
- f. presents a well-known public figure or a recognized scientist to the Academic Council for awarding the title of honorary doctor of SDASU.
- g. exercises other powers.

Unfortunately, Article 17 does not present an exhaustive list of the authority of the Faculty Council as other responsibilities have been identified in the body of the Statute, as derived from other sections, for example:

- The Rector of the University confirms the decision of the Faculty Council on awarding the qualification to the graduate student and makes a decision on issuing the diploma and supplement to the qualified graduate student.
- Members of the Academic Council are elected by the Faculty Councils and the Chairman of the University Self-Government.
- The Faculty Dean submits the regulations of the Dissertation Council and doctoral studies for consideration to the Faculty Council.

According to the Statute of SADSU (Art. 7), the student self-government is listed as one of the management bodies and structural units of the University; upon inquiring during the site visit, the panel noted that the student self-government do indeed consider themselves a management body of the university. The panel wishes to underline that this aspect represents a challenge to the representation and engagement of students as the main internal stakeholder of the institution, as it does not reflect an independent and autonomous student voice. In order to make better use of the student voice and the creation of a true partnership in the management of the academic community, the organisational structure and basic principles of the student representation should be revisited and reorganised in alignment with the European Student Union Pillars of the student movement, as well as the Ministerial Communiques of the EHEA.

The functions and responsibilities of all other structural units of the institution are defined in Statutes or equivalent documents, which were made available to the panel. However, the panel does not find that the structural units implement their functions effectively and in a coordinated manner. Most of the teams and individuals the panel has met declared they are reporting to the rector, in spite of the different reporting lines that would apply based on the organisation chart. However, when asking different groups who is responsible/accountable for different workstreams, the answer was always, without exception, that there is not one individual or team, but all of them are. For example, the evaluation of the academic staff performance seems to be collectively managed by the HR and QA, but when inquiring specifically who does what, what is the division of responsibilities between the two, none of the teams were able to indicate that. The same applies to the strategic planning monitoring where there is a monitoring group but the SER states that the QA Service oversees the strategic planning at the university; when inquiring during the visit, it was not clear who does what in relation to the monitoring of the strategic and action plan implementation and the corresponding reporting. The panel finds it very difficult to manage an organisation in terms of performance, measure effectiveness, and enforce accountability if different structural units do not work in a coordinated manner. While it is evident that a collaborative and dialogue-based approach are commendable, structural units and their overall work has to be organised with clarity, transparency and predictability. Even if the panel noted that the functions and responsibilities of all other structural units of the institution are clearly defined, they are not implemented consistently and in a coordinated manner.

The panel cannot state with confidence that the organizational structure of the institution ensures effective implementation of activities defined in its strategic plan, and achievement of its goals, due to the following reasons:

- the Rector and the Academic Council appear on the same line of authority in the organisational structure but in different boxes even if the Rector is the Chairman of the Academic Council;
- according to the rule of monitoring and evaluation of strategic planning, the rector discusses the results of the monitoring and evaluation of the action plan during the biannual report presentation to the university's founders. As the rector is himself the founder of the institution, the panel wonders if that means he would be presenting the report to himself. However, no founders appear on the formal organisation structure. When inquiring during the site visit, the panel learned that the founders have no formal role in the university;
- since, according to the responsibilities granted by Statute, the Rector submits the candidacies of the Head of Quality Assurance Service and the Head of Administration to the Academic Council for approval, but the Council is chaired by the Rector, the panel wonders again if that means he

- would be presenting the candidacies to himself;
- according to the SER, the Academic Council makes decisions regarding Educational and Scientific directions of the University. However, according to the University Statute, the Council role goes beyond an academic remit;
- if the role of the Council spans over strategic, academic and managerial/administrative functions, it is unclear to the panel why it is called Academic Council;
- according to the SER, the Rector is evaluated on the basis of an annual report, presented to the Academic Council; again, it implies that the rector's performance is evaluated by himself, in his capacity as the Chair of the Council;
- the SER introduces the Rector as the highest academic authority of the University, while the Head of the Administration of the University is presented as representing the highest administrative body in the management of administrative Resources; with this separation, it would appear that both roles cover different areas, but are placed on the same hierarchy level. Looking at the organisation chart, that is clearly not the case as the Rector manages the Head of the Administration;
- according to the meetings conducted by the panel, most of the roles are reporting to the rector, in spite of the different reporting lines that would apply based on the organization chart. From this point of view, the organisation structure is seen as rather decorative or anecdotal;
- the SER presents the Quality Assurance Department as a governing body whereas the organisation chart clearly indicates that the department does not govern anything. The panel would like to remind the institution that according to the Cambridge Dictionary, a governing body is a group that manages or controls the activities of a country, region, or organization. According to this definition, the Academic Council is the only governing body of the institution. Furthermore, the panel finds that the position of the QA Department on the organisation chart might not enable it to conduct its role successfully. It is common practice for the QA Departments to be found in a higher place in the structure of an institution which would allow it to have oversight over the rest of the teams, both academic and administrative and exercise their QA functions accordingly;
- according to the procedures for amending and annulment in educational programs, the decision of the Academic Council on the approval of an educational programme is presented to the University Rector for an approval. As the Academic Council is supposed to be the highest decision making body and is chaired by the rector, it does not appear very effective and logical for the final approval to sit with the Rector individually.

Based on these arguments, the panel cannot state that the decisions of the management body related to academic, scientific and administrative issues, are made in an effective manner.

The institution has defined the Regulations for election/appointment to the governing bodies, which refer to the Academic Council, Rector, Head of the Administration and the Head of the Quality Assurance Department.

The panel does not find the document, nor the methods described, as fit for purpose. For example:

- no references are made to Dean and Faculty Councils;
- the document appears to have been approved in 2017, but the section referring to the authority that had approved it is left blank;
- the document is not transparently published on the institutional website.
- in relation to the rector, there is only one reference, specifically that the rector is appointed by the university's founder in agreement with the Academic Council. Similarly, about the head of the administration it is mentioned that the role is appointed by the Rector of the University in agreement with the Academic Council, and the same applies for the Head of Quality Assurance Service. For none of the three roles, there are no other details such as the predefined requirements, if the process is based on the discussion of candidates' vision and plans, what are the qualifications expected of each of the roles, if the roles are actually advertised and candidacies are submitted in a fair and equitable manner or the appointments are discretionary, etc.
- whilst the document might be in line with the LLC-specific legislation, it is not transparent, fair, equitable, aligned with academic management best practices or with good governance principles;
- The document states that the members of the Academic Council are elected by the Faculty

Board on the basis of direct, free and equal elections, with an open ballot. However, during the meetings conducted by the panel, it was stated that two representatives from each Faculty Council are presented to the Academic Council, but not based on elections, but the Dean, as the head of the Faculty Council, chooses/appoints the two members going to the Academic Council. In the past, this included situations where some people were asked specifically if they wanted to take on the role;

- the document does not include any predefined requirements for an individual to be sitting on the Academic Council.

SDASU uses a robust platform, sdasu.ini.ge, designed to support the comprehensive educational and administrative activities of the institution. This system facilitates process support, communication, information processing, and data protection, and it automates various aspects of the educational process management, including the financial model and electronic case management. This is further detailed in Standard 7.

The institution has developed in 2017 the rule for registry management. Similar to other documents, the status of the document is unclear as the section relating to its approval is left blank; it is not clear if the document was formally approved and by whom. On the other hand, the panel found no evidence of the regulations for document processing within the institution.

To ensure the business continuity of the processes taking place at the institution, HEI has developed a Business Continuity and Risk Management Plan. The header of the document reads *"To be approved in February or March 2024, 1st or 2nd"*. It is therefore unclear if the document was formally approved, when and by whom. The plan includes possible risks that the institution may face and strategies for risk mitigation.

Internationalization is identified as a key priority of the institution; the university has elaborated an internationalization policy and integrated relevant objectives in the strategic and action plans. While the SER also highlights prioritization of this area, the panel finds the university's internationalization policy rather restricted. According to the Strategic Development Plan (2018-2024), the university has defined its strategic objective as "Elaboration and development of internationalization mechanisms", accompanied by the "Fostering Internationalization" strategic goal defined in Strategic plan 2025-2031.

In parallel to an increasing degree of internationalization, exploring new experiences and fostering English language skills of students and staff, the strategic development plan also includes "expand cooperation with partner universities and establish contacts with new institutions, governmental and non-governmental sectors for cooperation, expand cooperation, and plan and organize joint scientific conferences" and "Promote the international mobility of students and employees". 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 SDASU signs MoUs with. The university has most of the agreements concluded with Turkish universities (totally 5), one with Serbian and one with Slovakian HEIs. Most of the cooperation agreements are valid for a short term, such as 2-3 years. Similarly to the other objectives of the strategic plan, the targets set in terms of fostering Internationalization are not SMART (measurable, achievable, time-bound), as detailed in Standard 1. The panel believes 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 SDASU does not increase the English language proficiency amongst its students, academic and administrative staff members. Looking at the actual information, the mobility of students and staff is rather limited. This is another undermining factor for the institution to achieve the strategic objective of integrating in international higher education networks.

Evidences/indicators

<ul style="list-style-type: none"> • Self-evaluation report; • University Statute; • SDASU Structure; • Provisions/statutes of all institutional directions/units; • Rule of monitoring and evaluation of strategic planning; • Regulations for election/appointment to the governing bodies; • Rule for registry management; • Business Continuity and Risk Management Plan; • Internationalization policy; • Institutional website; • Interviews conducted by the panel during the site visit,
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Revisit and clarify the role of the faculty council as a management body at SDASU, and define its remit exhaustively; 2. Enable and support the student self-government so that it becomes an independent and autonomous student voice; 3. Explore extensively the notion of accountability and actually enforce it in practice, together with the formally defined functions, so that structural units implement their functions effectively and in a coordinated manner; 4. Update the organizational structure available on the institutional website so that it reflects an accurate reflection of the institutional arrangements; 5. Revisit the organizational structure in order to ensure that it enables the institution conduct an effective implementation of activities defined in its strategic plan, particularly in regards to the lines of authority, division of responsibility, and reporting lines; 6. Expand on the regulations for election/appointment to the governing bodies to cover all institutional governing and managerial bodies and roles, and to create a clear, transparent and predictable system of selection; 7. Formalise and implement a system of official approval of documentation, which also includes taking record of whom and when adopts a document; 8. Increase the international engagement and utilization of internationalization results in the work of the institution, including through more diverse, coordinated and targeted MoUs; 9. Revisit the internationalization strategy so that to have SMART objectives.
<p>Suggestions:</p> <p>Research analogue higher education institutions nationally and internationally to benchmark institutional processes against.</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input checked="" type="checkbox"/> Does not comply with requirements</p>
<p>2.2 Internal Quality Assurance Mechanisms</p> <ul style="list-style-type: none"> ○ 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. ○ HEI has a mechanism for planning student body, which will give each student an opportunity to get a high quality education.
<p>Descriptive summary and analysis of compliance with the standard component requirements</p>

SDASU developed a document titled *Mechanisms of quality assurance, assessment and the procedure for utilizing assessment results*; similar to other documents, it is unclear if the document was formally approved, when and by whom. According to the document, the quality assurance policy serves the fulfillment of the mission, strategic goals and objectives of the University and is aimed at the continuous evaluation and development of the activities and resources of the University. The document also states that the Quality Assurance Policy is based on the following principles: Continuity, transparency, academic freedom and integrity, stakeholder engagement, awareness and accountability. The panel finds the policy document phrased in a theoretical manner, similar to the reading list of an academic/professional course, rather than practice oriented commitments.

According to the meetings conducted by the panel, it is one of the responsibilities of the Quality Assurance Services to ensure that every unit of the institution is effectively involved in the implementation of internal quality assurance mechanisms. However, the panel fears that involvement and responsibility/accountability have to be clearly delimited; all units can be involved, but not all units can be responsible. When asking different groups who is responsible/accountable for different workstreams, the answer was always, without exception, that there is not one individual or team, but all of them are. The panel finds it very difficult to manage an organisation in terms of performance, measure effectiveness, and enforce accountability if no single unit is the final responsible for a certain outcome. This is further detailed in Standard 2.1.

The functions of the Quality Assurance Service are defined in the provision of the Service. At the time of the site visit, the Service had two staff members: a Head of Office and a Deputy Head. Considering the broad scope the Office is entrusted to meet, the institution might consider expanding the team so that it is effective in its work.

The methodologies and procedures for the design, development, as well as the mechanisms for evaluation and improvement of educational programmes are included in Standard 3.

The provisions regarding student academic performance are defined in the Rule of Regulation, and further expanded under Standard 5. The student academic performance is recorded through sdasu.ini.ge, and further details about the platform are included under Standard 7. According to the mechanisms of quality assurance, assessment and the procedure for utilizing assessment results, the quality assurance service together with the relevant structural units/persons, within the time limits defined by the action plan monitors the academic achievement of the students (within the time limits set by the action plan, after the end of the semester).

The institution has developed a performance evaluation system for its staff (academic, scientific, invited, administrative, support), which is presented extensively under Standard 4.

According to the mechanisms of quality assurance, assessment and the procedure for utilizing assessment results, the institution evaluates the quality of its academic provision, administrative and support services, as well as resources through the following:

- a student satisfaction survey regarding the educational process, quality of the implementation of the study courses provided by the educational programmes, quality of conducting the educational process by the academic/invited staff, student services (including the electronic academic process management system), involvement in research activities and support of relevant initiatives, environment in the library, library and other resources.
- an anonymous survey of academic, invited, administrative and support staff in terms of staff performance evaluation and satisfaction survey;
- an anonymous survey of graduates and employers. Based on the analysis of the results of the survey, it compiles recommendations for the development of educational programmes (within the time limits set by the action plan, after the end of the academic year).

The panel learned during the site visit that the survey templates are approved by the rector, which we find not only micro-managing, but also impacting the accountability of the Quality Assurance Service as the manager of the process. The results of the surveys are not published; the panel would advise that the institution reconsiders this practice in order to enhance the trust of the academic

population in the surveys themselves and therefore increase response rate, but also enhance the visibility of the actions taken based on the respective results. It was also confirmed to the panel that the surveys are revised once per year. The panel raises the concern that such an often revision might impact the institutional ability of data comparability and the analysis of trends over time.

In spite of the mechanisms of quality assurance being declaratively PDCA-oriented, the panel finds that the quality loop is generally not closed in order to make the best use of the collected data and to inform evidence based decision making. For example:

- the representatives of the institution were unable, during the site visit, to offer concrete examples of how the quality assurance system has a role in supporting strategic and operations management;
- the data collected from the teacher evaluations does not feed into any developmental 1:1 conversations;
- there is little visibility amongst the academic community regarding the action-taking component following the surveys evaluating the teaching activity;
- perhaps the strongest evidence that the quality assurance system does not support the decision making process is that the Quality Assurance Service is not a member of the Academic Council, in spite of the service fulfilling certain functions that sit within the scope of the Council.

For these reasons, the panel fears that the evaluation results collected through the tools listed above might not always be effectively utilized for the further improvement of the institution in order to ensure the continuous assessment and development of the institution's activities and its resources.

At the moment, the level of development of the quality culture across SDASU does not support the development of the institutional 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 in the organisation is responsible, a set of shared ideas, beliefs and values about quality united when everyone inside the academic community is sincerely engaged and motivated.

The institution has a mechanism for planning the student body across the institution, which takes into consideration the resources allocated for the delivery of every program. It considers human resources, material-technical base, necessities of programs, student mobility and retention rates, graduate employment rate and labor market research results. However, it was unclear as to how the mechanism described in the SER might be applicable for the future medical programme where the resources and teacher-student ratio will need to be much greater than other programs at the institution, especially the need for professional tutors within the university and at the partner clinics.

Evidences/indicators

- Self-evaluation report;
- Mechanisms of quality assurance, assessment and the procedure for utilizing assessment results;
- Provision of the Quality Assurance Service;
- Methodology of planning, elaboration and development of educational programs
- Procedures for amending and annulment in educational programmes;
- Rule of regulation;
- Mechanism for planning student body;
- Interviews conducted by the panel during the site visit.

Recommendations:

1. Reconsider the sizing of the Quality Assurance Service team and allocate more appropriate human, information and material resources with the purpose of effective implementation of the internal quality assurance mechanisms;
2. Regularly conduct the tools dedicating to measuring the satisfaction of all internal and external stakeholders in relation the programmes delivered at SDASU;
3. Increase the visibility of the survey results by publishing consolidated results across the academic community;

<ol style="list-style-type: none"> 4. Reconsider the accountability of the Quality Assurance Service in relation to the development, review, and approval of the satisfaction surveys; 5. Safeguard the continuity and comparability of survey data through better-times survey template revision; 6. Ensure the closing of the quality feedback loop by adding more intentionality to following up on survey data and ensure action taking; disseminating the actions taken in response to stakeholders feedback can also increase the trust in surveys; 7. Increase institutional efforts to support the development of quality culture across the institution;
<p>Suggestions:</p> <p>Elaborate and implement a more precise student body planning methodology to fit for the particularities of the programs.</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p> <input type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input checked="" type="checkbox"/> Does not comply with requirements </p>
<p>2.3. Observing Principles of Ethics and Integrity</p> <ul style="list-style-type: none"> ○ HEI has developed regulations and mechanisms that follow principles of ethics and integrity. Such regulations are publicly accessible. ○ Institution has implemented mechanisms for detecting plagiarism and its prevention. ○ HEI follows the principles of academic freedom.
<p>Descriptive summary and analysis of compliance with the standard component requirements</p> <p>The institution has a Code of Ethics and has established an Ethics Committee responsible for safeguarding the provisions of 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. The committee comprises three people, representing administrative, academic staff and/or other relevant interested persons. 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. The Code of Ethics also envisages sanctions in case of disciplinary breaches. Despite formal mechanisms and awareness of internal stakeholders, staff and students interviewed by the panel do not remember any case when such a disciplinary or ethics committee was composed and any meetings organized for the purpose of discussing whether disciplinary breaches took place or not.</p> <p>While the Code of Ethics includes quite detailed information on what is ethical and unethical, including issues of discrimination and integrity, it does not contain any regulation regarding conflict of interests. Considering that SDASU engages staff who hold positions in several other higher education institutions, it will be beneficial for the institution to define what situations are considered as conflict of interests and what are the measures to be taken to address them. This would support all members of the academic community to identify if they are in such positions and would be equipped with specific knowledge to prevent such cases.</p> <p>In terms of anti-plagiarism policy, the university has elaborated the Code of Academic Integrity, as well as the Policy for Preparing Scientific-research and Bachelor's Theses. Interviews during the site visit revealed that staff and students are not fully informed about anti-plagiarism policy and mechanisms, they do not possess information concerning the name and other specificities of the plagiarism software, have not consistent understanding of how the research work is checked, what</p>

is the maximum similarity score and relevant processual details. Despite the fact that relevant sanctions are indicated in the Code of Academic Integrity, academic staff and students have never heard and do not possess any information about sanctions in case of plagiarized work submitted for evaluation. They consider submitting the thesis for re-evaluation in case plagiarism was detected primarily, as a sanction. Furthermore, there is no consequence for the supervisors in case of the plagiarized thesis submitted and no provision in the relevant regulations that the academic staff is obliged or even recommended to submit student written works in freely available plagiarism detection software. Plagiarism software is correspondingly recommended only in case of thesis and dissertation submission, as well as research projects and papers.

SDASU follows the principles of academic freedom that is manifested in its vision, and the university community has confirmed during the site visit that they have experienced no obstruction to academic freedom. However, it should be noted that the Code of Ethics, the Code of Academic Integrity and the principles of academic freedom are not published on the institutional website.

Evidences/indicators

- Self-evaluation report;
- Code of Ethics;
- Principles of Academic Integrity;
- Institutional website;
- Interviews conducted by the panel during the site visit.

Recommendations:

1. Increase the dissemination of the Code of Ethics, principles of academic integrity and academic freedom by publishing it in accessible location through institutional communication channels, including official website;
2. Ensure awareness of academic and invited staff, as well as students concerning the anti-plagiarism policy and its relevance, including the permitted similarity score, sanctions and consequences for the plagiarized work, thorough understanding of the software utilization;
3. Disseminate information concerning sanctions for breaches ethical principles;
4. Define and formalize the notion of conflict of interest.

Suggestions:

N/A

Best Practices (if applicable):

N/A

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

SDASU has developed a methodology of planning, elaboration and development of educational programs, as well as procedures for amending and annulment in educational programs. According to these, educational programs are elaborated by academic and invited personnel of the respective Faculty of the University. As stated in the methodology, besides the academic and invited personnel, other interested parties (field specialists, potential employers, graduates, etc.) are involved in the programme designing process. There is no reference to student engagement in the programme design process.

According to the Methodology of planning, elaboration and development of educational programs, the quality assurance service evaluates programmes through:

1. The monitoring of the teaching and examination processes;
2. Conducting of surveys of students, graduates, employers, programme implementing and administrative personnel;
3. Conducting of interviews, if necessary;
4. Monitoring updates of study materials;
5. Analyzing student's academic performance;
6. Conducting technical expertise of programs, educational courses, syllabi and respective materials occasionally.

However, according to the Procedures for amending and annulment in educational programs, programme monitoring is based on:

1. Stakeholder opinions;
2. Dynamics of enrollment;
3. Number of students transferred to and from the programme by external mobility and their ratio;
4. Completion rate of the programme within the period stipulated by the level and duration of the program;
5. Results of Certificate exams;
6. Employment rate of alumni;
7. The rate of continuing education at the next level of higher education, etc.)

Between the two documents, the panel does not find the mechanisms for the evaluation and improvement of educational programmes as being clear, transparent and predictable. There is no clarity as to the cyclicity of the programme review (annual, periodic, etc), which leaves the entire process ad-hoc as opposed to a planned review of the programmes relevance.

Furthermore, according to the procedures for amending and annulment in educational programmes, the Academic Council makes a decision on approving amendments in the educational programme if the modified educational programme complies with the mission, goals and strategy of the University, the appropriate level of qualification, the detailed field description and the qualification to be awarded, relies on the sectoral characteristics developed on the basis of the qualification framework (if any), complies with the requirements of the fields of employment of the alumni of the programme and provides the opportunity to continue studying at the next level of education, the material, financial, human resources necessary for the implementation of the educational programme exist, etc.. The panel does not find clarity as to how often and how radical programme changes can happen, as there is no classification of minor and major amendments based on their impact on the programme structure, and reserved for a predefined timeline.

Finally, according to the same document, the decision of the Academic Council on the approval of an educational programme is presented to the University Rector for approval. As the Academic Council is supposed to be the highest decision making body and is chaired by the Rector, it does not appear very effective and logical for the final approval to sit with the Rector individually and could potentially constitute a conflict of interest.

As it transpired from the meetings conducted by the panel, none of the external stakeholders/employers, graduates or students the panel has met have any knowledge or testimony about their engagement in any of the programme design, evaluation, or improvement. According to the mechanisms of quality assurance, outlined in the Self-evaluation Report, assessment and the procedure for utilizing assessment results, the institution, the Quality Assurance Service conducts an anonymous survey of graduates and employers and based on the analysis of the results of the survey, it compiles recommendations for the development of educational programmes. However, there was generally no or little awareness of this survey, as it transpired from the interviews conducted by the panel.

The institution states that it is performing analysis of the labour market, but it is not evident how this information feeds back into the programme improvement processes. The same applies for students and alumni satisfaction surveys, where there is no evidence how the institution considers their results in the quality enhancement processes.

The regulations and procedures for the annulment of educational programs clarifies that the institution gives due consideration to legal interests of the students, and grants them the opportunity to smoothly complete an educational programme, in line with the Georgian legislation.

The SER states that the process for planning, designing and development of educational programmes is the same across all programmes and the evaluation criteria is the same. According to the meetings conducted by the panel, working groups have been established at programme level to undertake this task, which the panel finds too ad-hoc. The panel was not able to understand the division of responsibility in regards to the oversight for the programmes since, according to the interviews the panel has attended during the site visit, such decisions are made collectively. No group interviewed by the panel could indicate what office, committee, or person was in charge of programmes or programme curriculum.

According to the Procedures for amending and annulment in educational programs, the Quality Assurance Services determines if a programme is in compliance with "acting standards of Georgia and the university regulations"; however, none of the groups the panel has met was able to confirm this. According to the same document, the Quality Assurance Services office is responsible for programme evaluation for set variables (e.g., number of student transfers, completion rate, results of Certificate exams, and employment rate rates, etc.) and making recommendations that go to the Faculty and the Academic Council. However, it is not clear how academic staff make contributions to the oversight of their own programmes for quality control and for innovation rather than all decisions ultimately being made by the Rector, in terms of approving changes in programmes. In fact, the same document indicates that the Academic Council has much of the power to either annul or continue a programme using the recommendations from the Quality Assurance Services office, but this was not confirmed by the interviewees the panel has met, indicating that the process was not clear to the leadership and academic staff. The panel noted that, in spite of some of the processes for programme design and improvement being described in official documentation, academic leaders and teaching staff did not seem, during the interviews conducted by the panel, to be aware of their own policies and processes for programme oversight.

The use of labor market data, feedback from alumni, and employers is an area with challenges, as described in the SER. SDASU states that the university conducts labor market research to identify the most sought-after specialties and assesses the demand for an educational programme based on consultations with stakeholders (employers, academic staff, industry specialists and other relevant parties).

The panel could not identify any evidence as to how SDASU reviews and updates their programs based specifically on the changing environment, such as the COVID-19 pandemic or other cultural, social, or scientific changes that the institution may experience. This, in spite of the SER stating that educational programmes must be focused on continuous renewal and development to ensure its relevance to the ever-changing environment.

Evidences/indicators <ul style="list-style-type: none"> • Procedures for amendment and annulment of educational programs; • Methodology of planning, elaboration and development of educational programs; • Self-Evaluation Report; • Interviews conducted by the panel during the site visit.
Recommendations: <ol style="list-style-type: none"> 1. Ensure student engagement in the programme design process; 2. Revisit the mechanisms for the evaluation and improvement of educational programmes to ensure that there are more structured clear, transparent and predictable, including setting pre-determined timelines for programme reviews; 3. Classify the type of modifications that can be operated under different timelines of programme reviews; 4. Enforce the decisional authority of the Academic Council for the programme management; 5. Enhance the engagement of external stakeholders/employers, graduates and students in processes relating to programme management and its entire lifecycle; 6. Enact a clear process for regularly scheduled oversight of all educational programmes that is transparent, communicated to all Deans, programme Directors, and academic faculty, have clear jurisdiction, policies, and meet on a regular basis i.e., more often than once a semester.
Suggestions: N/A
Best Practices (if applicable): N/A
Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input checked="" type="checkbox"/> Does not comply with requirements
3.2 Structure and Content of Educational Programmes <ul style="list-style-type: none"> ○ Programme learning outcomes are clearly stated and are in line with higher education level and qualification to be granted ○ 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 <p>Programme learning outcomes are stated and are in line with high education level and qualification to be granted. Learning outcomes are based on field characteristics and are developed in line with the qualification framework. The structure and content of educational programs are logically connected and ensure achievement of learning outcomes. Basically, programme components are defined, teaching and learning methods reflect specifics of the field and ensure achievement of learning outcomes of the programs.</p> <p>According to the SER, the programme structure and contents ensure logical links of all comprising components and achievement of learning outcomes by a student with an average academic performance in a reasonable time frame”, a statement for which the panel was not able to identify any evidence. The <i>Procedures for amending and annulment in educational programs</i> indicate that the Quality Assurance Services office evaluates each educational programme for compliance with these requirements, i.e., completion rate of the programme within the period stipulated by the level and duration of the program.</p>

Most of the programmes provide the opportunity for non-compulsory courses, as confirmed in the SER and programme descriptions, as well as through the interviews conducted by the panel.

According to the SER, a catalogue of educational programmes serves the purpose of informing interested parties about the educational activities of the institution. The catalogue is updated according to the changes in the programme. It is accessible to all interested individuals and is published on the web-page of the university. The catalogue could not be located by the panel, at least not on the English version of the website.

SDASU also provides a Dental Education programme delivered in Georgian that is described in the *One-cycle education program: Dentistry* document. The programme lasts five years and includes 300 ECTS. Individuals with a complete general education have the right to enroll in the programme after successfully passing the unified national exams, through internal and external mobility, or without passing the unified national exams in accordance with the rules established by Georgian legislation. The learning outcomes of the programme are formulated and partially aligned with the relevant level of higher education, covering knowledge and understanding, skills, responsibility, and autonomy. However, the learning outcomes of the dental education programme are not expressed in active verbs. We believe that the learning outcomes, particularly in the skills section, are very general and highly focused on the functions of a dental assistant. Given that students, within the benchmark statement of Dentistry program, have the right to perform simple dental procedures on phantoms and patients as well under the supervision of dentists during the one stage educational undergraduate program, the current learning outcomes may not fully reflect this scope. Dental students are required to complete the core subjects of the program, which account for 275 ECTS. Additionally, the foreign language course comprises 15 ECTS, and elective courses contain 10 ECTS. A student can choose up to 60 ECTS per year; however, depending on the specifics of the programme and individual workload, the number of credits may be less than 60 or more than 75 ECTS. This information, along with employment areas, is indicated in the program.

The learning objectives and outcomes of the dental education programme do not align with the benchmark statement of higher dental education program. However, since these statements were developed in 2023, the institution still has time to implement changes. The programme employs various learning and evaluation methods such as oral assessment, action-oriented learning, practical work, role play, case-based learning (CBL), problem-based learning (PBL), discussion, etc.

Dental Clinic students perform practical manipulations on each other, which was confirmed during the interviews conducted by the panel. This raised the concern whether a student can complete the programme without performing a minimum number of simple dental manipulations on real patients. This concern was also validated during the interviews. The role of the university dental clinic is crucial in this context; its administration is responsible for providing students with patients, particularly since their treatment is free. Certain activities can be planned within the framework of social responsibility to ensure the formation, development, and strengthening of the students' relevant field competencies.

At the end of every year, the Quality Assurance Office conducts a survey to determine the satisfaction of students and graduates. According to this survey, the employment rate of graduates from the dentistry program, based on their qualifications, is 76%. Additionally, 81% of the interviewed students are satisfied with the program's study outcomes, and 75% are satisfied with its annual results, which applies to all educational programs at the university. Furthermore, 75% of students are content with the teaching-learning methods described in the programme and believe these methods are well-suited to the specifics of their field. Also, 75% of students think the university provides adequate opportunities to choose optional components within the educational programs, and 78% believe the education received fully supports their future employment. Overall, 75% of university students are satisfied with the quality assurance service.

Evidences/indicators

- Self-Evaluation Report;
- Educational programs syllabi;

<ul style="list-style-type: none"> • Procedures for amending and annulment in educational programs • Satisfaction survey of stakeholders; • Institutional website; • Interviews conducted by the panel during the site visit.
<p>Recommendations:</p> <p>Continue the institutional efforts to align the learning objectives and outcomes of the dental education programme with the benchmark statement of higher dental education programme to ensure that the programme meets the minimum required competencies and criteria outlined in the benchmark document, in close consultation with faculty members, curriculum developers, industry experts, and student representatives.</p>
<p>Suggestions:</p> <p>N/A</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input checked="" type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p>
<p>3.3 Assessment of Learning Outcomes</p>
<p>HEI has law-compliant, transparent and fair system of learning outcomes assessment, which promotes the improvement of students' academic performance.</p>
<p>Descriptive summary and analysis of compliance with the standard component requirements</p> <p>SDASU has a transparent system of learning outcomes assessment: a 100-point scale, which includes two forms of evaluation: midterm and final evaluation. The minimum competence limit for midterm assessment is 21 points. The final evaluation of the programs is the sum of the points obtained in the midterm and final evaluations. The assessment system takes into account the specifics of the field. The learning outcomes assessment system includes the assessment format and methods. The assessment system enables identifying students' achievements. According to the syllabi made available to the panel, the assessment system regulations are described and are in line with Georgian legal act. The institution uses transparent criteria during the assessment of students' learning outcomes. The midterm assessment methods in dentistry subjects include oral evaluation, case discussions, and practical work, totaling 60 points. The final exam is worth 40 points and, depending on the field of dentistry, includes a written component, a pre-clinical exam, and an Objective Structured Clinical Examination (OSCE).</p> <p>The information about the assessment system is known for students, who also have information about the appellation system. Mostly, the learning outcomes assessment system elements are located in the syllabi. As confirmed during the interviews conducted by the panel, students are aware of the programme evaluation system.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> • Self-Evaluation Report; • Employment rate of students and graduates; • Survey results; • Educational programs syllabi; • Satisfaction survey of stakeholders;

<ul style="list-style-type: none"> Interviews conducted by the panel during the site visit.
Recommendations: N/A
Suggestions: N/A
Best Practices (if applicable): N/A
Evaluation <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements

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
<ul style="list-style-type: none"> HEI has staff management policy and procedures that ensure the implementation of educational process and other activities defined in its strategic plan. HEI ensures the employment of qualified academic/scientific/invited/administrative/ support staff.
Descriptive summary and analysis of compliance with the standard component requirements <p>SDASU has drafted a Personnel Management Policy reflecting the general principles of the human resources management process. According to the <i>SER</i>, the personnel management policy refers to:</p> <ul style="list-style-type: none"> Analysis of positions; Recruitment and a diversified recruitment strategy; Monitoring management effectiveness; Elaborating relevant recommendations; Supporting professional development of staff; <p>The panel noted that the university has no structured approach for staff management, the policy itself is quite fragmented and vague highlighting only general scope, list of principles and priorities. The policy is not drafted in a way to represent a set of rules or guidelines for institutions and for employees to follow in order to maintain compliance. Working rules and workplace management principles are scattered in the regulations of the institution.</p> <p>In accordance with the staff management policy document, human resources management and development is focused on the following key principles:</p> <ul style="list-style-type: none"> Equality, provision of equal opportunities- to treat equally, despite age, gender, ethnic, religious or racial identity, social origin and background. Creating equal opportunities for all employees for involvement in University life and professional development. Diversity - Academy facilitates attraction and employment of different and varied experiences, beliefs or values, socio-economic status, nationality or ethnic origin;

- Transparency - The employment policy and procedures developed by the Academy are clearly established and widely available.

According to the SER, the main principle of the HEI employment policy is to attract, retain, develop qualified and professional personnel and use their abilities and experience to full extent. The University carries out an effective policy of employment in accordance with the Georgian law "on higher education" and labor legislation. The university has implemented rules for recruiting and selecting academic staff under the university regulation, according to which academic personnel is recruited through an open academic competition by a committee created by the rector, which consists of 3 members and works under the principles of transparency, equality and fairness. However, the respective committee minutes could not be found neither in personnel individual folders nor among the supplementary documents the panel has requested. Besides, the panel found no evidence in support of the statement ensuring a transparent and competitive selection process as the panel has not received any policy for selecting invited, administrative and auxiliary staff, confirming relevant documentation or factual information concerning existing such practices. The interviews conducted by the panel have revealed that the selection of administrative, support staff and invited lecturers often happens without an official vacancy opening and predefined assessment criteria. Therefore, the panel has no evidence to confirm the actual implementation of the key priorities in the hiring process.

The university has regulated affiliation terms and conditions which are presented in the form of affiliation policy and an agreement between the university and an academic staff. SDASU has two different types of affiliate agreement, A and B types. The types of the contract differ from the remuneration, workload and benefits. The affiliation agreement between the staff member and university is signed if personnel participate in educational programme planning, development and evaluation, are involved in teaching and research and participate in decision-making processes. As SDASU's affiliated personnel also work in other higher educational institutions in Georgia, the university considers their workload that differs with academic rank and contract type.

According to the SER, the university is responsible for offering a respective environment and supporting development of the affiliated academic personnel. In Academic and Invited Staff Workload Rules, incentives are defined for conducting teaching and scientific activities, however, the institution has not defined individual goals with scientific-research productivity, enhancing productivity and fostering continuous improvement. During the interviews conducted by the panel, it was revealed that academic staff do not possess information and have not benefited from the incentives written in *appendix 1*. Therefore, 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.

A Human Resources Development Strategy has been elaborated by the institution focusing on following priorities:

- Enhancing staff selection, inclusion, management and accountability
- Developing performance evaluation and career planning services
- Developing appraisal and personnel retention system
- Ensuring social well-being of staff
- Developing professional development system

There is no clear policy of identifying needs of staff development neither in the field they are teaching nor in the direction of research. According to the interviews conducted by the panel, the Deans and Heads of the programme decide the development needs of academic staff. The above-mentioned priorities are not grounded by the Action Plans, time bound strategic objectives or measurable indicators. 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 defined the following stages in terms of management efficiency and monitoring: 1. Development of questionnaires; 2. Data collection; 3. Data processing and analysis; 4. Preparation of recommendations; 5. Carry out appropriate measures. The established procedure formally involves

periodicity and mechanisms of management efficiency evaluations, mostly in terms of annual activity plans and reporting. Despite these efforts, the panel has not been able to confirm their existence.

In accordance with the Academic, Scientific and Invited Staff Assessment Rules, criteria for assessing teaching, research and intra-university activities are defined.

- Lecturer's teaching performance assessment may include: engagement in the programme development, updating study course syllabi and materials, preparing exams, student satisfaction survey results, transparency in evaluation methods, statistical data on grading, consultation hours, monitoring of lecturing, laboratory and group work and other relevant activities.
- Scientific-research performance assessment is focused on participation in scientific conferences, publication of articles, patents, participation in research projects, inclusion of MA and PhD students in research project initiatives, thesis/dissertation supervision, participation in the organization of scientific events, participation in student conferences and other relevant activities.
- Intra-university activities are evaluated in terms of participation in events organized by the faculty/university, expression of social and corporate responsibility, participation in faculty board, academic board, dissertation board meetings and in other relevant commissions or working groups inside the university.

Administrative staff performance assessment is regulated by the Administrative Staff Competence Evaluation Rules. A 360-performance review system is envisaged for administrative staff evaluation, including an employee self-evaluation, supervisor assessment and anonymous evaluations from the people who work around them. The document was approved on December 27, 2023, therefore, the evaluation providing a comprehensive look at an employee's efficiency, productivity, contributions and work behavior has not been concluded yet. The panel observed lack of information among the heads and employees of different structural units and received inconsistent information during the interviews. Each structural unit involved in the evaluation process provided different information, but confirmed that generally in the evaluation process three different tools for data collection are used – a self-assessment form, satisfaction survey and assessment of employees by the Head of Administration. It should be also mentioned that the functions of the Head of Administration do not include responsibilities related to staff assessment, as defined in the job descriptions and qualification requirements document.

Human resources development and performance evaluation functions are scattered within three different structural units – Human Resources Management Office, Quality Assurance Office and Scientific-Research and Continuing Education Center. Studying the relevant documentation and interviews during the site visit convinced the panel there is no clear distribution and ownership of the tasks during the human resources management and evaluation process between the involved structural units. Despite the fact that the panel explored all documents submitted by SDASU, supplementary documents and personal files of the staff, they were not able to observe performance evaluation reports, using evaluation results in appraisal, career advancement and development. Effective personnel management involves aligning the skills, knowledge, and experience of employees with the needs and strategic vision of the university, leading to increased productivity and performance. Therefore, it is essential for the institution to oversee the performance evaluation as a guide to employee development.

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 lack formalization and systematization.

The university has staff qualification requirements for administrative staff signed by the Rector. Though, in some cases, the panel could not find requirements defined for specific positions, e.g. Rector, Deputy Head of Administration, Doctor. There are also inaccuracies with required qualification and employee profiles, especially in terms of English language competence and prior relevant experience. In line with its institutional mission, the university is trying to increase international dimension. 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. The institution provided information concerning free English language classes planned to be organized for staff that will facilitate their access to international resources and networks that would be preferable to launch soon.

The university mostly utilizes staff satisfaction survey results in personnel management, staff members have expressed satisfaction with the working environment and rules. SDASU submitted statistical data concerning personnel that seems relevant to the defined benchmarks, However, according to the interviews conducted by the panel, there are concerns regarding the increasing number of employees. Acquiring, deploying, and retaining a workforce of sufficient quantity and quality creates positive impacts on the institution's effectiveness. It is required that the university assess capability of the departments where only one person works, especially when it comes to the larger offices with strategic importance, like PR and Internationalization.

Taking all the above mentioned into consideration, the panel considers that the institution lacks 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 university strategic development plan.

Evidences/indicators

1. Institutional mission statement;
2. Self-evaluation report;
3. Regulation of the University;
4. Rule of affiliation and the affiliation agreement templates;
5. Personnel management policy;
6. Human resources development strategy;
7. Academic, scientific and invited personnel evaluation system;
8. Administrative personnel evaluation system;
9. Appraisal Rule of Academic and invited personnel;
10. Satisfaction survey results;
11. Staff CVs and qualification requirements;
12. Job descriptions;
13. Workload for Academic and Invited personnel;
14. Recruitment of academic personnel;
15. Quality Assurance Mechanisms;
16. Academic personnel self-evaluation form;
17. Academic and administrative personnel individual folders;
18. Interviews conducted by the panel during the site visits.

Recommendations:

1. Elaborate an overarching Staff Management Policy to formally define, agree and manage human resources in accordance with this policy, as well as ensure fostering employee engagement culture and representation in decision making;
2. Ensure transparent and competitive hiring process using sourcing channels, predefined selection and assessment criteria;
3. Ensure meticulous maintenance of documentation at each stage of the HR processes, including selection, evaluation, monitoring, rewarding;
4. Implement a clear strategy of determining professional development needs, sufficient funding allocated into this direction or a coherent rewarding system to motivate performance;
5. Implement a process of evaluating the impact of the professional development activities to measure the effectiveness of investment and consider further necessities in this area;
6. Revisit management review and monitoring process so that it becomes systemic, clearly considers hierarchy under the organizational chart, facilitates continuity and proves to become useful tool conducive for quality enhancement;
7. Implement a coherent performance review for all staff members that focuses on observable, measurable and objective performance outcomes and offers alignment between individual,

<p>team, and overall organizational goals. As well as defines roles and responsibilities for each structural units involved in the process;</p> <ol style="list-style-type: none"> 8. Consider performance evaluation results in employee development, therefore, developing purposive and relevant responding mechanisms for high and poor performing employees respectively; 9. Formalize and implement regularly new staff orientation procedures and integration; 10. Review roles and responsibility and qualification requirements in order to include all existing positions inside the institution, starting with the senior management and ending with the support staff; as well as ensure all staff members comply with the qualification requirements defined respective roles; 11. 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; 12. Implement acquiring, deploying, and retaining strategy for a workforce of sufficient quantity in relation to the actual workload of structural units.
<p>Suggestions:</p> <ol style="list-style-type: none"> 1. Develop an academic-led approach to staff development and peer-review of teaching; 2. Ensure a higher budget allocation for academics that will be shared with them to have opportunities (a) plan their professional development, and (b) engage in national and international events for credibility of the university courses and experience-sharing.
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input checked="" type="checkbox"/> Does not comply with requirements</p>
<p>4.2. Academic/Scientific and Invited Staff Workload</p>
<p>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</p>
<p>Descriptive summary and analysis of compliance with the standard component requirements</p> <p>The university has adopted the Regulation for Academic and Invited Staff Workload and a Methodology for Defining Academic and Invited Staff per program. The workload scheme is updated on a regular basis and takes into consideration the content of the programme and courses, specificities, number of students and capacity of infrastructure.</p> <p>For affiliated staff the university has defined workload management that differs according to the academic rank. The scheme includes teaching, scientific-research, preparation, consultation, administrative duties and any other relevant workload according to academic staff's functions and duties. Workload is measured in hours and is defined specifically for each affiliated staff. If an academic staff member occupies an administrative position at the university, they are eligible for a part-time academic contract. Despite the clarity in terms of affiliated staff with A category contract type, the university has no such mechanism for B contract type holders, non-affiliated academic and invited staff. Whereas SDASU takes into consideration academic and invited staff's workload at other educational institutions in Georgia and relevant information is processed regularly on semester basis, it lacks preventive mechanisms to overcome exceeding workload as no maximum level is defined to avoid unrealistic workload of lecturers.</p>

By signing an affiliation agreement, an academic staff defines their primary affiliation to a SDASU. The agreement also defines the responsibilities of the staff and in case of breaching the affiliation agreement, the contract is automatically terminated.

The institution currently has 210 academic and invited staff, out of which 52 are affiliated. With the purpose of ensuring programme and institutional sustainability, SDASU considers the number of existing and prospective students on each programme and the specifics of the programme while planning the number of academic and invited staff. The actual number and indicators are complying with ones defined in actual benchmarks according to the faculties ensure implementation of educational programs and other activities assigned to staff. However, the panel has not explored any methodology or strategy for attaining target benchmarks in short and longer indicated periods. Besides, the panel was not convinced that the university sets progressive benchmarks for its staff in order to effectively carry out its educational, research and other performing activities. As performance review and evaluation is not consistent and composite, SDASU also lacks employee performance benchmarks.

Evidences/indicators

- Self-valuation report;
- Workload schemes and methodology for academic and invited personnel;
- Methodology of defining the number of staff;
- Interviews conducted by the panel during the site visits.

Recommendations:

1. Develop workload defining and monitoring methodology for Non-A type contract staff, including academic and invited personnel and relevant workload margins;
2. Elaborate short- and long-term strategy to maintain objectives in terms of defined target benchmarks concerning staff ratios and numbers;
3. Set benchmarks for staff effectiveness and progression.

Suggestions:

1. Develop standardized and detailed workload scheme, indicating not only the total workload inside the institution, but also visualize proportions for each workload elements;
2. Develop preventive tools for eliminating unrealistic workload both inside the institution and other HEIs.

Best Practices (if applicable):

N/A

Evaluation

- ☐ Complies with requirements
- ☐ Substantially complies with requirements
- X 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

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

Descriptive summary and analysis of compliance with the standard component requirements

SDASU developed and adopted rules for obtaining, suspending and terminating student status, as well as mobility, granting qualifications, issuing educational documents, and recognizing the education received during the period of study for each educational level. These normative documents are transparent and in accordance with the legislation of Georgia.

In order for an applicant to obtain the status of an undergraduate student at SDASU, they must have a document confirming a complete general education, and pass the minimum competency threshold on the unified national exams. The rules and deadlines established by the Ministry of Education, Science And Youth of Georgia apply to those applicants who want to obtain the status of a student without the mentioned exams, such as citizens of a foreign country and stateless persons who received a complete general education in a foreign country; Citizens of Georgia who received full general education in a foreign country and studied the last 2 years of full general education in a foreign country; Citizens of a foreign country who studied and received credits in a foreign country (this does not mean exchange programs) in a higher education institution recognized in accordance with the legislation of that country; Citizens of Georgia who have lived, studied and received credit/qualification in a foreign country at a higher educational institution recognized in accordance with the legislation of this country for the period determined by the Ministry of Education, Science And Youth of Georgia. The enrollment of an entrant in the university is formed by the unified act of the rector; the student must also complete the relevant registrations within the terms determined by the order of the rector.

Those wishing to continue their studies at the master's level must have a bachelor's degree or equivalent. In addition, they must pass the minimum competence threshold in at least three of the four parts of the common master's exam, after which they are allowed to participate in the internal exams determined by the university, which is also a prerequisite for admission. Only the master's degree candidates who successfully pass the test type of the common master's exam corresponding to the master's educational programme direction and the exams determined by the university will be included in the ranking document with the coefficients of the master's exams. Candidates for master's degree can be enrolled in the university only after submitting a document confirming academic higher education recognized by law - a diploma and a document confirming being on military registration by a person subject to military registration according to law. Candidates for the master's degree who obtain the status without the common master's exam, act according to the procedure determined by the Ministry of Education, Science And Youth of Georgia, within the established deadlines. After getting the right to study at the university, candidates for master's degree sign a contract, after which the university receives a unified act of the rector, which is sent to the National Center for Evaluation and Examinations and the National Center for the Development of Education Quality within the deadlines defined by the legislation.

In order to be admitted at doctoral level, applicants must possess a master's degree or equivalent; the rules of acceptance are written in the relevant regulatory documents.

The right to a mobility is granted to any person whose enrollment in a higher education institution was carried out in accordance with the law and at the time of registration as a mobility applicant on the electronic portal is a student or has suspended student status. In addition, a student who wishes to benefit from a mobility can do so only at the corresponding level. In the event that the number of applicants for mobility to an educational programme of the university exceeds the number of registered places, the students whose results of the unified national/master's exams are higher than the corresponding results of other mobility applicants will be allowed to enroll according to the number of places registered by the university. The student must apply to the rector within the deadlines set by the application for enrollment. On the basis of the latter's order, a commission is established, which

determines the compatibility of the student's learning results and makes the appropriate decision on the recognition of credits.

There are five grounds for suspending student status, t: student's personal statement; pregnancy, childbirth, child care or deterioration of health; studying in a foreign country, in a higher educational institution (this does not mean an exchange program); Violation of the terms of the contract; financial debt; A conviction or a deterrent measure (imprisonment of less than 5 years). After 5 years from the suspension of the status, the person's student status is terminated, except for the cases stipulated by the legislation.

The student status can be restored within five years after the suspension of the status on the basis of a personal application. Student status can be restored before the beginning of the semester, however, due to objective circumstances, it is possible to restore the student status no later than two weeks after the beginning of the semester.

The following are grounds for termination of student status: student's personal statement; Expiration of five years from the suspension of the status; moving to another higher educational institution; completion of studies; inability to achieve learning outcomes; academic debt; Violation of ethics; Imprisonment for more than 5 years; death.

The educational programme is considered completed if the student has fulfilled all the requirements stipulated by the educational program, accumulated the number of mandatory credits for the programme and achieved the results planned by the educational program. An honors degree is awarded to a student with a GPA of 3.5 or higher. The degree is awarded to the student according to the level.

According to the interviews conducted by the panel, as well as after observing the samples of the contract and relevant regulatory documents, it can be confirmed that the interests of the students are protected according to their relevant level, and the content of the contract is clear to them. The normative documents which regulate the rules for obtaining, suspending and terminating student status, mobility, awarding qualifications, issuing an educational document, as well as recognizing the education received during the study period, are transparent and in compliance with the legislation of Georgia.

SDASU combines several mechanisms for the protection of students' rights: the Law of Georgia on Higher Education, the university statutes, internal regulations, code of ethics, rules for regulating the educational process and agreements signed with students. In addition, within the student self-government of the university there is a student ombudsman. However, the first steps in this direction have been taken only a few months ago, and therefore the experience of the student human rights defender suffers from a lack of cases. There is an appeal mechanism at the university, although not used in practice.

The normative documents correspond to the legislation of Georgia and are properly regulated in the university practice. Students are well aware of their rights and responsibilities, but more information campaigns are needed in this direction. Also, it is important to make the student ombudsman institute more active.

Evidences/indicators

- Educational process regulatory document;
- Samples of the agreement signed between the university and the student;
- Mechanism for protection of students' rights and legal interests;
- Institutional website;
- Interviews conducted by the panel during the site visit.

Recommendations:

N/A

Suggestions:

1. Strengthen the provision of information to students about the legal and ethical norms so that they are well aware of their rights and duties, the code of ethics, internal regulations, etc.
2. Increase the visibility and encourage the usage of the appeal mechanism.
3. Enhance the visibility of the student ombudsman so as to enable it to meet its goals.

Best Practices (if applicable):

N/A

Evaluation

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

5.2 Student Support Services

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

Descriptive summary and analysis of compliance with the standard component requirements

A number of platforms are used to provide information to students, including social networks, e-mail, educational process management system, information boards in the university. Due to the small number of students, various types of information are often provided informally, on a personal basis.

Students receive appropriate counseling and support to plan their learning process and improve their academic performance. Additional counseling hours are written in the syllabuses of the study subject, and the academic and administrative staff express their readiness to consult students if necessary. Students receive information about the available counseling and support mechanisms at the first meeting after the start of their studies.

The university has a student career development and graduate employment promotion service, which compiles a list of graduates, as well as a database of employers. During the visit, the panel received a list of employed graduates. In addition, the career service maintains constant contact with graduates and provides active assistance to students in the employment process.

The university has developed an individual study plan which provides the goals and objectives of the learning journey of the student. This process helps the student evaluate and actively engage in the learning process.

Not all university spaces are adapted for students with physical disabilities. Although SDASU currently does not have students with such needs, the university must constantly strive to create the most comfortable and equal conditions. When asked how such students were able to engage in the learning process in the past, the panel learnt that lectures and seminars were held on the first floor. According to the interviews conducted by the panel, work has started in this direction and soon the university will have an elevator adapted for students with physical disabilities. The panel notes that the current practice cannot create an equal and inclusive environment, therefore, there is an expectation that certain obstacles will be removed for similar types of students in terms of using different services and spaces.

The university offers various types of assistance, as well as scholarships for outstanding students. Through the relevant structural units, SDASU ensures the awareness of students and provides consultations on the financing of students within the framework of social scholarship and other programs implemented by the Ministry of Education, Science And Youth of Georgia. Excellent students are awarded a scholarship named after Davit Agmashenebeli. The university takes into account the student's socio-economic status and implements various supporting measures: in case of two members of the family studying at the same time, each of them benefits from a discount on the payment of tuition fees, also students are allowed to pay the tuition fees gradually based on the applications made to the relevant faculties. The university also provides assistance with tuition fees to certain categories of students: socially vulnerable, orphans, displaced persons, special needs, etc.

A number of extracurricular activities are held at SDASU. An international student scientific conference is held every year at the university, which allows students to develop their skills in the scientific-research direction. Students participate in various cultural, educational, entertainment and other types of events, namely: cultural programs, organizing and planning exhibitions, expositions and art competitions. Students organize poetry evenings, concerts, New Year's carnival, charity and social events. Public lectures, meetings, etc. are held in the university.

Students' queries are responded to quickly, on average, 2-3 working days; however, considering the complexity of the situation and problem, it is often possible to respond on the same day.

The university signed a memorandum of cooperation with several foreign higher education institutions. SDASU cooperates with the following foreign higher educational institutions: Beykoz University, Istanbul; University St. Kliment Bitola, North Macedonia, Bitola; Fenerbahçe University, Istanbul; Izmir University of Democracy, Izmir; Kastomonu University, Kastomonu; University Union 'Nikola Tesla', Faculty of International Politics and Security.

The institution should improve the student feedback mechanisms. SDASU is regularly surveying students, employers and graduates, as well as staff; however, based on the content analysis of student surveys, they are mostly addressed to undergraduate students and cannot convey complete information to master's and doctoral students. Students should also be provided with an appropriate questionnaire to evaluate the scientific supervisor, which will reveal the difficulties, challenges and positive sides in the process of working on the thesis.

Evidences/indicators

- Planned and implemented consulting services;
- Results of the student survey conducted by the university;
- Career support service;
- Implemented and planned student initiatives/projects;
- Tools to support socially vulnerable students;
- Institutional website;
- Interviews conducted by the panel during the site visit.

Recommendations:

1. Create an adapted environment for students with physical disabilities so that they can use all spaces and services smoothly;
2. Ensure that the student surveys reflect the specifics of all study levels at the institution;
3. Implement a feedback mechanism to evaluate student satisfaction with their scientific supervisor;
4. Establish international mobility programs, both in terms of implementation of semester exchange programs and short-term international projects.

Suggestions:

N/A

Best Practices (if applicable):
N/A
Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Complies with requirements X Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> 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
<ul style="list-style-type: none"> ○ HEI, based on its type and specifics of its fields, carries out research/creative activities. ○ Ensuring the effectiveness of doctoral research supervision ○ 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

According to the SER, SDASU envisions its continuous development as a modern academic scientific and research center. The institution emphasizes innovative, quality, and result-oriented research integrated into the educational process. However, the university lacks clear research priorities and a dedicated research laboratory, especially considering the current lack of funding.

As stated by the institution, SDASU carries out innovative, quality, and result-oriented research and research is integrated into the educational process. Despite such declared goals, during the meetings conducted by the panel it became clear that the university does not have clearly defined research priorities, which is very important in times of lack of funding. The panel also learned that research topics in medicine are mainly focused on data collection and statistical processing and clinical research, thus explaining the absence of a research laboratory in the institution. Although the main direction is clinical research, the teaching of statistical methods is not included in the doctoral program.

The university currently offers three doctoral programs and has successfully defended up to 40 doctoral dissertations during the reporting period. According to the Regulations of the Dissertation Council, the supervisor of the topic must be approved within 2 weeks and can be a professor or associate professor of the university or another accredited higher education institution, or a scientific official holding a doctorate or its equivalent degree. The selection criteria for both the supervisor and doctoral student are defined by the Regulations of the Dissertation Council. It is important to note that the topic's lead is typically selected in advance and is derived from the scientific interests of the doctoral student. The topic undergoes a review by the Council prior to approval, though external experts are not involved in the process. Furthermore, the regulations state that doctoral students can be selected through a competitive process; however, during the meetings conducted by the panel, it was revealed that candidates are often pre-selected, which may create a non-competitive environment. The functions of the scientific supervisor are clearly defined by the Regulations of the Dissertation Council. Additionally, before submitting the thesis, the doctoral candidate is responsible for completing the topic as defined by the doctoral program, although it was noted that due to time constraints, supervisors provide assistance to master's and doctoral students.

In an effort to strengthen its research direction, the university established the Scientific Research and Continuous Education Center to support and coordinate its scientific research potential. Additionally, an interdisciplinary research center was created to engage students in interdisciplinary research. However, it was revealed that the center primarily focuses on organizational tasks, such as gathering

<p>information about scientists and doctoral students, rather than being directly involved in preparing, presenting, and implementing research projects.</p> <p>The university organizes student scientific conferences annually and publishes abstracts in the university-founded journal "Spectri". However, the journal does not have a citation index at this stage, because most of the articles are in Georgian and it is difficult for the international scientific community to read and cite the articles. The panel believes that, in order to increase the quality and awareness of research, the results of doctoral students' research should be published (minimum 1 article, especially in medicine) in a journal with an impact factor.</p> <p>The SER shows that the university has published 29 monographs, 48 textbooks and 265 scientific articles. Academic staff participated in 54 national and international scientific grant projects and 279 local and international conferences. However, during the interviews conducted by the panel and detailed study, it became clear that the number of articles includes abstracts published at the conference and the presented information is not well sorted. It is also not stated how many are published directly by university-affiliated staff.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> • Self-evaluation report; • Interviews conducted by the panel during the site visit; • Institutional website; • Regulations of the Dissertation Council.
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Integrate the teaching of statistical methods in the doctoral program; 2. Clearly define the main research priorities of the institution; 3. Revisit the admissions policy and procedures so that students enroll in doctoral studies on the basis of competition; 4. Capitalise on the Scientific Research and Continuous Education Center expertise by increasing its engagement in preparing, presenting, and implementing research projects; 5. Increase institutional efforts and arrangements for the results of doctoral students' research to be published in a journal with an impact factor; 6. Establish research laboratories in the university; 7. Revisit institutional inventory of research outputs so that they are structured per category of publication and category of staff publishing.
<p>Suggestions:</p> <p>N/A</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> <p><input checked="" type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p>
<p>6.2. Research Support and Internationalisation</p> <ul style="list-style-type: none"> ○ 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 internationalisation of research, development and creative activities.
<p>Descriptive summary and analysis of compliance with the standard component requirements</p>

The university supports scientific research works and aims to "develop new knowledge, vision, approaches and perspectives". To fortify research activities, SDASU has established a Scientific Research and Lifelong Education Center, tasked with coordinating scientific research studies and managing relationships with the Ministry of Education, Science And Youth of Georgia as well as other state and non-state organizations. The Center is primarily responsible for preparing, presenting, and implementing projects based on the Socio-economic and Environmental Review. However, according to the interviews conducted by the panel, the center predominantly performs organizational tasks such as gathering information about scientists and doctoral students and is not directly involved in preparing, presenting, and implementing research projects.

In addition to events, the university conducts training for academic staff and students to strengthen the scientific-research direction. Notably, the university recently organized a training session on modern approaches to preparing and publishing scientific papers as well as modern teaching methods, led by distinguished professors from Beykoz University. The university has also made significant contributions to academic publications. Books published by the university include "Comparative Constitutional Law" in 2019 by SDASU Professor Giorgi Gogiashvili and "Criminalistics" in 2021 by Nino Gogniashvili, associate professor of SDASU. Aiming to involve students in interdisciplinary research on sustainable development issues, the university has outlined specific roles for undergraduate and master's students, focusing on statistical, observational, and analytical statistics work, supported by tailored consultations and training. To foster a robust research environment, the university has implemented an intra-university funding system for scientific research, the financial resources allocated are limited and require additional support (especially for medical studies).

The academic staff has been involved in numerous national and international grant projects, conferences, and publications, showcasing an active pursuit of research activities. However, despite the university's efforts, financial resources allocated are limited and require additional support. The university organizes student scientific conferences annually (2022 - XXX scientific conference of students, 2021 - XXIX scientific conference of students, 2020 - XVIII scientific conference of students, 2019 - XVII scientific conference of students, 2018 - XXVI scientific conference of students) in which undergraduate, master's and doctoral students of university were participated.

The university is committed to promoting internationalization of educational and scientific activities through a policy that emphasizes international mobility, staff involvement, and close interaction with domestic and international partner universities and organizations. In support of this internationalization policy, the Department of Public Relations and Internationalization facilitates staff upskilling and maintains relations with higher education institutions, international organizations, and non-state organizations. This is evidenced by signed memorandums (not agreement) of cooperation with foreign universities and economic agents to engage in research and development activities, including creating innovative scientific products. However, during the interviews conducted by the panel it became clear that participation in international research is very rare.

Evidences/indicators

- Self-evaluation report;
- Interviews conducted by the panel during the site visit;
- Institutional website;
- Regulation on funding of scientific research through internal grants;
- Memoranda with foreign institutions and organizations;
- The University Academic and Invited Staff Activity Evaluation Rule;
- SDASU budget.

Recommendations:

1. Increase the financial support available for conducting research;
2. Establish new collaborations with international research centers.

Suggestions:

N/A

<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p> <input type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input checked="" type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements </p>
<p>6.3. Evaluation of Research Activities</p>
<p>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.</p>
<p>Descriptive summary and analysis of compliance with the standard component requirements</p> <p>The university has developed criteria for evaluating the scientific activity of academic/scientific personnel, which includes participation in scientific events/conferences, as well as the number of researches conducted by the scientist, the number of received grants, patents, submitted grant applications and other parameters that are written in the relevant documents. Each criterion is evaluated as "satisfactory", "good", "very good". For example, receiving scientific grants - "very good". In case of receiving a high evaluation in the grant competition, but not winning, the participation in the project is evaluated taking into account the position of the evaluated person and the overall evaluation, but not more than "satisfactory".</p> <p>Evaluation of scientific activity is carried out annually no later than February 1 of the following year. It can be implemented step by step according to the projects. The assessment process is coordinated by the Center for Scientific Research and Continuing Education, which reports to the Rector and the Quality Assurance Department. Based on the analysis of the evaluation results, the Quality Assurance Department together with the Rector are developing recommendations and presenting them to the Academic Council.</p> <p>Based on the evaluation of the scientific/scientific staff and the recommendations of the Academic Council, the Center for Scientific Research and Lifelong Education, in agreement with the Head of Quality Assurance and the Head of Administration, applies to the Rector for the use of motivational incentives defined by the internal regulations.</p> <p>The panel noted that the scientific research report presented in the documents was not well analyzed and quantified according to the criteria approved by the university. To get a complete picture of the evaluation of scientific research work, it is not enough to simply collect information, but it is necessary to analyze it thoroughly in order to plan measures aimed at eliminating deficiencies.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> • Self-evaluation report; • Interviews conducted by the panel during the site visit; • Scientific report of the academic and scientific staff; • The University Academic and Invited Staff Activity Evaluation Rule; • Student Survey on their Involvement in Research Activities and Support of the Relevant Initiatives.
<p>Recommendations:</p> <p>Analyze thoroughly the research evaluation data in order to effectively plan measures aimed at eliminating deficiencies.</p>

Suggestions: N/A
Best Practices (if applicable): N/A
Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Complies with requirements <input checked="" type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> 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
<ul style="list-style-type: none"> ○ 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. ○ HEI offers environment necessary for implementing educational activities: sanitary units, natural light possibilities, and central heating system. ○ Health and safety of students and staff is protected within the institution. ○ HEI has adapted environment for people with special needs
Descriptive summary and analysis of compliance with the standard component requirements <p>SDASU owns the real estate located on Chavchavadze street and Shartava street. The total area of the institution is 4992,3 sqm, where the total educational area is 4609,96 sqm, and the additional space is 382,34 sqm. The observation of the main facilities by the panel was carried out in a calm and collegial environment. The main campus was observed first, then the panel split into two groups covering the "SDASU" Georgian-English Dental Clinic, "Nino Dadvani Dentistry Center", "Center for Mental Health and Prevention of Addiction", and "Aversi Clinic".</p> <p>At an initial stage, the spaces intended for educational activities and the adherence to safety norms were noted. The university operates without a passenger elevator and lacks a cafeteria. The panel was informed that the cafeteria is not functional since 2018, and there is no catering facility provided to students and staff. The auditoriums are functioning with natural light but without central heating. There is no air conditioning in the auditoriums. Video cameras equipped for video recording are installed on the internal and external perimeter of the university. Information about the presence of cameras is posted on the walls for the attention of staff and students.</p> <p>For security purposes, fire extinguishers are located on all floors of the university; however, the instructions for use are not posted in the appropriate places on certain floors. There are no signs of renewal on the fire extinguishers, which indicates that they are out of order. All floors are equipped with smoke detectors. Evacuation plans are posted on the walls of each floor in the building.</p> <p>There is an emergency exit that opens from inside to the outside. The panel observed the doctor's office but unfortunately the doctor was not present at the time of the visit; the first aid kits are not located on each floor, but two first aid boxes were observed in the doctor's office only after it was requested.</p>

The sanitary facilities have partitions that do not fully separate the stalls, allowing visibility of faces and feet, which provides for a very uncomfortable set-up. Natural continuous light is provided. The restrooms are not adapted for people with physical disabilities. The campus has no designated parking area for individuals with mobility limitations. As confirmed during the site visit, there are no students with disabilities currently enrolled, but it appears that in previous years this was the case. In such situations, the teaching process took place on the first floor, and all the material resources were also provided there.

The following educational laboratories function at the institution: two Histology Laboratories, Laboratory for Anatomy classes, a room called "Center for Clinical Skills", and the Biochemistry laboratory. The laboratories are not equipped with projectors and air conditioning. The rules of conduct in the laboratory are available to students and staff. The institution does not have a dental simulation laboratory for preclinical studies.

The university has a server room where the data is stored; this room is not equipped with natural light, and is accessible to both IT staff and students. The following spaces are also available at the university: two conference halls, linguaphone, hall for mock court sessions, SDASU TV, radio studio, sports hall, library, space for team work, press club and recreational area and, finally, administrative storerooms and archive.

During the site visit, the list of material resources in the fields of dentistry and medicine were requested, to compare it to the benchmark statement in medicine. According to the provided document, the institution benefits from the minimum mandatory material resources as specified by the benchmark statement of medicine: venipuncture trainer, simulator of intravenous arm, Peripheral venous catheter placement simulator, buttock intramuscular injection simulator, intradermal, subcutaneous intramuscular injection simulator, suture practice pad, male urethral catheterization simulator, female urethral catheterization simulator, blood pressure measurement trainer, trauma simulation manikin. The panel also requested the document detailing the budget used for the medical material resources; this was provided with inventory codes, but without payment proof.

SDASU operates an examination center located on -1 floor, without air conditioning. The panel visited the Georgian English Dental clinic located on Shartava street. During the observation visit, students were working on the phantoms. The university has an employee in charge of labor safety; during the visit it appeared that the person was not aware that she was responsible for the SDASU dental clinic as well. There is no central ventilation system in the SDASU dental clinic, and the resolution of the Government of Georgia on the approval of technical regulations for high-risk medical activities was not provided. The specific resolution refers to the specific temperature environment for the sterilization, disinfection and for storage of dental instruments (not more than 24 degrees). Dental units are available for students, the clinic has an X-ray room, and dressing room; however, there is no space for storing the dental materials. The dental materials are located in individual dentists' rooms.

On the same day, the following contractor clinics were observed: "Nino Dadvani Dentistry center", "Center for Mental Health and Prevention of Addiction" and "Aversi Clinic". All the contracts are active and the clinic staff who are engaged in the teaching and learning process were informed about the students schedule and study plan. The Nino Dadvani Dental Clinic is equipped with modern dental technologies and materials, providing a comfortable and high-quality environment for the dental student practice.

The Aversi clinic and the Center for Mental Health and Prevention are equipped with small classrooms, without an area for meals or change rooms.

Evidences/indicators

- Self-evaluation report;
- Interviews conducted by the panel during the site visit;
- Building constructive decision document;
- Architectural drawings of the building structure;
- Agreements made with external clinics;

<ul style="list-style-type: none"> • Fire prevention and safety, first Aid and order mechanism; • Employment agreements made with staff responsible for security and prevention of medical assistance; • Resolution of state regulation agency; • Regulation of labor inspection agency; • Resolution of the government of Georgia dated November 2010, on approval of technical regulations for high-risk medical activities.
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Equip each floor with accessible first aid kits, and ensure the presence of a trained medical professional during operational hours; 2. Modify restrooms to accommodate staff, students and people with special needs, ensuring privacy and accessibility; 3. Designate parking area for people with disabilities to facilitate their access to the university premises; 4. Ensure that all the fire extinguishers are up-to-date, with clear instructions for use posted in the immediate vicinity; 5. Install an elevator for people with mobility limitations to have access to the upper floors of the building; 6. Equip all the auditoriums and laboratories with central heating and air conditioning systems to provide a comfortable learning environment; 7. Install a central ventilation system in all clinics, including the "SDASU Georgian English Clinic" to ensure proper air quality and compliance with health regulations; 8. Equip all classrooms and laboratories with projectors; 9. Establish a dental simulation laboratory for Dentistry preclinical studies.
<p>Suggestions:</p> <p>Reopen the cafeteria or provide alternative catering services to ensure that students and staff have access to meals on campus;</p>
<p>Best Practices (if applicable):</p> <p>N/A</p>
<p>Evaluation</p> <p> <input type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input checked="" type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements </p>
<p>7.2. Library Resources</p>
<p>Library environment, resources and service support effective implementation of educational and research activities, and HEI constantly works for its improvement.</p>
<p>Descriptive summary and analysis of compliance with the standard component requirements</p> <p>The mission of the SDASU library is to create, store and organize information resources necessary for educational and scientific activities, to fully provide the information needs of students and staff in compliance with the principle of operational availability of resources. SDASU operates a library that is open six days a week. The physical space of the library can accommodate 50 students at a time. The panel observed two large reading rooms designated for staff and students. Even though, in theory, the two rooms are accommodating both group and individual work, these two needs are conflicting e.g. group work could disturb individual readers. The library houses a substantial bookcase. The institution has a policy for using the library, which is available in the university's electronic system, both for students and staff. Computers and printers with appropriate functions are available.</p>

Both in the submitted documentation and during the interviews conducted by the panel it was confirmed that the university uses an electronic library based on a contract with Tbilisi State University, which is valid until December 2024.

The library literature is available in both print and electronic formats, as showcased during the tour of facilities. The book fund comprises 22,000 volumes. The institution was not able to provide statistics on the division between Georgian and foreign literature. During the observation of facilities, it was noted that the literature had been significantly updated over the past year. The panel additionally requested documents confirming the budget allocated for the purchase of literature; an order issued by the rector regarding the updated literature was provided, with reference to the specific budget and overhead.

PhD theses are available in the library in paper format. In the electronic database however, only researchers' short thesis are available.

During the meetings conducted by the panel, it was ascertained that SDASU routinely conducts consultation meetings in order for staff to familiarize themselves with the various electronic literary databases and provide comprehensive instruction on how to effectively utilize these resources.

The panel was provided with a comprehensive library development concept, detailing the mission, functions, and access to a wide array of international library holdings. This concept outlines the diverse resources available within the library's collection, which includes prestigious databases and journal collections such as Cambridge Journals Online, BioOne Complete, e-Duke Journals Scholarly Collection, New England Journal of Medicine, Royal Society Journals Collection, etc. Additionally, SDASU has articulated a strategic development plan with clearly defined priority directions and objectives. These priorities include the expansion of the library's information space to enhance accessibility and resource availability. Furthermore, the plan emphasizes the modernization of the library's organizational methods and technologies to improve operational efficiency and user experience. This forward-thinking approach aims to ensure that the library remains a cutting-edge resource hub for both students and staff.

SDASU also has searchable access to the following electronic databases based on agreements: "EBSCO Legal Collection" and "HeinOnline Legal Classics."

The quality assurance service conducts periodical surveys amongst staff and students regarding their satisfaction with the library resources. 93% of the surveyed students are satisfied with the library resources, including access to educational and reading resources and the facilities. For 95% of surveyed students, a group booking mechanism and printer facility are available. Students note that changes in the library are constantly reflected in the electronic catalog.

Evidences/indicators

- Self-evaluation report;
- Interviews conducted by the panel during the site visit;
- Staff interview results;
- Student Satisfaction survey results;
- Regulations and instructions for using library;
- Procurement document;
- Rectors statement N6;
- Institutional website;
- The contract with "Integrated Information Network Consortium"
- Rules for using the Library
- Concept of the Library Development

Recommendations:

N/A

Suggestions:

Develop an electronic repository for online scientific resources in order to reduce dependency on external contracts. This could include digitizing more of its own collections and creating an open-access platform for sharing these resources.

Best Practices (if applicable):

N/A

Evaluation

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

7.3 Information Resources

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

Descriptive summary and analysis of compliance with the standard component requirements

SDASU has established a comprehensive Information Technology Management Policy centered around the cooperation defined by the agreement with the electronic system of educational process management, "INI.GE". The policy mandates that all users of the university's information technologies adhere to the Georgian legislation pertaining to the protection of intellectual property, information technology security, and personal data.

The institution has a responsibility to detect, investigate, and respond effectively to any security breach. The designated personnel in charge of the university's information technology systems are required to periodically submit reports on the current state of information security, highlighting any necessary corrections and providing recommendations for optimization. All critical systems, applications, and core data are regularly and synchronously backed up to SDASU's Google Drive by the IT department. This ensures the integrity and availability of important information. Every computer and device connected to the SDASU network, whether physical or wireless, is assigned a unique IP address as part of the university's asset management protocol.

SDASU has implemented a business continuity management system to ensure minimal disruption in case of technological failures. Specifically, if the main router fails, a backup router is programmed to activate within ten minutes, ensuring continuous network availability.

The educational process management system, *sdasu.ini.ge*, is a robust platform designed to support the comprehensive educational and administrative activities of the institution. This system facilitates process support, communication, information processing, and data protection. It automates various aspects of the educational process management, including the financial model and electronic case management. The system is widely used by lecturers, administrative and academic staff, and students. SDASU has secured a one-year agreement with the "INI.GE" group to enhance these services.

According to the meetings conducted by the panel, the information management systems enable efficient searching of student records, processing of student information, and determination of student status and GPA. Furthermore, students are granted the ability to access their personal electronic system remotely, facilitating communication with professors, lecturers, administrative staff, and fellow students. This system also allows for the exchange of electronic materials and the printing of necessary documents. Students, along with academic and invited staff, have access to specific programs and

syllabi via the electronic system. Additionally, rating systems and an electronic appeal mechanism are available to them.

During the site visit the panel learned that the institution has not yet formulated an online education policy, which the panel believes is an area for improvement.

SDASU maintains a bilingual website in Georgian and English, aimed at providing comprehensive information and resources. However, it has been observed that the educational programs listed on the website require updating. Currently, these programs are not accessible, and the prerequisites for admission are not available to prospective students. Despite this, SDASU TV, the university's online television channel, is actively functioning and consistently available. The news page on the website is regularly updated with the latest news about the university. The scientific section of the website hosts the scientific journal "Spectri," featuring relevant academic publications. Additionally, information brochures specifically designed for applicants are available on the website. However, it has been noted that the university's action plans beyond 2017 are not available, as previously indicated in Standard 1.

A student survey conducted by the quality assurance service revealed that 93% of surveyed students find the programme catalog on the website accessible. Furthermore, 75% of students believe that the university's appeal system operates effectively, though according to the meetings conducted by the panel, appeals are infrequently made. Additionally, 70% of the surveyed students expressed satisfaction with the existing information technology equipment and services provided by the university.

Evidences/indicators

- Self-evaluation report;
- Interviews conducted by the panel during the site visit;
- Staff interview results;
- Student satisfaction survey results;
- Institutional website;
- The contract with "GOODWEB";
- The contracts with "INI GE";
- Agreement for the License of the Electronic Management System;
- Information technology management policy.

Evaluation

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

Recommendations:

1. Update the university website to make it more user-friendly and ensure that all educational programme and prerequisites are clearly listed and easily accessible;
2. Regularly update the website with the latest information in terms of action plans of the university.

Suggestions:

Create an online education policy to facilitate distance learning.

Best Practices (if applicable):

N/A

7.4 Financial Resources

- Allocation of financial resources described in the budget of HEI is economically achievable
- Financial standing of HEI ensures performance of activities described in strategic and mid-term action plans
- HEI financial resources are focused on effective implementation of core activities of the institution
- HEI budget provides funding for scientific research and library functioning and development
- HEI has an effective system of accountability, financial management and control

Descriptive summary and analysis of compliance with the standard component requirements

SDASU has presented its budget for the fiscal year 2024. The total projected income is 4,390,843 GEL, derived from various sources: 3,421,921 GEL from tuition fees, 128,700 GEL from state grants, 34,030 GEL from economic activities such as the university buffet and credit services, and 806,192 GEL from interest income. The planned expenditures for 2024 amount is 3,404,367 GEL.

A detailed breakdown of the budget reveals that 643,795 GEL has been allocated for commodity material resources, while 215,603 GEL has been designated for the book fund. Additionally, 132,000 GEL is earmarked for internal grants. However, the panel learned that only 6,000 GEL has been spent on internal grants to date.

An entry labeled "support" in the amount of 146,298 GEL is included in the 2024 budget. It transpired during the site visit that this fund is intended for bonuses and financial support for lecturers' research. However, upon inquiry, the panel was unable to hear any specific examples of incentive monetary rewards, although the allocated research budget was known and deemed acceptable. Furthermore, 154,000 GEL has been allocated for financing scientific research. Despite this, the panel learned that there is no visibility across the academic community of this allocation, as scientific staff publish their papers at their own expense.

The income distribution across various faculties is as follows: 524,973 GEL for the Faculty of Law, 1,411,217 GEL for the Faculty of Business and Technology, 677,384 GEL for the Faculty of Journalism and Humanities, and 937,048 GEL for the Faculty of Medicine.

SDASU has established a comprehensive policy for the distribution of responsibilities, delegation of tasks, and accountability. This document outlines the duties of the heads of each structural unit to ensure the timely and complete achievement of goals as set out in the action and strategic plans within the allocated budget. According to the policy, the financial service plays a crucial role in coordinating the budget, participating in its preparation, maintaining records, and controlling the compliance of expenses and income with the budgetary parameters. The head of the financial service reports directly to the rector and is responsible for implementing financial management and control principles. This individual must prepare a financial management and control system report based on information from each structural unit manager, which is then submitted to the rector. This framework was established in 2017.

Additionally, SDASU has created a mechanism document for the implementation of the financial management and control system. This document's purpose is to determine the expected total revenues for the budget year, set priorities and goals, develop a budget calendar, forecast costs, review the budget project, and facilitate public review. The institution has also developed procedures for analyzing and evaluating the budget monitoring report.

Given that the 2024 budget presented was somewhat general, the panel requested additional documentation. These included documents confirming expenditures on online scientific resources, a planned budget breakdown by faculty and year, and detailed expenses related to the fields of medicine and dentistry, regarding material resources. The quality assurance service provided invoices for purchased textbooks. However, regarding the budget spent on material resources, the panel was only able to review the list and quantity of materials. Most of these materials have been assigned a barcode, but the barcode system does not reveal the cost of the materials.

Evidences/indicators

<ul style="list-style-type: none"> • SDASU 2024 budget; • Faculty of law budget; • Individual budgets of each faculty; • Financial form; • Responsibility Distribution, Delegation and Accountability; • Financial Management and Control System Implementation; • Independent Auditors Report for 2018-2023; • Self-evaluation report; • Interviews conducted by the panel during the site visit.
Recommendations: <ol style="list-style-type: none"> 1. Implementing a more transparent barcode system that includes cost information could enhance accountability; 2. Establish dedicated grants for innovative research projects and provide financial incentives for high-impact research outcomes.
Suggestions: <ol style="list-style-type: none"> 1. Improve communication regarding available research funds; 2. Ensure that bonuses and financial rewards are distributed transparently and fairly.
Best Practices (if applicable): N/A
Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Complies with requirements <input checked="" type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements