

## 1. General Provisions

1. These Regulations define the goals, objectives, principles, structure, and main procedures of **the internal education quality assurance system** (hereinafter referred to as the IQAS) at **[University Name]** (hereinafter referred to as the University).
2. The IQAS is an integral part of the University's management system and covers all levels and areas of activity related to the development, implementation, and development of educational programs (EPs), research and clinical work, and personnel and resource policies.
3. These Regulations have been developed in accordance with:
  1. the Law of the Kyrgyz Republic "On Education";
  2. The State Educational Standards for Higher Professional Education of the Kyrgyz Republic;
  3. regulatory legal acts of the Ministry of Education and Science of the Kyrgyz Republic;
  4. the requirements of national and international accreditation agencies;
  5. the University Charter and local regulations.
4. These Regulations apply to all structural units of the University that implement educational programs, as well as to the faculty, administrative staff, clinical instructors, and students.

## 2. Goals and Objectives of the Internal Quality Assurance System

1. **The objective of the Internal Quality Assurance System (IQAS)** is to ensure and continuously improve the quality of educational activities and the alignment of educational programs with state standards, the needs of society, the healthcare system, and the labor market.
2. Main tasks of the internal quality assurance system:
  1. ensuring the development and implementation of educational programs based on a competency-based approach;
  2. monitoring the achievement of stated learning outcomes and graduate competencies;
  3. assessment of the quality of teaching, clinical training, and assessment methods (including OSCE, Mini-CEX, DOPS, etc.);
  4. ensuring compliance with requirements for staffing, resources, information, and clinical support for the educational program;
  5. developing a culture of quality and involving faculty, students, and employers in quality management;
  6. preparation for external evaluation and accreditation of the educational program and the university as a whole.

## 3. Principles of the Internal Quality Assurance System

The University's Internal Quality Assurance System is based on the following principles:

1. **legality** – compliance with the legislation of the Kyrgyz Republic and regulatory acts;
2. **transparency** – openness of criteria, procedures, and quality assessment results;
3. **accountability** – clarification of authority and responsibility for quality at all levels of management;
4. **Collegiality** – the involvement of collegial bodies (Academic Council, Quality Council, and methodological councils) in decision-making;
5. **student-centered approach** – consideration of students' educational needs, feedback, and engagement;

6. **partnerships with clinical sites and employers** – involvement of external stakeholders in the evaluation and development of educational programs;
7. **continuous improvement (PDCA cycle)** – planning, implementation, analysis, and improvement of processes.

## 8. Quality Management Structure

1. The University **Rector** provides overall leadership of the Quality Assurance System (QAS).
2. To coordinate and develop the Quality Assurance System, **the University's Council on Education Quality**  
, which:

1. reviews annual reports on the quality of education and proposals for improvement;
  2. approves key performance indicators (KPIs) for quality and corrective action plans;
  3. coordinates preparations for accreditation.
3. The following entities perform the operational management functions of the Quality Assurance System:
    1. **the structural unit responsible for educational quality** (or the designated person);
    2. **the Academic and Information Department (AID)**;
    3. faculty deans' **offices**;
    4. **heads of educational programs**;
    5. **department chairs**.
  4. The following are involved in the Internal Quality Assurance System (IQAS):
    1. Faculty and clinical instructors (quality of teaching and assessment);
    2. students (feedback, participation in surveys and working groups);
    3. employers and clinical sites (assessment of graduate competencies, suggestions for updating the educational program).

## 9. Main areas of internal quality assurance

The Internal Quality Assurance System covers the following areas:

### 1. Quality of educational programs

1. the development, review, and periodic revision of the educational program, taking into account state standards, the requirements of accrediting bodies, the labor market, and the healthcare system;
2. coordination of the structure of the educational program, the scope and content of modules, learning outcomes, and assessment methods.

### 2. Quality of the educational process and assessment

1. planning and conducting educational sessions (lectures, practical training, clinical sessions, and simulation exercises);
2. Implementation of modern educational technologies and assessment methods (OSCE, Mini-CEX, DOPS, portfolios, etc.);
3. monitoring the results of ongoing, midterm, and final assessments;
4. analysis of the validity and reliability of assessment tools.

### 3. Staffing for quality assurance

1. recruitment, evaluation, and development of faculty and clinical instructors;
2. planning and implementation of professional development programs;

3. Evaluation of faculty performance using the results of teaching quality monitoring.

#### **1. Resource support for quality**

1. Compliance of the material and technical infrastructure, library, and IT resources with the requirements of the educational program;
2. Availability and development of simulation centers, clinical sites, and training laboratories.

#### **2. Information support and transparency**

1. maintaining accurate and up-to-date information about the educational program, admission rules, and performance results;
2. Use of LMS (e.g., eBilim) and other ICT tools to support the educational process and monitoring.

#### **3. Feedback and stakeholder satisfaction**

1. Regular surveys of students, faculty, alumni, and employers;
2. analyzing satisfaction with the quality of education, clinical training, and University services;
3. Using survey results to plan improvements.

#### **4. Internal audit and self-assessment**

1. Conducting internal audits of educational programs and departments;
2. Preparing self-assessment reports in accordance with accreditation agency standards;
3. developing and implementing corrective action plans.

### **10. QMS Procedures and Tools**

#### **1. Monitoring the implementation of educational programs**

Includes:

1. analysis of curricula, course descriptions, syllabi, and course outlines;
2. monitoring the distribution and completion of the course load;
3. analysis of student assessment results, OSCE/OSPE, Mini-CEX, etc.

#### **2. Monitoring of Faculty Activities**

1. assessment of teaching quality based on classroom observations and student surveys;
2. analysis of the implementation of individual plans and annual reports by teaching staff;
3. linking monitoring results to performance evaluations and professional development plans;

#### **3. Surveys and questionnaires**

1. standard questionnaires for students, faculty, clinical mentors, and employers;
2. frequency (at least once a year for key areas);
3. publication of aggregated results and improvement plans.

#### **4. Internal audits and inspections**

1. scheduled and unscheduled checks of compliance with regulatory requirements, internal regulations, and quality standards;
2. preparation of reports and recommendations, and monitoring of implementation.

#### **5. Annual Report on the Quality of Education**

1. is prepared by the Quality Department in collaboration with the Academic Affairs Office, deans' offices, and program directors;

2. includes an analysis of key indicators: student enrollment, academic performance, survey results, staffing, and resource allocation;
3. is reviewed by the Quality Council and the Academic Council, and decisions on corrective measures are made based on the findings.

### **11. Documentation and Information Systems**

1. The documents of the Internal Quality Assurance System are:
  1. these Regulations and related local regulations (Regulations on Educational Programs, on Faculty Evaluation, on the Federal State Educational Standard, on Internships, etc.);
  2. plans and reports on the quality of education;
  3. minutes of the Quality Council, methodological councils, and department meetings;
  4. results of surveys, monitoring, and internal audits;
  5. plans for corrective actions.
2. The following are used to collect and analyze quality data:
  1. the University's information systems (LMS, electronic registrar's office, HR systems);
  2. electronic questionnaires and reporting forms;
  3. summary analytical reports (dashboards) for the university administration and program directors.

### **12. Interaction with external quality assurance systems**

1. The Quality Assurance System ensures the University's readiness for external accreditation and evaluation procedures conducted by authorized national and international agencies.
2. The results of external evaluations (expert reports, comments, and recommendations) are analyzed by the Quality Council and used to:
  1. updating educational programs and local regulations;
  2. adjusting the SQC processes;
  3. planning the development of personnel and resource support.

### **13. Responsibility and Oversight**

1. Heads of structural units are responsible for the implementation and compliance with QMS procedures in their respective units.
2. The Quality Council and the designated quality department monitor the timeliness and completeness of QMS activities, the preparation of reports, and the implementation of corrective actions.

### **14. Final Provisions**

1. These Regulations are approved by order of the University Rector and shall enter into force upon approval.
2. Amendments and additions to these Regulations shall be made by decision of the University Academic Council and formalized by a separate order.
3. These Regulations shall be posted on the University's official website and in the internal regulatory database accessible to faculty and students.

**Appendix 1**

**Diagram of the Internal Education Quality Assurance System  
at JAIU**

## **Level 1. Strategic Quality Management**

### **1. Rector**

1. Overall responsibility for the quality of education and the functioning of the internal quality assurance system.
2. Approval of regulations, plans, and annual quality reports.

### **2. Academic Council**

1. Approval of educational programs, key local regulations, and quality reports.
2. Making decisions regarding the development of educational programs and personnel policy.

### **3. Council on Education Quality**

1. Coordination of the entire Quality Assurance System.
2. Review of the annual quality report and the results of internal and external evaluations.
3. Approval of quality KPIs and corrective action plans.

## **Level 2. Operational Quality Management**

### **4. Education Quality Unit (Department)**

1. Development and maintenance of the QMS regulatory framework.
2. Organization of internal audits, self-assessments, and preparation for accreditation.
3. Preparation of summary analytical reports on quality.

### **5. Academic and Information Department (AID)**

1. Maintenance of curricula, educational programs, study plans, and academic standards.
2. Monitoring of academic performance and results of ongoing, midterm, and final assessments.
3. Preparation of summary reports on disciplines and educational programs.

### **6. Dean's Offices / Faculties**

1. Organization of the academic process at the faculty level.
2. Monitoring of course load, schedules, and exam sessions.
3. Analysis of academic performance indicators and student enrollment, preparation of faculty reports.

### **7. Human Resources Department**

1. Staffing of educational programs, evaluation of faculty members.
2. Maintaining records on faculty qualifications, professional development, and internships.

### **8. Simulation Center / Clinical Department**

1. Organization of OSCE/OSPE, training stations, and simulation training.
2. Collection and analysis of data on clinical assessment methods (OSCE, Mini-CEX, DOPS).

### Level 3. Educational Program and Department Level

#### 9. Heads of educational programs (EP)

1. Operational responsibility for the quality of a specific educational program ("Clinical Medicine" and others).
2. Coordination of the development and revision of educational programs, competency matrices, and the curriculum.
3. Analysis of quality indicators for the educational program (academic performance, OSCE, satisfaction, employment).
4. Preparation of the annual report on the educational program.

#### 10. Faculty/Educational Program Methodological Councils

1. Review of course descriptions, syllabi, FOS, and instructional and methodological materials.
2. Recommendations for improving teaching support and assessment.

#### 11. Departments

1. Development and implementation of courses within the educational program.
2. Maintenance of course descriptions, syllabi, and learning outcomes, as well as analysis of exam results and ongoing assessment.
3. Discussion of student survey results and teaching quality monitoring.
4. Preparation of departmental quality reports and improvement plans.

#### 12. Clinical sites and clinical mentors

1. Implementation of the clinical component of the educational program (clinical practice, rotations, clinical skills).
2. Conducting Mini-CEX, DOPS, and OSCE components in the clinic.
3. Providing feedback on students' level of preparation.

### Level 4. Participation of students and external stakeholders

#### 13. Students

1. Participation in surveys, focus groups, and student government bodies.
2. Feedback on the quality of teaching, clinical practice, and services.

#### 14. Employers and partners

1. Participation in discussions regarding the educational program (employer councils, expert groups).
2. Assessment of graduates' readiness, formulation of proposals for adjusting the educational program.

## Appendix 2

### Key Performance Indicators (KPIs) for the Internal Quality Assurance System of the "Clinical Practice" Educational Program

#### Table. Quality KPIs for the "Medical Care" OP

No.	Quality Quality	Indicator (KPI)	Target value	Data Data	Frequency Responsibility	Responsible Person
1	Student body and Academic performance	Percentage of students who completed the course without academic deficits	≥ 90%	Transcripts, Dean's Office report	Twice a year	Dean, Academic Affairs Office
2	Enrollment and Academic performance	Average final exam score in key disciplines (anatomy, physiology, internal medicine)	≥ 75/100	Summary reports, UIO analytics	Once a year	UIO, Head of OP
3	Quality of knowledge	Quality of knowledge (percentage of grades ≥ 75 points) in core subjects	≥ 55%	Departmental reports	Once a year	Department Chairs
4	Clinical training	Percentage of students who passed the OSCE on the first attempt	≥ 85%	OSCE OSCE, Simulation Center	Annually	Head of the Department, Head of the Simulation Center
5	Clinical training	Average score on Mini-CEX on core clinical modules	≥ 4.0/5	Mini-CEX forms, logbooks	Once a year	Departments of clinical disciplines
6	Teaching quality	Average student satisfaction rating with teaching (based on surveys, scale 1–5)	≥ 4.2/5	Student surveys	Every semester	Quality Department, UIO
7	Quality Teaching	Percentage of faculty with a of < 3.5/5	≤ 10%	Student surveys	Every semester	Quality Quality, Dean's Office
8	Faculty	Percentage of faculty members with advanced degrees involved in educational programs	≥ 50%	Human Resources Department	Once a year	Human Resources Department

9	Faculty capacity	Percentage of clinical instructors with a valid and category	≥ 80%	Staff department, clinical bases	Once a year	Human Resources Department, Deputy Director for Clinical Affairs
10	Professional Development	Percentage of teaching staff who have completed ≥ 36 hours of professional development in the last 3 years	≥ 80%	Certificates, professional development database	Once a year	Human Resources Department, UIO
11	Resource Support	Availability of clinical facilities for primary care by specialty (existence of contracts, beds, patient flow)	100% in accordance with state requirements	Contracts, reports	Once a year	Vice Rector for Clinical Affairs

12	Resource Support	Availability of core curriculum materials and electronic resources (syllabi, FOS, curriculum in LMS)	100%	UIO, LMS	Every semester	UIO, department chairs
13	Feedback	Student participation in surveys on the quality of education	≥ 60% of student body	Surveys	Conducted every semester	Quality Dean's Office
14	Feedback	Employers' satisfaction with the level of training of graduates (based on surveys, scale 1–5)	≥ 4.0/5	Surveys Employers	Once every 2 years	Head of the Production Department, Quality Division
15	External evaluation	Existence of valid accreditation of the educational program at a national/international agency	Yes	Certificates, agency decisions	By accreditation cycle	Rector, Vice Rector for Quality

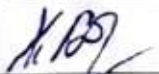
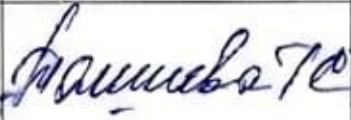







# CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
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## 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
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