Annex No. 3

NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Accreditation Expert Group Report on Higher Education Programme

For educational programmes implemented within the first and second levels of higher education and Georgian language preparation educational programme

Name of Educational Programme, Level of Education

One- Cycle Educational Program- Dental Medicine (English)

Name of Higher Education Institution

New Vision University

Evaluation Date(s)

December 2 and 3, 2025

Report Submission Date
10.02.2026

Tbilisi

Information about a Higher Education Institution [1]

Name of Institution Indicating its Organizational Legal Form	New Vision
Identification Code of Institution	404987332
Type of the Institution	University

Expert Panel Members

Chair (Name, Surname, HEI/Organisation, Country)	Pouyan Aminishakib, Tehran University of Medical Sciences, Iran
Member (Name, Surname, HEI/Organisation, Country)	Elene Gigineishvili, University of Georgia, Georgia
Member (Name, Surname, HEI/Organisation, Country)	Sopio Samkharadze, European University, Georgia
Member (Name, Surname, HEI/Organisation, Country)	Tamta Lekishvili, East European University, Georgia
Member (Name, Surname, HEI/Organisation, Country)	Giorgi Paghava, Student at Tbilisi State Medical university, Georgia

[1] In the case of joint education programme: Please indicate the HEIs that carry out the programme. The indication of an identification code and type of institution is not obligatory if a HEI is recognised in accordance with the legislation of a foreign country.

I. Information on the education programme

Name of Higher Education Programme (in Georgian)	სტომატოლოგია
Name of Higher Education Programme (in English)	Dental Medicine
Level of Higher Education/programme	One-cycle dentistry
Qualification to be Awarded[2]	Doctor of Dental Medicine
Name and Code of the Detailed Field	Dental Medicine 0911
Indication of the right to provide the teaching of subject/subjects/group of subjects of the relevant cycle of the general education[3]	-
Language of Instruction	English
Number of ECTS credits	300
Programme Status (Accredited/ Non-accredited/ Conditionally accredited/ Newly proposed/International accreditation) Indicating Relevant Decision (number, date)	Authorized Decision #38 of the Higher Education Institution Authorization Board dated October 2, 2019
Additional requirements for the programme admission (in the case of an art-creative and/or sports educational programme, passing a creative tour/internal competition, or in the case of another programme, specific requirements for admission to the programme/implementation of the programme)	-
The quota for MD students requested by the HEI (In the case of Medical Doctor one-cycle educational programme)	-

[2] In case of implementing a joint higher education programme with a higher education institution recognized in accordance with the legislation of a foreign country, if the title of the qualification to be awarded differs, it shall be indicated separately for each institution.

[3] In case of Integrated Bachelor's-Master's Teacher Training Educational Programme and Teacher Training Educational Programme

II. Accreditation Report Executive Summary

- **General Information on Education Programme**

  - **Higher Education Institution (HEI):** New Vision University (NVU)
  - **Organizational-Legal Form:** NE(NC)LP
  - **Type of Institution:** University
  - **Location:** 11 Bokhua Street, Tbilisi, Georgia
  - **Website:** www.newvision.ge
  - **Head of HEI:** George Barkalaya
  - **Programme Location:** 9 Bokhua Street, Tbilisi, Georgia
  - **Implementation Start:** 2019
  - **Evolution:**
    - Initially under authorized status.
    - Conditional accreditation in 2020.
    - Established as a separate **School of Dentistry** in 2020.
  - **Distinctive Features:**
    - Continuous refinement based on stakeholder feedback (students, staff, employers).
    - Consolidation of courses into modules.
    - Increased proportion of practical and clinical components.
    - Enhanced evaluation methods for learning outcomes.
  - **Competency Groups:**
  - General Competencies
  - Basic Medicine
  - Dental Medicine

- **Overview of the Accreditation Site Visit**

The accreditation site visit to New Vision University unfolded over two days of intensive dialogue, observation, and evaluation. From the outset, the panel was welcomed with openness and hospitality by the university's leadership, faculty, staff, and students. This atmosphere of transparency set the tone for constructive exchanges, allowing the panel to engage meaningfully with stakeholders and to gain a comprehensive understanding of the Doctor of Dental Medicine programme. The collaborative spirit demonstrated by all participants underscored the institution's commitment to continuous improvement and quality enhancement.

Throughout the visit, the panel examined the programme's infrastructure, curriculum, and support systems. Particular attention was paid to the modernized facilities, which included advanced dental practice equipment that provided students with realistic clinical training environments. The team also noted the enthusiasm and dedication of the academic staff, whose innovative teaching methods and commitment to professional growth have significantly elevated the quality of education. Equally important was the university's investment in student well-being, exemplified by the Counseling and Advocacy Office, which offers psychological services and fosters a supportive learning environment.

The evaluation also highlighted the strength of the university's quality assurance system, which integrates early diagnostic testing, stakeholder feedback, and structured staff development. Faculty members benefit from flexible workload planning and opportunities for research, while students are actively engaged through surveys and course evaluations. These mechanisms reflect a culture of shared responsibility and responsiveness, ensuring that both academic and personal development are nurtured. At the same time, the panel identified areas where further refinement would enhance the programme's impact, such as integrating Georgian language training for international students, specifying minimum patient treatment requirements in clinical syllabi, and expanding structured training in soft skills like leadership and empathy.

- **Brief Overview of Education Programme Compliance with the Standards**

In conclusion, the site visit confirmed that New Vision University has established a strong foundation for dental education, characterized by modern infrastructure, motivated staff, and supportive student services. The recommendations offered by the panel—ranging curriculum adjustments to enhanced feedback mechanisms and budget structuring—are intended to guide the institution toward even greater alignment with international standards and patient-centered care. The constructive engagement during the visit, coupled with the university's evident commitment to progress, leaves the panel confident that the programme is well-positioned for continued growth and excellence.

- **Recommendations**

Component 1.3:

- Operationalise clinical competence by defining minimum clinical encounters and procedure counts per discipline (restorative, endodontics, periodontology, prosthodontics, oral surgery, pediatric dentistry) and linking these minima to eligibility for summative clinical exams.

Component 1.5:

- Strengthen the integration of research methodology into clinical courses by embedding explicit, credit-bearing components that teach study design, biostatistics, critical appraisal, and evidence-synthesis skills within clinical modules; require students to complete small, supervised research or quality-improvement projects tied to patient care (case audits, mini-projects, or clinical audits) with clear milestones and assessment rubrics.

Component 2.2:

- It is recommended that the university establish memorandum of understanding (MOUs) with international dental schools, especially within Europe, to strengthen

internationalization and ensure equitable access for dental students to exchange programmes, thereby supporting the development of professional competencies and the sharing of international experiences relevant to their future careers as dentists.

Component 2.3:

- The university is recommended to ensure the regular and continuous provision of training in teaching and learning methodologies for both academic and invited staff, in order to support professional development, enhance the quality of teaching, and ensure the sustainability of student-centred educational practices within the dentistry program.

Component 2.4:

- It is recommended that, in the syllabi of biomedical science subjects, the minimum competency requirements for admission to the final examination be stated more clearly and explicitly. The syllabi should provide comprehensive and transparent information on assessment thresholds to ensure that students clearly understand the evaluation criteria and progression requirements.
- In clinical subjects, it is recommended that the syllabi clearly specify the required dental procedures, including procedures to be performed on patients and on phantoms, as well as the minimum number of procedures and patients that must be completed and treated as a prerequisite for admission to the final examination. This clarification would enhance transparency, consistency, and fairness in the evaluation of clinical competencies.

- Suggestions

Component 1.1:

- Translate broad aims (ethical practice, patient-centered care, social responsibility) into quantifiable performance indicators (e.g., minimum clinical encounters, OSCE pass rates, patient satisfaction scores). This will allow systematic monitoring of achievement.
- Formalize and archive evidence of stakeholder involvement (employers, alumni, students, civil society) in shaping objectives. Minutes, surveys, and feedback reports should be systematically referenced in accreditation annexes.

- The programme references international frameworks (ADEE, WFME, FDI) and the national Subject Benchmark Statement. This demonstrates intentional benchmarking, but the SER would benefit from explicit crosswalks showing how each objective maps to specific benchmark statements or international standards.
- Suggest objectives that emphasize teamwork with medical, nursing, and public health professionals, aligning with ADEE's emphasis on integrated healthcare delivery.

Component 1.2:

- Develop and apply rubrics for soft skills and professionalism (communication, teamwork, empathy, ethical decision-making) and integrate simulated patient encounters and interprofessional education into assessment. Include patient and peer feedback instruments as part of progression decisions to ensure these competencies are measured reliably.
- Embed language competence into outcome assessment by creating measurable language KPIs (e.g., B2 oral proficiency demonstrated in a clinical communication OSCE station; clarity of written case notes). Provide structured remediation tracks and report remediation outcomes annually.

Component 1.3:

- Adopt EPAs and milestone descriptors to translate outcomes into observable workplace tasks and map EPAs to assessment tools and clinical minima. Introduce longitudinal reflective portfolios that aggregate case logs, feedback and reflective entries to demonstrate progressive competence.
- Strengthen assessment capacity and external benchmarking: run regular faculty development and calibration workshops, pilot simple analytics for early-warning of at-risk students, and invite external examiners or peer reviewers for OSCEs and clinical assessments every 2–3 years.

Component 1.4:

- Run short integrated rotations combining related disciplines (for example endodontics, periodontology and oral surgery) to improve continuity of care, clinical reasoning and efficient use of clinical placements.
- Require students to maintain a reflective portfolio that aggregates case logs, supervisor feedback, assessment outcomes and remediation evidence; use the portfolio as part of summative progression decisions.

Component 1.5:

- Establish short, structured international or inter-institutional clinical exchange modules that place students in partner clinics or university departments for focused 2–6 week rotations, with clearly defined learning objectives, competency milestones, and supervised clinical responsibilities.

Component 3.1:

- After the exam, students should be given the opportunity to review the questions they answered incorrectly, as this would help them better understand their mistakes. Access to incorrect responses after the assessment allows students to identify knowledge gaps, which is an essential part of the learning process.

Component 4.1:

- Encourage staff mobility through international exchange programmes and joint teaching initiatives.
- Establish a mentorship programme pairing junior faculty with senior professors to build capacity.

Component 4.3:

- Formalize a structured professional development plan with measurable outcomes (e.g., annual targets for publications, training hours, and international collaborations).

Component 4.4:

- Strengthen documentation of student usage statistics for library databases and plagiarism detection services to demonstrate impact.

Component 4.5:

- Enhance transparency by publishing annual financial summaries for stakeholders.
- Formalize a long-term financial sustainability plan that integrates risk management and international expansion.
- Explore opportunities for external funding through international research collaborations and grants.

Component 5.1:

- It is suggested that the programme, together with the internal QA office, formalize and implement a "closing-the-loop" feedback procedure that systematically communicates consolidated survey/exam findings and the resulting improvement actions to students and academic/invited staff on a regular basis.

Component 5.3:

- It is suggested that the University revise the benchmarking document into an analytical format (e.g., a comparative matrix and gap-analysis) that explicitly identifies the best practices already applied and those targeted for adoption, and clearly links each selected practice to planned programme development process.

- **Brief Overview of the Best Practices (if applicable)[4]**

During the site visit, several commendable practices at New Vision University's Doctor of Dental Medicine programme were observed. The modernization of infrastructure, particularly the installation of advanced dental practice equipment across multiple buildings, stands out as a significant achievement. These facilities provide students with realistic clinical

[4] A practice that is exceptionally effective and that can serve as a benchmark or example for other educational programme/programmes.

environments, ensuring that practical training is closely aligned with professional standards and patient care expectations.

Equally noteworthy is the dedication and motivation of the academic staff. Their innovative teaching methods, coupled with strong commitment to student success, have elevated the quality of education and fostered a culture of academic excellence. The university's investment in staff development—through flexible workload planning, opportunities for research and publication, and financial support for doctoral studies—further strengthens faculty loyalty and long-term professional growth.

The institution also demonstrates best practice in student support and engagement. The Student Counseling and Advocacy Office provides accessible psychological services, contributing to a supportive learning environment and safeguarding student well-being. In addition, systematic feedback mechanisms—such as surveys, meetings, and course evaluations—ensure that student voices are heard and integrated into programme development. This reflects a culture of responsiveness and shared responsibility.

Finally, the university's quality assurance system is well-structured and proactive. Early diagnostic testing, stakeholder involvement in self-evaluation, and constructive feedback loops for faculty highlight a mature approach to continuous improvement. Together, these practices illustrate NVU's commitment to building a robust, student-centered, and forward-looking dental education programme.

- **Information on Sharing or Not Sharing the Argumentative Position of the HEI**

Considering institution's argumentative position we implemented the following changes:

A) **Component 1.1 - Recommendation № 1:**

- **The explanation was satisfactory. Therefore, it is moved to suggestions.**

B) **Component 1.2 and Component 1.3 - Recommendation № 1:**

- **The explanation was satisfactory and both of them are omitted.**

C) **Component 2.2 - Recommendation № 1:**

- **The implemented changes in the program were reviewed. We appreciate the work carried out and the improvements made. The panel has decided to cancel the previously issued recommendation.**

D) **Component 2.4 - Recommendation № 1 and Recommendation № 2:**

- **Regarding Standard 2.4, the institution noted that this point is similar to Standard 1.3 and proposed its cancellation. However, since both recommendations related to this matter, they**

should remain under Standard 2, as they directly correspond to the requirements of this standard.

- **Quantitative Data Analysis of the educational programme in accordance with the requirements of the accreditation standards, for** example:

- **Staff and Supervisors:**

Programme staffing composition and ratios

- **Total personnel involved:** 74
- **Affiliated academic staff:** 21
- **Academic staff (non-affiliated):** 26
- **Invited staff:** 48
- **Academic vs. invited ratio:**
- Academic total = 21 (affiliated academic) + 26 (academic) = 47
- Invited = 48
- Ratio academic: Invited ≈ 47:48 (≈0.98:1)
- **Affiliated vs. total academic ratio:**
- Affiliated academic / total academic = 21/47 ≈ 44.7%
- **Affiliated vs. total personnel ratio:**
- Affiliated academic / total personnel = 21/74 ≈ 28.4%
- **Programme leadership:** Programme head holds a doctorate in Dentistry and is involved directly in implementation, student consultation, and continuous programme development.

Workload scheme (institutional):

- Full-time workload = 1,760 hours per year; 880 hours per semester; 40 hours per week
- Components include teaching (contact, preparation, assessment), research (projects, publications, conferences), consultations, and service roles
- Administrative role combination reduces mandatory workload by 50%
- Overtime hours can be carried forward or remunerated; part-time under half FTE is paid hourly.
- Supervisors and student-supervisor ratios (Master's/Doctoral): The DMD is a one-cycle programme; quantitative data on Master's/Doctoral supervision is not applicable within this programme context and is not reported in the SER.

- **Scientific/Research Indicators:**

- Published papers in indexed journals: Not quantified in the submitted SER; the Research and Innovation Committee oversees scholarly activity, but explicit counts per staff (last 5 years) are not listed in the dossier.
- Conference participation (local/international): Opportunities and support (including scholarships and internal project calls) are described; specific annual participation rates per staff are not enumerated.
- Other indicators (grants, projects, monographs):
- Annual internal research project competition is in place.
- Monographs/textbooks can be supported via semester release once every three years.
- Documentation confirming personnel development exists, but aggregate quantitative metrics were not included in the SER tables.
- Actionable gap: For accreditation-level quantitative analysis, compile per-staff 5-year outputs: publications (Scopus/WoS indexed), h-index, conference presentations/posters, grants (PI/Co-I),

supervised student research outputs, and international mobility counts, disaggregated by role (affiliated academic, academic, invited).

- **Academic Staff Turnover Rate** (for the last 5 years):
  - Retirements, departures, new hires: The SER describes recruitment, onboarding, and contract processes but does not provide turnover counts or rates across the last five years.
  - Actionable gap: Produce a turnover table by year with: number retired, resigned, contract non-renewals, new hires (by category and FTE), net change, and turnover rate = (separations / average staff headcount) × 100%. Include stability index and average tenure per category.

- **Data on the Individuals Enrolled** (for the last 5 years; in case of active programmes):

- Announced student places: Programme budget is calculated on admission of 60 students (one cohort) across five years, indicating an annual intake cap/target of 60 for the English-language one-cycle DMD programme.
- Language of instruction: English (entry requirement B2 CEFR for foreign applicants or internal exam).
- Progression by academic years: No cohort progression table (enrolled, retained, progressed, graduated) was included in the SER for the last five years.
- Actionable gap: Provide annual intake, registered, retention (year-to-year), progression rates by year (I–V), withdrawals (voluntary/involuntary), graduations, average time-to-degree, and early diagnostics performance distributions per cohort.

- **Analysis of other quantitative data** provided in the self-assessment and annexes:

Programme structure and credits

- Total credits: 300 ECTS over 10 semesters (5 years), aligned with NQF level VII.
- Competency groups and ECTS distribution:
- General competencies: 36 ECTS (3 core + 3 electives)
- Basic Medicine: 42 ECTS (all core)
- Dental Medicine: 194 ECTS (all core)
- Electives: 28 ECTS from BM/DM to complete 300 ECTS
- Curricular sequencing: Years 1–2 emphasize GC and BM; Year 3 initiates clinical preparatory modules and simulation; Year 4 embeds rotations and patient interactions; Semesters IX–X specialize in patient care with rotations across settings.

Assessment system parameters

- Grading bands (100-point system):
- A: 91–100; B: 81–90; C: 71–80; D: 61–70; E: 51–60
- Pass threshold per component: ≥51 points
- Final exam maximum: 40 points; minimum competency level on final: 50%
- Additional exam eligibility: total ≥41 points; ≥5 days after the main exam
- Early diagnostics: two checkpoints per semester to flag A/F outliers (>10%) for course-level review.
- Academic integrity threshold: Turnitin literal citation match ≤8% for research papers; supervisor decides defense eligibility after review of matches.

Resource ratios and clinical education standards:

- Simulation/preclinical capacity: 1 simulator/phantom/manikin per ≤2 students at a time in 1 contact hour.
- Clinical teaching space:
- Single dental unit office ≥12 m²; hall system ≥18 m² per 2 units; ≥2 m between units.

- Dental chair: ≤4 students per unit at a time.
- General hospital departments: ≤10 students per patient (therapeutic/surgical/OB-GYN/pediatrics), ≤6 in ICU.
- Contracts with affiliated clinics should specify max student numbers per academic year and capacity graphs per course.
- IT and library: Access to EBSCO, HeinOnline, Elsevier (ScienceDirect, Scopus, SciVal, Mendeley), and synchronous/asynchronous facilities are stated for campus learning and remote collaboration.

Budgeting assumptions

- Cohort basis: Financial plan modeled on one cohort of 60 over five years.
- Cost categories: Teaching support per course (compulsory/elective volumes), personnel remuneration, literature acquisition per syllabi, accreditation fees, staff development (e.g., conferences), unforeseen costs, and affiliation salaries covered in consolidated university budget. Programme is stated as financially profitable and sustainable under these assumptions

- **In case of re-accreditation, a brief overview of significant achievements and/or progress (if applicable) during the accreditation period, as well as a review of the fulfillment of the recommendations received during the previous evaluation process.**

III. Summary Table of Compliance of the programmes with the standards

	Standard	Evaluation
1.	**1.1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme**	**Substantially**
1.1	Programme Objectives	**Complies**
1.2	Programme Learning Outcomes	**Complies**
1.3	Evaluation Mechanism of the Programme Learning Outcomes	**Substantially**
1.4	Structure and Content of Educational Programme	**Complies**
1.5	Academic Course/Subject	**Substantially**
2.	**Methodology and Organization of Teaching, Adequacy of Evaluation of Programme Mastering**	**Substantially**
2.1	Programme Admission Preconditions	**Complies**
2.2	The Development of Practical, Scientific/Research/ Creative/ Performance and Transferable Skills	**Substantially**
2.3	Teaching and Learning Methods	**Substantially**
2.4	Student Evaluation	**Substantially**
3.	**Student Achievements and Individual Work with Them**	**Complies**
3.1	Student Consulting and Support Services	**Complies**
3.2	Master's Student Supervision	**Select Appropriate**
4	**Providing Teaching Resources**	**Complies**
4.1	Human Resources	**Complies**
4.2	Qualification of Supervisors of Master's Student	**Select Appropriate**
4.3	Professional Development of Academic, Scientific and Invited Staff	**Complies**
4.4	Material Resources	**Complies**
4.5	Programme/Faculty/School Budget and Programme Financial Sustainability	**Complies**
5	**5. Teaching Quality Enhancement Opportunities**	**Complies**
5.1	Internal Quality Evaluation	**Complies**
5.2	External Quality Evaluation	**Complies**
5.3	Programme Monitoring and Periodic Review	**Complies**

Guidelines and Standards (See link)

Accreditation Standards for Higher Education Programmes

Guideline for Assessment of Accreditation Standards of Higher Education Programmes

Suggestions on the evaluation of the methodology for determining the threshold number of student quotas on a higher education institution educational programme of a certified medical doctor

Assessment criteria

Definitions:

Recommendations - should be considered by the HEI in order to comply the programme with the requirements of the standard

Suggestions - non-binding suggestions for the programme development

IV. Compliance of the Programme with Accreditation Standards

1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme

A programme has clearly established objectives and learning outcomes, which are logically connected to each other. Programme objectives are consistent with the mission, objectives and strategic plan of the HEI. Programme learning outcomes are assessed on a regular basis to improve the programme. The content and consistent structure of the programme ensure the achievement of the set goals and expected learning outcomes.

1.1 Programme Objectives

Programme objectives consider the specificity of the field of study, level and educational programme, and define the set of knowledge, skills and competences a programme aims to develop in graduate students. They also illustrate the contribution of the programme to the development of the field and society.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The One-cycle Dentistry programme at New Vision University demonstrates clear alignment between its stated objectives and the institution's mission to promote education, research, innovation, and social responsibility. The SAR presents objectives that combine ethical practice, patient-centred care, evidence-based clinical competence, interdisciplinary collaboration, and lifelong learning, and these are reflected across the curriculum's three competency groups (General Competencies, Basic Medicine, Dental Medicine). Curriculum sequencing and the curriculum map indicate progressive development (introduction, reinforcement, mastery) and show that the programme's structure and credit allocation (300 ECTS) are designed to support the achievement of the stated aims.

Measurability and assessment are addressed through a Program Learning Outcomes Assessment Plan and the use of revised Bloom's Taxonomy to formulate outcomes, but the program objectives could be addressed at a high level auditable indicators. While the SAR describes assessment methods (direct and indirect) and target benchmarks for learning outcomes, it could be consistently present objective-level KPIs such as minimum clinical encounters per student, OSCE pass-rate targets, or explicit patient-satisfaction thresholds. This limits the programme's ability to demonstrate, in quantitative terms, that each objective is being met and monitored over time.

Stakeholder engagement and benchmarking are evident strengths: employers, students, faculty, and external experts participated in objective formulation and curriculum refinement, and the programme references national and international frameworks (Subject Benchmark Statement of Dentistry, ADEE, WFME, FDI).

Evidences/Indicators

- SER (Section 1.2, Annex #4)
- Subject Benchmark Statement of Dentistry (2023)
- Curriculum map linking objectives and outcomes
- Stakeholder involvement in outcome formulation
- Interview with the authorities

Recommendations:

Suggestions for the Programme Development

Translate broad aims (ethical practice, patient-centered care, social responsibility) into quantifiable performance indicators (e.g., minimum clinical encounters, OSCE pass rates, patient satisfaction scores). This will allow systematic monitoring of achievement.Formalize and archive evidence of stakeholder involvement (employers, alumni, students, civil society) in shaping objectives. Minutes, surveys, and feedback reports should be systematically referenced in accreditation annexes.

- The programme references international frameworks (ADEE, WFME, FDI) and the national Subject Benchmark Statement. This demonstrates intentional benchmarking, but the SER would benefit from explicit crosswalks showing how each objective maps to specific benchmark statements or international standards.
- Suggest objectives that emphasize teamwork with medical, nursing, and public health professionals, aligning with ADEE's emphasis on integrated healthcare delivery.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.1 Programme Objectives	Complies

1.2 Programme Learning Outcomes

➢The learning outcomes of the programme are logically related to the programme objectives and the specifics of the study field.

➢ Programme learning outcomes describe knowledge, skills, and/or the responsibility and autonomy that students gain upon completion of the programme.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The One-cycle Dentistry programme at New Vision University defines a comprehensive set of programme learning outcomes grouped into Knowledge and Understanding, Skills, and Autonomy and Responsibility. Outcomes cover core dental sciences (anatomy, pathology, radiology, pharmacology, materials), clinical competencies across major dental disciplines, patient-centred care, communication, technical competence, ethical practice, lifelong learning, and interdisciplinary collaboration. These outcomes are explicitly stated in the SAR and are presented as consistent with the National Qualifications Framework Level VII and the Subject Benchmark Statement of Dentistry, demonstrating clear intent to meet national and sectoral expectations.

The programme demonstrates logical alignment between aims, learning outcomes, and curriculum structure. A curriculum map is described that assigns each outcome to course-level activities across three progressive levels (introduction, reinforcement, mastery), and the SAR indicates that revised Bloom's Taxonomy was used to formulate outcomes. This scaffolding supports progressive competence development from foundational biomedical knowledge to supervised clinical practice, and the 300 ECTS design provides the credit volume expected for a one-cycle dental qualification. The inclusion of competency groups (General Competencies, Basic Medicine, Dental Medicine) further clarifies how outcomes are distributed across the programme.

Assessment and evidence-use are addressed but not fully operationalised. The SAR describes a Program Learning Outcomes Assessment Plan using direct and indirect methods (exams, OSCE/OSPE-style assessments, workplace-based assessments, surveys, focus groups) and sets target benchmarks for outcomes. However, the dossier lacks consistently reported, outcome-level performance data and explicit, measurable KPIs for many outcomes (for example, minimum numbers of clinical procedures per student, target OSCE pass rates, or quantified thresholds for communication and ethical practice). Indirect measures (student surveys, stakeholder feedback) are planned, yet the annexes do not uniformly present aggregated results or trend data that would demonstrate continuous improvement cycles tied to specific outcomes.

Evidences/Indicators

- SER (Section 1.2, Annex #4)
- Subject Benchmark Statement of Dentistry (2023)
- Curriculum map linking objectives and outcomes
- Stakeholder involvement in outcome formulation

- Interview with the authorities

Recommendations:

Suggestions for the Programme Development

- The programme must convert each high-level learning outcome into measurable, auditable KPIs and embed these KPIs in course syllabi and the Learning Outcomes Assessment Plan. For every outcome specify the assessment instrument(s), the benchmark (pass/target/excellence), the responsible assessor, and the reporting frequency.
- Develop and apply rubrics for soft skills and professionalism (communication, teamwork, empathy, ethical decision-making) and integrate simulated patient encounters and interprofessional education into assessment. Include patient and peer feedback instruments as part of progression decisions to ensure these competencies are measured reliably.
- Embed language competence into outcome assessment by creating measurable language KPIs (e.g., B2 oral proficiency demonstrated in a clinical communication OSCE station; clarity of written case notes). Provide structured remediation tracks and report remediation outcomes annually.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.2 Programme Learning Outcomes	Complies

1.3 Evaluation Mechanism of the Programme Learning Outcomes

- Evaluation mechanisms of the programme learning outcomes are defined; the programme learning outcomes evaluation cycle consists of defining, collecting and analyzing data necessary to measure learning outcomes;
- Programme learning outcomes assessment results are utilized for the improvement of the programme.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The programme has established a robust evaluation mechanism for learning outcomes, combining direct and indirect assessment methods. Direct methods include OSCEs, OSPEs, Mini-CEX, DOPS, and structured clinical examinations, while indirect methods involve surveys, focus groups, and stakeholder feedback. This dual approach ensures validity and reliability in measuring student achievement. The curriculum map, structured around Bloom's

taxonomy, provides a clear framework for tracking progression from introduction to reinforcement and mastery.

Evaluation results are systematically analyzed and used to inform programme improvement. For example, discrepancies between expected and achieved outcomes have led to curriculum modifications, such as increasing clinical exposure and refining assessment methodologies. Benchmarks are established for each learning outcome, and monitoring against these benchmarks ensures accountability and transparency. The involvement of external stakeholders, including employers and alumni, adds credibility to the evaluation process and ensures alignment with labour market needs.

Limitations and risks are primarily operational and evidentiary. Many outcomes remain expressed at a descriptive level without specific, auditable KPIs (e.g., explicit OSCE pass thresholds, minimum numbers of supervised procedures per student, rubric score cut-offs). The SAR and annexes describe assessment instruments and plans but do not consistently present recent, aggregated outcome attainment data or trend analyses that demonstrate the assessment cycle in action (baseline → measurement → corrective action → re-measurement). The linkage between particular assessment tools and discrete programme outcomes is described but not always published as a formal outcome–assessment matrix with weightings, responsible assessors, and reporting timelines. Finally, examiner calibration, inter-rater reliability metrics, and documented remediation pathways for students who fail to meet outcome benchmarks are not consistently evidenced.

Evidences/Indicators

- SER (Section 1.3, Appendix #4)
- Learning Outcomes Assessment Plan and Methodology
- Curriculum map with I-R-M levels (Introduction, Reinforcement, Mastery)
- Employer and student survey results
- Interview with the authorities

Recommendations:

- Operationalise clinical competence by defining minimum clinical encounters and procedure counts per discipline (restorative, endodontics, periodontology, prosthodontics, oral surgery, pediatric dentistry) and linking these minima to eligibility for summative clinical exams.

Suggestions for the Programme Development

- Adopt EPAs and milestone descriptors to translate outcomes into observable workplace tasks and map EPAs to assessment tools and clinical minima. Introduce longitudinal

reflective portfolios that aggregate case logs, feedback and reflective entries to demonstrate progressive competence.

- Strengthen assessment capacity and external benchmarking: run regular faculty development and calibration workshops, pilot simple analytics for early-warning of at-risk students, and invite external examiners or peer reviewers for OSCEs and clinical assessments every 2–3 years.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.3 Evaluation Mechanism of the Programme Learning Outcomes	Substantially

1.4. Structure and Content of Education Programme

- The Programme is designed according to HEI's methodology for planning, designing and developing of education programmes.
- The Programme structure is consistent and logical. The content and structure of the programme ensure the achievement of programme learning outcomes. The qualification to be granted is consistent with the content and learning outcomes of the programme.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The programme structure is logical, consistent, and designed according to NVU's methodology for planning and developing educational programmes. It comprises 300 ECTS credits delivered over six years, integrating general competencies, basic medicine, and dental medicine. The curriculum is modularized, with progressive development of knowledge and skills, ensuring alignment with programme objectives and learning outcomes. The qualification awarded (Doctor of Dental Medicine) is consistent with the content and outcomes of the programme.

Internationalization is a notable strength of the programme. Instruction in English, use of international literature, and alignment with European dental curricula enhance its global relevance. Comparisons with programmes in Germany, Italy, France, Spain, Latvia, and Cyprus demonstrate that NVU's structure is broadly consistent with European standards, while also incorporating local needs. Continuous modifications, such as increasing clinical components and consolidating courses into modules, reflect responsiveness to accreditation recommendations and stakeholder feedback.

The structure also integrates sustainability and interdisciplinary perspectives, preparing graduates to address oral-systemic health links and broader societal challenges. Opportunities

exist to expand elective offerings in emerging fields such as digital dentistry, implantology, and sports dentistry. Strengthening interdisciplinary modules could further enhance the programme's distinctiveness.

Evidences/Indicators

- SER (Section 1.4, Annex #1)
- Curriculum map and syllabi
- Comparison with European programmes (Germany, Italy, France, Spain, Latvia, Cyprus)
- Stakeholder involvement in curriculum development

Recommendations:

-

Suggestions for the Programme Development

- Run short integrated rotations combining related disciplines (for example endodontics, periodontology and oral surgery) to improve continuity of care, clinical reasoning and efficient use of clinical placements.
- Require students to maintain a reflective portfolio that aggregates case logs, supervisor feedback, assessment outcomes and remediation evidence; use the portfolio as part of summative progression decisions.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.4 Structure and Content of Educational Programme	Complies

1.5. Academic Course/Subject

➢ The content of the academic course / subject and the number of credits ensure the achievement of the learning outcomes defined by this course / subject.
➢ The content and the learning outcomes of the academic course/subject of the main field of study ensure the achievement of the learning outcomes of the programme.
➢ The study materials indicated in the syllabus ensure the achievement of the learning outcomes of the programme.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard:

The academic courses within the One-cycle Dentistry programme are structured to provide a coherent progression from foundational biomedical knowledge to advanced clinical practice. Core biomedical subjects (anatomy, physiology, pathology, pharmacology, microbiology) are sequenced early in the curriculum to establish the scientific basis required for dental diagnostics and treatment. These are complemented by discipline-specific courses (restorative dentistry, endodontics, periodontology, prosthodontics, oral surgery, orthodontics and pediatric dentistry) that build technical competence and clinical reasoning through increasingly complex learning tasks.

Course design aligns learning outcomes, contact hours and ECTS credit allocation so that theoretical instruction, preclinical simulation and supervised clinical practice together enable students to achieve stated competencies. Syllabi explicitly state course aims, weekly topics, learning outcomes, assessment methods and required study materials; this transparency supports student planning and ensures that each course contributes clearly to programme-level outcomes. Practical and clinical components are emphasized in credit-bearing modules, with simulation labs and manikin work preceding patient contact to safeguard patient safety and scaffold skill acquisition.

Assessment strategies within courses combine formative and summative approaches to measure knowledge, procedural skills and professional behaviours. Methods include written exams, OSCE/OSPE stations, workplace-based assessments (Mini-CEX, DOPS), case presentations and portfolio elements; these are chosen to match the cognitive and psychomotor demands of each course. Where appropriate, indirect measures such as student feedback and reflective assignments are used to triangulate direct assessment data and inform iterative improvements to course content and teaching methods.

Finally, course materials and learning resources—textbooks, clinical guidelines, electronic databases and simulation equipment—are adequate and regularly updated to reflect evidence-based practice. The curriculum demonstrates logical integration between courses so that students move from introduction → reinforcement → mastery of outcomes; ongoing syllabus review and closer integration of research methodology into clinical subjects would further strengthen the link between course content and the programme's overarching aims.

Evidences/Indicators

- SER (Section 1.1, Annex #1, Annex #8)
- NVU Mission and Strategic Plan

- Stakeholder feedback and employer consultations
- Programme objectives published on NVU website

Recommendations:

- Strengthen the integration of research methodology into clinical courses by embedding explicit, credit-bearing components that teach study design, biostatistics, critical appraisal, and evidence-synthesis skills within clinical modules; require students to complete small, supervised research or quality-improvement projects tied to patient care (case audits, mini-projects, or clinical audits) with clear milestones and assessment rubrics.

Suggestions for the Programme Development

- Establish short, structured international or inter-institutional clinical exchange modules that place students in partner clinics or university departments for focused 2–6 week rotations, with clearly defined learning objectives, competency milestones, and supervised clinical responsibilities

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.5. Academic Course/Subject	Substantially

2. Methodology and Organisation of Teaching, Adecuacy of Evaluation of Programme Mastering

Prerequisites for admission to the programme, teaching-learning methods and student assessment consider the specificity of the study field, level requirements, student needs, and ensure the achievement of the objectives and expected learning outcomes of the programme.

2.1 Programme Admission Preconditions

The HEI has relevant, transparent, fair, public and accessible programme admission preconditions and procedures that ensure the engagement of individuals with relevant knowledge and skills in the programme to achieve learning outcomes.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

New Vision University delivers a five-year English-language Dentistry program designed in accordance with the principles of outcome-based education and structured to ensure the

progressive development of knowledge, practical skills, autonomy, and professional responsibility. The curriculum is sequentially organized, with the first year focusing on biomedical sciences such as Anatomy, Histology, Microbiology, Immunology, and related disciplines, which establish the scientific foundation necessary for further professional training. The second year introduces dentistry oriented theoretical subjects, including Oral Pathology, Community Dentistry, Oral Epidemiology, and similar courses, allowing students to integrate biomedical knowledge into the context of dental sciences. The third year is structured as a preparatory phase for clinical training and emphasizes preclinical education through simulation laboratories, where students engage in practical exercises using simulators and role-play models to develop psychomotor skills, clinical reasoning, and communication competences. In the fourth year, the program builds upon previously acquired competences and is significantly enhanced by clinical rotation courses that actively involve students in supervised clinical practice and direct patient communication. The fifth year provides extended clinical rotations conducted in various clinical facilities and concludes with a final presentation that enables students to demonstrate their ability to deliver comprehensive dental care, which is evaluated by faculty members and reflects the achievement of program learning outcomes.

Admission to the Dentistry program is regulated in accordance with the requirements of the Ministry of Education, Science, Culture and Sport of Georgia and is based on possession of a school leaving certificate or an equivalent qualification, as well as successful completion of national unified entry examinations where applicable. In line with program permission requirements, applicants are required to demonstrate English language proficiency at B2 level and provide evidence of adequate knowledge in Chemistry, biology or either through examination results or an officially recognized certificate. Information regarding admission requirements, enrolment procedures, and program permission criteria is publicly available on the official website of New Vision University, ensuring transparency and equal access for prospective applicants. The enrolment process is conducted twice per academic year, which increases accessibility and flexibility, particularly for international students.

During interviews conducted by the expert panel, the issue of maintaining English language proficiency at B2 level rather than reducing it to B1 level, as referenced in the subject benchmark statement for Dentistry, was discussed. University representatives explained that the institution deliberately maintains a higher language requirement in order to safeguard academic quality and ensure students' ability to successfully engage with the English-language curriculum. Concerns were also raised regarding international students who are required to obtain residence permits in cases where applicants do not initially meet the required English language level. In response, the university representatives stated that New Vision University offers preparatory courses in English, Chemistry, and Biology, primarily targeting international applicants, including Israeli students, with the aim of supporting academic readiness and successful integration into the program.

In addition to the core curriculum, New Vision University provides extracurricular training opportunities that allow Dentistry students to deliver oral health services to patients. According to information obtained during interviews, dental treatments provided within

these activities are free of charge for patients, thereby contributing to students' clinical exposure and community engagement, while participation in these activities requires students to pay additional fees outside of the standard tuition. At the request of the expert panel, the university submitted documentation outlining its student body planning methodology, which demonstrated an approach aimed at ensuring program sustainability through an appropriate academic staff-to-student ratio. The provided documentation indicated that the ratio between academic staff and students does not exceed 1:20 for the Dentistry program, while in the field of medicine and other life sciences a ratio of 1:15 is recommended, supporting effective teaching, supervision, and assessment, particularly within preclinical and clinical components of the program.

Evidences/Indicators

- NVU dentistry educational program;
- Self-evaluation report;
- The university website;
- Interview results;
- Student quantity planning methodology document;
- Subject Benchmark Statement of Dentistry.

Recommendations:

No recommendation.

Suggestions for the Programme Development

No suggestion.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.1 Programme Admission Preconditions	Complies

2.2. The Development of Practical, Scientific/Research/Creative/Performing and Transferable Skills

Programme ensures the development of students' practical, scientific/research/creative/performing and transferable skills and/or their involvement in research projects, in accordance with the programme learning outcomes.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The aim of the New Vision University Dentistry Program is to prepare highly qualified dentists guided by ethical values and a strong sense of social responsibility. The program is designed to develop strong theoretical knowledge alongside comprehensive clinical skills. Upon completion of the program, graduates are expected to possess knowledge of dental sciences, including biomedical sciences and dental materials, as well as an in depth understanding of modern strategies for oral health promotion and disease prevention. The core competencies of the program are clearly defined and include clinical competence, patient-centred care, communication and interpersonal skills, and technical competencies. These technical competencies encompass the use of dental equipment, integration of modern technologies, and adherence to infection control standards and safety protocols in the clinical environment. In addition, the program ensures the development of competencies related to autonomy and responsibility, including ethical practice, lifelong learning, and a collaborative professional approach. The competencies outlined in the Dentistry Program are aligned with the Subject Benchmark Statement for Dentistry.

Regarding the development of scientific and research skills, interviews confirmed that the university actively supports student participation in national dental conferences. As part of the curriculum, students undertake modules such as Academic Writing, Research Methods, and Statistics, which serve as essential core components. Within individual courses, students are required to conduct small-scale research projects under faculty supervision and present their findings, thereby fostering early engagement in research activities and the development of transferable academic skills.

The university has established a regulatory document aimed at encouraging student involvement in scientific research activities. This regulation aligns with the principles of internationalization, interdisciplinarity, and the university's strategic development plan, contributing to the sustainable development of society. The document also provides a framework for student research funding, covering justified and documented research-related expenses.

New Vision University has also presented memorandums supporting student exchange opportunities with international universities both within and outside Europe and participates in Erasmus+ projects. However, the expert panel was unable to identify memorandums of understanding specifically with European dental schools that would ensure structured exchange opportunities for dentistry students.

Evidences/Indicators

- Self-evaluation report;
- Dental program and the syllabi;
- Regulation on Encouragement of Research Activities;

- Memorandums with collaborative organizations.
- Interview Results;

Recommendations:

It is recommended that the university establish memorandum of understanding (MOUs) with international dental schools, especially within Europe, to strengthen internationalization and ensure equitable access for dental students to exchange programs, thereby supporting the development of professional competencies and the sharing of international experiences relevant to their future careers as dentists

Suggestions for the Programme Development

- **No suggestion.**

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.2. The Development of practical, scientific/research/creative/performing and transferable skills	Substantially

2.3. Teaching and Learning Methods

The programme is implemented by use student-oriented teaching and learning methods. Teaching and learning methods correspond to the level of education, course/subject content, learning outcomes, and ensure their achievement.

The Dentistry Program at New Vision University incorporates a wide range of contemporary teaching and learning methodologies that are consistent with the requirements of the Subject Benchmark Statement for Dentistry. The program is designed to integrate theoretical knowledge with practical and clinical training throughout the five-year study period, ensuring a progressive and coherent development of student competencies. The applied methodologies emphasize active student engagement and support the development of both professional and transferable skills.

The achievement of program learning outcomes is supported through diverse and student-centred teaching approaches, including interactive lectures, small-group sessions, tutorials, practical and laboratory classes, problem-based learning, case-based learning, simulation-based learning, role-playing activities, collaborative group work, and learning supported by digital technologies. These methods are clearly reflected in the course syllabi and are

appropriately matched to the subject content, complexity of learning outcomes, and the level of education. The expert panel observed that the combination of these methods contributes effectively to student engagement, critical thinking, clinical reasoning, and the application of knowledge in simulated and real clinical settings.

Interviews with academic and invited teaching staff indicated that the university actively supports the continuous professional development of its faculty in modern teaching and learning methodologies. Recent institutional initiatives include training activities focused on artificial intelligence in education and leadership development, both of which are relevant to contemporary dental education and academic practice. These initiatives demonstrate the university's commitment to enhancing teaching quality and ensuring that instructional methods remain current, innovative, and aligned with international educational trends.

Evidences/Indicators

- Self-Evaluation report;
- Dentistry program and Syllabi;
- Interview results;
- Subject Benchmark Statement of Dentistry.

Recommendations:

- The university is recommended to ensure the regular and continuous provision of training in teaching and learning methodologies for both academic and invited staff, in order to support professional development, enhance the quality of teaching, and ensure the sustainability of student-centred educational practices within the dentistry program.

Suggestions for the Programme Development

- **No suggestion.**

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.3. Teaching and learning methods	Substantially

2.4. Student Evaluation

Student evaluation is conducted in accordance with the established procedures. It is transparent, reliable and complies with existing legislation.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

At New Vision University, the student evaluation system is based on a clearly defined grading scale consisting of five positive grades: A (Excellent) ranging from 91% to 100%, B (Very Good) from 81% to 90%, C (Good) from 71% to 80%, D (Satisfactory) from 61% to 70%, and E (Sufficient) from 51% to 60%. The minimum competency level required for passing a course is set at 51 points. Students are admitted to the final examination provided that they have accumulated at least 51 points through continuous assessment and midterm evaluations, taking into account the maximum possible score allocated to the final examination. The minimum competency threshold as it is written in self-evaluation report required for admission to an additional examination is defined as 41 points. According to institutional regulations, an additional examination may not be conducted earlier than five days after the main examination, which is in line with procedural fairness and transparency.

The Dentistry Program applies a range of modern assessment methods that are aligned with the Subject Benchmark Statement for Dentistry and support the evaluation of both theoretical knowledge and clinical competence. These methods include multiple-choice questions, case-based assessments, open-book examinations, portfolios, Objective Structured Clinical Examinations (OSCE), Direct Observation of Procedural Skills (DOPS), practical examinations, and other workplace-based assessment approaches. These assessment methods are designed to evaluate knowledge acquisition, clinical reasoning, technical skills, and professional behaviour.

In biomedical science subjects, such as Body Systems, which integrates anatomy and physiology, the assessment structure typically consists of a midterm examination worth 60 points, including multiple-choice questions and elements of multisource feedback, while the final examination accounts for 40 points and is conducted in a multiple-choice format. However, during the review of course syllabi, the expert panel noted that the minimum

competency requirements for admission to the final examination are not consistently or explicitly stated in the syllabi, which may limit clarity and transparency for students.

In clinical courses, particularly in the later years of study, such as Comprehensive Care Rotation III, assessment includes the evaluation of daily clinical activities and dental procedures. Nevertheless, the expert panel identified that syllabi do not clearly specify the types of clinical procedures students are required to perform, nor do they consistently define the assessment rubrics or criteria used for daily clinical evaluation. While the final examination in these courses is conducted in the form of an OSCE with a maximum of 40 points, the syllabi do not clearly indicate which clinical competencies or procedures are assessed through specific methodologies such as OSCE, DOPS, workplace-based assessments, or written portfolio evaluations. In addition, the required minimum number of patients or clinical cases necessary to demonstrate competence and to be admitted to the final examination is not explicitly defined in the syllabi. Given that the stated learning outcome of these courses is to provide comprehensive dental care, the absence of clearly defined quantitative and qualitative clinical requirements may affect the transparency and consistency of student evaluation.

These issues were also discussed during interviews with university representatives, who acknowledged the need for clearer alignment between learning outcomes, clinical requirements, assessment methods, and evaluation criteria within course documentation. Furthermore, interviews with students revealed that, while they value the OSCE as a fair and objective assessment tool, they would benefit from receiving more detailed feedback on their performance. Specifically, students expressed a strong preference for access to OSCE results broken down by individual stations, which would allow them to identify specific areas of weakness and improve their clinical skills and procedural competencies in future training.

Evidences/Indicators

- Dentistry program and syllabi;
- Self evaluation report;
- Subject Benchmark Statement of Dentistry.

- Interview results.

Recommendations:

- It is recommended that, in the syllabi of biomedical science subjects, the minimum competency requirements for admission to the final examination be stated more clearly and explicitly. The syllabi should provide comprehensive and transparent information on assessment thresholds to ensure that students clearly understand the evaluation criteria and progression requirements.
- In clinical subjects, it is recommended that the syllabi clearly specify the required dental procedures, including procedures to be performed on patients and on phantoms, as well as the minimum number of procedures and patients that must be completed and treated as a prerequisite for admission to the final examination. This clarification would enhance transparency, consistency, and fairness in the evaluation of clinical competencies.

Suggestions for the Programme Development

- **No suggestion.**

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.4. Student evaluation	Substantially

3. Student Achievements, Individual Work with Them

The programme ensures the creation of a student-centered environment by providing students with relevant services; promotes maximum student awareness, implements a variety of activities and facilitates student involvement in local and/or international projects; proper quality of scientific guidance is provided for master's student.

3.1 Student Consulting and Support Services

Students receive consultation and support regarding the planning of learning process, improvement of academic achievement, and career development from the people involved in the programme and/or structural units of the HEI. A student has an opportunity to have a diverse learning process and receive relevant information and recommendations from those involved in the programme.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Based on the analysis of the documentation and the insights gathered during interviews, it is clear that New Vision University has established a well-structured, student-centered system for maintaining and improving the quality of its educational programs. The processes are transparent, consistently implemented, and effectively support ongoing institutional development. Students receive timely academic, administrative, and personal guidance, while staff actively communicate available services, opportunities, and important updates.

The university has a diverse range of student clubs, where students can initiate and organize projects that reflect their interests and ideas. Regular feedback questionnaires allow students to express their opinions about academic and administrative processes, ensuring that their voices are included in the university's continuous improvement efforts.

A high-quality psychological service is also available, providing essential support for students' emotional well-being and helping them manage academic pressure and personal challenges. Communication between the administration and students is open and efficient: the Student Counseling and Advocacy Office maintains active dialogue with students, and the Ombudsperson is readily available to assist in resolving any type of issue, working closely with both the university administration and the School of Dentistry.

Students are supported in research activities, academic planning, and exam-related procedures, creating a learning environment where they feel guided and informed. Alumni also report positive experiences—maintaining communication, participating in university activities, and offering support to recent graduates.

Students consistently highlight the supportive environment fostered by the university. They confirm that timely consultations are available on both academic and administrative matters, ensuring that their needs are addressed efficiently. Beyond formal guidance, the institution encourages student engagement through a wide range of clubs, enabling learners to organize and implement their own projects. The psychological service operates at a high professional level, safeguarding students' emotional well-being, while regular questionnaires provide opportunities for them to share feedback and shape the ongoing development of the programme.

Staff members also affirm their active role in guiding students, managing appeals, and organizing support services, noting that they regularly share information about available opportunities. This collaborative approach strengthens the student experience and builds trust between learners and the institution. Alumni further reinforce this positive picture, reporting effective communication with the university and emphasizing that they remain well-connected after graduation, which reflects the institution's commitment to sustaining long-term relationships and fostering a vibrant academic community.

Evidences/Indicators

- NVU Self-Evaluation Report (2025), 3 and 4 (Programme Information, Admission Requirements).
- Subject Benchmark Statement of Dentistry (2023), 2.4 (Admission prerequisites).
- Georgian Law on Higher Education; Law on Medical Practice.
- NVU website and published admission policies.
- Interview with stakeholders

Recommendations:

- -

Suggestions for the Programme Development

- After the exam, students should be given the opportunity to review the questions they answered incorrectly, as this would help them better understand their mistakes. Access to incorrect responses after the assessment allows students to identify knowledge gaps, which is an essential part of the learning process.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.1 Student Consulting and Support Services	Complies

3.2. Master's Student Supervision

- A scientific supervisor provides proper support to master's student to perform the scientific-research component successfully.
- Within master's programmes, ration of students and supervisors enables to perform scientific supervision properly.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The DMD is a one-cycle program; quantitative data on Master's/Doctoral supervision is not applicable within this program context and is not reported in the SER (no Master's/Doctoral theses data were provided for the DMD)

Evidences/Indicators

- Component evidences/indicators, including the relevant documents and interview results

Recommendations:

- Proposal (s), which should be considered by the HEI, the programme to meet the requirements of the standard

Suggestions for the Programme Development

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.2. Master's Students Supervision	Select Appropriate

4. Providing Teaching Resources

Human, material, information and financial resources of educational programme ensure sustainable, stable, efficient and effective functioning of the programme and the achievement of the defined objectives.

4.1 Human Resources

➢ Programme staff consists of qualified persons, who have necessary competences in order to help students to achieve the programme learning outcomes.
➢ The number and workload of programme academic/scientific and invited staff ensures the sustainable running of the educational process and also, proper execution of their research/creative/performance activities and other assigned duties. Quantitative indicators related to academic/scientific/invited staff ensure programme sustainability.
➢ The Head of the Programme possesses necessary knowledge and experience required for programme elaboration, and also the appropriate competences in the field of study of the programme. He/she is personally involved in programme implementation.
➢ Programme students are provided with an adequate number of administrative and support staff of appropriate competence.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

- The program is carried out by qualified academic, scientific, and invited personnel who have the necessary competencies to achieve the program's learning outcomes. The number, composition, and workload distribution of academic, scientific, and invited staff are sufficient to ensure the sustainable delivery of the educational process and fulfill research, creative, performance, and other institutional duties. Quantitative staffing indicators demonstrate the program's long-term sustainability.

  Students are supported by an adequate number of administrative and support personnel with qualifications and competencies that match their assigned roles.

  New Vision University has implemented a structured academic personnel workload scheme to plan, regulate, and monitor academic and scientific staff activities. A full-time academic workload consists of 1,760 hours per academic year (880 hours per semester), equivalent to 40 hours per week. This workload includes teaching activities, scientific research work, student consultations, and participation in university events. The workload scheme is applied proportionally to part-time personnel based on their contractual obligations.

Teaching activities involve classroom instruction, preparation of teaching and assessment materials, evaluation of student performance, and may include developing new educational programs, modules, or curricular components.

Scientific and research activities encompass preparing, translating, editing, and reviewing academic publications, developing and implementing research and grant projects, organizing scientific conferences, and preparing conference presentations. The development and publication of monographs or textbooks may occur once every three years during one academic semester, with temporary release from teaching duties under researcher status.

Participation in university activities includes engagement in institutional governance bodies and committees, administrative responsibilities, activities beyond the curriculum, promoting international cooperation, and public relations initiatives. Academic personnel combining teaching with administrative functions have their mandatory workload reduced by 50%.

Academic personnel with a full workload receive contractual remuneration monthly over a six-month academic semester. Any workload exceeding the prescribed semester hours may be transferred to the following academic year or compensated through additional remuneration. Invited and academic personnel with a workload below 0.5 full-time equivalent are remunerated on an hourly basis.

The qualifications of personnel involved in program implementation meet legal and institutional requirements. Academic staff have appropriate academic degrees, research output, and practical experience relevant to the course learning outcomes they deliver.

Out of the 74 individuals involved in program implementation, 21 are affiliated academic personnel, 26 are academic personnel, and 48 are invited personnel.

New Vision University promotes continuous professional development for students and staff to enhance knowledge, skills, and values in service of society.

The program is supported by adequate administrative resources with appropriate competencies. Administrative staff include the Dean of the School, program heads, and educational process managers. Centralized university services, such as international relations, student and alumni affairs, student counseling and advocacy, legal services, library services, and other units, provide consultation and support to students within their areas of expertise. The qualifications of administrative and support staff align with their assigned responsibilities.

Number of the staff involved in the programme (including academic, scientific, and invited staff)	Number of Programme Staff	Including the staff with sectoral expertise[5]	Including the staff holding PhD	Among them, the affiliated staff

[5] Staff implementing the relevant components of the main field of study

			degree in the sectoral direction[6]	
Total number of academic staff	**32**	**24**	**18**	**20**
- Professor	6	6	6	5
- Associate Professor	8	6	5	6
- Assistant-Professor	10	7	5	6
- Assistant	8	5	2	3
Visiting Staff	6	4	2	_
Scientific Staff	4	2	2	_
Including International Stuff	4	-	-	-

Evidences/Indicators

- NVU Self-Evaluation Report (2025), 4–5 (Programme Review, Staff Involvement, Quality Assurance).
- Subject Benchmark Statement of Dentistry (2023), III (Competencies, Staff Requirements).
- Programme staff lists and CVs (Annex #1, SER).
- Feedback from students, alumni, and employers (SER 5).

Recommendations:

-

Suggestions for the Programme Development

- -Encourage staff mobility through international exchange programmes and joint teaching initiatives.
- Establish a mentorship programme pairing junior faculty with senior professors to build capacity.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation

[6] Staff with relevant doctoral degrees implementing the components of the main field of study

4.1 Human Resources	Complies

4.2 Qualification of Supervisors of Master's Students

The Master's students have qualified supervisor/supervisors and, if necessary, co-supervisor/co-supervisors who have relevant scientific-research experience in the field of research.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The DMD is a one-cycle program; quantitative data on Master's/Doctoral supervision is not applicable within this program context and is not reported in the SER (no Master's/Doctoral theses data were provided for the DMD)

Number of supervisors of Master's theses	Thesis supervisors	Including the supervisors holding PhD degree in the sectoral direction	Among them, the affiliated staff
Number of supervisors of Master's thesis			
- Professor			
- Associate Professor			
- Assistant-Professor			
Visiting personnel			_
Scientific Staff			_

Evidences/Indicators

- Component evidences/indicators, including the relevant documents and interview results

Recommendations:

- Proposal (s), which should be considered by the HEI, the programme to meet the requirements of the standard

Suggestions for the Programme Development

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.2 Qualification of Supervisors of Master's Students	Select Appropriate

4.3 Professional Development of Academic, Scientific and Invited Staff

➢ The HEI conducts the evaluation of programme staff and analyses evaluation results on a regular basis.
➢ The HEI fosters professional development of the academic, scientific and invited staff. Moreover, it fosters their scientific and research work.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The institution applies a formally regulated academic workload model that clearly defines teaching, research, consultation, and institutional service activities. This structured framework ensures that responsibilities are distributed fairly and transparently, allowing for effective planning and monitoring of academic duties. By aligning workload allocation with international good practice, the university provides clarity for staff and supports the sustainable management of academic resources. The model also reinforces accountability and enables the institution to balance teaching commitments with research and service activities in a coherent manner.

Remuneration mechanisms for full-time, part-time, and invited staff are proportionate to workload and clearly defined in institutional regulations. Provisions for compensating additional workload or transferring excess hours to subsequent academic periods are assessed as reasonable and supportive of staff sustainability. This system not only ensures fairness but also motivates staff to engage fully in teaching and research activities, knowing that their contributions are recognized and rewarded appropriately. The transparent remuneration framework contributes to staff satisfaction and retention, which in turn strengthens programme stability.

Regular evaluation of academic and invited staff is conducted through established quality assurance procedures. The results of these evaluations are systematically used for professional development purposes, ensuring that staff receive constructive feedback and opportunities for growth. The individualized approach to career development, implemented through Personal Development Plans, is considered a particular strength. These plans allow staff to set personal goals, align them with institutional priorities, and receive tailored support for achieving them. This approach enhances staff motivation and fosters a culture of continuous improvement.

The integration of evaluation outcomes into development planning demonstrates a functioning internal quality assurance mechanism that supports ongoing enhancement of teaching and research quality. By linking staff evaluation with professional development, the institution ensures that identified areas for improvement are addressed in a structured and supportive manner. This cycle of evaluation, feedback, and development reflects international best practice and contributes to the long-term sustainability of the programme. Overall, the institution's commitment to staff development ensures that academic, scientific, and invited personnel remain engaged, competent, and capable of delivering high-quality education aligned with accreditation standards.

Evidences/Indicators

- Staff evaluation reports and performance reviews (SER Annexes).
- Records of workshops, training sessions, and conference participation.
- Research and publication outputs of programme staff.
- Quality Assurance Committee reports on staff development.
- Feedback from students and employers confirming staff competence and responsiveness.
- Subject Benchmark Statement of Dentistry (2023), which highlights the importance of continuous professional development and evidence-based practice.
- Interviews
- Requested documents (staff funding during 2025)

Recommendations:

-

Suggestions for the Programme Development

- -Formalize a structured professional development plan with measurable outcomes (e.g., annual targets for publications, training hours, and international collaborations).

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.3 Professional development of academic, scientific and invited staff	Complies

4.4. Material Resources

Programme is provided by necessary infrastructure, information resources relevant to the field of study and technical equipment required for achieving programme learning outcomes.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The programme is supported by appropriate infrastructure, information resources, and technical equipment that collectively ensure the achievement of the intended learning outcomes. The university has invested in modern facilities that align with the requirements of dental education and provide a stable foundation for both theoretical and practical components of the curriculum. The availability of these resources demonstrates institutional commitment to quality and sustainability, ensuring that students are trained in an environment consistent with international standards.
The theoretical components of the programme are delivered on the university campus, where lecture halls and media workshops are fully equipped to support teaching and learning activities. Facilities are

designed to accommodate lectures, seminars, and interactive sessions, with appropriate formats and technologies that enhance student engagement. The provision of multimedia equipment, projection systems, and digital platforms ensures that theoretical instruction is delivered effectively and that students have access to diverse learning modalities.

The university's Eco Campus further strengthens the learning environment by offering student-centered spaces that encourage collaboration, group work, and informal learning. Teaching spaces are equipped with the necessary technical resources to support the educational process, including simulation tools and digital infrastructure. This environment fosters active learning and interdisciplinary interaction, reflecting best practice in higher education and supporting the development of transferable skills alongside academic knowledge.

The university library plays a central role in supporting the programme by providing access to international academic resources. Integrated into global library networks, it offers students and staff access to major electronic databases such as EBSCOhost, HeinOnline, and Elsevier platforms including ScienceDirect, SciVal, Scopus, and Mendeley Data. In addition, the institution ensures academic integrity by providing plagiarism detection services through Turnitin, reinforcing ethical standards in research and writing. Together, these resources ensure that students and staff have the tools necessary for evidence-based practice, scholarly inquiry, and the continuous improvement of the programme.

Evidences/Indicators

- Campus infrastructure inventories and Eco Campus documentation (SER Annex #1, Annex #7)
- Library catalogues and subscription agreements (SER Annex #8)
- IT service records and equipment lists (SER Annex #9)
- Institutional policies and QA reports (SER Annex #10, Annex #11)
- Student and staff feedback surveys (SER Annex #12)
- Interviews
- Site visit
- Turnitin reports and agreement

Recommendations:

-

Suggestions for the Programme Development

- Strengthen documentation of student usage statistics for library databases and plagiarism detection services to demonstrate impact.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.4 Material Resources	Complies

4.5 Programme/Faculty/School Budget and Programme Financial Sustainability

The allocation of financial resources stipulated in the programme/faculty/school budget is economically feasible and corresponds to the programme needs.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The programme budget is prepared by the Faculty Dean and subsequently reviewed by the Head of the University's Finance and Operations Committee. During this process, budget parameters are verified, recalculated as necessary, and consolidated into a final approved version. Budget preparation is based on an assessment of programme needs, prioritization of key expenditures, and consideration of both programme-level and school-level revenues to ensure financial feasibility.

The budget for the five-year, one-cycle Dentistry educational programme is calculated based on the admission of one cohort of 60 students over the full programme duration. The budget includes projected income and expenditures and defines the annual tuition fee structure.

Key expenditure categories include educational support costs (number of compulsory and elective courses), personnel remuneration linked to individual curricular components, acquisition of educational literature specified in course syllabi, programme accreditation fees, and professional development activities for academic staff, including conference participation. Remuneration of affiliated personnel is incorporated into the university's consolidated budget, which also covers institution-wide operational costs. Provisions for unforeseen expenses are also included.

The financial resources allocated to the programme are realistic, sufficient, and aligned with the programme's operational and developmental needs. The programme is financially sustainable and profitable, ensuring its long-term viability. The budgeted expenditures adequately support programme delivery and enable the achievement of the defined learning outcomes. Financial feasibility is further reinforced by institutional support from both the School and the University, with costs covered through institutional revenues.

Evidences/Indicators

- Annual programme and faculty budget documents (SER Annex #9).
- Financial planning and monitoring reports prepared by the Finance and Operations Committee (SER Annex #11).
- Records of investments in infrastructure, library subscriptions, and IT resources (SER Annex #8).
- Documentation of income sources, including tuition fees, grants, and clinic partnerships (SER Annex #12).
- Quality Assurance Committee reports linking financial sustainability to programme development.
- Interview

Recommendations:

-

Suggestions for the Programme Development

- Enhance transparency by publishing annual financial summaries for stakeholders.
- Formalize a long-term financial sustainability plan that integrates risk management and international expansion.
- Explore opportunities for external funding through international research collaborations and grants.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.5. Programme/ Faculty/School Budget and Programme Financial Sustainability	Complies

5. Teaching Quality Enhancement Opportunities

In order to enhance teaching quality, programme utilises internal and external quality assurance services and also, periodically conducts programme monitoring and programme review. Relevant data is collected, analysed and utilized for informed decision making and programme development.

5.1 Internal Quality Evaluation

Programme staff collaborates with internal quality assurance department(s)/staff available at the HEI when planning the process of programme quality assurance, developing assessment instruments, and implementing assessment process. Programme staff utilizes quality assurance results for programme improvement.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The One-cycle Dentistry programme at New Vision University demonstrates a structured and largely collaborative approach to internal quality evaluation. Internal QA governance is clearly positioned at institutional level: the University's Quality Culture Committee (QCC) holds primary responsibility for overseeing the internal quality assurance system, while programme leaders and staff cooperate with it during programme work. The Dentistry programme is explicitly described as following a continuous improvement cycle based on the Plan–Do–Check–Act (PDCA) principle, aiming to ensure timely identification of deficiencies and prompt responses.

Programme quality evaluation is supported by a mix of planned outcome assessment mechanisms and systematic data collection. Documentation indicates that for programme learning outcomes, direct and indirect assessment methods are defined and benchmarked, including surveys and consultations with relevant stakeholders (students, academic/invited staff, graduates, employers), implemented electronically and via "round table" formats.

Importantly, the programme also uses an early diagnostics system: midterm exam results are provided by the University Examination Center during the semester and are then analyzed by the School as part of this mechanism, enabling faster identification of learning challenges and targeted intervention.
This aligns well with the criterion requiring programme staff to collaborate with internal QA services/staff in planning QA processes, creating instruments, and analyzing results.
Evidence also supports the expectation that QA findings are used in programme-level decision-making. In the self-evaluation structure, the Programme Head is assigned responsibilities that include identifying programme strengths and areas for enhancement, leading stakeholder evaluations, analyzing evaluation data, and refining the programme based on sector/market needs and the recommendations of the School Board and QCC (including revising syllabi and addressing inconsistencies).
Additionally, the Dentistry SER materials include an explicit improvement action related to the electronic portal—ensuring timely recording of student grades, with planned activities such as informational/technical training for lecturers and administrative response mechanisms—showing a functioning "check–act" logic in practice.
Multi-stakeholder involvement in the self-evaluation process is documented and appears meaningful. The self-evaluation group included academic leadership and school representatives as well as alimni, a student and an employer, and the QCC Chairperson (together with the School QA Representative) introduced accreditation requirements and standards through dedicated working sessions.
More broadly, programme development and review work is described as involving employers (through consultations and input on strengths/weaknesses), academic and invited personnel (content development and syllabi), and active students and alumni (evaluation via the university portal and meetings).
Regarding the criterion on monitoring and evaluating electronic/distance learning, the programme documentation emphasizes learning "based on digital technologies" and uses electronic tools (e.g., portal-based evaluation and electronic surveys).
Overall, the programme demonstrates good alignment with Standard 5.1: internal QA roles are defined, the PDCA logic is articulated, stakeholder participation in self-evaluation is evidenced, and there are mechanisms (including early diagnostics and multi-instrument outcome assessment) that support evidence-based improvement.
A key developmental area for the Dentistry programme is strengthening feedback loops to stakeholders, particularly students and academic/invited personnel. While the University collects feedback through surveys, meetings, and assessment-related mechanisms, the programme would benefit from more consistent and transparent communication back to participants on the outcomes of these evaluations and the actions taken in response. Importantly, the University has already identified this need and has indicated that it plans to start working on improving feedback practices. Suggested steps include routinely sharing consolidated survey results and feedback summaries, providing clearer and more timely feedback on examination outcomes (including structured opportunities for students to review incorrect answers and understand improvement points), and ensuring that academic and invited staff receive systematic updates on identified issues and implemented enhancements. Establishing a more visible "closing the loop" practice would strengthen stakeholder trust, increase engagement in quality processes, and improve the traceability of evidence-based programme improvements.

Evidences/Indicators

- SER;
- Programs and Syllabi;
- QA Mechanisms;
- QA Analysis;
- Interview Results;

Recommendations:

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Suggestions for the Programme Development

- It is suggested that the programme, together with the internal QA office, formalize and implement a "closing-the-loop" feedback procedure that systematically communicates consolidated survey/exam findings and the resulting improvement actions to students and academic/invited staff on a regular basis.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.1 Internal quality evaluation	Complies

5.2 External Quality Evaluation

Programme utilises the results of external quality assurance on a regular basis.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The One-cycle Dentistry programme demonstrates a consistent practice of incorporating external quality assurance inputs and using them for programme development. Documentation confirms that the programme underwent national accreditation processes, including a two-year conditional accreditation granted by the Accreditation Council (March 13, 2020), after which programme staff continued refinement activities by analyzing learning outcome achievement and collecting stakeholder feedback, explicitly taking into account the recommendations of the Accreditation Council. As a result, the programme was modified and resubmitted through internal governance channels, with concrete improvements including adjustment of programme aims and outcomes, consolidation of courses into modules, an increased proportion of practical and clinical components, and enhancement of outcome evaluation methods and teaching/learning approaches.
In addition to formal accreditation-related external QA, the programme systematically sought external expert evaluation during programme planning and documentation preparation. The SER indicates that

the dentistry programme and syllabi were sent to relevant field experts for review, and that an external expert survey was designed to assess the clarity and coherence of programme goals and learning outcomes, alignment between outcomes and programme structure, relevance to modern field requirements, and overall feasibility of achieving programme aims. This external feedback loop is presented as a structured input to programme validation and improvement, further supported by external expert evaluation and labour-market/benchmarking-related appendices.
With regard to developmental peer review, the documentation notes the involvement of local and international evaluators and indicates that field experts provided feedback on programme components, which were taken into account in the final version of the programme. In addition, industry experts and practitioners are described as contributing recommendations on programme architecture, aims, and learning outcomes during programme development activities. Overall, the programme shows good alignment with Standard 5.2, as external recommendations (particularly from accreditation and expert review processes) are clearly discussed and translated into programme enhancements, and external peer input is utilized as a development mechanism rather than a one-time formality.

Evidences/Indicators

- SER;
- Programs and Syllabi;
- External Evaluation Reports;
- QA Mechanisms and Reports;
- Field Expert Review;
- Interview Results;

Recommendations:

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Suggestions for the Programme Development

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Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.2. External Quality Evaluation	Complies

5.3 Programme Monitoring and Periodic Review

Programme monitoring and periodic evaluation is conducted with the involvement of academic, scientific, invited, administrative, supporting staff, students, graduates, employers and other stakeholders through systematic data collection, study and analysis. Evaluation results are applied for the programme improvement.

Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Programme monitoring and periodic review for the One-cycle Dentistry programme are organized through a structured internal quality framework led by the University's Quality Culture Committee, with close cooperation from programme leadership and staff. Monitoring is described as a continuous improvement cycle aligned with the PDCA principle, supported by a defined learning outcomes evaluation mechanism and an implementation plan that includes assessment tools and target benchmarks for each outcome. The programme systematically collects and analyzes both quantitative and qualitative information using multiple instruments, including direct and indirect assessment methods, portal-based monitoring of the educational process, and stakeholder feedback gathered through electronic surveys and round-table style consultations involving students, academic and invited staff, graduates, and employers. This combination of mechanisms supports periodic review and enables the programme to identify gaps between intended learning outcomes and achieved performance, and to initiate updates to programme components when needed.

Monitoring practices also include regular data-informed checks of teaching, learning, and assessment adequacy. Evidence indicates that students have the opportunity to evaluate each individual course separately, and that the University's electronic platform is used for observation and analysis of the educational process. The programme additionally benefits from early diagnostic mechanisms and ongoing assessment practices (including clinically oriented methods such as OSCE and direct observation of procedural skills), which strengthen feedback for course-level and programme-level refinement.

The programme also references labour market analysis and benchmarking as part of periodic review; however, the benchmarking material provided is predominantly descriptive (listing strengths and weaknesses of local and international programmes) and does not sufficiently demonstrate an analytical link to decision-making. In its current form, it is difficult to trace which specific best practices have already been adopted, which are prioritized for adoption, and how these choices are reflected in concrete programme modifications with timelines, owners, and measurable targets. Strengthening the benchmarking output into an analytical, decision-oriented document would improve the transparency and credibility of modernization efforts and make the application of international best practices more explicit and verifiable.

Evidences/Indicators

- SER;
- Programs and Syllabi;
- QA Documentation;
- Benchmarking Document;
- Interview Results;

Recommendations:

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Suggestions for the Programme Development

- It is suggested that the University revise the benchmarking document into an analytical format (e.g., a comparative matrix and gap-analysis) that explicitly identifies the best practices already applied and those targeted for adoption, and clearly links each selected practice to planned programme development process.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.3. Programme monitoring and periodic review	Complies

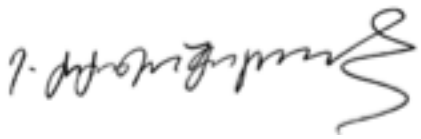
Attached documentation (if applicable):
Signatures:

Chair of Accreditation Expert Panel

Full name, signature: Pouyan Aminishakib

Accreditation Expert Panel Members

Full name, signature: Elene Gigineishvili



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