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

English-Language One cycle educational Program in Medicine, Level 7

National Educational University

Evaluation Date: July 9-10, 2026

Report Submission Date: September 22, 2026

Tbilisi

Table of Contents

I. Information on the education programme 4

II. Accreditation Report Executive Summary 5

III. Summary Table of Compliance of the programmes with the standards 11

IV. Compliance of the Programme with Accreditation Standards 13

1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme 13

2. Methodology and Organisation of Teaching, Adecuacy of Evaluation of Programme Mastering 27

3. Student Achievements, Individual Work with Them 33

4. Providing Teaching Resources 35

5. Teaching Quality Enhancement Opportunities 42

Information about a Higher Education Institution [1]

Name of Institution Indicating its Organizational Legal Form	National Educational University, Limited Liability Company
Identification Code of Institution	204876991
Type of the Institution	University

Expert Panel Members

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[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)	
Name of Higher Education Programme (in English)	Medicine
Level of Higher Education/programme	One-cycle
Qualification to be Awarded[2]	Medical Doctor
Name and Code of the Detailed Field	0912, Medicine
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	360
Programme Status (Accredited/ Non-accredited/ Conditionally accredited/ Newly proposed/International accreditation) Indicating Relevant Decision (number, date)	Newly proposed
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 University administers an English language examination for applicants eligible for admission without the Unified National Examinations. These applicants are required to demonstrate English language proficiency at a minimum of B1 level.
The quota for MD students requested by the HEI (In the case of Medical Doctor one-cycle educational programme)	20 admissions / year

[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**

National Educational University (NEU) is a privately owned higher education institution (HEI) located in Tbilisi, Georgia. At present, the University offers an English-taught Bachelor's programme in Nursing, as well as undergraduate programmes in Law and Psychology and a Master of Business Administration (MBA) programme delivered in Georgian. The Expert Panel reviewed the proposed one-cycle Medical Doctor (MD) programme submitted by the University for accreditation. The new programme has been designed as an integrated curriculum and is intended to align with the Standards of the World Federation for Medical Education (WFME), the Georgian National Qualifications Framework, the European Qualifications Framework (EQF), and the Sectoral Qualifications Framework for Higher Medical Education in Georgia. According to the Self-Evaluation Report (SER), of the University, the curriculum has been developed with consideration of international and regional good practices, available institutional resources, and anticipated labour market needs. The programme is designed to provide graduates with the knowledge, skills, and professional attitudes required for entry into postgraduate medical training and the practice of medicine, subject to the applicable national licensing and regulatory requirements.

The proposed MD programme follows the traditional six-year, one-cycle model leading to the qualification of Medical Doctor and is positioned at Level 7 of both the Georgian National Qualifications Framework and the European Qualifications Framework. The presented curriculum integrates biomedical, behavioural, social, and clinical sciences in a progressive manner, combining theoretical instruction with practical and clinical training. Research training is incorporated throughout the programme, with particular emphasis on evidence-based medicine, academic writing, and the completion of individual research projects. Simulation-based skills training is also integral part of preclinical practical study courses. A compulsory Georgian language component has been included to facilitate communication within the local healthcare system during clinical training.

According to the documentation provided, the programme will be delivered by a total of 71 academic and invited teaching staff. The planned student intake is 20 students per year, corresponding to a maximum enrolment of 120 students across the six-year programme once fully implemented.

The University is equipped with the basic infrastructure, educational and laboratory facilities, which provide a conducive learning environment for both theoretical and practical education for the targeted number of students. Overall, the curriculum covers the principal domains of contemporary medical education, including biomedical sciences, clinical medicine, professional competencies and research methodology.

- **Overview of the Accreditation Site Visit**

The Expert Panel was appointed by the National Center for Educational Quality Enhancement (NCEQE) of Georgia. The Panel consisted of experts with significant experience in higher education, research, and institutional governance, the members represented both national and international perspectives, ensuring a thorough and balanced assessment of NEU's performance and compliance with standards. Prior to the site visit, the Panel received the Self-Evaluation Report (SER) together with the supporting documentation and was provided with all relevant regulations, guidelines, and procedural documents relating to the accreditation process and the proposed programme. The documentation included the programme curriculum, detailed course syllabi, information on ECTS allocation, descriptions of learning outcomes and assessment methods, as well as the qualifications and curricula vitae of academic, invited, and clinical teaching staff. Before the visit, the Panel met virtually to discuss the accreditation process, allocate responsibilities according to members' areas of expertise, and

identify key lines of enquiry for each accreditation standard. Although individual members assumed primary responsibility for specific standards, all Panel members reviewed the complete documentation to ensure a comprehensive and consistent evaluation. Following a preliminary review, the Panel identified a number of additional documents required to clarify specific issues and requested these before the conclusion of the site visit.

The two-day site visit took place on 9-10 July 2026. Throughout the visit, the Panel was supported by the representative of the NCEQE, who ensured that the accreditation procedures were conducted in accordance with the established regulations. An experienced interpreter facilitated communication whenever required. During the visit, the Panel met with representatives of the University's leadership and governance, including the Rector, the Chair of the Senate, the Dean of the School of Healthcare, the Head of the proposed Medicine Programme, and the heads of the University's administrative and support services, including Finance and Material Resources, International Relations, Legal Support, Human Resources, the Examination Centre, Quality Management, and the Library. Meetings were also held with academic and invited teaching staff, tutors, current students and alumni of other programmes, employer representatives, and representatives of the proposed clinical training sites.

The site visit included tours of the University's educational facilities, including teaching classrooms, the library, laboratories for anatomy, microbiology, and biochemistry, the examination centre, the simulation centre, and conference facilities. The Panel also visited the proposed principal clinical training sites, including VivaMedi Medical Center and the Pediatric Private Clinic, in order to evaluate their suitability for undergraduate medical education. At the conclusion of the visit, the Panel held a closed session to review the evidence collected, discuss its preliminary findings against each accreditation standard, and agree the principal conclusions to be reflected in the accreditation report.

The visit concluded with a feedback session during which the Panel presented its preliminary observations to representatives of the University. Throughout the entire evaluation process, the Panel found the University to be open, cooperative, and responsive. All meetings and visits were conducted in a constructive, professional, and collegial atmosphere, and the Panel appreciated the willingness of staff and stakeholders to provide additional information and clarification whenever requested.

Brief Overview of Education Programme Compliance with the Standards

The Panel's evaluation focused not only on the design of the proposed curriculum but also on the institutional capacity, governance, academic resources, quality assurance mechanisms, and clinical training environment required for its successful implementation and long-term sustainability. In these regards, there are some items, however, where the program components are not fully complying with the requirements, and therefore there are some suggestions and recommendations in these directions intended to support progress. Nevertheless, the Expert Panel is fully convinced that the Institution has the capacity to improve these shortfalls in the future.

Recommendations

- The University is recommended to refine its institutional mission statement to ensure closer alignment with the profile and strategic objectives of the new structural unit. In addition, the Faculty of Medicine should develop its own mission statement that clearly reflects its distinctive identity, educational philosophy, institutional strengths, and strategic priorities.
- The Expert Panel recommends that the university strengthen the mechanisms for justifying the need for a new educational programme and provide a thorough research analysis of the feasibility of developing a new medical program in the Georgian educational space.
- The University should develop and implement a comprehensive sustainability and risk management plan for the proposed MD programme. The plan should address financial

sustainability, staffing resilience, student recruitment and retention, clinical placement capacity, simulation resources, and quality assurance arrangements under different enrolment scenarios. It should also define measurable indicators, review mechanisms, and contingency measures to ensure that educational quality can be maintained throughout the programme, irrespective of fluctuations in student numbers or institutional resources.

- Revise the Programme Learning Outcomes to ensure that all outcomes are expressed in specific, observable, and measurable terms. Performance descriptors should enable reliable assessment of student achievement. The clinical competence-related PLOs should ensure that they accurately reflect the level of responsibility and autonomy expected of an entry-level medical graduate in accordance with internationally accepted competency frameworks and contemporary outcome-based medical education.
- Develop a comprehensive programme assessment blueprint that explicitly demonstrates how each Programme Learning Outcome is assessed throughout the curriculum, including formative and summative assessments, clinical clerkships, and final examinations. The institution must formalize this framework to guarantee valid, reliable assessment of medical knowledge and clinical skills across all phases of the curriculum, establishing a clear threshold for baseline competence prior to graduation.
- Complete the curriculum mapping process by preparing a comprehensive alignment matrix linking each Programme Learning Outcome with individual courses, teaching and learning activities, assessment methods, and the expected level of achievement (introduced, reinforced, mastered, and assessed) across the six-year programme.
- The University should strengthen the curriculum by increasing the emphasis on the elements of competence-based medical education, including interprofessional education and Entrustable Professional Activities. A clearer longitudinal integration of these components would further enhance professional identity formation and align the curriculum with contemporary international standards.
- The University must strengthen the evidence base for curriculum design by conducting a systematic comparative analysis of comparable English-language medical programmes offered nationally and regionally. The results of this benchmarking analysis should be documented and used to demonstrate how the curriculum addresses identified gaps, builds on institutional strengths, and offers a distinctive educational profile.
- The University should strengthen its curriculum management system by establishing a formal mechanism for the regular review of the curriculum, involving academic staff, clinical partners, and other relevant stakeholders. The process should include systematic collection and analysis of stakeholder feedback, and documented evidence of curriculum enhancement based on these findings. As an initial priority, all course syllabi should be reviewed, standardized, and published for international students in accordance with documented institutional requirements for content, structure, and format.
- The University is encouraged to further develop longitudinal integration of clinical skills, professionalism, communication skills and patient safety education across the curriculum, ensuring progressive acquisition of competences from early preclinical years to clinical practice.
- The study program should have a well-defined overarching research concept with defined scientific/applied research objectives, which is also reflected in the research development plan of the institution.
- Sufficient financial, logistic and human resources should be allocated for achieving any planned / proposed research objectives. Expectations for teaching staff involvement in research and scholarly activities should be clearly specified, and performance in relation to these expectations should be considered in staff evaluation and promotion criteria as well.

- The University should establish a permanent Ethics Committee and adopt a comprehensive Code of Ethics available in both Georgian and English. The Code should explicitly address the ethical requirements of the newly established medical programme, including both preclinical and clinical education, and provide clear guidance on issues specific to medical training, research, professional conduct, patient interaction, confidentiality, academic integrity, and the use of simulation and human biological materials, where applicable.
- It is recommended that the details of innovative teaching methods, such as OSCEs and seminars in pre-clinical courses, as well as the practical work involved in clinical courses, be set out in detail, along with how these will be implemented in practice
- The current basis of the Skills Centre is expected to be used as starting points to increase the quality and weight of practical training, and therefore, short-term development strategies are suggested. More attention needs to be paid to the prospects and opportunities for technical skills development. Strengthen both the instrumental elements (in proportion to the number of students envisaged) and the subject areas that can be linked to them.
- The Expert Panel recommends that the institution conduct an evidence-based analysis of the sustainability of the programme and its alignment with national and international requirements for the quality of medical education, including justification of the planned admission volume.

Suggestions

- Regularly review and update the Programme Learning Outcomes using evidence from stakeholder feedback, assessment data, graduate performance, and quality assurance processes to ensure their continued relevance and alignment with evolving healthcare needs and international medical education standards.
- Develop explicit performance standards (achievement indicators) for each Programme Learning Outcome, specifying the expected level of competence at graduation and the principal assessment methods used to verify its attainment.
- Given the small planned student cohort size, the programme's educational model, resource allocation, and financial sustainability are likely to be particularly sensitive to fluctuations in student recruitment and retention. The Panel therefore encourages the University to demonstrate, through its strategic planning, that the proposed programme remains academically and operationally sustainable under different enrolment scenarios.
- The University may consider introducing a competency-based portfolio system to document students' professional development, clinical skills acquisition, reflective practice and achievement of selected programme outcomes.
- The HEI is encouraged to expand its international partnership network to offer students additional opportunities for professional internships and practical placements abroad, complementary to the existing Erasmus+ exchange programs.
- Long-term, strategic planning and investments in more complex simulations (i.e., scenarios with high fidelity computerized patient simulators such as trauma and ICU mannequins, birth simulators, etc.) is suggested, the high-fidelity simulation protocols may be incorporated later into the curriculum.

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

n/a

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

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

A draft report of the Expert Panel was submitted through the NCEQE to the HEI within the specified deadline. The University's response to the Panel's findings was subsequently forwarded by the Agency to the Expert Panel on 16 September 2026. Each member of the Panel reviewed the University's response and the points raised therein. Following this review, the Panel made the following amendments to the final summary report.

  - Of the recommendations numbered 15 and 16 in the University's response to the preliminary report, Recommendation 15 - "*The institution must develop and formalize a clear regulatory mechanism to ensure that teaching staff directly involved in the appellant student's teaching or assessment are not members of the appeals committee*" - has been removed, taking the University's position into consideration.
  - Recommendation 16 - "*The HEI is encouraged to expand its international partnership network to offer students additional opportunities for professional internships and practical placements abroad, complementary to the existing Erasmus+ exchange programmes*" - has been reclassified as a non-binding suggestion. As a consequence, the ratings of the relevant sub-standards have also been revised, sub-standards 2.4 and 3.1 have both been upgraded from "Substantially Compliant" to "Compliant".
  - In all other respects, the Expert Panel found no grounds for amendment of the findings presented in the draft report. The University's response did not provide additional factual evidence or substantive information that would warrant any further changes to the Panel's findings, conclusions, or recommendations. Accordingly, the above amendments constitute the final changes to the Expert Panel's report following consideration of the University's response.

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

  - **Staff and Supervisors** - Number of the staff involved in the programme (including academic, scientific, international and invited staff), including the staff holding PhD degree in the sectoral direction; ratio of the academic/scientific staff and invited staff; ratio of the affiliated and academic staff; ratio of Master's students to supervisors; supervisors' workload scheme;

Full - time academic staff n=32; Invited teaching staff n=39, Total n = 71

  - **Scientific/Research Indicators** - Scientific/research index of the individuals, involved in the programme (for the last 5 years): quantitative data papers published in peer-reviewed journals with an international index; Staff participation rates in local and international conferences; other scientific/research indicators - **Appendix 1, SER data:**

    Papers published in local journals: 33
    Papers published in international journals: 210

  - **Academic Staff Turnover Rate** (for the last 5 years) (e.g. the number of retired staff, the number of staff who left the institution and the number of new staff, etc.);

n/a

- **Data on the Individuals Enrolled** (for the last 5 years; in case of active programmes**); number of student places announced for the programme**; student progression by academic years:

n = 20 / year

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

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▪ **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.**

n/a

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**	**Partially**
1.1	Programme Objectives	**Partially**
1.2	Programme Learning Outcomes	**Substantially**
1.3	Evaluation Mechanism of the Programme Learning Outcomes	**Partially**
1.4	Structure and Content of Educational Programme	**Substantially**
1.5	Academic Course/Subject	**Partially**
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	**Complies**
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	**Substantially**
4.5	Programme/Faculty/School Budget and Programme Financial Sustainability	**Complies**
5	**5. Teaching Quality Enhancement Opportunities**	**Partially**
5.1	Internal Quality Evaluation	**Partially**
5.2	External Quality Evaluation	**Partially**
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 Self-Evaluation Report (SER) submitted by NEU addresses all standards and corresponding sub-standards in a sequence which in principle could facilitate the assessment of compliance. Overall, the SER addresses all relevant accreditation requirements listed under Standard 1, but a more detailed review reveals that many sections remain overly general, rather declarative than evidential, relying primarily on qualitative, theoretical or normative statements rather than presenting concrete evidence, measurable outcomes, or specific quantitative examples demonstrating compliance with the indicators. In several cases, indicators appear to have been considered fulfilled despite the absence of objective evidence supporting their implementation. For example, the report repeatedly states that an item is "completely harmonized" or "adequate", but it provides almost no objective evidence. The additional documents provided subsequently clarified several previously identified concerns but in future accreditation procedures, the institution may consider submitting complete and fully consistent documentation and more precise responses in order to facilitate an efficient and transparent evaluation process. Also, the interviews revealed that stakeholders, including academic staff and employers, were actively involved in the process of programme design; they were aware of their role and the importance of their involvement in the procedure, and had ample information about the SER. However, it should be noted that we were only able to communicate with two members of the latter cohort, which meant that we were unable to carry out a more comprehensive verification of the data.

The School of Health Sciences does not have a discrete mission, but according to the SER the objectives of the MD programme are fully aligned with the university's mission and strategic priorities. Nevertheless, a well-defined mission would strengthen the School's institutional identity while enhancing its visibility, competitiveness, and attractiveness to prospective students, academic staff, and external partners. According to the SER, the programme supports the university's commitment to high-quality education, research excellence, internationalization, ethical values, and sustainable societal development. Together, the University and the School aim to provide an academic and clinical learning environment that prepares graduates to meet contemporary healthcare challenges. The programme reflects the university's strategic priorities in the following key areas:

- promotion of multiculturalism, democratic and ethical values;
- contribution to public health and sustainable development;
- lifelong learning and integration into the European Higher Education Area;
- development of a research-oriented and professionally relevant educational environment.

The SER also states that the goals of the programme are fully consistent with those of the School of Health Sciences. Both emphasize academic excellence, research, professional competence, clinical training, and ethical responsibility. Research activities are integrated throughout the curriculum to strengthen students' scientific thinking and evidence-based medical practice. The MD programme aims to enable graduates to acquire comprehensive knowledge of biomedical, behavioural, clinical and social sciences; develop clinical, research and critical thinking skills necessary for evidence-based medical practice; provide safe, effective and ethical patient care while promoting public health; engage in lifelong learning and continuous professional development.

Consequently, the curriculum combines strong theoretical foundations with extensive practical and clinical training. A mandatory clinical component is delivered through affiliated teaching hospitals under formal cooperation agreements, enabling students to acquire the competencies required for independent medical practice. According to the SER the programme structure, objectives, curriculum and admission information are publicly available on the university website, ensuring transparency for all stakeholders.

Here an administrative issue should be noted, which should be discussed in association with the specificity of the field of study and educational programme planned under the framework of the School of Health. According to the SER, the University has recently organized a number of professional training activities in the healthcare field, including courses on modern approaches to the nursing process and clinical practice standards. Furthermore, information available on the University's website indicates that the Faculty of Nursing of NEU currently hosts the English-language Bachelor of Science (BSc) in Nursing programme. The Panel therefore assumed that, following the introduction of the proposed MD programme, the School of Health will encompass both nursing and medical education, and this was confirmed during the interviews. However, neither the SER nor the supporting documentation provides a clear description of the planned organizational structure of the School, its academic units, governance arrangements, or the allocation of teaching and administrative responsibilities of the two health education programs, which operate in parallel but can overlap. In particular, the documentation does not indicate how the existing BSc nursing programme and the proposed medical programme will be integrated within the new organisational framework, nor does it clarify whether academic staff, teaching facilities, laboratories, simulation resources, or administrative services will be shared between the two programmes. A clear organisational chart describing the structure of the School of Health, its constituent units, reporting lines, and resource allocation would improve transparency and enable the evaluation of the institutional capacity for delivering both programmes effectively. Such clarification would also help demonstrate how potential synergies between nursing and medical education will be utilised while ensuring that the specific educational requirements and resources of each programme remain fully protected.

Another issue that is indirectly related to the proposed MD programme concerns the organisational structure and administrative framework of the newly established School of Health Sciences, which will be responsible for ensuring the effective delivery of the programme and the achievement of its intended LOs. According to the SER, responsibility for the academic oversight of the programme - including curriculum development, review of Programme LOs, and approval of proposed modifications - rests with the School Council. The documentation further states that curriculum development involves academic and clinical staff together with relevant stakeholders, and that the School Council develops action plans in response to issues identified through programme evaluation and quality assurance activities. During the site visit, however, the Panel observed that the role, authority, and operational responsibilities of the School Council within the proposed organisational structure were not consistently understood by the different stakeholder groups. In particular, the relationship between the newly established School of Health Sciences, the University's existing governance bodies, and the proposed MD programme was not always clearly articulated. Likewise, the respective responsibilities of the School Council and the University's central academic and administrative committees require further clarification. Although this lack of clarity does not directly affect the Panel's evaluation of compliance with Standard 1, as both the existing and proposed programmes operate within the University's established governance framework, the organisational arrangements for the new School of Health Sciences should be documented more comprehensively. The final programme documentation would benefit from a formal description of the School's organisational structure, governance framework, reporting lines, committee responsibilities, and decision-making processes, together with a clear definition of the respective roles of the School Council and other institutional bodies. Such clarification would strengthen institutional transparency, facilitate a shared understanding of governance arrangements among stakeholders, and provide greater assurance regarding the effective management and long-term sustainability of the proposed medical programme.

According to the SER the program objectives were developed to ensure consistency with the intended LOs, available institutional resources, curriculum structure, and quality assurance processes. They also reflect national healthcare priorities, international developments in medical education, and current labour market needs. The programme was designed by a consultative process by the programme development committee, in which the academic and invited staff of the program and employers of healthcare institutions were involved. In addition, both internal and external academic peer reviews were conducted to ensure the programme meets international standards and best practices. Stakeholder surveys, institutional experience, and feedback from comparable medical programmes were considered. The labour market analysis demonstrated a clear need for well-trained

physicians and based on this report, it is assumed that graduates of the University's English-language program has good employment opportunities in Georgia and in many countries around the world.

In this regard, the Panel received the University's labour market analysis as a separate document, elements of which were also summarized in the SER under Standard 2.1. The stated purpose of the analysis is to assess the need for a new English-language medical programme. As described in the report, it aims to provide "*a realistic assessment of the demand for graduates of the one-cycle medical programme and their employment prospects*."

Furthermore, the report states that the results of the study were used in the process of defining the programme's objectives, learning outcomes, and curriculum components "*in order to ensure the competitiveness of graduates in the labour market both at local and international levels*." Given this intended role, this analysis constitutes a key background document for the proposed programme and it provides the rationale for programme development as well. Consequently, the Expert Panel considered it essential to evaluate both the methodology and the conclusions of the analysis, as these have critically important implications for the assessment of several subsequent accreditation standards and sub-standards.

The report concludes that "*the introduction of an English-taught undergraduate medical programme represents not only an educational innovation but also a strategic response to the structural challenges of the labour market*."

It further states that "*the implementation of the single-cycle English-language medical programme represents a strategic necessity that ensures the improvement of the quality of medical education, international integration, and the long-term sustainability of the healthcare system*."

While these conclusions are consistent with the strategic goals of the HEI and outline a coherent operational direction, the Expert Panel considers that several aspects of the underlying analysis require further clarification and stronger supporting evidence.

First, the labour market analysis was prepared internally by the University rather than by an independent external organisation and the current view of stakeholders is rather narrow. During the site visit, the Panel met only two employer representatives, both of whom participated online. Although these discussions provided useful insights, they were not sufficient to independently corroborate the breadth of labour market demand described in the report. While this does not, in itself, invalidate the findings, it highlights the importance of a transparent methodology, comprehensive supporting evidence, and independent validation of the conclusions.

Secondly, although the analysis discusses workforce needs at an international level, it does not clearly identify the primary target labour markets for future graduates, either within Georgia or abroad. A more focused assessment of the geographical regions and healthcare systems that the programme is intended to serve would significantly strengthen the justification for establishing the programme.

Thirdly, the analysis does not consider evidence from the broader literature that presents a more cautious perspective on the expansion of medical education in Georgia. For example, the review by Voronovi et al. (*Med Tech, 2024)* identifies the rapid increase in the number of predominantly private medical schools as one of the major challenges facing the Georgian medical education system. A balanced appraisal that considers both supporting and contrasting evidence would provide a more robust, objective, and transparent foundation for the needs analysis and the associated strategic decision-making.

For these reasons, the Panel considers that the rationale for establishing the new English-language medical programme could be further strengthened by a more comprehensive and balanced strategic analysis that explicitly evaluates both the anticipated benefits and the potential risks. Such an analysis would provide a stronger evidence base for the proposed programme, support informed strategic planning, and enhance confidence in its long-term viability and sustainability.

Besides, another closely related aspect deserves consideration: the planned annual intake for the new School of Medicine, which is currently limited to 20 students. While this approach offers clear educational advantages, including small-group teaching, closer student–faculty interaction, and enhanced opportunities for bedside teaching, it also raises several important questions regarding the long-term viability of the programme.

First, the current admission strategy appears to provide limited flexibility for future adjustment in response to demand, as it does not allow the institution to gradually expand student numbers in line with accumulated experience, available resources, and labour market needs.

Secondly, even relatively low levels of student attrition (e.g. 5–10%) could have a disproportionate impact on programme stability, particularly during the initial years of operation. From a financial perspective, modest fluctuations in recruitment or higher-than-anticipated dropout rates could place considerable pressure on the programme's economic viability.

Thirdly, an annual cohort of only 20 students may not provide the critical mass necessary to ensure the educational effectiveness, diversity, and cost-efficiency of certain learning activities. Several key components of contemporary medical education, including OSCEs, simulation-based training, team-based learning, interprofessional education, and structured peer-learning activities are generally more effective, educationally richer, and more resource-efficient when delivered to larger student cohorts.
The Panel therefore considers that the University should carefully evaluate whether the planned cohort size is sufficient to support the sustainable delivery of the full range of intended educational activities over the long term. In parallel, robust succession planning, adequate staffing redundancy, and strong institutional support mechanisms will be essential to ensure programme resilience and continuity. Furthermore, the implementation of the programme should be subject to systematic and regular monitoring, with particular attention to the adequacy of human and financial resources, student recruitment and retention, and the achievement of the Programme Learning Outcomes during the initial years of operation.

Evidences/Indicators

- SER
- Annexes to SER
- Website of the HEI
- Interviews

Recommendations:

- The University is recommended to refine its institutional mission statement to ensure closer alignment with the profile and strategic objectives of the new structural unit. In addition, the Faculty of Medicine should develop its own mission statement that clearly reflects its distinctive identity, educational philosophy, institutional strengths, and strategic priorities.
- The University should develop and implement a comprehensive sustainability and risk management plan for the proposed MD programme. The plan should address financial sustainability, staffing resilience, student recruitment and retention, clinical placement capacity, simulation resources, and quality assurance arrangements under different enrolment scenarios. It should also define measurable indicators, review mechanisms, and contingency measures to ensure that educational quality can be maintained throughout the programme, irrespective of fluctuations in student numbers or institutional resources.

Suggestions for the Programme Development

-**Evaluation**

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.1 Programme Objectives	Partially

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

According to the SER, the Programme Learning Outcomes (PLOs) are fully aligned with the programme objectives and are considered measurable, realistic, and appropriate for the award of the Medical Doctor qualification. The University states that the PLOs comply with Level 7 of the Georgian National Qualifications Framework and the sectoral requirements for higher medical education in Georgia, thereby defining the knowledge, skills, responsibility, and autonomy expected of graduates entering medical practice or postgraduate education. The PLOs (n = 16) were developed through a structured and inclusive process involving academic staff, clinical teachers, employers, and other relevant stakeholders. According to the SER, they are aligned with the programme objectives, course learning outcomes, teaching and learning methods, and assessment strategies through the University's curriculum development methodology. Their development was informed by national qualification requirements, international standards for medical education, ECTS principles, the Tuning methodology, and labour market analysis. The University further states that the Programme Learning Outcomes will undergo periodic review based on stakeholder feedback, graduate performance, and quality assurance data to ensure their continued relevance and responsiveness to evolving healthcare needs. According to the aims, the programme prepares graduates to:

- demonstrate comprehensive knowledge of biomedical, behavioural, clinical and social sciences
- understand normal and pathological human structure, function, development and disease processes (as Knowledge and Understanding);
- obtain and interpret patient history, perform physical examination and establish differential and final diagnoses
- develop evidence-based management plans and prescribe appropriate treatment
- perform essential clinical procedures and provide basic life support according to current guidelines
- communicate effectively with patients, families, colleagues and the wider community in an ethical, culturally sensitive and professional manner
- manage acute and chronic conditions using patient-centred approaches
- work effectively within multidisciplinary healthcare teams (as Clinical and Professional Skills)
- critically appraise scientific literature using evidence-based medicine principles;
- formulate research questions, conduct supervised research and interpret research findings;
- use health information technologies appropriately while maintaining data confidentiality. (as Research and Evidence-Based Practice)
- practise according to ethical, legal and professional standards;
- demonstrate responsibility, autonomy, continuous professional development and commitment to improving individual and population health (as Professionalism and Lifelong Learning).

Based on the above, graduates acquire transferable competencies including critical thinking, scientific communication, teamwork, problem solving, digital literacy and lifelong learning.

The Panel considers that the overall approach to the development of the PLOs is well structured and consistent with the principles of outcome-based medical education. The development process is comprehensive, involves relevant stakeholders, and demonstrates alignment with recognised national and international reference frameworks. Nevertheless, several aspects require further refinement.

First, a number of PLOs are expressed in terms that are difficult to measure objectively. Examples include "updates knowledge", "adapts to a new environment" (PLO 14), "provides effective solutions" (PLO 8), and "promotes a healthy lifestyle" (PLO 15). These statements lack clearly observable and measurable performance criteria, making it difficult to determine how achievement of these outcomes will be assessed and demonstrated.

Second, the wording of several clinical competence outcomes appears to exceed the level of responsibility expected of an entry-level medical graduate. For example, the statement that graduates "make the final diagnosis" does not fully reflect the role of a newly qualified doctor. In contemporary competency-based medical education, graduates are generally expected to formulate differential diagnoses, recommend appropriate investigations, and develop initial management plans while practising under appropriate professional supervision. Revising these outcomes to better reflect internationally accepted graduate competencies would improve their realism and facilitate valid assessment.

The Panel also notes that, although the SER describes the principles of constructive alignment, the documentation does not yet provide sufficient evidence of how individual PLOs are assessed throughout the curriculum. Outcome-based education requires equally robust outcome-based assessment. The programme documentation would therefore benefit from the development of a comprehensive assessment blueprint that explicitly demonstrates how each PLO is assessed across courses, clinical clerkships, and summative examinations.

Similarly, although curriculum mapping has been initiated, the documentation does not yet include a comprehensive alignment matrix linking PLOs with individual courses or modules, teaching and learning activities, assessment methods, and expected levels of achievement. Such a matrix should demonstrate where each outcome is introduced, progressively reinforced, mastered, and formally assessed throughout the six-year programme. This would provide clear evidence of constructive alignment, strengthen curriculum transparency, and support ongoing quality assurance and curriculum evaluation.

Overall, the PLOs provide an appropriate framework for the proposed MD programme and are broadly consistent with contemporary outcome-based medical education. Further refinement of the wording of selected outcomes, together with more explicit documentation of their longitudinal assessment and curriculum alignment, would considerably strengthen the programme's educational design and facilitate future evaluation of graduate competence.

Evidences/Indicators

- SER
- Annexes to SER
- Website of the HEI
- Interviews

Recommendations:

- Revise the Programme Learning Outcomes to ensure that all outcomes are expressed in specific, observable, and measurable terms. Performance descriptors should enable reliable assessment of student achievement. The clinical competence-related PLOs should ensure that they accurately reflect the level of responsibility and autonomy expected of an entry-level medical graduate in accordance with internationally accepted competency frameworks and contemporary outcome-based medical education.
- Complete the curriculum mapping process by preparing a comprehensive alignment matrix linking each Programme Learning Outcome with individual courses, teaching and learning activities, assessment methods, and the expected level of achievement (introduced, reinforced, mastered, and assessed) across the six-year programme.

Suggestions for the Programme Development

- Regularly review and update the Programme Learning Outcomes using evidence from stakeholder feedback, assessment data, graduate performance, and quality assurance processes to ensure their continued relevance and alignment with evolving healthcare needs and international medical education standards.
- Develop explicit performance standards (achievement indicators) for each Programme Learning Outcome, specifying the expected level of competence at graduation and the principal assessment methods used to verify its attainment.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.2 Programme Learning Outcomes	Substantially

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

According to the SER, the University evaluates the achievement of PLOs in accordance with its institutional policy for educational programme assessment. The process is intended to support continuous quality improvement through the systematic collection, analysis, and use of evidence on student achievement. The proposed assessment system combines both direct and indirect measures. Direct assessment includes written examinations (MCQs, SBAs, EMQs, MEQs, essays, and oral examinations), laboratory and practical assessments, Objective Structured Clinical Examinations (OSCEs), Mini-Clinical Evaluation Exercises (Mini-CEX), Case-Based Discussions (CBDs), logbooks, presentations, and other workplace-based assessment methods. According to the SER, assessment methods are selected to reflect the intended LOs of individual courses. Indirect measures include student self-assessment, graduate and employer surveys, focus groups, interviews, programme completion rates, and graduate employment data. Together, these sources are intended to provide complementary evidence regarding programme effectiveness, graduate preparedness, and the continued relevance of the Programme LOs. The SER further states that Programme LOs will be reviewed periodically using predefined performance indicators and target benchmarks. Assessment results will be analysed by the programme team and compared with expected levels of achievement. Where deficiencies are identified, corrective measures may include revision of course content, teaching methods, assessment strategies, prerequisite requirements, or elements of the curriculum. Student performance data and stakeholder feedback are intended to form part of the University's quality assurance system to support continuous programme evaluation and improvement. The University also reports that academic staff receive regular training in outcome-based assessment and curriculum evaluation in order to promote consistency and reliability in assessment practices. As the proposed MD programme has not yet enrolled students, systematic evaluation of PLOs achievement has not yet commenced.

While the institutional assessment policy is comprehensive and reflects the principles of outcome-based education, the documentation provided does not yet demonstrate how these principles will be operationalised within the proposed MD programme. In particular, the Panel was unable to identify a longitudinal assessment strategy demonstrating how each PLO will be progressively assessed and revisited throughout the six years of the curriculum. The curriculum map does not indicate where individual PLOs are introduced, reinforced, and ultimately assessed at the required level of competence. Similarly, although the SER states that the curriculum has been designed according to the principles of constructive alignment, the documentation does not explicitly demonstrate the relationship between individual PLOs and the selected assessment methods. A wide range of assessment tools is described in the SER and the syllabi as well - including OSCEs, Mini-CEX, CBDs, workplace-based assessments, logbooks, and several written examination formats - but no assessment blueprint or assessment matrix was provided to show which assessment methods are used to evaluate each learning outcome, at what stage of the programme, and to what expected standard of performance. Currently, without this explicit mapping, the School cannot prove that it is actually testing students on all the vital skills, medical knowledge,

and professional behaviors required of a medical doctor. Developing this master checklist is essential to guarantee that no critical clinical skill is overlooked, that exams are fair and balanced, and that every graduate has truly proven they are safe to practice medicine.
Consequently, although the assessment framework is well described at the level of institutional policy, the Panel did not find sufficient evidence that the assessment system for the proposed MD programme has been fully operationalised. The Panel recommends the development of a comprehensive assessment blueprint linking each PLO to the corresponding assessment methods, the timing and frequency of assessment, expected performance standards, and the individual or committee responsible for determining competence. Such a document would provide clear evidence of constructive alignment, demonstrate that all PLOs are assessed appropriately throughout the curriculum, and strengthen confidence that graduates will achieve the competencies expected of an entry-level medical practitioner.
The Panel also noted that the governance arrangements for assessment require further clarification. The documentation does not clearly identify the committees or bodies responsible for assessment oversight, examination governance, standard setting, appeals, external review, or decisions regarding student progression. Clear governance arrangements are particularly important in a programme that relies on multiple assessment modalities across different teaching sites.

Evidences/Indicators

- SER
- Annexes to SER
- Website of the HEI
- Interviews

Recommendations:

- Develop a comprehensive programme assessment blueprint that explicitly demonstrates how each Programme Learning Outcome is assessed throughout the curriculum, including formative and summative assessments, clinical clerkships, and final examinations. The institution must formalize this framework to guarantee valid, reliable assessment of medical knowledge and clinical skills across all phases of the curriculum, establishing a clear threshold for baseline competence prior to graduation.

Suggestions for the Programme Development

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Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.3 Evaluation Mechanism of the Programme Learning Outcomes	Partially

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

According to the SER), the proposed six-year, one-cycle MD program (360 ECTS) has been developed in accordance with the Georgian National Qualifications Framework, the national sectoral requirements for Medicine, and internationally recognized standards for medical education. The curriculum design is reported to have considered developments in medical science, healthcare needs, labour market demands, and the competencies expected of contemporary medical graduates. The program was developed through the collaboration of academic and clinical staff, invited experts, university administrators, employers, and other stakeholders. The Program Director coordinated the curriculum development process, the School Council reviewed the proposal, and the University Senate granted final approval. The curriculum is intended to undergo continuous quality improvement. According to the SER, periodic reviews will be informed by quality assurance data, stakeholder feedback, program evaluation results, external expert recommendations, achievement of Program LOs, and developments in healthcare practice and national regulations. Proposed revisions will be reviewed by the School Council and approved by the Senate prior to implementation. The curriculum design used benchmarking against established medical programs in Georgia and internationally, particularly those of the University of Edinburgh (United Kingdom) and the University of Medicine and Pharmacy Iași (Romania). The Panel welcomes this benchmarking exercise; however, the documentation would benefit from a clearer description of which specific curriculum elements were adopted or adapted from these reference institutions and how they were contextualized to meet national healthcare priorities.

The Panel also notes that the proposed MD programme is based on a planned annual intake of 20 students. Consequently, direct comparisons with the larger medical programmes presented as benchmarking examples should be interpreted with caution, as they operate on a substantially different scale. While small-group teaching is widely recognised as an educational strength, its organisational, academic, and financial implications differ considerably between institutions enrolling several hundred students annually and those admitting only two groups of approximately ten students each year. In this context, the long-term sustainability of the proposed programme will depend not only on the planned student intake but also on student retention, progression rates, future recruitment, and the University's capacity to maintain appropriate staffing and educational resources over time. These considerations should therefore form an integral part of the programme's strategic planning and periodic review.

The proposed curriculum incorporates several contemporary educational features, including early clinical exposure from the first year through structured clinical skills training and observational shadowing, strengthened research education with evidence-based medicine and a supervised research project, workplace-based assessment integrated into clinical education, extensive use of simulation-based teaching, and a degree of flexibility through elective courses and foreign language education. The curriculum follows a competency-based sequential structure organized into four integrated phases: Phase I - Foundational Sciences (Years 1-2): integrated biomedical, behavioural, and social sciences combined with the early development of clinical, communication, and professional skills. Phase II - Preclinical Medicine (Year 3): integration of basic sciences with disease mechanisms, pharmacology, physical examination, and clinical reasoning. Phase III - Clinical Clerkships (Years 4–5): rotations through the major clinical disciplines, emphasizing patient care, clinical decision-making, teamwork, and professional behaviour within affiliated teaching hospitals. Phase IV - Advanced Clinical Practice and Research (Year 6): supervised clinical practice in primary care and emergency medicine together with an independent research project culminating in data analysis and presentation. The curriculum comprises 335 ECTS of field-specific education (317 compulsory and 18 elective credits) and 25 ECTS of general education (16 compulsory and 9 elective credits). A compulsory Georgian language component (16 ECTS) is included to facilitate communication with patients during clinical training, while Georgian-speaking students may choose German as an additional foreign language. Research education (21 ECTS) develops competencies in research methodology, biostatistics, critical appraisal of scientific literature, and evidence-based medicine, culminating in an independent supervised research project. According to the SER the Program LOs are mapped to individual

course learning outcomes through a curriculum map. Each syllabus specifies learning objectives, learning outcomes, teaching methods, assessment strategies, student workload, prerequisites, and required learning resources. LOs are formulated using Bloom's taxonomy and are intended to ensure constructive alignment between curriculum design, teaching, and assessment.

The Panel evaluated not only the curriculum content but also its internal coherence, progression of learning, constructive alignment, and consistency with the principles of contemporary competency-based medical education. Overall, the proposed curriculum demonstrates a well-structured educational framework with a clear progression from foundational biomedical sciences through preclinical education to clinical training. It reflects many principles of contemporary competency-based medical education, particularly through its longitudinal Professionalism and Research modules. The curriculum follows a logical progression from basic biomedical sciences (Semesters I–IV), through integrated preclinical education (Semesters V–VI), to clinical education (Semesters VII–XII), consistent with the organizational structure adopted by many European medical schools. The curriculum includes several thoughtfully designed longitudinal components, including Professionalism: From Student to Doctor (Semesters I–IV), Research in Medicine (I–III) followed by an Independent Research Project, General Principles of Clinical Diagnosis (I–II), Internal Medicine (I–V), and Surgery (I–III). These longitudinal themes demonstrate careful curriculum planning and support progressive competency development throughout the program.

The integrated approach adopted in biomedical sciences is consistent with contemporary curriculum design. Modules such as *Structural Foundations of the Human Body* and *Metabolism and Body Functions* promote integration between traditionally separate disciplines. Nevertheless, the titles of several integrated modules are insufficiently descriptive. From the curriculum documentation alone, it is difficult to determine the relative contribution of disciplines such as anatomy, histology, embryology, developmental biology, physiology, biochemistry, endocrinology, and molecular physiology. Greater transparency in module descriptions would facilitate external review and curriculum mapping.

The proposed clinical curriculum is comprehensive and includes Internal Medicine, Surgery, Neurology, Psychiatry, Obstetrics and Gynaecology, Paediatrics, Infectious Diseases, Dermatology, Otorhinolaryngology, Anaesthesiology, Family Medicine, Emergency and Intensive Care, Rehabilitation, Forensic Medicine, and End-of-Life Care. The Panel considers this to represent an appropriate spectrum of major clinical disciplines.

However, several important disciplines are not sufficiently visible within the curriculum documentation. Radiology, Oncology, and Geriatric Medicine may be incorporated within broader integrated modules, but their contribution is not explicitly identifiable. Likewise, clearer documentation of these disciplines would improve curriculum transparency.

Public Health and Population Medicine constitute another notable strength of the curriculum. Courses in Public Health and Medical Sociology, Population Health, Health Management, and Family Medicine provide an appropriate emphasis on community-oriented medicine and population health.

The research curriculum is well designed, the aim is to support medical students in building scientific competence, which is vital for their future medical practice, for proper understanding significant modern research results and professional development, for critical judgement of their own and others' work. Students progress from Academic Writing through Research in Medicine I, II and III before completing an independent supervised research project. This sequence provides a coherent progression from scientific literacy to independent scholarly work and reflects current international expectations regarding research competencies in undergraduate medical education.

Similarly, the four-semester longitudinal Professionalism program represents one of the strongest features of the proposed curriculum. With a total of 22 ECTS, it supports the progressive development of professionalism, communication skills, ethical practice, leadership, resilience, and fundamental clinical skills, fully consistent with up-to-dare practices regarding professional identity formation.

The overall credit distribution is appropriate, maintaining a balanced workload of approximately 30 ECTS per semester, while the size and sequencing of individual courses appear reasonable. The prerequisite structure is generally logical and supports progressive knowledge acquisition throughout the program, however, the Panel identified certain inconsistencies in the documentation: e.g. the syllabus for Ophthalmology lists *Surgery I*, *Neurology*, *Internal Medicine I*, and *Internal Medicine II* as prerequisite courses, whereas *Internal Medicine II* is not included in the curriculum structure presented in the SER. This discrepancy should be clarified to ensure consistency across all curriculum documents.

Although the curriculum incorporates many contemporary educational principles, several themes that are increasingly regarded as essential components of modern competency-based medical education are either insufficiently visible as longitudinal curriculum strands or are not explicitly identified within the curriculum documentation. These include clinical reasoning, patient safety, quality improvement, interprofessional education, and digital health.

Another limitation concerns the documentation of clinical training. The curriculum documentation does not clearly demonstrate when students first encounter patients, the extent of bedside teaching, the organization of clinical clerkships, the use of longitudinal clinical placements, student logbooks, or workplace-based assessments across the programme. These components are central to contemporary medical education and should be described in considerably greater detail.

Besides, the curriculum also offers relatively limited elective opportunities. Although the balance between compulsory and elective courses is understandable in a professional medical program, the curriculum would benefit from a broader range of elective opportunities allowing students to pursue individual academic, clinical, or research interests. In summary, major strengths identified by the Panel include a coherent and progressive curriculum structure; strong longitudinal Professionalism curriculum; an excellent research training pathway; comprehensive Internal Medicine and Surgery curricula; a clear emphasis on public health and primary care; appropriate overall ECTS distribution; and logical prerequisite structure. Overall, the proposed curriculum represents a solid foundation for a contemporary medical programme and incorporates several features that are fully aligned with current international educational principles, particularly its longitudinal Professionalism and Research components. In many respects, it is more progressive than traditional discipline-based curricula. The principal area requiring further development relates not to the curriculum itself but to its documentation. The preparation of a comprehensive curriculum map demonstrating where each discipline, competency, PLOs and assessment is introduced, reinforced, mastered, and evaluated throughout the six-year program – this would substantially strengthen the curriculum, provide convincing evidence of constructive alignment, and facilitate both internal quality assurance and external accreditation.

According to the SER the curriculum was developed with consideration of international and regional good practices. The University reports that several elements have been adopted, or are in the process of being implemented, based on the medical programme at the University of Iaşi, including the introduction of early clinical exposure in the first and second years, strengthening of the scientific component through research projects, evidence-based medicine and global health, and the provision of additional language courses. Furthermore, based on a comparison with the University of Edinburgh, the curriculum incorporates early clinical skills training, an expanded range of elective courses, workplace-based assessment, and the planned use of high-quality simulators and mannequins for simulation-based education. While these international benchmarking activities are appropriate and demonstrate an intention to align the programme with recognised practices, the examples presented largely reflect features that are already widely implemented in contemporary medical curricula. Consequently, they do not clearly demonstrate how the proposed programme will distinguish itself or provide a unique educational profile that would enhance its competitiveness and attractiveness to prospective international students.

As this is an entirely new programme, the University has opportunity to move beyond adopting established, traditional practices and to develop an innovative curriculum that fully embraces the principles of competence-based medical education. Such an approach emphasises the progressive acquisition and assessment of professional competencies through clearly defined developmental milestones and Entrustable Professional Activities (EPAs). It also requires the systematic integration of interdisciplinary collaboration, longitudinal competency development, and comprehensive programme-wide assessment strategies that ensure graduates achieve the expected competencies upon completion of the programme. Although several elements of CBME are already evident within the proposed curriculum, they currently appear to be implemented only partially and are not yet consistently integrated across curriculum design, learning activities, and assessment. Further development of a coherent competency framework, supported by milestone-based progression, programmatic assessment, and the structured use of EPAs, would substantially strengthen the educational concept and better reflect current international trends in medical education.

Moreover, neither the SER nor the interviews provided sufficient evidence that the curriculum design process included a systematic analysis of comparable English-language medical programmes offered in Tbilisi or elsewhere in Georgia. A more comprehensive benchmarking exercise that considers the characteristics, strengths, and limitations of existing national and regional programmes would provide a stronger foundation for

curriculum development. Such an analysis would also enable the University to take advantage of its own institutional strengths and available resources, including opportunities for interprofessional education, team-based learning, and simulation training through collaboration with the existing nursing education programme.

Evidences/Indicators

- SER
- Annexes to SER
- Website of the HEI
- Interviews

Recommendations:

- The University should strengthen the curriculum by increasing the emphasis on the elements of competence-based medical education, including interprofessional education and Entrustable Professional Activities. A clearer longitudinal integration of these components would further enhance professional identity formation and align the curriculum with contemporary international standards.
- The University must strengthen the evidence base for curriculum design by conducting a systematic comparative analysis of comparable English-language medical programmes offered nationally and regionally. The results of this benchmarking analysis should be documented and used to demonstrate how the curriculum addresses identified gaps, builds on institutional strengths, and offers a distinctive educational profile.

Suggestions for the Programme Development

- Given the small size of the planned student cohort, the Expert Panel encourages the University to demonstrate, through its strategic planning, that the proposed programme remains academically and operationally sustainable under different enrolment scenarios.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.4 Structure and Content of Educational Programme	Substantially

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

According to the SER, the individual courses and modules have been designed to ensure constructive alignment between course learning outcomes and the Programme Learning Outcomes. The University states that the PLOs were developed first, followed by the preparation of individual course syllabi to establish a logical progression and alignment throughout the curriculum. Course developers participated in the design of the PLO, and the content of each syllabus was reviewed collectively during curriculum development meetings to ensure consistency across the programme.

Each syllabus includes the course title, teaching staff, course objectives, credit allocation and student workload, prerequisites, learning outcomes, course content, teaching and learning methods, assessment methods and criteria, and the required and recommended literature. According to the SER, learning outcomes are formulated using Bloom's taxonomy to facilitate measurable and assessable educational objectives. The SER further states that the credit allocation, contact hours, independent study requirements, and teaching methods have been determined according to the complexity, content, and intended learning outcomes of each course. The curriculum includes only those compulsory courses considered necessary to achieve the PLOs, while elective courses provide opportunities for students to pursue individual academic interests and career aspirations.

The University concludes that the structure and academic level of the courses are appropriate for a one-cycle Medical Doctor programme corresponding to Level 7 of the Georgian National Qualifications Framework. The SER also states that the recommended learning resources are of appropriate academic quality, regularly updated, and fully support the intended learning outcomes of the individual courses and the programme as a whole. The Panel noted that content of academic courses as a whole, demonstrates an awareness of contemporary trends in medical education, such as competency-based design, early clinical exposure, workplace-based assessment, simulation, or research integration.

To evaluate the quality and consistency of individual course design, the Panel performed a detailed review of a representative sample of course syllabi from the first two years of the programme. Particular attention was given to the longitudinal Professionalism - From Student to Doctor module, as it represents one of the most distinctive and innovative components of the proposed curriculum.

The Panel considers the concept of a longitudinal professionalism curriculum to be a significant strength of the programme. The early introduction of professional identity formation, communication skills, simulation-based learning, resilience, and clinical skills reflects current international trends in undergraduate medical education and demonstrates a commitment to preparing students for both the technical and humanistic dimensions of medical practice. Nevertheless, several aspects of the module require further refinement.

The objectives of the first-semester course are exceptionally broad and encompass ethics, professionalism, communication, infection prevention, personal protective equipment, injections, trauma management, immobilisation, patient transport, and clinical documentation within a single module. While each of these topics is individually relevant, the educational rationale linking them is not always explicit. Furthermore, several practical skills, including patient hygiene, bed making, pressure ulcer prevention, stoma care, urinary catheterisation, enemas, and suppository administration, are traditionally associated with nursing education. Although exposure to these procedures is valuable for future physicians in developing an understanding of multidisciplinary patient care, their inclusion would benefit from being explicitly linked to professionalism, patient dignity, teamwork, and interprofessional collaboration rather than being presented primarily as technical competencies.

The Panel also noted that several intended learning outcomes appear overly ambitious for students in the first year of the programme. Competencies such as arterial blood sampling, peripheral intravenous cannulation across all age groups, neonatal basic life support, breaking bad news, communication with law enforcement agencies and the media, and communication through interpreters are generally introduced later in undergraduate medical programmes after students have acquired a stronger clinical foundation. While early exposure to these topics is educationally appropriate, the expected level of competence should be clearly defined and aligned with the developmental stage of first-year medical students.

A further observation concerns the formulation of the learning outcomes themselves. Many outcomes remain descriptive and knowledge-oriented rather than performance-based. For example, outcomes such as *"defines leadership theories"* would be strengthened by competency-oriented statements describing the application of leadership principles within authentic clinical or team-based scenarios. Such revisions would better reflect the principles of outcome-based and competency-based medical education.

The leadership component introduces students to a broad range of contemporary leadership theories, including trait, behavioural, situational, transformational, servant, adaptive, ethical, and team leadership. Although these

theories provide an appropriate conceptual foundation, the content remains largely generic and would benefit from a stronger emphasis on leadership within healthcare settings. Topics such as patient safety leadership, crisis resource management, clinical handover, interprofessional teamwork, and leadership in multidisciplinary healthcare environments would strengthen the relevance of this component for future medical practice.
Similarly, the practical skills component contains a substantial number of procedures that are primarily associated with nursing practice. While familiarity with these procedures contributes to interprofessional understanding and patient-centred care, the balance between nursing-oriented and medical procedural skills could be reconsidered. Greater emphasis on competencies such as venepuncture, safe peripheral intravenous cannulation, management of procedural complications, fluid therapy, prescribing safety, clinical documentation, structured patient handover, and clinical prioritisation would more closely reflect the expected competencies of undergraduate medical students.
The Panel also identified a lack of an explicit educational framework linking the diverse elements of the module. Leadership theory, communication skills, technical procedures, resilience training, and professionalism are all valuable educational components; however, the documentation does not clearly explain how these elements progressively contribute to the development of professional identity throughout the four-semester sequence.
The fourth professionalism module demonstrates several particularly strong features. Its emphasis on stress physiology, resilience, physician wellbeing, burnout prevention, mindfulness, and emergency first aid reflects contemporary international priorities in medical education and acknowledges that professional competence extends beyond technical knowledge and procedural skills. The progression from student wellbeing and resilience to emergency care is educationally sound and represents one of the innovative aspects of the proposed curriculum.
However, the relative balance of topics within the module could be further reviewed. For example, multiple sessions devoted to financial wellbeing appear disproportionate when compared with the limited time allocated to certain emergency care topics. A more balanced distribution of teaching time would further strengthen the coherence of the module.
Finally, the Panel observed several editorial deficiencies across the reviewed syllabi, including grammatical and spelling errors, inconsistent terminology, typographical mistakes, and non-standard English expressions. Although these issues do not directly affect the academic quality of the curriculum, they should be corrected prior to programme implementation. As official academic documents prepared for an international programme, the syllabi should demonstrate a consistently high standard of language and professional presentation.
Overall, the Panel considers the longitudinal Professionalism – From Student to Doctor curriculum to be one of the programme's most innovative and promising features, comparing favourably with many recently developed European medical curricula. Its principal strengths include the early introduction of professionalism, communication, resilience, simulation-based education, and clinical skills. At the same time, the module would benefit from a clearer educational framework demonstrating how these components contribute to the progressive development of professional identity, together with greater emphasis on reflective practice, workplace-based assessment, interprofessional education, and competency-based assessment. With these refinements, the module has the potential to become one of the flagship elements of the proposed MD programme.

Evidences/Indicators

- SER
- Annexes to SER
- Interviews

Recommendations:

- The University should strengthen its curriculum management system by establishing a formal mechanism for the regular review of the curriculum, involving academic staff, clinical partners, and other relevant stakeholders. The process should include systematic collection and analysis of stakeholder feedback, and documented evidence of curriculum enhancement based on these findings. As an initial

priority, all course syllabi should be reviewed, standardised, and published for international students in accordance with documented institutional requirements for content, structure, and format.

- The University is encouraged to further develop longitudinal integration of clinical skills, professionalism, communication skills and patient safety education across the curriculum, ensuring progressive acquisition of competences from early preclinical years to clinical practice.

Suggestions for the Programme Development

- The University may consider introducing a competency-based portfolio system to document students' professional development, clinical skills acquisition, reflective practice and achievement of selected programme outcomes.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.5. Academic Course/Subject	Partially

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

The University plans to enrol 20 students in the first year and in subsequent years as well. Prerequisites for admission to the MD program of NEU are transparent and accessible through the University website and confirmed by reviewing the SER, the supporting documentation provided as evidence, and interviews with the University administration team. Applicants have the right to study at the program are persons who, based on the order of the Minister of Education and Science of Georgia No 224 / N of December 29, 2011 & quot; On Approval of the Procedure for Submitting and Discussing Documents by Applicants / Master Candidates / Students eligible to study at the Higher Education Institution without passing the Unified National Examinations / Common Master Examinations & quot; have the right to enroll in the University without passing the unified national exams. The mentioned persons are obliged to prove their English language proficiency at the B1 level. Those applicants holds a complete general education certificate issued in Georgia or an equivalent document has the right to study in the MD educational program based on the results of the Unified National Examinations, provided they have passed English as a mandatory subject for enrollment in the academic program and have exceeded the minimum competency threshold established by the university: in case of passing the standardized (4-component: listening, reading comprehension, analysis and speaking) exam organized by the National Educational University, where the above-mentioned level of English language proficiency (B1) will be

confirmed. Enrollment of students by mobility rule to the program in medicine Admission of students transferred from another higher educational institution / program by mobility rule is carried out in accordance with the rules established by the Order of the Minister of Education and Science of Georgia No. 10/N of February 4, 2010. A person has the right to mobility to the program in if his/her enrollment in the higher educational institution was carried out in accordance with the rules established by the legislation and is a student of the institution at the time of registration as a mobility applicant on the electronic portal of the education management information system.

Evidences/Indicators

- Educational programme (all provided Programme and Course materials)
- Interviews on site with the representatives of NEU
- SER

Recommendations: -

Suggestions for the Programme Development -

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

According to the SER, the new MD programme adopts a longitudinal approach to the development of clinical, research and transferable competencies throughout the six-year curriculum. Clinical skills training begins during the foundational phase through the module Professionalism - From Student to Doctor IV (16 ECTS). Students acquire essential clinical competencies, including infection prevention and control, use of personal protective equipment, healthcare waste management, administration of injections, basic life support, urinary catheterization, trauma management and other fundamental procedural skills. Clinical skills training is integrated with professionalism, communication, ethics and leadership development. In the preclinical phase, these competencies are further developed through General Principles of Clinical Diagnostics I–II, where students learn history taking, patient communication, physical examination, interpretation of laboratory and imaging investigations, and introductory clinical reasoning using a systems-based approach. Training at the foundational and preclinical stages is delivered primarily within the University's Clinical Skills and Simulation Centre using simulators and mannequins. During the clinical phase, students participate in supervised patient-centred learning within affiliated teaching hospitals. Clinical training includes history taking, physical examination, diagnostic reasoning, interpretation of investigations, differential diagnosis, development of management plans, patient education and teamwork within multidisciplinary healthcare settings. Clinical placements are governed

by formal agreements specifying learning objectives, duration and maximum student numbers per rotation. Research competencies are developed progressively throughout the curriculum. Training begins with scientific writing and research methodology, followed by epidemiology, biostatistics and evidence-based medicine. In the final year, students complete an independent supervised research project involving study design, data collection or analysis, interpretation of findings and presentation of results. Outstanding projects may be submitted for publication. The programme also promotes the development of transferable competencies, including communication, leadership, teamwork, stress and time management, digital literacy, intercultural competence and project management. These skills are integrated across multiple courses and learning activities. Georgian language instruction is provided over four semesters (16 ECTS) to support effective communication of international students with patients and healthcare professionals during clinical training.

The Panel considered that the curriculum demonstrates a strong commitment to competency-based education by incorporating clinical skills training, simulation-based learning, research methodology, and the development of transferable professional competencies. The range of practical clinical skills expected of students is appropriately ambitious and includes basic and advanced clinical procedures such as intravenous, intramuscular, subcutaneous and intradermal injections, urinary catheterisation, basic life support, and elements of trauma management. However, the documentation does not specify the performance standards required for students to demonstrate competence in these procedures. In particular, no clear evidence was provided regarding minimum procedural requirements, longitudinal clinical skills logbooks, fundamental components of competency-based medical education and documentation.

The extensive use of simulation-based education represents a major strength of the proposed programme. The SER refers to high-fidelity simulators and simulation-based teaching throughout the curriculum and therefore the Panel considered it essential to evaluate the available simulation facilities and their suitability for supporting the planned student cohort. Based on the observations made during the site visit and the equipment inventory provided by the University, the Panel considers that the currently available simulators, manikins, and anatomical teaching models provide an adequate foundation for the demonstration and practice of basic clinical skills. However, the existing facilities appear to be primarily suited to introductory skills training and group-based teaching. To support the implementation of a contemporary undergraduate medical programme, further investment in simulation facilities and clinical skills training resources will be required. In particular, the availability of higher-fidelity simulators and more specialised training equipment would enhance the realism of simulation-based education, broaden opportunities for repeated individual skills practice, and better support competency-based learning and assessment throughout the programme. Also, the programme would benefit from a more comprehensive description of the integration of simulation, including technical and communication skills, into formative and summative assessment of the individual students. Similarly, although the curriculum refers to learning activities involving real, simulated, and virtual patients, the documentation does not clearly distinguish the educational objectives associated with each approach. Greater clarification regarding the respective roles of standardised patients, simulation, and authentic patient encounters, together with the methods used to assess communication and clinical performance in each setting, would improve the transparency of the clinical skills programme.

The documentation provides useful information regarding the intended organisation of clinical placements, including the planned maximum number of students per clinical group and the evidence fully demonstrate that the proposed clinical training capacity will adequately accommodate the planned student intake (n=20/year) throughout the six-year programme. Additional information regarding the number of participating clinical departments, available supervisors, placement capacity, and long-term clinical teaching arrangements would strengthen confidence in the feasibility and sustainability of the proposed clinical training model. Besides, although the curriculum includes a comprehensive range of procedural and clinical competencies, it does not explicitly describe an entrustment framework defining the level of supervision expected for individual clinical activities. Contemporary competency-based medical education increasingly relies on Entrustable Professional Activities (EPAs) or comparable supervision frameworks to determine which clinical tasks students may perform independently and which require direct or indirect supervision. The development of such a framework would further strengthen the programme and provide greater assurance regarding patient safety, competency assessment, and graduate preparedness for clinical practice.

The research component represents one of the commendable aspects of the curriculum. The progressive sequence from academic writing through research methodology to an independent research project is well designed and consistent with international expectations for undergraduate medical education. Nevertheless, several aspects of

the final research project require further clarification, including the nature of acceptable projects, procedures for supervisor allocation, supervision capacity, ethical approval requirements, and the expected standards for successful completion. Here it should be noted that a permanent Ethics Committee is needed and a relevant Code of Ethics, that already includes details regarding the specific clinical and preclinical aspects of the newly launched educational program.
The SER indicates that outstanding student projects may result in scientific publications and that the School intends to organise scientific conferences. While these initiatives are commendable, they are currently presented primarily as future aspirations. Their educational value would be strengthened by providing a clearer implementation strategy, including defined responsibilities, available resources, timelines, and realistic expectations regarding student participation and scholarly outputs.
The curriculum also places considerable emphasis on the development of transferable competencies, including leadership, teamwork, intercultural communication, project management, professionalism, and resilience. The Panel welcomes the inclusion of these competencies, which are increasingly recognised as essential attributes of medical graduates. However, the documentation does not yet clearly demonstrate where these competencies are taught, how they are progressively developed throughout the programme, or how their achievement will be assessed. A more explicit mapping of transferable skills to specific learning activities and assessment methods would strengthen the curriculum and provide further evidence of constructive alignment.
A particularly important aspect of the proposed English-language programme is the inclusion of Georgian language education, for which 16 ECTS have been allocated. The Panel recognises the importance of this component in preparing students for communication with patients during clinical placements. Nevertheless, the documentation does not specify the expected level of language proficiency, the methods by which clinical communication skills in Georgian will be assessed, or whether successful completion of the language component constitutes a prerequisite for participation in clinical clerkships. These issues should be clarified in order to ensure that students are adequately prepared for safe and effective patient communication.

Evidences/Indicators

- SER
- Annexes to SER
- Interviews

Recommendations:

- The study program should have a well-defined overarching research concept with defined scientific/applied research objectives, which is also reflected in the research development plan of the institution.
- Sufficient financial, logistic and human resources should be allocated for achieving any planned / proposed research objectives. Expectations for teaching staff involvement in research and scholarly activities should be clearly specified, and performance in relation to these expectations should be considered in staff evaluation and promotion criteria as well.
- The University should establish a permanent Ethics Committee and adopt a comprehensive Code of Ethics available in both Georgian and English. The Code should explicitly address the ethical requirements of the newly established medical programme, including both preclinical and clinical education, and provide clear guidance on issues specific to medical training, research, professional conduct, patient interaction, confidentiality, academic integrity, and the use of simulation and human biological materials, where applicable.

Suggestions for the Programme Development -

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.

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

The MD educational program of NEU is based on both international standards and national field-specific benchmarks, ensuring the alignment of the teaching process with contemporary educational and professional requirements. The clinical component encompasses diverse areas of practice, including internal medicine, surgery, pediatrics, obstetrics and gynecology, emergency and critical care, and psychiatry. This multidisciplinary approach ensures the depth and variety of students' practical experience. The program's fundamental objective is to cultivate comprehensive professional competencies through the systematic development of students' theoretical knowledge base, clinical reasoning capabilities, practical professional skills, and research competencies. This is achieved through an integrated, competency-based curriculum that adheres to contemporary principles of MD program education. The program demonstrates a commitment to contemporary educational practice through the implementation of diverse, evidence-based pedagogical approaches. These methodologies are selected and applied to maximize student engagement, promote deep learning, and facilitate the development of critical thinking and clinical decision-making capabilities. The teaching strategies employed include:

- Case-Based Learning (CBL): This approach utilizes realistic clinical scenarios to develop students' analytical thinking, clinical reasoning, and problem-solving abilities.
- Problem-Based Learning (PBL): Through this student-centered methodology, learners actively engage in identifying, analyzing, and resolving clinical problems.
- Objective Structured Clinical Examination (OSCE): This assessment format provides standardized, objective evaluation of students' clinical competencies across multiple domains.
- Traditional Pedagogical Methods

The program maintains the value of lectures, seminars, group discussions, laboratory sessions, and guided independent study. These methods provide foundational knowledge, facilitate critical discourse, and support the development of independent learning skills. The diversity of clinical placements enables students to develop adaptable professional competencies that are responsive to the varied demands of modern healthcare delivery systems. The research component prepares graduates to function as informed practitioners who can contribute to the advancement of nursing knowledge and the improvement of patient care outcomes. Despite using innovative teaching methods, their definition in the program is just theoretical and it is not clear how they would be implemented in the program on the ground. The teaching methods which have been mentioned in the syllabi are appropriate but there is a real need for clarification on the modes of their implementation in the program. For example, how the OSCE will be conducted in the courses. Even using seminars in the program should be clarified in detail at least once in the program. The same is needed in clinical courses syllabi which is generally mentioned as practical work.

Evidences/Indicators

- Site visit interviews
- Educational Program
- Course Syllabi

Recommendations:

- It is recommended that the details of innovative teaching methods, such as OSCEs and seminars in pre-clinical courses, as well as the practical work involved in clinical courses, be set out in detail, along with how these will be implemented in practice

Suggestions for the Programme Development -

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

As the programme is new, it does not yet have any students, thus during the site visit the Panel gathered the views of students from other faculties (4 current students, 2 alumni). NEU has developed a comprehensive student assessment system that ensures the continuous evaluation of their daily academic activities. During interviews with students and faculty members, it was noted that the university-developed syllabi and educational programs are well-aligned. Every component specified in the syllabi ensures complete coverage of the theoretical material, which is directly proportional to the achievement of the defined learning outcomes.
Based on communication with the students, it was determined that lecturers introduce the syllabus and the assessment system at the very beginning of the academic semester. Furthermore, this information is readily accessible via the university's electronic database. There is a continuous exchange of information between students and faculty members aimed at fostering the development of students' academic skills.
The university has successfully integrated the use of Turnitin to ensure the prevention of plagiarism. Additionally, students have access to international scientific databases, which facilitates the retrieval of reliable and up-to-date information.
The institution is actively engaged in scientific research; it maintains partnership agreements with scientific journals and organizes annual scientific conferences, thereby increasing student engagement and interest in research activities.
All students are fully informed about the appeal process, which is characterized by transparency.

Evidences/Indicators

- SER
- Annexes to SER
- Interviews

Recommendations: -

Suggestions for the Programme Development -

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.4. Student evaluation	Complies

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.

1.3 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

The HEI is focused on implementing modern quality standards within the university, ensuring the development of students into highly qualified professionals. To this end, the university operates a dedicated career support service that actively facilitates students' professional development, career planning, and alignment with labour market demands. A review of the institution's self-evaluation report, together with its internal regulatory framework, confirms that formal mechanisms for student mentoring and counselling are systematically institutionalised.

During the site-visit interviews, the target groups expressed a high level of satisfaction with both the academic and the broader supportive environment. Notably, one graduate reported that, due to severe personal difficulties encountered during their studies, they had at one point intended to discontinue their education; were it not for the university's exceptionally friendly attitude, supportive environment, and individualised guidance, they would not have achieved everything they have accomplished. In this regard, the graduate specifically emphasised that, had it not been for the university's exceptionally friendly and supportive attitude, as well as its individualised approach toward students, they would not have been able to continue their studies at all.

Furthermore, during the study period, students have broad opportunities to complete practical training at various leading clinical institutions, as well as to participate in international exchange programmes within the framework of Erasmus+.
However, the site-visit interviews also highlighted areas requiring further institutional attention. Students explicitly noted that the university needs development with regard to the diversity of its extracurricular offerings. In particular, a strong interest was expressed regarding greater student involvement in organised volunteer activities, which students felt would help enrich student life and contribute to a more varied university experience. Additionally, while Erasmus+ academic mobility is fully operational, students expressed a clear desire for the HEI to offer additional, direct opportunities for professional internships and clinical placements abroad, independent of the existing Erasmus+ framework.
It is also worth noting that the composition of the academic, research, invited, and administrative staff is characterised by a relatively young age profile, which should be regarded as a significant advantage for the programme. This staff offers students contemporary teaching methodologies and provides relevant academic consultations and support.
Overall, the programme demonstrates substantial compliance with the requirements of Standard 3.1. The evaluation criteria are logically structured and multifaceted, reflecting particular strengths in institutional communication, academic support, and student engagement. The programme's emphasis on international relations, clinical practice, and the cultivation of highly qualified professionals contributes meaningfully to students' academic performance and to the overall quality of the educational provision.

Evidences/Indicators

- SER
- Annexes to SER
- Interviews

Recommendations: -

Suggestions for the Programme Development

• The HEI is encouraged to expand its international partnership network to offer students additional opportunities for professional internships and practical placements abroad, complementary to the existing Erasmus+ exchange programs.

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

Data related to the supervision of master's students	
Number of master theses supervisors	
Number of master's students	
Ratio - supervisors of master's theses/master's students	

Evidences/Indicators

Recommendations:

Suggestions for the Programme Development

Evaluation

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 implementation of the program is supported by academic, invited, and administrative staff whose number, qualifications, and distribution of responsibilities are aligned with the program objectives, intended learning

outcomes, and the planned student cohort. The existing human resources provide a solid basis for the sustainable delivery of the program.

The recruitment and appointment of academic staff are regulated by the University's internal legal acts and comply with the requirements of the Law of Georgia on Higher Education. Staff members are selected through a competitive recruitment process based on the principles of transparency, equal opportunity, and impartiality. Qualification requirements are established in advance, and vacancy announcements are published publicly.

The University has adopted institutional regulations governing human resource management, including the Human Resources Management Policy, Human Resources Management Regulations, regulations on the workload and remuneration of academic and invited staff, and methodologies for determining student enrollment and staffing requirements. These documents ensure a unified approach to staff recruitment, workload planning, and the effective management of human resources.

The ratio of academic and invited staff involved in the program is appropriate to the specific nature of the program. The number of staff is determined in accordance with the student enrollment, while the existing personnel ensure the smooth implementation of the teaching and learning process. In recent years, the program has increased the involvement of practicing professionals, thereby strengthening the practical component of teaching and enhancing the program's alignment with current developments and labour market requirements.

The academic and invited staff participating in the program possess the relevant academic and professional qualifications. Their competencies correspond to the content of the courses they deliver and support the achievement of the intended learning outcomes defined by the program. The teaching and learning process is based on an outcome-oriented approach, which is reflected in the design and delivery of the curriculum.

The qualification requirements for the Program Director are defined by the University's internal regulations. The Program Director is actively involved in the planning, implementation, evaluation, and continuous development of the program. The Director coordinates the staff engaged in program delivery, ensures systematic monitoring of the program, participates in academic advising and student mobility processes, and promotes curriculum development and the integration of modern teaching and learning approaches.

The number and competencies of the administrative and support staff ensure appropriate administrative support for both students and academic personnel. Their activities contribute to the effective administration of the program and the continuous, uninterrupted implementation of the educational process.

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 degree in the sectoral direction[6]**	**Among them, the affiliated staff**
Total number of academic staff	32			17
- Professor	9			5
- Associate Professor	15			5
- Assistant-Professor	4			3
- Assistant	4			4
Visiting Staff	39			_
Scientific Staff	-			_
Including International Stuff	-			

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

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

Evidences/Indicators

- Interviews with university representatives
- Sample contract - (Appendix N7);
- Personal files of personnel - (Appendix N6);
- List of academic/invited personnel involved in the educational program - (Appendix N3);
- Methodology for determining the number of academic/invited personnel of the program; Methodology for determining the student contingent;
- Ratio of academic personnel to invited personnel;
- Ratio of affiliated personnel to the planned number of students;
- Functions, contract and personal file of the program head - (Appendix N6); (Appendix N7);

Recommendations: -

Suggestions for the Programme Development -

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
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

Describe, analyse and evaluate the compliance of the education programme with the requirements of the component of the standard, based on the information collected through the self-evaluation report (SER), the enclosed documents and site-visit.

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

Recommendations:

Suggestions for the 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 analysis of documentation and interviews reveals that the professional development of the program implementing staff is one of the priority directions of the university. Professional development planning is related to the strategic goals of the institution and is based on an analysis of the needs of academic, visiting, administrative and support staff. The university has allocated appropriate financial and organizational resources for this direction.
The presented evidence confirms that the evaluation of the program implementing staff is carried out through a complex mechanism and includes the assessment of scientific and research activities, the educational process, audit activities and institutional satisfaction.
The scientific activities of academic staff are evaluated annually, based on a predetermined rule. The results of the evaluation are used to identify professional development needs and plan appropriate support measures. The scientific research center established in 2024 is involved in this process, which, in cooperation with the Quality Management Service, analyzes the results obtained and plans further activities.
Analysis of the documentation shows that the evaluation of academic and invited personnel is based on multi-faceted feedback. Students, the dean, the examination center, administrative staff and program leaders participate in the evaluation process, which ensures a multi-source assessment of the quality of teaching.
Evaluation of audit activities is one of the effective mechanisms of the quality assurance system. The results of the evaluation are provided individually to academic personnel, and program leaders and the dean use them to plan professional development activities.
According to the documentation, the university systematically conducts staff satisfaction surveys, the results of which are used to plan and monitor quality improvement activities.
Based on the evidence presented by the expert group, it was determined that the university provides continuous professional development for academic and visiting staff. Activities implemented over the past two years have included both modern teaching and assessment methodologies, as well as sectoral training in healthcare, business, law and psychology.
It is noteworthy that the academic staff of the medical program have undergone international training in Workplace-Based Assessment (WPBA), Case-Based Discussion (CBD) and Mini-CEX methods and also

participated in a professional development event organized by AMEE, which is in line with the goals of the program development and the requirements of modern medical education.
According to the experts, the system of personnel assessment and professional development is logically connected with internal quality assurance mechanisms. The results of the assessment are used for planning and implementation of professional development activities, and international cooperation creates additional opportunities for the development of research and professional activities of academic staff.

Evidences/Indicators

- Interviews with university representatives
- University approaches and strategy for staff professional development;
- Personnel management policy;
- Scientific/research indicators of individuals involved in the program - (Annex N15);
- Indicators of staff involvement in international projects, conferences, research and events;

Recommendations: -

Suggestions for the Programme Development -

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

According to the SER, the University provides the physical infrastructure and material resources necessary for the implementation of the proposed MD programme. The educational facilities comprise lecture halls, seminar rooms, administrative and academic staff offices, dedicated group work areas, a university library, and discipline-specific teaching laboratories. The practical component of the curriculum is supported by a Clinical Skills and Simulation Centre equipped with a range of simulators, mannequins, anatomical models, and procedural training devices intended for both preclinical and clinical skills education. According to the SER, these facilities enable students to acquire and practise essential clinical competencies in a safe simulated environment before direct patient contact.
The University also maintains dedicated teaching laboratories for biochemistry and microbiology, histology and pathology, and anatomy. These laboratories are equipped with the basic instrumentation and teaching materials required to support practical instruction in the biomedical sciences.
The University Library provides both printed and electronic learning resources corresponding to the curriculum requirements. According to the SER, students have access to the principal textbooks, electronic books, scientific journals, and a range of international electronic databases supporting medical education, evidence-based practice,

and scientific research, including PubMed, the Cochrane Library, ERIC, Cambridge Journals Online, SAGE Journals, and several other multidisciplinary academic resources. Library services include computer workstations, internet access, wireless connectivity, printing and scanning facilities, user orientation sessions, and an integrated online library catalogue.

The SER further states that the University's material resources, as a whole, infrastructure, library services, and learning environment are appropriate for the implementation of the programme and are sufficient to support the planned student cohort, educational activities, and research objectives. As the proposed MD programme has not yet enrolled students or produced graduates, many of the educational processes and support mechanisms described in the SER can presently be regarded as planned arrangements rather than established practice. Nevertheless, based on the documentation reviewed and the observations made during the site visit, the Panel found that in case of the library, future students will have access to an extensive range of printed and electronic learning resources, including major medical textbooks, international scientific databases, and peer-reviewed journals. Library services are well organised and include remote access to digital resources, enabling students to use learning materials both on and off campus. The physical facilities of the library, including seating capacity and dedicated areas for individual and group study, appear appropriate for the currently planned (n = 20) student cohort. During the site visit, the Panel also noted that the library maintains systematic records of resource requests submitted by students and academic staff. These data are analysed on a regular basis and are used by the Head Librarian to guide the acquisition of new materials and the further development of the library collection. This evidence demonstrates a proactive approach to ensuring that library resources continue to reflect the educational and research needs of the programme.

The preclinical phase of the proposed MD programme will be delivered primarily on the main NEU campus, where the University provides the physical infrastructure required for teaching and learning activities. According to the SER, practical clinical skills training will be introduced before students enter clinical placements through the Clinical Skills and Simulation Centre. The University states that dedicated space has been allocated for simulation-based education and that the necessary equipment and teaching materials have been identified to support the planned curriculum.

During the site visit, the Panel confirmed that the existing facilities provide an appropriate foundation for the delivery of basic practical skills training. The available simulators, anatomical models, and procedural training equipment are suitable for introducing students to essential clinical techniques during the early stages of the programme. At the same time, the Panel considers that the current Clinical Skills and Simulation Centre has limited capacity to support the full range of simulation-based educational activities expected in a contemporary undergraduate medical programme. The available teaching space is relatively restricted and offers limited opportunities for structured debriefing sessions, team-based simulation exercises, and complex scenario-based training. Similarly, although the existing equipment is appropriate for introductory skills training, further investment in higher-fidelity simulators, specialised task trainers, audiovisual recording facilities, and dedicated simulation infrastructure would considerably strengthen the educational environment and better support competency-based teaching and assessment as the programme develops.

Clinical education will be delivered through affiliated healthcare institutions operating under formal Memoranda of Understanding with the University. The documentation specifies maximum student numbers for individual clinical placements (for example, up to six students in intensive care and anaesthesiology rotations and up to ten students in other clinical disciplines), thereby supporting small-group clinical teaching. During the site visit, the Panel confirmed that the participating clinical institutions provide appropriate working conditions for students and clinical supervisors. Representatives of the affiliated hospitals expressed a clear commitment to participating in the programme and demonstrated their willingness to accommodate the planned student cohort.

Overall, the Panel considers that the existing infrastructure provides a basis for launching the proposed programme. Nevertheless, continued investment in simulation facilities and clinical skills resources will be important to ensure that the educational environment evolves in parallel with the programme and fully supports the intended learning outcomes of a modern competency-based medical curriculum.

Evidences/Indicators

- SER
- Annexes to SER
- Interviews

Recommendations:

- The current basis of the Skills Centre is expected to be used as starting points to increase the quality and weight of practical training, and therefore, short-term development strategies are suggested. More attention needs to be paid to the prospects and opportunities for technical skills development. Strengthen both the instrumental elements (in proportion to the number of students envisaged) and the subject areas that can be linked to them

Suggestions for the Programme Development

- Long-term, strategic planning and investments in more complex simulations (i.e., scenarios with high fidelity computerized patient simulators such as trauma and ICU mannequins, birth simulators, etc.) is suggested - the high-fidelity simulation protocols may be incorporated later into the curriculum.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.4 Material Resources	Substantially

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 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 budget includes financial support for processes that aim to enhance developmental potential of the faculty, the budget also accounts international events, representation and other global engagements, scholarships and other forms of financial support for students, faculty and administrative staff. Budget of NEU is calculated in accordance with regulations within the university: Rule for Funding Student Projects, Rule for Funding Scientific-Research Projects; Special "Bonus System" for Supporting and Encouraging Scientific-Research Activities. The financial resources allocated by the budget are economically feasible. Furthermore, the financial indicators in the budget fully cover the implementation of activities defined in the strategic development and action plans. Financial resources at the university are used efficiently and are focused on the effective implementation of the university's core activities. During meeting with administration and finances it was mentioned that in Program budget also noted activities of affiliated staff, Infrastructure projects and Laboratories Costs/ practical centers. Funding professional development of the teaching staff and costs of improving electronic systems will be beneficial for university in accordance with student number increase. The unified University budget also includes costs for Internationalization and Career support measures for students and graduates, which provides program support and accordingly, achievement the learning outcomes set by the program.

Evidences/Indicators

o Site visit
o Budgetary policy and procedures of NEU.
o Projected Budget for the MD Educational Program.

Recommendations: -

Suggestions for the Programme Development -

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 analysis of the presented documentation shows that the internal quality assurance system at the university is based on the quality management policy, which defines the functions, goals and main areas of activity of the Quality Management Service. The regulatory documents of the quality assurance mechanisms and the assessment system are also presented, which describe the assessment areas, the tools used and the responsible structural units.
The documentation confirms that the activities of the Quality Management Service are based on the principles of transparency, publicity, objectivity, reliability, continuity and validity. The quality assurance system is built on the basis of the PDCA (Plan–Do–Check–Act) cycle, which ensures a logical sequence of planning, implementation, assessment and further improvement of the quality management process.
According to the submitted materials, the program director, program development group, academic and visiting staff, as well as the quality management service were involved in the development of the single-cycle medical education program. The documentation shows that feedback from relevant stakeholders was used in the development of the program goals, learning outcomes, and curriculum, based on which changes were made to the program.

Both academic and administrative and supporting structural units are involved in the program self-evaluation process, including academic and visiting staff, administration, quality management service, human resources, registry, international relations, library, and other relevant services. The submitted materials also confirm the involvement of employers. Regarding the participation of students and graduates, it is noteworthy that due to the novelty of the program, the opinions of relevant stakeholders from other educational programs of the university were used in the evaluation process.
According to the documentation, the quality assurance policy is in line with the European Higher Education Area Quality Assurance Standards and Guidelines (ESG), the European Qualifications Framework (QF-EHEA, EQF-LLL), the current legislative framework of Georgia, as well as the university's internal regulatory documents. Reference is also made to the use of international quality management practices, including the IQM guidelines.
Since the program is new and its implementation has not yet begun, the assessment of the effectiveness of internal quality assessment mechanisms is limited at this stage. The evidence presented mainly reflects the activities carried out at the planning and development stage of the program. In particular, a study of the labor market and employer requirements has been conducted, a peer review has been conducted, and an internal analysis of the program by the Quality Management Service has been conducted. The documentation presented shows that the program development team has taken into account some of the recommendations issued as a result of the aforementioned evaluations and reflected the relevant changes in the program.
The documentation also defines a mechanism for monitoring the learning process, according to which the Quality Management Service will monitor the learning process and, if necessary, issue appropriate recommendations. The possibility of repeated monitoring is also defined in the event that deficiencies are identified as a result of the assessment.
Although internal quality assurance procedures are presented, due to the novelty of the program, it is not yet possible to assess their practical effectiveness, the functioning of the results-based improvement mechanisms and the full implementation of the internal assessment cycle at this stage. This will be possible to assess after the program is implemented, based on the accumulated evidence, assessment results and improvements made.

Evidences/Indicators

- Interview with a quality representative
- Analysis of the labor market and employer requirements - (Appendix N8);
- Report on the use of assessment results - (Appendix N13);
- Quality management policy.

Recommendations:

- The Expert Panel recommends that the university strengthen the mechanisms for justifying the need for a new educational program and provide a thorough research analysis of the feasibility of developing a medical program in the Georgian educational space.

Suggestions for the Programme Development -

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.1 Internal quality evaluation	Partially

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

An external peer review was conducted to assess the learning outcomes, content, implementation mechanisms and compliance with labor market requirements of the educational program, involving local and international highly qualified experts. The review process provided an independent, objective and multifaceted analysis of the program, and also identified important areas for further improvement of the program quality.

According to the external experts' assessment, the program complies with the basic principles of modern medical education, however, certain aspects were identified that need to be strengthened to ensure the quality, sustainability and compliance of the program with international standards. Based on the recommendations of the local expert, the volume of the Georgian language component was increased and its integration with the clinical context was strengthened, which ensures the improvement of students' abilities in terms of effective communication with patients, use of professional terminology and integration into the clinical environment.

In the direction of clinical teaching and assessment, the expert indicated the need to expand practice-based assessment methods. Taking into account the recommendations, modern assessment tools were integrated into the program, including OSCE, Mini-CEX, Case-Based Discussion, and mechanisms for assessing practical skills in real/simulated environments. These changes increase the objectivity of assessment and ensure adequate assessment of students' clinical thinking, practical skills, and professional decision-making competencies.

The external evaluation also identified the need to strengthen the research component. In accordance with the recommendations, the areas of research design, biostatistics, data analysis, and evidence-based medicine were expanded, which contributes to the development of students' research skills, strengthening critical thinking, and the ability to make clinical decisions based on scientific evidence.

Based on the assessment of an international expert, the need to strengthen students' early involvement in the clinical environment was identified. Taking into account the recommendation, the opportunities for communication with real patients were increased, which contributes to the development of a patient-centered approach, professional ethics, and practical skills. The issue of student learning flexibility was also assessed. Taking into account the current legislative requirements, the program maintains the flexibility of credit distribution, although the annual study load is determined in accordance with the established regulations. Based on the recommendation, elective components were also expanded, which increases the opportunities for students' academic choice and professional development. In addition, the name of the course was clarified and defined as "Population Health", which ensures the consistency of the course name, content and learning outcomes.

The changes made confirm the systematic nature of the program development process and the institutional approach to continuous quality improvement. In addition, external peer review, despite its importance in the process of assessing the academic quality of the program, cannot be considered sufficient and independent evidence to confirm the feasibility of starting a medical program with only 20 students. The determination of the volume of admission to a medical education program should be based on a comprehensive assessment that includes the capabilities of clinical facilities, the adequacy of patient flow, academic and clinical staff resources, infrastructural capabilities, financial sustainability, and a long-term strategy for program development.

Accordingly, the mechanisms for justifying the need for a new educational program can be strengthened. A positive assessment by external experts is an important factor confirming the qualitative characteristics of the program, but is not a sufficient basis for justifying a small volume of admission to the program. This issue requires additional, evidence-based analysis to ensure both the sustainability of the program and the compliance of the quality of medical education with national and international requirements.

Evidences/Indicators

- Interview with a quality representative
- External peer review;
- Changes implemented as a result of the external peer review (educational programme).

Recommendations:

- The Expert Panel recommends that the institution conduct an evidence-based analysis of the sustainability of the programme and its alignment with national and international requirements for the quality of medical education, including justification of the planned admission volume.

Suggestions for the Programme Development -

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.2. External Quality Evaluation	Partially

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

The Quality Assurance Office of the National Educational University has developed mechanisms for monitoring, evaluating and improving educational programs. The evaluation of the implementation of the educational program is mainly done by surveying students, graduates, employers, academic and invited staff and monitoring the learning process. At the end of each semester, the Quality Assurance Office evaluates courses and lecturers through questionnaires based on student surveys (the survey is available through the electronic system). Student satisfaction with the course is analyzed and obtained results are processed for further refinement of the program. The involvement of stakeholders in the process of developing the cluster of educational programs is confirmed. The institution submitted protocols of meetings with the staff elaborating the program and employers' assessment of the educational program, which describes the evaluations of participants and their recommendations and suggestions. Involvement in this process is confirmed by all stakeholders during meetings with the Expert Panel; they named specific cases of consideration of the recommendations made by them to the programme manager. According to the program quality assurance mechanisms, the quality assurance representatives attend lectures/practical trainings for monitoring, analyze the students' academic performance and develop relevant recommendations for the improvement of the educational program or individual study course. The results are also communicated to the teacher and, if necessary, recommendations and tips are shared with them. At this stage, as the program is new, does not use developmental peer assessment, which involves attending lectures by academic and invited staff colleagues and sharing feedback with each other, which will help improve the quality of teaching; however, the academic and invited staff of the programme noted their willingness to be involved in the process. By using the complex indicators of monitoring and programme results, an evaluation of the

effectiveness of the programme is carried out and, if necessary, the modification and improvement of the programme.

Evidences/Indicators

- MD educational programme;
- SER;
- Quality Assurance System and Mechanisms;
- Rule and Procedure for Planning, Developing, Approving, Amending, and Cancelling Educational Programs;
- Rule for Evaluating the Implementation of Educational Programs at the University;
- Quality Assurance Office Researches and Evaluations;
- Expert Panel's meeting with the head of the programme;
- Expert Panel's meeting with academic and invited staff;
- Expert Panel's meeting with representatives of quality assurance service;

Recommendations:

Suggestions for the Programme Development

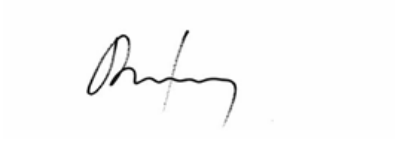
Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.3. Programme monitoring and periodic review	Complies

Attached documentation (if applicable): -

Chair of Accreditation Expert Panel



Full name, signature: Mihály Boros, University of Szeged

Accreditation Expert Panel Members



Full name, signature: Davit Topuria, Tbilisi State Medical University



Full name, signature: Tamar Goderidze, University of Georgia



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