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

One-Cycle MD (Medical Doctor) program (In English)
LLC Georgian International University GIU

Evaluation Dates: 09-10.09.2026.

Report Submission Date: 12.10.2026.

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 28

3. Student Achievements, Individual Work with Them 34

4. Providing Teaching Resources 36

5. Teaching Quality Enhancement Opportunities 46

Information about a Higher Education Institution [1]

Name of Institution Indicating its Organizational Legal Form	LLC Georgian International University GIU
Identification Code of Institution	204555524
Type of the Institution	University

Expert Panel Members

Chair (Name, Surname, HEI/Organisation, Country)	Dragan Hrncic, Faculty of Medicine University of Belgrade, Serbia
Member (Name, Surname, HEI/Organisation, Country)	Elene Zurabishvili, East European University, Georgia
Member (Name, Surname, HEI/Organisation, Country)	Tamar Goderidze, University of Georgia, Georgia
Member (Name, Surname, HEI/Organisation, Country)	Gulnazi Maghradze, European University, Georgia

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

I. Information on the education programme

Name of Higher Education Programme (in Georgian)	დიპლომირებული მედიკოსის ერთსაფეხურიანი ინგლისურენოვანი პროგრამა
Name of Higher Education Programme (in English)	**One-Cycle MD (Medical Doctor) program (In English)**
Level of Higher Education/programme	One-cycle medical
Qualification to be Awarded[2]	**Doctor of Medicine (MD)**
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 quota for MD students requested by the HEI (In the case of Medical Doctor one-cycle educational programme)	30

[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 the Education Programme

The One-Cycle MD (Medical Doctor) Programme, delivered in English by LLC Georgian International University (GIU), is a one-cycle medical education programme leading to the qualification of Medical Doctor. The programme is designed in accordance with the applicable Georgian legislative and regulatory framework, the National Qualifications Framework, the sectoral characteristics of higher medical education, and the internal methodology of GIU for planning, developing, implementing, evaluating and improving educational programmes.

The programme has a total volume of 360 ECTS credits, comprising 348 ECTS credits of compulsory courses and 12 ECTS credits of elective study. The curriculum includes general courses, Introduction to Medicine, preclinical and clinical sciences, clinical skills, research and public health components. The structure provides a progressive pathway from fundamental biomedical knowledge through preclinical education towards clinical and professional competencies.

The programme objectives and learning outcomes are clearly formulated and demonstrate appropriate alignment with the requirements of contemporary medical education. The intended graduate profile encompasses biomedical and clinical knowledge, practical and clinical skills, evidence-based decision-making, communication, research competencies, ethical and professional responsibility, patient-centred care and the capacity for continued professional development.

The qualification to be awarded is consistent with the content, scope, structure and intended learning outcomes of the programme.

Overview of the Accreditation Site Visit

The Expert Panel reviewed the documentation submitted by GIU, including the One-Cycle MD Programme, curriculum and study plan, course syllabi, programme and course learning outcomes, curriculum mappings, assessment documentation, quality assurance procedures and relevant institutional materials.

The site visit on September 09-10, 2026 provided an opportunity to verify the information contained in the submitted documentation through meetings and interviews with representatives of the university, programme staff, academic and clinical personnel, quality assurance representatives and other relevant stakeholders. Particular attention was paid to the programme's curriculum structure, teaching and learning approaches, assessment mechanisms, practical and clinical training, research opportunities, student support, quality assurance arrangements and the institution's readiness to implement the programme. Site visit included visits to several clinics as teaching bases, as well as GIU teaching facilities, buildings, equipment, library.

The Panel also reviewed the available institutional infrastructure and resources relevant to the implementation of the programme, including simulation and educational facilities, library and electronic resources, and arrangements supporting academic and scientific development.

A significant contextual factor in the evaluation is that the One-Cycle MD Programme does not yet have enrolled students. Consequently, the Panel was able to assess the programme's design, institutional readiness and planned mechanisms, but could not yet evaluate their effectiveness on the basis of actual student achievement, student feedback, graduate outcomes or longitudinal programme-level data.

Brief Overview of Education Programme Compliance with the Standards

Overall, the Expert Panel considers that the programme demonstrates an appropriate and coherent academic and organisational foundation for the delivery of one-cycle medical education.

The programme objectives and learning outcomes are appropriately aligned and cover the knowledge, skills, responsibility and autonomy expected from graduates of a Medical Doctor programme. The curriculum is logically structured and demonstrates progression from basic biomedical sciences through preclinical education to clinical and professional competencies. Course content, learning outcomes, teaching approaches and assessment methods are generally appropriately interconnected, while the programme-level curriculum mapping provides a basis for monitoring the contribution of individual courses to the achievement of programme learning outcomes.

The Panel positively notes the breadth of the programme, including the integration of biomedical, clinical, public health, behavioural and social sciences, ethics, research and evidence-based medicine. The use of a range of assessment instruments, including OSCE/OSPE, Mini-CEX, DOPS, CBD, portfolios and logbooks, provides an appropriate foundation for competency-based assessment in medical education.

The programme also demonstrates a defined mechanism for evaluating programme learning outcomes. Direct and indirect assessment approaches are envisaged, with mechanisms for data collection, analysis and use of findings for programme improvement. The internal quality assurance system includes the involvement of the programme administration, Quality Assurance Office and relevant collegial bodies, together with students, graduates, employers, clinical partners and other stakeholders where applicable.

The Panel found several positive elements in the student assessment and academic quality framework. Students are informed about course requirements and assessment procedures, which are also made available through electronic information systems. The university has established mechanisms for plagiarism prevention, including the use of Turnitin, as well as transparent appeal procedures and an examination question bank. The operation of an Ethics Committee and the regular collection of feedback from students and academic staff further support the institutional quality culture.

Admission requirements for the English-language MD programme are clearly defined and are consistent with the relevant legislative and sectoral requirements. The admission framework appropriately considers academic preparation, scientific prerequisites and English-language competence and provides defined procedures for verification of applicants' eligibility.

The Panel also positively notes the university's international orientation, including Erasmus+ opportunities, partnerships with foreign higher education institutions and cooperation with international research and clinical organisations. Students have access to EBSCO and other scientific resources, while GIU provides opportunities for participation in research projects and international academic activities.

At the same time, the Panel identified several areas where further development is required, particularly in relation to the implementation and demonstrable effectiveness of the programme once students are enrolled. The main issues concern the systematic development and assessment of practical, clinical, research and transferable competencies; the consistency of application of assessment instruments and criteria; the direct involvement of MD students in medical and biomedical research; and the systematic integration of international mobility and research opportunities into the MD programme.

The Panel also considers that, although the institution has established quality assurance procedures, the effectiveness of these mechanisms within the MD programme cannot yet be fully demonstrated because the programme has not commenced with enrolled students. Consequently, future monitoring should generate programme-specific evidence of student achievement, stakeholder feedback and the effectiveness of improvement measures.

Overall, the programme demonstrates substantial readiness in terms of its academic design, curriculum structure, institutional procedures and planned resources, while several aspects require systematic implementation and evidence-based monitoring during the programme's operational phase.

Recommendations

Based on the overall evaluation, the Expert Panel recommends that the University:

- The programme should establish explicit, measurable programme-level benchmarks or achievement thresholds for each programme learning outcome and implement a systematic process for aggregating assessment results, comparing achievement against the defined benchmarks, documenting identified gaps and strengths, and monitoring the effectiveness of subsequent improvement measures. The results of this process should be incorporated into periodic programme evaluation and communicated to relevant stakeholders.
- It is recommended to develop and document a mechanism at the program level for the progressive development of students' practical, clinical, research, and transferable skills, clearly demonstrating the link between these skills, the program's learning outcomes, and specific assessment tools.
- It is recommended to reinforce the requirement that, upon program authorization, the institution will ensure the systematic involvement of MD program students in medical and biomedical research, including university-funded grant projects.
- It is recommended to ensure greater consistency and uniformity in the application of existing assessment tools, to define clear assessment criteria, and to conduct data analysis at the program level to track and confirm student progress regarding practical and clinical competencies.
- It is recommended to more clearly link existing opportunities for international mobility and research collaboration with the MD program and to establish mechanisms ensuring the regular participation of students from this specific program in relevant exchange, research, and academic activities.
- It is recommended that clear constructive alignment among learning outcomes, teaching and learning methods, and assessment tools be ensured at the level of each individual course, utilizing relevant matrices and documented rationales.
- It is recommended that, following the launch of the program, the effectiveness of teaching and learning methods be systematically evaluated within the framework of quality assurance based on student achievements, assessment results, student feedback, academic/clinical staff evaluations, and other relevant evidence—and that the findings be used for the continuous improvement of the program.
- It is recommended that, once the program is active and has enrolled students, data regarding student feedback, academic progress, and the achievement of learning outcomes be systematically analyzed, and that these findings be incorporated into specific measures for program development.
- It is recommended that, upon the commencement of the program, a documented mechanism be established to monitor quality improvement measures and evaluate their effectiveness, thereby ensuring the full functioning of the quality assurance cycle.
- Monitoring of the implementation of external assessment recommendations must be strengthened. For each recommendation, the university should define specific measures, the responsible person, the implementation timeframe, and measurable outcome indicators. This information should be incorporated into the program improvement action plan and periodically reviewed.
- The university must ensure the evidence-based application of international benchmarking results. Comparisons should be conducted across specific indicators—such as learning outcomes, curriculum structure, assessment systems, clinical training, and student support—and any identified discrepancies should be reflected in specific decisions regarding program development.

- The University should establish and implement a program-specific monitoring and evaluation framework for the One-Cycle MD Program, including clearly defined indicators, data sources, responsibilities, timelines, and procedures for documenting and following up improvement actions.
- Following student enrollment, the University should systematically collect and analyze evidence from students, graduates, employers, and clinical partners and demonstrate how the findings lead to concrete program improvements. The effectiveness of implemented changes should subsequently be reviewed through a documented feedback loop, ensuring that monitoring constitutes a continuous improvement process rather than only a periodic information-gathering exercise.

Suggestions

The Expert Panel additionally provides the following suggestions for further enhancement:

- The programme could further review the wording of individual learning outcomes to ensure that all statements are expressed through consistently observable and measurable action verbs, particularly within the knowledge and professional responsibility domains.
- The programme could further develop a systematic approach to aggregating and analysing assessment data at programme level, allowing the institution to demonstrate more explicitly the extent to which each programme learning outcome is achieved by graduating students and to use these findings for curriculum enhancement.
- Demonstrate the closed-loop nature of improvement. The programme could further enhance the documentation of the quality assurance cycle by systematically recording the relationship between identified assessment findings, agreed improvement measures, their implementation, and subsequent evaluation of their effectiveness. This would provide clearer evidence of the impact of changes introduced on the achievement of programme learning outcomes.
- Further triangulation of assessment evidence. The programme could further develop the triangulation of direct assessment results with feedback from students, graduates, clinical supervisors and employers, particularly for professional competencies, communication, teamwork and clinical readiness. This would provide a broader evidence base for evaluating the achievement of programme learning outcomes.
- Curriculum integration. The programme could further strengthen the integration of basic biomedical sciences with clinical teaching by making horizontal and vertical integration across the curriculum more explicit, particularly where foundational scientific concepts are revisited and applied in later clinical modules.
- Monitoring of curriculum workload. The programme could further enhance its monitoring of student workload across semesters by systematically combining ECTS allocation, scheduled teaching activities and student feedback. This could help identify potential periods of excessive workload and support further optimisation of curriculum sequencing.
- Elective component. The programme could consider further developing the elective component to provide students with additional opportunities to pursue individual academic or professional interests, particularly in emerging areas of medicine, research, public health and interdisciplinary practice, while maintaining alignment with the overall programme learning outcomes.
- Systematic monitoring of course workload. The programme could further strengthen the systematic evaluation of actual student workload in relation to the allocated ECTS credits by regularly combining workload data with student feedback and course performance indicators. The findings could be used to further optimise credit allocation and the balance between contact and independent learning.

- Systematic updating of learning resources. The programme could further formalise the process for periodic review of required and supplementary learning materials, including the systematic identification of outdated references and their replacement with current textbooks, clinical guidelines, systematic reviews and other authoritative evidence-based resources.
- Strengthening programme-level analysis of course contribution. The programme could further enhance the use of curriculum mapping by periodically analysing whether the collective contribution of individual courses provides sufficient coverage, reinforcement and assessment of all programme learning outcomes, thereby identifying potential areas of under- or over-representation.
- It would be advisable for the university to establish a minimum competency threshold for each individual course within a module. This will ensure balanced and effective learning across all subjects within the module, prevent the neglect of any specific component, and contribute to a more comprehensive achievement of the learning outcomes.
- It is advisable that the University either develop the digital infrastructure and procedures required for the virtual OSCE stations and limit their use to competences that can be demonstrated in a digital environment, or replace the 2 (two) virtual stations with physical ones, so that all competences in the final OSCE are assessed with comparable validity and reliability.
- It is advisable for the university to expand and diversify the array of available international scientific databases to provide students and academic staff with broader access to modern research resources and literature.
- Given the programme's reliance on a single source of revenue (tuition fees), it is advisable that alternative budget scenarios be developed for the event of lower-than-planned enrolment.

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

Expert Panel Member have received and thoroughly examined the Argumentative Position of the HEI. Upon evaluation, Panel concluded that HEI demonstrates ability and willingness to follow directions and that no factual errors were identified. One recommendation (originally as item six) was demonstrated to be already achieved.

Quantitative Data Analysis of the Educational Programme

The quantitative data indicate that the One-Cycle MD programme is supported by a relatively broad academic and teaching base. A total of 71 personnel are involved in the programme, including 35 academic staff, 8 affiliated academic staff, and 36 invited staff. The core academic staff consists of 5 Professors, 15 Associate Professors and 15 Assistant Professors, while the affiliated academic staff includes 1 Professor, 4 Associate Professors and 3 Assistant Professors. In addition, 43 administrative and support staff are reported at institutional level.

As the programme has not yet enrolled students, student-to-staff ratios cannot currently be calculated or meaningfully interpreted. The reported ratio of academic to invited staff is approximately 0.97:1, indicating a substantial contribution of invited personnel to the teaching provision. The reported staff retention/maintenance figures are 100% for both academic and invited staff over the relevant five-year period.

The available research indicators demonstrate an established research activity among personnel involved in the programme. The reported outputs include 194 publications in local journals and 207 publications in international journals, as well as 72 reports at local conferences and 130 reports at international conferences. A further 117 scientific/research activities or indicators are reported. These data provide evidence of an active academic and research environment that can support the research-oriented components of the MD programme.

Overall, the quantitative profile indicates that the programme has access to a sizeable and academically qualified teaching base, supported by affiliated and invited personnel and by an established research environment. However, because the programme is not yet operational with enrolled students, quantitative indicators relating to student–staff ratios, student progression, completion, academic achievement, graduate outcomes and student satisfaction are not yet available. These indicators should be systematically monitored once the programme becomes fully operational and should subsequently form part of the programme's periodic evaluation and quality-improvement processes.

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

	Standard	Evaluation
1.	**1.1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme**	**Substantially**
1.1	Programme Objectives	Complies
1.2	Programme Learning Outcomes	Complies
1.3	Evaluation Mechanism of the Programme Learning Outcomes	Partially
1.4	Structure and Content of Educational Programme	Complies
1.5	Academic Course/Subject	Complies
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	Partially
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	Complies
4.5	Programme/Faculty/School Budget and Programme Financial Sustainability	Complies
5	**5. Teaching Quality Enhancement Opportunities**	**Substantially**
5.1	Internal Quality Evaluation	Substantially
5.2	External Quality Evaluation	Substantially
5.3	Programme Monitoring and Periodic Review	Substantially

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

Based on the review of the available documentation and the information obtained during the site visit, the Expert Panel considers that the objectives of the One-Cycle MD (Medical Doctor) Programme (in English) are clearly defined and appropriately aligned with the nature and level of medical education.

The programme objectives adequately reflect the specific requirements of medical education, encompassing the progressive development of biomedical, preclinical and clinical knowledge, practical and clinical skills, clinical reasoning, communication, research competencies, and professional values. Particular attention is given to evidence-based decision-making, ethical practice, patient safety, respect for patients' rights and confidentiality, and effective communication within diverse healthcare settings.

The Panel notes that the objectives provide a coherent progression from fundamental biomedical sciences towards clinical education and preparation for professional medical practice. They also incorporate transferable and lifelong-learning competencies, including teamwork, critical appraisal of medical information, research skills, self-assessment and continuous professional development.

The English-language format of the programme is appropriately reflected in its objectives, particularly through the emphasis on access to international medical literature, evidence-based resources and contemporary international professional and clinical standards. This orientation is considered relevant to the programme's preparation of graduates for participation in international academic and professional environments.

The objectives further demonstrate an appropriate societal orientation. They address the preparation of physicians capable of contributing to disease prevention, health promotion, patient-centred care and the improvement of healthcare quality, while maintaining appropriate professional and ethical standards.

Programme objectives are in alignment with local labor market demands, trends and needs of the international labor market as per available documents and discussion with relevant representatives of labor market during the sight visit, and shared by the persons involved in the program. However, program objectives could not be find at relevant website.

Overall, the Expert Panel considers that the programme objectives are clear, comprehensive and appropriate to the level and profile of the programme. They adequately define the expected knowledge, skills and professional competences of graduates and demonstrate a relevant contribution to the preparation of qualified and socially responsible medical professionals.

Evidences

- Site visit
- One-Cycle MD (Medical Doctor) program (In English)
- Document of program objectives and learning outcomes
- Program curriculum/study plan
- Learning outcomes map
- Sectoral characteristics of Medicine
- List of basic, preclinical, and clinical courses
- Description of clinical training components
- Materials for simulation training and clinical skills teaching
- Syllabi for professionalism, medical ethics, and communication components
- Agreements/Memoranda signed with clinical bases
- Feedback from representatives of clinical bases and employers
- Protocols of program development and discussion
- Comparative analysis with international analogous programs
- University mission and strategic development plan

Recommendations:

- none

Suggestions for the Programme Development

- none

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.1 Programme Objectives	Complies

1.2 Programme Learning Outcomes

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

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

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

Based on the review of the submitted documentation and the information obtained during the site visit, the Expert Panel considers that the learning outcomes of the One-Cycle MD (Medical Doctor) Programme are clearly defined and logically linked to the programme objectives and the specific characteristics of medical education.

The learning outcomes appropriately cover the principal domains expected from a medical degree, including biomedical, clinical, public health, ethical and legal knowledge, together with clinical, communication and research skills. They also explicitly address professional responsibility and autonomy, including patient-centred care, evidence-based decision-making, ethical conduct, reflective practice, teamwork and continuous professional development. The Panel notes that the learning outcomes are formulated with reference to the National Qualifications Framework, the sectoral characteristics of higher medical education and the professional competencies expected from graduates in medicine.

The Panel considers that the learning outcomes are generally formulated in an observable and assessable manner. In particular, the use of action-oriented formulations such *as* carries out, provides, recognizes and manages, prescribes, performs, conducts *a*nd applies facilitates the assessment of students' achievement. The programme documentation further states that course syllabi define assessment criteria, rubrics, checklists and minimum competency thresholds. This provides an appropriate framework for assessing whether students have achieved the intended knowledge, skills and professional competencies. While the programme is newly established and does not yet have enrolled students, the proposed assessment framework provides a basis for demonstrating the measurability and achievability of the intended learning outcomes once the programme is implemented.

The learning outcomes demonstrate a logical progression from foundational scientific knowledge towards its application in clinical practice and the development of professional competencies. The 12-semester, 360 ECTS curriculum is structured progressively through general and introductory medical education, preclinical education, core clinical courses and advanced clinical education. The first two years constitute the Introduction to Medicine phase and provide an integrated foundation in biomedical sciences. The fifth and sixth semesters form the preclinical phase, focusing on mechanisms of disease and diagnostic approaches. Clinical education follows in the fourth and fifth years, while the sixth year provides advanced clinical courses and internships. This progression is complemented by dedicated clinical skills, research and public health components.

The programme also demonstrates both horizontal and vertical integration. During the first two years, for example, structural systems integrate anatomy, histology and visualisation, while functional systems integrate physiology and biochemistry. Neuroscience integrates sensory physiology, behavioural sciences and biochemistry. In the fourth semester, Clinical Correlations I provides an explicit transition from biomedical knowledge to clinical application. Similarly, the fifth and sixth semesters integrate microbiology, pharmacology, pathology and diagnostic methods, with Clinical Correlations II further supporting the transition towards clinical reasoning. The Panel considers this progression appropriate for the progressive development of medical competencies.

The Panel specifically considered the correspondence between the programme learning outcomes and the principal competency areas identified in the medicine-sector benchmark. The programme documentation provides substantive evidence of this correspondence.

The competency of patient consultation and communication is addressed particularly through PLO 6, which requires effective communication with patients, families and other stakeholders and the performance of patient assessment, as well as through PLOs 12 and 13, which address collaboration, reflective practice, professional responsibility, empathy, fairness and ethical conduct. These competencies are developed through Communication Skills, Bioethics, case-based and role-play activities, teamwork and progressively through clinical and bedside learning. In the clinical years they are assessed through structured clinical methods including OSCE, Mini-CEX, case presentation, case-based discussion, portfolios and supervisor feedback.

The competency of clinical case assessment, patient examination, investigation and differential diagnosis is explicitly reflected in PLO 6 and further supported by PLOs 2 and 11. The preclinical phase introduces disease mechanisms, diagnostic methods and interpretation of laboratory and imaging findings. Diagnostic Methods

courses in semesters five and six integrate physical diagnostics, radiological studies and laboratory medicine. Case-based learning, problem-based learning and clinical correlations are used to develop clinical reasoning, while OSPE, written assessments and, subsequently, OSCE, Mini-CEX and CBD provide mechanisms for assessing the application of this knowledge.

The competencies related to clinical reasoning and evidence-based diagnosis and management are particularly reflected in PLOs 6 and 11. During the transition from preclinical to clinical education, students progressively apply knowledge of disease mechanisms, diagnostic methods and pharmacological principles to clinical cases. During the clinical years, assessment shifts towards clinical reasoning, patient examination, interpretation of clinical information and supervised decision-making. The Panel considers this progression appropriate for the intended development of clinical competence.

The benchmark competency concerning emergency care and resuscitation is explicitly addressed by PLO 7, which requires students to recognize and manage emergency conditions and provide first aid, basic and advanced life support and cardiopulmonary resuscitation in accordance with current guidelines. The programme provides dedicated practical training in simulation laboratories using mannequins and simulators, including vital-sign assessment, first aid and CPR. Emergency Medicine and Anesthesiology and Intensive Care are also included in the advanced clinical phase. Practical and clinical competencies are assessed through structured methods, including OSCE and other relevant clinical assessment approaches.

The competency concerning safe and rational prescribing is reflected in PLO 8 and supported by PLO 2, which covers pharmacological principles, mechanisms of drug action, pharmacokinetics and pharmacodynamics, indications, contraindications, interactions, adverse effects and rational antibiotic use. These competencies are introduced through the preclinical pharmacology component and subsequently applied in clinical education through case-based learning and clinical decision-making. Their assessment is supported by written examinations and clinical/practical assessment methods.

The benchmark competency related to clinical procedures and practical skills is explicitly addressed by PLO 9. The programme includes a dedicated clinical skills component and practical training in simulation laboratories using mannequins and simulators. Students progressively develop skills including vital-sign assessment, injections, catheterisation, venipuncture, wound management, suturing and other essential procedures. In the clinical years, these skills are further developed in supervised clinical environments. OSCE and DOPS, together with logbooks, portfolios and other structured clinical assessments, provide mechanisms for evaluating performance.

The competency of research and evidence-based practice is addressed through PLOs 5 and 10 and further reinforced by PLO 11. The programme contains a dedicated research component, including Research Methodology in Healthcare, Clinical Research and Ethics, Scientific Research Methods, Epidemiology and Biostatistics, Evidence-Based Practice in Medicine, Digital Health and Medical Informatics and Translational Medicine. These courses develop competencies in literature appraisal, research design, data collection and analysis, interpretation of results and scientific writing. Students are also expected to develop the ability to use scientific evidence in clinical decision-making. Research papers and other research-related assignments provide direct assessment opportunities.

The competencies of professionalism, ethical practice, responsibility and autonomy are particularly reflected in PLOs 12 and 13, together with PLO 11. The programme includes ethics, bioethics, communication, professionalism and patient safety components and progressively integrates these principles into clinical education. The intended outcomes include maintaining appropriate medical records, respecting confidentiality and informed consent, demonstrating compassion and non-discriminatory behaviour, collaborating with other professionals, recognising personal limitations and seeking assistance when necessary. These competencies are assessed through structured clinical assessments, portfolios/logbooks, Mini-CEX, DOPS, CBD and supervisor feedback.

The Panel therefore considers that the programme provides a clear relationship between the sectoral benchmark competencies, the programme learning outcomes, the curriculum, teaching and learning methods, and the assessment system. Importantly, this relationship is progressive rather than limited to individual courses: foundational competencies are introduced in the early phases, developed through preclinical education and subsequently applied and assessed in increasingly complex clinical contexts. The programme documentation indicates that the relevant competencies are introduced, developed and assessed across the different stages of the 12-semester curriculum.

The range of teaching and learning methods described is appropriate to the nature of the intended outcomes. Interactive lectures and seminars provide the foundation for knowledge acquisition, while practical and laboratory work, PBL, CBL, brainstorming, group work, role-play, simulated patients, clinical rotations, bedside teaching and clinical environment learning provide opportunities for application and progressive skills development. The use of simulation and standardised patients is particularly relevant to the development and assessment of clinical and communication competencies before and during supervised clinical practice.

The assessment framework provides corresponding mechanisms for evaluating different domains of learning. In the early years, written examinations and OSPE are used to assess biomedical knowledge, laboratory skills, anatomical and histological identification and basic clinical correlations. During the preclinical phase, case-based assignments, OSPE and integrated written assessments address disease mechanisms, diagnostic reasoning, pharmacological decisions and interpretation of laboratory and imaging findings. During the clinical years, assessment progressively shifts towards OSCE, Mini-CEX, DOPS, clinical case presentations, case-based discussions, portfolios, logbooks and supervisor feedback. The Panel considers this progressive assessment strategy appropriate because it reflects the increasing complexity of the expected learning outcomes.

The use of OSCE is particularly relevant to the assessment of practical and clinical outcomes. The programme states that OSCE stations use standardised procedures, common tasks and defined timeframes, with performance assessed through checklists and the use of simulators, mannequins and standardised patients. Together with the stated use of rubrics, checklists and minimum competency thresholds in course syllabi, this provides a structured basis for objective assessment of clinical competencies.

The learning outcomes further demonstrate an appropriate emphasis on patient safety, professional ethics, communication, cultural sensitivity and responsible medical practice. The inclusion of research methodology and critical appraisal of scientific evidence is consistent with the expectations of contemporary medical education. The public health component also broadens the intended graduate profile by addressing health promotion, disease prevention, population health, healthcare management and health inequalities.

With regard to labour-market relevance, the Panel notes that the programme documentation states that the curriculum and learning outcomes were developed with reference to labour-market research, local and international comparable medical programmes, sectoral requirements and contemporary developments in healthcare. The self-evaluation process also involved academic staff, employers, alumni and other stakeholders, while the programme was presented to stakeholders and external peers and subsequently adjusted based on received feedback. The reported involvement of these groups provides an appropriate basis for considering the relevance of the learning outcomes to professional practice. The Panel considers that this stakeholder engagement should be maintained as a regular and documented part of the periodic review of programme learning outcomes.

The Panel also notes that the programme documentation describes mechanisms for communicating learning outcomes through programme and course documentation. Since the learning outcomes are linked to course syllabi, teaching activities and assessment methods, they provide a common reference point for students and teaching staff. During implementation, systematic communication of the expected competencies and their progression should be maintained, particularly in clinical education, so that students and clinical teachers have a shared understanding of the expected level of achievement at each stage.

Overall, the Expert Panel considers that the programme learning outcomes are appropriately formulated, comprehensive and consistent with the programme objectives, the characteristics of medical education, the National Qualifications Framework and the relevant sectoral expectations. They adequately describe the knowledge, skills, responsibility and autonomy expected of graduates and are supported by corresponding teaching, learning and assessment approaches. The documentation provides a substantive cross-reference between the principal medicine-sector benchmark competencies and the programme learning outcomes, curriculum phases, teaching approaches and assessment methods. The progressive development from biomedical foundations in the first two years, through preclinical education in semesters five and six, to core clinical education in the fourth and fifth years and advanced clinical education in the sixth year provides a coherent framework for competency development.

Evidences/Indicators

- One-Cycle MD (Medical Doctor) program (In English)
- Mapping of program objectives and learning outcomes
- Mapping of program learning outcomes and course/module learning outcomes
- Sectoral characteristics of higher medical education in Medicine
- Requirements of Level VII of the National Qualifications Framework
- Course syllabi
- Curriculum structure and study plan
- Description of teaching, learning, and assessment methods
- OSCE/OSPE assessment forms, rubrics, and station samples
- Portfolio/logbook forms
- Mini-CEX, DOPS, CBD, and other clinical assessment instruments
- Minutes of program development and discussion meetings/boards
- Analysis of feedback from employers, academic/invited staff, students, and graduates
- Mechanism for evaluating program learning outcomes and analysis of assessment results
- Action plan for program development/improvement

Recommendations:

- none

Suggestions for the Programme Development

- The programme could further review the wording of individual learning outcomes to ensure that all statements are expressed through consistently observable and measurable action verbs, particularly within the knowledge and professional responsibility domains.
- The programme could further develop a systematic approach to aggregating and analysing assessment data at programme level, allowing the institution to demonstrate more explicitly the extent to which each programme learning outcome is achieved by graduating students and to use these findings for curriculum enhancement.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation

1.2 Programme Learning Outcomes	Complies

1.3 Evaluation Mechanism of the Programme Learning Outcomes

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

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

Based on the review of the available documentation and the information obtained during the site visit, the Expert Panel considers that the programme has established a defined and structured mechanism for the evaluation of programme learning outcomes. The mechanism covers the principal stages of the assessment cycle, including identification of learning outcomes and relevant evidence, data collection, analysis and interpretation, reporting, and the use of findings for programme improvement.

The Panel notes that the programme has adopted the **"**Methodology for the Formulation and Assessment of Program Learning Outcomes"**,** which defines the general framework for the assessment of programme learning outcomes, including assessment methods, data sources, periodicity, responsible persons and procedures for analysis. The described mechanism provides an appropriate institutional basis for systematic evaluation of the extent to which students achieve the knowledge, skills, responsibility and autonomy defined in the programme learning outcomes.

The assessment system incorporates both direct and indirect methods. Direct assessment includes written and oral examinations, tests, practical assignments, clinical and simulation-based assessments, OSCE/OSPE, portfolios and logbooks, Mini-CEX, DOPS, CBD and other assessment instruments appropriate to clinical and practical competencies. Indirect assessment includes feedback from students, graduates, academic and invited staff, clinical supervisors, employers and other relevant stakeholders. The Panel considers the combination of direct and indirect evidence appropriate to the characteristics of medical education and to the different domains of programme learning outcomes.

Particular strength is observed in the use of structured instruments for the assessment of clinical and practical competencies. OSCE/OSPE, Mini-CEX, DOPS, CBD, portfolios and logbooks allow the assessment of competencies in different educational and clinical contexts and provide evidence not only of theoretical knowledge but also of clinical skills, clinical reasoning, communication, professional behaviour and the application of knowledge in practice. The use of rubrics, checklists and predefined assessment criteria further supports transparency, consistency and objectivity.

The Panel notes that the mechanism envisages the identification of the relevant courses/modules, assessment components and indicators for each programme learning outcome. The mapping between programme learning outcomes and course learning outcomes provides a basis for identifying where individual outcomes are developed, reinforced and assessed. The assessment process is also designed to collect both quantitative and qualitative information, including examination and assessment results, OSCE/OSPE station performance, clinical skills assessment, portfolio/logbook indicators, academic progress and completion data, as well as qualitative feedback from students, supervisors, employers and other stakeholders.

The collected information is intended to be analysed at programme level rather than being limited to individual student performance. According to the programme documentation, the analysis considers the extent to which

student achievements correspond to the expected level of programme learning outcomes, identifies strengths and areas requiring improvement, and informs subsequent programme development. The Panel considers this programme-level approach appropriate, as it enables the institution to identify systematic patterns and potential weaknesses in curriculum content, teaching and learning, assessment or clinical training.

The governance of the process is also appropriately defined. The programme director, in coordination with the quality assurance office and relevant collegial bodies, is responsible for reviewing the results and preparing a programme learning outcomes assessment report. Academic and invited staff, students, graduates, employers, clinical supervisors and external experts are identified as relevant contributors to the broader evaluation process. This provides a suitable basis for a stakeholder-informed assessment mechanism and supports the integration of external perspectives into programme evaluation.

The Panel further notes that the mechanism provides for the use of assessment findings in programme improvement. The programme documentation identifies potential actions including modification of course content, revision of teaching and learning methods, refinement of assessment instruments, strengthening of clinical and simulation training, redistribution of practical components, revision of syllabi and improvement of student feedback mechanisms. This represents an appropriate closed-loop quality assurance concept, linking planning, implementation, evaluation and improvement.

Assessment periodicity is intended to reflect the characteristics of the programme and the different types of evidence collected. Course-level assessment takes place throughout the academic process, while programme-level analysis is undertaken through the established programme learning outcomes assessment and reporting process. The Panel considers this combination appropriate for medical education, where some competencies require continuous observation and assessment during clinical education, while programme-level achievement requires periodic aggregation and analysis of evidence.

The Panel also notes that the assessment procedures and criteria are intended to be accessible to relevant stakeholders through programme and course documentation. Academic, invited and other staff involved in implementation are expected to use the established assessment methodology, while the self-evaluation documentation indicates that training and methodological support have been provided to staff in connection with programme development, teaching and assessment. Continued professional development of academic and clinical staff in the measurement and analysis of programme learning outcomes will be important during implementation of the programme.

However, the Panel identified one important area requiring further development. Although the programme documentation states that indicators and expected levels of achievement are identified for individual programme learning outcomes, the evidence provided does not yet demonstrate explicit, programme-level benchmarks for each of the programme learning outcomes, nor systematic comparison of achieved results against those benchmarks. The existence of course-level assessment criteria, rubrics, checklists and minimum competency thresholds provides an important foundation, but these should be translated into explicit programme-level benchmarks for each PLO. Such benchmarks should enable the programme to determine, in a consistent manner, whether the expected level of achievement has been reached and to monitor trends over time.

This issue is particularly relevant given that the programme is newly established and currently has no enrolled students. Consequently, the Panel could not verify the effectiveness of the mechanism through actual programme-level learning outcomes data, nor could it assess whether student achievement has been systematically compared against defined PLO benchmarks. The current evidence therefore demonstrates a well-developed planned mechanism**,** but not yet its full operational effectiveness or the results of benchmark-based monitoring.

Once students are enrolled, the programme should aggregate relevant assessment data at programme level, compare achievement with predefined benchmarks for each PLO, identify areas of under- or over-achievement, and document the resulting improvement measures. The effectiveness of those measures should subsequently be re-evaluated, thereby completing the quality assurance cycle.

Overall, the Expert Panel considers that the programme has established an appropriate and comprehensive framework for the evaluation of programme learning outcomes, incorporating direct and indirect assessment methods, defined responsibilities, stakeholder involvement, programme-level analysis and mechanisms for using results for improvement. The framework is appropriately aligned with the characteristics of medical education and provides a sound basis for continuous quality assurance. Nevertheless, the explicit definition of benchmarks for each programme learning outcome and systematic comparison of achieved results against those benchmarks have not yet been sufficiently demonstrated and therefore require further development during programme implementation.

Evidences/Indicators

- Site visit
- One-Cycle MD (Medical Doctor) program (In English)
- Mechanism for assessing program learning outcomes
- Course syllabi
- Assessment system and assessment criteria
- Analysis of students' academic performance and assessment results
- Report on the analysis of program learning outcomes achievement
- Program improvement action plan
- Documents reflecting implemented changes

Recommendations:

The programme should establish explicit, measurable programme-level benchmarks or achievement thresholds for each programme learning outcome and implement a systematic process for aggregating assessment results, comparing achievement against the defined benchmarks, documenting identified gaps and strengths, and monitoring the effectiveness of subsequent improvement measures. The results of this process should be incorporated into periodic programme evaluation and communicated to relevant stakeholders.

Suggestions for the Programme Development

- Demonstrate the closed-loop nature of improvement. The programme could further enhance the documentation of the quality assurance cycle by systematically recording the relationship between identified assessment findings, agreed improvement measures, their implementation, and subsequent evaluation of their effectiveness. This would provide clearer evidence of the impact of changes introduced on the achievement of programme learning outcomes.
- Further triangulation of assessment evidence. The programme could further develop the triangulation of direct assessment results with feedback from students, graduates, clinical supervisors and employers, particularly for professional competencies, communication, teamwork and clinical readiness. This would provide a broader evidence base for evaluating the achievement of programme learning outcomes.

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

Based on the review of the available documentation and the information obtained during the site visit, the Expert Panel considers that the One-Cycle MD (Medical Doctor) Programme has been developed in accordance with the institution's established methodology for the planning, development, approval, implementation, assessment and improvement of educational programmes. The Panel found evidence that the programme development process takes into consideration the applicable legislative and regulatory requirements, the National Qualifications Framework, the sectoral characteristics of medical education, contemporary approaches to medical training, and the requirements of the professional field.

The programme demonstrates a clear and coherent relationship between its objectives, learning outcomes, curriculum content, teaching and learning approaches, and assessment methods. The documentation indicates that academic and invited staff, relevant field specialists, administrative and quality assurance units, as well as other stakeholders, are involved in the development and review of the programme. The Panel considers this approach appropriate for ensuring that the programme is developed through an institutionally defined and qualit-assured process.

The structure of the curriculum is logical and appropriately sequenced, reflecting the progressive nature of medical education. Students initially acquire the fundamental biomedical knowledge required for understanding the structure and function of the human body and the mechanisms underlying health and disease. This foundation is subsequently developed through preclinical education and progressively integrated with clinical sciences and practical training. At later stages, students are expected to apply their knowledge in clinical contexts, developing competencies in patient assessment, clinical reasoning, investigation, diagnosis, management and professional communication.

The Panel considers this progression particularly important in the context of a medical degree, where the acquisition of theoretical knowledge needs to be systematically followed by its integration and application in practical and clinical environments. The programme provides for such progression through the sequencing of biomedical, preclinical, clinical, clinical skills, research and public health components. The system of course prerequisites and semester distribution further supports the logical development of competencies and reduces the risk of introducing advanced clinical content before the necessary foundational knowledge and skills have been acquired.

The Panel also notes that the content and structure of the programme are appropriately broad and interdisciplinary. In addition to biomedical and clinical sciences, the curriculum incorporates public health, behavioural and social sciences, medical ethics, patient rights, professional responsibilities, research methodology and evidence-based medicine. This is consistent with the contemporary understanding of the medical profession and supports the development of graduates who are expected to combine scientific knowledge with clinical, ethical, communication and professional competencies.

The programme consists of 360 ECTS credits, with 348 ECTS allocated to compulsory components and 12 ECTS to elective study. The curriculum includes general courses (27 ECTS), Introduction to Medicine (74 ECTS), preclinical courses (49 ECTS), clinical courses (146 ECTS), clinical skills (16 ECTS), research (18 ECTS) and public health (18 ECTS). The Panel considers that this distribution provides a substantial emphasis on clinical education while retaining an appropriate foundation in biomedical sciences, research and public health. The inclusion of elective components also provides a degree of flexibility within the otherwise structured curriculum.

The mapping between programme learning outcomes and course/module learning outcomes provides evidence of a systematic approach to curriculum design. The documentation indicates that courses contribute to the development and assessment of specified programme learning outcomes, with outcomes progressively introduced, developed and reinforced throughout the curriculum. This supports the coherence of the programme and provides a basis for monitoring whether the overall curriculum is capable of achieving the intended graduate profile.

The Panel further considers that the teaching and learning methods are appropriately matched to the programme content and intended learning outcomes. In addition to lectures and seminars, the programme employs practical and laboratory work, case-based and problem-based learning, teamwork, simulation, role-play, bedside teaching, clinical environment learning and independent study. Such diversity is appropriate for a medical programme in which different types of knowledge and competence require different educational approaches.

Similarly, the assessment system is appropriately connected to the curriculum and learning outcomes. The use of written and oral examinations is complemented by practical and structured clinical assessment methods, including OSCE/OSPE, Mini-CEX, DOPS, CBD and portfolios/logbooks. The Panel considers that this combination allows the programme to assess different dimensions of student achievement, including theoretical knowledge, clinical reasoning, practical skills and professional competencies.

The qualification awarded upon completion of the programme, Medical Doctor, is consistent with the scope, content, duration and intended learning outcomes of the programme. The overall curriculum is directed towards the acquisition of the knowledge, clinical and practical skills, professional responsibility and autonomy expected from graduates of a one-cycle medical programme and provides an appropriate basis for further postgraduate education and professional development.

The Panel also notes the integration of internal quality assurance and stakeholder feedback into programme development and review. The described mechanisms provide for the collection and consideration of feedback from students, academic and invited staff, graduates, employers and clinical partners, with the intention of informing modifications to curriculum content, teaching and learning methods, and assessment arrangements. This contributes to the programme's capacity for continuous development.

For a foreign-language medical programme, the benchmark requires of at least 12 ECTS, specifically

To support effective communication with patients and medical personnel, modules on Georgian language teaching has been planned during I-IV semester with total of 16 ECTS (Georgian language 1-4).

Overall, the Expert Panel considers that the programme has a coherent, logically sequenced and appropriately comprehensive structure, with a clear relationship between programme objectives, learning outcomes, curriculum content, teaching and learning methods, assessment and the qualification awarded. The curriculum provides an appropriate progression from foundational scientific knowledge through preclinical education to clinical and professional competencies, while incorporating research, public health, ethical and professional dimensions of medical practice.

Evidences/Indicators

- Methodology for Planning, Developing, Approving, Implementing, Assessing, and Improving Educational Programs at LLC Georgian International University (GIU)
- One-cycle Medical Doctor (MD) educational program (In English)
- Program curriculum/study plan
- Program objectives and learning outcomes
- Mapping of program objectives and learning outcomes
- Mapping of program learning outcomes and course/module learning outcomes
- Course syllabis
- System of course prerequisites
- Sectoral characteristics of higher medical education in Medicine
- National Qualifications Framework
- Site visit

Recommendations:

- none

Suggestions for the Programme Development

- Curriculum integration. The programme could further strengthen the integration of basic biomedical sciences with clinical teaching by making horizontal and vertical integration across the curriculum more explicit, particularly where foundational scientific concepts are revisited and applied in later clinical modules.
- Monitoring of curriculum workload. The programme could further enhance its monitoring of student workload across semesters by systematically combining ECTS allocation, scheduled teaching activities and student feedback. This could help identify potential periods of excessive workload and support further optimisation of curriculum sequencing.
- Elective component. The programme could consider further developing the elective component to provide students with additional opportunities to pursue individual academic or professional interests, particularly in emerging areas of medicine, research, public health and interdisciplinary practice, while maintaining alignment with the overall programme learning outcomes.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.4 Structure and Content of Educational Programme	Complies

1.5. Academic Course/Subject

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

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

Based on the review of the available documentation and the information obtained during the site visit, the Expert Panel considers that the academic courses/subjects are appropriately designed in relation to the programme objectives, programme learning outcomes and the specific requirements of medical education.

The Panel found that the course syllabi provide a clear framework linking course content, learning outcomes, teaching and learning methods, assessment approaches, credit allocation and learning resources. The learning outcomes defined at course level are generally consistent with the respective course content and contribute to the achievement of the broader programme learning outcomes.

The allocation of credits appears to take into consideration the substantive volume and complexity of individual courses, the expected student workload, the balance between contact and independent learning, and the practical and clinical components of education. The distribution of contact and independent study activities provides an appropriate basis for students to acquire theoretical knowledge, undertake independent learning, prepare for assessment and, where applicable, develop practical and clinical competencies.

The Panel considers that the content of the courses demonstrates an appropriate progression throughout the programme. Foundational courses provide students with the biomedical knowledge required for understanding normal and pathological processes, while subsequent preclinical and clinical courses build upon this knowledge and progressively develop competencies in patient assessment, clinical reasoning, diagnosis, management and patient-centred communication. The structure therefore supports the progressive achievement of both course-level and programme-level learning outcomes.

The core medical courses contribute directly to the achievement of programme learning outcomes, as demonstrated through the available curriculum and outcome mapping. The programme encompasses biomedical, preclinical and clinical disciplines, together with public health, behavioural and social sciences, medical ethics, professional regulation, research methodology and evidence-based medicine. Collectively, these components support the development of the knowledge, clinical and practical skills, communication competencies, professional responsibility and autonomy expected from graduates of a Medical Doctor programme.

The Panel also notes the existence of a systematic relationship between course learning outcomes and programme learning outcomes. The available mapping demonstrates how individual courses contribute to the introduction, development and reinforcement of programme-level competencies. The prerequisite system and sequencing of courses further support this progression by ensuring that students acquire the necessary foundational knowledge before undertaking more advanced clinical and practical components.

The teaching and learning approaches described in the syllabi are generally appropriate to the nature of the respective courses and their intended outcomes. The use of lectures and seminars is complemented, where appropriate, by practical and laboratory work, case-based and problem-based learning, simulation, clinical teaching and independent study. This combination is particularly relevant for medical education, where the achievement of learning outcomes requires integration of theoretical knowledge with practical application and clinical reasoning.

The Panel gives particular attention to the learning materials and resources specified in the course syllabi. The programme makes use of required and supplementary textbooks, scientific literature, clinical guidelines, electronic resources and practical/simulation materials. These resources appear to be relevant to the content and level of the courses and support the development of evidence-based knowledge and clinical reasoning. The inclusion of contemporary scientific and clinical resources is particularly important in a medical programme, where students need to become familiar with current evidence, clinical recommendations and standards of professional practice.

The Panel notes positively that the programme describes mechanisms for the periodic review and updating of course content and learning materials. Such review reportedly takes into account developments in the relevant scientific fields, changes in clinical recommendations, assessment results and feedback from students, academic and invited staff, clinical partners and other stakeholders. This provides an appropriate basis for maintaining the relevance and currency of course content.

The assessment arrangements described in the course documentation are also appropriately connected to course learning outcomes. The use of different assessment approaches allows the programme to evaluate theoretical knowledge as well as practical and clinical competencies, depending on the nature of the individual course. The Panel considers this alignment between course outcomes and assessment methods important for demonstrating that the intended learning outcomes are actually achieved rather than merely covered through teaching activities.

The Panel further notes that student achievement and stakeholder feedback are incorporated into the review of courses. The reported use of academic performance data, assessment results and feedback to inform possible revisions of course content, teaching methods, assessment components and learning resources represents an appropriate quality assurance approach at course level.

Every course learning outcome is assessed.

Overall, the Expert Panel considers that the academic courses/subjects are appropriately structured and sufficiently aligned with the intended learning outcomes at both course and programme level. The credit allocation, course content, sequencing, assessment approaches and learning materials provide an appropriate framework for the achievement of the expected competencies. The learning resources identified in the syllabi are relevant to the educational content and, in general, provide an appropriate basis for contemporary medical education.

Evidences/Indicators

- One-Cycle MD (Medical Doctor) program (In English)
- Program curriculum/study plan
- Syllabi of core field courses
- Scheme of course credit distribution
- Distribution of contact and independent study hours for courses
- Mapping of program learning outcomes and course learning outcomes
- Mapping of course learning outcomes and assessment methods
- System of course prerequisites
- Lists of required and supplementary literature indicated in syllabi
- Electronic learning resources and clinical guidelines
- Library resources and documents confirming access to electronic databases
- Sectoral characteristics of higher medical education in Medicine
- National Qualifications Framework

Recommendations:

- none

Suggestions for the Programme Development

- Systematic monitoring of course workload. The programme could further strengthen the systematic evaluation of actual student workload in relation to the allocated ECTS credits by regularly combining workload data with student feedback and course performance indicators. The findings could be used to further optimise credit allocation and the balance between contact and independent learning.
- Systematic updating of learning resources. The programme could further formalise the process for periodic review of required and supplementary learning materials, including the systematic identification of outdated references and their replacement with current textbooks, clinical guidelines, systematic reviews and other authoritative evidence-based resources.
- Strengthening programme-level analysis of course contribution. The programme could further enhance the use of curriculum mapping by periodically analysing whether the collective contribution of individual courses provides sufficient coverage, reinforcement and assessment of all programme learning outcomes, thereby identifying potential areas of under- or over-representation.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.5. Academic Course/Subject	Complies

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 admission prerequisites and procedures for the One-Cycle MD (Medical Doctor) Program (English-language) are defined in accordance with Georgian legislation, the requirements applicable to higher medical education, and the specifics of the educational program.

The admission requirements are clearly formulated and include academic, language, and procedural prerequisites. Admission through the Unified National Examinations is established for Georgian citizens. The required examination subjects are Georgian Language and Literature, English Language, Biology, and one of the following subjects: Chemistry, Mathematics, or Physics. An English-language examination threshold of 80% is established. The allocation of places among the relevant subject combinations is regulated by the program documentation.

Admission without the Unified National Examinations is provided for persons falling within the categories defined by Georgian legislation. The relevant applicants are required to demonstrate English-language competence at no less than B1 level in accordance with the University's established language competence determination procedure.

The admission framework also provides for student mobility in accordance with the applicable legislation and procedures governing transfer between higher educational institutions.

The admission requirements are relevant to the content and complexity of the medical program. The prerequisites address basic scientific knowledge, English-language competence, and the academic readiness required for participation in an intensive medical education program.

The procedures include verification of educational documentation, confirmation of eligibility, assessment or confirmation of language competence, and compliance with statutory admission requirements. For applicants admitted without the Unified National Examinations, the relevant legal grounds and supporting documentation are subject to verification.

The admission requirements and procedures are publicly available through the University's information channels. The documented requirements establish uniform conditions for applicants and provide a defined basis for admission decisions.

The reviewed documentation demonstrates that the admission framework is structured, transparent, and generally consistent with the requirements applicable to an English-language One-Cycle MD program.

Based on the reviewed documentation and the applicable requirements of the National Center for Educational Quality Enhancement, the admission prerequisites and procedures are assessed as fully compliant with the relevant quality requirements.

Evidences/Indicators

- Visit at the university
- One-Cycle MD (Medical Doctor) program (In English)
- 3.Program admission prerequisites
- Admission procedures defined by Georgian legislation
- Sectoral characteristics of higher medical education in Medicine
- Description of admission procedures for foreign citizens
- Rule/mechanism for confirming English language proficiency

Recommendations:

- none

Suggestions for the Programme Development

- none

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 expert assessment, the English-language One-Cycle MD (Medical Doctor) program aims to develop students' practical, research, and transferable competencies; these areas are reflected in the program's learning outcomes, course content, teaching and learning methods, and assessment mechanisms. The program's structure enables students to progress gradually from foundational knowledge to practical and clinical application.

To foster the development of practical and clinical skills, the program incorporates laboratory and preclinical training, simulation activities, and clinical-setting instruction. Information provided by the university confirms the use of simulation laboratories, mannequins, moulages, simulators, and educational-research laboratories. These resources facilitate the development of skills in patient communication, medical history taking, physical

examination, clinical case assessment, and emergency care. Furthermore, in the experts' view, the provided description reflects a list of available opportunities rather than systematic and measurable evidence of the achievement of specific learning outcomes.

The inclusion of a research component in the program is viewed positively. Students have the opportunity to search for and critically evaluate scientific literature, apply evidence-based approaches, and prepare academic papers. Data provided by the university also indicates student participation in scientific conferences, research projects, and internal grant programs. However, a significant portion of the reported research activity relates to general scientific activities conducted across the university; there is less evidence of the systematic involvement of MD program students specifically in medical research, nor is there sufficient clarity regarding the scope of their participation or the mechanisms for evaluating the results achieved.

Teamwork, clinical case discussions, presentations, debates, simulations, and role-playing exercises are utilized to foster the development of transferable skills. Courses in communication and bioethics establish a suitable foundation for effective interaction with patients, their families, and other members of the professional team. However, the provided materials do not fully clarify how the progressive development and attainment of these skills are assessed across the various stages of the program.

The assessment system incorporates various forms of evaluating theoretical knowledge as well as practical and clinical competencies, including OSCE/OSPE, Mini-CEX, DOPS, CBD, portfolios, and logbooks. The diversity of these instruments establishes a basis for competency-based assessment. Nevertheless, experts note the need to more clearly demonstrate the consistency of the instruments' application, the uniformity of assessment criteria, and their direct link to specific program learning outcomes.

Regarding international cooperation, the university actively participates in Erasmus+ and other international initiatives, maintains partnerships with foreign universities, and engages in international research projects. This environment creates opportunities for students and academic staff to gain international experience. However, the information provided offers limited evidence that existing opportunities for international mobility and research collaboration are systematically and sufficiently integrated into the educational and research processes specifically for students of the English-language MD program.

Overall, the program establishes an appropriate organizational, material, and methodological foundation for the development of practical, research, and transferable skills. At the same time, the experts assess that the opportunities and planned activities in certain areas lack sufficient evidence regarding their direct link to program learning outcomes, the measurement of student achievements, and the systematic analysis of results. Particular attention needs to be paid to strengthening the actual involvement of medical students in research activities, the utilization of international opportunities, and the progressive assessment of competencies.

The program complies with the requirements set by the Medicine Sectoral Benchmark regarding clinical teaching bases, patient volumes, and student ratios. The university has established contractual arrangements (MoUs) with three major clinical bases. Notably, for pediatric and gynecological components, clinical training is conducted at the Tsitsishvili Children's Clinic, which features a bed capacity of 175 and an annual patient flow of approximately 47,300, ensuring ample opportunities for hands-on bedside teaching.
The institutional capacity is well-aligned with the planned student intake (up to 200 students total). Clinical rotations are organized in small groups of 10–12 students. Schedules, classroom allocations, and faculty/mentor ratios are structured prior to the academic year to ensure adequate clinical teaching space and prevent capacity conflicts. Furthermore, the duration and structure of clinical courses (e.g., Geriatrics and Palliative Care - 8 ECTS, comprising 140 hours of bedside teaching out of 200 total hours) demonstrate an appropriate allocation of practical learning and direct patient interaction.

Evidences/Indicators

- Interviews with university staff

- One-Cycle MD (Medical Doctor) program (In English)
- Program curriculum/study plan
- Mapping of program learning outcomes and course learning outcomes
- Course syllabi
- Descriptions of practical, laboratory, simulation, and clinical components
- Descriptions of teaching-research and simulation laboratories
- Syllabi of courses containing research components

Recommendations:

- It is recommended to develop and document a mechanism at the program level for the progressive development of students' practical, clinical, research, and transferable skills, clearly demonstrating the link between these skills, the program's learning outcomes, and specific assessment tools.
- It is recommended to reinforce the requirement that, upon program authorization, the institution will ensure the systematic involvement of MD program students in medical and biomedical research, including university-funded grant projects.
- It is recommended to ensure greater consistency and uniformity in the application of existing assessment tools, to define clear assessment criteria, and to conduct data analysis at the program level to track and confirm student progress regarding practical and clinical competencies.
- It is recommended to more clearly link existing opportunities for international mobility and research collaboration with the MD program and to establish mechanisms ensuring the regular participation of students from this specific program in relevant exchange, research, and academic activities.

Suggestions for the Programme Development

- none

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	Partially

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

An analysis of the documentation for the single-cycle MD program (conducted in English) reveals that the organization of the teaching and learning process is based on a student-centered approach and incorporates a variety of methods relevant to medical education. The program description outlines teaching forms and methods such as interactive lectures, seminars, practical and laboratory work, case-based learning (CBL),

problem-based learning (PBL), teamwork, clinical case discussions, simulation, role-playing, patient communication modeling, bedside teaching, independent study, and clinical assessment tools. When applied purposefully, these methods align with modern approaches to medical education and the logic for achieving the program's defined learning outcomes.

According to the program, teaching and learning methods are differentiated based on the stages of study, the content of the courses, and the expected learning outcomes. The basic stage focuses on developing fundamental knowledge and analytical thinking; the pre-clinical stage emphasizes the practical application of knowledge and the development of initial clinical skills; and the clinical stage centers on fostering clinical reasoning, professional communication, practical skills, and professional responsibility. In this regard, the program's conceptual design largely aligns with its objectives and learning outcomes.

However, it should be noted that the program currently has no students; consequently, it is not yet possible to evaluate the actual effectiveness of teaching and learning methods based on student achievements, feedback, or educational practice. Discussions with experts also revealed that some academic and clinical staff involved in the program are not fully conversant with the purposeful application of specific teaching methods—particularly the principles of ensuring alignment between teaching methods, learning outcomes, and assessment tools. This aspect is significant for the medicine program, as the student-centered teaching declared by the program cannot be considered effectively implemented based solely on a list of methods. From a quality assurance perspective, it is essential that within each course, there is a clear link between the learning outcome, the teaching method selected to achieve it, and the corresponding assessment tool. This is particularly important for clinical courses, where the development and assessment of practical competencies must be based on predefined criteria, observation, feedback, and the consistent verification of progress.

Accordingly, the experts assess that the planned system of teaching and learning methods is largely aligned with the program's objectives, learning outcomes, and the specific nature of medical education. However, during the practical implementation phase, it will be necessary to ensure methodological consistency, staff training, and a systematic alignment between teaching methods and the assessment of learning outcomes.

Evidences/Indicators

- Interviews with university staff
- One-Cycle MD (Medical Doctor) program (In English)
- Program curriculum/study plan
- Course syllabus

Recommendations:

- It is recommended that clear constructive alignment among learning outcomes, teaching and learning methods, and assessment tools be ensured at the level of each individual course, utilizing relevant matrices and documented rationales.
- It is recommended that, following the launch of the program, the effectiveness of teaching and learning methods be systematically evaluated within the framework of quality assurance based on student achievements, assessment results, student feedback, academic/clinical staff evaluations, and other relevant evidence—and that the findings be used for the continuous improvement of the program.

Suggestions for the Programme Development

- none

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

A student evaluation system has been developed at Georgian International University(GIU), ensuring the assessment of their daily academic activities. In the program, subjects are presented both individually and in modules, with points allocated to each subject. In the study courses, the midterm exam is allocated 20 points, with a minimum competency threshold set at 10 points. During interviews with students and lecturers, it was noted that the syllabi developed by the university and the program are aligned with each other. All components outlined in their syllabi ensure full coverage of the theoretical material, which is directly proportional to achieving the results.

During interviews with students and alumni, they noted that lecturers introduce the syllabus and evaluation system at the beginning of the semester, and this information is also accessible on their electronic database. It is also worth noting that at the beginning of each new academic year, students have a meeting with university representatives, where all the updates implemented during the recent period are shared with them. There is a continuous exchange of information between students and lecturers in order to develop their academic skills.

The University has established a dedicated GenAI policy, approved on 15 September 2025. The policy regulates the responsible use of AI in teaching, learning and research, including requirements for transparency and disclosure of AI use. It also requires relevant information on AI use to be included in course syllabi and academic work. The 2-ECTS course “Clinical Research & Ethics” covers research ethics, informed consent, confidentiality, participant protection, academic integrity, plagiarism, authorship, and conflicts of interest. The use of Turnitin has been implemented at the university, which ensures plagiarism prevention. All students are informed about the appeal process, the process is transparent and objective. The university takes ethical issues responsibly, and accordingly, an Ethics Committee operates. It should also be noted that the university has a question bank where all exam questions that students might have in exams are stored and verified. The Quality Assurance Office continuously conducts surveys regarding academic staff and students. Additionally, collegiality evaluation is singled out separately, assessing the integrity and quality of academic work of the academic staff.

Evidences/Indicators

- Interviews with university staff
- One-Cycle MD (Medical Doctor) program (In English)
- Program curriculum/study plan
- Course syllabus

Recommendations:

- none

Suggestions for the Programme Development

It would be advisable for the university to establish a minimum competency threshold for each individual course within a module. This will ensure balanced and effective learning across all subjects within the module, prevent the neglect of any specific component, and contribute to a more comprehensive achievement of the learning outcomes.

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.

3.1 Student Consulting and Support Services

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

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

At Georgian International University (GIU), both the Governing (Academic) Board and Faculty Councils function effectively, with students actively involved in various academic matters and program development processes.

The university maintains continuous contact with its alumni. During interviews with psychology students and graduates, it was noted that the higher education institution (HEI) systematically demonstrates interest in tracking their employment and career progression.

As confirmed during the interview with library representatives, students have full access to the EBSCO international scientific database. The university takes full responsibility for fostering students' scientific development. It publishes its own scientific journal, and students actively participate in international research projects.

A major opportunity offered by the university includes student exchange programs with leading Asian countries, such as China, Japan, South Korea, etc. Beyond Asia, the university maintains strong partnerships with EU institutions, offering students the chance to participate in Erasmus+ mobility programs. Furthermore, GIU collaborates closely with leading clinical centers in China, providing students with outstanding opportunities for international practical training.

During interviews with psychology students, high satisfaction was expressed regarding the organized workshops, which helped them translate theoretical knowledge into practical skills. Students also expressed deep appreciation for their lecturers, who work tirelessly to ensure that students thoroughly master the course material.

Evidences/Indicators

- Interviews with university staff
- One-Cycle MD (Medical Doctor) program (In English)
- Program curriculum/study plan
- Course syllabus

Recommendations:

- none

Suggestions for the Programme Development

- none

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.1 Student Consulting and Support Services	Complies

3.2. Master's Student Supervision

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

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

The presented educational programme represents the second cycle of higher academic education (equivalent to a Master's degree). Accordingly, the programme does not include a Master's thesis or a scientific-research component.

Within the framework of the programme, students prepare research papers as part of specific courses, under the supervision of the leading lecturer of the respective course.

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

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

Recommendations:

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

Suggestions for the Programme Development

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.2. Master's Students Supervision	Select Appropriate

4. Providing Teaching Resources

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

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 One-Cycle MD (Medical Doctor) program (In English) of LLC Georgian International University GIU is implemented by 71 staff members. Of these, 35 are academic staff (5 Professors, 15 Associate Professors and 15 Assistant Professors), and 36 are invited staff. Staff recruitment is governed by the "Staff Selection Rule", which defines the procedures for the selection, election and appointment of academic, invited, administrative and support staff. Academic positions are filled exclusively through open competition, in accordance with the principles of transparency, equality and fair competition. The competition is held in two stages: the first involves a review of documentation, and in the second the candidate delivers a demonstration lecture. The competition commission includes the Head of the Programme, at least one specialist in the relevant field and a representative of the Human Resources Management Office. Decisions of the commission may be appealed to the Appeals Commission. Invited staff are selected through an interview or a demonstration lecture, using predefined evaluation forms.

For the academic and invited staff of the One-Cycle MD (Medical Doctor) program (In English), the Rule also sets specific requirements for clinical and teaching experience and for English language proficiency, derived from the sectoral benchmark for Medicine.

The review of personnel files, CVs and qualification documents, together with the interviews conducted during the site visit, confirmed that the staff's education, academic degrees, and professional and clinical experience meet the requirements of the Staff Selection Rule and correspond to the content and learning outcomes of the courses they teach. Programme staff therefore possess the competences necessary to help students achieve the programme learning outcomes.

The number of staff is planned in accordance with the "Methodology for Planning Staff Implementing Educational Programmes". Under this methodology, staff numbers are determined with regard to the specifics of the field, the actual availability of staff, and the needs of the practical and clinical components. The methodology also sets quantitative targets, including a minimum share of affiliated staff among academic staff.

Staff workload is regulated by the "Rule on Maximum Staff Workload", which sets weekly workload limits of 20 hours for Professors, 22 hours for Associate Professors, 24 hours for Assistant Professors and 10 hours for invited staff. For staff who also hold an administrative position, the workload may not exceed 18 hours. Workload at other higher education institutions is also taken into account. In addition, one person may teach no more than four courses within a single programme, and priority in workload allocation is given to affiliated staff. The Rule also accounts for staff research and consultation activities. For the staff of the School of Public Health, a Full-Time Equivalent (FTE) model additionally applies. It records teaching, research, clinical teaching, clinical professional activity and administration as separate components and excludes double counting. Thus, the number of staff and the workload regulation mechanisms ensure the sustainable running of the educational process and the proper performance of research and other assigned duties.

The review of the Head of the Programme's personal file and the interview conducted during the site visit showed that she holds relevant education in the field of Medicine, has clinical and teaching experience, and possesses the knowledge and subject-specific competence required for programme development. She was also a member of the working group that prepared the self-evaluation report and the accreditation package.

Forty-three administrative and support staff are assigned to support the programme's students. In addition to the faculty administration, they represent the offices responsible for managing the learning process, quality assurance, international relations, the library, career support services, IT, and the coordination of laboratory and simulation spaces. These staff members provide students with the necessary information about the learning process, offer consultations, maintain documentation, organise laboratory and simulation-based teaching, and ensure access to the library and electronic resources.

Job descriptions and qualification requirements have been developed for administrative and support positions. Staff are recruited through rotation, recommendation or competition. Selection is preceded by a quarterly job analysis and a review of the staffing schedule. Candidates are assessed through an interview using a standard form, whose evaluation criteria include subject-specific competence and suitability for the position. The minimum threshold is 70% of the maximum score. New employees in administrative positions are hired with a probationary period of up to six months.

Number of the staff involved in the programme (including academic, scientific, and invited staff)	**Number of Programme Staff**	**Including the staff with sectoral expertise[4]**	**Including the staff holding PhD degree in the sectoral direction[5]**	**Among them, the affiliated staff**
Total number of academic staff	**35**	**35**	**21**	**8**
- Professor	5	5	5	1
- Associate Professor	15	15	13	4
- Assistant-Professor	15	15	3	3
- Assistant	0	0	0	0
Visiting Staff	36	31	4	0
Scientific Staff	0	0	0	0
Including International Stuff	0	0	0	0

Evidences/Indicators

- Self-evaluation report;
- Personnel files and qualification documents of the programme staff;
- Personnel file of the Head of the Programme;
- "Staff Selection Rule" (Governing Board Minutes No. 2, 30.01.2026);
- Academic Competition materials;
- "Rule on Maximum Staff Workload" (Rector's Order No. 01-01/42, 14.06.2022; amended by Order No. 01-01/21, 15.05.2023);
- "Methodology for Planning Staff Implementing Educational Programmes" and its Annex No. 1;
- "Rule on the Evaluation of Academic and Invited Staff" (Rector's Order No. 01-01/35, 14.04.2026);
- Standard employment contract forms for academic, invited and administrative/support staff;
- Rector's Order No. 01-01/14 (16.02.2026) on the establishment of the working group;
- Staff development plan;
- Documents confirming the training held on 27–28 May 2026;
- Regulations of the internal research grant competition;
- Inventory of laboratory equipment and simulators/mannequins;
- Sectoral benchmark for higher education in Medicine;
- Regulations of the School of Public Health;
- Named staff workload report generated from the QMS;
- Agreements/memoranda with clinical bases;
- Results of the on-site inspection of the material and technical base;

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

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

- Budget of the One-Cycle MD (Medical Doctor) program (In English) (2026–2032);
- Interviews conducted during the site visit;
- Website of LLC Georgian International University GIU: https://giu.edu.ge/programs/

Recommendations:

- None

Suggestions for the Programme Development

- None

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

The One-Cycle MD (Medical Doctor) program (In English) is a one-cycle programme that does not include a master's or doctoral-level research component or thesis supervision. Accordingly, this component of the standard was not evaluated.

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

Evidences/Indicators

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

Recommendations:

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

Suggestions for the Programme Development

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

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

4.3 Professional Development of Academic, Scientific and Invited Staff

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

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

The evaluation of programme staff is governed by the "Rule on the Evaluation of Academic and Invited Staff". The Rule sets out the procedures and criteria for evaluating the professional development, research and academic activities of academic staff, as well as the professional development and academic activities of invited staff. Evaluation is carried out at defined intervals using pre-approved instruments. These comprise an annual self-evaluation by academic staff of their research activities, an evaluation by the Dean of the School, an evaluation by the Head of the Programme, and an anonymous evaluation by students. They are complemented by observation of teaching by the Quality Assurance Office, which analyses the results and prepares recommendations for improving courses or the programme.

Research activity scores and supporting evidence are verified by a commission established by order of the Rector. The "Rule on the Evaluation of Academic and Invited Staff" defines the score for each activity as well as the target benchmarks. The Human Resources Management Office processes the evaluation data and informs each staff member of their results individually. The Quality Assurance Office conducts the final analysis of the results and prepares recommendations, while the Research Support Centre does the same for the research component. Where necessary, both units draw up an improvement action plan. The response mechanisms are development-oriented. Failure to meet a target does not automatically lead to negative consequences; instead, an improvement plan is drawn up. High performance is rewarded through a financial bonus, a salary increase, or funding for

training and conferences. Staff have the right to submit comments or additional evidence regarding their evaluation results, and deadlines for reviewing these submissions are set. Student evaluation is anonymous and confidential. Where the number of responses is insufficient, it is used only as a supporting indicator.

Thus, the University has a systematic mechanism for the regular evaluation of staff and the analysis of its results. The mechanism draws on multiple sources and is linked to professional development planning. Since the programme is new and the Rule was approved in April 2026, no evaluation results for the programme staff are yet available.

The University has a staff development plan covering innovative teaching methodology, support for research activities, quality assurance and internationalisation. Training is funded and organised by the Professional Development Centre and the Research Support Centre. In May 2026, the University funded training in modern teaching methods (OSCE/OSPE, PBL) for the staff of the One-Cycle MD (Medical Doctor) program (In English). This training was delivered by a specialist in medical education who holds MD and PhD degrees and has many years of experience in the field. The trainer is an Associate Fellow of AMEE (AFAMEE) and a FAIMER Fellow, and directs a one-cycle medical programme. The trainer's expertise covers accreditation and quality assurance, programme evaluation and academic governance. The trainer is also a member of the Sectoral Council for Medicine and one of the authors of the sectoral benchmark for Medicine. The qualification of the training provider therefore meets the requirements of the sectoral benchmark for higher education in Medicine. In addition, staff are required to complete training in medical education methodology once every two years, which the University provides from its own resources where necessary.

The University also supports the research activities of its staff. Dedicated time for research is allocated within the workload of affiliated staff, and 15% of the programme's revenue is allocated to research funding under the programme budget.

Thus, the University fosters the professional development of academic and invited staff and supports their research activities. At the same time, the University's current research profile (conferences, the scientific journal, grant projects) is focused mainly on law, economics, and the social sciences and humanities. Therefore, with the launch of the programme, targeted strengthening of support for biomedical and clinical research is advisable.

Evidences/Indicators

- Self-evaluation report;
- Personnel files and qualification documents of the programme staff;
- Personnel file of the Head of the Programme;
- "Staff Selection Rule" (Governing Board Minutes No. 2, 30.01.2026);
- Academic Competition materials;
- "Rule on Maximum Staff Workload" (Rector's Order No. 01-01/42, 14.06.2022; amended by Order No. 01-01/21, 15.05.2023);
- "Methodology for Planning Staff Implementing Educational Programmes" and its Annex No. 1;
- "Rule on the Evaluation of Academic and Invited Staff" (Rector's Order No. 01-01/35, 14.04.2026);
- Standard employment contract forms for academic, invited and administrative/support staff;
- Rector's Order No. 01-01/14 (16.02.2026) on the establishment of the working group;
- Staff development plan;
- Documents confirming the training held on 27–28 May 2026;
- Regulations of the internal research grant competition;
- Inventory of laboratory equipment and simulators/mannequins;
- Sectoral benchmark for higher education in Medicine;
- Regulations of the School of Public Health;
- Named staff workload report generated from the QMS;

- Agreements/memoranda with clinical bases;
- Results of the on-site inspection of the material and technical base;
- Budget of the One-Cycle MD (Medical Doctor) program (In English) (2026–2032);
- Interviews conducted during the site visit;
- Website of LLC Georgian International University GIU: https://giu.edu.ge/programs/

Recommendations:

- None

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

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

4.4. Material Resources

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

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

The programme is delivered at the University campus located at 5 Samghereti Street, Tbilisi. During the inspection of the material and technical base, the members of the expert panel visited the teaching auditoriums, laboratories, simulation and OSCE stations, the library, computer rooms and the conference hall. Given the specifics of the programme, the University has set up the following specialised spaces: a pathology, microbiology and histology laboratory; an anatomy and physiology laboratory and simulation laboratories. The laboratories are equipped with microscopes and specimens. Anatomy is taught using VR software and Elsevier's digital platform "Complete Anatomy". The simulation spaces are equipped with mannequins, models and simulators. The on-site inspection and the review of the submitted inventory confirmed that the simulation equipment corresponds to the list recommended in Annex No. 1 of the sectoral benchmark for higher education in Medicine.

The on-site inspection of the infrastructure established that 8 (eight) physical stations have been allocated for OSCE examinations. The institution further explained that 2 (two) additional stations are virtual, which brings the total to the 10 (ten) stations required by the sectoral benchmark for final examinations. According to international practice and evidence, virtual stations are suitable only for competences that can be demonstrated in a digital environment, such as history taking, communication, clinical reasoning, data interpretation and management planning. They are not suitable for physical examination or procedural skills. Moreover, where virtual stations are used, reliable assessment also requires a stable digital platform, standardised delivery of clinical materials, contingency procedures for technical failures, and prior training of examiners and simulated patients. Furthermore, during the examination, technical failures or inconsistent delivery at the virtual stations

may compromise the standardisation of conditions across candidates and the defensibility of pass/fail decisions. The University should therefore either establish the digital infrastructure and procedures the virtual stations require and limit their use to competences suited to that format, or replace them with physical stations. Either approach would ensure that all competences are assessed with comparable validity and reliability.

Computers, projectors, audiovisual equipment, internet access, electronic learning platforms, laboratory equipment and simulation technologies are used in the learning process. The University operates the electronic learning management system emisadmin.giu.ge. Through the system, learning materials are uploaded, weekly assignments are issued, completed and assessed, feedback is provided, and students' academic progress is monitored.

Teaching in the laboratory and simulation spaces is organised in compliance with biosafety, occupational safety and hygiene rules.

The practical and clinical components of the programme are supported by cooperation agreements with clinics covering the relevant clinical areas.

The University library holds the mandatory and supplementary literature specified in the syllabi in both print and electronic form. Students and staff also have access to international electronic resources. The Quality Assurance Office regularly checks the availability of the core literature listed in the syllabi in the library. Students are informed about the resources available to them and the rules for their use.

Evidences/Indicators

- Self-evaluation report;
- Personnel files and qualification documents of the programme staff;
- Personnel file of the Head of the Programme;
- "Staff Selection Rule" (Governing Board Minutes No. 2, 30.01.2026);
- Academic Competition materials;
- "Rule on Maximum Staff Workload" (Rector's Order No. 01-01/42, 14.06.2022; amended by Order No. 01-01/21, 15.05.2023);
- "Methodology for Planning Staff Implementing Educational Programmes" and its Annex No. 1;
- "Rule on the Evaluation of Academic and Invited Staff" (Rector's Order No. 01-01/35, 14.04.2026);
- Standard employment contract forms for academic, invited and administrative/support staff;
- Rector's Order No. 01-01/14 (16.02.2026) on the establishment of the working group;
- Staff development plan;
- Documents confirming the training held on 27–28 May 2026;
- Regulations of the internal research grant competition;
- Inventory of laboratory equipment and simulators/mannequins;
- Sectoral benchmark for higher education in Medicine;
- Regulations of the School of Public Health;
- Named staff workload report generated from the QMS;
- Agreements/memoranda with clinical bases;
- Results of the on-site inspection of the material and technical base;
- Budget of the One-Cycle MD (Medical Doctor) program (In English) (2026–2032);
- Interviews conducted during the site visit;
- Website of LLC Georgian International University GIU: https://giu.edu.ge/programs/

Recommendations:

- None

Suggestions for the Programme Development

- It is advisable that the University either develop the digital infrastructure and procedures required for the virtual OSCE stations and limit their use to competences that can be demonstrated in a digital environment, or replace the 2 (two) virtual stations with physical ones, so that all competences in the final OSCE are assessed with comparable validity and reliability.
- It is advisable for the university to expand and diversify the array of available international scientific databases to provide students and academic staff with broader access to modern research resources and literature.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.4 Material Resources	Complies

4.5 Programme/Faculty/School Budget and Programme Financial Sustainability

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

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

The budget of the One-Cycle MD (Medical Doctor) program (In English) has been planned in line with the University's budgeting and financial management principles and is linked to the University's Strategic Plan. The budget covers six academic years, from 2026–2027 to 2031–2032, that is, the full duration of the programme.

Revenue is based on tuition fees. The annual fee is the equivalent in GEL of USD 3,800 for citizens of Georgia and USD 5,800 for foreign citizens. In the first year, this is supplemented by an investment of GEL 130,000.
The programme budget shows a positive operating result in every year. Expenditure lines cover all key areas of the programme: human resources, staff professional development, research, information resources, material resources, student support and other expenses.

The structure of the budget reflects the phased development of the programme. Expenditure on student practice and curation at clinical bases begins in the third academic year (2028–2029) and increases from GEL 22,500 to GEL 90,000. This is consistent with the curriculum, under which the preclinical and clinical components begin in the fifth semester. The main investment in the first year is allocated to the purchase of teaching equipment, so the programme's initial material needs are covered from the outset.
The budget forecast assumes an intake of 30 new students in the first year and 35 new students annually thereafter, with progression rates of 90% from the first year and 95% in subsequent years. A large share of

expenditure (research, student incentives and other expenses) is set as a fixed percentage of revenue. Expenditure therefore automatically adjusts to actual revenue, which strengthens the realism and financial sustainability of the budget. The use of financial resources is subject to internal monitoring, and the results of this analysis are used in planning the following year's budget.

Based on the above, the allocation of financial resources stipulated in the programme budget is economically feasible and corresponds to the programme's needs. The programme complies with the requirements of the component of the standard.

Evidences/Indicators

- Self-evaluation report;
- Personnel files and qualification documents of the programme staff;
- Personnel file of the Head of the Programme;
- "Staff Selection Rule" (Governing Board Minutes No. 2, 30.01.2026);
- Academic Competition materials;
- "Rule on Maximum Staff Workload" (Rector's Order No. 01-01/42, 14.06.2022; amended by Order No. 01-01/21, 15.05.2023);
- "Methodology for Planning Staff Implementing Educational Programmes" and its Annex No. 1;
- "Rule on the Evaluation of Academic and Invited Staff" (Rector's Order No. 01-01/35, 14.04.2026);
- Standard employment contract forms for academic, invited and administrative/support staff;
- Rector's Order No. 01-01/14 (16.02.2026) on the establishment of the working group;
- Staff development plan;
- Documents confirming the training held on 27–28 May 2026;
- Regulations of the internal research grant competition;
- Inventory of laboratory equipment and simulators/mannequins;
- Sectoral benchmark for higher education in Medicine;
- Regulations of the School of Public Health;
- Named staff workload report generated from the QMS;
- Agreements/memoranda with clinical bases;
- Results of the on-site inspection of the material and technical base;
- Budget of the One-Cycle MD (Medical Doctor) program (In English) (2026–2032);
- Interviews conducted during the site visit;
- Website of LLC Georgian International University GIU: https://giu.edu.ge/programs/

Recommendations:

- None

Suggestions for the Programme Development

- Given the programme's reliance on a single source of revenue (tuition fees), it is advisable that alternative budget scenarios be developed for the event of lower-than-planned enrolment.

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

According to the expert group's assessment, the internal quality evaluation mechanisms for the One-Cycle MD (Medical Doctor) program are defined within the framework of the university's internal quality assurance system. The program's quality assurance process involves collaboration between the Quality Assurance Service and the staff responsible for implementing the program.

Key areas of evaluation, data sources, assessment tools, frequency, and responsible personnel have been defined for the program's quality assessment. Program staff participate in developing and refining relevant assessment tools, including mechanisms for gathering feedback from students, graduates, staff, and employers, as well as for evaluating courses and learning outcomes, and monitoring practical and clinical components.

Given the medical nature of the program, the quality assessment system incorporates appropriate tools for evaluating practical and clinical skills, such as OSCE/OSPE, Logbooks, Mini-CEX, DOPS, and CBD. Areas concerning the teaching and learning process, the assessment system, staff qualifications, material-technical and information resources, and the evaluation of the achievement of program learning outcomes have also been defined.

At the same time, the expert group notes that the program currently has no students; consequently, empirical data regarding student academic performance, student feedback, course evaluations, and the actual achievement of program learning outcomes are not yet available. Therefore, a comprehensive assessment of the practical implementation of these mechanisms and the utilization of their results will only be possible once the program is active and has students enrolled.

At this stage, a practice of pre-defining quality assurance procedures and preparing relevant tools is evident. The collaboration between program staff and the quality assurance service lays the foundation for a data-driven evaluation and improvement process once the program is implemented.

In the expert group's assessment, the program's quality assurance system provides for the use of quality evaluation results in the further development of the program. Specifically, based on assessment results, plans are in place to periodically review and improve course content, teaching and learning methods, assessment tools, practical and clinical components, and resources. However, due to the absence of students, it is not currently possible to evaluate the effectiveness of these mechanisms based on actual outcomes.

Evidences/Indicators

- One-Cycle MD (Medical Doctor) program (In English)
- Interview with university staff
- Interview with quality assurance representators

Recommendations:

- It is recommended that, once the program is active and has enrolled students, data regarding student feedback, academic progress, and the achievement of learning outcomes be systematically analyzed, and that these findings be incorporated into specific measures for program development.
- It is recommended that, upon the commencement of the program, a documented mechanism be established to monitor quality improvement measures and evaluate their effectiveness, thereby ensuring the full functioning of the quality assurance cycle.

Suggestions for the Programme Development

- none

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.1 Internal quality evaluation	Substantially

5.2 External Quality Evaluation

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

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

The materials provided by the program confirm the existence of institutional mechanisms for utilizingthe results of external evaluations. The program takes into account recommendations derived from authorization and accreditation processes, feedback from the relevant professional sector, outcomes of cooperation with clinical training sites, and analyses of international practices.

However, a comprehensive assessment of the effectiveness of these mechanisms is limited during the program's initial implementation phase, as there are currently no medical students enrolled. Consequently, it is not yet possible to ev aluate the impact of external evaluation results on actual student academic and clinical achievements. Furthermore, at this stage, the assessment of the effectiveness of clinical training and student support mechanisms relies primarily on pre-planned procedures rather than on actual implementation outcomes.

For the program's further development, it is essential that recommendations from external evaluations be translated into specific, measurable improvement measures with defined timeframes. Their implementation should be documented and linked to the monitoring of the program's learning outcomes and quality indicators.

Evidences/Indicators

- One-Cycle MD (Medical Doctor) program (In English)
- Interview with university staff
- Interview with quality assurance representators

Recommendations:

- Monitoring of the implementation of external assessment recommendations must be strengthened. For each recommendation, the university should define specific measures, the responsible person, the implementation timeframe, and measurable outcome indicators. This information should be incorporated into the program improvement action plan and periodically reviewed.
- The university must ensure the evidence-based application of international benchmarking results. Comparisons should be conducted across specific indicators—such as learning outcomes, curriculum structure, assessment systems, clinical training, and student support—and any identified discrepancies should be reflected in specific decisions regarding program development.

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.2. External Quality Evaluation	Substantially

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.

Based on the materials provided and the information obtained during the evaluation, the Expert Panel considers that LLC Georgian International University (GIU) has established institutional mechanisms for monitoring and periodic evaluation of the One-Cycle MD Program (in English). The described mechanisms are integrated into the university's internal quality assurance system and envisage the involvement of the program

administration, academic and invited staff, the Quality Assurance Office, students, graduates, employers, clinical partners, and other relevant stakeholders.

The monitoring framework covers the main components of the program, including program objectives and learning outcomes, curriculum, teaching and learning methods, assessment, human and material resources, student support, and the practical and clinical components of medical education. The proposed use of student feedback, staff feedback, graduate and employer perspectives, academic performance data, course evaluations, and quality assurance reports provides an appropriate basis for evidence-informed program development.
Particular attention is appropriately assigned to the clinical and practical dimensions of the MD program, including the development of clinical skills, clinical reasoning, communication, professional ethics, and the use of assessment instruments such as OSCE/OSPE, Mini-CEX, DOPS, CBD, portfolios, and logbooks. These mechanisms are relevant to the assessment of both theoretical knowledge and the progressive development of clinical competencies.

At the time of the evaluation, the One-Cycle MD Program did not have enrolled students. Consequently, the effectiveness of student-centered monitoring mechanisms, including student surveys, analysis of student achievement, course evaluations, and feedback on clinical education, could not yet be fully demonstrated in practice. The Panel therefore considers that the current evidence primarily demonstrates the readiness and planned institutional capacity to implement the monitoring and evaluation cycle rather than its full operational effectiveness within the MD program.

The Panel also notes that GIU has experience with institutional quality assurance and educational monitoring processes, which may provide a relevant foundation for implementing the MD program's internal quality assurance mechanisms. However, the transfer of existing institutional experience to medical education should be demonstrated through program-specific evidence, particularly once students enter the program and clinical education is implemented.

The Panel considers the planned quality assurance cycle—planning, implementation, monitoring, analysis, and improvement—to be appropriate. To ensure its effectiveness, however, monitoring should result in clearly documented evidence of identified issues, decisions taken, responsible persons, implementation deadlines, and subsequent evaluation of the effectiveness of corrective actions.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.

Evidences/Indicators

- One-Cycle MD (Medical Doctor) program (In English)
- Interview with university staff
- Interview with quality assurance representators Component evidences/indicators, including the relevant documents and interview results

Recommendations:

- The University should establish and implement a program-specific monitoring and evaluation framework for the One-Cycle MD Program, including clearly defined indicators, data sources, responsibilities, timelines, and procedures for documenting and following up improvement actions.
- Following student enrollment, the University should systematically collect and analyze evidence from students, graduates, employers, and clinical partners and demonstrate how the findings lead to concrete program improvements. The effectiveness of implemented changes should subsequently be reviewed through a documented feedback loop, ensuring that monitoring constitutes a continuous improvement process rather than only a periodic information-gathering exercise.

Suggestions for the Programme Development

- none

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.3. Programme monitoring and periodic review	Substantially

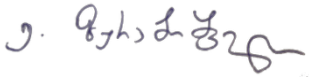
Attached documentation (if applicable):

Signatures:

Chair of Accreditation Expert Panel

Dragan Hrncic 

Accreditation Expert Panel Members

Elene Zurabishvili, 

Tamar Goderidze, 

Gulnazi Meghradze, 