



WFME Recognition of Accreditation Programme

RECOGNITION REPORT ON

NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT (NCEQE)

Prepared by the World Federation for Medical Education (WFME)
Recognition Team

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Timeline of Recognition Activities

16 April 2018	NCEQE submitted eligibility application
April-May 2018	NCEQE submitted documentation to WFME Recognition Team
7-9 June 2018	WFME Recognition Team observed the NCEQE site visit at Tbilisi State Medical University
11 June 2018	Meeting of the NCEQE Authorisation Council
15 August 2018	Draft WFME Recognition Report sent to NCEQE for comments and correction of facts
TBD	NCEQE response with comments and corrections of fact
TBD	WFME Recognition Report finalised

Composition of the Recognition Team

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Executive Summary

Disclaimer: The summary findings that follow represent the professional judgment of the WFME Recognition Team that reviewed the NCEQE application and observed a site visit and meeting of the agency. The findings are based on information provided by NCEQE during the recognition review process. The WFME Recognition Committee may come to differing conclusions when it reviews the Recognition Team's report and related information.

Areas of Strength

The Recognition Team identified the following areas of strength:

- NCEQE has very detailed standards for assessment of higher education institutions (authorisation standards), programmes in general (accreditation standards), and medical programmes (sectoral benchmarks).
- NCEQE has used internationally accepted standards and best practice to inform its standards and processes. It has prioritised its affiliation with international organisations such as the Bologna Process / European Higher Education Area (EHEA), the European Association for Quality Assurance (ENQA), and the European University Association (EUA); has held international conferences; has incorporated international experts into its authorisation and accreditation processes; and lists supporting the internationalization of education as one of its strategic goals.
- NCEQE offers workshops, consultations, and preparatory visits on request, to help institutions navigate the self-evaluation process.
- NCEQE staff is very involved in the authorisation and accreditation processes, and is very supportive of the expert panels that participate in site visits on its behalf. A preliminary meeting held at the NCEQE office included a thorough overview of the authorisation process, as well as the Georgian higher education system, and gave experts an opportunity to ask questions. NCEQE staff was also very supportive during the site visit itself, overseeing the scheduling and other logistics and collecting additional documentation when necessary.
- The expert panels that participate in site visits on behalf of NCEQE include students.

Areas for Further Consideration / Areas of Transition

The Recognition Team identified the following areas that the WFME Recognition Committee may wish to consider for additional follow up in the future:

- The Recognition Team observed a reauthorisation site visit at Tbilisi State Medical University (TSMU). The reaccreditation process for the TSMU medical programme will take place in 2019. The new sector benchmarks for all medical programmes will also go into effect on 1st January 2019; therefore, the WFME may wish to follow up with NCEQE in 2019.
- NCEQE reports that it is considering integrating its authorisation and accreditation processes at some point in the future. NCEQE is also in the process of forming a Coordinating Council, which will oversee the review of its authorisation and accreditation standards and procedures on a regular basis. Any changes to its processes would need to

be approved by the Ministry of Education and Science, and NCEQE is waiting until this Coordinating Council is in place to determine the best approach.

Areas of Non-Compliance

The Recognition Team did not identify any areas of non-compliance with the WFME Recognition Criteria.

Description of the Accrediting Agency

The National Center for Educational Quality Enhancement (NCEQE) is a Legal Entity of Public Law (LEPL) within the Ministry of Education and Science of Georgia. It was created in September 2010 as a legal successor of the National Center for Educational Accreditation, the entity that was previously authorised to conduct institutional accreditation of higher education institutions in Georgia, for the purpose of improving educational quality throughout the country.

NCEQE, for the purpose of external quality assurance, is responsible for the authorisation of educational institutions and accreditation of educational programmes, as well as monitoring the implementation of authorisation and accreditation standards. NCEQE supports the creation and development of educational programmes, and works to improve external and internal quality assurance mechanisms. To ensure compliance with the European Higher Education Area (EHEA), it works on the improvement of the National Qualification Framework; maintains the Registry of Educational Institutions; and administers student mobility processes.

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The Recognition Team's Findings for the Recognition Criteria

Part A. Eligibility

1. The agency accredits basic medical education and is:
 - a government or inter-governmental entity, or
 - an independent professional body that is authorised or recognised by the relevant national or state/provincial government (Ministry of Health or Ministry of Education or both), and/or
 - authorised or recognised by an appropriate professional or scientific association.

NCEQE was established in 2010 by the Law on Educational Quality Enhancement (No 3531–ES), as an independent quality assurance body operating within the Ministry of Education and Science of Georgia, to conduct institutional accreditation of higher education institutions of Georgia.

NCEQE is the official successor of the National Centre for Education Accreditation, which held this mandate before, and is also the successor of the Ministry of Education and Science of Georgia in the field of “performed and ongoing activities of the Licensing, Legalisation and Apostille Division within the Legal Issues Department of the Ministry.” (2010 Law on Educational Quality Enhancement, No 3531-ES)

Authorisation is obligatory for all higher education institutions (HEIs) in order to be allowed to carry out educational activities and to issue a diploma that is recognised by the state. The procedure identifies compatibility of educational institutions with authorisation standards. NCEQE authorises 71 HEIs, of which 24 offer one or more medical programmes.

Programme accreditation is mandatory only for doctoral programmes and programmes of regulated professions (Medicine, Law, Teacher Education, Veterinary, and Maritime). However, due to the fact that state funding goes only to accredited programmes, approximately 92% of all academic programmes are accredited.

There are currently 1,838 higher education programmes in Georgia [872 Bachelor, 665 Master, 246 PhD, and 55 one-cycle Medicine (MD) programmes]. At the time of NCEQE's application to the WFME, 1,703 of these programs were accredited.

The director of the agency is appointed and dismissed by the Minister of Education and Science of Georgia in coordination with the Prime Minister of Georgia. Rights and obligations of the director of the Centre, structure of the Centre, and the scope of authority of its structural units are determined by the statute of NCEQE.

Public control of NCEQE is performed by the Ministry, as provided for by the legislation of Georgia.

Compliant

2. Where the agency operates in more than one country or region, its processes are endorsed and outcomes are subject to adoption by the governments of each of these jurisdictions. It should also be able to demonstrate that the standards and procedures for accreditation of medical schools are appropriate to those countries and regions and applied in a consistently robust manner.

Not applicable as NCEQE does not operate outside of Georgia.

3. The accreditation decisions of the agency are made known to, and accepted by, other organisations such as professional licensing bodies, educational institutions and employers.

The standards, policies, procedures, and decisions of NCEQE are known to and accepted by educational institutions, the Ministry of Education and Science, and other governmental and non-governmental bodies, employers, and wider stakeholders. NCEQE also represents Georgia in the ENIC-NARIC Networks. The agency's decisions are made public and available to all stakeholders on the agency's website.

Compliant

4. The agency operates within a framework that enables the establishment of agreements and the signing of contracts according to the laws of the country or countries in which the agency is seated and operates.

The 2010 Law on Educational Quality Enhancement (No 3531-ES) established NCEQE to be a legal entity under public law (LEPL) within the Ministry of Education and Science. According to the Law on legal entities under public law (No 2052-IIS), such entity has "a special legal capacity in order to achieve its intended objectives and exercise its assigned functions. It shall acquire rights and obligations, conclude agreements, and be plaintiff or defendant in court on its own behalf."

Compliant

Part B. Accreditation standards

5. The agency uses comprehensive standards for accreditation appropriate to basic medical education.

The agency uses three sets of standards in its processes.

The Authorisation Standards (AuS) are an instrument for assessing institutions. They are generic standards that are applied to all HEIs in the State. There are seven AuS (expanded from the three that applied before 2016). They cover:

- Institutional mission and strategic development
- Organisational structure and management
- Educational programmes
- Staff
- Students and their support services
- Research, development, and creative work
- Material, information, and financial resources.

Each standard has sub-sections.

Educational programmes are standard three of the AuS, but the criteria are top-level, specifying that the HEI has procedures for planning, designing, approving, developing, and annulling educational programmes.

A second set of detailed standards, the Accreditation Standards (AcS), are used for determining the compliance of educational programmes.

They are also generic standards that are applied to all HEI programmes in the country. They cover:

- Objectives and learning outcomes
- Teaching organisation, methodology, and assessment
- Student achievement and individual work with them
- Teaching resources
- Teaching quality enhancement opportunities.

Each standard has sub-sections.

Institutions are required to assess themselves, and are assessed by the agency, against the AuS and AcS standards. Both authorisation and accreditation standards are consistent with WFME basic standards.

A third set of standards—Sectoral Benchmarks—apply only to regulated professions including medicine and are subject-specific. The development of benchmarking for one-cycle medical programmes started in 2009 and produced a detailed description of competencies, courses, and contents, which were approved in 2011 by NCEQE. They were revised and modified in 2017 in

order to assess programmes and institutions, and to guarantee educational quality. A WFME expert visited NCEQE in 2017 and made recommendations that have also been incorporated. All stakeholders were invited to participate in this process and followed the European Higher Education Area lines and framework.

The current Medicine Sector Benchmarks of Higher Education (benchmarks) are valid until 1st January 2019 (and available in Georgian). They will be replaced on 1st January 2019 by revised benchmarks (made available to the team; also available on the NCEQE website in English).

The benchmarks' definition of medical practice—the professional activity of a person with medical background, professional skills, and practical experience the aim of which is to protect, maintain, and restore the health or ease suffering of a human being in accordance with medical and ethical standards and medical traditions recognised in Georgia—reflects that of Article 5 of the Law of Georgia on Medical Practice.

The purpose of the benchmarks includes supporting the implementation of undergraduate curricula in accordance with international standards, providing benchmarks on teaching, learning, and assessment, supporting international recognition of graduates' qualifications and their mobility, and establishing the competencies enabling graduates to continue their training and advance their careers.

The benchmarks specify that the undergraduate programme should comprise a minimum of 360 ECTS credits within six years of study. A minimum of 330 of these should be in the main specialisation of medicine—the core curriculum—including compulsory and elective courses/modules. A maximum of 30 should be in general or free components, which may be compulsory or elective courses.

The benchmarks define the knowledge, practical and other skills, specific methods of achievement (i.e. relevant teaching and learning methods), specific criteria of demonstration (i.e. the ways in which the student can demonstrate achievement of the competency), and specific methods of assessing the achievement of each competency in the benchmarks.

The benchmarks state the importance of a modern approach to medical education: development of a vertically and horizontally integrated curriculum, incorporation of electives, using problem and case-based learning methods, fostering student understanding of research, early development of clinical skills (using VLE, simulation, and as the course progresses real patients), and appropriate assessment methods including OSCEs and portfolios. It states that as well as knowledge of biomedical and clinical sciences, programmes must produce graduates with the clinical skills, ethical values, and attitudes required for the medical profession.

Together these three sets of standards, for institutions, for programmes in general, and for medical programmes in particular, form comprehensive and appropriate standards for basic medical education. Georgia is also a member of the Bologna Process and the European Higher Education Area (EHEA), and is affiliated to the European Association for Quality Assurance (ENQA), which helps Georgian higher education to be compatible with the European standards.

Compliant

6. The agency makes publicly available the accreditation standards.

After obtaining approval from the Minister of Education and Science of Georgia, the 2011 standards became publicly available on the NCEQE website and in the Legislative Herald of Georgia.

The accreditation standards and authorisation standards for higher education are available in Georgian and English on the NCEQE website, as are the benchmarks for medical programmes that will go into effect on 1st January 2019. The benchmarks that will expire on 1st January 2019 are available on the NCEQE website as well, but only in Georgian language.

Compliant

7. The agency has a system to determine that the standards are sufficiently rigorous and appropriate to evaluate the quality of the education and training provided at medical schools.

NCEQE cites its involvement with international organisations as an important way of ensuring its standards are rigorous and appropriate. Georgia became a full member of the Bologna Process / EHEA in 2005 and since then has harmonized its higher education system with the higher education system of Europe. Since 2013 the agency has been an affiliate organization of the ENQA and is working on an application for full membership. It is a European University Association (EUA) member, and the EUA allows member organizations to take part in united European projects and share their experiences and their best practices.

NCEQE also involves externs in its operations. There is external involvement in the process of assessing institutions' and programmes' compliance with the standards (see Part C). The major review of the agency's standards that took place in 2016-2018 (see below) involved the input of external experts as well as national stakeholders. The agency states that it found the involvement of stakeholders very beneficial. It helped the agency to revise the existing standards and it intends to incorporate stakeholder involvement into the standards monitoring of its Coordinating Council (see below).

NCEQE's benchmarks for medicine cite a significant number of international standards and guidelines as influencers. These include quality, competency, and learning outcome documents from the WFME, Tuning/MEDINE, relevant EU directives, and internationally recognised regulators and educational agencies from Canada, the UK, Scotland, and Switzerland. While NCEQE's standards do not replicate any one of these frameworks, it is obvious that the agency's standards reflect a modern approach to medical education in e.g. terms of curricula, teaching and learning and assessment methods, and inculcating professionalism.

In 2016-2017, three international conferences on renewing standards (and procedures), were organized by NCEQE. Attendees included representatives from the Council of Europe, the Ministry of Education and Science, HEIs and other educational bodies, members of the agency's Authorisation and Accreditation Councils, and guests from relevant international organizations.

Compliant

8. The agency has a system for periodically reviewing and updating the standards.

Since its creation NCEQE has been active in maintaining its standards and has had the intention to revise them.

NCEQE states that amendments in the Law on Higher Education and the Law on Educational Quality Enhancement in 2016 were aimed at shifting the system to an outcome-based and developmental one. This, together with the agency's wish to comply with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) requirements, triggered an extensive review of the standards (and procedures) for authorisation and accreditation and of the sector benchmarks.

The agency details the way in which this revision took place between 2016 and 2018. All relevant stakeholders were invited to participate in the consultation process and many provided feedback. A WFME expert also visited, and the resulting recommendations were incorporated. There were three international conferences on the renewed standards and procedures of authorisation and accreditation. The resultant revised AuS and AcS are now in force, with the revised benchmarks to be introduced on 1st January 2019.

The agency states that review and development of authorisation and accreditation standards is related to the completion of one cycle of the authorisation and accreditation process and the beginning of the new. However, if convincing representations are made by a stakeholder, it is possible that the agency will review the standards before completing one cycle of authorisation and accreditation. Changes to the ESG may also prompt NCEQE to review its standards. In discussion with the agency they stated that the frequency of review and where necessary adjustment will be every two to three years.

NCEQE is in the process of creating a Coordinating Council to manage, among other things, the review of its authorisation and accreditation standards and procedures on a regular basis. It envisages membership will include representatives from the relevant Ministries, educational institutions, employers, and civil non-governmental organizations.

The AuS and AcS have only recently been revised after an in-depth review. The revised benchmarks are not yet in force and have a lifespan of seven years. Therefore, it is appropriate that the agency allows a period for the standards to become embedded. However, it also needs to monitor and review the standards because they are new, and an effective Coordinating Council seems an appropriate way to do this

Compliant

Part C. Accreditation process and procedures

9. Medical school self-evaluation

- 9.1. The agency requires medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the accreditation standards.

Authorisation of an HEI and accreditation of specific programmes are separate NCEQE processes. Authorisation of an HEI is a prerequisite for subsequent accreditation of its programmes.

NCEQE requires all HEIs seeking authorisation or programme accreditation to prepare an in-depth self-evaluation report that addresses compliance with the authorisation or accreditation standards. NCEQE states that in its self-evaluation report, the HEI or programme must describe, analyse, and evaluate its compliance with each component of an authorisation or accreditation standard, as well as provide evidence/indicators that prove compliance with each component.

The WFME team was provided with blank self-evaluation templates for HEI authorisation (Appendix 3.1) and programme accreditation (Appendix 3.2) purposes, as well as a copy of the self-evaluation report prepared by Tbilisi State Medical University (TSMU) for the authorisation visit observed by the team (Appendix 7.1), which followed the format described in the NCEQE application.

- 9.2. The agency provides guidance on completing the self-evaluation.

NCEQE has developed a guidebook (Appendix 4) to help HEIs prepare for the authorisation process. This guidebook covers the five key stages of the authorisation process: the self-evaluation, the site visit of the NCEQE expert panel, the drafting of the authorisation evaluation report by the expert panel, the decision-making process, and follow-up activities. It outlines the main principles of evaluation, provides a timeline for each stage of the authorisation process, and provides recommendations to help the school evaluate itself against the standards. The WFME team reviewed this guidebook and found it to be quite comprehensive.

A guidebook to help HEIs prepare for the programme accreditation process is currently being revised to reflect the new NCEQE accreditation standards. The WFME team did not receive a copy of this guidebook, but NCEQE staff report that they expect it to be finalized by the end of July 2018 and confirm that it will be similar to the authorisation guidebook in terms of format and level of detail.

A recent amendment to the NCEQE Authorisation Charter (Appendix 2.1, Article 2, Paragraph 5²) states that an HEI is able, at least three months prior to submission of its authorisation application, to submit a written request for an authorisation process preparatory visit. This preparatory visit is of a consultative nature and concerns: the planning and implementation of the self-evaluation process, the planning and execution of the authorisation visit, and the interpretation of authorisation standards and procedures.

NCEQE reports that it also offers workshops, consultations, and training to help HEIs navigate the self-evaluation process. This year, for example, a training led by an international expert was held for interested representatives of HEIs that focused on the importance of self-

evaluation, functions of the self-evaluation team, the methodology of compiling the self-evaluation report, and other practicalities related to the site visit.

Compliant

10. On site observation and evaluation

- 10.1. The agency conducts a site visit which is scheduled to enable the agency team to observe the usual operations of the medical school.

The site visit is an essential part of NCEQE's authorisation and accreditation processes. Site visits are carried out according to the procedures outlined in the following documents: the Georgian Law on Education Quality Improvement (Appendix 8.1), the NCEQE Authorisation and Accreditation Charters (The Charters; Appendices 2.1 and 2.2, respectively), the Guidelines for Authorisation and Accreditation Experts (Appendices 5.1 and 5.2, respectively), the Code of Ethics of Experts of Authorisation and Accreditation (Appendix 9.1), and the Rule of Authorisation and Accreditation Experts' Selection and Activities and Termination of Membership of Expert Pool (Rule of Experts; Appendix 6.3).

The WFME team observed an NCEQE authorisation site visit at Tbilisi State Medical University (TSMU). The accreditation process for TSMU's medical programme will take place separately, in 2019, in accordance with the agency's process.

- 10.2. The agency team is of appropriate size, experience and qualification to conduct the site visit.

The composition and size of the expert panel and the duration of the site visit is determined on a case by case basis by the NCEQE Director. As stated in the Charters, it is based on the scope and specificity of work to be accomplished and takes account of the educational institution and its resources.

The Charters specify that expert panels should include experts with a wide range of knowledge and experience that is relevant to the status and specifics of the institution and/or programme. A number of detailed stipulations related to selection, responsibilities, and termination of experts are also included in the Charters.

Authorisation expert panels include administrative/academic personnel and students of other HEIs, international experts, and employers and other individuals with relevant qualifications. Authorisation expert panels are chaired by international experts. If the HEI under review has a medical education programme, the panel must also have a co-chair with a medical background who is responsible for the evaluation of the medical direction of the HEI.

Accreditation expert panels include subject specialists from the field of the programme being evaluated. Each expert panel is led by a chair, appointed by NCEQE. The Law of Georgia dictates that in cases of regulated academic programmes of medicine, the panel must include individuals with expertise in biomedical sciences and/or clinical studies and be chaired by an international expert with relevant qualifications.

An NCEQE authorisation expert panel is typically comprised of five to eight experts, depending on the size of the institution being evaluated. An accreditation expert panel is typically comprised of three to five experts.

Detailed qualification requirements for members of the expert panel are listed as part of the Rule of Experts, which also explicitly defines the functions/responsibilities of experts and chairs for both authorisation and accreditation panels.

Requirements for HEI authorisation experts include: academic qualifications; specific knowledge and experience (theoretical and practical, including knowledge of relevant standards, guidelines, and legislation); and generic professional skills (including IT, communication and team working, and information collection and analysis). Knowledge of the English language is required.

Requirements for programme accreditation experts include: academic qualifications in the relevant field; knowledge and experience (theoretical and practical) of programme development and implementation; and generic professional skills (including IT, communication and team working, and information collection and analysis).

Requirements for student experts include: strong academic performance; involvement in student and educational activities; knowledge of relevant standards, guidelines, and legislation; and generic skills including communication, team working, and information collection and analysis. Knowledge of the English language is desirable.

The requirements for international experts are slightly less prescriptive. An international expert must have experience working with foreign quality assurance agencies in institutional/programme evaluation as well as knowledge of the English language. An international expert is not required to have the knowledge of active Georgian legislation that is required of Georgian experts.

At least one member of the NCEQE staff accompanies the expert panel during the site visit to provide technical support as needed, and to ensure that the panel works effectively within the framework of legislation and that the evaluation process is conducted consistently.

If a procedural violation is observed during a site visit, the HEI and/or NCEQE staff may notify NCEQE leadership, who may decide to stop the process.

The WFME team observed an authorisation expert panel comprised of six experts: an international chair, an international co-chair, and four Georgian experts (one of whom was a student). Based on observation/interaction as well as a review of their CVs, the WFME team found all members of the expert panel to be well-qualified; however, the team had concerns about their inexperience. The TSMU site visit was the first time any of the experts observed had served on an NCEQE panel, with the exception of one Georgian expert who had taken part in a pilot programme in 2017.

The WFME team also had concerns about the chairing of the expert panel it observed. The international expert who chaired the panel seemed unfamiliar with NCEQE's policies and processes that are the foundation for the site visit, and acknowledged that he had not read the guidebook he was provided prior to the visit. At times the unfamiliarity of the international chair and co-chair with the national context resulted in inefficient usage of time, as the experts

sometimes pursued lines of questioning that focused on the Georgian educational and authorisation systems rather than on the particular institution.

- 10.3. The agency team evaluates the quality of the school's facilities and resources at the main campus, branch campuses or additional locations and a representative sample of clinical core clerkship rotation sites affiliated with the school, as appropriate.

The Charters state that the expert panels are required to have interviews with key stakeholders (HEI administration, academic, scientific, invited staff, students, graduates, employers, etc.); to visually inspect the material resources of the HEI (the premises, classrooms, library, IT equipment, study/scientific/research laboratories); and to inspect units and facilities necessary for the implementation of a practical component (medical clinics, etc.). These interviews and tours of facilities take place in accordance with the agenda that is agreed between the HEI, NCEQE, and the expert panel in advance of the site visit.

The NCEQE expert panel observed by the WFME team toured the TSMU facilities on the third day of its site visit. Facilities visited included classrooms, laboratories, the library, an examination centre, a centre for sports and arts, one of the three university clinics, and an OSCE/clinical skills centre.

- 10.4. During the site visit, the agency team gathers information by a variety of methods, including but not limited to: documents and statistics; individual and group interviews with a representative sample of staff and students; and by direct observation.

The expert panel observed by the WFME team obtained most of the necessary documents and statistics as part of TSMU's self-evaluation report. However, they did request a few additional documents over the course of the site visit, and one of the NCEQE staff members worked with school representatives to obtain these.

The three-day site visit was comprised of 26 different sessions, which gave the expert panel an opportunity to interview key members of the TSMU administration, staff, faculty, and student body. The groups interviewed included: the Rector, Chancellor, and Vice-Rectors; the team that prepared the school's self-evaluation report; the deans of the school's five faculties (Medicine, Stomatology, Public Health, Pharmacy, and Physical Medicine and Rehabilitation) and heads of programmes; academic and invited staff; representatives of legal and human resource management services; Georgian and foreign students; doctoral students; representatives of student self-governance; the Department of Education Management, Assessment, and Student Registration; the Department of International Relations; the Department of Medical Education, Research, and Strategic Development; the Department of Clinical Relations and University Clinics; scientific and research institute staff; library and information technology staff; employers; and alumni.

During the direct observation on the third day of the site visit, the experts did observe and briefly interact with staff and students as the panel walked through the hospital, but staff and students were not formally interviewed. The WFME team noted that an opportunity for in-depth conversations with staff and students at the university clinic, in particular, would have been more informative and enriched the visit. The team acknowledges, however, that this type of more formal conversation might take place during the accreditation visit for the medical programme.

10.5. The site visit is of sufficient detail and duration to determine compliance with the standards.

According to the Charters, the length of a site visit is defined by an order of the NCEQE Director based on the scope and specificity of work to be accomplished. A typical authorisation visit lasts three to five days, and a typical accreditation visit lasts one to two days.

The site visit observed by the WFME team was three days long, and was of sufficient detail and duration to determine compliance with the authorisation standards. Days one and two were comprised of 10 sessions each, and day three was comprised of six sessions. It was evident that the site visit was carefully planned, but the WFME team felt that the schedule was a bit tight. The visit was heavy on administrative, human resources, and financial sessions, with comparatively less time spent talking with students and faculty. The team notes, however, that this is likely due to the fact that it was an institutional authorisation visit, and expects that more time may be spent with faculty and students during the medical programme's accreditation visit in 2019.

10.6. The agency provides guidance to the school on the site visit.

A Guidebook on Authorisation of Higher Education Institutions (Appendix 4) is provided to all schools undergoing evaluation, well in advance of the site visit. As mentioned in Section 9.2, an accreditation guidebook also exists and is currently being revised to reflect the new NCEQE accreditation standards.

The WFME team received a copy of the authorisation guidebook and found it to be quite comprehensive.

As mentioned in Section 9.2, an HEI is also able to request a preparatory visit from NCEQE. This preparatory visit is of a consultative nature and concerns the planning and implementation of the self-evaluation process, the planning and execution of the site visit, and the interpretation of standards and procedures.

Compliant

11. Reports

11.1. A written report of findings is created based on information provided by the medical school self-evaluation and gathered by the agency team during the site visit.

A written report is drafted by the expert panel prior to the site visit, based on information provided in the HEI's self-evaluation report. The expert panel is responsible for examining the self-evaluation and attached documentation and making preliminary determinations regarding the HEI's compliance with the NCEQE standards.

There are four levels of compliance:

1. Complies with standard requirements
2. Substantially complies with standard requirements [weaknesses exist, but the HEI is equipped with the resources to overcome them in a short (one-year) period of time]

3. Partially complies with standard requirements (weaknesses exist that the HEI has resources to overcome in more than one but less than three years)
4. Does not comply with standard requirements

Before the site visit, each member of the expert panel is assigned a specific area(s) of the standards by the chair of the panel, based on each member's preferences/competencies/areas of expertise. A pre-visit report based on reviewing the HEI's documentation is drafted by the panel, with each member focusing on their designated area. This draft includes provisional views on the HEI's compliance with the standards. A mapping grid is used by the expert panel to track notes, opinions, and inquiries related to each standard and sub-standard, as well as any additional information/documentation that should be requested during the site visit. Each expert sends his or her portion(s) of the mapping grid to the chair to compile.

Detailed authorisation and accreditation report templates (Appendix 6.1 and 6.2, respectively) are provided to the expert panels for purposes of drafting their reports.

Prior to the site visit, the expert panel reviews the draft report and determines the lines of enquiry for the site visit. During the site visit, the panel endeavours to verify the information provided in the self-evaluation report, gathering information through interviews with HEI representatives, review of any additional documentation requested, and visual examination of the HEI's facilities.

The draft report is updated during the site visit, to incorporate observations and information obtained on-site, and is completed after the site visit.

On the final day of the site visit, the chair of the expert panel makes a presentation of the panel's preliminary key findings to the institution.

The expert panel then has 10 business days to finalize its report and send it to NCEQE. Each part of the report should reflect the evaluation and recommendation of the expert panel as a whole. In cases where consensus cannot be reached, differing opinions must be attached as annexes to the report. The chair is responsible for finalizing and submitting the report to NCEQE.

The WFME team received a copy of the mapping grid that NCEQE expert panels use to evaluate HEIs against the authorisation and accreditation standards and create their reports. The expert panel observed by the WFME team confirmed that it had used this grid to evaluate the HEI prior to the site visit, based on their review of its self-evaluation report. The draft report was reviewed during the preliminary meeting held at NCEQE the day before the site visit began.

On the last day of the site visit, the expert panel met to discuss the draft report and reach preliminary consensus on if and how their initial assessment of the HEI against the NCEQE standards had changed based on what they'd seen on-site. However, the WFME team was unable to observe the culmination of this session. The WFME team chair explained that this observation was a key part of the WFME process, and an effort was made by the NCEQE staff members to persuade the expert panel to allow the team to observe. However, the chair of the expert panel felt strongly that it should be a private session.

11.2. The agency provides guidance to the agency team on the structure and content of the report.

NCEQE has separate guidelines for authorisation experts and accreditation experts. Both sets of guidelines include detailed background information on NCEQE, higher education in Georgia, the higher education quality assurance system in Georgia, the authorisation and accreditation standards, and the authorisation and accreditation processes. Each guidebook also provides detailed explanations of what is expected of the experts prior to the site visit, during the site visit, and after the site visit, and detailed instructions are provided for completing the report.

The WFME team reviewed copies of both sets of guidelines and found the instructions on report writing to be quite comprehensive.

NCEQE also organizes a preparatory meeting that takes place prior to the site visit, where the expert panel is provided with guidance on the evaluation procedures, as well as general information on the institution they are evaluating and the Georgian higher education system. The preparatory meeting is an opportunity for the expert panel members to meet one another, discuss the findings of the desk study, and determine their lines of enquiry for the site visit. It is also an opportunity to identify any additional documentation/information that should be requested during the site visit.

The WFME team observed a preparatory meeting held at NCEQE's office the day before the site visit began. At this meeting, NCEQE staff provided an overview of the Georgian higher education system and the authorisation process and standards, reviewed the site visit agenda, and answered questions pertaining to the site visit and report writing processes. The mapping grid, report format, and authorisation standards were also reviewed.

During the authorisation and accreditation processes, NCEQE staff members serve as liaisons between the HEI and the members of the expert panel, and handle practical arrangements at all stages of the process. Staff members also take notes during the site visit and support the panel chair in ensuring that the agreed lines of enquiry are followed.

After the site visit, NCEQE staff members review the draft of the evaluation report produced by the expert panel and check compliance with technical requirements before sending it to the HEI for review.

11.3. The medical school undergoing the review has the opportunity to comment on matters of fact included in the report.

The HEI or programme undergoing review does have an opportunity to review the report and provide correction of factual errors. The preliminary report is sent by NCEQE staff to the HEI, which has 10 business days to analyse, revise, and respond in writing with an "argumentative position related to the factual circumstances in the draft report." If factual corrections are needed, NCEQE staff will send them to the chair of the expert panel. The HEI's position statement is sent to the expert panel as well as the relevant Authorisation or Accreditation Council. Within five business days of receiving the HEI's position statement, the chair of the expert panel, in collaboration with the other panel members, must finalize the report and submit it to NCEQE.

Compliant

12. Individuals associated with the agency

12.1. The agency has a decision-making board, committee or council working with a transparent governance framework, and an administrative staff or unit.

NCEQE has an Authorisation Council and an Accreditation Council, which are responsible, respectively, for making authorisation and accreditation decisions. The Authorisation and Accreditation Councils consist of permanent members and invited members, who are appointed and dismissed by the Prime Minister, as recommended by the Ministry of Education and Science of Georgia. Appointments are for one year, but can be extended (which many are).

The Charters (Appendix 2.1 and 2.2) include detailed regulations for Authorisation and Accreditation Council operations and procedures, as does the Law of Georgia on Education Quality Improvement (Appendix 8.1).

12.2. The agency has policies specifying the appropriate qualifications, credentials and experience of the individuals who:

- establish and review the accreditation standards
- participate in the medical school site visits
- create the reports on the school's compliance with the standards
- make accreditation decisions.

According to the Law of Georgia on Education Quality Improvement (Appendix 8.1), NCEQE was established as a legal entity under public law within the Ministry of Education and Science of Georgia, and all of NCEQE's charters, regulations, procedures, and fees must be approved by the Ministry. NCEQE is the only entity entitled to initiate changes to its Charters, regulations, procedures, and fees, and all amendments must be approved by the Ministry.

Suggested amendments to the Charters are initiated by the Director of NCEQE, who is appointed to and removed from office by the Minister of Education and Science in coordination with the Prime Minister of Georgia. Public control of the agency is performed by the Ministry, as provided for by the legislation of Georgia.

NCEQE has detailed regulations specifying the appropriate qualifications, credentials, and experience of individuals involved at various stages of their authorisation and accreditation processes.

With regard to NCEQE staffing, the qualification requirements for each role is defined in advance, and all appointments are made by the NCEQE Director. NCEQE employees may not be affiliated with any HEI currently operating in Georgia.

Authorisation and accreditation experts cannot be public servants or employees of NCEQE. Detailed qualification requirements for members of the expert panel who participate in site visits and create the authorisation and accreditation reports are listed as part of the Rule of Experts (Appendix 6.3), and were listed in Section 10.2 of this report.

The decision-making Authorisation and Accreditation Councils are comprised of academic, scientific, and administrative staff of state and private HEIs; employers; students; and representatives of NGOs, state regulatory bodies, and professional associations. Council members are appointed to and removed from office by the Prime Minister of Georgia in cooperation with the Ministry of Education and Science. NCEQE reports that the Ministry of Education and Science is guided in part by requirements and criteria set by the WFME with regard to board staffing.

NCEQE reports that a Coordinating Council will be formed in the near future, to help guide NCEQE in developing/adjusting its strategic plan and standards. There are tentative plans for a standard review process to take place every two years.

12.3. The agency has a training process for individuals who:

- establish and review the accreditation standards
- participate in the medical school site visits
- create the reports on the school's compliance with the standards
- make accreditation decisions.

NCEQE reports that its Human Resources Administration conducts periodic evaluation of personnel and organizes professional development activities.

NCEQE provides very detailed guidebooks to all authorisation (Appendix 5.1) and accreditation (5.2) experts. Georgian experts also undergo a comprehensive training workshop and must pass an exam before being appointed to an expert panel. The student expert who participated in the site visit observed by the WFME team reported that she also received additional legal training on the laws relevant to the authorisation process.

The Rule of Experts also includes language regarding the professional development of experts, which NCEQE prioritizes “for the purpose of establishing a common practice of evaluation and effective management of authorisation of educational institutions and accreditation of educational programmes.” To this end, the agency facilitates trainings for members of the expert pool to introduce current standards and procedures as well as local and international practices; ensures the preparation and provision of guidebooks and supporting materials related to the experts' activities; and organizes periodic meetings with the expert panels to analyse the course of authorisation/accreditation and identify problems. In order to determine compliance with its requirements, NCEQE also performs periodic recertification of its experts. Experts who do not pass the recertification process may have their expert role status terminated.

The agency's system also includes the evaluation of experts. All institutions/programmes undergoing authorisation and accreditation are asked to evaluate the expert panel via a questionnaire to be submitted to the agency after the site visit but before the draft report is received. After the final report is submitted, the chair and co-chair of the expert panel complete a similar questionnaire, evaluating the other members of the panel (though feedback on the chair and co-chair is apparently not obtained from the other members of the panel). After the completion of the administrative proceedings, the NCEQE staff members who oversaw the process also provide feedback on the experts via a questionnaire. NCEQE indicates that the

feedback received via these questionnaires is a crucial component of its internal quality management system.

Activities of the experts are subject to periodic evaluation by NCEQE. Negative evaluation may serve as the basis for termination from the expert pool, and a process for this is included in the Rule of Experts. The Georgian experts observed by the WFME team seemed well-trained and prepared for their role in the authorisation process. They confirmed that they all underwent a training workshop, followed by a test. The international experts, however, do not undergo training of any kind, aside from the guidebook NCEQE provides.

The NCEQE Director reports that members of the Authorisation and Accreditation Councils undergo a two-day training on standards, procedures, etc.

Compliant

13. Accreditation decisions

13.1. The agency has policies and procedures to ensure that accreditation decisions are based on compliance with the standards.

The Authorisation and Accreditation Charters include detailed regulations related to the decision-making process, which is very clearly based in both cases on compliance with NCEQE standards.

As noted in Section 11.1, an HEI or programme is evaluated against each standard and determined to be compliant, substantially compliant, partially compliant, or non-compliant. The Authorisation (Article 25) and Accreditation (Article 27) Charters provide explicit instructions on how to determine an HEI/programme's overall compliance with the standards. A programme can only be found to be fully compliant, for example, if it is determined to be substantially compliant with no more than one standard component (and compliant with all others). These stipulations are also explained in the guidebook that is given to schools/programmes.

13.2. The agency has policies and procedures for making accreditation decisions, including voting procedures and the quorum for conducting business.

The policies and procedures for making authorisation and accreditation decisions are explained in great detail in the Charters.

The Authorisation and Accreditation Councils are authorised to make decisions if more than half of their members are present. Council members are not allowed to abstain from voting, and decisions are made by at least $\frac{3}{4}$ majority of attending members.

13.3. The agency conducts a decision-making meeting where a report based on a site visit, and other relevant documentation, is discussed.

Decision-making meetings are held by the Authorisation and Accreditation Councils. Decisions are made based on the evaluation report of the panel of experts, documents and an argument-based position on the evaluation report submitted by the institution, and an oral hearing. Council members receive all documentation at least two weeks before the meeting takes place. The chair of the expert panel presents the results of the final report during the oral hearing, and

answers any questions the Council members might have. Other members of the expert panel (though not necessarily all of them) and representatives of the HEI participate in the oral hearing, as well. The chair of the Council is responsible for clarification of any issues necessary to make the decision during the oral hearing.

After the oral hearing is over, the members of the expert panel and representatives of the HEI leave the room and the Council deliberates on its own.

The WFME team observed a meeting of the NCEQE Authorisation Council. An oral hearing was held, with members of the expert panel and representatives of the HEI in attendance. The international expert who served as chair of the expert panel participated in the oral hearing via Skype, giving an overview of the panel's assessment, summarizing concerns, and explaining areas in which the panel had found the HEI to be partially compliant. The Authorisation Council, led by the Council chair, reviewed the expert panel's report standard by standard, asking for clarification when necessary. The student expert from the panel was there to summarize student feedback obtained from the self-evaluation report and during the site visit, and representatives of the HEI had an opportunity to respond to each of the Council's concerns.

- 13.4. The agency makes the accreditation decision supported by the information included in the report and other relevant documentation.

After deliberating, the Council votes. A $\frac{3}{4}$ majority of attending members is needed in order for a decision to be authorised.

An Authorisation Council may decide to:

1. Grant the HEI authorisation
2. Grant authorisation, but require the HEI to submit a one-year progress report to NCEQE and the Authorisation Council
3. Grant authorisation, but mandate monitoring by NCEQE in two or three years
4. Grant authorisation, but not allow the HEI to enrol students until the recommendations of the expert panel have been addressed
5. Refuse authorisation

An Accreditation Council may decide to:

1. Grant the programme accreditation
2. Grant the accreditation, but require the programme to submit a progress report to NCEQE and the Accreditation Council
3. Grant conditional accreditation to the programme
4. Refuse accreditation

The regulations surrounding these authorisation and accreditation decisions are explicitly stated in the Authorisation and Accreditation Charters.

After the oral hearing observed by the WFME team, the experts and HEI representatives left the room so that the Authorisation Council could deliberate privately before voting. A decision

was made to vote on reauthorisation with the option to monitor, in light of the HEI's partial compliance with one of the standards. The Council debated monitoring in one year versus three years, and decided that one year would not be long enough for the HEI to produce real results. The experts and HEI representatives were invited back into the room for the official vote, and the Council voted unanimously to re-authorise with mandated monitoring in three years.

13.5. The agency has policies and procedures for notifying medical schools of accreditation decisions.

Within 10 days of the hearing, the school will receive a letter with the official decision of the Authorisation or Accreditation Council. The decision and minutes of the session are drafted and signed by the Council chair and Council secretary, and then published on the NCEQE website, along with the report of the expert panel.

13.6. The agency has policies and procedures to manage an appeal process for adverse accreditation decisions.

A Council of Appeals was established to oversee the appeals process for adverse accreditation and authorisation decisions, in accordance with an amendment to the Law of Georgia on Education Quality Improvement (Appendix 8.1, Chapter IV¹). According to this law, an institution is entitled to appeal a decision of the Authorisation or Accreditation Council through the Council of Appeals and/or a court of law. Appeals must be submitted in writing within one month of receiving the decision of the Authorisation or Accreditation Council, and detailed requirements for appeal claims are included in the Authorisation Charter (Appendix 2.1) and Accreditation Charter (Appendix 2.2).

The Council of Appeals sends copies of the appeal claim and annexed documentation to the Authorisation or Accreditation Council that made the decision under appeal. The Authorisation or Accreditation Council must then provide the Council of Appeals with a written opinion on the case within 10 business days.

The Council of Appeals makes its decision based on review of the appeal claim, authorisation and/or accreditation documentation, the report of the authorisation or accreditation experts, conclusion of the expert team, opinion of the applicant institution, appealed decision, and oral hearing. Meetings of the Council of Appeals include an oral hearing and are public, except in certain cases where the chair of the Council of Appeals is authorised to close them. The Authorisation or Accreditation Council that made the decision under appeal should be represented at the meeting of the Council of Appeals by its chair, or by another member if agreed by the Council of Appeals. Members of the expert panel and representatives of NCEQE are entitled to attend the oral hearing, and the Council of Appeals may also decide to invite certain other third parties based on the specific nature of the school or programme in question. Interested parties may give oral or written explanations, submit additional evidence, etc., during this hearing.

The Council of Appeals is required to make a decision within 60 calendar days of receiving the appeal claim. According to the Law of Georgia on Education Quality Improvement (Appendix 8.1, Article 24¹), the Council of Appeals can decide to either: a) Uphold the decision of the Authorisation or Accreditation Council, or b) Return the issue to the Authorisation or

Accreditation Council for reconsideration. The decision of the Council of Appeals is published on the NCEQE website within 10 days.

In cases where the Council of Appeals upholds the decision of the Authorisation or Accreditation Council, the school is authorised to appeal to a court of law according to the procedures and terms defined by legislation. In cases where the Council of Appeals returns the decision to the Authorisation or Accreditation Council for further review, the relevant Council holds a new decision-making meeting. An institution is only permitted to appeal an authorisation or accreditation decision once.

The Law of Georgia on Education Quality Improvement specifies that a decision made by the Authorisation or Accreditation Council is not suspended during the appeal process.

The members of the Council of Appeals are appointed and removed by the Prime Minister of Georgia at the recommendation of the Ministry of Education and Science of Georgia. A member of the Council of Appeals cannot be a public servant, or a member of the Authorisation or Accreditation Council. The powers and operational procedures of the Council of Appeals are defined by the Authorisation Charter (Chapter VI¹) and Accreditation Charter (Chapter V¹), which guarantee its functional independence from educational institutions and state authorities.

NCEQE reports that a total of 10 decisions of the Authorisation and Accreditation Councils have been appealed through the Council of Appeals since the time of its establishment in 2010. In seven of those cases, the Council of Appeals upheld the decision of the relevant Council; in three cases, it returned the decision to the relevant Council for reconsideration.

Compliant

14. Activities subsequent to accreditation decisions

14.1. Accreditation is valid for a fixed period of time.

Authorisation

The Council can grant authorisation (that can be full or partial if there is partial compliance with a standard; see 14.3 for more information), refuse authorisation, or cancel it. Authorisation is granted for six years.

Accreditation

The Council can grant full or conditional accreditation, refuse accreditation, or withdraw accreditation. When a new programme is assessed, accreditation is granted for four years. When a programme is re-authorised, the term is seven years. Conditional accreditation is granted for a maximum of two years. A decision on granting conditional accreditation cannot be made twice in a row.

14.2. If less than full accreditation is granted, the agency has policies and procedures for allowing the medical school to come into full compliance.

Authorisation

There are three levels between full authorisation and refusal to grant authorisation. In these cases authorisation can be granted; however, the HEI is required to address the issues identified in the authorisation process. The Authorisation Council sets a deadline to submit a report on fulfilment of the recommendations.

If at least one of the standards is substantially compliant with requirements, the HEI is asked to submit a one-year progress report to the agency and the Authorisation Council. This report can be accepted or an on-site verification may be requested. If at least one of the standards is partially compliant with requirements (excluding standards 3 and 4, pertaining to educational programmes and staff) and none of their components are assessed as non-compliant with requirements, the agency carries out monitoring in two to three years. If the HEI is partially compliant with standards on educational programme or staff (standards 3 and 4), the HEI is not allowed to enrol students until it addresses the recommendations made by the expert panel.

Accreditation

There are two levels between full accreditation and refusal to grant accreditation. If a programme is found to be substantially compliant with regard to at least one standard (and not partially or non-compliant with any of the standards), the Accreditation Council will accredit the programme but set a deadline to submit a report on fulfilment of certain requirements. After reviewing the report, the Council may decide to request monitoring of the programme for the verification of fulfilment of the requirements. If a programme is found to be partially compliant with regard to at least one standard (and not non-compliant with any of the standards), the Accreditation Council will grant conditional accreditation.

According to the Accreditation Charter, the recommendations given by the Accreditation Council will be verified by NCEQE through planned or unplanned monitoring

14.3. The agency monitors schools throughout the duration of an accreditation period, and has a process for taking further actions. This includes a requirement to report any substantive or anticipated changes to the educational programme, the quality of facilities and resources, staffing, or any other aspect that would affect the quality of the education delivered. The frequency of monitoring should be appropriate to the circumstances, including annual or more frequent monitoring, if necessary.

Authorisation

The authorised institution is required to submit a self-assessment report to the agency at least once in three years.

If there are changes in educational programmes, or in human or material resources the HEI is required to notify NCEQE, which can monitor the compliance with the standards after the changes have taken place. The HEI has to notify NCEQE about the changes within 30 days, and in case of changing the premises, 30 days prior to starting any operation on the new premises (Authorisation Charter, Article 30).

In the Authorisation Council meeting which the WFME team audited, the institution was seeking reauthorisation. The reauthorisation was granted and the Council mandated

monitoring in three years. This was also highlighted as an opportunity for the agency to monitor how the institution adjusts to the new sector benchmarks.

Accreditation

The institution implementing an accredited programme is required to submit a self-evaluation report to the agency at least once in three years. The term of submission of the self-evaluation report is determined by the Director of the agency (Accreditation Charter, Chapter VI, Article 29).

If during the period of accreditation or conditional accreditation of the educational programme changes are implemented in the learning outcomes of educational programme or/and structure of the educational programme the institution is required to inform the agency within 30 calendar days after implementing changes and present the amended educational programme (Accreditation Charter, Chapter VI, Article 40).

14.4. The agency has the authority to seek further information for monitoring where it deems this necessary, with or without a site visit, and with - or exceptionally without - prior warning. The agency has policies and procedures for the withdrawal of accreditation.

Authorisation

NCEQE or the Authorisation Council can request to inspect how the HEI fulfils authorisation conditions through planned and/or unplanned monitoring. In order to examine the fulfilment of authorisation conditions, NCEQE is authorised to request relevant documentation from the institution and/or issue a monitoring visit to the institution.

Based on the results of monitoring, the Council is authorised to make a decision to withdraw authorisation, if the HEI is not able to meet one of the standards. The institution is given 60 days to rectify the situation; failure to do so results in the withdrawal of authorisation (Authorisation Charter, Article 31).

In the case of refusal to or withdrawal of Authorisation:

- a) The institution shall not acquire/lose the status of an educational institution;
- b) The students shall be entitled to move to other relevant institutions;
- c) The status of vocational/university students shall be suspended for a period of five years and they shall be entitled to enjoy the right to student mobility (Authorisation Charter, Article 28).

Accreditation

NCEQE can verify whether the institution fulfils the conditions specified by the Accreditation Council through planned and/or unplanned monitoring.

NCEQE via the Council decides how to monitor the advances of the HEI (document disclosed, planned or unplanned visits, or with a new team of experts). Should there be any non-compliant areas the institution can be provided with 60-day correction time.

Based on the findings, the Council is authorised to withdraw accreditation/conditional accreditation of the educational programme, if the educational programme was evaluated as non-compliant with standard requirements in relation to even one accreditation requirement set by the Council (Accreditation Procedures, Chapter VI, Article 31).

Compliant

15. The agency has policies and procedures to investigate and act upon complaints regarding accredited medical schools.

NCEQE investigates complaints filed by students, graduates, teachers, and other stakeholders with regard to potential violations of authorisation and accreditation standards.

When a complaint is filed, NCEQE will follow up with the HEI and request documents and other forms of information related to the particulars of the complaint. After reviewing the requested information, the NCEQE Director may issue an order to have a team of authorisation or accreditation experts visit the HEI. After the visit, the expert team drafts a report and submits it to the HEI. The HEI has an opportunity to review the report, formulate a written response, and provide correction of any factual errors. Once finalized by the expert team, the report is sent to the HEI and the Authorisation or Accreditation Council (which also receives a copy of the HEI's written response). A decision-making meeting is held, which includes an oral hearing during which relevant stakeholders may voice their opinions. The Council then makes a decision based on its review of the reports and its analysis of the hearing.

NCEQE reports that it thoroughly reviews every complaint that is filed. In cases where violation of the authorisation or accreditation standards is confirmed, the Authorisation and Accreditation Councils will grant a reasonable amount of time for the HEIs to attempt to correct the violations, with NCEQE monitoring their progress.

Compliant

Part D. Agency policies and resources

16. The agency has policies and procedures for managing actual or perceived conflicts of interest for all individuals involved in the accreditation and decision-making processes.

In its application, NCEQE reports that its Charter (Appendix 8.2) includes provisions related to conflicts of interest. Authorisation and accreditation team members (referred to as “experts”) are required to recuse themselves in cases of conflicts of interest with the institutions seeking authorisation and/or accreditation. An institution may submit a motion for recusal of an authorisation or accreditation team member within two working days of being notified of the team’s composition. The institution is required to justify a motion of recusal, and NCEQE will review and determine the legitimacy of a recusal application within three working days.

According to the NCEQE Code of Ethics of Experts of Authorisation and Accreditation (Appendix 9.1), experts must notify NCEQE about any conflict of interests and recusal. The Code of Ethics states that a conflict of interest exists when an expert:

- Is an interested party of the case
- Is related to an interested party or its representative
- Is a representative of the party engaged in the case
- Participated in creation/assessment of the concerned institution/programme
- Is in labour relation with the interested party
- Owns, or has a family member who owns shares or foundation capital in the institution which is an interested party
- Has a personal interest and/or other circumstances that influence (or will influence) impartiality and objectivity of the expert.

Article 6 of the Rule of Experts (Appendix 6.3) also pertains to conflicts of interest of members of the expert pool, defining a conflict of interest as a situation in which an expert’s financial or other personal interests come into conflict with the goals defined by article 2 of the Rule of Experts. An expert may not enter into any labour-related contract with or provide consultation to an educational institution within a period of one year after the completion of accreditation proceedings.

Article 92 of the General Administrative Code of Georgia also includes regulations related to conflicts of interest, which apply to the employees of NCEQE.

NCEQE Board members and Appeal Board members are also required to declare conflicts of interest and recuse themselves when necessary.

Compliant

17. The agency has controls to ensure that the policies and procedures for accreditation of medical schools are applied consistently.

NCEQE indicates in its application that the same standards and procedures for authorisation and accreditation are utilized when evaluating all higher education institutions (HEIs) and all programmes. There is a guidebook for authorisation standards, which describes how the standards should be interpreted. The structure of the standards is sufficiently detailed which ensures consistent application of the standards. In order to ensure a common understanding of the standards, HEIs, experts, and NCEQE employees are provided with relevant trainings and

workshops. At least one NCEQE employee accompanies each expert panel during site visits, in order to ensure that the panel works effectively within the framework of legislation and that the evaluation process is conducted consistently.

The two NCEQE staff members who accompanied the TSMU expert panel observed by the WFME team offered guidance and technical support over the three-day site visit, and helped ensure that the visit was conducted according to NCEQE procedures.

The WFME team believes that the overall strength of NCEQE's framework and procedures promotes consistency—as does the comprehensive training that Georgian members of the authorisation and accreditation expert panels undergo. The team does, however, have concerns about the absence of training for international experts who currently serve as chairs and co-chairs of the expert panels. Although these international experts are given a detailed guidebook to prepare them for the site visit, they do not undergo formalized training of any kind. It is therefore hard to predict how much knowledge of NCEQE policies and processes and the Georgian system as a whole they will possess, which may pose a potential threat to consistency. The WFME team notes that implementation of a training programme for the international experts might allow NCEQE to better ensure consistency, especially if they continue to have these international experts serve as chairs and co-chairs. It would provide an opportunity for the agency to emphasise the importance of every chair adhering—and ensuring that the team adhere—to the NCEQE process at every stage of authorisation and accreditation.

Compliant

18. Administrative and fiscal responsibilities

18.1. The agency has sufficient administrative resources to carry out its activities.

NCEQE's Charter (Appendix 8.2) outlines its structure, as mandated by the Ministry of Education and Science of Georgia. The agency is divided into 14 structural units: Office of Higher Education Quality Assurance, Office of Vocational Education Quality Assurance, Office of General Education Quality Assurance, Registry Division, Qualification Development Division, Office of International Education, Office of Legal Aid, Human Resources Division, Division of Office Documentation, Procurement and Logistics Division, Financial Support Division, Office of Internal Audit, Public Relations and Organizational Division, and Office of Strategic Development and International Relations. The NCEQE Charter also provides very detailed descriptions of the functions and responsibilities of each of these units.

NCEQE reports that it has a sufficient number of staff to carry out its activities effectively and efficiently. There are 40 full-time/permanent staff members and 19 contracted staff members, plus the pools of experts used for authorisation and accreditation site visits (there are currently several hundred experts in each pool). The structure and divisions of the NCEQE staff can be seen on its website: <https://eqe.ge/eng/structure>.

The WFME team was impressed with the competence and dedication of the NCEQE staff members it met. NCEQE reports that it plans to hire four new full-time staff members—two for the authorisation team and two for the accreditation team. The WFME team supports this effort to hire additional staff, in light of the agency's significant and increasing workload.

18.2. The agency has sufficient financial capability to carry out its activities.

The NCEQE Charter (Appendix 8.2) states that it receives funding from the following sources:

- a) Targeted funds allocated from the state budget of Georgia;
- b) Fees for services rendered by the NCEQE;
- c) Targeted credits and grants;
- d) Revenues from contractual assignments;
- e) Revenues in terms of gifts and donations;
- f) Other revenues, allowed by the law of Georgia.

NCEQE is required to carry out the accounting of and reporting on financial and economic activities, draw up the balance sheets, and submit them to the Ministry of Education and Science commensurate with the procedure, envisaged by the law of Georgia.

NCEQE is responsible for targeted disbursement of budgetary funds commensurate with the procedure, envisaged by the law of Georgia.

NCEQE is also required to have its annual balance sheet checked by an independent auditor, appointed by the Ministry.

NCEQE provided in its application a summary statement of operations of income versus expenditures for the past five years (2013-2017). It also provided a statement showing the breakdown of its own income vs. income from Georgia's state budget for those same five years.

The information supplied suggests that NCEQE enjoys a variable but substantial level of state support, which should ensure enduring viability. It also seems to have the ability to adjust the price of its services to cover most of its costs. In performing its statutory duties, the NCEQE income is determined by a formula and income matches expenditure exactly. This arrangement seems stable and likely to persist.

NCEQE's budgetary income covers general administrative costs for: legal services, the exchange of information with other state or non-state institutions, the administration of student mobility processes, and issuing public information as per Georgian legislation on educational activities and the information that is preserved in the registry of educational institutions [information about the status of educational institutions and programmes (authorised, accredited), students, and different statistics].

NCEQE's non-budgetary income is completely separate from the budgetary income. Non-budgetary income includes revenue that is generated from the services which are offered by NCEQE (e.g. authorisation and accreditation fees, the recognition of education received abroad, the confirmation of the validity of educational documents issued in Georgia, the apostille and legalization of the documents issued by the educational institutions within their competence, the mobility of students, etc.).

All authorisation and accreditation costs are fully covered by the authorisation and accreditation fees.

The WFME team has no major concerns with regard to financial sustainability.

Compliant

19. Maintenance of records

19.1. The agency maintains full records of accreditation review documentation, and any other relevant correspondence and materials.

NCEQE reports that it permanently stores all authorisation and accreditation documentation.

19.2. The agency follows record-keeping policies and procedures, including policies to ensure data security.

Because of the nature of its work, the Georgian government has identified NCEQE as a “high risk” agency, which is subject to specific data security regulations [Governmental Decree N312 (29.04.2014) referring to the “Approval of the Critical Information System Subjects List”]. Accordingly, NCEQE uses an information security management system to ensure the authentication, confidentiality, and security of its informational systems. NCEQE describes its information management system as a “risk-oriented approach,” which complies with the information security regulations of the Georgian Data Exchange Agency and adheres to the best practices of the International Organization for Standardization (ISO27000).

In accordance with the Georgian Law on Information Security, NCEQE has a dedicated Information Security Manager, who is certified by the Data Exchange Agency. There is also an Information Security Council that helps manage the agency’s information security.

NCEQE currently uses an electronic document flow system called eFLOW to ensure information security, privacy, accessibility, and electronic document turnover. Its regulations on electronic document turnover are approved by a decree of the Ministry of Education and Science of Georgia. All authorisation and accreditation applications submitted to NCEQE are uploaded into the eFLOW system, along with all subsequent documents. After the completion of NCEQE’s administrative proceedings, all of the original documents (self-evaluation report, on-site evaluation report, institution’s argumentative position on draft report, Council’s decisions, etc.) are saved in the NCEQE Department for Higher Education Quality Assurance for three years; after the expiration of the mentioned period, all records are stored permanently in the NCEQE archives, which are maintained in compliance with the regulations of the National Archives of Georgia.

The eFLOW system is used by many legal entities, universities, etc., and was not designed specifically for NCEQE and its authorisation and accreditation processes. However, NCEQE reports that its Information Systems Management Unit is working on developing a new electronic document flow system that is tailored to NCEQE processes, which it intends to test by the end of 2018.

Compliant

20. Availability and dissemination of information

20.1. The agency makes publicly available information on accreditation policies and procedures.

NCEQE indicates that Authorisation and Accreditation standards and procedures for higher education institutions are approved by the Order of the Minister of Education and Science of Georgia, and are publicly available on the website of the Legislative Herald of Georgia (www.matsne.gov.ge). Authorisation and accreditation standards and procedures are also available on the NCEQE website (www.eqe.ge).

20.2. The agency makes publicly available an up-to-date list of accredited medical schools.

NCEQE keeps a list of accredited programmes on its website. As of April 2018, NCEQE had accredited 1,703 higher education programmes; 55 of these are medical programmes. The list is currently only available in the Georgian language.

Compliant