

REGULATIONS

on Risk and Opportunity Management at Jalal-Abad International University (JAIU)

. General Provisions

1.1. These Regulations define the objectives, principles, scope, procedures, and responsibilities for risk and opportunity management at JAIU as an element of the Quality Management System (QMS) and the internal quality assurance system for educational programs.

1.2. These Regulations have been developed in accordance with:

1. The Law of the Kyrgyz Republic “On Education”;
2. The Charter of JAIU;
3. the requirements of national and international accreditation agencies (NAAR, AOPO, etc.);
4. the principles of quality management standards (including ISO 9001);
5. local regulations of JAIU.

1.3. These Regulations apply to:

1. educational, scientific, clinical, and educational activities;
2. administrative, managerial, and support processes;
3. all structural units and educational programs of the university.

1.4. Risk and opportunity management is an integral part of:

1. strategic and operational planning;
2. the development, implementation, and evaluation of educational programs;
3. the internal monitoring and internal audit system;
4. preparation for external evaluation and accreditation.

2. Terms and Definitions

2.1. **Risk** – an event or condition that, if it occurs, may have a negative impact on the achievement of the university’s goals, the quality of educational services, the safety of the educational environment, and the reputation and sustainability of JAIU.

2.2. **Opportunity** – an event or condition whose realization could have a positive impact on the achievement of JAIU’s objectives and on improving its quality, efficiency, and competitiveness.

2.3. **Risk identification**—the process of identifying potential risks and describing them.

2.4. **Risk assessment** – an analysis of the probability and consequences of a risk, followed by a determination of its level (degree of significance).

2.5. **Risk register** – a systematic list of identified risks, specifying their characteristics, responsible parties, and management measures.

2.6. **Risk owner** – an official or unit responsible for monitoring and managing a specific risk.

3. Goals and Objectives of Risk and Opportunity Management

3.1. Objectives:

3.1.1. To enhance the university’s resilience and manageability in the face of external and internal

changes.

3.1.2. To ensure the achievement of JAIU's strategic and operational objectives.

3.1.3. To minimize the negative consequences of risks materializing.

3.1.4. Identifying and capitalizing on opportunities for the development of educational programs, research, infrastructure, and digitalization.

3.2. Objectives:

1. Fostering a culture of risk-oriented thinking among managers and employees;
2. Systematically identifying, assessing, and monitoring risks in all key processes;
3. developing and implementing measures to mitigate risks and capitalize on opportunities;
4. Integrating risk data into planning, monitoring, and decision-making processes.

4. Principles of Risk and Opportunity Management

4.1. **Systematic Approach** – Risk management is carried out in conjunction with the university's strategy, QMS, and core processes.

4.2. **Transparency and Documentation** – Information on significant risks and measures for their management is recorded and available for analysis and control.

4.3. **Accountability and Engagement** – Each department head is responsible for managing risks within their area of responsibility.

4.4. **Continuity and consistency** – risk management is a regular (cyclical) process and is not limited to one-time activities.

4.5. **Balance of risks and opportunities** – alongside threats, opportunities associated with the introduction of innovations, digital solutions, and the emergence of new markets and partners are also considered.

5. Areas and Types of Risks

5.1. Main risk areas at JAIU:

1. **strategic risks** – related to the university's mission, goals, and positioning;
2. **academic and educational risks** – the quality of educational programs, student performance, and academic integrity;
3. **clinical and simulation risks** – risks associated with preclinical and clinical training (for medical universities);
4. **assessment and accreditation risks** – failure to meet standards, poor performance metrics;
5. **organizational and management risks** – management structure, personnel, competencies;
6. **financial risks** – loss of revenue, inefficient use of resources;
7. **Infrastructure and IT risks** – condition of buildings, equipment, digital infrastructure, cybersecurity;
8. **Reputational risks** – negative publicity, conflicts, academic misconduct.

5.2. Both **risks** and **opportunities** are considered as objects of assessment (for example: new joint programs, international projects, implementation of AI and digital solutions, development of clinical databases).

6. Distribution of Responsibilities

6.1. **Rector of JAIU:**

1. approves the Regulations and key decisions on risk and opportunity management;
2. makes decisions regarding significant (critical) risks.

6.2. Vice Rectors:

1. organize risk management activities in their respective areas of responsibility;
2. monitor the implementation of action plans.

6.3. Quality Council / Risk Committee (if applicable):

1. reviews the register of key risks and opportunities;
2. analyze reports on the status of measures;
3. formulates recommendations for the Academic Council and management.

6.4. Heads of structural units, department chairs, and heads of educational programs:

1. identify and assess risks in their processes;
2. maintain local risk registers (or sections in the general register);
3. develop and implement measures for managing risks and opportunities.

6.5. Internal Monitoring and Quality Department (IMQD):

1. coordinates the risk management process at the university level;
2. maintains a consolidated register of risks and opportunities at JAIU;
3. provides methodological support, monitoring, and reporting.

7. Risk and Opportunity Management Process

The process includes the following stages:

7.1. Identification of Risks and Opportunities

1. analysis of strategic and operational plans;
2. results of internal monitoring and audits;
3. results of student and faculty surveys;
4. comments from accreditation agencies;
5. external factors (changes in legislation, the educational services market, etc.).

7.2. Risk Assessment

7.2.1. Two parameters are used for the assessment:

1. **probability** (frequency or likelihood of an event occurring);
2. **consequences** (impact on quality, safety, finances, reputation, etc.).

7.2.2. A 3×3 or 5×5 scale is recommended (Risk Assessment Matrix – Appendix 1).

Example of a 3-level scale:

1. Probability: low / medium / high;
2. Consequences: minor / moderate / critical.

7.2.3. The risk level is determined as a combination of probability and consequences (low, medium, high, critical).

7.3. Risk prioritization

1. Highest priority – risks with high and critical levels;
2. A response plan must be developed for each such risk.

7.4. Selection of a response strategy

Possible strategies:

1. **avoidance** – refraining from activities that lead to risk;
2. **reduction (minimization)** – implementing measures to reduce the probability and/or consequences;
3. **transfer** – shifting part of the responsibility (insurance, partnership);
4. **acceptance** – conscious acceptance of risk with adequate control.

7.5. Opportunity Management

1. Identified opportunities are evaluated based on the following criteria: potential impact, resource requirements, and alignment with strategy;
2. Projects/initiatives are developed based on promising opportunities (development of new business programs, digital services, international programs, grants, etc.).

7.6. Planning of activities

1. Measures are developed for each significant risk and opportunity;
2. These actions are recorded in the Risk and Opportunity Management Plan (Appendix 2), specifying timelines, responsible parties, resources, and performance indicators.

7.7. Monitoring and Review

1. Regular review of risks (at least once a year and/or in the event of significant changes);
2. Updating the risk register and action plans prior to preparing the self-assessment report for accreditation and strategic sessions.

8. Register of Risks and Opportunities

8.1. The university maintains a **consolidated JAIU Register of Risks and Opportunities** (electronic format), which contains:

1. the risk/opportunity identifier (code);
2. description;
3. area (process / department / operational unit);
4. probability and impact assessment;
5. risk level;
6. selected response strategy;
7. responsible party (risk owner);
8. reference to actions in the CAPA plan/improvement plan;
9. status (active / closed / under review).

8.2. The Register form is provided in Appendix 3.

8.3. The consolidated Register is maintained by the OVMK; local sections are maintained at the level of faculties / educational programs / departments.

9. Integration with Monitoring, Internal Audits, and the QMS

9.1. Monitoring results (academic performance, student satisfaction, faculty survey results, internal audits, academic performance analysis, etc.) are used as sources for updating risks and opportunities.

9.2. The results of internal audits include:

1. identified nonconformities and observations (as realized risks);
2. strengths and best practices (as realized opportunities).

9.3. The Corrective and Preventive Action Plan (CAPA) and improvement plans (QMS-CAPA-01) must be linked to the Risk Register (specifying the risk/opportunity code in the plan's entries).

10. Reporting and Revision of the Policy

10.1. The Risk Management Committee prepares **an annual summary report on risk and opportunity management**, including:

1. a list of key risks (top risks) and the status of management actions;
2. realized opportunities (new programs, projects, digital solutions);
3. proposals for improving processes and local regulations.

10.2. The report is submitted to:

1. to the vice-rectors;
2. the Quality Council;
3. if necessary, to the Academic Council.

10.3. These Regulations shall be reviewed at least once every 3–5 years, as well as in the event of:

1. significant changes in external requirements (legislation, accreditation standards);
2. significant organizational changes (reorganization, launch of new major programs).

11. Final Provisions

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

11.2. All structural units and heads of educational programs are required to bring their working documents and plans into compliance with the requirements of these Regulations.

I will provide all three appendices immediately in a “ready-to-insert” format.

Appendix 1

RISK ASSESSMENT MATRIX (Probability and Consequence Scale)

1. Probability Scale

Level	Description	Symbol
		P1
		P2
		P3

2. Consequence Scale

Level	Description	Symbol
		C1
		C2
		C3

3. Risk Level Matrix (3×3)

	C1 (low)	C2 (moderate)	C3 (critical)
P3 (high)			Critical risk
P2 (moderate)			
P1 (low)			

Recommendations:

1. **Critical/high risk** – must be included in the Risk and Opportunity Management Plan and brought to the Quality Council/management.
2. **Medium risk** – plan measures, track through monitoring.
3. **Low risk** – manage as part of routine operations, without a separate plan, but with periodic review.

Appendix 2

RISK AND OPPORTUNITY MANAGEMENT PLAN FORM (for the university, faculty, educational program)

JALAL-ABAD INTERNATIONAL UNIVERSITY (JAIU)

RISK AND OPPORTUNITY MANAGEMENT PLAN for the period from “” _____ 20 to “” _____ 20

Department / Educational Program: _____

No.	Risk/Opportunity Code (from the registry)	Risk / Opportunity Description (brief)	Risk level (low/medium/high/critical)	Strategy (avoidance / mitigation /	Action (what we are doing	Type (corrective / preventive / develop	Responsible (Full Name, Positi	Deadline	Required resources (if appli	Effectiveness indicator (how we	Status (planned / in prog
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				acceptance / opportunity utilization)	specifically)	mental)	on)			cable)	measure the result)	ress / completed / canceled)
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Below:

Person responsible for the plan: _____ /Full Name, Signature/
 Date of approval: “_” _____ 20

Appendix 3

FORM FOR THE REGISTER OF RISKS AND OPPORTUNITIES OF JAIU

RISK AND OPPORTUNITY REGISTER

(consolidated / by faculty / by educational program)

N o.	Risk/Opportunity Code	Type (Risk / Opportunity)	Area (university / college / academic program / department / process)	Description (what could happen / likelihood of occurrence)	Cause / source (why it occurs)	Probability (P1–P3)	Consequences (C1–C3)	Level (low / medium / high / critical)	Current measures (what we are already doing)	Risk owner (responsible for monitoring)	Related document / process (QMS, regulations, SOPs, etc.)	Is a separate action plan required (yes/no)	Notes (update, revision date)
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Codes can be standardized, for example:

R-year-number – for risks, **O-year-number** – for opportunities, with the addition of a department abbreviation (ACAD, CLIN, IT, FIN, etc.).

If you wish, we can proceed to:

1. fill out a sample **risk register specifically for the “Medical Practice” business unit,**
2. or create **an English-language version of these forms** for self-reporting and the website.

I will provide an example of a **completed register of risks and opportunities specifically for the “Medical Care” business unit**—it can be immediately adapted to your context and included in the QMS/NAAR self-report.

Example: RISK AND OPPORTUNITY REGISTER

Medical Practice OP, JAIU

(format: Excel/Word table)

N o.	Code	Type	Area	Description of	Cause /	Probability	Consequences	Risk	Current	Risk owner	Related	Is an action	Note /
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				risk / opportunity	Source	(P1–P3)	(C1–C3)	Level	measures	(responsible party)	document / process	action plan required (yes/no)	Revision date
								High					
								High					
								High					
								High					

How to use

1. You can standardize **the codes** for your QMS (e.g., R-25-ACAD-... for 2025).
2. In the Risk Management Plan (Appendix 2, QMS-RISK-01), simply transfer the rows marked “Yes” in the “Action Plan Required” column.
3. In the self-report for NAAR, you can include:
 1. an excerpt from this register (top 5 risks and opportunities for the LD OP);
 2. and 1–2 pages of the action plan for the most “critical” risks (clinic, academic performance, accreditation, staffing).

If you’d like, the next step could be:

1. prepare a **short English-language version of this register** (only the top 5 risks and top 3 opportunities) for the “Risk Management” section of the English-language self-report,
2. or expand **the action plan for two key risks**: clinical bases and performance in clinical disciplines.

1. Action Plan for Risk R-24-CLIN-01

Risk: Limited access to clinical sites and patients for students in the “General Medicine” program

Objective: To ensure sufficient volume and quality of clinical training in accordance with the requirements of the NAAR/AOPO and the General Program in General Medicine.

1.1. Clinical Training Site Risk Management Plan Table

(Excel/Word format; can be inserted as part of the overall CAPA plan)

RISK MANAGEMENT PLAN R-24-CLIN-01

No.	Problem / Root Cause	Action (specific steps to be taken)	Type of action (corrective / preventive / improvement)	Responsible	Deadline	Resources	Key Performance Indicator (KPI)	Related documents
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2. Action Plan for Risk R-24-ACAD-01

Risk: Decline in student performance in clinical disciplines

Objective: To consistently ensure the achievement of planned learning outcomes and competencies in clinical disciplines of the LD educational program.

2.1. Clinical Performance Risk Management Plan Table

RISK MANAGEMENT PLAN R-24-ACAD-01

No.	Problem / Root Cause	Action	Action type	Responsible	Deadline	Resources	KPI / Indicator	Related documents
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3. Alternative/additional approaches

Additional options:

1. Link some activities to **faculty KPIs** (e.g., participation in OSCE prep, case development, tutoring “at-risk” groups—as separate indicators);
2. Create a separate section for **international students** (EN tracks: language support, clinical English, explanatory materials).

4. Practical steps for you

1. Include these two tables in the general **Risk and Opportunity Management Plan** (QMS-CAPA / QMS-RISK-01) for the “Clinical Medicine” educational program.
2. In the Risk Register, retain codes R-24-CLIN-01 and R-24-ACAD-01 with a reference to this plan.
3. Include the following in the NAAR self-report:
 1. a brief description of the two risks,
 2. an excerpt from the plan (2–3 key measures for each),
 3. and indicate that implementation is monitored by the Quality Council / OVMK.

If necessary, I can next prepare a **short English-language version of these two plans** (1–1.5 pages) under the section “Risk management and improvement plan for the MD program.”

1. Register of Risks and Opportunities

Educational Program “Computer Science and Computing”

REGISTER OF RISKS AND OPPORTUNITIES FOR THE "Computer Science and Computing" PROGRAM

No.	Code	Type (Risk/Opportunity)	Area	Description of Risk / Opportunity	Cause / Source	Probability (P1–P3)	Consequences (C1–C3)	Level (low/medium/high/critical)	Current measures	Risk owner (responsible party)	Related document/process	Action plan required (yes/no)	Note / Revision date

2. Risk and Opportunity Management Plan

Department of Computer Science and Computing

RISK AND OPPORTUNITY MANAGEMENT PLAN FOR THE "Computer Science and Computing" PROGRAM

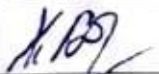
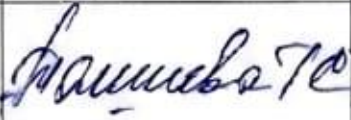






(excerpt, can be expanded)

No.	Risk/Opportunity Code	Problem / Root Cause	Action (what we do)	Type (corrective / preventive / improvement)	Responsible	Deadline	Resources	KPI / Performance Indicator	Status

How to quickly implement this

1. Include **the register** as an Appendix to the Risk and Opportunity Management Policy + to the materials for the "Computer Science and Computing" curriculum.
2. **The plan** should be a separate CAPA document for the "Informatics and Computer Science" educational program (you can assign a code, for example, QMS-RISK-ICT-PLAN-01).
3. For the self-report on accreditation, it is sufficient to:
 1. list the top 5 risks and top 2–3 opportunities,
 2. and an excerpt from the plan (3–4 key actions).

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.

