



THE WFME PROGRAMME FOR RECOGNITION OF ACCREDITING AGENCIES FOR MEDICAL EDUCATION

Application for recognition of an accrediting agency for medical schools

November 2015

The World Federation for Medical Education (WFME) process for recognizing an accrediting agency for medical schools is initiated by submitting this Application for Recognition to WFME. This Application must be completed in full, signed by the chief executive officer of the accrediting agency, and sent to WFME at the following address:

World Federation for Medical Education
13A Chemin du Levant
01210 Ferney-Voltaire
France

This Application consists of four parts:

1. Identifying information
2. Documentation
3. Appendixes
4. Certified statements

Please type all answers directly into this document, where appropriate.

Please label and attach required appendixes.

All parts must be fully completed before the Application will be considered.

1. IDENTIFYING INFORMATION

Name of Accrediting Agency

LEPL – National Center for Educational Quality Enhancement

Name and Title of Chief Executive Officer

Tamar Sanikidze – Director

Mailing Address

t.sanikidze@eqe.ge

Telephone Number

Website

www.eqe.gov.ge

E-mail address

info@eqe.ge

Submission Date:

16/04/2018

2. DOCUMENTATION

Instructions

The questions listed below are based on the criteria deemed necessary by WFME for recognition of an accrediting agency charged with assessing the quality of medical education programs. Please fully answer all questions, including all parts of questions, and label and attach any necessary documentation.

Part I: Background

A. Scope of Authority

Question:

- In which year did the accrediting agency begin carrying out accreditation activities?
- Describe the number and type of educational programs accredited by the accrediting agency.
- Describe the geographic region in which the accrediting agency provides accreditation activities. (Please list countries / territories.)
- Describe the relationship(s) between the accrediting agency and any related professional or governmental organizations.
- Please provide the name and contact information for the government agency or agencies (i.e., Ministry of Health and/or Ministry of Education) that authorizes/recognizes the accrediting agency.

Response:

In 2005, Georgia joined the Bologna Process and took the responsibility to harmonize its educational system with the European Higher Education Area (EHEA) and to implement higher education quality assurance system. In 2006, the Ministry of Education and Science of Georgia established a quality assurance agency - the National Center for Educational Accreditation (Order N222, the Ministry of Education and Science), which was authorized to conduct institutional accreditation of higher education institutions of Georgia. The system has been reformed in 2010 aiming at strengthening the role of the external quality assurance and extending the mandate of the quality assurance body. In this regard, the Law on Educational Quality Enhancement has been introduced. By this law an independent quality assurance body - the National Center for Educational Quality Enhancement (NCEQE) has been established as a legal successor of the National Center for Educational Accreditation. The core functions of the NCEQE are: implementing external quality assurance mechanisms of all educational institutions (higher education institutions (HEI), vocational education institutions and general education institutions) operating in the country, on both institutional and programme level; development of the national qualifications framework; recognition of foreign education. The NCEQE represents Georgia in the ENIC-NARIC Networks.

To fulfil its function of implementation and development of external quality assurance mechanisms for higher education institutions, the NCEQE continuously works on the development of the education quality concept, creates and maintains up-to-dated quality assurance (QA) standards and procedures and ensures relevant mechanisms for their proper implementation. In this regard, several external reviews of the agency's activities and the external quality assurance mechanisms have been conducted by international peers. The recommendations of the reviews have been considered for the development of the QA system.

Currently, two main external quality assurance mechanisms – authorization of educational institutions and accreditation of educational programmes are in place.

The authorization of higher education institutions is an obligatory for all HEIs in order to be allowed to carry out educational activities and to issue a diploma that is recognized by the state. The procedure identifies the compatibility of educational institutions with authorization standards. The term of the authorization is 6 years after which the HEIs are obliged to go through the re-authorization procedure in order to continue its activities.

The accreditation of educational programmes determines the compatibility of educational programmes with accreditation standards. 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, 92% (1703 accredited programmes) of all academic programs are accredited.

To ensure the continuous development of education quality and the consideration of the external evaluation results by the HEIs, the NCEQE carries out follow-up monitoring procedures for both educational institutions and educational programmes.

Furthermore, the NCEQE supports the development of internal quality assurance mechanisms of HEIs through providing various capacity building activities, including provision of guidelines, consultations and workshops for HEIs.

By the April 2018 there are 1838 accredited higher education program, out of which 872 is Bachelor, 665 is Master, 246 is PHD and 55 is one cycle Medicine (MD) program.

NCEQE operates in Georgia.

NCEQE is established by the law passed through parliament of Georgia and operates within the Ministry of Education and Science of Georgia.

B. Acceptance of the Accreditation Agency by Others

Question:

- Are the accrediting agency's standards, policies, procedures, and decisions accepted by other organizations, such as professional licensing bodies, governments, educational institutions, employers, etc.? If yes, please describe.

Response:

The standards, policies, procedures, and decisions of NCEQE are accepted by educational institutions, Ministry of Education and Science and other governmental and non-governmental bodies and wider stakeholders.

C. Substantive Changes

Question:

- Describe any major changes in the scope of activities of the accrediting agency since 2013 (or the last review by WFME) and the dates of these changes. (If this is the first review of this accrediting agency by WFME, please describe major changes in the scope of activities of the accrediting agency since 2013 and the dates of these changes).
- Describe any major changes in procedures since 2013 (or the last review by WFME) and the dates of these changes. (If this is the first review of this accrediting agency by WFME, please describe major changes in the procedures of the accrediting agency since 2013 and the dates of these changes).
- Describe any major changes to standards for accreditation since 2013 (or the last review by WFME), and the dates of these changes. (If this is the first review of this accrediting agency by WFME, please describe major changes to standards for accreditation since 2013 and the dates of these changes).

Response:

There were several structural changes in NCEQE. There was one quality assurance department for general, vocational and higher education institutions. From 2017 three department were established: quality assurance department for higher education; quality assurance department for vocational education; quality assurance department for general education.

In 2013 an amendment was introduced to the law which led to the separation of the Authorization Council of educational institutions into Authorisation Councils of general, vocational and higher education institutions². If before 2013 decision-making was the preserve of one council, since March, 2013 three separate authorisation councils make decisions on the authorisation of educational institutions.

In the last couple of years a number of changes has been implemented in quality assurance mechanisms. The main purpose of the changes was to make institutional and programme evaluation process outcome based, development oriented, transparent and consistent. Additionally, the aim of the revision of standards and procedures was to comply with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) requirements.

Higher education authorization (institutional evaluation) and programme accreditation standards have been revised so that they satisfy ESG 2015 requirements. Revised accreditation standards are more detailed than the previous version of the document, outlining standard evaluation criteria and indicators.

Before 2016 the authorization standards consisted of: 1) Educational Programs 2) Material Resources 3) Human Recourses. From 2016, important amendments were made the law of Georgia on Education Quality Improvement and current criteria are:

- a) Mission and Strategic Development of the HEI;
- b) Organizational Structure and Management of the HEI;
- c) Educational Programs;
- d) Staff of the HEI;
- e) Students and their Support Services;
- f) Research, Development or/and Other Creative Activities;
- g) Material, Information and Financial Resources.

The composition of expert panel has changed as well. Now it is required that there is a student representative in every expert panel. It is also desirable to include an employer in the expert panel. Additionally, in case a medical programme is going under evaluation, the chair of an expert panel should be an international expert. In the authorization process of HEIs the involvement of international experts as a chair of the panel is mandatory. In case if institution in the application form indicates medical programme, co-chair of the panel has to be international expert with medical background.

The evaluation carried out by the expert panel has been changed as well. Previously expert panel used to prepare an accreditation report in narrative form only without giving actual evaluation of the standards and its components. Now all standard components and all standards are evaluated on a four-level scale. The component/standard can be evaluated as “complies with requirements”, “substantially complies with requirements”, “partially complies with requirements”, and “does not comply with requirements”. Corresponding accreditation decisions have been revised as well.

Before the changes, only two types of accreditation decision were made: to grant accreditation or to deny/withdraw accreditation. Now, there is a third decision as well, which is a conditional accreditation. The latter is granted to the HE programme if it partially complies with requirements. The term of conditional accreditation is no more than two years. Therefore accreditation decisions are more flexible and give HEI and programmes an opportunity to improve.

Previously the report prepared by the expert panel was sent to the HEI and council. Based on that report and institutions’ self-evaluation report and programme the council used to make a decision. Now there are much more steps in that process. First, accreditation expert panel prepares a draft accreditation report and sends it to the NCEQE. The Agency checks whether the report is written in a coherent and argumentative way and in case there are some deficiencies sends back the draft report to the expert panel with relevant recommendations. The panel then modifies the report and sends a second version of a draft report to the Centre. This version is then sent to the institution. The institution has 5 working days to prepare an argumentative position on draft report in case there are factual errors in the report. This argumentative position is then sent to the expert panel and only after that the final report is prepared. Based on this final report, HEI’s argumentative position on a draft report, and HEI’s self-evaluation report and relevant document and hearing, the final decision is made by the Council. The decision made by the accreditation council can be appealed to the appeal council and/or to the court.

Another important novelty is that the NCEQE recognizes an accreditation granted by European Association for Quality Assurance in Higher Education (ENQA) member organization that is located in European Union countries, organizations operating on the territory of the United States of America, which has such authority in accordance with procedure defined by relevant legislation; the Center is also entitled to recognize the accreditation granted by the foreign organization if external evaluation mechanism used by this organization, in terms of quality assurance is compatible with accreditation standards and procedures existing on national level and there is an international agreement regarding the recognition.

Part II: Accreditation Standards

A. Existence and Availability of Standards

Question:

- Does the accrediting agency use predetermined standards for accreditation? If yes, please provide a copy of the standards or refer WFME to an accessible relevant source (i.e., agency's website).
- Are the standards accessible to the medical school undergoing the review and/or the general public? If yes, please describe the accessibility (i.e., as a download from the accrediting agency's website, by written request, etc.)

Response:

According to the paragraph 2 of Article 2 of the Georgian Law on "Education Quality Improvement", authorization and accreditation are the external mechanisms for education quality assurance in Georgia.

According to the Article 7, paragraphs 1 and 3 of the Law of Georgia on "Education Quality Improvement", Authorization is a procedure of obtaining of a status of higher education institution. The authorization aims at complying standards to get the permission to issue the document certifying education recognized by the state. The rules, terms and standards and procedures for authorization are defined according the Educational Institutions Authorization Charter approved by the Minister of Education and Science of Georgia (Authorization Charter). It is worth mentioning, that the Authorization standards and procedures of higher education institutions are approved by the Order N99/N of the Minister of Education and Science of Georgia, October 1, 2010 (last revised March, 2018), which is publicly available on the website of the Legislative Herald of Georgia and on the website of the NCEQE.

According to the article 17 of the Georgian Law on „Education Quality Improvement”, the accreditation aims at enhancing the systematic self-evaluation and quality assurance of an educational institution determining the compliance of educational programmes with accreditation standards. Additionally, the Educational programmes for regulated professions (medicine, law, veterinary, maritime sciences), teachers' training and Georgian language training, as well as educational programmes for Doctorate can only be implemented in case of accreditation. Moreover, the state education grants and state Master's education grants shall be awarded to finance an educational programme of a higher education institution that underwent accreditation, or whose accreditation was performed by an appropriately competent foreign organization recognized by the NCEQE.

It is important to note, that the accreditation standards and procedures are approved by the Minister of Education and Science of Georgia, Order N65/n of May 4, 2011 which is publicly available on the website of the Legislative Herald of Georgia as well as on the website of the NCEQE.

Due to the fact that the one-cycle medical programme is regulated educational program, according to the paragraph 1 of article 18 of the Charter of accreditation, the special requirements of sector benchmarks are taken into consideration, while defining the compliance of the regulated educational programme with the accreditation standards. The sector benchmark of medicine is developed sector benchmarks development group and was approved by the order of the Director of the Center. The sector benchmark of medicine is openly available on the website of the Center.

B. Type of Standards

Question:

- Does the accreditation agency use medicine specific standards, or standards possessing similar characteristics?
- Are the Standards a comprehensive set of standards such the WFME Global Standards or similar standards like the Liaison Committee on Medical Education (LCME) Functions and Structure of a Medical School or the Australian Medical Council (AMC) Standards for Assessment and Accreditation of Medical Schools?

Response:

Based on institutional evaluations, In 2017, authorization and accreditation standards and procedures have been modified in order to ensure a comprehensive and in-depth assessment of educational institutions and educational programmes. Also, the revised standards and procedures ensure the development of higher education quality, establishment of student-oriented learning process and quality assurance system based on the assessment of the results. The revised standards and procedures for authorization and accreditation give the possibility to evaluate higher education institutions with 360 degree, also one cycle medical programme. We also took into consideration the recommendations given by WFME advisor during the advisory visit. These recommendations were mostly MD specific and are now incorporated in Authorization standards and procedures.

As a result of the revision, authorization standards for higher education institutions have been established as follows:

- A) The mission and strategic development of HEI;
- B) Organizational structure and management;
- C) Educational programmes;
- D) Staff of the HEI;
- E) Students and their support services;
- F) Research, development and / or other creative activity;
- G) Material, information and financial resources.

According to the charter of accreditation, the accreditation standards of higher education programs are:

- A) Educational programme objectives, learning outcomes and their compliance with the programme;
- B) Teaching methodology and organization, adequate evaluation of Programme mastering;
- C) Student achievements and individual work with them;
- D) Providing teaching resources;
- E) Teaching Quality Enhancement Opportunities.

It is worth mentioning that the representatives of the Higher Education Institutions together with local and international experts were involved at every stage of the reform. More importantly, all the changes undertaken in the higher education quality assurance system are fully in line with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG - 2015) requirements and insure the fulfilment of the recommendations given within the frame of association agreement between European Union and Georgia.

The Authorization and Accreditation Charters define the evaluation criteria and indicator/evidences of each component of the standard.

As mentioned above, one-cycle medical programme is regulated education programme. Therefore, the one-cycle medical programme implemented by the higher education institution in the process of authorization or accreditation will be assessed according to the standards of authorization and accreditation and also, in compliance with the sector benchmark of medicine.

It worth mentioning, that according to the Article 19 of the record 2¹ of authorization Charter, in the case a higher education institution seeking authorization status, has a regulated medical educational program, the Co-chair of the expert panel will be an international expert with relevant qualification. According to the WFME regulations in this case, the expert panel members will be specialized in the field of the fundamental biomedical sciences and/or experts from clinical education should be presented (paragraph 4 of Article 7 of the rule of expertise).

Also, according to the Article 20⁵ of the Accreditation Charter, in case an accreditation application is presented in one cycle medical programme, an accreditation expert group includes an international expert with relevant qualifications, which is determined by the Chairman of the Accreditation Expert panel. In the given case, the composition of the group will be defined in accordance with WFME regulations.

Also, according to the criteria established by WFME, the Authorization Council of higher education institutions shall be composed of permanent members and invited members at the decision making stage of authorization of the higher education institution. Members invited on the Authorization Council of higher education institutions participate with the right to vote in case if a one cycle medicine programme is indicated in the authorization application submitted by the higher education institution.

The Prime Minister of Georgia appoints and dismisses the invited members of the Authorization Council of higher education institutions. In selecting candidates of invited members of the Authorization Council of higher education institutions, the Ministry considers the requirements and criteria set by the WFME on the composition of the Council (Article 11 paragraphs 1¹-1² of the Law of Georgia on Education Quality Development).

In regard with the sector benchmarks of medicine, the process of developing a sector benchmarks of one cycle medical program has started in Georgia since 2009. The representatives of medical field and higher education institutions implementing one cycle medical programs, were involved in the process. The sector benchmarks were published on the website of the Center for public discussion. On the basis of the recommendations and proposals, the Director of the National Center for Educational Quality Enhancement, dated June 22, 2011 approved the sector benchmarks of medicine, according to which the basic medical education competences were determined by the TUNING / MEDINE study results.

In order to review the sector benchmarks of medicine based on the Order N411 of July 10, 2017, was created the sector council which drafted a new sector benchmark project. New sector features have been developed in a completely different, structured format. In addition to the MEDINE2 documents, the Divisional Council has adopted the other international standards and manuals created since 2011, such as:

- World Federation for Medical Education. Basic Medical Education. WFME Global Standards for Quality Improvement (The 2015 Revision).
- CanMEDS 2015 Physician Competency Framework. 2015;
- Outcomes for graduates (Tomorrow's Doctors), General Medical Council, 2015.
- Summary of the main changes in the Resuscitation Guidelines. ERC GUIDELINES 2015.
- A TUNING Guide to Designing and Delivering an Outcomes-Based Undergraduate Medical Curriculum, 2013;

- DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 November 2013. amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System („the IMI Regulation”), 2013;
- TUNING Guide to Designing and Delivering an Outcomes-Based Undergraduate Medical Curriculum, 2013.

Development of competences and outcomes was based on recommendations of MEDINE2 (2013), WFME global standards for basic medical education (2015), CanMEDS Physician Competency Framework (2015) and Tomorrow's Doctors, GMC (2015) and national peculiarities of medical education. In total 13 competences have been defined and further detailed by corresponding outcomes. Framework describes each competence and related methodology of its achievement and assessment. Such approach made it more practical and useful for medical schools and might serve as a roadmap for further development of MD curriculum. The document has annex with a sample of how each competence might be achieved throughout 6 years of study with description of appropriate methods of teaching and assessment. Georgia became a full member of the Bologna Process / the European Higher Education Area (EHEA) in May, 2005 (the Bergen Summit, Norway). The council working on the document fully took into consideration the recommendations given by the WFME advisor. It is important that, development of national competence-based framework for primary medical graduates in Georgia has been an important step towards harmonization of Georgian medical education with international standards and for enhancing quality of undergraduate medical education.

The HEIs should comply with the requirements of the revised sector benchmark by January 1, 2019. It is important that the field specificity of the medicine is publicly available to everyone and is accessible on the website of the Center.

C. Appropriateness of Standards

Question:

- How does the accrediting agency determine that the standards are sufficiently rigorous and appropriate to ensure the quality of the education and training provided at accredited medical schools?

Response:

Georgia became a full member of the Bologna Process / the European Higher Education Area (EHEA) in May, 2005 (the Bergen Summit, Norway). From that time until now, as participant of the Bologna process, and a country signing the key state documents, communications, declarations of state declarations are constantly introduced in the higher education system, thus ensuring harmonization of higher education system in Georgia with the higher education system of Europe.

Moreover, the National Center for Educational Quality Enhancement, which is responsible for enhancing the quality of education in the country, aims cooperation with international institutions working in the field of education becoming the member of the international educational network.

For this purpose, since 2013 the Center has been an affiliate organization of the European Association for Quality Assurance (ENQA). It is important that cooperation with ENQA supports the approximation and compatibility of Georgia's quality assurance standards with the European standards, improving the internal and external mechanisms of quality assurance, increasing trust to educational system of Georgia at international level.

In 2010 according to with the Law of Georgia on “Education Quality Improvement”, was implemented the reorganization of Accreditation National Center and National Center for Accreditation Enhancement was established.

This year the Center addressed ENQA and expressed readiness to make a statement on full membership. At present the Center works on the self-assessment document. Also, since 2015 the National Center for Educational Quality Enhancement has acquired the status of a member of the European University Association (EUA). The European University Association allows member organizations to take part in united European projects and share their experiences with the best practices. The Association closely cooperates with the European Commission and the European Parliament.

As the National Center for Educational Quality Enhancement, is the country's only education quality assurance body, it is particularly important to be part of the organization.

Moreover, the external mechanisms for revising the standards, international experts have analysed the authorization and accreditation standards and procedures that was financed by the Council of Europe in 2013, 2014, 2016 and 2017, which resulted in relevant conclusions. In these conclusions, for the purpose of development of higher education quality assurance system, the main recommendations and advice are outlined. It was stated in the 2017 report, that higher education QA mechanisms fully comply with ESG – 2015 requirements.

This platform will allow the National Center for Educational Quality Enhancement to get the latest information on the best practices in Europe, to provide information on the best practices of higher education policy and practice at national level. With the purpose to renew the accreditation and authorization standards and procedures, based on the Order N767 of 11 August 2016 of the Director of the Center, was created working group including the representatives from the Ministry of Education and Science of Georgia, as well as the staff of the National Center for Educational Quality Enhancement and persons from other relevant agencies based on the specificity of the issue. As a result of meetings a project of authorization and accreditation standards and procedures of higher education institutions was developed, which was sent to all higher education institutions for consideration. Based on the meetings, written and oral consultations and feedback held in the Center with higher education institutions and with the representatives of higher education institutions, the working group revised the authorization and accreditation standards and procedures and updated document that was submitted by the Director of the Center. Within the framework of the National Center for Educational Quality Enhancement, in 2016-2017, three international conferences were organized on renewed standards and procedures of authorization, where were discussed the changes implemented and planned in higher education institutions, the methodology of assessment institutions and programmes, the issues regarding combining expert group and challenges and opportunities.

The involvement of stakeholders in the process of the revision of QA mechanisms was very beneficial. It helped us to not only revise the existing mechanisms but also to create a formal procedure for stakeholder involvement. Namely it was initiated by NCEQE to create Coordination Council which will be in charge of reviewing higher education quality assurance standards and procedures on a regular basis.

The conference was attended by international experts from the Council of Europe, representatives from the Ministry of Education and Science, higher education institutions and education field, members of authorization, accreditation and Appeal council, as well as guests from international organizations and other partner ministries. The main advisors and experts of the ABET (Accreditation Board for Engineering and Technology) Foundation were also involved in these

activities. Also, in order to implement effectively renewed authorization and accreditation processes and pilot effectively new authorization and accreditation standards in frames of the programme "Learn in Georgia" approved by the Minister of Education and Science of Georgia, by the NCEQE was prepared the project – "The development of quality of higher education and Internationalization".

Memorandums about cooperation were signed with four higher educational institutions in frames of the project. Also, within the pilot with updated standards and procedures of accreditation were evaluated two one cycle medical programmes. Expert groups prepared relevant conclusions in which the recommendations, advice and examples of best practices have been identified as a result of the assessment. These recommendations and advices relate to both standardization and accreditation standards and procedures, as well to higher education institutions and one-cycle medical programme. These assessments revealed that all higher education institutions and one-cycle medical programme can not meet the upgraded standards of authorization and accreditation.

Also, within the project, with the participation of international experts at Tbilisi State Medical University was carried out the pilot assessment. The special advisor assigned to the Center by the World Federation of Medical Education (WFME) took part in this assessment, Which has developed relevant recommendations for the purpose of bringing the quality assurance system in line with the requirements set by the World Federation. Above mentioned recommendations were accepted by the Center and implemented relevant changes in the Law of Georgia on "Education Quality Improvement", as well as in the rules of authorization and accreditation and expert activities. Taking into consideration the assessment analysis of the practice of international and local experts' recommendations and the pilot evaluations of the results, at the end of 2017, the authorization standards and procedures were modified.

Regarding sector benchmarks of medicine characteristics of medicine, the document was developed by the sector council comprising the representatives of the Ministry of Labour, Health and Social Affairs of higher education institutions implementing one of the programs of medicine. The document developed by the working group was sent to all higher education institutions implementing the medicine program. World Federation of Medical Education (WFME) prepared important and valuable recommendations regarding the sector characteristics. Based on the recommendations of WFME advisor, Council has revised the document and presented it to the Director of the Center for approval. The document was approved by the Director of the Center with Order No. 10 of January 3, 2018.

Due to the fact that the final version of authorization standards and sector benchmark incorporate all the recommendations given by WFME advisor as well as local and other international experts and also fully satisfy ESG – 2015 requirements, it can be concluded that the standards are sufficiently rigorous and appropriate to ensure the quality of medical education.

D. Review of Standards

Question:

- Does the accrediting agency have a system to periodically review and update the standards to ensure that they are adequate to evaluate the quality of education or training provided by the medical schools under review, and relevant to the educational or training needs of the students? If yes, please describe the policy and procedures for periodically reviewing and updating the standards.

Response:

The Center is actively using internal and external mechanisms to update and develop authorization and accreditation standards. After reviewing internal mechanisms including authorization and accreditation, the information obtained from the consultation/workshops held with higher education institutions, conducted trainings and higher education institutions, in case of need the authorization and accreditation standards will be improved and updated.

In addition, according to the Charters of the Authorization and Accreditation (Article 31 of the Authorization Regulation, Article 31 of the Accreditation Regulation), the Center is conducting monitoring of the fulfilment of the terms of authorization and accreditation through unregulated and annual planned monitoring.

Simultaneously, higher education institutions are obliged to submit to the Center at least three years of self-assessment reports of authorization and accreditation. Consequently, analysis of self-assessment reports received from educational institutions and monitoring reports, are presented in the standards, also in the process of reviewing and developing sector benchmarks of one cycle medical programme. As you know, authorization and accreditation processes in higher education institutions started in Georgia in 2010-2011.

In 2016-2018, before the authentication and accreditation processes of higher education institutions and programs had started, all stakeholders were involved in the review and development of authorization and accreditation standards and procedures. Consequently, review and development of authorization and accreditation standards is related to the completion of one cycle of authorization and accreditation process and the beginning of the new. However, on the basis of reasonable argumentation, it is possible to revise the standards before completing one cycle of authorization and accreditation.

Moreover, the external mechanisms for revising the standards, international experts have analysed the authentication and accreditation standards and procedures that was financed by the Council of Europe in 2013, 2014, 2016 and 2017, which resulted in relevant conclusions. In these conclusions, for the purpose of development of higher education quality assurance system, the main recommendations and advice are outlined. Also, changes in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) documents also play an important role in the development of standards. In particular, in 2015 in frames of the Erevan Communiqué was adopted a decision to update Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG-2015). Accordingly, the revision of standardization and accreditation standards in Georgia was also based on the ESG-2015 approval at the Yerevan Ministerial.

At the same time, it is important that the Center, in order to ensure renewal and development of common policy of authorization and accreditation standards, prepared in the project of Charter according to which Coordination Council will be added to the structure of the Center, which will be the body for management and development of the center created to ensure involvement. The functions of the Coordination Council will include: revision of the quality assurance standards and procedures of higher education institutions, the results of their implementation and to develop appropriate proposals for their improvement; revision of strategic and action plans of NCEQE in order to initiate changes regarding main activities of the center; discussion of reports and budget projects of the NCEQE.

Coordinating Council could be composed representatives from the Ministry of Education and Science Ministry, educational institutions, employers and civil (non) governmental organizations,

international organizations working in education, as well as foreign specialists and other stakeholders.

It is also important that according to sectoral benchmarks of medicine, the validity of the document lasts 7 years. Consequently, the review and development of one-step program of one cycle medical programme will be mandatory after 7 years, however, if any of the stakeholders address the Center with reasoned argument, that it is required to make changes to the document, the sector benchmarks will be renewed and refined.

Part III: Accreditation Process and Procedures

A. Medical School Self-Study

Question:

- Does the accrediting agency require medical schools seeking accreditation to prepare an in-depth self-study that addresses compliance with the standards? If yes, please provide a blank copy of the self-study document completed by medical schools seeking accreditation.
- Please describe any guidance provided by the accrediting agency to medical schools completing the self-study.

Response:

To get the authorization or the accreditation of an educational program, a higher educational institution (HEI) is required to submit self-evaluation reports and the documents to be annexed thereto to the Centre (the Authorization Charter, Article 15, Para.1; the Accreditation Charter, Article 20, Para. 1). Self-evaluation reports are approved by order of the Center Director and are publicly accessible on the Centre official web page.

Commensurate with Authorization and Accreditation Charters (Authorization Charter, Article 16; Accreditation Charter, Article 21), the main purpose of self-evaluation is to assess the readiness of HEI or educational program to receive authorization or accreditation. Self-evaluation is accomplished in accordance with the authorization or accreditation standards, specifically a HEI describes, analyses and evaluates the compliance of a HEI or educational program with each component of an authorization or accreditation standard. Furthermore, the evidences/indicators, proving compliance with the standard are specified in self-evaluation report with regard to each component of the authorization or accreditation standard. It should as well be mentioned, that structurally, the self-evaluation reports consist of several parts, like: general information about a HEI or program, description of self-evaluation process and the functions of self-evaluation team, general guidelines for completion of self-evaluation report and the list of documents to be annexed thereto.

An amendment was introduced into Authorization Charter in the light of the Recommendation of WFME Advisor with regard to self-evaluation process (Authorization Charter, Article 2, Para. 5²), under which amendment at least three months prior to submission of an authorization application, an applicant for the status of a HEI is entitled to address the Center in writing and request a preparatory visit for the authorization process. Preparatory visit is of consultative nature and concerns: a) the planning and implementation of self-evaluation process; b) the planning and implementation of authorization visit; c) the interpretation of authorization standards and procedures.

Furthermore, the Center has developed the Authorization Manual for HEIs, providing for detailed interpretation of authorization standards and procedures; the Manual also includes general examples how to meet the criteria, provided for by a standard. The Manual provides for guidelines for a HEI how to compile a self-evaluation report and how to get ready for a visit of the team of experts. This Manual is of assistance for the HEIs during the self-evaluation process for the self-evaluation document, prepared by a HEI to be coherent, complete and of analytical nature.

Also, the Center arranges workshops, consultations, trainings for HEIs for better accomplishment of the self-evaluation process. To this end, this year the international expert, invited by the Center held a training for the representatives of HEIs with regard to the conduct of self-evaluation process. The training focused on the importance of self-evaluation, functions of self-evaluation team, the methodology of compiling the self-evaluation report and other practical aspects, necessary for the site visit of the team of experts.

Furthermore, the Center has assigned days for the provision of consultancy to HEIs and other interested parties (academic/invited/scientific staff, students, graduates, etc.) Respectively, any interested person, requesting consultancy with regard to authorization and accreditation related issues, and amongst them with regard to completion of a self-evaluation report, gets registered for a consultancy meeting and receives exhaustive information about every issue, he/she is interested in.

B. Site Visit

Question:

- Does the accrediting agency conduct a site visit (or visits) to a medical school prior to granting accreditation? If yes, which elements (e.g. the school's facilities and resources, students, faculty, curriculum, etc.,) are reviewed, and how is the assessment conducted?
- Does the site visit include the main campus of the school and branch campuses or additional locations of the school?
- Does the site visit include clinical core clerkship rotation sites affiliated with the school?
- How does the accrediting agency ensure that sufficient information is collected to determine compliance with the agency's standards?
- How long in duration (number of days) is a typical site visit?
- How many individuals constitute a typical site visit team?
- Please describe any guidance provided by the accrediting agency to the site visit team on conduct of the site visit.

Response:

Evaluation site-visit is an essential part of authorization of HEIs and accreditation of Medical Doctor's one-cycle educational programs. The evaluation site-visit is carried out according to the procedures outlined in the following documents: the law on education quality improvement, authorization and accreditation charters, guidebook for experts, code of ethics, Operational Rules of Experts.

Commensurate with the Authorization Charter, after filing an authorization application with the Center, the Center Director issues an order of setting up a team of authorization experts and arranging a site visit to the institution seeking the status of a HEI. This order provides for the composition of the team of experts, amongst them, the identities of the chairperson, co-chairperson, members of the team, and the dates of the visit. The activities of the team of authorization experts

is led by the chairperson of the team of authorization experts (Authorization Charter, Article 19). The functions of the chairperson, co-chairperson, members of the team of authorization experts are defined by Article 7 of the Operational Rules of the Experts.

According to Authorization Charter, the team of authorization experts, acting in accordance with the agenda agreed with the HEI and the Center in advance, is required to study every issue within the framework of the authorization visit to draft their report, amongst them, have interviews with the stakeholders (HEI administration, academic, scientific, invited staff, students, graduates, employers, etc.), to visually inspect the material resources of the HEI, amongst them, the premises, classrooms, library, IT equipments, study/scientific/research laboratories, units necessary for the implementation of a practical component (medical clinics, etc.) and inventory, located therein, that are necessary for the conduct of the study process and in the case of need, request additional information or perform any other activities, not envisaged by agenda (Authorization Charter, Article 20).

Furthermore, according to Authorization Charter at least three months prior to submission of an authorization application, a seeker the status of a HEI is entitled to address the CENTER in writing and request a preparatory visit for the authorization process. Preparatory visit is of consultative nature and concerns: a) the planning and implementation of self-evaluation process; b) the planning and implementation of authorization visit; c) the interpretation of authorization standards and procedures. The Centre Director issues an order regarding the preparatory visit, where the Centre personnel is nominated, who will make a preparatory visit to the institution (Authorization Charter, Article 2, Para. 5²-5⁴).

In the case of filing an accreditation application with the Centre, the Centre Director issues an order of setting up a team of accreditation experts and site visit to the institution seeking the status of a HEI. This order provides for the composition of the team of experts, amongst them, the identities of the chairperson, and members of the team, and the dates of the visit. The activities of the team of authorization experts is led by the chairperson of the team of authorization experts (Accreditation Charter, Article 24). The functions of the chairperson and members of the team of accreditation experts are defined by Article 10 of the Operational Rules of Experts.

According to Accreditation Charter, the team of accreditation experts, acting in accordance with the agenda agreed with the HEI and the Center in advance, is required to study every issue within the framework of the accreditation visit to draft their report, amongst them, have interviews with the stakeholders (HEI administration, academic, scientific, invited staff, students, graduates, employers, etc.), to visually inspect the material resources of the HEI, amongst them, the premises, classrooms, library, IT equipments, study/scientific/research laboratories, units necessary for the implementation of a practical component (medical clinics, etc.) and inventory, located therein that are necessary for the conduct of the study process and in the case of need, request additional information or perform any other activities, not envisaged by agenda (Accreditation Charter, Article 26).

Before making an authorization and accreditation visit the expert team is required to study in advance the report, filled-in by an applicant for authorization or accreditation and annexed thereto information. These documents are sent to expert team within timelines, prescribed by the Centre. Based on advanced scrutiny of the documents, the expert team develops an agenda of the visit and agrees it with the Centre, who, in its turn, agrees the agenda with the HEI (Authorization Charter, Article 19¹; Accreditation Charter, Article 25).

According to Authorization and Accreditation Charters the number of team members and duration of the visit is defined by an order of the Centre Director based on the scope and specificity of work to be accomplished (Authorization Charter, Article 19, Para. 11; Accreditation Charter, Article 24, Para.

10). Generally, it should be mentioned that duration of an authorization visit varies between 3-5 days. The number of these days do not include the days prescribed for advanced scrutiny of the documents, drafting of the report and finalization thereof. As regards program accreditation, duration of site visit is 1-2 days. The number of these days does not again include the days prescribed for advanced scrutiny of the documents, drafting of the report and finalization thereof.

As regards the composition of a team of authorization experts, pursuant to Authorization Charter, in the case of an applicant for the status of a HEI, the requirements of the Recommendations, developed within the framework of Bologna Process, amongst them: the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG - 2015), are taken into account when stuffing expert team. The team includes the members of the pool of expert - administrative/academic staff and student of other HEI, an international expert; the team may also include the employers and other persons, having respective qualification. When Medical Doctor's one-cycle educational program is included in HEI authorization application, an international expert with competence in the respective field is included in the expert team with the status of a co-chairperson (Authorization Charter, Article 19). In this case, commensurate with the Operational Rules of Experts, the expert team should include the representatives of fundamental bio-medical sciences and/or experts in clinical teaching, who will be responsible, together with the co-chairperson, for ensuring the evaluation of compliance of the institution with authorization standards and Medical Doctor's educational program with sector benchmarks (Operational Rules of Experts, Article 7). Respectively, an expert team will be composed of 5-7 members.

As regards the composition of accreditation expert team, pursuant to Accreditation Charter, when accreditation of a Medical Doctor's one-cycle educational program is requested, the chairperson of the accreditation expert team should be an international expert of the respective field. The expert team will also include the administrative/academic/scientific/invited staff of the other HEI and a students; also the team may include the employers and in the case of a regulated educational program - the representatives of the respective regulatory body or/and professional association and other persons with respective qualification.

It should be mentioned, that expert team, set up for the evaluation of Medical Doctor's one-cycle educational program, will be composed only of the experts of medical field, an employer operating in medical field and a student of medical program (Accreditation Charter, Article 20, Para. 5¹, Article 24). Respectively, an accreditation expert team will be composed of 5-7 members.

As regards the function of the Centre with regard to authorization of accreditation visit, according to Authorization and Accreditation Charters, the Centre will allocate a Center employee for site visit of the team of experts with a view to efficient performance of the authorization or accreditation expert team within the framework of law and observance of uniform evaluation approach (Authorization Charter, Article 19, Para. 12; Accreditation Charter, Article 24, Para. 11). Furthermore, before making an authorization or accreditation visit an expert team is required to arrange a preparatory meeting with a view to discussion of the analyzed documents. In order to ensure that the process of evaluation is rigorous, fair and transparent, the Centre organizes a preparatory meeting where expert team is provided with the necessary knowledge and guidance on the evaluation procedures, as well as general information on the applicant HEI and higher education system of Georgia. The preparatory meeting also presents an important opportunity for the expert panel members to be introduced to each other, discuss the findings of the desk study and the lines of inquiry for the site visit. This is essential to prepare the comprehensive report and identify the level of compliance of HEI with authorization/accreditation standard components and sector benchmark requirements.

During the preparatory meeting, the following topics are discussed:

- ✓ General information on the higher education system in Georgia and the applicant HEI;

- ✓ Evaluation procedures and standards;
- ✓ Agenda of the site visit;
- ✓ Roles and responsibilities of expert panel members;
- ✓ The first impression on the institution based on the desk study and the preliminary draft report;
- ✓ Lines of inquiry for the site visit;
- ✓ Necessity of additional documentation/information to be requested at the site visit;
- ✓ Expert evaluation report: structure and evaluation scale.

Also, according to Operational Rules of Experts the Center staff-member: a) ensures performance of expert team and observance of uniform evaluation approach at every stage of evaluation of educational institution/program; b) ensures for the expert team to study every aspect, envisaged by authorization standards, during the visit, to what end, in the case of need informs the chairperson of the expert team about omitted issues and/or those requiring further clarification; c) informs the Centre about any procedural violations in the course of evaluation of an educational institution/program; d) provides technical assistance to expert team in the case of need. It is important that the Centre personnel does not participate in the course of evaluation and drafting of report (Operational Rules of Experts, Article 11).

C. Reports

Question:

- Is a report created by the site visit team based on information provided by the school and/or the on-site review? If yes, please describe the contents of the report and guidelines for generation of the report.
- Does the accrediting agency provide oversight of the report after it has been written? If yes, please describe the accrediting agency's role in review of the report.
- Does the medical school undergoing the review have the opportunity to respond to the report prior to deliberation by the accrediting agency? If yes, please describe.

Response:

Evaluation report is prepared according to the rules and procedures given in the following documents: authorization and accreditation charters, guidebook for experts, Operational Rules of Experts.

According to Authorization Charter, based on the scrutiny and evaluation of self-evaluation report and annexed thereto documents, information and data collected after the authorization visit the draft of the evaluation report of the team of experts is developed, which is then submitted to the Centre. The draft evaluation report of expert team describes compliance of the institution with authorization standards, as well as that of Medical Doctor's one-cycle educational program with sector benchmark of medicine. The draft evaluation report of expert team includes the evaluation of educational programs, inventories, human resources, regulatory documents of the institution and interviews with the stakeholders (academic, scientific, invited, administrative staff, students, employers, graduates), the recommendations and advice developed by the expert team, overview of compliance of the institution with standards, also the examples of best practice (if there are such).

After submission of the draft report to the Centre, the latter confirms formal compliance of the draft evaluation report of the team of experts both with Article 12 of the Operational Rules of Experts and

the form of the authorization experts report, approved by the Centre Director, published on the Centre web page. If the Centre finds, that draft report does not comply with the requirements of Article 12 of the Operational Rules of Experts (the information provided in the expert evaluation report should be clear and concise; fluent in language; based on arguments and evidences), or with the form of the authorization experts report, approved by Centre Director, the draft report is returned to the expert team for redrafting, who will provide the Centre with the revised version of the draft report. In the case of confirmation of compliance of the draft report, the latter is sent to the HEI, which will provide its written, well-reasoned position with regard to factual circumstances, given in the draft report within a period of 10 calendar days after the familiarization with the draft report. After the receipt of reasoned position the expert team will finalize the report and submit it to the Centre. The Centre will send the final version of the report to the HEI (Authorization Charter, Article 21; Operational Rules of Experts, Article 12).

Pursuant to Accreditation Charter, based on the scrutiny and evaluation of self-evaluation report and annexed thereto documents, information and data collected after the accreditation visit the draft of the evaluation report of the team of experts is developed, which is then submitted to the Centre. The draft evaluation report of expert team describes compliance of Medical Doctor's one-cycle educational program with accreditation standards and with sector benchmark of medicine. The draft evaluation report of expert team includes the evaluation of educational program, purpose, contents, structure of syllabuses, learning outcomes, teaching-learning methodology, student evaluation system, inventories, human resources, regulatory documents of the institution and interviews with the stakeholders (academic, scientific, invited, administrative staff, students, employers, graduates), the recommendations and advice developed by expert team, overview of compliance of the educational program with standards, also the examples of best practice (if there are such).

After submission of the draft report to the Centre, the latter confirms formal compliance of the draft evaluation report of the team of experts both with Article 12 of the Operational Rules of Experts and the form of the accreditation experts report, approved by the Centre Director, published on the Centre web page. If the Centre finds, that draft report does not comply with the requirements of Article 12 of the Operational Rules of Experts (the information provided in the expert evaluation report should be clear and concise; fluent in language; based on arguments and evidences), or with the form of the accreditation experts report, approved by the Centre Director, the draft report is returned to the expert team for redrafting, who will provide the Centre with the revised version of the draft report. In the case of confirmation of the compliance of the draft report, the latter is sent to the HEI, which will provide its written, well-reasoned position with regard to factual circumstances, given in the draft report within a period of 5 calendar days after the familiarization with the draft report. After the receipt of reasoned position the expert team will finalize the report and submit it to the Centre. The Centre will send the final version of the report to the HEI (Accreditation Charter, Article 27¹; Operational Rules of Experts, Article 12).

D. Qualification and Training of Individuals Associated with the Accrediting Agency

Question:

- What are the accrediting agency's policies and requirements regarding the qualifications, credentials, and experience of
 - the individuals who establish the accreditation standards?
 - the individuals who participate in the on-site reviews of medical schools?
 - the individuals who create the reports detailing the school's compliance with the standards?

- the individuals who make accreditation decisions?
 - Describe the process for appointing accrediting agency members and individuals who participate in on-site reviews.
 - Describe the training process for new members of the accrediting agency, individuals who participate in on-site reviews, and individuals who create reports.
 - Please provide a list of the accrediting agency members and their affiliations.

Response:

According to the Law of Georgia on Educational Quality Enhancement, the Minister of Education and Science of Georgia approves the Higher Educational Institution Authorization Charter and authorization fees, also the Charter of Accreditation of Educational Programs of the Educational Institutions and accreditation fees (Law of Georgia on Educational Quality Enhancement, Article 3, Para. 3). Furthermore, according to the Charter of the Ministry of Education and Science of Georgia, the Ministry of Education and Science of Georgia approves the Authorization and Accreditation Charters together with any amendments to the Charter initiated by the Centre. The Center is the only entity which is entitled to initiate any changes to the Charters.

Introduction of amendments to the Authorization and Accreditation Charters are initiated by the Director of the Centre, who is appointed to and removed from the office by the Minister of Education and Science of Georgia (Law of Georgia on Educational Quality Enhancement, Article 4) with the agreement of prime-minister of Georgia. On the basis of open competition the minister of education and science submits a candidate for the position of the director of the NCEQE. During this process the minister is bound by the law on legal entities under public law. Respectively, the qualification requirements for Centre Director are defined in advance and the competition commission assesses each candidate in the light of requirements, set for holding the vacant position. The competition commission presents the best candidate to the Minister for the appointment to the office or refuses the nomination of the candidate. The Minister appoints offered candidate to the office of the Director of the Center in agreement with the Prime Minister. Respectively, this procedure and the qualification requirements set for Centre Director ensure the coherence, fairness and transparency of the authorization and accreditation standards and procedures.

As regards the authorization and accreditation experts they are selected according to Operational Procedure of Experts. Specifically, according to Operational Procedure, an expert cannot be a public servant, also, he/she cannot be a Centre employee. The pool of experts should include the experts with wide field of experience with due consideration of the status and specificity of the educational institution and educational program. The pool of experts is approved by the order of the Centre Director (Operational Procedure of Experts, Article 2).

According to Operational Procedure of Experts, the Centre calls for applications, assesses compliance with qualification requirements, and selection of experts with a view to creation of a pool of experts. The procedure of selection of the members of the pool of experts comprises of the stages:

- a. Submission of applications, which should be complemented with a qualification document/ education certification, letter of motivation, and Resume (CV), specifying two referees;
- b. Selection of CVs of the experts in accordance to qualification requirements;
- c. Setting up of the respective commission for the selection of experts by order of the Center Director;
- d. Interview;
- e. Presentation of candidates selected by the Commission to the Director of the Center;

f. Inclusion of recommended candidates into the pool of experts by order of the Director.

In exceptional cases, the procedure of selection of the members of the pool of experts without announcement of a competition, includes on the stages, envisaged by Paragraphs "a", "b" and "f" (Operational Procedure of Experts, Article 4).

The Operational Procedure of Experts provides for qualification requirements for the experts for authorization of higher education institutions, experts for accreditation of educational programs; for employers, members of the pool of experts for authorization of higher education institutions and accreditation of educational programs; for international experts, members of the pool of experts for authorization of higher education institutions and accreditation of educational programs; for students, members of the pool of experts for authorization of higher education institutions and accreditation of educational programs (Operational Procedure of Experts, Article 5, Para. 3-7). These qualification requirements ensure for the members of the pool of experts to be the persons with relevant qualification and experience who will visit HEIs and assess their compliance with authorization and accreditation standards.

Furthermore, according to Operational Procedure of Experts, with a view to full-scale implementation of authorization of educational institutions and accreditation of educational programs, and introduction of uniform evaluation practice, the Centre undertakes to ensure professional development of experts. Specifically, the Centre:

- ✓ Within the frames of an ongoing development scheme for experts, the NCEQE arranges trainings on existing standards and procedures, processes, to familiarize experts with local and international practices and ensure receiving their feedback on a regular basis. Amongst them, before the beginning of each authorization or accreditation visit a preparatory meeting is arranged for experts, within the framework of which meeting, the authorization and accreditation standards and procedure are reviewed once again. It should as well be mentioned, that for the past five years special trainings were arranged for experts for on various issues. Training are arranged regularly and future trainings will also be planned on the basis of evaluation of the performance of experts;
- ✓ Ensures preparation of manuals and other auxiliary materials related to the activities of experts. The Centre has developed manuals for authorization and accreditation experts.
- ✓ Arranges regular meetings with the pool of experts with the view of to analysis of the authorization/accreditation processes, identification of problems and removal of existing gaps.

The Center promotes the participation of experts in various international projects and assessments implemented by foreign education quality enhancement agencies. However, with a view to establishment of compliance with qualification requirements, the Centre is entitled to conduct periodical certification of experts. Negative outcomes of the certification procedures may become grounds for termination of the membership of the pool of experts (Operational Procedure of Experts, Article 14).

Furthermore, with a view to improvement of the performance of experts, the Centre evaluates the performance of experts according to questionnaires, prepared in advance. The evaluation questionnaire is completed by the educational institution before submission of draft report by the experts, by the Chairperson/Co-chairperson of the team of experts - after submission of final report, and after the completion of administrative proceedings - by Centre employee, who is responsible for efficient performance of the team of experts. It is important for the performance of experts to be subject to regular evaluation on the part of the Centre. Negative evaluation of a specific expert may become grounds for termination of the membership of the pool of experts (Operational Procedure of Experts, Article 15).

As regards the members of the Authorization and Accreditation Boards, they are appointed to and removed from the office by the Prime-Minister of Georgia under the submission of the Ministry of Education and Science of Georgia. The members of the Board are selected from amongst the academic/scientific staff of state and private HEIs with due consideration of the directions envisaged by the National Qualifications Framework, also the members of the Board are the administrative staff of the HEI, an employer, a student, representatives of NGOs, state regulatory bodies and professional association. Furthermore, the invited members of the Authorization Board are appointed to and removed from the office by the Prime-Minister of Georgia under the submission of the Ministry. Upon selection of the members of the invited members of the Authorization Board the Ministry is guided by the requirements and criteria, defined by the WFME with regard to board staffing (Law of Georgia on Educational Quality Enhancement, Articles 11 and 19).

As regards the recruitment of Centre employees, the qualification requirements for each employee is defined in advance within the framework of open competition and competition commission, which consists of both the Centre employees and invited members, evaluates each candidate in the light of requirements, set for holding the vacant position. The competition commission presents the best candidate to the Centre Director for the appointment to the vacant position or refuses to nominate the candidate. The Centre Director appoint to candidate, nominated by the competition commission, to the office and enters into labor contract with him/her (Centre Charter, Article 5).

Furthermore, Human Resources Administration conducts periodical evaluation of the personnel, improves corporate culture of the personnel and initiates and organizes the measures/events for professional development thereof (Centre Charter, Article 14).

As regards the affiliation of Center personnel with HEIs, none of the employees of the Centre is affiliated with any higher education institution, currently operating in Georgia. According to the legislation the Center employee`s major occupation should be Center. However the employees are allowed to work at higher education institution as invited lecturers for five hours in a week.

E. Accreditation Decisions

Question:

- Describe the accrediting agency's process and procedures for making accreditation decisions. Does the process include a decision-making meeting where a report based on an on-site review is adequately discussed and debated?
- Does the accrediting agency have an implemented policy regarding a quorum to conduct business? If yes, please describe.
- How does the accrediting agency ensure that accreditation decisions are based on compliance with the standards?
- How does the accrediting agency use information on the performance of the medical school graduates in making accreditation decisions? Describe the accrediting agency's use of benchmarks or minimal levels of performance on national or licensing examinations in making accreditation decisions.

Response:

According to Article 14 of the Authorization Charter the authorization process includes the following phases:

- Submission of authorization application;
- Recognition of educational institution as an applicant for Authorization;
- Creation of authorization expert team;
- Preliminary review of authorization self-evaluation report and attached documents by the authorization expert team, and creation of the agenda for the site-visit;
- Authorization site-visit;
- Represent key findings of the site-visit to the institution;
- Elaboration of the draft evaluation report and submission to the NCEQE;
- Introducing draft evaluation report to the institution;
- Submission of evidence-based position of the educational institution on the evaluation report to the NCEQE;
- Development of the final version of the evaluation report by the expert team, and submission to the NCEQE;
- Introducing the final evaluation report to the educational institution;
- Submission of the authorization self-evaluation report, experts' evaluation report, and evidence-based position of the educational institutions to the members of the Authorization Board;
- Authorization Board meeting - oral hearing, and decision-making;
- Publication of the decision and the report by the NCEQE;

According to Article 19 of the Accreditation Charter the process of accreditation of higher education programs includes the following phases:

- Submission of accreditation application;
- Recognition of an educational institution as an applicant for Accreditation;
- Creation of accreditation expert team;
- Preliminary review of accreditation self-evaluation report and other attached documentation by the expert team and and creation of the agenda for the site-visit;
- Accreditation site-visit;
- Represent key findings of the site-visit to the institution;
- Elaboration of the draft evaluation report and submission to the NCEQE;
- Introducing draft evaluation report to the institution;
- Submission of evidence-based position of the educational institution on the evaluation report to the NCEQE;
- Development of the final version of the evaluation report by the expert team, and submission to the NCEQE;
- Introducing the final evaluation report to the educational institution;
- Submission of the accreditation self-evaluation report, experts' evaluation report, and evidence-based position of the educational institutions to the members of the Accreditation Board;
- Accreditation Board meeting - oral hearing, and decision-making;
- Publication of the decision and the report by the NCEQE;

Respectively, decisions on authorization of HEIs and accreditation of higher education programs are made by the Board for the Authorization of HEIs and Board for the Accreditation of Higher Education Programs, which are panel bodies and make decisions by the majority of votes of the members attending a session.

Commensurate with the Law of Georgia on Educational Quality Enhancement, decision on the authorization of a HEI is made by the Board for the Authorization of HEIs (Authorization Board), the

members of which are appointed to and removed from the office by the Prime-Minister of Georgia under the submission of the Ministry of Education and Science of Georgia.

The members of the Authorization Board are selected from amongst the academic-scientific staff of state and private HEIs with due consideration of the directions envisaged by the National Qualifications Framework, also amongst the members of the Board are the administrative staff of the HEI, an employer, a student, representatives of NGOs, state regulatory bodies and professional association.

Authorization Board consists of permanent and invited members. Invited members participate in the activities of the Authorization Board only when the authorization application, filed by an applicant for the status of a HEI includes Medical Doctor's one-cycle regulated academic educational program. The invited members of the Authorization Board have voting rights. The invited members of the Authorization Board are appointed to and removed from the office by the Prime-Minister of Georgia under the submission of the Ministry. Upon selection of the invited members of the Authorization Board the Ministry is guided by the requirements and criteria, defined by the World Federation for Medical Education (WFME) with regard to board staffing (Law of Georgia on Educational Quality Enhancement, Article 11).

According to the Law of Georgia on Educational Quality Enhancement the Board for the Accreditation of Higher Education Programs (Accreditation Board) is set up to make decisions on accreditation, the members of which Board are appointed to and removed from the office by the Prime-Minister of Georgia under the submission of the Ministry of Education and Science of Georgia. The members of the Accreditation Board are selected from amongst the academic-scientific staff of state and private HEIs with due consideration of the directions envisaged by the National Qualifications Framework, also amongst the members of the Board are the administrative staff of the HEI, an employer, a student, representatives of NGOs, state regulatory bodies and professional association. A member of the Accreditation Board cannot be a public servant. The powers and operational procedures of the Accreditation Board are defined by Accreditation Charter, which guarantees its functional independence from educational institutions and state authorities (Law of Georgia on Educational Quality Enhancement, Article 19).

An amendment to the Law of Georgia on Educational Quality Enhancement was recently initiated, under which amendment, similar to Authorization Board, the invited members will be added to the Accreditation Board when it comes to the accreditation of Medical Doctor's one-cycle educational program. The invited members will be selected in accordance with the requirements and criteria, defined by the WFME. This draft law is currently submitted to the Parliament of Georgia for review.

Commensurate with the Law of Georgia on Educational Quality Enhancement the powers and operational procedures of the Authorization and Accreditation Boards are defined by Authorization and Accreditation Charters, which guarantee their functional independence from educational institutions and state authorities (Law of Georgia on Educational Quality Enhancement, Article 11 and 19).

The Authorization and Accreditation Charters provide for the rules and procedures of holding oral hearings on authorization and accreditation related issues. According to these rules, Authorization and Accreditation Boards make relevant decisions on the basis of scrutiny, evaluation and mutual comparison of:

- authorization/accreditation documents, submitted to the Centre;
- report of the authorization or accreditation expert team (which includes the evaluation and analyses of both the authorization or accreditation documents and evidences, revealed during the authorization or accreditation visits);

- argumentative position on factual errors in the draft report;
 - position, presented at oral hearing by the representatives of the institution seeking authorization or accreditation and other stakeholders.
- (Authorization Charter, Article 22 and Accreditation Charter, Article 27²).

According to Authorization Charter the hearing is chaired by the chairperson of the Board, and in case of his/her absence – by deputy chairperson, while in case of absence of both the chairperson and the deputy – by a member of the Board elected through the majority of attending members. A session is authorized to discuss relevant issues if it is attended by more than half of the members on the list (the Board consists of 17 permanent and 16 invited members), but not less than 3 members. In the case of participation of invited members the Board is authorized to discuss issues if more than half of the members on the list are present, but not less, than $\frac{3}{4}$ of invited members. This number of Board members does not include a member of the Board, who has self-challenge and/or challenge towards the discussed issue.

The members of the authorization expert team and representatives of applicant institution participate in oral hearing, while the representatives of the Centre and/or other stakeholders are entitled to participate in the discussion of an issue only under the consent of the chairperson. The Board may decide to invite the other parties to oral hearings. The session chairperson is required to ensure the clarification of important for the case issues during the oral hearing. Within a period of 10 days from the hearing, the decision and minutes of the session are drafted and signed by the Council chair and Council secretary, which documents are then published on the official web page of the Centre together with the report of the expert team. (Authorization Charter, Article 22).

As regards the sessions of the Accreditation Board, a session of the Accreditation Board is chaired by the chairperson of the Board, and in case of his/her absence – by deputy chairperson, while in case of absence of both the chairperson and the deputy – by a member of the Board elected through the majority of attending members. A session is authorized to discuss relevant issues if it is attended by more than half of the members on the list (currently the Board consists of 16 members), but not less than 3 members. This number does not include a member of the Board, who has self-challenge and/or challenge towards the discussed issue. Sessions of the Accreditation Board are public and any interested person may attend them. The members of the accreditation expert team and representatives of institution seeking accreditation participate in oral hearing, while the representatives of the Centre and/or other stakeholders are entitled to participate in the discussion of an issue only under the consent of the chairperson. An interested party, participating in administrative proceedings is entitled to solicit for further investigation of the circumstances that are important for the case consideration.

According to Accreditation Charter, the Board may decide to invite the other expert of the respective field, a member of professional organization, a field specialist or other persons to oral hearings. The session chairperson is required to ensure the clarification of important for the case issues during the oral hearing. It should be stressed, that no document of the institution seeking accreditation, which was developed after the authorization visit, will be taken into consideration. Within a period of 10 days from the hearing, the decision and minutes of the session are drafted and signed by the Board chairperson and Board secretary, which documents are then published on the official web page of the Centre together with the report of the expert team (Accreditation Charter, Article 27²).

The Authorization and Accreditation Charters also provide for operational procedures and principles of the Board. According to these regulations the members of the Authorization and Accreditation Boards are sent session agenda and the following documents prior to oral hearing: a) Filled-in self-evaluation report of the applicant for authorization/accreditation; b) Report of the

authorization/accreditation expert team; c) Reasoned position of the applicant for authorization/accreditation presented with regard to draft report of the authorization/accreditation expert team. Each and every member of the Board is required to thoroughly analyze the above documents before oral rearing with a view to thorough scrutiny and evaluation of all the circumstances of essential importance for the issue under discussion. A Board member is also entitled to request additional information with regard to issue under discussion and postpone the discussion of the issue for the analysis thereof with due consideration of remaining timelines of administrative proceedings (Authorization Charter, Article 23¹, Accreditation Charter, Article 27⁴).

As regards decisions of the Authorization and Accreditation Boards on granting authorization or accreditation, pursuant to Authorization Charter, the Authorization Board makes one of the following decisions:

- ✓ on granting authorization;
- ✓ on refusing authorization;
- ✓ on cancellation of authorization.

The Authorization Board makes decisions by at least 3/4 majority of attending members. Furthermore, in the case of participation of invited members of the Authorization Board, the Board makes decision by at least 3/4 majority of attending members, of which the votes of invited members should constitute at least 3/4 of attending invited members. A Board member is not entitled to abstain from participation in voting. The Board is required to duly justify its decision (Authorization Charter, Article 24).

According to Authorization Charter the Board makes decisions on granting authorization or refusing authorization or cancellation of authorization in the following cases:

The HEI is granted authorization	If all standards are compliant with requirements or when the HEI is found as substantially compliant with requirements
The HEI is granted authorization, however the HEI shall submit the progress report to the NCEQE and the Authorization Board	If more than one standard is found as substantially compliant with requirements and all the other standards are found as compliant with requirements, or if one of the standards (except for educational programees, staff of HEI) is found as partially compliant with requirements and none of the standards - as non-compliant with requirements
The HEI is granted the authorization, however NCEQE shall carry out mandatory monitoring in 2 years period	If at least one of the standards is partially compliant with requirements (excluding the third (educational programmes) and the forth (staff of HEI) standards) and none of the standards are found as non-compliant with requirements
The HEI is granted the authorization, however is not allowed to enroll students till the recommendations of the experts team are not appropriately addressed	If not more, than one component of a standard (excluding educational programees, staff of HEI) is found as non-compliant with requirements and none of the standards is found as non-compliant with requirements
	If third or fourth standards are partially compliant with requirements and none of the standards is founds as non-compliant with requirements

The HEI was refused authorization or the authorization is cancelled	If one of the components of the third (educational programmes) and the forth (staff of HEI) standards or more than one component of other standards are found non-compliant with requirements
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(Authorization Charter, Articles 20¹ and 25).

Furthermore, according to Authorization Charter, the Authorization Board is entitled to make decision on restricting the HEI from admission of students for at least 1 year and maximum 3 years, on a single occasion, within the framework of authorization of a HEI or verification (monitoring) of fulfillment of authorization conditions of a HEI.

Within a certain period of time after making a decision on restricting the admission of students, the HEI submits a report to the Centre about the correction of shortcomings according to recommendations recorded in the Board session minutes. Based on the report, submitted by the HEI, and in the case of failure to submit the above report within set timelines, the HEI is subjected to monitoring under the initiative of the Centre. As a result of monitoring, the Board may decide:

- ✓ To lift the restriction regarding admission of students;
- ✓ To restrict the HEI from admission of students a new;
- ✓ To cancel the authorization of the HEI

(Authorization Charter, Article 25¹).

As regards decisions of the Accreditation Board, according the Accreditation Charter, the Accreditation Board makes one of the following decisions:

- ✓ On granting accreditation;
- ✓ On granting conditional accreditation;
- ✓ On refusal to accreditation;
- ✓ On cancellation of accreditation.

Accreditation Board makes its decision by at least 3/4 majority of attending members. A Board member is not entitled to abstain from voting. The Board is required to duly substantiate the made decision (Accreditation Charter, Article 27⁵).

According the Accreditation Charter, in the case of initial and every next accreditation of an educational program the Accreditation Board makes a decision on granting accreditation, conditional accreditation or refusal to accreditation in the following cases (Accreditation Charter, Article 27⁶):

Board makes a decision on granting accreditation to the program	If the educational program was found compliant with requirements with regard to every standard
Board makes a decision on granting accreditation to the program and sets a period of time for the institution for submission of a report to the Centre and Board about the fulfillment of given	If the educational program was found as substantially compliant with requirements with regard to at least one standard and was not found as partially compliant with requirements or non-compliant with requirements with regard to any of the standards
Board makes a decision on granting conditional accreditation to the program	If the educational program was found as partially compliant with requirements with regard to at least one standard and was not

	found as non-compliant with requirements with regard to any of the standards
Board makes a decision on refusal to accreditation of the program بدرج	If the educational program was found as non-compliant with requirements with regard to more than one standard

(Accreditation Charter, Article 27⁶).

It should as well be mentioned, that updated authorization and accreditation standards pay particular attention to graduate employment rates, career support services and results of graduate surveys with regard to their career and academic development. In this direction the authorization self-evaluation report obliges HEIs to have information about the graduate employment rate, amongst them according to awarded qualifications. Also in the light of graduate employment, the HEIs should have benchmarks in place and also the planned timelines for the attainment of these benchmarks. Furthermore, there are the representative of the Agency for State Regulation of Medical Activities amongst invited members of the Authorization Board, who have access to the results of the certification examinations. Consequently, the question of certification examinations will be a point of agenda of an Authorization Board session. At the same time, the self-evaluation report requires for the HEI to have the results of certification examinations analyzed (in the case of a regulated profession - the results of the past 5 years). Consequently, upon evaluation of current Medical Doctor's one-cycle educational program, both at authorization and accreditation levels, particular attention will be paid to the question of certification examination.

F. Activities Subsequent to Accreditation Decisions

Question:

- Describe the accrediting agency's procedures for allowing a medical school that applies for accreditation for the first time and does not meet accreditation standards to come into compliance.
- Describe the accrediting agency's procedures when a currently accredited medical school does not meet accreditation standards on a subsequent review.
- Describe the accrediting agency's procedures when a currently accredited medical school does not meet accreditation standards after multiple reviews.
- Does the accrediting agency monitor medical schools throughout the duration of an accreditation decision? If yes, what is the procedure for monitoring?
- What is the accrediting agency's policy regarding an accredited medical school making, or anticipating making, substantive changes to its educational program or to other aspects of the school?
- Does the accrediting agency require medical schools be re-evaluated periodically after positive accreditation decisions? If yes, what is the cycle of re-accreditation?

Response:

Pursuant to Authorization Charter, the Authorization Board makes a decision on granting authorization to the institution if the applicant for the status of HEI meets all the authorization standards. A standard is regarded met, if according to procedure prescribed by authorization standard, the Board finds, that the applicant for the status of HEI is "compliant with standard

requirements", "substantially compliant with standard requirements" or is "partially compliant with standard requirements" under four-level scale (Authorization Charter, Article 25, Para. 1 and 2).

If upon evaluation of compliance with standards the Authorization Board finds the applicant for the status of a HEI as "**substantially compliant with standard requirements**" with regard to more than one standard and as "**compliant with standard requirements**" with regard to all the other standards, or finds as "**partially compliant with standard requirements**" with regard to one of the standards (except for the educational program and HEI staff standard(s)) and as "**non-compliant with standard requirements**" with regard to none of the standards, the Board makes a decision on granting authorization and sets deadline for the institution for the submission of a report on fulfillment of recommendations, what is duly recorded in the minutes of the Board session. In the case of making the above decision, the report submitted by the HEI is reviewed at the Board session. Based on the review the Board is entitled to take notice of the report and not to apply to the Centre to request the monitoring of the HEI, what is duly recorded in the minutes of the Board session (Authorization Charter, Article 25, Para. 6(b) and Para. 6¹).

If upon the evaluation of compliance with standards the Authorization Board finds the applicant for the status of a HEI as "**partially compliant with standard requirements**" with regard to more than one standard (except for the educational program and HEI staff standard(s)) and as "**non-compliant with standard requirements**" with regard to none of the standards, the Board makes a decision on granting authorization and applies to the Centre and requests monitoring of the institution (within a period of 2 years), what is duly recorded in the minutes of the Board session. In the case of the above decision, if after monitoring the HEI is still found as "**partially compliant with standard requirements**" the Board makes a decision on restricting the right of the HEI to admit students (Authorization Charter, Article 25, Para. 6 (c), and Para. 6²).

Furthermore, according to Authorization Charter in the case of making a decision on granting authorization to the institution, the Board is entitled to give recommendations to the institution seeking authorization, the fulfillment of which recommendations will be verified by the Centre against a solicitation of the Board through planned or unplanned monitoring (Authorization Charter, Article 24, Para. 3; Article 31, Para. 1).

According to Accreditation Charter if upon the evaluation of compliance of an educational program with accreditation standards the Board finds it as "**compliant with standard requirements**" during the initial and every subsequent accreditation, the Board makes a decision on granting accreditation to the program.

If upon the evaluation of compliance of an educational program with accreditation standards the Board find it as "**substantially compliant with standard requirements**" with regard to at least one standard and "**non-compliant with standard requirements**" with regard to none of the standards, the Board makes a decision on granting accreditation and sets a deadline for the institution for the submission of a report on fulfillment of recommendations, what is duly recorded in the minutes of the Board session. In this case the report submitted by the HEI is reviewed at the Board session. Based on the review the Board is entitled to take notice of the report or apply to the Centre requesting monitoring of the HEI for the verification of fulfillment of the accreditation conditions, what is duly recorded in the minutes of the Board session (Accreditation Charter, Article 27⁶, Para. 1 (a) and (b)).

If upon the evaluation of compliance of an educational program with accreditation standards the Board finds it as "**partially compliant with standard requirements**" with regard to at least one standard and "**non-compliant with standard requirements**" with regard to none of the standards, the Board makes a decision on granting conditional accreditation. Conditional accreditation is

granted for maximum 2 years. A decision on granting conditional accreditation cannot be made twice in row (Accreditation Charter, Article 27⁶, Para. 1 (c) and Para. 4).

Furthermore, according to Accreditation Charter, in the case of granting accreditation or conditional accreditation to an educational program, the Accreditation Board is entitled to give recommendations to the institution seeing accreditation, the fulfillment of which recommendations will be verified by the Centre against a solicitation of the Board through planned or unplanned monitoring (Accreditation Charter, Article 27⁵, Para. 3 (c); Article 31, Para. 1).

As regards follow-up verification of authorization, accreditation, and also sectoral benchmark conditions after granting authorization and accreditation, the Centre verifies the fulfillment of authorization and accreditation conditions by a HEI pursuant to the Law of Georgia on Educational Quality Enhancement. The authorization and accreditation conditions are verified through submission of a self-evaluation report to the Centre, also under the initiative of the Centre, at any moment. A HEI provides the Centre with authorization and accreditation self-evaluation reports at three once in 3 years (Law of Georgia on Educational Quality Enhancement, Articles 15 and 23).

Pursuant to Authorization Charter, fulfillment of authorization conditions by a HEI is verified under the initiative of the Centre or solicitation of the Board, through planned and/or unplanned monitoring. With a view to verification of the fulfillment of authorization conditions, the Centre is entitled to request relevant documentation from the institution and/or issue an order on setting up an authorization expert team and/or on monitoring visit to the institution. If in the case of requesting relevant documentation / data from the institution, the additional necessity of verification of the fulfillment of authorization conditions is identified, the Centre issues an order on setting up an authorization expert team and/or on monitoring visit to the institution (Authorization Charter, Article 31).

Similar procedure is prescribed for the verification of the fulfillment of accreditation conditions. Specifically, according to Accreditation Charter fulfillment of accreditation conditions is verified under the initiative of the Centre or solicitation of the Board, through planned and/or unplanned monitoring. With a view to verification of the fulfillment of accreditation conditions, the Centre is entitled to request relevant documentation from the institution and/or issue an order on setting up an accreditation expert team and/or on monitoring visit to the institution. If in the case of requesting relevant documentation / data from the institution, the additional necessity of verification of the fulfillment of accreditation conditions is identified, the Centre issues an order on setting up an accreditation expert team and/or on monitoring visit to the institution (Accreditation Charter, Article 31).

In the case of setting up an expert team within the framework of verification of the fulfillment of authorization and accreditation conditions, the draft reports of authorization or accreditation expert teams are prepared and submitted to the Centre, which verifies their compatibility with Article 12 of the Operational Rules of Experts and the form of the authorization experts report, approved by the Centre Director. After familiarization with the report of the authorization or accreditation expert teams, the institution submits its reasoned position to the Centre with regard to factual circumstances, described in the draft report, which position is sent to expert team and Authorization or Accreditation Boards. After the receipt of reasoned position, the expert team finalizes the report and submits it to the Centre, which sends this documents both to the HEI and Authorization or Accreditation Boards.

Based on the verification of fulfillment of authorization conditions, the Board is entitled to make a decision on cancellation of authorization if the Board finds the institution as "non-compliant with standard requirements" or if the institution violates the rules of Georgian legislation in educational

field with regard to termination, suspension or cancelation of the status of a pupil, vocational student or student. Also as a result of verification of fulfillment of authorization conditions, the Board is entitled to make a decision on restriction of the right of the HEI to admit students for at least 1 year and maximum 3 years (Authorization Charter, Article 31).

Also, in the case of detection of any non-compliance, the Board is entitled to provide educational institution with maximum 60 days for the correction of the shortcoming, except for the cases, when it is apparent that there will be no actual results. In the case of failure of the institution to correct the relevant shortcoming within a period of 60 days, the Board is entitled to make a decision on the cancellation of the authorization (Authorization Charter, Article 31).

As regards the verification of fulfillment of accreditation conditions, the Board is entitled to make a decision on the cancellation of the accreditation or conditional accreditation of the educational program if the Board finds the educational program "non-compliant with standard requirements" with regard to at least one standard upon evaluation of the compliance thereof with accreditation standards.

Also, in the case of detection of any non-compliance, the Board is entitled to provide educational institution with maximum 60 days for the correction of the shortcoming, except for the cases, when it is apparent that there will be no actual results. In the case of failure of the institution to correct the relevant shortcoming within a period of 60 days, the Board is entitled to make a decision on the cancellation of the accreditation/conditional accreditation (Accreditation Charter, Article 31).

As regards changes in educational programs and human and material resources during the authorization period, According to Article 30² of the Authorization Charter, in the case of change of educational premises or the address of the HEI, the institution is required to give 30 days prior notice to the Centre before starting any activities at changed premises, or address, except for cases of urgent necessity, when the institution is required to immediately notify the Centre about starting activities at changed premises/address, and provide documentation certifying lawful ownership of the premises. Also if overall 10% of the academic and scientific staff of the HEI has changed from the moment of granting authorization to the HEI, the institution is required to notify the Centre in writing about the foregoing within a period of 30 calendar days following such changes. In the case of such changes the Centre is entitled to verify the fulfillment of the authorization conditions through monitoring thereof. Also in the case of changes in learning outcomes of an educational program, except for accredited programs, the HEI is required to notify the Centre in writing within a period of 30 calendar days following such changes and submit the educational program, as well as the act issued with regard to such changes. (Authorization Charter, Article 30²). Respectively, any changes, related to conditions of the authorized educational institution should be reflected in self-evaluation reports, to be submitted to the Centre at least once in 3 years.

Pursuant to Accreditation Charter in the case of change of leaning outcomes of an educational program or/and structure of the educational program (addition or/and removal of educational components of major specialty, changes in credits allocated for educational components of major specialty, addition or/and removal of a module, addition or/and removal of a additional specialty) during the accreditation/ conditional accreditation period, the educational institution is required to notify the Centre in writing within a period of 30 calendar days following such changes and submit the changed educational program, also the act issued with regard to implemented changes. In the case of such changes the Centre is entitled to verify the fulfillment of the accreditation conditions through monitoring thereof. Respectively, any changes, related to conditions of an accredited educational program should be reflected in self-evaluation reports, to be submitted to the Centre at least once in 3 years.

Also, it is prohibited to change the language of instruction or/and qualification to be granted by the educational program during the accreditation/conditional accreditation of the educational program (except for the cases, when the change of qualification is related to alignment of the educational program with sectoral benchmark owing to changes made to the latter). It is also prohibited to merge or divide educational programs under accreditation/conditional accreditation regime. In this case the educational program/programs is/are regarded as new program/programs, the right to implement them is to be acquired by the institution in accordance with the procedure, prescribed by law (Accreditation Charter, Article 30).

According to Para. 2 of Article 12 of the Law of Georgia on Educational Quality Enhancement, authorization is granted to a HEI for a period of 6 years. Respectively, an authorized institution, intending to proceed with higher education activities, is required to go through the authorization procedure periodically, once in 6 years. In this case a HEI is to file an authorization application 180 calendar days earlier. According to Para. 3 of Article 22 of the same Law, initial accreditation period of an educational program is 4 years. Every next accreditation period of an accredited educational program, also the initial accreditation period of the educational program, which is continuously implemented by the institution for at least 2 past years, is 7 years. Conditional accreditation period makes maximum 2 years. Respectively, if an institution intends to continue the implementation of Medical Doctor's one-cycle educational program, it is required to file an accreditation application with the Centre 180 days prior to the expiry of the above timelines.

The Center prepares an annual plan for monitoring of HEIs and programs, which allows a monitoring of every higher education institution at least once during its authorization period. Additionally the Center provides capacity building for HEIs in order to help them overcome the weaknesses arisen during the monitoring process.

Insofar as in 2016-2018 higher education quality assuring mechanisms (authorization and accreditation standards, procedures, sectoral benchmarks) were subjected to major review and enhancement, the new mechanisms make it possible to review the regularity of authorization and accreditation after the expiry of one cycle after granting authorization and accreditation on the basis of the outcomes of implemented evaluations.

G. Complaints

Question:

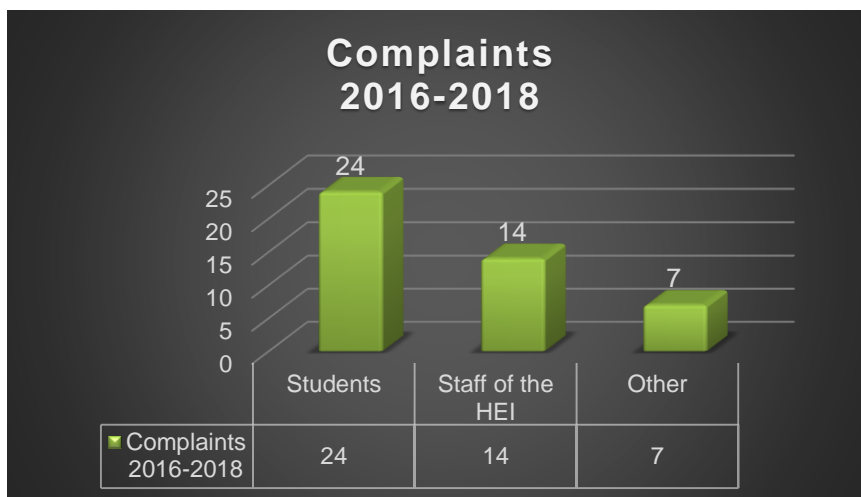
- Does the accrediting agency investigate complaints from students, graduates, or other individuals regarding accredited medical schools? If yes, please describe the accrediting agency's procedures for investigating complaints.
- Are complaints received by the accrediting agency considered in the agency's evaluation of the medical school? If yes, please describe how complaints are used in the evaluation.

Response:

According to the Law of Georgia on Educational Quality Enhancement the National Center for Educational Quality Enhancement monitors the fulfillment of authorization and accreditation conditions by a HEI. Consequently, pursuant to Authorization and Accreditation Charters, the fulfillment of authorization and accreditation conditions by a HEI is verified under the initiative of the Centre or on request of the Board through planned and/or non-planned monitoring (Law of Georgia on Educational Quality Enhancement, Articles 15 and 23, Authorization Charter, Article 31, Accreditation Charter, Article 31). At the beginning of each year, the Centre develops plans for planned monitoring for the current year with regard to both authorization and accreditation.

Within the framework of non-planned monitoring the Centre investigates complaints, filed by students, graduates, teachers and other stakeholders with regard to potential violation of HEI authorization and higher educational program accreditation standards.

In 2016-2018 total 45 complaints were filed with the Centre.



With a view to investigation of the complaints, the Centre is entitled to request respective documents/information from the HEI and issue an order on setting up a monitoring team for their examination. Based on the analysis of requested documents/information, a visit of authorization or accreditation experts to the HEI may be arranged in the case of need on the basis of the order of the Centre Director. Also, according to the content of the complaint or application the Centre is entitled to directly issue an order on setting up an expert team and their visit to the HEI, without requesting documents/information. After the visit the report of the expert team is drafted, which is submitted to the HEI. The HEI prepares its well-reasoned position with regard to factual circumstances, mentioned in the draft reports and submits it to the Centre. The Center forwards this documents to the team of experts, which finalizes the report and submits it to the Centre. Final report is sent to the HEI. The reasoned position of the HEI and final report of the team of experts are sent to the Authorization or Accreditation Board, which makes relevant decision based on the above documents, and the opinions of the stakeholders expressed during the oral hearing (Authorization Charter, Article 31, Accreditation Charter, Article 31).

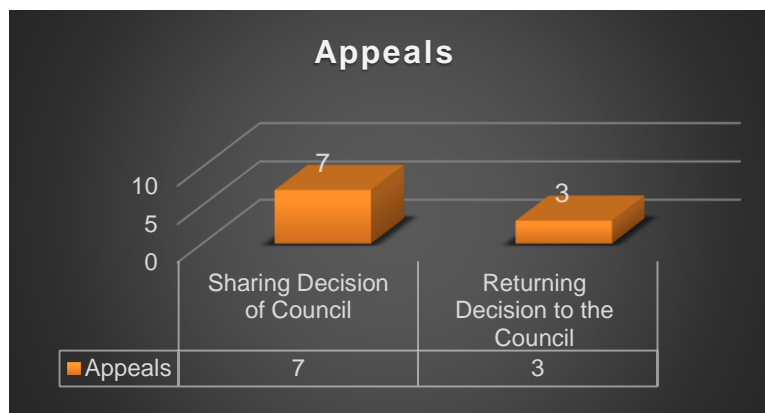
It is noteworthy, that each and every complaint filed with the Centre was thoroughly studied. As a result of this process, no cases of violation of authorization or accreditation standards were found in some of the complaints, and where the team of experts confirmed the violation of authorization or accreditation standards, the Authorization and Accreditation Boards gave reasonable periods to the HEI for the correction of the circumstances, mentioned in the complaints. In the case concerned, the removal of shortcomings is monitored by the Centre. Also, there are cases, when the HEIs removed the shortcomings, mentioned in the complaints, within the shortest time, all by themselves, before a decision was made by Authorization and Accreditation Boards with regard to complaints, filed with the Centre, and presented documents, certifying the removal of shortcomings.

Furthermore, according to the amendment, made to the Law of Georgia on Educational Quality Enhancement, a dispute resolution body - Appeals Board was set up. Establishment of the Appeals Board created the mechanism of essential revision of the decisions of the Authorization and Accreditation Boards in Georgia. As a result, the educational institutions will have the possibility to

file a complaint not only with the court of law, which ensures the revision of the decisions of the Authorization and Accreditation Boards only from formal-legal point of view, but also with the body, which will assess the appealed decisions essentially, according to authorization and accreditation standards (Law of Georgia on Educational Quality Enhancement, Chapter IV¹).

According to the Law of Georgia on Educational Quality Enhancement a HEI is entitled to appeal the decisions of the Authorization and Accreditation Boards either with the Appeals Board or with the court of law. The members of the Appeals Board are appointed to and removed from the office by the Prime Minister of Georgia under the submission of the Ministry of Education and Science of Georgia. A member of the Appeals board cannot be a public servant, a member of Authorization or Accreditation Board. The powers and operational procedures of the Appeals Board are defined by the Authorization Charter and Accreditation Charter (Authorization Charter, Chapter VI¹, Accreditation Charter, Chapter V¹), which guarantee its functional independence from educational institutions and state authorities. A decision of the Appeals Board can be one of the following two types: a) On upholding the decision of the Authorization Board / Accreditation Board; b) On returning the issue to the Authorization Board / Accreditation Board for revision (Law of Georgia on Educational Quality Enhancement, Article 24¹).

Total 10 decisions of the Authorization and Accreditation Boards were appealed with the Appeals Board starting from the date of its set up.



Part IV: Accreditation Agency Policies and Resources

A. Controls against Conflicts of Interest

Question:

- Describe how the accrediting agency ensures that individuals involved in the accreditation process or decision for a specific medical school have no conflicts of interest that would potentially inhibit them from making objective decisions.

Response:

According to the Article 19 of the Authorization Charter and Article 24 of the Accreditation Charter, a member of authorization/accreditation expert panel must recuse in case he/she has a conflict of interest with the accreditation seeker institution. Within 2 working days after familiarization with the individual administrative legal act about the composition of experts panel, authorization/accreditation seeking institution is allowed to submit a motion for recusal for the authorization/accreditation panel expert(s).

The institution is required to justify a motion of recusal submitted for the authorization/accreditation expert. Reasonable grounds for recusal can be conflict of interests between the chairman and / or member(s) of the authorization/accreditation expert panel. The Center should review recusal application within 3 working days. In case if the Center finds recusal application satisfactory, then the Center makes decision on the amendment of the composition of the authorization/accreditation expert panel. If the Center decides to abandon the recusal application, then the accreditation expert panel should continue activities in original composition.

According to the Code of Ethics of Experts of Authorization and Accreditation approved by the director of NCEQE by the Decree N717, the expert should notify the Center about any conflict of interests and recusal. The conflict of interest is in place when the Expert:

1. Is an interested party of the case;
2. Is related to interested party or its representative;
3. Is a representative of the party engaged in the case;
4. Participated in creation/assessment of the concerned institution/program;
5. For the past two years engaged in labor relations with interested party;
6. Is in labor relation with the interested party;
7. Owns, or the member of the family owns shares or foundation capital in the institution which is an interested party;
8. There is a personal interest and/or other circumstances that influence (or will influence) impartiality and objectivity of the expert.

Furthermore, issues related to the conflicts of interest are regulated by the Article 6 of the Rule of experts. Expert pool member conflict of interest is a situation in which an expert's financial or other personal interests come into conflict with the goals defined by article 2 of this rule. Additionally, a conflict of interest is considered to exist if there are circumstances defined by The General

Administrative Code of Georgia, article 92.¹ Within one year after the completion of authorization/accreditation operations, the expert is not entitled to enter into any labor-related contract with appropriate educational institution, or provide any consulting services to them.

According to The Article 92 of the General Administrative Code of Georgia, regulations related to the conflict of interest apply also to the employees of NCEQE. The Employee of NCEQE who is responsible for administrative proceedings should recuse himself if there are any circumstances described in the Article 92 of the General Administrative Code of Georgia.

As it was mentioned above the authorization and accreditation Board members are appointed under the submission of the Ministry of Education and Science of Georgia and approved by the Prime Minister of Georgia. When fulfilling its obligations, the Board member should be independent, objective and impartial. According to the Article 23¹ of the authorization Charter and Article 27⁴ of the Accreditation Charter, Within 2 working days after familiarization with the agenda of the Board meeting, the member is required to announce of conflict of interest and recusal with the institution. The same regulation is related to the Appeal Board members.

B. Controls against Inconsistent Application of Standards and Procedures

Question:

- Describe how the accrediting agency ensures that the standards and procedures for accreditation of medical schools are applied consistently to all schools that seek accreditation.

Response:

The same standards and procedures for authorization and accreditation are utilized when evaluating HEIs and programmes. Furthermore there is a guidebook for authorization standards which describes how authorization standards should be interpreted. Also the structure of the standards is sufficiently detailed which ensures consistent application of the standards. In order to have the common understanding of the standards, HEIs, experts and NCEQE employees are provided with relevant trainings and workshops. Another mean of ensuring consistent evaluation of HEIs and/or programmes is that the Center employee accompanies expert panel during the site-visit.

¹ An official of an administrative body may not participate in administrative proceedings if he/she:

- a) is personally an interested party in the case
- b) is related to an interested party in the case or to its representative
- c) is the representative of an interested party to the case
- d) was an expert with respect to the issue in the case
- e) is in labor relations with an interested party to the case
- f) his/her family member is holding stocks or a share in the charter capital of the enterprise representing an interested party
- g) is a family member of an interested party to the case or of its representative.

For the purposes of this regulation, the following persons shall be considered as relatives:

- a) a lineal relative
- b) a spouse, siblings of a spouse and a lineal relative of the spouse
- c) siblings of a lineal ascendant
- d) siblings, their spouses and children.

An official shall be obliged to notify a superior official of the circumstances and his/her refusal to participate in the administrative proceedings

C. Administrative and Fiscal Responsibilities

Question:

- How does the accrediting agency ensure that it has sufficient administrative and fiscal capability and independence to carry out its accreditation activities with regards to its scope of responsibility?
- Describe the main source of funding for the accrediting agency's activities.
- Provide a summary statement of operations of income versus expenditures for the past five years.

Response:

The NCEQE has sufficient number of staff to carry out its activities effectively and efficiently. The fees for authorization and accreditation are calculated so as to cover necessary expenses for relevant administrative processes. Therefore, the authorization / accreditation processes are not financially dependant on the income for any other services provided by NCEQE.

The authorization and accreditation fees have been revised and each of them has been identified through transparent criteria. Specifically, the authorization and accreditation fees were determined by the scope of workload to be performed, based on the number of experts and working days. Each institution presents the authorization and accreditation fees on the account of the Center on the basis of an invoice based on the submitted application. The criteria for defining the number of working days and the number of panel members at site-visit are defined by the Annex 2 of authorization and accreditation charters.

The NCEQE shall have assets for the implementation of its goals and discharge of assigned duties, the procedure of formation of which assets shall be determined commensurate with the law of Georgia.

The NCEQE assets shall be reflected on its independent balance sheet.

The NCEQE shall be funded 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.

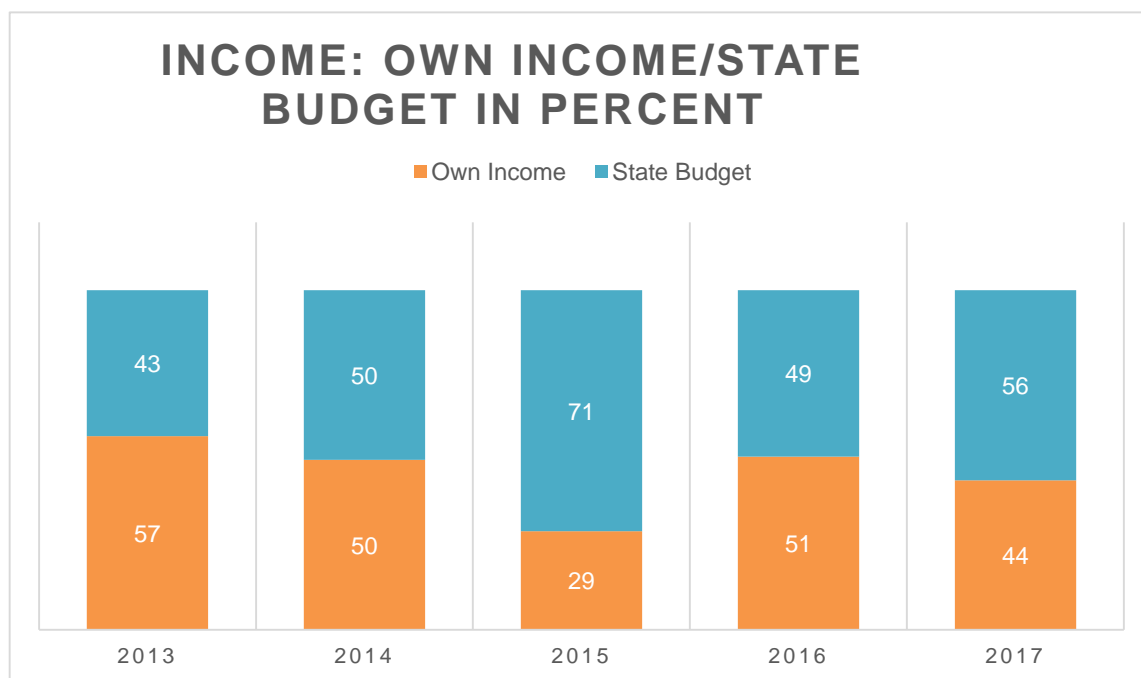
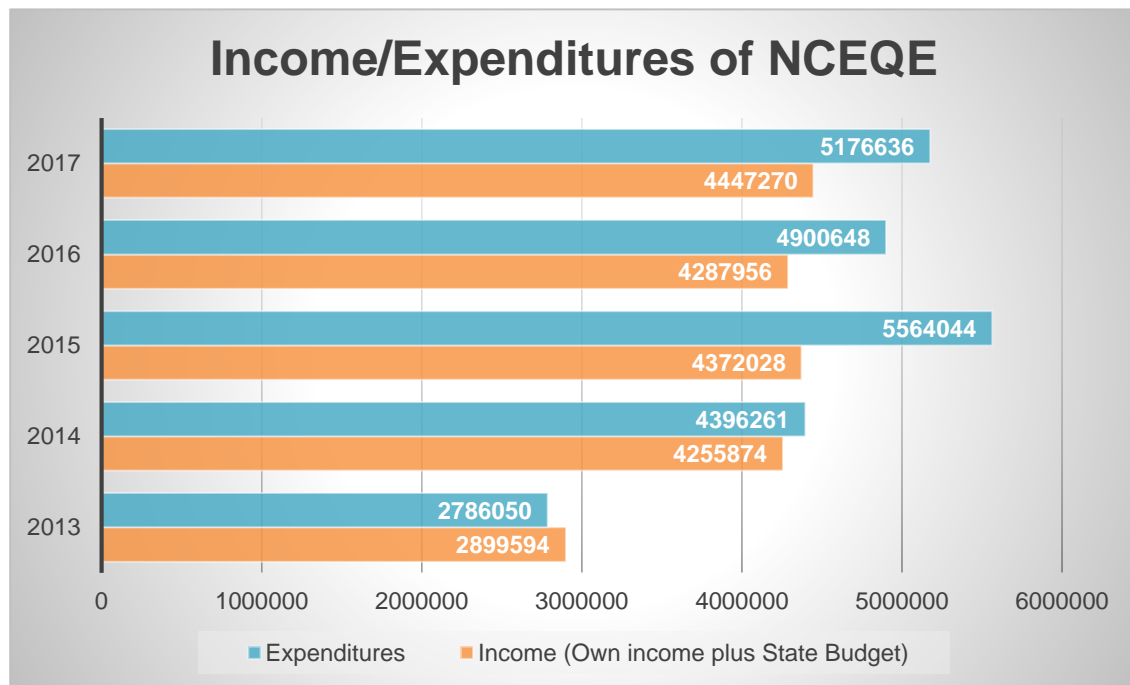
The NCEQE shall be required to carry out the accounting of and reporting on financial and economic activities, draw up the balance sheets and submit them to the Ministry commensurate with the procedure, envisaged by the law of Georgia.

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

The annual balance sheet of the NCEQE shall be checked by an independent auditor, appointed by the Ministry.

Supervision over the activities of the NCEQE shall be administered by the Ministry commensurate with the procedure, envisaged by Law of Georgia on Legal Entities of Public Law.

The Procedure of Amendment of the NCEQE Statute, Reorganization or Liquidation The NCEQE Statute shall be amended and the NCEQE shall be reorganized or liquidated in accordance with the procedure, envisaged by the law of Georgia. The assets remaining after the liquidation of the NCEQE shall be transferred to the in accordance with the procedure, envisaged by Georgian legislation. The annual balance sheet of the NCEQE shall be checked by an independent auditor, appointed by the Ministry.



D. Due Process

Question:

- Does the accrediting agency notify medical schools in writing of any adverse accreditation actions or decisions and describe the basis for such action? If yes, please describe.
- Does the accrediting agency have an appeal process for adverse actions? If yes, please describe the levels of appeal, the qualifications, credentials and training of the individuals conducting the appeal(s), and the policies that are in place to ensure that individuals involved in the appeal process have no conflicts of interest that would potentially inhibit them from making objective decisions.

Response:

According to the Authorization Charter Article 17 and Accreditation Charter Article 22, within 3 working days the Center examines compliance of documentation enclosed by the authorization / accreditation application with the requirements set in the Charter.

If the applicant educational institution fails to submit one of the documents required by the authorization/ accreditation charter, the Center should set no less than 5 and no more than 15 working days term for correction of non-compliance.

If non-compliance is corrected within the terms defined in Section 2 of this article, then the Center issues an individual administrative legal act on recognition of educational institution as authorization / accreditation seeker. In case of failure of the institution to correct non-compliance within specified period of time, the Center issues an individual administrative legal act on non-consideration of the application.

Upon examination of self-evaluation report and related documentation and based on authorization / accreditation site visit results, accreditation expert panel elaborates draft report and presents it to the Center. Draft report describes compliance of the educational program with authorization / accreditation standards. The Center determines the compliance of the authorization / accreditation expert panel draft report with the requirements determined by individual administrative legal acts. If the compliance is confirmed, the draft report is sent to the institution. Within 5 working days after familiarization with draft report, authorization/accreditation seeking institution shall submit to the Center an argumentative position in writing on factual errors stated in the draft report, which are sent to the accreditation expert panel and the Council. In case of presenting of argumentative position, after familiarization with it accreditation expert panel draws up final version of the report and presents it to the Center (Authorization Charter Article 21, Accreditation Charter, Article 27¹).

According the Authorization Charter chapter VI¹ and Accreditation Charter chapter V¹, decisions can be appealed by the applicant of accreditation/authorization seeking educational institution to the Appeal council or to the court, within one month after receiving such decision as envisaged in the law. Members of the Appeal council are appointed and released by the Prime Minister of Georgia, as recommended by the Ministry of Education and Science of Georgia. Appeal council operates for one year. Members of the Appeal council cannot be public servants, members of Authorization or Accreditation Councils. Members of the Appeal council receives payment for their work (honoraria) from own income of the NCEQE. Appeal council is functionally independent from any educational institutions and state agencies.

Member of the Appeal council, while performing his/her duties, should be independent, objective, and unbiased. Member of the Appeal council should remain neutral under any circumstances, and should not fall under the influence of interested parties, regardless of their status. Member of the Appeal council should not disclose or use for personal interest any information and/or documentation obtained while performing work duties. Member of the Appeal council should be focused on cooperation and should not try to portray himself/herself in a privileged position; he/she should not publicly doubt competence of the expert, member of the authorization/accreditation board or other

member of the Appeal council, whether he/she agrees with their position or not. Member of the Appeal council, before starting revision of any issue, is responsible for disclosing about any conflict of interest and self-recusal.

Organizational and financial support of the Appeal council is ensured by the secretariat of the Appeal council (herein referred to as "secretariat"), implemented by the NCEQE. Composition of the Secretariat is determined through the individual legal-administrative act of the Director of the NCEQE. Appeal council is responsible for reviewing appeal claim and making appropriate decision within 60 calendar days from the moment of receiving the claim.

During the session Appeal council makes one of the following decisions:

- a. Sharing decision of authorization/ accreditation council.
- b. Returning decision to the authorization/ accreditation council for another review.

In case if the Appeal council shares decision of authorization / accreditation council, interested party is authorized to appeal to the Court according to the regulations and within the timeframe envisaged in the legislation.

In case if the Appeal council decides to return decision to the authorization / accreditation council for further discussion, relevant authorization / accreditation council once again discusses the case according to the regulation, and makes decision within the given timeframe.

Decision of the Appeal council to return the decision to authorization / accreditation council for further discussion is based on the documents, appealed decision, review of appeal council's decision, and oral hearing. Applicant of the authorization / accreditation is permitted to appeal authorization / accreditation decision, described, only once.

E. Maintenance of Records

Question:

- Does the accrediting agency maintain full records of accreditation review documentation, including self-studies, on-site evaluation reports, the medical school's responses to on-site reports, periodic review reports, decisions, and any other pertinent correspondence and materials? If yes, please describe the record-keeping policies of the accrediting agency, including policies related to data security.

Response:

The Center has the approved rule on nomenclature where the documents are described, also including their saving period. The authorization and accreditation documentation is saved permanently.

The center uses electronic system - Eflow. The authorization and accreditation applications presented to the center with all subsequent documents are uploaded in this system. After the completion of the administrative proceedings, the original documents (self-evaluation report, on site evaluation report, institutions argumentative position on draft report, councils decisions etc) are saved at the Department for Higher Education Quality Assurance of NCEQE for 3 years and after the expiration of the mentioned period - permanently in the archive of the Center

F. Availability and Dissemination of Information

Question:

- Does the accrediting agency make available to medical schools and/or the public information on the types of accreditation granted and the procedures medical schools must follow in applying for accreditation? If yes, please describe the scope and accessibility of the information.
- How does the accrediting agency notify medical schools undergoing review and pertinent licensing or authorizing agencies of accreditation decisions?
- Is there a directory of accredited medical schools and accreditation decisions? If yes, please describe the scope and accessibility of the information.

Response:

Authorization/Accreditation standards and procedures for higher education institutions are approved by the Order of the Minister of Education and Science of Georgia, which are publicly available on the website of the Legislative Herald of Georgia (www.matsne.gov.ge) as well as at the official website of the Center. Furthermore, the website of the Center provides full information separately for both - authorization standards and procedures and accreditation standards and procedures. Any interested person has the opportunity to get full information from the Center's website on authorization and accreditation procedures and standards. Also, Authorization Guidelines for higher education institutions is available on the website of the Center.

According to the article 19 of the Authorization charter and article 24 of the Accreditation charter, within 60 calendar days after payment of authorization / accreditation fee, the Center will issue individual administrative-legal act on setting up the authorization / accreditation expert group and visit to authorization / accreditation seeking institution. The individual administrative-legal act on setting up the authorization / accreditation expert group and visit is sent to the accreditation seeking institution which is allowed request a recusal against the accreditation group expert/experts within 2 working days after familiarization with the abovementioned individual administrative-legal act. The decision of the authorization or accreditation council and the minutes of the meeting of the Council shall be sent to the institutions in relation to which are issued.

After the decision on authorization / accreditation is made by the Authorization / Accreditation Board, within 10 working days after the meeting, the relevant board decision, the meeting minutes and the report of expert group is uploaded on the website of the Center. Consequently, any interested person has the opportunity to get acquainted with the Council's positive and negative decisions and conclusions of the expert panel.

3. APPENDIXES

The following is a list of required documents to be labelled and attached to the application. If clarification is needed regarding these requirements, please contact the WFME Secretariat. The documents must be provided in English.

1. Standards for accreditation
 - 1.1 Standards for Authorization (institutional evaluation) of HEIs
 - 1.2 Standards for programme Accreditation
 - 1.3 Medicine Sector Benchmark
2. Procedures for accreditation
 - 2.1 Procedures for Authorization
 - 2.2 Procedures for Accreditation
3. Summary description of the types of information the accrediting agency requires be submitted by schools seeking accreditation (Database)
 - 3.1 Self-evaluation report template of a higher educational institution
 - 3.2 Self-Evaluation Report Template on Higher Education Programme
4. Guidelines for the institutional self study (*will be provided shortly*)
5. Guidelines for conduct of the site visit
 - 5.1 Guidelines for authorization experts
 - 5.2 Guidelines for accreditation experts
6. Guidelines on content and structure of the report
 - 6.1 authorization expert`s report template
 - 6.2 accreditation expert`s report template
 - 6.3 Rule of Experts (*will be provided shortly*)
7. A recent example of an institutional self study report submitted to the agency
 - 7.1 An institutional self study report of Tbilisi State Medical University
8. The law or official rules and regulations establishing the agency and its authority, organisation etc.
 - 8.1 Law on Education Quality Improvement

8.2 Charter of NCEQE

9. Additional supporting documents

9.1 Code of Ethics

9.2 Presentation about the QA system in Georgia

9.3 Main changes made as a result of an Advisory visit

4. CERTIFIED STATEMENTS

On behalf of the (ACCREDITING AGENCY NAME) (the “Agency”), I hereby apply to the World Federation for Medical Education (“WFME”) for recognition of the Agency as a Recognized Accrediting Agency for Medical Schools (a “Recognized Accrediting Agency”) in accordance with and subject to the procedures and regulations of WFME. I have read and agree to the conditions set forth in the WFME *Policies and Procedures for the Recognition of Agencies Accrediting Medical Schools*, and other materials describing recognition and the recognition process. I understand and agree that the Agency will be subject to denial of recognition; to withdrawal of recognition and forfeiture of any recognition credential granted by WFME; and to denial of future eligibility for recognition in the event that any of the statements or answers made in this application are false or in the event that the Agency violates any of the rules or regulations governing Recognized Accrediting Agencies, as described by WFME.

I authorize WFME to make whatever inquiries and investigations it deems necessary to verify the contents of this application. I understand that this application and any information or material received or generated by WFME in connection with the recognition process will be kept confidential and will not be released unless the Agency has authorized such release or such release is required by law. However, the fact that the Agency is or is not, or has or has not been, recognized is a matter of public record and may be disclosed. Finally, WFME may use information from this application for the purpose of statistical analysis, provided that the Agency's identification with that information is not disclosed.

I hereby agree to hold WFME, its officers, commissioners, employees, and agents harmless from any and all actions, suits, obligations, complaints, claims, or damages, including, but not limited to, reasonable attorneys' fees arising out of any action or omission by any of them in connection with this application, the application process, or the denial or withdrawal of the Agency's recognition or eligibility for recognition.

Notwithstanding the above, should the Agency file suit against WFME, the undersigned agrees that any such action shall be governed by and construed under the Laws of England and Wales without regard to conflicts of law. The undersigned further agrees that any such action shall be brought in the applicable court of the High Court of Justice of England and Wales or such subordinate Court as shall be applicable; as a court of first instance; consents to the jurisdiction of such courts; and agrees that the venue of such courts is proper. The undersigned further agrees that, should the Agency not prevail in any such action, WFME shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

I UNDERSTAND THAT THE DECISION AS TO WHETHER THE AGENCY QUALIFIES FOR RECOGNITION RESTS SOLELY AND EXCLUSIVELY WITH WFME AND THAT THE DECISION OF WFME IS FINAL.

I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE AGENCY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I CERTIFY THAT THEY ARE TRUE AND THAT I INTEND FOR THE AGENCY TO BE LEGALLY BOUND BY THEM.

Agency Executive Officer	
Print name:	Tamar Sanikidze
Title:	Director
Signature:	
Date:	16.04.2018