

# REGULATIONS

on Internal Audit and Self-Assessment of Educational Programs and the University

## 1. General Provisions

1.1. These Regulations establish the objectives, principles, and procedures for organizing and conducting internal audits and self-assessments of educational programs (EPs) and the University as a whole within the quality management system (QMS) and the internal quality assurance system of JAIU.

1.2. These Regulations have been developed in accordance with:

1. The Law of the Kyrgyz Republic “On Education”;
2. state educational standards;
3. the Charter of JAIU;
4. The Regulations on the Quality Management System of JAIU;
5. The Regulations on the JAIU Internal Education Quality Assurance System;
6. the requirements of national and international accreditation agencies (NAAR, AOPO, etc.).

1.3. Internal audit and self-assessment are mandatory elements of the PDCA (Plan–Do–Check–Act) cycle and are aimed at the continuous improvement of the quality of educational activities and management.

1.4. The requirements of these Regulations are mandatory for all structural units of JAIU that implement educational programs and participate in quality assurance.

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## 2. Goals and Objectives of Internal Audit and Self-Assessment

2.1. Objectives:

- 2.1.1. To assess the compliance of the University’s activities and educational programs with established internal regulations, national laws and regulations, and accreditation standards.
- 2.1.2. To identify strengths, challenges, and risks affecting the quality of education.
- 2.1.3. To establish a basis for management decisions, corrective actions, and preventive measures.

2.2. Main objectives:

- 2.2.1. Verifying compliance with QMS procedures and internal regulations (provisions, regulations, instructions).
- 2.2.2. Evaluating the effectiveness of educational programs, assessment systems, and teaching and learning resources.
- 2.2.3. Analyzing resource provision (human resources, material and technical resources, digital infrastructure, clinical facilities, etc.).
- 2.2.4. Evaluation of the performance of organizational units (faculties, departments, services).
- 2.2.5. Preparation of recommendations for improving educational programs, processes, and the QMS as a whole.

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## 3. Key Terms and Definitions

3.1. **Internal audit** – a systematic, independent, and documented process of obtaining objective evidence and evaluating the extent to which it meets established criteria.

3.2. **Self-assessment** – a comprehensive internal evaluation of the activities of an educational program or the University as a whole based on self-reports, QMS indicators, and monitoring data, followed by the formulation of conclusions and improvement plans.

3.3. **Internal auditor** – a trained and authorized employee who conducts internal audits.

3.4. **Audited unit** – a faculty, department, or service implementing an educational program or process subject to an internal audit.

3.5. **Audit/self-assessment criteria** – requirements of regulatory acts, internal regulations, accreditation standards, as well as the stated objectives and learning outcomes of the educational program.

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## 4. Types, Objects, and Principles of Internal Audits and Self-Assessment

4.1. Types of internal audit:

4.1.1. **Institutional audit** – an audit of the University as a whole (based on key quality standards).

4.1.2. **Program audit** – an audit of a specific educational program (including according to NAAR/AOPO standards).

4.1.3. **Process audit** – an audit of individual processes (admissions, the educational process, assessment, independent study, internships, research, human resources processes, etc.).

4.1.4. **Thematic audit** – an audit on a specific topic (e.g., academic integrity, digitalization, international cooperation, clinical training).

4.2. The subjects of internal audit and self-assessment are:

1. Curriculum (structure, content, outcomes, assessment, resources);
2. educational and support processes;
3. structural units;
4. QMS and its elements (regulations, documents, monitoring, CAPA processes).

4.3. Self-assessment is conducted at two levels:

4.3.1. **Program self-assessment** – preparation of a program self-report in accordance with accreditation standards and internal requirements.

4.3.2. **University self-assessment** – a comprehensive self-report based on institutional standards and the development strategy.

4.4. Principles:

1. independence and objectivity of the audit;
2. professional competence of auditors;
3. evidence-based and verifiable conclusions;
4. transparency of procedures;
5. focus on improvement rather than “punishment.”

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## 5. Planning and Frequency

5.1. Internal audits are conducted in accordance with **the Annual Internal Audit Plan**, approved by the Rector of JAIU upon recommendation of the Internal Monitoring and Quality Department.

5.2. Recommended frequency:

5.2.1. Program audit of each educational program—at least **once every 3 years** (as well as 1–2 years prior to external accreditation).

5.2.2. Institutional audit—at least **once every 5 years** (aligned with accreditation cycles).

5.2.3. Process and thematic audits—according to the annual plan and/or as needed (by decision of the rector/Quality Council).

5.3. Self-assessment:

5.3.1. Program self-assessment (preparation of a self-report) – at least **once every 3–5 years** and mandatory prior to external accreditation.

5.3.2. University self-assessment – in accordance with accreditation cycles and strategic periods (usually once every 5 years).

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## 6. Procedure for conducting an internal audit

### 6.1. Preparatory stage

6.1.1. The Internal Monitoring and Quality Department develops a draft audit plan (program or institutional) specifying:

1. the objectives and scope of the audit;
2. the subjects and departments;
3. dates of the audit;
4. the composition of the audit team.

6.1.2. The following are approved by order of the rector:

1. the internal audit plan;
2. the composition of the audit team (audit manager, auditors).

6.1.3. The following are sent to the units being audited:

1. a notice of the audit;
2. a list of criteria and documents to be reviewed;
3. for a program audit – a brief self-report form for the program (if it has not yet been prepared).

### 6.2. Conducting the audit

6.2.1. The audit is typically conducted in the form of:

1. document review;
2. interviews with management, faculty, students, and staff;
3. observation of processes (classes, exams, OSCE, support services);
4. inspection of resources (classrooms, laboratories, simulation center, clinical sites);
5. analysis of monitoring data (questionnaires, indicators, reports).

6.2.2. For each criterion, the auditor collects **objective evidence** (copies of documents, interview recordings, photos, screenshots, system extracts, statistics).

6.2.3. Based on the results, the following are compiled:

1. **findings of compliance** (what is being done and constitutes a strength);
2. **non-conformities** (major/minor—a grading system may be introduced if desired);
3. **comments and suggestions for improvement**, even if there is no formal non-compliance.

### 6.3. Final Stage

6.3.1. The audit team prepares **an Internal Audit Report**, which includes:

1. information about the subject and the audit period;
2. a list of the criteria used;
3. a brief description of the audit process;
4. strengths (good practices);
5. identified nonconformities and observations;
6. recommendations and suggestions for improvement.

6.3.2. The report is discussed with the management of the audited units (feedback) and approved by the vice-rector responsible for quality/academic affairs.

6.3.3. Based on the report, the audited unit develops a **Corrective and Preventive Action Plan (CAPA Plan)** within the established timeframe (usually 15–30 calendar days), specifying:

1. measures;
2. responsible parties;
3. deadlines;
4. performance indicators.

6.3.4. The Internal Monitoring and Quality Department monitors the implementation of CAPA plans and reports to management and the Quality Council.

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## 7. Procedure for Conducting Self-Assessment of the Educational Program and the University

### 7.1. Self-assessment of the educational program

7.1.1. The self-assessment of the educational program is conducted by the program's working group (program director, department chair, faculty representatives, students, and representatives of clinical sites, if applicable).

7.1.2. The basis is **the Educational Program Self-Report**, which is structured in accordance with:

1. JAIU's internal standards;
2. the requirements of the accreditation agency (NAAR, AOPO, etc.).

7.1.3. The program self-report includes:

1. a description of the educational program (objectives, learning outcomes, structure);
2. staffing;
3. teaching materials and digital resources;
4. teaching and assessment methods (including OSCE, clinical practice);

5. monitoring data (surveys of students, faculty, employers, and graduates; academic performance; OSCE; employment);
6. SWOT analysis of the educational program;
7. improvement plan (roadmap).

7.1.4. The self-assessment report may be used as the basis for subsequent external accreditation.

## **7.2. University Self-Assessment**

7.2.1. The University's self-assessment is conducted by a working group approved by order of the rector, with the participation of the administration, faculties, administrative services, students, and employers.

7.2.2. **An Institutional Self-Report** is prepared, including:

1. mission, strategy, and management system;
2. human resources policy;
3. educational programs and their portfolio;
4. research and clinical activities;
5. IT and digital infrastructure;
6. internal quality assurance system;
7. social responsibility and international cooperation;
8. SWOT analysis and strategic areas for improvement.

7.2.3. The institutional self-report is reviewed by the Academic Council and approved by the rector.

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## **8. Rights, duties, and responsibilities of participants in the audit and self-assessment**

8.1. Internal auditors have the right to:

1. request and receive necessary documents and data;
2. conduct interviews and inspections;
3. formulate independent conclusions and recommendations.

8.2. Audited departments are required to:

1. provide documentation and access to information in a timely manner;
2. ensure that auditors can communicate with faculty, students, and staff;
3. participate in the development and implementation of the CAPA plan.

8.3. Auditors are required to:

1. adhere to the principles of objectivity, confidentiality, and professional ethics;
2. avoid conflicts of interest (where possible, the audit shall not be conducted by an employee who reports directly to the head of the unit being audited).

8.4. Department heads are responsible for implementing decisions based on the results of audits and self-assessments within the scope of their authority.

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## 9. Documentation and Record Keeping

9.1. Internal audit and self-assessment documents include:

1. annual audit plans;
2. orders to conduct audits and establish working groups;
3. audit programs;
4. internal audit reports;
5. self-reports of academic units and the University's self-report;
6. CAPA plans and reports on their implementation;
7. minutes of meetings (Quality Council, Academic Council, Methodological Councils).

9.2. Documents are stored in paper and/or electronic form in accordance with the JAIU file classification system for the periods established by internal regulations (a minimum of 5 years is recommended).

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## 10. Final Provisions

10.1. These Regulations shall enter into force upon approval by the Rector of JAIU.

10.2. Amendments and additions to these Regulations shall be made at the initiative of the Rector, Vice Rectors, the Department of Internal Monitoring and Quality, and the Quality Council, and shall be approved by order of the Rector.

10.3. Matters not covered by these Regulations shall be resolved in accordance with the current legislation of the Kyrgyz Republic and the internal regulatory documents of JAIU.

1. **Appendix 1.** Form of the Annual Internal Audit Plan.
2. **Appendix 2.** Template for the internal audit program of the educational program.
3. **Appendix 3.** Template for the internal audit report.
4. **Appendix 4.** CAPA Plan Form (Corrective and Preventive Action Plan).
5. **Appendix 5.** Standard Structure of the OP Self-Report and the University Self-Report.

# Appendix 1

## Annual Internal Audit Plan Form

JALAL-ABAD INTERNATIONAL UNIVERSITY (JAIU)

ANNUAL INTERNAL AUDIT PLAN for the \_\_\_\_ academic year

No .	Audit Object (Program/Department/Process )	Type of audit (program, process, thematic, institutional )	Audit objective (brief)	Conduct period (month)	Person responsible for preparing the audit	Audit team leader
1	"Clinical Practice"	Program	Assessment of compliance with NAAR/QM S standards	October	Head of OP	Full Name
2	Department of Normal Anatomy	Process	Compliance with Academic Regulations	November	Department Chair	Full Name
3	Academic and Information Department	Process	LMS, electronic journals, testing	December	Head of the Educational and Information Department	Full Name
...						

**Approved by:**

Rector of JAIU \_\_\_\_\_ /Full Name/

“ ” \_\_\_\_\_ 20

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# Appendix 2

## Template for the Internal Audit Program of the Educational Program

### INTERNAL AUDIT PROGRAM of the educational program “ \_\_\_\_\_ ”

#### 1. General Information

1.1. University: Jalal-Abad International University (JAIU).

1.2. Educational program: “ \_\_\_\_\_ ” (code ).

**1.3. Level: Bachelor’s / Integrated Program / Master’s / Other**

**1.4. Department: Faculty of \_\_\_\_\_.**

**1.5. Audit dates: from “ \_\_\_\_\_ 20 to “ \_\_\_\_\_ 20**

1.6. Type of audit: program audit.

#### 2. Audit Objectives

1. To assess the compliance of the OP with GOST requirements, internal regulations, and accreditation standards.

2. Identification of strengths and areas for improvement in the OP.

3. Preparation of recommendations and proposals for a quality management system improvement plan.

#### 3. Scope and subject of the audit

3.1. Scope: Educational Program “ \_\_\_\_\_ ” (including the curriculum, RPD, FOS, staffing and resource support, assessment system, practical training, and the QMS for the Educational Program).

3.2. Period covered: – academic years (or the last 3 years).

#### 4. Audit criteria

1. Internal documents of JAIU (Regulations on the Educational Program, Regulations on the QMS, on the Student Council, on assessment, etc.).

2. State educational standards of the Kyrgyz Republic.

3. Standards of the accreditation agency (NAAR/AOPO, etc.), if available.

4. JAIU’s strategy and mission, educational program objectives and learning outcomes.

#### 5. Audit Methods and Tools

1. Document analysis (Organizational Regulations, Program Descriptions, syllabi, Course Outcomes, orders, minutes, reports).

2. Interviews with the program director, dean, faculty, students, and clinical instructors.

3. Observation (class visits, OSCE, practical/clinical sessions—as needed).

4. Analysis of monitoring data (surveys, academic indicators, employment, OSCE, etc.).

5. Inspection of teaching facilities (classrooms, laboratories, simulation center, clinical sites—selectively).

#### 6. Composition of the audit group

No.	Position / Role	Full Name	Role in the audit
1	Audit Team Leader		Planning, overall report
2	Academic auditor		Documents, classes
3	HR and Material Supply Auditor		Staff, resources
4	QMS and Monitoring Auditor		Questionnaires, indicators, reports

#### 1. Audit schedule (work plan)

Date	Event	Object / Participants	Person in charge
	Introductory meeting	Faculty leadership, academic programs, auditors	Leader
—	Document review	Academic Affairs Office, departments, academic programs	Auditors

—	Interviews with students	Representatives from the 2nd–6th years	Auditors
—	Class attendance	Selected courses	Auditors
—	Final meeting	Program Director, Dean's Office	Head

1. **Expected results**

1. Internal program audit report listing strengths, non-conformities, and recommendations.
2. Basis for the CAPA plan and OP update.

**Approved by:**

Head of Internal Audit \_\_\_\_\_ /Full Name/

“ ” \_\_\_\_\_ 20

# Appendix 3

## Internal Audit Report Template

### INTERNAL AUDIT REPORT of the educational program “ \_\_\_\_\_ ”

#### 1. General Information

- 1.1. University: JAIU.
- 1.2. Educational program: “ \_\_\_\_\_ ”, code \_\_\_\_\_.
- 1.3. Faculty: \_\_\_\_\_.
- 1.4. *Type of audit: program audit.*
- 1.5. *Audit period: “ \_\_\_\_\_ 20 – “ \_\_\_\_\_ 20*
- 1.6. Audit team:

No.	Full Name	Position / Role
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- |     |  |                   |
|-----|--|-------------------|
| 1   |  | Audit Team Leader |
| 2   |  | Auditor           |
| ... |  |                   |

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#### 1. Audit Objectives and Criteria

##### 2.1. Objectives:

1. To assess the OP’s compliance with internal regulations and quality standards.
2. Identification of strengths and areas for improvement.

##### 2.2. Criteria:

1. State Standards of the Kyrgyz Republic in the field of “ \_\_\_\_\_ ”;
2. internal documents of JAIU (list);
3. accreditation standards (if applicable).

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#### 1. Brief description of the audit procedure

##### 3.1. Documents reviewed (list):

1. Curriculum of the educational program;
2. RPD (selection);
3. FOS;
4. Orders, minutes of methodological/quality assurance meetings;
5. Reports on internships, OSCE, and final state examinations;
6. Monitoring reports (surveys of students, faculty, graduates, and employers);
7. etc.

##### 3.2. Activities conducted:

1. interviews (with whom, in what format);
2. classes attended (which ones, when);
3. inspection of material and technical resources (which facilities).

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1. **Identified strengths (good practices)**

(briefly describe by category: program management, curriculum, methodology, QMS, resources, etc.)

**Example structure:**

- 4.1. Program management.
  - 4.2. Curriculum and program content.
  - 4.3. Teaching and assessment methods (including OSCE / practical training).
  - 4.4. Resource Provision (staff, material and technical resources, digital technologies).
  - 4.5. Monitoring and feedback system.
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1. **Discrepancies and Comments**

5.1. **Table of non-conformities**

No.	Block / criterion	Description of non-conformity (fact)	Requirement (reference)	Severity (major/minor, if applicable)
1	Curriculum	The curriculum does not include the course ...	State Educational Standard, section ____; Regulations on Educational Programs, section ____	major
2	Assessment	No FOS standards have been developed for ____ subjects	Regulations on FOS, para. ____	minor
...				

5.2. **Comments and suggestions for improvement**

(recommendations, even if there is no formal violation, but there is a risk or potential for improvement)

No.	Area	Comment / Suggestion
1	OSCE	It is recommended to expand the list of stations ...
2	Digital Resources	Increase the use of the eBilim LMS in the following disciplines...

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1. **General conclusions on the educational program**

6.1. Assessment of the educational program's compliance with criteria (overall):

- 1. complies / complies with minor discrepancies / has significant discrepancies.

6.2. Key strengths.

6.3. Key risks and problem areas.

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1. **Recommendations and next steps**

- 7.1. General recommendations for improving the OP.
- 7.2. Need to develop a CAPA plan (deadline, responsible person).
- 7.3. Proposals for consideration by the Quality Council / Academic Council.

**Audit Team Leader**

\_\_\_\_\_ /Full Name/ “\_” \_\_\_\_\_ 20

**The following have reviewed the report:**

Head of the Educational Program \_\_\_\_\_ /Full Name/

Dean of the Faculty \_\_\_\_\_ /Full Name/

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# Appendix 4

## CAPA Plan Form (Corrective and Preventive Actions)

### CORRECTIVE AND PREVENTIVE ACTION PLAN (CAPA)

Based on the results of the internal audit of OP “\_\_\_\_\_”

<b>No.</b>	<b>Basis (Nonconformity No. / Comment)</b>	<b>Description of the problem / risk</b>	<b>Action (what we are doing)</b>	<b>Type of action (corrective/preventive)</b>	<b>Person responsible</b>	<b>Deadline</b>	<b>Performance indicator / expected result</b>
1	Non-compliance No. 1	No FOS for the discipline "_____"	Develop and approve the State Educational Standards for the subject	Corrective	Head of Department	11/30/20 —	Curriculum approved, posted on eBilim
2	Comment No. 2	Insufficient use of active teaching methods	Conduct a methodological workshop and update the teaching guidelines	Warning	Head of the Educational Program	12/15/20 —	Seminar report; active methods are specified in the RPD
...							

**Approved by:**

Dean of the Faculty \_\_\_\_\_ /Full Name/ “\_” \_\_\_\_\_ 20

Internal Monitoring and Quality Department: \_\_\_\_\_ /Full Name/

# Appendix 5

## Standard Structure of the OP Self-Report

### STRUCTURE OF THE SELF-REPORT of the educational program “ \_\_\_\_\_ ”

1. **General Information about the Educational Program**
  - 1.1. Full name and code of the educational program.
  - 1.2. Level and qualification of the graduate.
  - 1.3. Form and language of instruction.
  - 1.4. Duration of the educational program.
  - 1.5. Implementing department.
  - 1.6. Program Director.
2. **Program objectives, learning outcomes, and graduate profile**
  - 2.1. Program objectives aligned with the mission and strategy of JAIU.
  - 2.2. Expected learning outcomes (competencies).
  - 2.3. Graduate profile, field of professional activity.
3. **Description of the curriculum and content of the educational program**
  - 3.1. Structure of the educational program (cycles, modules, courses).
  - 3.2. Logic behind the curriculum design.
  - 3.3. Content updates (consideration of current requirements, evidence-based approach).
4. **Faculty resources for the educational program**
  - 4.1. Composition of the teaching staff (degrees, categories, positions).
  - 4.2. Clinical mentors (for medical educational programs).
  - 4.3. Professional development, continuing medical education (CME)/continuing professional development (CPD), and research activity.
5. **Material, technical, and digital support**
  - 5.1. Academic buildings, lecture halls, laboratories.
  - 5.2. Simulation center, clinical sites (as needed).
  - 5.3. IT infrastructure, LMS, electronic resources.
  - 5.4. Library and information resources.
6. **Organization of the educational process and assessment**
  - 6.1. Teaching methods used (lectures, practical training, PBL, CBL, simulation, workplace training, etc.).
  - 6.2. Assessment system (formative, summative, and final assessments, OSCE, quizzes, exams).
  - 6.3. Assessment of independent study assignments, projects, and portfolios (if applicable).
7. **Learning Outcomes and Program Objectives**
  - 7.1. Data on academic performance, outstanding coursework, and withdrawals.
  - 7.2. Results of OSCE, final exams, and state final exams.
  - 7.3. Graduate employment (if available).
8. **Internal quality assurance system for the educational program**
  - 8.1. Monitoring of satisfaction among students, faculty, employers, and graduates.
  - 8.2. Use of surveys, internal audits, and reports.
  - 8.3. Feedback mechanisms (how decisions are made and changes are implemented).
9. **SWOT Analysis of the OP**
  - 9.1. Strengths.
  - 9.2. Weaknesses.
  - 9.3. Opportunities.
  - 9.4. Threats.
10. **OP Improvement Plan (3–5-Year Roadmap)**
  - 10.1. Areas for improvement (by category: content, personnel, material and technical support, methods, quality management system).
  - 10.2. Specific actions, deadlines, and responsible parties.
11. **Appendices**

1. Curriculum;
2. Summary tables on staffing;
3. MTO OP Specification;
4. Summary survey results;
5. Examples of FOS/syllabi;
6. Roadmap.

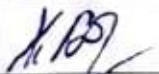
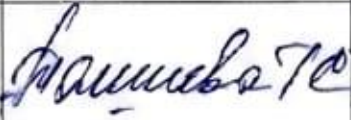







# CHANGE LOG

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

Edition: 1000

Effective date: “ ” 20

## APPROVAL SHEET

No	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.

