



**REGISTER OF MANAGED PROCESSES, RISKS IN THEIR MANAGEMENT, OPPORTUNITIES AND WAYS TO PREVENT THEM**

| <b>Managed process</b>  | <b>Management risks</b>  | <b>Opportunities and ways to prevent/actions</b>   | <b>Responsible positions</b>  |             |
|---|--|--|---|-------------|
| <b>Planning and implementation of strategic objectives and development policy of MU</b> | Training of <i>highly qualified and competent medical specialists' /staff/</i> – <b>external and internal factors.</b>                                       | Preparation of appropriate examination materials for the student recruitment campaign (SRC).   | Rector<br>Vice Rector of EA<br>Head of EA Dept.   |             |
|   |  | Quality of the criteria for selecting trainees and selecting topics for research activities.   | Rector<br>Vice Rector of EA<br>Head of EA Dept.<br>Mgr. PG & SRA<br>Mgr. CEC<br>Mgr. SRI MU-PDV |             |
|   |  | Quality of the selection of teachers and project managers and of the composition of research activities /SRA/.                                     | MGRs Units<br>Deans of Faculties<br>Mgr. MC<br>Mgr. CEC<br>Mgr. SRI MU-PDV                      |             |
|   | Improving the quality of training for: <i>students, post-graduate students, doctoral students, and other medical professionals</i> - <b>internal factors</b> | Highly qualified and continuously improving faculty and research supervisors   | Rector<br>Vice Rector UHC<br>Mgrs. Units<br>Mgr. CEC<br>Mgr. SRI MU-PDV                         |             |
|   |  | Continuous improvement of infrastructure and teaching facilities with new and modern technical equipment   | Rector<br>Vice Rector UHC<br>Mgrs. Units<br>Mgr. CEC<br>Mgr. SRI MU-PDV                         |             |
|   | Development of <i>science, knowledge, skills, and scientific research activities</i> - <b>internal and external factors</b>                                  | Planning for SRA on current issues for the present and the future  | Mgrs. Units<br>Vice Rector SRA<br>Mgr. SRI MU-PDV   |             |
|   |  | Involvement/dispatch of competent specialists to participate and train at national and international scientific forums                             | Mgrs. Units<br>Vice Rector IRSI   |             |
|   |  | Inclusion of competent specialists and trainees <i>/students, post-graduate students, and doctoral students/</i> in projects and SRI at MU-Plovdiv | Mgrs. Units<br>Projects MGRs<br>Mgr. SRI MU-PDV   |             |
|   | <b>Planning, changes, and</b>  | Failure to familiarize oneself with the requirements of the  | Informing management about the requirements of the  | PIC for (S) |



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| <b>implementation of the stakeholders (S) requirements</b> | stakeholders (S) in a timely manner  | stakeholders (S)   | PIC of MU-Plovdiv                |
|  | Failure to submit requirements to the stakeholders (S) in a timely manner                                    | Periodic contact between MU-Plovdiv officials and the stakeholders (S)   | PIC for (S)<br>PIC of MU-Plovdiv |
|  | Failure to submit amendments to the requirements of the stakeholders (S) in a timely manner                  | The persons in charge at MU-Plovdiv maintain contact with the stakeholders (S) and report to the R.C. or AC whether there are any new requirements from the stakeholders (S) | PIC for (S)<br>PIC of MU-Plovdiv |
|  | Failure to comply fully with the requirements of the stakeholders (S)  | Reporting to the Rector on problems with non-compliance with the requirements of the stakeholder (S) in full and the reasons   | PIC for (S)<br>PIC of MU-Plovdiv |
|  | Failure to inform the stakeholders (S) in a timely manner of problems in complying with certain requirements | MU-Plovdiv representatives maintain contact with the stakeholder (S) after a decision has been made within 5 working days, they inform the stakeholders (S)                  | PIC for (S)<br>PIC of MU-Plovdiv |

**PLANNING training in a specialty**

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| <p>Institutional accreditation<br/>Accreditation of fields of study</p> <p>Program accreditation<br/>Accreditation of doctoral programs</p> <p>Determining the capacity of specialties</p> | <p>Inadequately selected team for preparation</p> <p>Non-compliance with accreditation procedures</p> <p>Missed deadlines for accreditation procedures</p> <p>Unmet evaluation criteria</p> <p>Exceeding/underutilizing capacity</p> | <p>Structural and personnel provision (accreditation officers, quality expert)</p> <p>Selection of members of the commission for preparing a self-assessment report in accordance with their competence</p> <p>Verification of the relevance of the criteria used in the accreditation procedure by the Ministry of Education and Science and appointment of a person responsible for compliance</p> <p>Appointment of a person responsible for compliance with the accreditation deadlines</p> <p>Timely notification of an increase in the capacity of the specialty</p> <p>Compliance with the deadlines for applying for a change in capacity</p> <p>Decision of the Academic Council on the number of students to be admitted</p> <p>Timely provision of up-to-date information on the number of students enrolled (those who have interrupted, been expelled, or transferred to/from other medical universities), material resources and information provision, and decisions of the Academic Council.</p> | <p>Heads of main units and department heads by level</p> <p>AR expert</p> <p>Inspectors ED</p> |
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| <p><b>Recruitment and selection of students, PhD students, post-graduate students, researchers, and other trainees</b></p> <p>Information campaigns<br/>Acceptance of applicant files<br/>Conducting entrance exams<br/>Request</p>   | <p>Delays in preparing information materials for the SRC<br/>Insufficient promotion of specialties and programs<br/>Insufficient information and technical support for the SRC<br/>Failure to fill the approved number of state-funded places<br/>Inadequate selection of students</p>   | <p>Comprehensive information strategy of MU-Plovdiv<br/>Timely publication of information on the website.<br/>Promotion of SRC through visits to schools and medical institutions<br/>Visits and campaigns in foreign countries to recruit students<br/>Holding open days</p> <p>Timely publication of the "Applicant's Handbook for Master's, Bachelor's, and Professional Bachelor's Degrees"<br/>Organization and conduct of competitive examinations in advance.<br/>Organization of rankings for admitted students.<br/>Announcing available places and conducting subsequent rankings.</p>   | <p>HOD<br/>Educational Activities<br/>Chief Expert EAD<br/>Information Center - SRC<br/>Vice-rector PG<br/>Director PG<br/>Experts PG<br/>Vice-rector SRA<br/>Experts SRA<br/>Mgr. SRI MU-PDV</p> <p>HOD<br/>Educational Activities<br/>Chief Expert EAD<br/>Chairperson SRC<br/>Director PG<br/>Experts PG<br/>Vice-rector SRA<br/>Experts SRA<br/>Mgr. SRI MU-PDV</p> |
| <p><b>Training</b></p> <p>Adoption and approval of</p> <ul style="list-style-type: none"> <li>- curricula</li> <li>- training programs</li> <li>- calendar plan</li> <li>- development of weekly programs and schedules</li> <li>- conducting training sessions</li> <li>- conducting practical training and internships</li> <li>- conducting</li> </ul> | <p>Non-compliance with the Law on Higher Education, the Vocational Education and Training Act, the Ordinance on Uniform State Requirements (USR), Ordinance № 1 on acquiring a specialty in the healthcare system, and Ordinance № 1 on the organization and conduct of examinations for acquiring professional qualifications</p> <p>Outdated curriculum for the specialty<br/>Inadequate, untimely developed, and unprovided schedule for conducting training<br/>Inadequate presentation of the teaching material<br/>Insufficient number of hours<br/>The material is not in line with modern trends and innovations in the specialty<br/>Lack of textbooks and teaching aids<br/>Poor organization of practical classes</p> | <p>Monitoring compliance with the USR Regulation for the speciality<br/>Annual review and, if necessary, updating of the speciality's curriculum<br/>Rules for organising the educational process during the academic year.<br/>Adoption of procedures for the development, approval, monitoring and updating of educational documentation (qualification characteristics, curricula and programmes)<br/>Standardisation of educational documentation (curricula and courses by specialisation) at the University, the European ECTS label format (plan template, programme) is adopted<br/>Adoption of procedures for the development, approval, monitoring and updating of educational documentation (qualification characteristics, curricula and programmes)</p> | <p>FC, DC, ED, PG, DLST, CEC<br/>Heads of departments and persons in charge<br/>Inspectors ED</p>   |



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| <ul style="list-style-type: none"> <li>- semester exams</li> <li>- conducting oral examinations</li> <li>- conducting state exams</li> <li>- issuing diplomas</li> </ul>  | <p>Duplication of classrooms or inadequate capacity<br/>Lack of adequate material resources for lectures and exercises</p>  | <p>Alignment of the curriculum with the Ordinance on USR Training and Quality Requirements<br/>Ensuring an adequate number of students in the training groups<br/>Optimal scheduling and location of the training groups</p>  |   |
| <p><b>Scientific activity</b></p> <ul style="list-style-type: none"> <li>- scientific activity</li> <li>- strategic planning</li> <li>- annual plans</li> <li>- conducting scientific research</li> <li>- publication activity</li> <li>- project activity</li> <li>- reporting on SRA and projects</li> </ul>                  | <p>Non-compliance with the Decision on the adoption of a strategy for the development of higher education in the Republic of Bulgaria for the period 2021-2030.<br/>Insufficient publication and scientific activity<br/>Insufficient promotion of the results of scientific research activities (SRA)<br/>Insufficient funding for scientific research<br/>Delayed deliveries of consumables.<br/>Limited practical applicability of developments.<br/>Limited interest in competitions for regular doctoral students.</p>   | <p>Adoption of strategic and operational plans at different levels<br/>Additional financial incentives for publication and scientific activity<br/>Organization of scientific events<br/>Control of suppliers<br/>Internal university competitions for funding SRA<br/>Attracting outstanding students to SRA</p>   | <p>Rector<br/>Vice-rector SRA<br/>AC, RC, FC<br/>Deans<br/>Heads of departments<br/>PIC for SRA<br/>Mgr. SRI MU-PDV</p> |
| <p><b>Development of academic staff</b></p> <ul style="list-style-type: none"> <li>- planning of new academic positions</li> <li>- conducting competitions for academic positions</li> <li>- planning of places for doctoral students</li> <li>- acquisition of ESD the educational and scientific degrees „Doctor “</li> </ul> | <p>Non-compliance with the Law on the Development of Academic Staff in the Republic of Bulgaria, Regulations for the implementation of the Law on the Development of Academic Staff in the Republic of Bulgaria<br/>Failure to fill full-time vacancies of lecturers and employees with qualified specialists<br/>Delayed competition and application procedures.<br/>Lack of candidates for positions advertised for regular PhD students<br/>Shortage of habilitated lecturer staff with the necessary language skills.</p> | <p>Application of the provisions of (The Law on the Development of Academic Staff in the Republic of Bulgaria) LDASRB and Regulations for the organization of educational activities at MU-Plovdiv (ROEAMUPDV).<br/><br/>Development and the Law on Academic Development. Adopted Regulations on Academic Development.<br/>Procedure for preparation for the opening and occupation of a public limited company.<br/>Regulations on the organization of educational activities and Regulations on educational and research employment.<br/>Regulations on the assessment of academic staff.</p> | <p>Rector<br/>Vice-rector SRA<br/>AC, RC, FC<br/>Deans<br/>Heads of departments</p>                                     |



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| <b>International and project activity</b>                    | Untimely planning of the event<br>Coincidence of planning with another event<br>Inappropriate choice of venue and time<br>Inappropriate choice of participants and team |                                | Vice-rector IRSI<br>Vice-rector PA<br>Vice-rector SR<br>Mgr. SRI MU-PDV             |   |
|  | Planning  | Untimely planning of the event | Monitoring compliance with planning deadlines                                       | Expert IC<br>Expert SRA   |
|  | Coincidence of planning with another event  |                                | Monitoring planned international events   | Expert IC<br>Expert SRA   |
| Organizing   | Inappropriate choice of venue and time  |                                | Ensuring a suitable venue and time for the event                                    | Expert IC<br>Expert SRA   |
|  | Inappropriate choice of event organizers  |                                | Involving suitable and responsible persons in the organization                      | Expert IC<br>Expert SRA   |
|  | Inappropriate choice of event participants  |                                | Involving interested and responsible persons in the event                           | Expert IC<br>Vice-rector IRSI<br>Vice-rector PA<br>Vice-rector SR               |
| <b>Project activity</b>                                      | Failure to disclose suitable project opportunities  |                                | Daily monitoring of published project activities                                    | Vice-rector PA<br>Expert PA<br>Expert SRA                                       |
|  |   |                                | Timely reporting to the responsible manager   | Expert PA<br>Expert SRA   |
| Project preparation  | Inappropriate selection of the project team   |                                | Selection of qualified and responsible personnel                                    | Expert PA<br>Expert SRA   |
|  | Failure to meet the deadlines for project preparation and submission  |                                | Control of compliance with deadlines by the manager                                 | Expert PA<br>Expert SRA   |
| Project implementation                                       | Failure to comply with the project requirements   |                                | Strict monitoring of the approved requirements in the project                       | Expert PA<br>Expert SRA   |
|  | Failure to meet the project deadlines   |                                | Control of compliance with deadlines by the manager                                 | Expert PA<br>Expert SRA<br>Vice-rector IRSI<br>Vice-rector PA<br>Vice-rector SR |
| <b>Management of DELIVERIES / of products and services /</b> |   |                                |   |   |
| Planning   | Delayed submission of delivery requests by departments  |                                | Timely announcement of deadlines for applications and notification of unit managers | Mgrs. Unit  |



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|                        | Inadequately prepared delivery orders                    | Inclusion of specialist(s) in the supplier selection committee and preparation of orders                   | Mgrs. Unit<br>Asst.-rector              |
|                        | Inadequately prepared delivery contracts                 | Preliminary research on the supplier and inclusion of regulatory clauses in the contract to avoid problems | Mgr. CRPP<br>Head PIA                   |
| Suppliers - evaluation | Inappropriate supplier selection                         | Establishing adequate criteria for selecting a supplier  | Mgr. CRPP<br><br>PP Commis.             |
|                        |  | Selecting competent and suitable members for the commission conducting the supplier selection              | Mgr. CRPP                               |
|                        | Need to change supplier                                  | Selecting a new supplier according to established criteria   | Mgr. CRPP<br><br>PP Commis.<br>Head PEA |
| Deliveries - control   | Delays in delivery orders                                | Timely submission of delivery requests   | Head PEA                                |
|                        |  | Seeking accountability/penalties from the supplier   | Mgr. CRPP<br><br>Head PIA               |
|                        | Non-compliant deliveries                                 | Organized and appropriate incoming control of deliveries   | Head PEA<br>Supplier                    |
|                        | Non-compliant service deliveries                         | Control upon completion of the service and warranty period   | Mgr. CPICD<br>Supplier                  |
|                        | Failure by the supplier to meet contractual requirements | Control of the current activities of suppliers by the responsible persons                                  | Head PEA<br>Mgr. CPICD<br><br>Supplier  |

**SUPPORT INFRASTRUCTURE / Buildings, premises, technical equipment (TE) and OMR /**

|                               |   |   |                                |
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| <i>Buildings and premises</i> | Inadequate control during the commissioning of new buildings and premises | The acceptance of new buildings into operation shall be carried out by a competent commission with the drawing up of a Protocol in accordance with the requirements of the applicable regulations   | Mgr. CPICD<br><br>Asst.-rector |
|                               | Untimely ongoing control and repair of damage to buildings and premises   | At least once a year, a commission shall inspect the condition of buildings and premises<br>The acceptance of buildings and premises into service after renovation shall be carried out by a competent commission, which shall execute a protocol | Mgr. CPICD<br><br>Mgrs. Unit   |



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| <i>Technical equipment /TE/</i>                    | Failure to perform incoming inspection /II/ of newly received TE                                     | Mandatory performance of an incoming inspection (II) and preparation of a document   | Resp. support Mgrs. Unit                                     |
|  | Untrained personnel to work with newly received TE   | Training by a representative of the supplier of the personnel who will work and preparation of a document from the training  | Resp. support Mgrs. Unit                                     |
|  | Untimely warranty service of TE  | The person responsible for technical equipment (TE) shall monitor the warranty service deadlines and request a service document  | Resp. support Supplier                                       |
|  | Poor quality and/or untimely service of TE   | The service must be performed by a qualified person within the deadlines recommended by the maintenance manufacturer   | Resp. support Specialist in Supplier                         |
|  | Failure to prepare documents from incoming inspection /II/, training, or service                     | Preparation of documents for the activities performed on the technical equipment (TE)  | Resp. support Recipient Supplier                             |
| <i>Observation and measurement resources /OMR/</i> | Failure to perform incoming inspection/II/ of newly received OMRs                                    | Mandatory performance of incoming inspection (II) and preparation of a document  | Resp. OMR of MU<br>Resp. OMR Unit<br>Asst.-rector            |
|  | Untrained personnel for working with newly received OMRs   | Training by a representative of the supplier of the personnel who will work and preparation of a document from the training  | Supplier<br>Resp. OMR of MU<br>Asst.-rector                  |
|  | Untimely warranty service of OMRs  | The person responsible for the OMR shall monitor the warranty service deadlines and request a service document   | Supplier<br>Resp. OMR of MU<br>Asst.-rector                  |
|  | Poor quality and/or untimely servicing of OMRs   | Service must be performed by a qualified person within the deadlines recommended by the OMR manufacturer   | Supplier<br>Resp. OMR of MU<br>Asst.-rector                  |
|  | Allowing untested new or repaired OMRs to be used for scientific research or medical treatment /FDM/ | The person responsible for the OMR and the user must monitor whether the OMR has been checked and the deadlines for subsequent checks, and must not allow the use of unchecked OMR | Supplier<br>Resp. OMR of MU<br>Resp. OMR FDM<br>Asst.-rector |
|  | Failure to prepare adequate documented information on IC, training, or servicing                     | Preparation of documents/protocols or other approved forms for the activities performed on the OMR   | Supplier<br>Resp. OMR of MU<br>Resp. OMR FDM<br>Asst.-rector |

**CUSTOMER PROPERTY MANAGEMENT**

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| Personal files | Loss or damage of staff employment record card | Declaration of consent for the storage of an employment | Human |
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| Staff  | Loss or damage of original diploma   | record card at MU-Plovdiv. Pay attention when photocopying a document.   | Resources expert                     |
| Personal files of trainees                         | Loss or damage of original diplomas of trainees  | Determination of persons responsible for storage in the Educational Activities (EA) Department and ensuring appropriate storage conditions.                                    | SR expert<br>Inspector EA department |
| File in the "Scientific Research Activities" (SRA) | Loss or damage of documents<br>Storage and non-disclosure to third parties of scientific personal developments | Determining the persons responsible for storing personal developments and the persons to whom they may be provided against signature or document for their receipt and return. | SRA expert                           |

**PROTECTION OF THE PRODUCT /TRAINEES/**

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| Under normal working environment conditions  | Failure to provide a safe working environment   | Providing training and working conditions for trainees and staff in accordance with the applicable regulations for the activity/the Law on Healthy and Safe Working Conditions.                    | Head of Unit<br>PIC Fire Safety<br>HSLC expert  |
|  | Failure to provide adequate training for the activity   | Timely instruction of trainees and training staff and use of up-to-date and adequate safety instructions during training and work.   | PIC HSLC Unit<br>PIC Fire Safety<br>HSLC expert |
|  | Failure to provide safety working clothes   | Based on a risk assessment of the workplaces used, provide the necessary personal protective equipment (PPE) for training staff and trainees.  | HSLC expert<br>Mgr. PIA<br>Asst.-rector         |
| Under extreme working environment conditions | Failure to provide a safe working environment and personal protective equipment for specific workplaces | Ensure training and working conditions for trainees and staff in accordance with the applicable regulations for the activity /the Law for healthy and safety labour conditions. (The law for HSLC) | Head of Unit<br>PIC Fire Safety<br>HSLC expert  |
|  | Failure to conduct adequate training on the activity  | Provide timely training for trainees and training staff and use up-to-date and adequate safety instructions during training and work.  | PIC HSLC Unit<br>PIC Fire Safety<br>HSLC expert |

**MANAGEMENT OF DEVELOPMENTS / PROGRAMS, LECTURES, EXERCISES, SYLLABI SYNOPSIS, TEXTBOOKS, SCIENTIFIC /**

|                             |  |  |   |
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| Curriculum                  | Out-of-date curriculum                       | The head of the unit shall check the relevance and approve the programs for the disciplines. | Head of Unit<br>Executor                        |
|                             | Untimely published or outdated curriculum    | Before the start of the school year, control   | PIC Quality<br>Head of Unit<br>PIC website Unit |
| Control tests<br>Exam tests | Inadequate/outdated/prepared developed tests | The head of the unit shall check the relevance and approve the programs for the disciplines. | Head of Unit<br>Executor                        |



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|                          | Untimely publication of tests in the discipline or  | Well in advance of the date of the event – sufficient time for trainees to prepare            | PIC Quality Head of Unit                                |
| Synopsis for an exam     | Outdated and incomplete syllabus – preparation materials not specified. Failure to provide access to the syllabus | The head of the unit shall check the relevance and approve the programmes for the disciplines | Head of Unit Executor                                   |
|                          | Syllabus for the discipline published late or not updated   | Before the start of the school year, control  | PIC Quality Head of Unit                                |
| Synopsis for competition | Untimely publication of announcements and syllabi for competition for post-graduate student and/or PhD student    | On time, in accordance with the requirements of the normative act and the announcement        | Executor<br>HR, PG, SRA<br>Head of Units<br>HR, PG, SRA |

**PERSONNEL MANAGEMENT**

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| Planning                                   | Untimely and inadequate planning of the necessary personnel<br>Difficulties in conducting health and safety training in the new university hospitals | Timely requests for necessary personnel and control by the applicant for planning<br>Conclusion of a contract under Article 18 of the Law on HSLW between the hospitals declared as UMBAL and MU – Plovdiv | Head of Unit<br>Applicant<br>Mgrs. <b>53</b><br>HSWC Expert<br>Rector |
| Staff selection                            | Inappropriate and inadequate selection of personnel  | Adequate selection criteria set in advance<br>Competitions held  | Mgrs. Units<br>Vice-rectors<br>Asst.-rector<br>Mgr. HR Depart.        |
| Qualification                              | Inadequate qualifications for the specific job   | Unit managers develop a job description and criteria for the position  | Vice-rector<br>Asst.-rector<br>Mgr. HR Depart.<br>Mgrs. Units         |
| Assigning tasks for the workplace          | Untimely and inadequately assigned tasks   | The immediate supervisor shall provide written criteria/requirements for the assigned workplace activities   | Head of Unit<br>Mgr. HR Depart.                                       |
|  | Additional activities for the workplace not assigned in writing on a functional basis  | Assign activities on a functional basis by written order or by adding them to the person's job description   | Head of Unit<br>Mgr. HR Depart.                                       |
| Training                                   | Untimely training for the workplace or for additionally assigned activities  | Unit managers should make timely proposals for training people who will be assigned additional activities.   | Vice-rector<br>Asst.-rector<br>Mgr. HR Depart.                        |
| Instructions for Safety and Health at Work | Untimely SHW training for staff and trainees in the hospitals of the University Hospital Complex of the Medical University of Plovdiv                | Conclusion of a contract under Article 18 of the Law on HSLC the hospitals declared as University Hospitals and MU – Plovdiv for the appointment of persons responsible for                                | Mgr. <b>53</b><br>HSWC expert <b>53</b><br>Rector HSW                 |



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|                          |   | instructing staff and trainees in the University Hospitals of Medical University   | expert   |
| Personal data protection | Unfamiliar and/or inadequately familiar staff regarding the protection of personal data of trainees and staff | Initial orientation for new staff, with signing of a declaration and/or additional training for regular staff if necessary | Rector<br>Data Protection Officer (DPO)<br>PIC Staff |

**MANAGEMENT OF NONCONFORMITY AND CORRECTIVE ACTIONS**

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| Non-conformity and observations        | Inadequate identification of non-conformity/observation and failure to record/register in a timely manner                                   | The non-conformity must be objective with written registration/recording of the evidence   | Auditor<br>Examiner                                      |
| Registration and appointment of the CA | Untimely entry in the NCR/Obs/R Register or failure to report to the DC/SC/FC/RC/AC   | Timely registration, objective analysis of the cause of the non-conformity/observation, determination of the responsible person and realistic deadline for the implementation of the assigned corrective actions (CA). | Resp. for Quality<br>Head of Unit<br>FQC/QCMC<br>QMA/UQC |
| Corrective actions                     | The reasons for the non-conformity/observation are not objectively determined, and accordingly adequate corrective actions are not assigned | Objective determination of the causes of non-conformity/observation, timely registration/recording/, appointment of a CA, responsible person, deadline for implementation, and control of implementation               | Resp. for Quality<br>Head of Unit<br>FQC/QCMC<br>QMA/UQC |

**MANAGEMENT OF DOCUMENTED INFORMATION**

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| Preparation of documented information  | Failure to comply with the requirements for preparing documented information/documents, forms, records/   | The documented information is prepared by certain responsible persons in the RSAMUP (Regulations on the structure and activities of MU Plovdiv) or Order of the Head and the applicable regulatory acts and in accordance with PC (the penal code) of the Medical University | Executor<br>Head of Unit                            |
| Archiving and storage of documented information                                  | Failure to comply with the requirements for storing documented information in accordance with the requirements of the current regulatory act on archiving and storage | The documented information is archived and stored by certain responsible persons in the RSAMUP or Orders of the Rector, applicable regulations, and in accordance with approved administrative documents of MU   | Executor<br>Archive Mgr.<br>Head of Unit            |
| Providing access to documented information for the public and interested parties | Failure to comply with the requirements for providing access to documented information to the public and other interested parties                                     | The documented information required by the public shall be published on the MU website and provided by authorized persons by order of the Rector to the mass media   | Head of Unit<br>Website administrator at MU-Plovdiv |



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| In the central Archive at the MU-Plovdiv                  | Untimely submission and poor condition of documented information from units for long-term storage         | Documented information for long-term storage shall be transferred in a timely manner and in an appropriate form to the designated central archive at MU                           | Resp. Archive unit<br>Archive Mgr. MU               |
| Providing protection and access to documented information | Failure to comply with requirements for providing access to documented information necessary for trainees | The documented information required by students shall be published on the information boards at MU, on the MU website, and provided in paper form by the bookstore and lecturers. | Head of Unit<br>Website administrator at MU-Plovdiv |

**CHANGE MANAGEMENT**

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| Plan of the doctoral program                     | Outdated plan according to changes in the Regulation on Specialization<br>Non-conformity with uniform state requirements<br>Not developed in accordance with the approved form, the requirements of related regulatory documents and the current internal procedures | Knowledge of changes in the regulations for specialization<br>Knowledge of the Regulation on the on the Unified State Requirements<br>Development in accordance with the approved form,<br>Knowledge of the requirements of related regulatory documents and current internal procedures | Head of PG<br>Head of specialization<br>Head of doctoral studies |
| Plan - program of the specialty doctoral studies | Incorrect placement of disciplines in the curriculum<br>Not meeting current trends in the development of the discipline/specialty<br>Insufficient flexibility in introducing innovations in the programs<br>Incomplete provision of resources and qualified teachers | Providing the necessary academic staff for the specialty and training facilities<br>Compliance with the requirements of educational documentation standards.<br>Development in accordance with the curriculum  | Head of PG<br>Head of specialization<br>Head of doctoral studies |
| Academic standard for academic discipline        | Not consistent with the specifics of the discipline/specialty  | Introduction to the requirements for developing an academic standard (approved by the Resolution of the Academic Council (AC) - Protocol №9/26.11.2015)  | Head of Dept.  |
| Tests for ongoing assessment / exam              | Outdated tests, failure to comply with didactic criteria for developing exam tests (insufficient set of questions, poor structure, unclear method of administration and checking)  | Conducting pedagogical courses with qualified lecturers from MU-Plovdiv  | Head of Dept.<br>Head of CEC<br>Head of PG                       |
| Context for exam                                 | Not submitted in a timely and adequate manner, not updated   | Discussion on updating the department council's lecture notes  | Head of Dept.<br>Head of CEC                                     |
| Teaching materials                               | Outdated, insufficient availability, lack of adequate publishing policy  | Ordering contemporary educational literature (electronic and paper format) and platforms for access in an electronic environment. Improving publishing activities in the unit.   | Head of Dept.<br>Head of CEC<br>Head of PG                       |

**INTERNAL AUDITS – *planning, organization, and implementation***

|                |   |  |                 |
|----------------|---|--|-----------------|
| Planning of IA | Failure to plan in a timely manner and adequately determine | Timely planning, adequate determination of time, deadlines | Mgr. of IA team |
|----------------|---|--|-----------------|



**REGISTER OF MANAGED PROCESSES, RISKS IN THEIR MANAGEMENT,  
OPPORTUNITIES AND WAYS TO PREVENT THEM**

|   |   |   |   |
|---|---|---|---|
|   | the timing and deadlines for audits   | for audits, and coordination of the schedule with the Vice-Rector for QAM and approval by the Rector  | Vice-rector QA<br>Rector MU                             |
| Planning of IA  | Incomplete or untimely prepared sample Report on the IA for the department/section and division/center  | Incomplete or untimely prepared sample Report on the IA for the department/section and division/center with Deputy Rector QA  | Mgr. of IA team<br>Vice-rector QA                       |
| Selection of a team for internal audits   | Inadequate selection of auditors  | Selection of trained, qualified, competent, responsible, and communicative auditors   | Mgr. of IA team<br>Vice-rector QA                       |
| Conducting of IA  | Failure to agree on a date and time for the audit with the auditees and inadequate conduct of the audit   | Coordination by the Auditor of a suitable date and time for the audit with the Quality Manager of the unit and adequate/responsible conduct of the audit                                  | Internal Auditors<br>Mgr. of IA team                    |
| Filling of IA   | Completion of the IA Report: <i>incomplete, with outdated data and untimely submission</i> to the IA team leader                                    | Sample control by Internal Auditor from the data provided by the person in charge (PIC) /EA, RA, tech. executor/  | Internal Auditor  |
|   | Provision of incomplete and outdated data on the VO by the responsible employees of the unit PIC: /EA, RA, Tech. executive/                         | Registration of information in the QMS units in the Internal Auditor's Report to be adequate, objective, and up to date   | Internal Auditor  |
|   | Inadequate and untimely control by the Head of the IA team at MU-Plovdiv of the IA Reports  | Timely communication to the Head of the Internal Audit Team at MU-Plovdiv and sample control of data from the IA  | Mgr. of IA team   |
| Control by auditor  | Untimely and incomplete control by the auditor of the documented information from the unit's web page on the MU website                             | Timely communication between the auditor and the unit's Quality Manager for in-depth verification of the information recorded in the QA Report and on the unit's web page on the website  | Internal Auditors                                       |
| Preparation of a Report by the IA for the units   | The audit report has not been prepared in accordance with the requirements of ISO 9001:2015 and ISO 19011:2018.                                     | Training/guidance/and instruction of auditors for the preparation of audit reports in accordance with the requirements of ISO 9001:2015 and ISO 19011:2018                                | Mgr. of IA team<br>Head of IA Team<br>Internal Auditors |
| Preparation of a Report by the IA for MU-Plovdiv  | Incomplete representative sample from the Reports on the IA of the MU-Plovdiv units and for the preparation of a Report on the IA of the MU-Plovdiv | Review of all Internal Audit Reports from MU-Plovdiv units and registration in the Summary Internal Audit Report for MU-Plovdiv   | Head of IA Team   |
| <b>ANALYSIS and EVALUATION OF THE EFFECTIVENESS OF QMS</b>                              |   |   |   |
| Analysis and control of information on the results of control of lectures and exercises | Irregular checks on the conduct of lectures and exercises in face-to-face or distance e-learning by the persons responsible for the units           | Performing periodic checks on the conduct of lectures and exercises in face-to-face or distance e-learning by authorized responsible persons, recording and reporting to the Head of Unit | Responsible authorized persons of units<br>Mgrs. Units  |
| Analysis and control of information on learning achievement                             | Failure to perform and/or inadequate analysis of training results information and failure to report to management /SC or SS/                        | Periodic monitoring of performance by the head of educational activities of the units based on data submitted by the Academic Activities Department of the                                | PIC EA Units<br>Mgrs. Units                             |



**REGISTER OF MANAGED PROCESSES, RISKS IN THEIR MANAGEMENT,  
OPPORTUNITIES AND WAYS TO PREVENT THEM**

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| results   |  | Faculty/MC/CEC on the results achieved.  |  |
| Analysis and control of information on the results of scientific research activities SR   | Failure to perform and/or inadequate analysis of the results of SR in the units and Research Institute   | Regular reports on the implementation of the SR in the units and Research Institute by the Heads of Units and Project Managers at Research Institute on the results achieved                             | PIC SR<br>Mgrs. Units<br>Project Mgrs.<br>Research Inst.       |
|   | Failure to perform and/or insufficient control over the analysis of R&D results in the units and Research Institute  | Periodic monitoring of the implementation of SR in the units and Research Institute by the heads of units and project managers at Research Institute for the results achieved                            | Vice-rector SR<br>Vice-dean SR<br>Director<br>Research Inst.   |
| Analysis and control of information on the results of the implementation of personal qualification plans and academic development | Failure to perform and/or biased analysis of information on the results of the implementation of personal qualification plans of staff in the units and for academic development, and failure to report to the Management /DC or SC/ | Periodic control and analysis of the results of the implementation of personal qualification plans of staff in the units and for academic development and reporting to the Management /DC/SC/FC/AC/      | Mgrs. Units<br>Certifying<br>Commission                        |
| Analysis and control of information from the survey of student satisfaction   | Failure to perform and/or biased analysis of information from the survey on student satisfaction   | Periodic collection of information to survey student satisfaction, analysis of the information, and reporting to the UQC/FQC/DQC etc.  | Vice-rector QA<br>Vice-dean QA<br>QA expert                    |
|   | Failure to perform and/or biased control of the analysis of information from the survey on student satisfaction  | Periodic and/or extraordinary control of the collected information and analysis to study the opinion on the satisfaction of the trainees   | Rector<br>Vice-rector QA<br>UQC/FQC/MQC                        |
| Criteria for the effectiveness of the QMS   | Use of inappropriate criteria for the effectiveness of the QMS   | Use of criteria for assessing the effectiveness of the QMS in accordance with the requirements of ISO 9001, applicable regulations for the activity, and approved administrative documents of MU-Plovdiv | Rector<br>Vice-rector QA<br>UQC/FQC/MQC<br>Mgr. Research Inst. |

Vice-rector QA: Assoc. Prof. Veselina Kondeva, MD, PhD

RECTOR: Prof. Angel Uchikov, DMSc  
May 17, 2025