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World Federation for
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世界医学教育联合会

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THE WORLD FEDERATION FOR MEDICAL EDUCATION

RECOGNITION REPORT ON

Independent Agency for Accreditation and Rating (IAAR)

Prepared for the

World Federation for Medical Education (WFME) Recognition Committee

by the

WFME Recognition Team

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Timeline of Recognition Activities

July 2016	IAAR submitted eligibility application, comprising a completed application form in full
March 2017	IAAR submitted updated documentation and a detailed response to clarifications requested raised following the assessment of eligibility
April 2017	IAAR provided supplementary evidence including medical school self-evaluation
25 – 27 April 2017	WFME Recognition Team observed the IAAR site visit to <i>Astana Medical University – General Medicine</i>
28 April 2017	Decision-making meeting of IAAR on <i>Astana Medical University – Pulmonology including pediatric</i> ; and <i>Astana Medical University – Nursing</i>
6 June 2017	Receipt of IAAR Accreditation Report on <i>Astana Medical University – General Medicine</i>
8 June 2017	Receipt of decision letter to <i>Astana Medical University – General Medicine</i>
26 June 2017	Draft WFME Recognition Report sent to IAAR for comments and corrections of fact
30 June 2017	IAAR responded with comments and corrections of fact
24 July 2017	WFME Recognition Report finalised

Composition of the Recognition Team

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Executive Summary

This is the report of the WFME Recognition Team appointed to evaluate the compliance of the Independent Agency for Accreditation and Rating (IAAR) with the criteria of the WFME Recognition Programme. It is based on an external review of the completed application submitted by IAAR, along with supporting appendices and documentation; answers to clarification questions posed to the agency; the observation of the accreditation visit of IAAR to JSC Astana Medical University and the observation of a meeting of the IAAR Accreditation Council.

Disclaimer: The summary findings that follow represent the professional judgement of the WFME Recognition Team that reviewed the Independent Agency for Accreditation and Rating (IAAR) application and observed a site visit and meeting of the agency. The findings are based on information provided by IAAR during the review process. The WFME Recognition Committee may come to differing conclusions when it reviews the Recognition Team's report and related information.

Areas of Strength

- IAAR publishes its standards, regulations, guidance and accreditation decisions on its website. These are readily accessible to the general public, educational institutions and other stakeholder groups (Criterion IIA).
- The process for the review of standards is periodic, and comprehensive with consultation with employers, educators and educational institutions; expert review; and consideration of legal compliance (Criterion IID).
- IAAR requires medical schools undergoing accreditation to prepare a self-evaluation based on compliance with standards. The self-evaluation includes a SWOT analysis (strengths, weaknesses, opportunities and threats) by the medical school against each area of Standards, which forms the basis of inquiry for the accreditation site visit. Detailed guidance is provided to the institution (Criterion IIIA).
- During the Accreditation Council meeting, the Chair actively sought views from each member of the group directly. This is excellent practice, and ensures the real breadth of expertise from the membership of Council is brought into the decision-making process (Criterion IIIE).

Areas for Further Consideration/Areas of Transition

- In March 2017, IAAR became recognised by the Kyrgyz Republic. IAAR has yet to undertake an accreditation visit there, and it is unclear whether this relates to medicine or other subjects. In the Kyrgyz Republic, the process of independent accreditation is just beginning. The WFME Recognition Team has not reviewed documentation relating to the work of IAAR in the Kyrgyz Republic, for example its Standards or policies and procedures. The WFME Recognition Committee may wish to consider how the evaluation of IAAR relates to activities outside of Kazakhstan (Criterion IA).

Areas of Partial Compliance

- The plan for the IAAR site visit is comprehensive. The IAAR followed much of its published process regarding the site visit and selection of physical sites and meetings, however it did not follow in full its own published process. The WFME Recognition Team

was concerned that the site visit did not allow for observing classes in action, as EEC members interrupted teaching to ask questions, and spent a considerable time receiving PowerPoint presentations as part of its scheduled interviews although IAAR, in its response to the draft report, indicated that this is not normal practice and EEC training shall address this. It was not evident to the WFME Recognition Team that the review of the application had been divided amongst the IAAR site visit team in advance, as described in the protocols (Criterion IIIB).

- It is important that the accreditation decision is made based only on information presented from the accreditation visit – not from information obtained outside of the process or from hearsay (Criterion IIIE).
- The Accreditation Council timetable was tight, with just 20 minutes to discuss two reports and make two accreditation decisions. The WFME Recognition Team was concerned to see a single vote taken to decide both accreditation decisions, although we note the protocol was followed should two votes be needed. The protocol should be amended to state that accreditation decisions must be made individually for each programme or school to allow genuine reflection (Criterion IIIE).
- The governance structure of IAAR is such that the Director has the final approval of accreditation. We understand that the decisions made by the Accreditation Council have not been overruled, but WFME is concerned that there is the provision for this to happen. We urge clarification regarding the grounds on which the Director can overrule a decision made by the Accreditation Council; this is only appropriate if the Director has concerns that due process has not been followed in reaching a decision (Criterion IIIE).
- The IAAR application stated that an accreditation decision is notified to the medical school within seven days of the decision. This did happen for the observed decision-making meeting of the JSC Astana Medical School, however the timeline is not documented and we suggest that the IAAR includes this in its guidance (Criterion IVD).
- The process for appealing an accreditation decision presents a conflict of interest. The Appeals & Complaints Commission makes a recommendation to the Accreditation Council who make the decision whether or not to overturn the appeal. The WFME Recognition Team recommends that the final decision of an appeal is taken by the Appeals & Complaints Commission (Criterion IVD).
- The timeline for publicly notifying an accreditation decision, or maintaining the register on the IAAR website, is not specified. At the time of writing this report, the IAAR website had not been updated with any accreditation decisions made since December 2016. The WFME Recognition Team recommends that a reasonable time period, such as 30 days, is adopted as policy and followed by IAAR (Criterion IVF).

Areas of Non-Compliance

- The IAAR has a forum for receiving complaints about accredited medical schools; however the responsibility for investigating such complaints is unclear. The Appeals & Complaints Commission is established to look at appeals against an accreditation decision, and complaints against IAAR, but not complaints against an accreditation decision. This must be incorporated into policy, and the Appeals & Complaints Commission would seem to be the appropriate place to do so (Criterion IIIG).

CONFIDENTIAL



Description of the Accrediting Agency

The Independent Agency for Accreditation and Rating (IAAR) of the Republic of Kazakhstan was established in 2011 as an independent, not-for-profit private company. IAAR activities are: institutional accreditation; programme accreditation; providing rankings of higher education study programmes; and consultancy and support work to institutions to develop internal quality assurance and prepare them for accreditation. Its accreditation work is across higher education (undergraduate and postgraduate), and across all fields of study.

From 2005-2011, accreditation in Kazakhstan was carried out by the National Accreditation Center (NAC) under the governance of the Ministry of Education and Science; in 2011, NAC was dissolved in a political move to make accreditation an independent function. IAAR was selected for the transfer of the learning, processes, standards and experts of NAC.

Undergraduate medical education in Kazakhstan is seven years in duration: a five-year Bachelor degree and a two-year internship. There are 11 universities in the Republic of Kazakhstan that offer medical programmes: eight specialised medical universities, two medical schools (faculties) of classic universities, and one University of Continuous Education. JSC Astana Medical University is the fourth of the medical universities to have an accreditation visit by the IAAR.

Since 2011, the Ministry of Education and Science has approved new entries to a National Registry of Accreditation Institutions (Register 1), Accredited Education Institutions (Register 2) and Accredited Education Programs (Register 3). IAAR is one of two national higher education accreditation bodies operating within Kazakhstan on Register 1, the other being the Independent Kazakhstan Quality Assurance Agency in Education (IQAA). In addition there are eight international accreditation agencies on Register 1. Inclusion in the register is maintained for five years, and then the agency is re-evaluated. IAAR was first included in Register 1 in 2012, and had its registration renewed in 2017.

Accreditation of higher education is voluntary, however several government measures have led to a rapid uptake of accreditation in recent years. Primarily, recognition of state qualifications and access to educational grants for staff and students are limited to those institutions and programmes on the Register and accredited by an agency on Register 1.

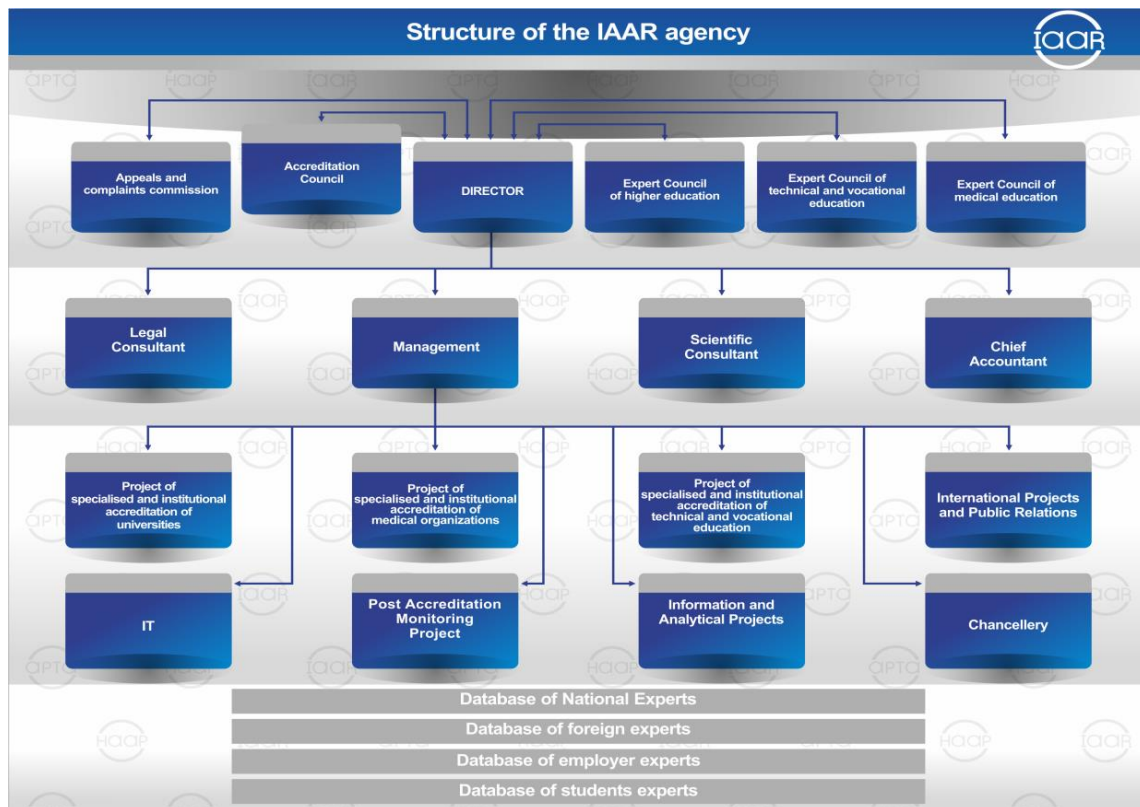
IAAR receives no government funding; its income is entirely from fees for accreditation activities and consultancy.

In its first five years (2011-2016), IAAR completed accreditation visits to 46 educational institutions and 1,231 programmes. Its main operating language is Russian. The website is in Kazakh, Russian and English; the majority of reports are available in Russian on the website. Translations into English were provided to WFME for 27 appendices in support of the application, as well as all documentation relating to the decision-making meeting and the site visit itself.

IAAR centrally runs the following committees:

- The Accreditation Council (17 members) makes the decision on accreditation, term of accreditation, refusal of accreditation or suspension of accreditation.
- Three Expert Councils (Higher Education; Technical and Vocational Education; Medical Education (each with 8 members) advise on the procedures for external quality assessment. Medical Education is taken to include programmes of General Medicine, Pharmacy, Dentistry, Nursing Care, Public Health, Medical and preventative care.
- The Commission on Appeals and Complaints (5 members) relating to submitted applications

An External Expert Panel is appointed for each site visit, selected from the database of experts. All participation in the External Expert Panel, and the permanent committees, is voluntary. The following diagram describes the current staffing and governance structure of IAAR:



Contact information for IAAR

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The Recognition Team's Findings for the Recognition Criteria

Part I: Background

A. Scope of Authority – full compliance

- The agency must be an entity that is authorised and recognised by the government (i.e., either or both of the Ministry of Health and Ministry of Education where the school is located) or by entities that are authorised or recognised by an appropriate professional or scientific association as having the authority to accredit education programmes and schools that award the MD degree or its equivalent.

IAAR is a private, not-for-profit company, established in 2011, and included in the Minister of Education and Science National Registry of Accreditation Institutions (Register 1) since 2012. WFME was provided with the certificate of re-registration of IAAR in 2017 for five further years.

IAAR submits annual reports to the Minister of Education and Science, and all of its standards and regulations are approved by the Minister of Education and Science.

During the site visit, IAAR verbally advised the WFME Recognition Team that it had newly been included in the National Register of Accreditation Bodies of the Kyrgyz Republic (April 6, 2017), and showed the certificate confirming this authority. In the Kyrgyz Republic, the process of independent accreditation is just beginning. No documentation relating to the work of IAAR in the Kyrgyz Republic has been reviewed by the WFME Recognition Team. At the time of writing this report, IAAR had not undertaken any accreditation activity in the Kyrgyz Republic. The WFME Recognition Committee may wish to consider how the evaluation of IAAR relates to activities outside of Kazakhstan.

B. Acceptance of the Accreditation Agency by Others – full compliance

- The agency's decisions must be made known and accepted by other organisations, such as professional licensing bodies, governments, educational institutions, employers, etc.

The IAAR publishes its accreditation decisions and accreditation reports (External Evaluation Reports) on its website: <http://iaar.kz/en/accreditation/list-of-accredited-programs>.

Accreditation by IAAR, or another agency on Register 1, is a criterion for inclusion of institutions and programmes on to the Minister of Education and Science National Registry 2 and 3, which in turn is a criteria for eligibility for educational grants for staff and students. Only qualifications from registered institutions and programmes are recognised for employment within the Republic of Kazakhstan.

IAAR undertook ENQA Agency Review in March-October 2016, and received approval in November 2016. IAAR holds a number of relevant memberships and established relationships with professional bodies, indicating sector acceptance and credibility of IAAR as an agency. In relation to medicine, these are with:

- ❖ National Medical Association
- ❖ Association of Physicians and Pharmacists of Aktobe Region

- ❖ the Republican Center of Health System Development of Ministry of Health (MH) of RK
- ❖ “Parasat” NSTH
- ❖ “Textbook” Republic Scientific and Practical Center (RSBE)

C. Substantive Changes – full compliance

- The agency must inform WFME of any substantive changes in the scope of activities of the agency, the procedures for accreditation, or standards for accreditation.

The application confirms that IAAR accepts this as a condition of positive WFME Recognition Status.

Part II: Accreditation Standards

A. Existence and Availability of Standards – full compliance

- The agency must use predetermined standards for accreditation.

IAAR has predetermined standards for accreditation. The standards for accreditation with which WFME is concerned are (2) Standards relating to ‘General Medicine’.

1. Standards for Institutional Accreditation of Medical Education Institutions (2013) approved by the Order of 26 November 2013 no. 17-13-OD, amended by the Order of 15 February 1017 no. 17-13-OD
 2. Standards of Specialized Accreditation of Higher Education Agencies Education Program by 5B130100 “General Medicine” (2014) approved by the Order of 15 February 2017 no. 8-17-OD
- The standards must be accessible to the medical school undergoing the review, and must be available to the general public.

IAAR publishes its standards on the website, so these are publicly available and accessible to the medical school and the general public. Hard copies can be provided on request to the agency.

B. Type of Standards – full compliance

- The accreditation agency must use medicine specific standards, or standards possessing similar characteristics.

IAAR uses medicine specific standards.

- The Standards must be a comprehensive set of standards such as the WFME Global Standards or similar Standards, such as the Liaison Committee on Medical Education (LCME) Functions and Structure of a Medical School, or the Australian Medical Council (AMC) Standards for Assessment and Accreditation of Medical Schools.

IAAR follows the standards as provided by *WFME 2012 Global Standards for Quality Improvement in Basic Medical Education*, except for the ordering of some standards. The

WFME Recognition Team is satisfied that the standards used by IAAR are comprehensive, medicine-specific and suitable for use in this context.

C. Appropriateness of Standards – full compliance

- The agency must have a system to determine that the standards are sufficiently rigorous and appropriate to ensure the quality of the education or training provided at accredited medical schools.

IAAR standards for General Medicine are based on the WFME standards, for the most part verbatim. Sometimes the standards are phrased slightly differently, but otherwise they are the same standards as listed by WFME. The primary difference in the agency's standards from the WFME standards is the order of the standards and a lack of describing annotations or definitions.

The rationale for the re-ordering of the standards or the use of definitions as standards is was not provided. However, in essence the agency has used all of the WFME Standards, therefore this is an appropriate system to determine that the standards are sufficiently rigorous.

D. Review of Standards – full compliance

- The agency must have a system for periodically reviewing and updating the standards to ensure that they are adequate to evaluate the quality of education or training provided by the medical schools under review, and are relevant to the educational or training needs of the students.

IAAR provided a copy of the *Instruction on Development and Improvement of Standards of the IAAR* which outlines the process for amending their standards. A working group with the breadth of expertise and representation is established by the IAAR Director. The scope of this working group is defined. Suggestions for improvements can be proposed by educational institutions, academic experts and employers. The process for consultation and evaluation of amendments, and final approval by the Accreditation Council and then by the IAAR Director, is described.

The IAAR confirmed in written correspondence that the review as periodic (at least once every five years), as written in paragraph 13 of the IAAR Rules for Recording and Documentation Management. The standards were revised in 2013 following the 2012 update of the WFME guidelines and again in 2017.

The WFME Recognition Team was advised that the 2017 update was made according to the provided document *The Instruction on Development and Improvement of Standards of the Independent Agency for Accreditation and Rating*. Although the WFME Recognition Team has not seen first-hand evidence, we are confident that if this process was followed, and that the appropriate systems are in place to ensure expert review, evidence collection and consideration and legal compliance.

Part III: Accreditation Process and Procedures

A. Medical School Self-Evaluation – full compliance

- The agency must require medical schools seeking accreditation to prepare an in-depth self-evaluation that addresses compliance with the standards.

IAAR requires medical schools undergoing accreditation to prepare a self-evaluation based on compliance with standards. The self-evaluation includes a SWOT analysis (strengths, weaknesses, opportunities and threats) by the medical school against each area of Standards, which forms the basis of inquiry for the accreditation site visit. In-depth studies of the programmes are carried out by a number of sub-commissions formed by an internal commission of the institution applying for accreditation.

- The accreditation agency must provide guidance on completing the self-evaluation.

Detailed guidance is provided by IAAR to correspond with each of the set of standards:

- ❖ Guidelines for conduction of self-assessment for institutional accreditation of medical colleges (2014)
- ❖ Guidelines on self-evaluation of educational program on specialty 5B130100 – “General Medicine” (2015)

The guidelines for institutional accreditation provide detail on the process and timeline of self-evaluation and its role in the accreditation process (18pp), and detailed guidance notes relating to many, but not all, of the standards (42pp). This format is replicated for the *Guidelines on self-evaluation of educational program on specialty 5b130100 “General Medicine”*, with 18pp on the process and 90pp providing the detailed guidance notes and template data collection. Where guidance notes are not added by IAAR, the standard itself includes sufficient detail or examples. The structure of the data to be collected and presented is provided as a template. A recommended report structure for self-evaluation is provided.

It is noted that the two guidance documents were published one calendar year after the publication of standards, however as all accreditation visits to medical schools took place since 2015, WFME is satisfied that all documents have been available consistently for each accreditation visit.

The WFME Recognition Team received a copy of the self-evaluation submitted by JSC Astana Medical University for this accreditation visit which followed the template report provided by IAAR, and addressed each of its standards. The comprehensiveness of the self-evaluation was discussed by the IAAR External Expert Panel in formulating their conclusions and recommendations.

The IAAR application states that support may be received during the process of accreditation from IAAR once the accreditation process has formally initiated, and before the medical school self-evaluation. This additional support forms part of the income-generating work by IAAR in terms of consultancy. It is usually in the form of a training workshop delivered by IAAR relating to the standards and the accreditation process; this does not relate to the content of the individual school’s application. An example programme for such a workshop was provided, and

members of the Astana Medical University confirmed that they had received training in the accreditation process as part of this one-day workshop.

B. Site Visit – partial compliance

- The agency must conduct a site visit (or visits) to a medical school prior to making a decision on accreditation, and must assess elements pertaining to the school's facilities and resources, students, faculty, curriculum, etc.

The WFME Recognition Team observed the site visit conducted by IAAR to Astana Medical University, which took place in advance of finalising the written External Evaluation Report submitted to the Accreditation Council for a decision on accreditation.

The application states that an External Expert Committee (EEC) is created for each educational institution to conduct the site visit. The EEC meets stakeholders within the institution and obtains the information to make the report on quality and relevance of the educational program, academic, health aspects, financial aid and student involvement in policies.

During the site visit to Astana Medical University, the IAAR EEC met with senior academic and management within the university; Heads of programmes including clinical programmes; student career guidance committee; Chairs of departments of clinical programmes; university resources (Registrar, computer testing, e-learning, library); teaching staff; students; graduates; and employers. In line with the published procedures for the site visit, meetings with the student, graduate and faculty staff of the university took place without presence of the university management. However the timetable and the meetings in some instances did not directly correspond to the IAAR published process described in *The Guidelines for External Evaluation and Healthcare Educational Organization Visit (2013)*.

The timetable for the observed site visit was agreed by the Chair of the EEC and the IAAR observer attending the site visit – although we have been advised that the protocol for the approval of the timetable will be changed to approval by the IAAR Director. The following table describes the published procedure for constructing the timetable of the IAAR site visit, and observations of the WFME Recognition Team. We are satisfied that the plan presents a comprehensive overview of the medical school. However there were a number of areas or sub-areas where the IAAR did not follow its published processes in full, and we recommend that these are addressed to ensure consistency and quality.

Guideline for timetable	WFME observation
EEC internal meetings twice a day (30 mins – 1 hour)	Yes
Management of educational organisation (1 hour)	Yes
Review of material and technical basis of educational organization (0.5h)	Yes
Management of educational programs – program managers on Higher Education (deans, vice-rectors etc) (1.5h)	Yes
Specialization in subjects - department chairs	Yes

(1 hour)	
Faculty - faculty's sample group, which does not include representatives of the management of the educational organization (1 hour)	Part - 45 mins plus online survey
Management of faculty members - deans, department chairs, the persons responsible for the management of the faculty (1 hour)	Yes
Students - from different educational programs / departments are interviewed separately (30 min. For each group)	Yes
Corporate Communications - representatives of key employers, members of the Board, Board of Trustees of the educational organization (45 min.)	Yes
Graduates of various programs - interviewed separately (45 min. For each group)	Yes (nb 40 minutes)
The educational organization services - Training Division, representatives of student services, the selection committee, the department of practice, career center, etc. (1 hour)	Yes
Financial Management, Marketing, International Division, the center of employment, etc. - 1,5 hour	Yes
Attendance - (50 minutes 1 lesson). There should also be free time in the schedule to allow individual staff members and students to meet with EEC members.	No – several lessons were witnessed as taking place, but with interruptions. No single lesson was observed. There was no opportunity for the EEC to meet with individual staff members. It was possible for the EEC to speak with individual students during the inspection of accommodation.
The visit should begin and end with a meeting with the management of Medical Education Organisation (MEO). The first meeting with the management of MEO (30-60min) The final presentation is the oral presentation of the strengths and recommendations for improvement (no time specified)	Yes
The standard program of the visit must clearly indicate the names and positions of	Yes

participants.	
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The WFME Recognition Team observed that on the third and final day of the site visit, two hours was scheduled for the final meeting of the EEC to develop the recommendations and prepare the report. This was identified by the EEC Chair the previous day as being insufficient, and the EEC agreed to forego a visit to the university museum to gain 20 minutes. However, the time was still not sufficient for preparation and was exceeded by one hour.

It was not evident to the WFME Recognition Team that the IAAR team had followed its published procedure in relation to distribution of tasks: 'The Chairman and the experts must study the materials of a preliminary evaluation of MEO and share the items that will be written in the report among the members of EEC, demanding from everyone to concentrate on the specified areas and to write the short head of each subject for inclusion in the final report of the EEC. The EEC members also must be responsible for the content of discussion at the areas which were assigned during the meetings with representatives of Medical Education Office.' (p12) Furthermore, p8 of the guidelines lists the questions in relation to EEC member reflections on the self-evaluation. It was not evident that this preliminary work of each EEC member had been conducted, and thoroughly discussed, at the preliminary meeting on 24 April.

If this process had been followed, much of the Evaluation Report could have been prepared in advance, and this preparatory work would have enabled the EEC to better meet its timetabled meeting with the university leadership at the end of the site visit.

The IAAR EEC followed the procedures on conduct during the site visit meticulously. For example, the procedures state that no member of the EEC may interact on an individual level with faculty staff; indeed all interaction was through the Chair. The same rules were followed with regards to no interaction with the WFME Recognition Team.

- The site visit must include the main campus of the school, and include branch campuses or additional locations of the school and clinical core clerkship rotation sites affiliated with the school, as appropriate.

The published *Guidelines for external assessment and visit to the medical educational organization, approved by the order of 26 November 2013, no. 17-13OD* specifies that the site visit includes all academic buildings, libraries, learning sites, clinical training, practices and clinics.

The observed site visit to JSC Astana Medical University included the university lecture rooms, meeting rooms, computer rooms, libraries, accommodation and physical facilities. Where the facilities related to 'General Medicine' or 'Dentistry' specifically, the EEC divided into two teams, and a minimum of four members of the EEC conducted those visits. We agree that this is appropriate and meets the published procedure.

- The agency must ensure that sufficient information is collected to determine compliance with the agency's standards.

The compliance of standards is determined from the self-evaluation report and observation report from the EEC site visit. The application states that the agency guarantees sufficient information through objective assessment, staged self-evaluations of the institutions and reports from experts. According to the IAAR application, the site visit is conducted within an agreed time frame with the university and additional information is provided on request. The WFME Recognition Team observed that meetings with students, faculty and others involved were carried out without the presence of the Administration.

The WFME Recognition Team is satisfied that the approach of medical school self-evaluation and an expert report on the site visit presents sufficient information, when collected reliably, to determine compliance with the standards. We do not have any concerns about the reliability of the information collected for JSC Astana Medical University for this site visit; however there are a number of improvements which could be made to the process to ensure robustness in future visits.

IAAR collects the majority of data in advance through the medical school self-evaluation. The self-evaluation by JSC Astana Medical University was 187pp long, and the headings correspond directly with the accreditation standards. Additional documentation was requested during the site visit, and produced by the medical school. This is acceptable practice during a site visit, and we encourage IAAR to feature this as part of its training of the EEC.

- The site visit must be of sufficient duration, and the site visit team of appropriate size and qualifications.

The IAAR *Guidelines for external assessment* states that the duration of site visit is 2 to 4 days based on "work load" and the number of programs to be accredited in one site visit. For an Institutional accreditation there would be 6-7 members, for a Specialised accreditation, 7-8 members. The guidelines stipulate the composition of the team to be: experienced Chairman, academic expert(s), foreign expert(s), employer(s) and student(s)/ trainee(s). The IAAR *Regulation on the Activity control of the Peer Expert at the "IAAR" (2016)* defines the qualifications for each of these roles, as well as the ethics, professionalism and conflict of interest policy.

WFME is satisfied that the EEC for the observed site visit met these guidelines. Interviews with the individual members of the EEC confirmed that this was reflective of usual practice.

- The accreditation agency must provide guidance on conduct of the site visit.

IAAR provides two documents containing overlapping and consistent information: *Guidelines for external assessment and visit to the medical educational organization, approved by the order of 26 November 2013, no. 17-13OD* and *Guidelines on the organization and conduct of the external assessment procedure of the accreditation process of educational organization, approved by the Order of 15 December 2015, no 44-15-OD*. These are of 31pp and 16pp in length respectively. The first document we understand to be shared with the school, and describes the objectives of the external evaluation, conduct during the site visit, the roles of the members of the EEC, role of the medical school, and guidelines around the involvement of faculty staff and students. The second is intended for members of the EEC provides clarity on

the specific roles and conduct. The WFME Recognition Team is satisfied that this guidance is comprehensive.

C. Reports – full compliance

- A written report of findings must be created based on information provided by the medical school and gathered during the site visit.

The EEC creates a report based on the site visit. During the site visit, the WFME Recognition Team observed discussion of the EEC of the information gathered in accordance with each of the accreditation criteria, point by point, in preparation of the main conclusions and recommendations. The report of the site visit follows the structure of the standards, and whilst it does not address each of the standards in turn, the WFME Recognition Team is satisfied that it identifies key areas of strength and weaknesses.

- The agency must provide guidance on structure and content of the report.

The IAAR *Guidelines for external assessment* requires the report to have three key sections, and provides a template and suggested length (15-20pp):

1. Formal assessment of the Medical Education Organisation by the IAAR criteria, with specific attention paid to areas of concern
 2. Recommendations for improving the work of the MEO
 3. Recommendations to the IAAR Accreditation Council
- The medical school undergoing the review must have the opportunity to respond to the report prior to deliberation of the agency.

The application states that the IAAR sends the report of the review to the institution concerned within 2 weeks. The EEC considers feedback on factual inaccuracies in finalising the report. The timeline for the provision to WFME of the final report would allow for these stages to have been followed.

D. Qualification and Training of Individuals Associated with the Agency – full compliance

- The agency must have and implement policies regarding the qualifications, credentials and experience of
 - the individuals who establish the accreditation standards
 - the individuals who participate in the on-site reviews of medical schools
 - the individuals who create the reports detailing the school's compliance with the standards
 - the individuals who make accreditation decisions

Policies concerning the membership of the EEC, terms of appointment as IAAR certified experts are provided in the application. The *Regulation on the activity control of the peer expert at the "IAAR" approved by the order of 15 December 2015, No35-15-OD* relates to the pool of experts who can be selected for the EEC (on-site review of medical schools and reports detailing

compliance with standards), Accreditation Council (individuals who make accreditation decisions) and Expert Council (individuals who establish accreditation standards).

The document describes the qualification requirements, the extension or termination of the role, and the rules for selection to panels. Conduct requirements including confidentiality and adherence to the conflict of interest policy are also defined. All individuals are required to sign a Code of Ethics.

- The agency must have a training process for
 - new members of the agency
 - individuals who participate in on-site reviews
 - individuals who create reports

IAAR certifies all experts participating in the accreditation process. Certification is for five years, upon which the expert must be retrained if they are to continue to be involved. Retraining can be requested at any time. Training consists of a seminar in the Russian language. The training is conducted by IAAR in conjunction with "Expert Council" based on the *Regulation for training, retraining and advanced training of external experts of IAAR, approved by the order of 26 December 2011, No 05-0d-11*. The WFME Recognition Team ascertained that all members of the EEC had undertaken training in accreditation as well as IAAR EEC training.

E. Accreditation Decisions – partial compliance

- The agency must have documented processes and procedures that ensure accreditation decisions are based on compliance with the standards.

WFME is satisfied that the basis for the accreditation decision is compliance with standards. The accreditation decision is based on the information contained within the EEC Report, for which the guidelines and template report make clear that this is to record compliance with individual criteria. The Accreditation Standards refers to positive results for accreditation for three and five years and non-accreditation; a decision of accreditation for one-year is described on the basis of 'compliance with the criteria as a whole but with some shortcomings'.

IAAR has published its *Regulations on the Accreditation Council of the IAAR, approved by the order of 15 December 2015, No 40-15-OD* which describes the goals of the Accreditation Council (decision-making body), the structure and composition of Council, the rights (the powers) of Council and the organization (governance).

- The agency must conduct a decision-making meeting where a report based on an on-site review is adequately discussed and debated.

The WFME Recognition Team observed a decision making meeting for *Astana Medical University – Pulmonology including pediatric*; and *Astana Medical University – Nursing*. One EEC reviewed both specialities at Astana Medical University, but two reports were submitted in advance of the meeting. The WFME Recognition Team is satisfied that the same processes are followed for 'General Medicine' as for the subjects observed, and therefore observation of this meeting was sufficient to determine compliance with the WFME Recognition Criteria.

The time for the decision to be made was short; just 20 minutes for both reports following the presentation. Within the 20 minutes the Chair of the Accreditation Council specifically sought input from each member of the Committee present.

In the meeting observed, the decisions were straightforward based on the report of the EEC; however the WFME Recognition Team is concerned that this would not allow for a full consideration of an accreditation decision requiring more judgement. We therefore recommend that longer time is allowed for discussion.

- The agency must define a quorum to conduct business.

The Accreditation Council meets every 6 months to review materials submitted by EEC. The quorum is not less than 50% of 15 members. At the Accreditation Council meeting observed by WFME, 13 of the 15 members were present (including one by video-conference which is acceptable within the Regulations). An agenda item noted the quorum of the committee and confirmed acceptance to proceed.

- The agency must make a fair accreditation decision based on the information included in the report.

The accreditation decision is made by open voting with a simple majority. We are satisfied that the accreditation decisions observed by the WFME Recognition Team were fair and based on the information included in the report.

We observed that there was discussion by members of the Accreditation Council of the reputation of the university and the course, outside of the information included in the EEC report. On this occasion this discussion was consistent with the information provided in the EEC report, however statements were made without supporting evidence, and could have influenced other members on the Council to be more lenient. This is potentially an inhibitor to the process and the accreditation decision – a history of good performance does not guarantee that it continues, and to ensure a valid and robust decision, this must be made based on information presented to the Accreditation Council based on that site visit and application only.

For the Accreditation Council meeting observed by the WFME Recognition Team, the accreditation decision was made for both visits considered by the Accreditation Council in a single vote. The WFME Recognition Team recommends that the WFME Recognition Committee requires IAAR to consider each EEC report separately and to make accreditation decisions separately. We can appreciate the efficiencies of having a single EEC look at two related specialties, and we commend the separate reporting of different specialties from the same site visit. On this occasion, the same decision was proposed for both specialties, and we are not concerned that this affected the decision outcome. However, in order to ensure a defensible process, we recommend that the WFME Recognition Committee requires a process change such that each report is discussed and voted on independently of each other.

The WFME Recognition Team raises a concern that the decision by the Accreditation Council is not final. The governance structure gives the authority to the Director, and sole owner of the

IAAR as a business, to approve the decisions of the Accreditation Council. The Director is a member of the Accreditation Council, and should be able to contribute to discussions there. The only grounds for not approving a decision by the Accreditation Council is if there are concerns that due process has not been followed. We understand that this power has not been used to date, however we recommend clarification of the grounds on which the Directory can overrule a decision made by the Accreditation Council.

- The agency must use information on the performance of recent graduates of the medical school in making accreditation decisions.

The institutional standards have a measure of the performance of students and graduates (criterion 16.4), however there was no specific requirement in the standards for the accreditation of the specialised course “General Medicine” which is the accreditation visit observed the WFME Recognition Programme. JSC Astana Medical University has been accredited before its individual programmes were accredited. Therefore the performance of recent graduates indirectly informs the accreditation decision.

F. Activities Subsequent to Accreditation Decisions – full compliance

- The agency must have procedures for allowing a medical school that does not meet standards to come into compliance.

Accreditation with IAAR is voluntary; therefore there is no requirement on a medical school to come into compliance with the standards. However, feedback is given in the form of the EEC Report, and IAAR offers consultancy for a fee, if requested by the institution concerned. The WFME Recognition Team is satisfied that this is appropriate given the national context.

The WFME Recognition Team was provided a copy of the decision letter for the observed site visit, and is satisfied that the recommendations for further improvement reflect those of the EEC Evaluation Report, and offer feedback to enable a medical school to come into compliance. Although IAAR has not yet refused accreditation to a medical school, we are satisfied that the same process would be followed, and this would offer a medical school the formative feedback to identify its own shortcomings in terms of compliance with standards.

- The agency must monitor medical schools throughout the duration of an accreditation period.

IAAR carries out post-accreditation monitoring of all organisations and programmes to monitor that the requirements and recommendations of the EEC as approved by the Accreditation Council are implemented. The process is published in *Regulation on post accreditation monitoring of Institutions and Educational Programs, approved by the order of 26 December 2011, no.06-11-0D*.

Following a positive accreditation decision, the institution must submit an action plan within 60 days to meet the requirements. For accreditation of three years, an interim report is submitted once every year and a half. For accreditation of five years, an interim report is submitted once

every two years. The decision letter to JSC Astana Medical University set out the timeline for its post-accreditation monitoring, which was in line with the published process.

The monitoring report is analysed by the IAAR full-time staff member responsible for accreditation monitoring, and followed by a shorter visit (usually 2 days) of a small group of experts appointed by the Expert Council (minimum of 2 people). The reports of these visits are reported to the Accreditation Council. The costs of post-accreditation are borne by the institution.

The Accreditation Council has the right to temporarily suspend, or withdraw, accreditation if post-accreditation monitoring is not completed, or if the post-accreditation monitoring does not demonstrate progress to address the EEC recommendations.

The WFME Recognition Team is satisfied that IAAR completely meets this criterion.

- The agency must have and implement a policy regarding the reporting of any substantive changes made, or anticipated to be made, to the educational program or other aspects of an accredited medical school.

The *Regulation on post-accreditation monitoring* requires the institution to report on changes in the organisation as they relate to the standards and criteria for accreditation; and any changes to the corporate documents governing their implementation. The WFME Recognition Team is satisfied that this is undertaken, and this demonstrates full compliance.

- The agency must require medical schools to be re-evaluated periodically after a positive accreditation decision.

Accreditation is valid for a specified time period, upon which the institution can apply for re-accreditation. The same process is then followed, with a full self-evaluation, site visit, and decision made by the IAAR Accreditation Council. The WFME Recognition Team is satisfied with full compliance.

A first accreditation is for 1, 3 or 5 years; the second time an agency received a positive accreditation decision, they may apply for an extension up to 7 years, with monitoring three times in 7 years. This latter point is described in the Standards for “General Medicine” only (para 8.15), and we recommend for clarity that the post-accreditation monitoring regulations are updated to reflect this.

G. Complaints – non-compliance

- The agency must have procedures to investigate complaints from students, graduates, or other individuals regarding accredited medical schools.

The ‘Contact Us’ page on the IAAR website confirms that complaints can be submitted.

The *Regulations on the Appeals and Complaints Commission, approved by the order of 01 September 2016, No 33-16-OD* describe “appeal” as an appeal by the educational organisation against an accreditation decision; and describes “complaint” as a complaint against the work

done by IAAR (quality of overall services or against an individual IAAR employee/expert). This definition does not make clear that complaints regarding an accredited medical school would be investigated.

Part IV: Accreditation Agency Policies and Resources

A. Controls against Conflicts of Interest – full compliance

- The agency must ensure that individuals involved in the accreditation process or decision for a specific medical school have no conflicts of interest that would potentially inhibit them from making objective decisions.

The IAAR application describes that experts involved in the evaluation of medical schools/ programmes are required to have high ethical standards, professionalism, honesty, impartiality and fairness. Experts abide by a published “Code of Ethics” document, and sign a “Statement of IAAR expert on the absence of conflict of interest” prior to participating as a member of the EEC or the Expert Council. No member of the Accreditation Council can take part in the External Expert Council which conducts a site visit.

The *Regulation on the activity control of the peer expert at the IAAR, approved by the order of 15 December 2015, No 35-15-0D*, provides a detailed sections on “Observance of ethic norms by the experts”. The Resolution of conflicts of interest section includes appropriate content, such as issues surrounding individuals with close contact to schools (personal or employment related), the need to report any actual or perceived COIs, a policy not to accept gifts, and maintaining confidentiality. The Appendix to the document is the Code of Ethics of the External which members of the EEC are required to sign.

The *Regulations of the Accreditation Council of the IAAR* and the *Regulations of the Appeals and Complaints Commission* state that members are required to sign and comply with the Code of Ethics, and that non-compliance is a reason for exclusion from the Council. Although the same statement is not part of the *Regulations of the Expert Councils*, it is clear that the membership of the Expert Councils are drawn from the IAAR experts who are required to sign.

The Code of Ethics is re-signed for each accreditation visit, which means that the conflict of interest policy is newly considered for each visit.

B. Controls against Inconsistent application of Standards and Procedures – full compliance

- The agency must make certain that the standards and procedures for accreditation of medical schools are applied consistently to all schools that seek accreditation.

In the application, it is stated that the IAAR is guided by various laws that ensure their work is appropriate. The agency is “guided by the procedures and requirements for the maintenance of the National Register of accrediting authorities, accredited educational organizations, and educational programs and internal regulatory documents to ensure that all higher education institutions have the same applied standards and procedures.”

Also according to the application, the IAAR ensures standards and procedures are applied consistently to all schools through: training workshops on self-evaluation and approval of the accreditation standards, the provision of standards and guidelines, the provision of consultation services during the self-evaluation process, analysis of the self-assessment report, and provision of a standard set of documents to the experts of the EEC. The WFME Recognition Team is satisfied that these measures are sufficient to ensure that the standards and procedures are applied consistently.

C. Administrative and Fiscal Responsibilities – full compliance

- The agency must have sufficient administrative and fiscal capability and independence to carry out its accreditation activities with regards to its scope of responsibility.

The IAAR is a private company without government subsidy: all of its income is derived from accreditation activities (accreditation services; participation in rating and printing of certificates; post-accreditation monitoring; seminars and consultations). The balance sheet provided in the follow-up letter of 15 March 2017 is high level and covers 2015 and 2016.

The WFME Recognition Team is satisfied that the budget and record of income and expenditure is accurate, and represents a sustainable business model. There is a reported surplus in both years, which is allocated towards future development spending including the application for WFME Recognition Status.

D. Due Process – partial compliance

- The agency must notify medical schools in writing of any adverse accreditation actions or decisions and describe the basis for such action.

The Regulations on the IAAR Accreditation Council states that IAAR notifies medical schools of the decision, and reasons for the decision, within seven days. The *Standards of Specialised Accreditation of Higher Education Agencies “General Medicine”* specifies that where a negative decision is made, IAAR sends a letter with the decision stated.

- The agency must have an appeal process for adverse actions, including policies to ensure that individuals involved in the appeal process have no conflicts of interest that would potentially inhibit them from making objective decisions.

The *Regulations of the Accreditation Council of the IAAR* state that the Accreditation Council is responsible for appointments and approval of the Chairman, Deputy Chairman and three non-permanent members (including student of a master’s or doctoral studies) of an Appeals and Complaints Commission. The conflict of interest policy applies for members of the Regulations on the Appeals and Complaints Commission.

The *Regulations on the Appeals and Complaints Commission, approved by the order of 01 September 2016, No 33-16-OD*, describes that an Appeals and Complaints Commission is established to receive and investigate an appeal to an accreditation decision OR a complaint against IAAR. The appeal is not a re-conduct of the procedure of accreditation, but an appeal of the decision of the Accreditation Council concerning the term of accreditation or the refusal of accreditation.

The appeal should be filed within seven working days of receipt of the written notification of the adverse decision. The Appeals Commission obtains all relevant documentation related to the original decision and the appeal, and then within 30 calendar days after the receipt of the appeal, makes a decision containing recommendations to the Council, which is submitted to the next session of the Accreditation Council, which makes the final decision.

Although the application states that the decision of the appeal is final, the Regulations then set out that 'The decision made by the Commission and the IAAR AC may be appealed by the applicant in the court according to the legislation of the Republic of Kazakhstan' as is required by law (Article 75 of the Constitution of the Republic of Kazakhstan).

The WFME Recognition Team is concerned that there is a conflict of interest in that the Appeals Commission makes a recommendation, but the final decision whether to overturn or uphold an appeal is made by the Accreditation Council, whose original decision is being appealed.

The WFME Recognition Team recommends that this protocol is revised such that the Appeals and Complaints Commission should make the final decision.

E. Maintenance of Records – full compliance

- The agency must maintain full records of accreditation review documentation, including self-studies, on-site evaluation team reports, the medical school's responses to on-site reports, periodic review reports, decisions, and any other pertinent correspondence and materials.

According to the application, the agency keeps a complete record of all documentation related to accreditation activities, including on paper and in electronic media. The confidentiality of documentation is described in the *Contract on carrying out institutional accreditation*.

- The agency must have implemented record-keeping policies, including policies related to data security.

The *Guidelines on internal quality assurance systems, approved by the order of 15 December 2015, No 40-15-OD* contains section 4.2.3 "Documentation Management", which states that the documentation management processes are described in additional documents, although these further documents are not provided themselves. 4.2.4 "Records Management" describes the agency's policy, including responsibility for document management and security, which appears appropriate.

According to the IAAR letter dated March 15, 2017, data is protected by certified antivirus software and a special security password. Access is available to named individuals as per their job description. All information on the agency's website is protected.

The WFME Recognition Team is satisfied with these procedures.

F. Availability and Dissemination of Information – partial compliance

- The agency must make available to medical schools and to the public information on the types of accreditation granted and the procedures medical schools must follow in applying for accreditation.

The WFME Recognition Team is satisfied that all information is on the agency website, and the documentation is available to download. There is also a “contact us” option for questions.

- The agency must ensure that medical schools undergoing review and pertinent licensing or authorising agencies are notified of accreditation decisions.

A list of accredited universities and programmes is included on the Ministry of Education and Science registers: Accredited Education Institutions (Register 2) and Accredited Education Programs (Register 3). This serves as a public notification of accreditation decisions.

- There must be a publicly available directory of accredited medical schools and accreditation decisions.

In addition to the Register of agencies maintained by the Ministry of Education and Science, the IAAR website also lists separately the programmes and universities accredited by IAAR. At the time of finalising the draft report (26 June 2017), this website had not been updated since December 2016.

It is unclear what the IAAR policy is for publicly notifying an accreditation decision – this is not specified in any of the procedures, guidelines or the template contract with a medical school. At the time of drafting this report, the accreditation decisions for the site visit observed (Astana Medical University – General Medicine; decision made on 29 May) nor for the accreditation decisions taken by the Accreditation Council (Astana Medical University – Pulmonology including Pediatric and Astana Medical University – Nursing; decisions made on 29 April) had been included on the website.

The WFME Recognition Team recommends that a reasonable time period, such as 30 days, is adopted as policy and followed by IAAR.