Ensuring the Quality of Medical Education in Georgia

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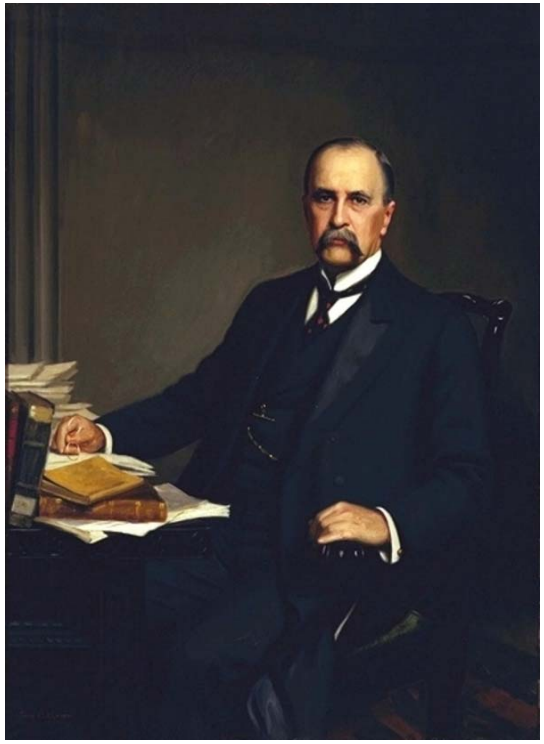
24.09.2025, Tbilisi



Medicine is a science of uncertainty and an art of probability.

მედიცინა არის გაურკვევლობის მეცნიერება და ალბათობის ხელოვნება.

Sir William Osler

Medical education in Georgia

Medical education is a cornerstone of healthcare quality. Georgia is striving to align with international standards.

- Undergraduate
- Postgraduate medical education
- CPD - continuous professional development.

Undergraduate medical education is regulated by the Ministry of Education of Georgia, while postgraduate education and continuous professional development is in the charge of Ministry Health of Georgia.

Quality Assurance Mechanisms

- **National Level**
  - Role of the National Center for Educational Quality Enhancement (NCEQE) – WFME agency since 2018
  - Accreditation standards and periodic evaluations
- **University Level**
  - Internal quality assurance systems.
  - Curriculum committees and continuous review.
- **International Alignment**
  - Compliance with WFME (World Federation for Medical Education) standards.
  - Bologna process and European Higher Education Area integration.

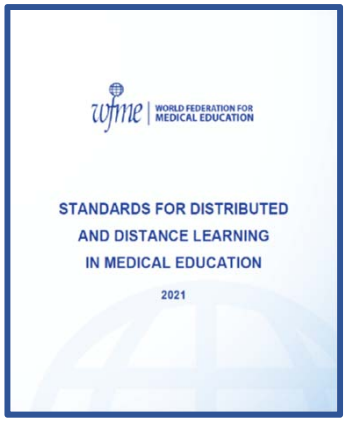
- More than the last decade undergraduate medical education in Georgia is facing significant reforms.
- One of the important foundations of the reform is the creation of sectoral standards in medicine.

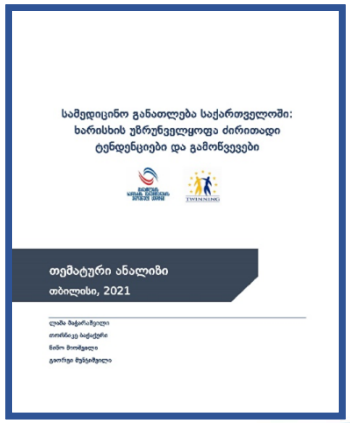
History of the Development of National Sectoral Benchmark in Medicine in Georgia

2011 - Based on TUNING/MEDINE Learning Outcomes/Competences for Undergraduate Medical Education in Europe that were developed in 2009.

2018 - Initiated by National Center for Education Quality Enhancement and was based on WFME Global Standards for Basic Medical Education developed in 2015.

2022 - Based on WFME revised Standards for Basic Medical Education in 2020, and Thematic Analysis of Medical Education in Georgia, performed by NCEQE in 2021.



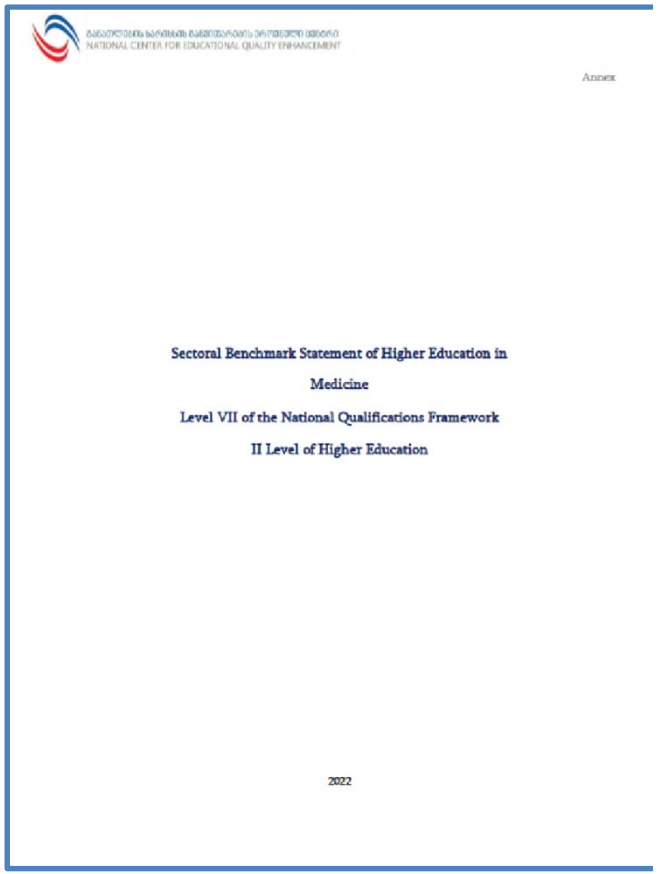


According to the order issued by director of the National Center for Educational Quality Enhancement in November **2022**, revised Sectoral Benchmark in Medicine was approved.

In 2022 the third renewed National Standards were elaborated following the principles of WFME Standards for Basic Medical Education (2020) according to which more attention should be paid to the national context.

Revised standards serve as a basis for accreditation of all acting MD programs in the country.

National Standards were developed by Task Force composed of Georgian Medical Council represented by medical schools in Georgia, Ministry of Education and Ministry of Health.


NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Annex

Sectoral Benchmark Statement of Higher Education in Medicine

Level VII of the National Qualifications Framework

II Level of Higher Education

2022

Medical education is based on three fundamental competencies

- Theoretical knowledge
- Practical/clinical skills
- Values/attitudes

The development and subsequent enhancement of which continues throughout physician's professional activity.

The main changes in the current Sectoral Benchmark are the following:

- The learning outcomes, teaching and assessment methods of the educational program have been specified;
- Additional requirements related to clinical studies have been established;
- The conditions for enrolling students on foreign educational programs have been defined;
- Learning of the Georgian language in foreign educational programs has been established (12 credits are obligatory);
- Additional qualification requirements have been set for the human resources involved in foreign educational programs;
- Additional requirements related to material resources have been determined.

Competences – Knowledge, Skills and Attitudes

1. Theoretical knowledge - Knowledge of basic biomedical clinical, behavioral and social sciences
2. Carrying out a consultation with a patient
3. Assessing clinical presentations, order investigations, make differential diagnoses, and negotiate a management plan
4. Providing immediate care of medical emergencies, including First Aid and resuscitation
5. Prescription of medicines
6. Carrying out practical procedures
7. Communicating effectively in a medical context
8. Applying ethical and legal principles in medical practice
9. Assessing psychological and social aspects of a patient's illness
10. Applying the principles, skills and knowledge of evidence-based medicine
11. Use information and information technology effectively in a medical context
12. Applying scientific principles, method and knowledge to medical practice and research
13. Promoting health, engage with population health issues and work effectively in a health care system
14. Professionalism

The Revised Standards identified 14 competencies that MD graduates will achieve, and recommendations how each competence can be reached throughout six years of study, describing the most appropriate methods of teaching and assessment

N	Competence	Description of competence	Recommended teaching and learning methods for achieving competence	Recommended methods to assess the competency
2.	Consult a patient	Collecting medical history; Conducting a physical examination, Clinical thinking, and decision-making Relevant explanations and advice, Support the patient and protect his / her rights. Evaluation of the psycho-emotional status of the patient	**Minimum standard** Teaching communication with the patient, bedside teaching, CBL **Recommended** CBCR, TBL, doctor and patient role play.	**Minimum standard** OSCE Portfolio/Log-book. **Recommended** WPBA, which includes the following assessments: 360-degree evaluation scale; MiniCex - Mini Clinical Evaluation Exercise; CBD - Case-based Discussion.

Curriculum Development Recommendations

- The curriculum model and structure depend on the choice of the medical school/faculty, considering that the optimal model for improving the quality of medical education is an integrated curriculum.
- During the six years of study, the curriculum allocates at least 10 credits of training in a clinical skills center/laboratory for the development of clinical skills, and also at least 10 credits for the development of scientific research skills.
- The number of elective courses in the curriculum should gradually increase and reach a maximum in the final semesters of study.
- It is desirable that the number of stations in the final OSCE exams exceeds 10 (ideally 12 stations). The scoring at each station depends on the tasks to be performed (for example, the performance of basic life support, measuring blood pressure, checking vital signs requires 100% completion)

Additional Requirements Towards Clinical Studies Are Set

For senior students (5th and 6th years of study) **WPBA** (Work Place Based Assessment) is recommended, during formative assessment. WPBA comprises a number of methods/tools:

- (**DOPS) Direct Observation of Procedural Skills** (**Mini-CEX) Mini Clinical Evaluation Exercise**
- **(CBD) Case Based Discussion**
- **(MSF) Multi-source feedback**
- **Portfolio**
- In case where the **EPA (entrustable professional activity)** methodology is implemented at the clinical stage of education, it is possible to integrate two or more of the competencies listed below into one reliable activity.

Additional Requirements Towards Clinical Studies

- ✓ Clinical subjects are taught at university/teaching hospitals providing ambulatory and inpatient services. University and affiliated teaching clinics must be equipped with adequate educational space. Students must have access to learning resources at the clinics (electronic, printed).
- ✓ Higher educational institutions must have their own, adequately equipped clinical skills center/laboratory.
- ✓ A regularly updated agreement agreed between the university and affiliated clinics should detail the rights and responsibilities of the parties, including:
- the maximum number of students from the higher educational institutions that can be accepted over one academic year;
- clinical teaching courses that are conducted in the clinic and their duration;
- information about the higher educational institutions/clinics implementing clinical modules, as well as a schedule/graph of the time allocation for a particular teaching course during the same time slot for the number of students that can be accepted

SPECIAL ADMISSION REQUIREMENTS

- The prerequisites for the admission of an applicant to the MD program without Unified National Exams are the following in accordance with the rules and timeframes established by the legislation:

- for a foreign citizen - an internationally recognized certificate confirming at least B1 level of English (IELTS, TOEFL, Cambridge English, UNIcert®, EnglishScore, etc.)

or

- a relevant document (e.g.: diploma, certificate, etc.) confirming that an applicant with the foreign citizenship received education in English, and also for a citizen of Georgia who has received full general education or its equivalent education in a foreign country in English and who has studied in a foreign country in the last 2 years of full general education and presents a relevant document (e.g. diploma, certificate, etc.).

or

- a confirmation of the abovementioned level of knowledge by the higher educational institution as a result of an exam (including listening, comprehension and analysis of the read text, speaking) organized by the institution itself to determine the level of English language proficiency of a foreign citizen.

REQUIREMENTS FOR HUMAN RESOURCES

- **Academic staff and invited teachers should be trained in medical education methodology on a regular basis (once every 2 years), which should be confirmed by a relevant certificate.**

English-Language Educational Program in Medicine

- At least 3 years of teaching experience in the English language programme in Medicine

or

- experience of medical activities in English in a clinic operating abroad for at least 1 year;

or

- experience of teaching/research activities in English in the field of Biomedicine for at least 1 year in a research institution operating abroad;

or

- completion of an English-language pre- or post-diploma programme, as evidenced by the relevant document;

or

- Certificate of English Language Competence, at least B2 level (IELTS, TOEFL, Cambridge English, UNIcert).

Main Challenges in Medical Education Quality

- **Clinical Training Limitations**
  - Affillated clinics mainly belong to private sector and often aren't interested to meet benchmark recommendations for clinical studies.
  - Insufficient access to teaching hospitals and simulation centers.
  - Limited opportunities for students to gain real patient experience.
- **Faculty Development Gaps**
  - Need for continuous training in modern teaching methods.
  - Limited support for academic research and professional growth.
- **International Student Integration**
  - Language barriers in clinical practice.
  - Challenges in adapting to local healthcare context and culture.

TSMU is a leading higher medical education institution counting 100yrs history and represents the cornerstone of medical education in Georgia (and in the region). TSMU has partnerships with more than **120 universities and medical institutions across 40 countries**. The university actively participates in international research projects such as ERASMUS+, HORIZON EUROPE, COST and etc. ensuring its graduates are well-prepared for the evolving challenges of modern medicine.

3,500 international students from 84 countries study at TSMU

AMEE center in TSMU

In 2019 with establishment of AMEE International Networking Center the new era for enhancing medical education quality begins for Georgia. Center addressed the growing need for advancing medical education across higher education institutions in the Country. With a strategic focus on **enhancing teaching, learning, and assessment methodologies**.

Center has become a pivotal faculty development hub for Health Professions Educators, extending its impact across Georgia and the South Caucasus region, including Armenia and Azerbaijan.

Over 6 years, the Georgian AMEE Center has successfully organized comprehensive face-to-face and online ESME training courses led by globally renowned experts. Growing interest and demand resulted in a robust range of ESME courses delivered by the Center

24 ESME Courses

- ✓ 8 -ESME Basic
- ✓ 5- ESMEA
- ✓ 4 -RESME
- ✓ 3 -ESME –EtT/OSTE
- ✓ 4 - ESME Leadership

350 Health Professions Educators trained & equipped with cutting-edge medical education skills

75 participants gained the AMEE Medical Education Specialist Certificate
15 became Associate Fellows of AMEE

Participants from 3 countries / 23 Institutions

Faculty meetings held between courses further strengthened participants' motivation to adopt and disseminate best practices.

Center's work extends beyond training, fostering a collaboration, and continuous professional development through faculty meetings and participation in AMEE conferences to **CONNECT, GROW, ISNPIRE**

TSMU medical programs clinical studies:

- TSMU clinics
- Affillated clinics and medical centers

- TSMU First University Clinic – 218 beds;

TSMU and Ingorokva High medical Technology University clinic – 357 beds

G.Jvania Padiatric Academic Clinic – 96 beds

- Ken Walker University Clinic for Medical Rehabilitation – 45 beds

- TSMU Mental Health University Clinic – 120 beds – will start functioning at the end of 2025

ფსიქიატრიისა და ნარკოლოგიის კლინიკა

- TSMU Multifunction University Center _ 5 floors for Primary Care outpatient clinic (opening in 2027).

Conclusions:

- In Georgia progress in development of medical programs is ongoing, but challenges remain.
- Requires further collaboration: government, universities, professionals.
- The role of WFME is crucial in development and maintain high quality medical education.

Thank you!