

ARCHITECTURE / MODEL OF THE QMS AT JAIU

1. Purpose

This document describes the architecture (model) of the JAIU QMS: management levels, key elements, interrelationships between processes, documents, and records, the PDCA cycle, monitoring and improvement mechanisms (CAPA), as well as the digital loop (eBilim/EDO).

2. Composition of the QMS Model

The JAIU QMS model includes the following elements:

1. **Leadership and Management:** Quality Policy, Strategy, Objectives/KPIs, Allocation of Responsibilities.
2. **Process model:** process map (QMS-01-06), process owners, indicators, and risks.
3. **Documented Information:** QMS regulatory documents (QMS-70), provisions/regulations for blocks 10–90, records and evidence.
4. **Performance Evaluation:** Quality monitoring, performance analysis, surveys, internal audit, Management Review.
5. **Improvement:** nonconformity management, CAPA, improvement plans, and effectiveness monitoring.
6. **Digital support:** eBilim, electronic ledgers/logs, EDO, e-archive, analytics.

. QMS management levels (hierarchy)

Level 1. Strategic

1. Rector, Rector's Office, Quality Council
2. Approval of policies, strategies, KPIs, and improvement decisions.

Level 2. Tactical

1. Vice Rector for Quality and Clinical Affairs (QMS Coordinator)
2. QMS / Quality Service
3. Planning of monitoring and audits, analysis of results, coordination of CAPA.

Level 3. Operational

1. Process owners: UIO, Academic Affairs Department/Dean's Office, departments, simulation center (OSCE/OSPE), IT, HR, Research, Library, Logistics, etc.
2. Implementation of processes, record keeping, fulfillment of KPIs, participation in improvements.

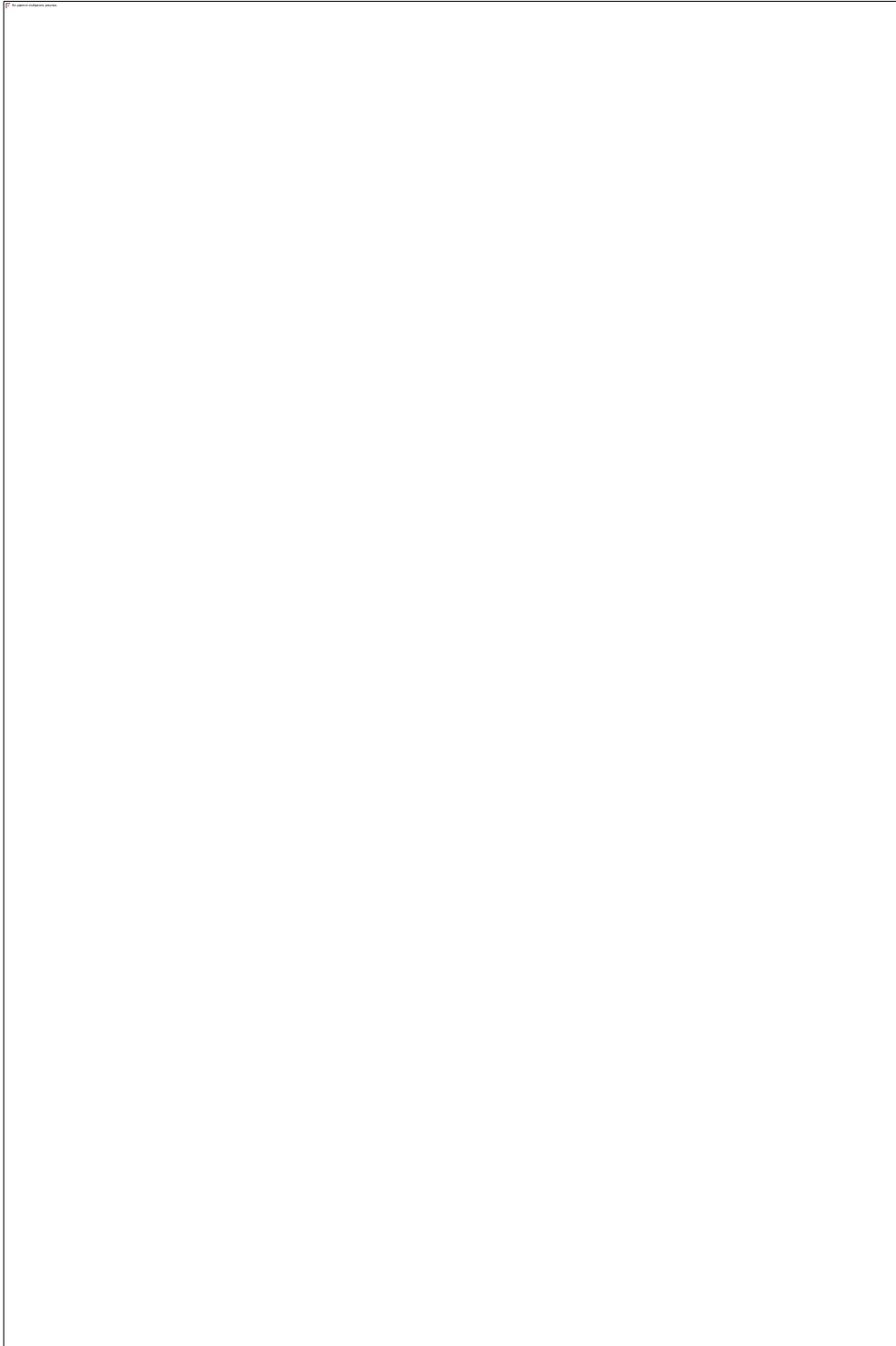
4. The PDCA Cycle in the JAIU QMS (Workflow)

PLAN (Plan): policy, objectives, KPIs, risks, monitoring and audit plan.

DO (Do): implementation of processes in education/resources/research/social work.

CHECK: quality monitoring, performance analysis, surveys, internal audit, OSCE analytics.

ACT (Improve): CAPA, improvement plans, review of documents and processes, management decisions.



5. The “Processes → Documents → Records” Relationship

The QMS model is supported by the following relationship:

1. **Processes** are described in QMS-01-04 and relevant policies/regulations (QMS-10/20/30/40/50/60/70/80/90).
2. **Documents** have codes, versions, owners, and are stored in the QMS-70-05 registry.
3. **Records (evidence)** are generated during the processes: eBilim logs/reports, OSCE protocols, monitoring reports, audit reports, CAPA cards, etc.
4. **The QMS** ensures control of documented information and traceability.

6. Roles and Responsibilities (RACI Model — Summary)

1. **Quality Council** — approves objectives and KPIs, reviews MR results.

2. **QMS** — organizes monitoring, audits, and CAPA; maintains the QMS registry and reporting.
1. **UIO / Training Department** — ensures the manageability of the training process and data (eBilim), ledgers, and reports.
2. **Simulation Center** — responsible for simulation training and OSCE/OSPE (procedures, checklists, protocols).
3. **IT Department** — digital infrastructure, electronic document management, access controls, and system reliability.
4. **Departments/Dean's Office/Advisors** — implementation of the educational program, assessment, clinical rotations, documentation, and improvements.

7. Performance Measurement (KPIs and Data Sources)

Data sources in the QMS model:

1. **eBilim** (academic performance, attendance, transcripts, activity, independent study).
2. **OSCE/OSPE** (checklists, protocols, analysis of stations/examiners).
3. **Monitoring surveys** (students, faculty, graduates, employers).
4. **Internal audit** (checklists, reports, non-conformities).
5. **CAPA** (non-conformity log, cards, effectiveness).

8. Change Management and QMS Updates

Changes to the QMS are initiated based on the results of monitoring, audits, accreditation, changes in regulatory requirements, digital processes (eBilim/EDO), and risks.

Decisions are recorded in minutes of the Quality Council/Rectorate and implemented through CAPA, followed by an effectiveness review.

9. Document Review

The document is reviewed **annually** or on an ad hoc basis in the event of significant changes to the structure, processes, or requirements.

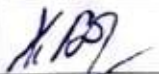
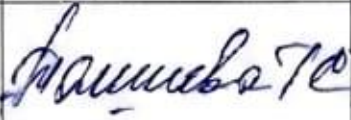







CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition: 1.000

Effective date: “ ” 20

APPROVAL SHEET

№	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department			29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.

