Standards and Guidelines
for International Initial Accreditation of Residency Programmes (based on WFME/ AMSE/ ESG)

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

**Standards and Guidelines
for International Initial Accreditation
of Residency Programmes
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Recommended by the Expert Council for Medical Education of
Independent Agency for Accreditation and Rating

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These standards and guidelines have been developed in accordance with the Standards of Postgraduate Medical Education (WFME, 2015), harmonised with the Standards of Basic Medical Education (WFME, 2015, 2020), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015) and define the requirements for the preparation and conduct of the procedure for the international initial accreditation of residency programmes (ex-ante) regardless of the status, organisational and legal form, departmental subordination and form of ownership of the educational organisation.

Foreword

1. DEVELOPED AND INTRODUCED - by Non-Profit Institution "Independent Agency for Accreditation and Rating"

2. APPROVED AND CAME INTO EFFECT by Order of General Director of Non-Profit Institution "Independent Agency for Accreditation and Rating" No.150-22-OD dated December 21, 2022.

3. These standards and guidelines have been developed in accordance with the Standards of Postgraduate Medical Education (WFME, 2015), harmonised with the Standards of Basic Medical Education (WFME, 2015, 2020), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015).

4. THIRD EDITION

CONTENT

INTRODUCTION

These standards are developed in accordance with the Standards of Postgraduate Medical Education (WFME, 2015), harmonised with the Standards of Basic Medical Education (WFME, 2015, 2020), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015) and define the requirements for the preparation and conduct of the procedure for initial accreditation of residency programmes (ex-ante), regardless of status, organisational and legal form, departmental subordination and form of ownership of the EO

The IAAR Standards and Guidelines for International Initial Specialised/Programme accreditation (based on the WFME/AMSE/ESG standards) consist of two parts: "Procedure for conducting international initial accreditation of residency programmes" and "Standards of international initial accreditation of residency programmes". The document defines the procedure for accreditation and regulatory requirements for the main provisions of the standards of international accreditation of educational programmes of residency.

The procedure for conducting international initial accreditation of residency programmes is carried out according to the approved stages given in the first part of this Manual.

Changes and additions are being made to the current standards of initial accreditation in order to further improve it. Amendments and additions to the standards and guidelines are carried out by IAAR. In case of initiating changes and additions to the current standard by educational organisations and other interested organisations, suggestions and comments are sent by them to the IAAR. IAAR studies and conducts an examination of the proposals and comments received from the initiators for their validity and expediency. Changes and additions to the current standards and guidelines for accreditation after their approval are approved by the order of the General Director of the IAAR in a new edition with changes or in the form of a leaflet to the current standards and guidelines.

I. THE PROCEDURE OF INTERNATIONAL INITIAL ACCREDITATION OF RESIDENCY PROGRAMMES

Goals and Objectives of the International Accreditation

The purpose of the international accreditation (hereinafter - accreditation) is to assess and recognise the high quality of the activities of the EO (hereinafter - EO) and the educational programmes implemented (hereinafter - EP) in accordance with international accreditation standards in accordance with international standards for quality improvement in medical education (WFME/ AMSE/ ESG).

The procedure of initial accreditation serves the general purpose of assessing the quality of the activities of the EP EO for compliance with international accreditation standards. When conducting international accreditation, the specific legislation of the respective countries is taken into account.

The standards and procedures of international initial accreditation comply with the basic principles and documents of the Bologna Process: professionalism and accessibility of assessment; voluntariness; independence; objectivity and professionalism; transparency, reliability and relevance of information on initial accreditation procedures; collective decision-making, dissemination of information about positive and negative results.

The Procedure for Conducting International Accreditation

The procedure for conducting international initial accreditation includes the following steps:

1. Application for accreditation.

Submission of EO application for initial specialised/programme accreditation with copies of title documents and permits attached.

Consideration of the IAAR application of the EO.

2. Conclusion of an agreement between the EO and IAAR.

Acceptance of the IAAR decision on the beginning of the procedure of initial specialised/programme accreditation of the EO. The schedule of the visit to the EO, the conditions and financial issues of accreditation are determined by the agreement between the IAAR and the EO.

At the request of the EO, IAAR can organise training to explain the criteria and procedure for initial specialised/programme accreditation to the internal experts of the EO at special seminars on the theory, methodology and technology of initial specialised/programme accreditation. This seminar procedure is not a mandatory component of the accreditation process.

3. Preparation of a self-assessment report

The EO independently organises and conducts a self-assessment of the EP in order to establish compliance with international accreditation standards, and also prepares a self-assessment report in accordance with this Manual.

The EO is provided with guidelines and methodological materials for the preparation of a self-assessment report.

The EO sends the self-assessment report and all applications to the IAAR at least eight (8) weeks before the visit to the EEC. IAAR sends the experts a self-assessment report for review at least 6 (six) weeks before the visit after the internal examination for compliance with the requirements.

The expert studies the self-assessment report of the EP for compliance with international standards of the IAAR, prepares and sends a review to the IAAR within 10 (ten) calendar days. In case of non-compliance with the requirements of the IAAR, the review is sent to the expert for

revision. In case of repeated non-compliance, IAAR has the right to suspend this expert from participating in the work of the EEC.

Based on the analysis of the self-assessment report EP, the IAAR has the right to make one of the following decisions:

▪ "develop recommendations on the need to finalise the materials of the self-assessment report";

▪ "to conduct an external expert assessment";

▪ "to postpone the accreditation period due to the impossibility of carrying out the procedure of initial specialised/programme accreditation due to the non-compliance of the self-assessment report with the criteria of these standards".

4. EEC site visit to EO

In case of continued accreditation, IAAR forms an External Expert Commission, which is approved by the General Director of IAAR. External evaluation of the EP for compliance with international IAAR standards is carried out by an External Expert Commission during a visit to EO.

The composition of the EEC is formed depending on the volume of external evaluation. The EEC consists of independent experts, including foreign experts with experience in teaching and expert work on quality assurance, representatives of the community of employers and students.

In case of continued accreditation, the IAAR will coordinate with the EO the timing of the accreditation of the EP and the Programme of the visit of the EEC.

The programme of the EEC visit is being developed by the IAAR Coordinator and the Chairman of the EEC with the participation of the EO. The agreed programme of the visit of the EEC is approved by the General Director of the IAAR at least 2 (two) weeks before the visit to the EO. The structure and content of the programme is developed taking into account the specifics of the EO and EP according to the recommended sample of the visit programme of the EEC (Appendix 1).

The Head of the EO appoints a coordinator for interaction with the IAAR coordinator for planning and organising the visit (Appendix 2).

The duration of the commission's visit is usually 3-5 days. During the visit, the EO creates conditions for the work of the EEC in accordance with the Service Agreement:

- represents an office for the work of the EEC with the provision of a workplace for each member of the EEC;

- submits an electronic and paper version of the self-assessment report for each of the commission members;

- provides the necessary modern electronic office equipment in agreement with the representative of IAAR and the number of members of the EEC;

- organises a visual inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of work of the EEC in accordance with the programme of the EEC visit;

- provides the requested information;

- organises photography of the work of the EEC.

The results of the visit to the EO are reflected in the report on the results of the external evaluation.

The draft EEC report is reviewed by the IAAR and sent for approval to the EO. In case of identification of actual inaccuracies by the EO, the Chairman coordinates with the members of the EEC and makes the necessary changes to the EEC report. In case of disagreement with the comments of the EO to the EEC report, the Chairman, together with the IAAR coordinator, prepares an official response with justification.

The report contains a description of the visit of the EEC, a brief assessment of the compliance of the activities of the EO in the context of the international standards of the IAAR, the recommendations of the EO on improving the activities of the EO and ensuring the quality of the EP, recommendations to the Accreditation Council. Proposals to the Accreditation Council contain

a recommendation on accreditation (including the recommended period of accreditation) or non-accreditation.

The EEC report, including recommendations, is developed by the members of the EEC collectively.

5. IAAR decision-making

The basis for making a decision on the organisation of education in the field of healthcare by the Accreditation Council are the reports of the EEC on the assessment of the EP and the report on the self-assessment of the EP.

The Chairman of the external expert commission speaks to the Accreditation Council following the results of the visit of the external expert commission.

The exclusive competence of the IAAR Accreditation Council includes making decisions on accreditation or refusal of initial specialised/programme accreditation. The composition of the Accreditation Council is determined in accordance with the Regulations on its activities. The meeting is held if there is a quorum. The Accreditation Council has the right to make a decision that does not comply with the recommendations of the EEC.

The Accreditation Council has the right to make one of the following decisions:

- to accredit for a period of **1 (one) year** – if the criteria are met in general, but if there are some shortcomings and opportunities for improvement (when evaluating criteria requiring improvement from 30% to 60%, lack of strong criteria);

- to accredit for a period of **3 (three) years** – if the criteria are met in general, but if there are some minor shortcomings and opportunities for improvement (when evaluating criteria requiring improvement from 15 to 30%, if there are strong criteria);

- to accredit for a period of **5 (five) years** – if the criteria are met in general and there are positive results (when evaluating criteria requiring improvement of up to 15%, if there are strong criteria);

- to accredit for a period of **7 (seven) years** – when the criteria are met in general and there are examples of best practice translation (when assessing those requiring improvement of up to 5%, and strong criteria of at least 15%);

- **refusal of accreditation** – in the presence of significant shortcomings (when evaluating at least one criterion as "unsatisfactory" or requiring improvement of 60% or more).

If the Accreditation Council makes a positive decision, the IAAR sends an official letter to the EO with the results of the decision and a certificate of accreditation of the EO, signed by the Chairman of the Accreditation Council and the General Director of the IAAR in the EO. Further, the decision on the accreditation of the EO EP is sent to the authorised body in the field of education of the relevant country and posted on the IAAR website. The Report of the external expert commission is also posted on the IAAR website.

After receiving the certificate of accreditation, the EP EO publishes a self-assessment report on its website.

If the Accreditation Council makes a negative decision, the IAAR sends an official letter to the EO about the decision.

In accordance with the established procedure, in accordance with the Service Agreement and the Regulations on the Appeals and Complaints Commission, the EO may appeal to the IAAR against the decision of the Accreditation Council. In case of doubt about the competence of the external expert commission and Agency representatives, or a gross violation committed by members of the external expert commission, the EO can send a complaint to the IAAR.

6. Follow-up procedures

If the IAAR Accreditation Council makes a positive decision, the EO submits to IAAR an Action Plan for Improving and Improving Quality within the framework of the recommendations of the external expert commission (hereinafter - Plan), which is signed by the first head and

stamped, and also enters into a Service Agreement with IAAR. The Contract and the Plan are the basis for post-accreditation monitoring.

In accordance with the Regulations on the post-accreditation monitoring procedure, the EO must prepare interim reports according to the Plan. Interim reports are sent to the IAAR before the expected date of post-accreditation monitoring.

Post-accreditation monitoring of the EP is carried out in accordance with the Regulations on the procedure for post-accreditation monitoring of the EO and (or) the EP.

In case of non-fulfillment of the Plan and requirements put forward by the IAAR for post-accreditation monitoring, as well as the lack of information about changes carried out in the EO, the Accreditation Council has the right to make one of the following decisions:

− "temporarily suspend the accreditation status of the EP";

− "revoke the certificate of accreditation of the EP of the EO, which may entail the cancellation of all previously achieved results of accreditation."

If the EO refuses to conclude a contract with the IAAR for post-accreditation monitoring, the AU has the right to decide on revocation of the certificate of accreditation.

The EO has the right to submit an application no earlier than 1 (one) year after the refusal to accredit her EP EO or revocation of her accreditation.

External Expert Commission (Group of Experts on External Evaluation)

External evaluation of the organisation of education by an external expert commission (a group of experts on external evaluation), consisting of independent experts with experience in teaching and expert activities on quality assurance, a representative of employers and students.

The EEC is formed on the basis of the order of the General Director of the IAAR from among the certified representatives of the academic, professional and student community included in the database of IAAR experts. Foreign experts may be attracted from partner accreditation agencies.

In order to exclude a conflict of interest, IAAR sends an official letter on the composition of the EEC to the EO 14 (fourteen) calendar days before the visit.

The EO has the right to notify the IAAR by an official letter of the existence of a conflict of interest with justification within 3 (three) working days. IAAR replaces the Expert if necessary.

All EEC members sign a Commitment Statement on the absence of a conflict of Interest and the Code of Ethics of an external IAAR expert during each visit.

The expert is obliged to notify the IAAR Coordinator of any connection with the EO or self-interest that may lead to a potential conflict related to the external evaluation process.

Each member of the EEC must perform his functions and duties efficiently. Failure to comply and refusal without a reasonable reason is considered a violation of the Code of Ethics of an external IAAR expert and may lead to exclusion from the IAAR expert database.

The information about the EO received during the external evaluation is presented as confidential and is not subject to disclosure.

The members of the EEC should not announce or comment on the recommended terms of accreditation before the decision of the Accreditation Council is made.

The External Expert Commission consists of:

- **The Chairman** of the External Expert Commission, responsible for coordinating the work of experts, preparing and orally presenting preliminary conclusions formed during the visit to the educational organisation, as well as responsible for preparing the final report on the results of the external evaluation of the EO and/or EP (cluster of programmes).

- **External experts** - representatives of the academic community responsible for assessing the compliance of the accredited EO and/or EP with the standards of international accreditation of the IAAR.

- **An external expert** - a representative of the professional community (employer), who must assess whether the accredited EO and/or EP (cluster of programmes) and the professional competencies of its graduates meet the requirements of the labor market.

- **An external expert** - a representative of the student community responsible for assessing the compliance of the accredited EO and/or EP with the needs and expectations of students (for each cluster, 1 representative of the student community).

IAAR appoints a coordinator from among its staff responsible for coordinating the work of the expert group. The educational organisation, for its part, appoints an authorised person responsible for the process of international accreditation in the field of healthcare.

II. SELF-ASSESSMENT REPORT

The Self-assessment Report (hereinafter - SAR) is one of the main documents of the international initial accreditation.

Basic Principles of Report Preparation

1. Structuring: strict compliance of the presented material with the sections of the document.

2. Readability: the text of the document should be easy to read in terms of printing, semantic and stylistic features of the text.

3. Analyticity: analysis of advantages and disadvantages, analysis of the dynamics of the development of EO and (or) EP (cluster of programmes).

4. The objectivity of the assessment.

5. Validity: providing facts, data, information as arguments for conclusions.

The features of the training programme that are not described in the manuals should be included in the relevant part of the documents.

During the accreditation of a cluster of programmes, aspects common to all programmes are described once in the introductory section to avoid repetition.

The final document should be well structured, numbered (including appendices).

SAR Format

The structure of the self-assessment report should meet the criteria of the IAAR standards and guidelines. All statements, judgments, assumptions of the report should be supported by the necessary documents in the main part of the text and appendices (Appendix 3. Structure of the self-assessment report).

The report should be written in the following format: the font type is Times New Roman, the font size is 12, the space between the lines is 1.5, the paragraph interval before and after the titles is no more than 6 pt, an automatically editable embedded table of contents and page numbers should be given at the beginning of the report. The report is printed in A4 format with portrait orientation, landscape orientation is also possible in applications.

The first appendix to the report should contain a text confirming the reliability, exhaustive nature and accuracy of all the data provided, signed by the head of the EO and the executors who compiled the report with the contact details of the report compilers for further consultations, if necessary: "I, [full name of the head of the EO], confirm that in this self-assessment report [name of the EO] containing [the number of pages of the main part of the report, i.e. without appendices] pages, absolutely reliable, accurate and exhaustive data are provided that adequately and fully characterise the activities of the EO."

The volume of the self-assessment report should not exceed 100-105 pages of the main text. The Self-assessment Report is separately accompanied by a package of documents in the form of appendices (in a separate file not exceeding 100 pages). Graphic images must first be compressed to a resolution of 96 dots per inch before being exported to the application text. To reduce the volume of applications, it is recommended that in the text of the self-assessment report, as much as possible, indicate links to supporting documents located on the electronic resources of the EO.

The SAR must be submitted in English [1] - officially in electronic format, unless otherwise agreed.

The report and its appendices are submitted to the IAAR in electronic form at the email address iaar@iaar.kz, and also on paper in 1 (one) copy in each of the selected languages.

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[1] Large documents may be submitted in their original language, provided they are accompanied by a short summary in English.

SAR Content

The SAR should include an introduction, three main sections and appendices.

It is recommended that the introduction include information about the conditions and organisation of self-assessment, its goals and objectives.

The first section provides general information about the organisation of education:

- brief information;

- organisational and legal support of activities;

- organisational structure and management system;

- interaction with educational, research, professional organisations at the local, regional and national levels;

- international activities;

- number of students (annual);

- dynamics of the contingent of students of different forms of education over the past 3-5 years (if available).

The second section includes an analysis of the compliance of the activities of the educational organisation and (or) the accredited EP with the standards of international accreditation.

The text of the section should be organised according to the order specified in the manual. The SAR must provide answers to all the basic questions and include all the necessary documentary evidence in the appendices.

The educational organisation should provide information about the achievements of the EO or EP (if available). It is also assumed that the report will indicate problems and areas requiring improvement that were identified using SWOT analysis.

The third section of the report should include general conclusions and a conclusion on the self-assessment process, giving grounds for applying for an external quality assessment procedure.

The SAR should be submitted on behalf of the head of the EO and should be signed by him.

The main provisions and conclusions of the report should be brought to the attention of all participants in the self-assessment process; published on the Internet resource of the educational organisation.

The final section of the self-assessment report should consist of a completed table titled "Conclusion of the Self-Assessment Commission". It is important to ensure that the completion of the table is objective and based on the information provided in the self-assessment report. To ensure the accuracy and reliability of the material presented in the report, all individuals responsible for the self-assessment should participate in filling out the table. This will help to ensure that the table is comprehensive and reflects the collective input and assessment of the group. By completing this table, the self-assessment commission can provide a clear and concise summary of the findings and conclusions of the self-assessment process, which can be used to guide future actions and decisions.

The external expert commission also fills in this table, and the results of comparing information according to these tables are taken into account when discussing the results of accreditation during the visit of the EEC to the EO.

The evaluation table "Conclusion of the Self-Evaluation Committee" has following positions for assessment:

▪ **"Strong"** is characterised by a high level of indicators of one criterion of international accreditation. This position of this criterion makes it possible to serve as an example of good practice for dissemination among other EOs.

▪ **"Satisfactory"** is determined by the average level of indicators of one criterion of international accreditation and means compliance with the criterion.

▪ **"Suggests improvement"** is characterised by a low level of performance of one criterion of international accreditation.

▪ **"Unsatisfactory"** means that indicators of EO or EP does not meet the criterion of international accreditation.

III. STANDARDS OF INTERNATIONAL INITIAL ACCREDITATION OF EDUCATIONAL PROGRAMMES OF RESIDENCY

Scope of Application

These standards define the regulatory requirements for the main provisions of the standards of international initial accreditation of educational programmes of residency during the procedure of initial accreditation of the EP, regardless of its status, organisational and legal form, forms of ownership and departmental subordination.

These standards can also be used:

a) educational organisations for internal self-assessment and external evaluation of EP;

b) to develop appropriate regulatory documentation.

Regulatory References

This standard uses references to the following regulatory documents:

1. Postgraduate Medical Education WFME Global Standards 2015
2. Basic Medical Education WFME Global Standards 2015
3. Basic Medical Education WFME Global Standards 2020
4. Guidelines on the use of ECTS (European Credit Transfer and Accumulation System), approved at the Yerevan Conference of Ministers of Education on May 14-15, 2015.
5. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015)
6. EFN (The European Federation of Nurses Associations) Competency Framework Adopted at the EFN General Assembly, April 2015, Brussels

Terms and Definitions

The following terms and definitions are used in this standard:

3.1 Accreditation is a procedure of assessment by the accreditation agency of the quality level of the EO as a whole or its individual educational programmes, during which the compliance of the EO or educational programme with certain criteria and standards is recognised;

3.2 European Credit Transfer and Accumulation System – ECTS is student-centered system for the accumulation and transfer of credits, based on the principles of transparency of the processes of study, teaching and evaluation. Its purpose is to facilitate the planning, implementation and evaluation of educational programmes and student mobility by recognising academic achievements, qualifications and study periods.

3.3 The quality of the educational programme is the compliance of the level of competence of students and graduates with the requirements of educational standards and additional requirements established by the educational organisation;

3.4 Competencies – the qualifications framework defines competencies as an opportunity to use knowledge, skills and personal, social and/or methodological abilities in work or educational situations, as well as for professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and independence;

3.5 ECTS credits – express the amount of training based on the established learning outcomes and associated labor costs. 60 credits correspond to the results of training and the corresponding labor costs of a full-time academic year or its equivalent, which usually includes a number of educational elements for which credits are awarded (based on the results of training and labor costs). Credit units are usually expressed in integers.

3.6 Module is an element of a course in a system in which each course has the same number

of credits or a multiple of them.

3.7 Assessment methods are a set of written, oral and practical tests/exams, projects, speeches, presentations and portfolios that are used to assess the student's progress and confirm the achievement of learning outcomes within the educational element (part of the course/module).

3.8 An educational programme is a set of educational elements that lead to the assignment of a degree to a student after successful fulfillment of all requirements.

3.9 Qualification – a degree, diploma or other official document issued by a competent authority attesting to the successful completion of a recognised educational programme.

3.10 Learning outcomes is a statement about what the learner will know, understand and be able to do at the end of the learning process. The achievement of learning outcomes should be evaluated according to an established procedure based on clear and transparent criteria. Learning outcomes are correlated with specific educational elements and programmes in general. They are also used in the European and National Qualifications Frameworks to describe the level of individual qualifications.

3.11 Residency - the level of postgraduate medical education, the purpose of which is to acquire or change the professional qualifications of a doctor in the relevant specialty for admission to independent clinical practice.

3.12 Quality assurance is a process or a set of processes adopted at the national and international levels to ensure the quality of educational programmes and assigned qualifications. Quality assurance presupposes the existence of an educational environment in which the content of educational programmes, training opportunities and logistical support correspond to the stated goal. Quality assurance is often viewed in the context of a continuous cycle of change (i.e., provision and improvement).

3.13 Student–centered learning is an approach to learning characterised by innovative teaching methods that are aimed at developing learning in the interaction of teachers and students and are focused on the serious perception of students as active participants in their own learning, contributing to the transfer of skills such as problem solving, critical and analytical thinking.

Designations and Abbreviations

These standards use abbreviations and designations in accordance with the normative documents specified in paragraph 2. In addition, the following designations and abbreviations are used in these standards:

AC – Accreditation Council;
HEI – higher education institution;
EEC – External Expert Commission;
IAAR – Independent Agency for Accreditation and Rating
RW – research work
CME – continuing medical education
CPD – continuous professional development
NQS – national qualifications system
EO – educational organisation
EP – educational program
SAR – self-assessment report
OSCE – objective structured clinical examination
TS – teaching staff;
MM – mass media;
ECTS - European Credit Transfer and Accumulation System;
ESG - Standards and guidelines for quality assurance in the European Higher Education Area.
QF-EHEA – Qualifications Framework for the European Higher Education Area;
WFME- World Federation for Medical Education.

General Provisions

The main objectives of the implementation of the standards of the international initial accreditation of educational programmes of residency:

- implementation of an accreditation model harmonised with the international practice of the quality assurance of education;

- assessment of the quality of education for improving the competitiveness of the system of higher and postgraduate education in the field of healthcare;

- encouraging the development of a quality culture in medical educational institutions

- promoting the improvement and continuous improvement of the quality of public health services in accordance with the requirements of a rapidly changing external environment;

- accounting and protection of the interests of society and consumer rights by providing reliable information about the quality of EP;

- use of innovation and scientific research;

- public announcement and dissemination of information on the results of the accreditation of the EO in the field of healthcare.

1. STANDARD "MISSION AND LEARNING OUTCOMES"

1.1 Mission Definition

The organisation of education must:

1.1.1. define the mission of the EP of postgraduate medical education and bring it to the attention of stakeholders and the health sector.

1.1.2. determine the mission of the educational programme based on consideration of the health needs of the society, the needs of the health care delivery system and, other aspects of social accountability.

1.1.3. outline the programme containing both theoretical and practice-based components, with emphasis on the latter, resulting in a medical doctor who is:

- competent to undertake comprehensive appropriate medical practice in the defined field of medicine,

- capable of working independently in a high professional manner,

- able to work within a professional/interprofessional team,

- committed and prepared to life-long learning and participation in continuing medical education/continuing professional development,

- able to ensure improvement of patient care that is appropriate, effective, compassionate and safe in dealing with health problems and promotion of health, including a patient-centred and holistic approach

1.1.4. envisage readiness to ensure that trainees have appropriate working conditions to maintain their own health.

1.1.5. ensure that the mission includes the development of innovations in the education process allowing for development of broader and more specialised competencies than those identified within the basic required competencies; development of the scientific competence of students so that doctors can conduct research work in the chosen field of medicine; opportunities for doctors to become active participants in facing social determinants of health.

1.2 Professionalism and Professional Autonomy

The organisation of education must:

1.2.1. include professionalism in the training of doctors and ensure that training promotes professional autonomy necessary to enable the doctor to act in the best interests of the patient and the society.

1.2.2. envisage a collaborative relationship with government and other counterparts, whilst maintaining appropriate independence from them.

1.3 Learning Outcomes

The organisation of education must:

1.3.1. define the intended educational outcomes that students should achieve upon completion of training with respect to achievements at a postgraduate level regarding knowledge, skills and behaviors/attitudes, appropriate foundation for the future career of trainees in the chosen field of medicine, future roles in the health sector, commitment to and skills in life-long learning, the health needs of the society, the needs of the health care system and other aspects of social accountability, professional behaviour.

1.3.2. define and publish the intended learning outcomes: generic and discipline/speciality-specific, which are required to be achieved by students.

1.3.3. demonstrate evidence of readiness to ensure appropriate trainee conduct with respect to fellow trainees, trainers, health care personnel, patients and their relatives.

1.3.4. define the intended educational outcomes based on the results obtained at the level of basic medical education to ensure interaction between basic and postgraduate medical education.

1.3.5. provide for the possibility of students to participate in research in the relevant field of health.

1.4 Participation in Formulation of Mission and Learning Outcomes

The organisation of education must:

1.4.1. ensure the participation of principal stakeholders in the formulation of the mission and intended learning outcomes

1.4.2. ensure that the stated mission and intended learning outcomes are based on the opinions/suggestions of other stakeholders

Approximate subject of assessment:

✓ *Describe the mission and provide a relevant published document or a link to a published document.*

✓ *Describe how the mission and goals are communicated to stakeholders.*

✓ *Provide a description of the mission and explain how the health needs of the community, the health system and aspects of social responsibility are considered and reflected.*

✓ *A detailed description of the educational programme of postgraduate training and a document confirming its existence should be provided.*

✓ *A description should be given of what educational strategies and approaches, teaching methods form responsibility and develop the capacity for lifelong learning.*

✓ *Describe how the principles of good practice and patient care are followed in the training process.*

✓ *Describe how appropriate working conditions are provided at the bases of training and clinical practice.*

✓ *Describe how the introduction of innovations in the learning process is supported to form the relevant competencies.*

✓ *Describe how the formation of scientific thinking and the involvement of students in scientific research are supported.*

✓ *Describe how aspects of the social determinants of health are included in the postgraduate training programme for students?*

✓ *Describe how professionalism as a competence and professional autonomy are reflected in the postgraduate educational programme.*

✓ *Describe in what matters autonomy is granted.*

✓ *What is the practice and experience in EO regarding academic freedom?*

✓ *Describe what learning outcomes (knowledge, skills, attitudes/professional values and abilities) are required from students at the time they complete the educational programme.*

✓ *Describe how the learning outcomes (knowledge, skills, attitudes/professional values) regarding appropriate behaviors and attitudes are taken into account in the postgraduate programme.*

✓ *Describe how trainees are informed and ensured that appropriate professional conduct is observed by trainees.*

✓ *What action is taken when any violations of good professional conduct are identified?*

✓ *Describe how the public and stakeholders are made aware of the identified learning outcomes.*

✓ *Briefly describe how learning outcomes at the basic level of education are related to postgraduate training and the commitment of graduates to lifelong learning.*

✓ *Describe with which principal stakeholders the mission and learning outcomes of the postgraduate programme are agreed.*

✓ *Describe what proposals from principal stakeholders were considered and incorporated into the mission of the postgraduate education programme.*

2. STANDARD "EDUCATIONAL PROGRAMME"

2.1 Educational Framework

The organisation of education must:

2.1.1. determine the educational framework based upon the intended educational outcomes of the programme and official certificates of qualification provided as the basis for official recognition of a specialist in the chosen field of medicine at the national and international level.

2.1.2. determine the educational framework based upon the acquired educational outcomes of basic medical education, in a systematic and transparent way, using practice-based training involving and supporting the personal participation of the trainee in the provision of medical care and responsibility for the patient, their own learning process and clinical practice.

2.1.3. demonstrate evidence of readiness to ensure the use of appropriate learning methods that integrate practical and theoretical components, guide the trainee by means of supervision and regular appraisal and feedback, including commitment to ethical requirements and standards.

2.1.4. demonstrate evidence of readiness to provide guarantees that the educational programme is implemented in accordance with the principles of equality, inform students about the programme, the rights and obligations of students.

2.1.5. increase the degree of independence and responsibility of the trainee as skills, knowledge and experience grow.

2.1.6. provide for the ability to determine gender, cultural and religious specifications and properly prepare the student to interact with the specified patient population.

2.2 Scientific Method

The organisation of education must:

2.2.1. throughout the training programme, to instill in students the principles of scientific methodology, including methods of analytical and critical thinking; research methods in healthcare and evidence-based medicine.

2.2.2. strive to include a critical appraisal of the literature and scientific data in the EP, adjust the content to scientific developments in medicine, change the EP, taking into account the achievements of scientific, technological, medical and pharmaceutical developments, current and expected needs of society and the healthcare system.

2.3 Programme Content

The organisation of education must:

2.3.1. include in the learning process the practice and theory of basic biomedical, clinical, behavioural and social sciences and preventive medicine, clinical decision-making, communication skills, medical ethics, public health, medical jurisprudence and forensic medicine, managerial disciplines, patient safety, doctors' self-care, complementary medicine.

2.3.2. organise the educational programme with appropriate attention to patient safety and their autonomy.

2.3.3. demonstrate evidence of readiness to provide adjustments and changes to the EP to ensure the development of knowledge, skills and thinking of the various roles of the graduate, the compliance of the content of the EP with changing conditions and the needs of society and the healthcare system.

2.4 Programme Structure, Composition and Duration

The organisation of education must:

2.4.1. describe the content, scope and sequence of courses and duration of the EP; define compulsory and optional components; integrate practice and theory in the learning process; ensure compliance with national legislation, which must be presented and described; provide adequate exposure to how local, national or regional health systems address the health problems and the health care needs of populations.

2.4.2. take into consideration the acquired outcomes of basic medical education related to the chosen field of medicine.

2.4.3. determine the requirements for a graduate to fulfill different roles in the health sector.

2.5 Organisation of Education

The organisation of education must:

2.5.1. define responsibility and authority for organising, coordinating, managing and evaluating the individual educational setting and learning process.

2.5.2. envisage the inclusion in the planning and development of the educational programme appropriate representation of the teaching staff, students and other key and relevant stakeholders.

2.5.3. plan the education to expose the trainee to a broad range of experiences in the chosen field of medicine.

2.5.4. ensure multi-site education, coordinate multi-site education to gain adequate exposure to different aspects of the chosen field of medicine.

2.6 The Relation Between Education, Medical Practice and the Healthcare System

The organisation of education must:

2.6.1. provide for and ensure the integration between theoretical training and professional development, develop learning through medical practice and professional development; integrate training and medical practice through patient care; ensure that training complements and addresses health care demands.

2.6.2. effectively use the capacity of the health care system to provide medical care for training purposes.

Approximate subject of assessment:

✓ *Describe the general and specific components of postgraduate programmes and how practice-based learning is provided with personal participation of the trainee in the provision of medical care and commitment to patient care.*

✓ *What teaching and learning methods are used for both clinical and theoretical training, how is the integration of practice and theory ensured and also self-directed learning?*

✓ *How is the student-centered approach to learning ensured and the increasing independence and responsibility of the student in practice demonstrated?*

✓ *Describe the practice of mentoring, assessing and giving feedback to trainees and informing them of their rights and obligations.*

✓ *What factors contribute to the formation of students' responsibility for their learning process and increase their responsibility by the end of the training programme?*

✓ *Describe what components of the training programme instill in students the principles of a scientific approach and evidence-based medicine and develop their ability for analytical and critical thinking?*

✓ *Does the programme use appropriate teaching methods such as problem solving tasks, problem-based learning, evidence-based medicine practice with specific tasks, project research, independent clinical case studies?*

✓ *What opportunities are available to involve students in research projects?*

✓ *Describe the practice regarding the involvement of trainees in the provision of medical care under the supervision of a clinical teacher and/or doctors of clinical sites, and also what process ensures that the principles of patient safety are observed in the clinical education programme?*

✓ *How is knowledge, skills and attitudes/professional values developed for different roles in the health system?*

✓ *What is the mechanism for changing training programmes and ensuring that they meet the needs of the health care system and delivery of medical care?*

✓ *Information should be provided on the structure, duration (hours/weeks of the semester/academic year), the content of the training programmes, indicating the required elements and elective components, the relationship between behavioral and social and clinical disciplines and draw up a summary in the form of academic disciplines/modules and their duration.*

✓ *Describe the terms of reference and composition of the structural unit of the EO responsible for organising the educational process and training programmes, clinical sites?*

✓ *Describe how teachers, learners and other stakeholders are involved in the management of training programmes.*

✓ *Describe what mechanisms are used to ensure the conditions for training in clinics by profile and level of care and access to relevant training facilities is coordinated?*

✓ *What are the main principles, approaches and educational strategies, methods of teaching and knowledge assessment that promote and ensure the integration of elements of education and health care?*

3. STANDARD "STUDENT ASSESSMENT POLICY"

3.1 Assessment Methods
The organisation of education must:

3.1.1. develop and implement a policy of attestation/assessment of the students; define, state and publish the principles, purposes, methods and practices for assessment of students, including, if necessary, specialist examinations.

3.1.2. ensure that assessment procedures cover knowledge, skills, attitudes and professional conduct.

3.1.3. ensure the use of a complementary set of assessment methods and formats according to their "assessment utility", including use of multiple assessors and multiple assessment methods.

3.1.4. state the criteria for passing examinations or other types of assessment, including number of allowed retakes.

3.1.5. provide for the possibility of documenting the reliability, validity and fairness of student assessment methods.

3.1.6. implement a system of appeal of assessment results based on principles of natural justice or due process.

3.1.7. implement new assessment methods where appropriate, document the different types and stages of training and assessment.

3.1.8. encourage the process of peer review of assessment methods by external examiners.

3.2 Relation between Assessment and Learning

The organisation of education must:

3.2.1. ensure that assessment principles, methods and practices that are clearly compatible with intended educational outcomes and instructional methods; ensure that the intended educational outcomes are met by the students; promote student learning; ensure adequacy and relevance of education; ensure timely, specific, constructive and fair feedback to students on the basis of assessment results.

3.2.2. strive to use assessment principles, methods and practices that encourage integrated learning, encourage student involvement in practical clinical work, and facilitate interprofessional education.

Approximate subject of assessment:

✓ *Describe the student assessment policy, describe the process of developing and approving documents issued to students, which provide information on the assessment policy, assessment methods, including assessment criteria, the timing of midterm and final exams, examination criteria, weighting and progress criteria for students.*

✓ *What additional assessment methods are used as appropriate evaluation methods?*

✓ *Describe the rules and criteria for passing exams, as well as the number of allowed retakes and the conditions for retaking.*

✓ *Describe the mechanisms for ensuring the reliability and validity of the assessment methods used.*

✓ *Describe how new assessment methods are studied, tested and implemented and how their reliability, validity and fairness are ensured.*

✓ *Describe the practice of attracting external experts and the selection criteria for their inclusion.*

✓ *Describe the current practice of keeping a record of the learning process and assessing knowledge and skills*

✓ *A table should be provided showing the comparability of learning outcomes, assessment methods and teaching and learning methods used (table 3.2.1)*

✓ *Describe the current practice of providing feedback to learners, which should have established mechanisms, and provide transparency to inform learners about the requirements and rules for assessment and evaluation of progress.*

✓ *Describe how integrated evaluation of the various elements of the training programme is ensured?*

✓ *Provide a table that includes the various elements of the educational programme, indicating the number and nature of examinations (table 3.2.2)*

Table 3.2.1 Comparability of learning outcomes, assessment methods and teaching and learning methods used

Final learning outcomes	Assessment methods	Teaching and learning methods used

Table 3.2.2 The number and nature of examinations of the constituent elements of the EP

EP / discipline elements	Number of exams / grades	Types / forms of examinations / grades

4. STANDARD "STUDENTS"

4.1 Admission Policy and Selection
The organisation of education must:

4.1.1. have a policy and implement admission practices based on the organisation's mission and includes a clearly defined statement of the student selection process.

4.1.2. ensure a balance between the education capacity and the intake of students; formulate and implement a policy / rules for the selection of students according to established criteria; have a policy and implement practices for the admission of students with disabilities in accordance with the applicable laws and regulations of the country; ensure a high level of knowledge and skills in the field of basic biomedical sciences achieved at the undergraduate level before starting postgraduate education; ensure transparency and fairness of the selection procedure.

4.1.3. have a policy and implement the practice of transferring students from other educational institutions, including foreign ones.

4.1.4. guarantee in its selection procedure specific capabilities of potential students in order to enhance the quality of education in the chosen field of medicine; guarantee the transparency of the selection procedure; provide for an appeal mechanism for admission decisions.

4.1.5. demonstrate readiness to involve student associations and other stakeholders in the policy development and selection process by periodically reviewing the admissions policy and rules.

4.2 Number of Students
The organisation of education must:

4.2.1. determine the number of accepted students in accordance with clinical / practical training opportunities, the ability of the EO to conduct appropriate control and monitoring of the educational process, logistical and other resources available, information about the health needs of the society.

4.2.2. envisage opportunity to periodically review the number and body of accepted students in consultation with relevant stakeholders responsible for planning and developing human resources in the health sector.

4.2.3. envisage opportunity to adapt the number of potential students, taking into account available information about the number of qualified candidates and information about the national and international market forces; regulate the number of potential students, taking into account the inherent unpredictability of precise physician manpower needs in the various fields of medicine.

4.3 Student Counseling and Support
The organisation of education must:

4.3.1. demonstrate readiness to ensure access to a system for academic counselling of students.

4.3.2. demonstrate readiness to ensure the academic counselling of students on monitoring and controlling the progress in education including analysis of unintended incidents.

4.3.3. demonstrate readiness to ensure students with support programme aimed at social, financial and personal needs.

4.3.4. demonstrate readiness to allocate resources for social and personal support of students; ensure confidentiality in relation to counselling and support.

4.3.5. demonstrate readiness for career guidance, counseling and professional career planning.

4.3.6. demonstrate readiness to consult, in order to provide support in case of a professional crisis, involve organisations / associations of students in solving problematic student situations.

4.4 Representation of Students

The organisation of education must:

4.4.1. have a policy and implement practice of student representation and their respective participation in the development of the mission and intended learning outcomes, in the development of the EP, the planning of learning conditions for students, the assessment and management of the EP.

4.4.2. demonstrate readiness to encourage the representation of students to be involved in decisions about education processes, conditions and regulations.

4.5 Working Conditions

The organisation of education must:

4.5.1. carry out the training programme by appropriately remunerated posts/stipendiary positions or other ways of financing and motivating.

4.5.2. ensure that students have access to patient care, including doctor on call where appropriate.

4.5.3. define and publish working conditions and responsibilities of students.

4.5.4. envisage the interruption of training caused by pregnancy (including maternity/paternity leave, parental leave), sickness, military service or secondment by additional training.

4.5.5. strive so that the work components of the student do not dominate the educational component / training.

4.5.6. take into account the needs of the patients, continuity of medical care and the educational needs of students in the drawing up a plan and schedule of work, on-call schedules.

4.5.7. allow distance learning under special circumstances, structured according to individual educational trajectory and work experience of the student, providing evidence that the total duration and quality of distance learning is not less than full-time education.

4.5.8. envisage the possibility of continuing education under conditions of interruptions of training caused by pregnancy (including maternity/paternity leave), sickness, military service or secondment.

Approximate subject of assessment:

✓ *How is the number of accepted students determined in relation to the material and technical and academic, personnel potential of the EO?*

✓ *Describe the policy and practice for the admission of students with disabilities in accordance with the laws and regulations in force in the country?*

✓ *What policies and practices for the transfer of students exist in the EO?*

✓ *Describe the policy and academic (if any, non-academic) criteria that are set for admission to the EO?*

✓ *Briefly describe the student selection process, from application acceptance through interview selection, interview process, decision making, and admission to the EO.*

✓ *For each selection stage, describe the meaning and criteria on the basis of which decisions are made by individual responsible persons or groups for the admission of students to the EO.*

✓ *Describe how the methods used to select trainees test their suitability and ability to practice in various fields of medicine?*

✓ *Describe the mechanisms and procedures for filing an appeal? How are the rules and procedures for appeal communicated to applicants and other stakeholders?*

✓ *What organisations/representatives of learners are involved in the process of developing the admission and selection policy? Describe current practice?*

✓ *Describe the practice of reviewing the admissions policy. To what extent does it correspond to social obligations and public health needs?*

✓ *Briefly describe whether a forecast is being made of society's need for trained medical*

specialists, including an assessment of various markets and demographic factors, and also scientific development, and physician migration flows.

✓ *Describe how the health workforce needs are assessed and which stakeholders are consulted by the EO regarding changes in the number and composition of students admitted. Briefly describe current EO practice.*

✓ *Describe existing practices regarding student support. What student support programmes exist in the EO?*

✓ *Describe existing mechanisms for identifying and allocating resources to support learners.*

✓ *Describe current practice regarding student support services, including academic advising.*

✓ *Describe the opportunity provided for personal counseling of students and comment on its availability, confidentiality and effectiveness.*

✓ *How are student organisations/representation involved?*

✓ *Describe the policy of the EO regarding the appropriate participation and contribution of students in solving issues related to the educational programme?*

✓ *Describe current practice regarding permitted positions held or fellowships for residents.*

✓ *Describe the current practice of involving trainees in activities at clinical sites as part of the training programme.*

✓ *Provide information on categories of patients with different clinical conditions and indicate the level of responsibility of the trainee and how his participation in the provision of care is brought to the attention of all interested parties.*

✓ *What mechanism is used to strike a balance between training and student participation in health care delivery?*

✓ *Describe the existing rules for providing students with an individual training programme (individually tailored programme), and how is the previous experience of clinical practice in the specialty taken into account?*

5. STANDARD "ACADEMIC STAFF/FACULTY"

5.1 Recruitment and Selection Policy

The organisation of education must develop and implement a staff selection and recruitment policy that:

5.1.1. takes into account the necessary criteria for employment with the condition of examination of documents; contains criteria for scientific, pedagogical and clinical/professional merit of applicants, including a proper balance between teaching, research and professional qualifications.

5.1.2. determines the duties of the teaching staff, including the balance between educational, research and other functions, taking into account the mission of the programme, the needs of the education system and the needs of the health care system.

5.1.3. ensures that teachers have practical experience in the relevant field, are recognised experts in the relevant field, that teachers with a sub-speciality function, if necessary, are approved for relevant specific periods of study depending on their qualifications.

5.1.4. encourages participation in programmes to develop its educational potential, use the expertise of educational activities to increase the potential of the academic staff, determine the level of remuneration for participation in postgraduate education.

5.2 Personnel Activity and Development Policy

The educational organisation must develop and implement a policy of activity and staff development, which is aimed at:

5.2.1. ensuring that teachers have enough time for teaching, consulting and self-development

5.2.2. existence of a structure responsible for the development of the academic staff, ensuring periodic evaluation of the academic staff.

5.2.3. development and implementation of a policy to support the academic staff on issues of pedagogy and advanced training for further professional development; evaluate and recognise the scientific and academic achievements of teachers.

5.2.4. the ability to take into account the "teacher-student" ratio depending on the various components of the EP, taking into account the features that ensure close personal interaction and monitoring of students.

Approximate subject of assessment:
✓ *What are the requirements for the qualification of teachers for employment in the EO?*
✓ *Are there institutional or government policies or requirements that influence the recruitment decisions of the EO?*
✓ *How is the balance between teaching, research and medical care of the involved teachers ensured?*
✓ *How does the EO intend to improve recruitment practices to achieve its mission and expected learning outcomes, and taking into account the needs of the education system and the needs of the medical care system, and how are the economic opportunities of the HEI considered?*
✓ *Describe what mechanisms are used to determine the needs for staff and faculty, taking into account the specific requirements of postgraduate programmes.*
✓ *How will economic and resource support affect the improvement of scientific, teaching and clinical qualifications of employees and their corresponding remuneration?*
✓ *Describe the practice of the HEI in personnel policy and programmes for the development of professional and pedagogical qualifications of teachers and their recognition.*
✓ *How is the balance between teaching, mentoring and clinical workload achieved?*
✓ *Describe how coordination is carried out and consistency is achieved in terms of work schedule, workload.*
✓ *How is the periodic evaluation of the performance of teachers and mentors, including evaluation of feedback from students to the teacher?*
✓ *Describe the experience of the EO in recognising achievements in academic activities, which involves moral rewards, career advancement, monetary rewards.*

6. STANDARD "EDUCATIONAL RESOURCES"

6.1 Physical Facilities
The organisation of education must:

6.1.1. demonstrate readiness to provide sufficient material and technical base to ensure adequate implementation of the educational programme, space and opportunities for practical and theoretical study; access to up-to-date professional literature; adequate information and communication technologies; modern equipment for training in practical techniques; a safe learning environment.

6.1.2. demonstrate readiness to improve the learning environment by regularly updating, expanding and strengthening the physical facilities and equipment to maintain the appropriate quality of education at the postgraduate level.

6.2 Learning Settings
The organisation of education must:

6.2.1. demonstrate readiness to provide the necessary resources for the acquisition of adequate practical experience by students, including the selection and approval of the clinical base as an educational environment; having access to sufficient clinical/practical facilities/bases to provide training; sufficient number and variety of patients; appropriate variety of clinical cases to

achieve the goals and objectives of the training, including the use of resources at both inpatient and outpatient levels to provide the student with a broad experience in the chosen field of medicine.

6.2.2. demonstrate readiness, in choosing a learning environment, to guarantee the number of patients and the corresponding variety of clinical cases, allowing for clinical experience in all aspects of the chosen specialty, including training in the organisation and management of health care and disease prevention; training at the university clinic, as well as training in other relevant clinics/institutions and community facilities/locations, if necessary.

6.3 Information Technology
The organisation of education must:

6.3.1. ensure access to information and communication technologies and other electronic media.

6.3.2. demonstrate readiness to use information and communication technology in an effective and ethical way as an integrated part of the education programme.

6.3.3. provide for the possibility of access for teachers and students to use information and communication technologies: self-directed learning; communication with colleagues; access to relevant patient data and health care information systems; curation of patients and work in the health care system to provide medical care.

6.4 Clinical Teams
The organisation of education must:

6.4.1. demonstrate readiness to ensure experience of working in a team with colleagues and other health professionals.

6.4.2. demonstrate readiness to encourage learning in a multi-disciplinary/multiprofessional team, promote development of ability to guide and teach other health professionals.

6.5 Medical Research and Scholarship
The organisation of education must:

6.5.1. demonstrate readiness to guarantee and provide conditions for the acquisition by students of knowledge in the field of research methodology and the ability to apply scientific basis and research methods in the chosen field of medicine, to ensure integration and balance between training and research.

6.5.2. demonstrate readiness to encourage students to engage in medical research on the state and quality of public health and the health care system, provide sufficient time within the education programme for students to undertake research, give access to research facilities and activities in the training settings.

6.6 Educational Expertise
The organisation of education must:

6.6.1. define and implement a policy on the use of educational expertise at the stage of planning, implementation and evaluation of the programme.

6.6.2. stimulate the development of expertise in educational evaluation and in research in the discipline of medical education, to promote the aspiration and interest of employees in conducting research in medical education.

6.7 Learning in Alternative Settings and Exchange in the Field of Education
The organisation of education must:

6.7.1. determine and implement a policy on accessibility of individual learning opportunities in other educational institutions of the appropriate level within or outside the country, transfer and offset of educational loans and learning outcomes.

6.7.2. demonstrate readiness to facilitate regional and international exchange of employees (academic, administrative and teaching staff) and students by providing appropriate resources;

establish relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of education elements.

Approximate subject of assessment:
✓ *Provide a brief description of the material and technical base that the EO has for clinical training in hospitals, outpatient clinics, municipal clinics, primary health care institutions, educational laboratories.*
✓ *How does the EO check the adequacy of educational resources?*
✓ *Describe what mechanisms are used to update and strengthen the material and technical base and ensure that they are in line with modern technologies in teaching.*
✓ *Briefly describe plans to improve facilities in line with identified needs and priorities.*
✓ *Provide a list of approved clinical sites and describe how the facilities of these sites are used to ensure the quality of postgraduate training.*
✓ *Practices and existing mechanisms should be described to ensure that educators identify all categories of patients and clinical cases for clinical training in accordance with the learning outcomes and select the appropriate clinical sites (clinics, polyclinics, family medicine centers) in accordance with the expected from the trainee level of responsibility.*
✓ *Describe how the clinical practice of trainees is monitored*
✓ *Provide a description of the clinical sites (full name, since when it has been used as a clinical base of the university, bed capacity, departments, number of visits, provision of staff with beds in the department - quantity, completeness of provision of employees with treatment rates).*

Characteristics of Clinical Bases

№	Name of the base/branch and date of conclusion of the contract	Legal address	Bed fund	Name of departments	Number of study groups or clinical rotations	Number of study rooms/classrooms	Library	Wardrobe/cupboards

✓ *Describe the existing policy regarding the use of information and communication technologies in the EP?*
✓ *Describe the composition of the committee or unit responsible for formulating and implementing information and communication technology policy?*
✓ *What powers does the unit/EO have to allocate resources for the implementation of information and communication technologies in the training programme?*
✓ *Is there any institutional or government policy regarding information and communication technologies?*
✓ *How is ethics observed in the use of information and communication technologies, i.e. confidentiality of personal information about the patient, including the use of new technologies in medical education and the provision of medical care?*
✓ *What policies are in place to ensure the safety of doctors and patients along with the use of which tools and technologies?*
✓ *Describe a policy for the effective use of computers, internal and external computer networks, and other information and communication technology tools in coordination with the activities of library services.*
✓ *How is appropriate access to library and information resources and services ensured for teachers and all students, regardless of the location or form of implementation of the educational programme?*

✓ *How is access to modern and high-quality information resources for supporting educational programmes implemented (access to bibliographic databases, access to electronic books and reference materials, access to electronic journals)?*

✓ *How is access to modern information resources and technologies for communicating with colleagues and providing medical assistance, accessing patient data and information systems implemented?*

✓ *Are there special training programmes for teachers and students on the use of information and communication technologies?*

✓ *Describe how competencies are formed to lead the learning process and teach other healthcare professionals?*

✓ *Describe which component of the postgraduate programmes contains questions on research methodology, and how is the balance between the educational process and research ensured?*

✓ *Describe the mechanisms that ensure the relationship between research and postgraduate programmes?*

✓ *Describe initiatives and existing practices to involve students in research in medicine, behavioral and social sciences.*

✓ *Describe the existing policy for conducting research and expertise in the field of education regarding the planning, implementation and evaluation of the educational programme.*

✓ *Describe the current practice of conducting expertise in medical education.*

✓ *What is the practice of the EO in involving psychologists, sociologists and/or external experts in research in medical education, development of postgraduate programmes, teaching methods and assessment methods?*

✓ *Describe the existing activities aimed at developing regional and international cooperation aimed at ensuring the academic mobility of students, teachers, researchers and also administrative staff.*

✓ *Describe the policy at the state and institutional level for the implementation of the academic mobility strategy and the monitoring and improvement system.*

7. STANDARD "PROGRAMME EVALUATION"

7.1 Mechanisms for Programme Monitoring and Evaluation
The organisation of education must**:**

7.1.1. have regulated procedures for monitoring, periodic evaluation of the educational programme and learning outcomes, progress and academic performance of students with the involvement of key stakeholders.

7.1.2. demonstrate evidence of readiness to regularly conduct monitoring of the educational programme, assess the relation between the recruitment policy and the needs of the education and health systems., evaluate the educational process, methods of student assessment, student progress, academic staff qualifications, evaluate and analyse identified problems, ensure that relevant results of evaluation influence the quality of the educational programme.

7.1.3. demonstrate readiness to make the process and results of evaluation transparent to all stakeholders.

7.2 Teacher and Student Feedback
The organisation of education must**:**

7.2.1. demonstrate evidence of readiness to systematically conduct, analyse, and respond to feedback from teachers and students.

7.2.2. demonstrate evidence of readiness to actively involve teachers and students in planning programme evaluation and using evaluation results to improve the programme.

7.3 Results of Training Qualified Specialists

The organisation of education must:

7.3.1. demonstrate evidence of readiness to continuously monitor qualified specialists; provide feedback on the clinical practice of qualified specialists from employers; establish and implement a mechanism for evaluating the programme, using collected data on the results of the clinical practice of qualified specialists.

7.3.2. demonstrate evidence of readiness to inform the structural units responsible for selecting students, developing and planning the educational programme, and advising students about the results of the evaluation of students' clinical practice.

7.4 Involvement of Stakeholders

The organisation of education must:

7.4.1. demonstrate evidence of readiness to involve principal stakeholders in the monitoring and evaluation of the educational programme.

7.4.2 demonstrate evidence of readiness to provide interested parties with access to the results of the evaluation of the course and programme; take into account feedback from qualified specialists; take into account feedback on the educational programme.

Approximate subject of assessment:

✓ *Describe the existing mechanisms for evaluating the programme and resolving identified problems.*

✓ *Describe the current monitoring programme for the process and expected learning outcomes.*

✓ *Describe the available mechanisms for studying and evaluating the training programme, taking into account the achievement of the mission, educational outcomes, and resources for learning, as well as evaluating student progress.*

✓ *How is the participation of stakeholders ensured in evaluating the processes and expected learning outcomes of the training programmes?*

✓ *How is transparency ensured in the process of evaluating programmes for the management of the educational institution and all interested parties?*

✓ *How is feedback provided by teachers, students, and employers?*

✓ *How are the data and results obtained from monitoring and feedback used to improve the training programme?*

✓ *How are the results of students and qualified specialists brought to the attention of responsible persons responsible for admission, development, and revision of postgraduate training programmes, student counselling services, and the academic staff?*

✓ *Describe the existing practice of involving stakeholders in evaluating the educational programme and receiving feedback from them regarding the independent clinical practice of specialists and the educational programme.*

8. STANDARD "GOVERNANCE AND ADMINISTRATION"

8.1 Governance

The organisation of education must:

8.1.1. demonstrate evidence of readiness to document completion of education by the issue of degrees, diplomas, certificates or other evidence of formal qualifications; to provide evidence of formal qualifications that serve as the basis for official recognition of the specialist in the chosen field of medicine at the national and international levels.

8.1.2. demonstrate evidence of readiness to be responsible for quality assurance processes.

8.1.3. demonstrate evidence of readiness to ensure the compliance of educational programme with the health needs of society and healthcare systems, ensure transparency of governance

structures and their decisions.

8.2 Academic Leadership

The organisation of education must:

8.2.1. demonstrate evidence of readiness to take responsibility for the management / academic leadership and organisation of postgraduate medical education.

8.2.2. demonstrate evidence of readiness to periodically evaluate academic leadership in achieving the educational programme's mission and expected learning outcomes.

8.3 Educational Budget and Resource Allocation

The organisation of education must:

8.3.1. have a clear distribution of responsibility and authority to provide resources for the educational programme, including a dedicated educational budget.

8.3.2. demonstrate evidence of readiness to allocate the resources necessary for the implementation of the EP and allocate educational resources in accordance with their needs.

8.3.3. demonstrate evidence of readiness to manage the budget in a way that corresponds to fulfilling the functional responsibilities of the academic staff and students, as well as implementing innovations in the programme.

8.4 Administrative Staff and Management

The organisation of education must:

8.4.1. have an appropriate administrative staff, including their quantity and composition in accordance with qualifications, to ensure the implementation of the educational programme and related activities; to guarantee proper management and allocation of resources.

8.4.2. develop and implement an internal quality assurance management programme that includes regular reviews and submission of the educational programme to academic leadership for regular evaluation to achieve high quality.

8.5 Requirements and Regulations

The organisation of education must:

8.5.1. comply with national legislation regarding the number and types of recognised medical specialties for which approved study programmes are developed.

8.5.2. conduct discussion and approval of the postgraduate medical education programme in collaboration with all stakeholders.

8.6 Informing the Public

The organisation of education must:

8.6.1. demonstrate evidence of readiness to publish full and accurate information about the educational programme and its achievements on the official website of the educational organisation and in the media.

Approximate subject of assessment:

✓ *Does the educational institution have a quality assurance programme for postgraduate education?*

✓ *Describe the practice and process of reviewing the quality assurance programme.*

✓ *How is transparency ensured in the management and decision-making system, and how are the health needs of the population studied?*

✓ *Describe the responsibility of academic leadership, including responsibility for individual parts of the educational programme.*

✓ *Describe how the performance of the academic leadership of the educational institution is studied and evaluated with regard to the achievement of the mission and objectives and the expected learning outcomes.*

✓ *Describe the relevant internal and external mechanisms for budget management and support for the integrity of the financing system and continuous improvement.*

✓ *Provide a description of the existing budget policy and budget formation practice for the educational programme of the educational institution.*

✓ *Describe the mechanisms for studying needs, allocating and distributing resources.*

✓ *How is the appropriate distribution of resources ensured to support the fulfillment of obligations by students and teachers and the implementation of innovations in the training programme?*

✓ *How is the number of administrative staff established in relation to postgraduate programmes and other activities?*

✓ *Does the administrative management unit of the educational institution have a quality management programme?*

✓ *Describe the interaction between the educational institution and authorised bodies regarding issues regulated by the state.*

✓ *How are stakeholders involved in the development and approval of postgraduate education programmes?*

✓ *What information does the educational institution provide about its activities, including offered programmes and admission criteria, expected learning outcomes for these programmes, awarded qualifications, teaching, learning, assessment procedures including passing scores, and opportunities for student learning?*

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VI. APPENDICES

Appendix 1. Recommended Form of the Site Visit Programme

</div>

AGREED	APPROVED
Rector _____	**General Director of NPI**
(name of the EO)	**"Independent**
	Agency for Accreditation and
_____ **Full name**	**Rating"**
«___» _____ 202_	_____ **Zhumagulova A.B.**
	«___» _____ 202_

<div style="text-align:center">

VISIT PROGRAMME OF IAAR EXTERNAL EXPERT COMMISSION
To _____
name of the EO

</div>

Date of visit: ___ _____202__
Arrival day: _____ 202___
Departure day: _____ 202___

<div style="text-align:center">

Accredited EP
(in case of initial programme accreditation)

</div>

Cluster 1	EP
	EP
	EP
Cluster 2	EP
	EP
	EP
Cluster 3	EP
	EP
	EP

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
		«__» _____ 202__	
During the day	Arrival of EEC members		Hotel
16.00-18.00	Preliminary meeting of the EEC (distribution of responsibility,	*External experts of IAAR*	Hotel

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
	discussion of key issues and the programme of the visit)		
18.00-19.00	Dinner (EEC members only)	*External experts of IAAR*	
		Day 1: "__" _____ 202__	
9.00-9.30	Discussion of organisational issues with experts	*External experts of IAAR*	Main building, office for EEC
9.30-10.00	Meeting with the head of the EO	Director *(Full management)*	Director's office at EO
10.00-10.30	Meeting with deputy heads of EO (vice-rector, deputy director, vice-presidents)	*Position, full name*	Main building, Conference office
10.30-11.15	Meeting with heads of organisational units of EO	*Position, full name (or Appendix № _)*	Main building, Conference office
11.15-11.30	Coffee break with internal discussion	*EEC members only*	EEC office
11.30-12.45	Visual inspection of the EO (in the case of programme accreditation, only objects under the accredited EP)	*Position, full name*	Along the route
13.00-14.00	Lunch (EEC members only)	*Lunch break*	
14.00-14.15	EEC work		EEC office
14.15-15.00	Meeting with the heads of the accredited EP	*Position, full name (or Appendix № _)*	Main building, Conference office
15.00-15.45	Meeting with heads of departments of accredited EP	*Position, full name (or Appendix № _)*	Main building, Conference office
15.45-16.00	Coffee break with internal discussion	*EEC members only*	
16.00-17.00	Meeting with teachers of accredited EP	*Lists of teachers (Appendix № _)*	1-cluster: course lecture room 1 2-cluster: course lecture room 2 3-cluster: course lecture room 3
17.00-18.00	Survey by teachers (in parallel)	*Teaching staff of accredited EP*	Computer room №513-519
17.00-18.00	EEC work (discussion of the results and summing up the results of 1 day)		EEC office
18.00-19.00	Dinner (EEC members only)		
		Day 2: "__" _____ 202__	

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
09.00-09.30	EEC work (discussion of organisational issues)		EEC office
09.30-12.30	Visiting the graduating departments of EP (in the case of programme accreditation)	*Position, full name*	Academic building №5 Academic building №2
09.30-12.30	Attendance at classes	*According to the schedules of accredited EP*	Academic buildings №2, 5
12.30-13.00	Work of EEC (exchange of views)		EEC office
13.00-14.00	Lunch (EEC members only)	***Lunch break***	
14.00-15.00	Meeting with students	*Students of accredited EP (Appendix No._)*	1-cluster: course lecture room №1 2-cluster: course lecture room №2 3-cluster: course lecture room №3
15.00-16.00	Student survey (in parallel)	*Students of accredited EP*	Comp.cl. №513-519
15.00-16.00	Meeting with employers	*Representatives of state and financial institutions, heads of industrial enterprises and organisations (Appendix No._)*	Course lecture room №1
16.00-16.30	Coffee break with internal discussion	*only EEC members*	EEC office
16.30-17.00	Meeting with EP alumni	*Graduates - representatives for each EP (Appendix No_)*	Course lecture room №1
17.00-18.00	EEC work (discussion of the estimated parameters of profile, discussion of the results and summarising conclusions 2 days)	*only EEC members*	EEC office
18.00-19.00	Dinner (EEC members only)		
	Day 3: "__" _____ 202__		
09.00-09.30	EEC work (discussion of organisational issues)		EEC office
09.30-12.30	Visiting practice bases, branches of departments (clinical bases, educational and clinical centers)	*Full name, practice base*	Visiting practice bases, branches of departments (clinical bases, educational and clinical centers)
12.30-13.00	EEC work (collegial agreement and preparation of oral preliminary review on results of visit by EEC)		EEC office

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
13.00-14.00	Lunch (EEC members only)	*Lunch break*	
14.00-16.30	EEC work		EEC office
16.30-17.00	Final meeting of EEC with management of the EO	*Heads of the university and structural divisions*	Main building, conference office
18.00-19.00	Dinner (EEC members only)		
According to the schedule		*Departure of the EEC members*	
		«__» _____ 202__	
According to the schedule		*Departure of the EEC members*	

Appendix 2. Direction of Interaction with the EO Coordinator

The coordinator is appointed by the head of the EO. The coordinator does not have to be the head of the working group on the preparation of the self-assessment of the EP.

The Coordinator interacts with the IAAR Coordinator on planning and organising a visit to the EO.

To ensure maximum efficiency of the accreditation procedure, the coordinator of the EO contributes to:

• coordination of the process of preparing the self-assessment report of the EP;

• ensuring timely submission of the self-assessment report to IAAR;

• assistance in the timely coordination of the programme of the visit of the EEC;

• ensuring the organisation of visits to facilities according to the visit programme, including the provision of transport;

• ensuring meetings of EEC members with the target groups of the EO during the visit of the EEC;

• organisation of the approval of the EEC report for the presence of actual inaccuracies.

The EO Coordinator facilitates the provision of the necessary additional information about the EP at the request of the members of the external expert commission.

Appendix 3. Recommended Structure of the Self-Assessment Report

The report should be submitted according to the following structure:

Title page with the name of the EO and the Accreditation Body (1 page) *See Appendix 4 below.*

Statement confirming the reliability and accuracy of the submitted data, signed by the first head of the EO *(usually given in Appendix 1 of the self-assessment report)* **(1 page)**

Contents (with an automatically editable table of contents) (**1 page**)

Designations and Abbreviations (1-2 pages)
A list of designations and abbreviations used in the text of the Self-Assessment Report is provided.

I. Introduction (1 page)

1.1 Education Organisation Profile (1-2 pages)
The basis for the external assessment, the result of the previous accreditation (the Accreditation body, the accreditation standards according to which the external assessment was carried out and the status of accreditation) in the case of reaccreditation are indicated.
A brief description of the methods used in the development of the Self-assessment Report of the EO is reflected (appointment of a working group, involvement of stakeholders, etc.).
The following tables are also included in this section.

Table 1

GENERAL INFORMATION ABOUT THE ORGANISATION OF EDUCATION
(example)

Full name of the EO	
Contact Information	
Founders	
Year of foundation (name, renaming (when implemented)	
Current accreditation status:	
Location / registration	
Rector / Head of EO	
License (title document)	
Number of students (total, in terms of forms of study: full-time, part-time)	
Date of submission of the self-assessment report	
Name of contact person for preparation of the report	

Levels of education implemented by the university in accordance with the NQF (for example, 6,7,8) and QF-EHEA (for example, 1,2,3 cycles)	
The output of the IAAR Standard according to which the assessment is carried out	
Information about the group that conducted the self-assessment	

Tasble 2

INFORMATION ABOUT THE EDUCATIONAL PROGRAMME(S) UNDERGOING INTERNATIONAL INITIAL ACCREDITATION (example)

Educational programme / Educational programmes	*"Public health" (programme code)* *"Medicine" (programme code)*
Level / Period of study	*Residency / ___ years*
Structural unit (head)	*Faculty / Department "Name"* *Head name, position, academic degree, title*
Main departments (heads of departments)	*Department of "Public Healthcare"* *Head name, position, academic degree, title*
Dates of the external site visit	*Day month Year.*
Person in charge of accreditation (tel./fax / e-mail)	<u>*Name, position, academic degree, title*</u> <u>*Contact details*</u>
Number of ECTS credits	
Duration of study, form of study	Number of semesters, form of study (full-time, distance, mixed)
Training start date	winter semester / summer semester
Date of introduction of the educational programme	Day month Year
Previous accreditation	Date, duration, accreditation agency
Requirements for applicants	Requirements according to state and EO documents
Further education opportunities (upon completion of the programme)	List the levels and titles of the EP
Goals and objectives of the EP	
Brief description of the EP	Briefly describe structure of EP
Learning outcomes	List final learning outcomes
Specialisation	Direction of training
Additional characteristics	
Number of admitted students	The number of students currently studying at the university
Cost of education	In local currency
Employability	Possible career directions

1.2 Presentation of EO, EP EO (1-2 pages)

A brief history, information about the types of activities of the EO, the directions of educational services, indicating quantitative data on the levels of education, information about the position and status of the EO in the national and international educational space is provided.

The uniqueness of the internal quality assurance system functioning in the EO is noted.

The information about the accredited EP of the EO is provided.

1.3 Previous Accreditation (1-2 pages)

A brief description of the results of the previous accreditation is provided with an analysis and the degree of implementation of each recommendation of the EEC.

II. Main part. Compliance with the Standards of Accreditation of Residency Programmes (70-80 pages)

The evidentiary and analytical material developed based on the results of the self-assessment of the EP of the EO for compliance with the criteria of each standard of initial specialised/programme accreditation is presented. The result of the analysis of the current state of the EP EO is reflected, material is presented on the effectiveness of the functioning of the internal quality assurance system and the effectiveness of its mechanisms, achievements (if any) in accordance with the criteria of standards.

Each Standard is drawn up as follows:

It contains evidentiary and analytical materials on the compliance of the EP EO with the criteria of this standard, thus consistently reflects the results of self-assessment.

Justifications of the positions of the EO EP (strong, satisfactory, suggests improvement, unsatisfactory) are given in accordance with the evaluation of the criteria by the EP self-assessment working group. In the case of the assessment "suggests improvement" and "unsatisfactory", the proposed measures to strengthen the position are indicated.

At the end of each section, the conclusions of the EO working group on the standard are given, for example, "According to the standard "……" (name of the Standard), the EP (name) has ___ "strong" positions, ____ "satisfactory" and ___ "suggesting improvement" positions.

III. SWOT ANALYSIS (1-3 pages)

The analysis of strengths and weaknesses, opportunities and threats identified during the self-assessment of the EP EO for compliance with the standards of initial specialised/programme accreditation is given.

IV. Conclusion of the Self-Assessment Commission (7-8 pages)

The evaluation table "Parameters of the EP profile" (section "Conclusion of the Self-Assessment Commission") is provided with a note on the compliance of the EP with the criteria (strong/ satisfactory/ suggest improvements/ unsatisfactory) of the evaluation table, considered as the conclusions of the self-assessment working group.

Table 3

Conclusion of the Self-Assessment Commission

№ П\П	№ П\П	№ крит.	КРИТЕРИИ ОЦЕНКИ	Позиция ОО			
				Сильная	Удовлетворительная	Предполагает улучшение	Неудовлетворительная
1. STANDARD "MISSION AND LEARNING OUTCOMES"							
1.1 Mission Definition							
The organisation of education must:							
1	1	1.1.1.	define the mission of the EP of postgraduate medical education and bring it to the attention of stakeholders and the health sector				
2	2	1.1.2.	determine the mission of the educational programme based on consideration of the health needs of the society, the needs of the health care delivery system and, other aspects of social accountability				
3	3	1.1.3.	outline the programme containing both theoretical and practice-based components, with emphasis on the latter, resulting in a medical doctor who is: - competent to undertake comprehensive appropriate medical practice in the defined field of medicine, - capable of working independently in a high professional manner, - able to work within a professional/interprofessional team, - committed and prepared to life-long learning and participation in continuing medical education/continuing professional development, - able to ensure improvement of patient care that is appropriate, effective, compassionate and safe in dealing with health problems and promotion of health, including a patient-centred and holistic approach				
4	4	1.1.4.	envisage readiness to ensure that trainees have appropriate working conditions to maintain their own health				
5	5	1.1.5.	ensure that the mission includes the development of innovations in the education process allowing for development of broader and more specialised competencies than those identified within the basic required competencies; development of the scientific competence of students so that doctors can conduct research work in the chosen field of medicine; opportunities for doctors to become active participants in facing social determinants of health				
1.2 Professionalism and Professional Autonomy							
The organisation of education must:							
6	6	1.2.1.	include professionalism in the training of doctors and ensure that training promotes professional autonomy necessary to enable the doctor to act in the best interests of the patient and the society				
7	7	1.2.2.	envisage a collaborative relationship with government and other counterparts, whilst maintaining appropriate independence from them				
1.3. Learning Outcomes							
The organisation of education must:							
8	8	1.3.1.	define the intended educational outcomes that students should achieve upon completion of training with respect to achievements at a postgraduate level regarding knowledge, skills				

			and behaviors/attitudes, appropriate foundation for the future career of trainees in the chosen field of medicine, future roles in the health sector, commitment to and skills in life-long learning, the health needs of the society, the needs of the health care system and other aspects of social accountability, professional behaviour				
9	9	1.3.2.	define and publish the intended learning outcomes: generic and discipline/speciality-specific, which are required to be achieved by students				
10	10	1.3.3.	demonstrate evidence of readiness to ensure appropriate trainee conduct with respect to fellow trainees, trainers, health care personnel, patients and their relatives				
11	11	1.3.4.	define the intended educational outcomes based on the results obtained at the level of basic medical education to ensure interaction between basic and postgraduate medical education				
12	12	1.3.5	provide for the possibility of students to participate in research in the relevant field of health				
1.4. Participation in Formulation of Mission and Learning Outcomes							
The organisation of education must:							
13	13	1.4.1.	ensure the participation of principal stakeholders in the formulation of the mission and intended learning outcomes				
14	14	1.4.2.	ensure that the stated mission and intended learning outcomes are based on the opinions/suggestions of other stakeholders				
			Total by Standard				
2. STANDARD "EDUCATIONAL PROGRAMME"							
2.1. Educational Framework							
The organisation of education must:							
15	1	2.1.1.	determine the educational framework based upon the intended educational outcomes of the programme and official certificates of qualification provided as the basis for official recognition of a specialist in the chosen field of medicine at the national and international level				
16	2	2.1.2.	determine the educational framework based upon the acquired educational outcomes of basic medical education, in a systematic and transparent way, using practice-based training involving and supporting the personal participation of the trainee in the provision of medical care and responsibility for the patient, their own learning process and clinical practice				
17	3	2.1.3.	demonstrate evidence of readiness to ensure the use of appropriate learning methods that integrate practical and theoretical components, guide the trainee by means of supervision and regular appraisal and feedback, including commitment to ethical requirements and standards				
18	4	2.1.4.	demonstrate evidence of readiness to provide guarantees that the educational programme is implemented in accordance with the principles of equality, inform students about the programme, the rights and obligations of students				
19	5	2.1.5.	increase the degree of independence and responsibility of the trainee as skills, knowledge and experience grow				
20	6	2.1.6.	provide for the ability to determine gender, cultural and religious specifications and properly prepare the student to interact with the specified patient population				
2.2. Scientific Method							
The organisation of education must:							
21	7	2.2.1.	throughout the training programme, to instill in students the principles of scientific methodology, including methods of analytical and critical thinking; research methods in healthcare and evidence-based medicine				
22	8	2.2.2.	strive to include a critical appraisal of the literature and scientific data in the EP, adjust the content to scientific developments in medicine, change the EP, taking into account the achievements				

			of scientific, technological, medical and pharmaceutical developments, current and expected needs of society and the healthcare system				
2.3 Programme Content							
The organisation of education must:							
23	9	2.3.1.	include in the learning process the practice and theory of basic biomedical, clinical, behavioural and social sciences and preventive medicine, clinical decision-making, communication skills, medical ethics, public health, medical jurisprudence and forensic medicine, managerial disciplines, patient safety, doctors' self-care, complementary medicine				
24	10	2.3.2.	organise the educational programme with appropriate attention to patient safety and their autonomy				
25	11	2.3.3.	demonstrate evidence of readiness to provide adjustments and changes to the EP to ensure the development of knowledge, skills and thinking of the various roles of the graduate, the compliance of the content of the EP with changing conditions and the needs of society and the healthcare system				
2.4. Programme Structure, Composition and Duration							
The organisation of education must:							
26	12	2.4.1.	describe the content, scope and sequence of courses and duration of the EP; define compulsory and optional components; integrate practice and theory in the learning process; ensure compliance with national legislation, which must be presented and described; provide adequate exposure to how local, national or regional health systems address the health problems and the health care needs of populations				
27	13	2.4.2.	take into consideration the acquired outcomes of basic medical education related to the chosen field of medicine				
28	14	2.4.3.	determine the requirements for a graduate to fulfill different roles in the health sector				
2.5. Organisation of Education							
The organisation of education must:							
29	15	2.5.1.	define responsibility and authority for organising, coordinating, managing and evaluating the individual educational setting and learning process				
30	16	2.5.2.	envisage the inclusion in the planning and development of the educational programme appropriate representation of the teaching staff, students and other key and relevant stakeholders				
31	17	2.5.3.	plan the education to expose the trainee to a broad range of experiences in the chosen field of medicine				
32	18	2.5.4.	ensure multi-site education, coordinate multi-site education to gain adequate exposure to different aspects of the chosen field of medicine				
2.6. The Relation Between Education, Medical Practice and the Healthcare System							
The organisation of education must:							
33	19	2.6.1.	provide for and ensure the integration between theoretical training and professional development, develop learning through medical practice and professional development; integrate training and medical practice through patient care; ensure that training complements and addresses health care demands				
34	20	2.6.2.	effectively use the capacity of the health care system to provide medical care for training purposes				
			Total by Standard				
3. STANDARD "STUDENT ASSESSMENT POLICY"							
3.1. Assessment Methods							
The organisation of education must:							
35	1	3.1.1.	develop and implement a policy of attestation/assessment of the students; define, state and publish the principles, purposes, methods and practices for assessment of students, including, if necessary, specialist examinations				

36	2	3.1.2.	ensure that assessment procedures cover knowledge, skills, attitudes and professional conduct			
37	3	3.1.3.	ensure the use of a complementary set of assessment methods and formats according to their "assessment utility", including use of multiple assessors and multiple assessment methods			
38	4	3.1.4.	state the criteria for passing examinations or other types of assessment, including number of allowed retakes			
39	5	3.1.5.	provide for the possibility of documenting the reliability, validity and fairness of student assessment methods			
40	6	3.1.6.	implement a system of appeal of assessment results based on principles of natural justice or due process			
41	7	3.1.7.	implement new assessment methods where appropriate, document the different types and stages of training and assessment			
42	8	3.1.8.	encourage the process of peer review of assessment methods by external examiners			
3.2. Relation between Assessment and Learning						
The organisation of education must:						
43	9	3.2.1.	ensure that assessment principles, methods and practices that are clearly compatible with intended educational outcomes and instructional methods; ensure that the intended educational outcomes are met by the students; promote student learning; ensure adequacy and relevance of education; ensure timely, specific, constructive and fair feedback to students on the basis of assessment results			
44	10	3.2.2.	strive to use assessment principles, methods and practices that encourage integrated learning, encourage student involvement in practical clinical work, and facilitate interprofessional education			
Total by Standard						
4. STANDARD "STUDENTS"						
4.1. Admission Policy and Selection						
The organisation of education must:						
45	1	4.1.1.	have a policy and implement admission practices based on the organisation's mission and includes a clearly defined statement of the student selection process			
46	2	4.1.2.	ensure a balance between the education capacity and the intake of students; formulate and implement a policy / rules for the selection of students according to established criteria; have a policy and implement practices for the admission of students with disabilities in accordance with the applicable laws and regulations of the country; ensure a high level of knowledge and skills in the field of basic biomedical sciences achieved at the undergraduate level before starting postgraduate education; ensure transparency and fairness of the selection procedure			
47	3	4.1.3.	have a policy and implement the practice of transferring students from other educational institutions, including foreign ones			
48	4	4.1.4.	guarantee in its selection procedure specific capabilities of potential students in order to enhance the quality of education in the chosen field of medicine; guarantee the transparency of the selection procedure; provide for an appeal mechanism for admission decisions			
49	5	4.1.5.	demonstrate readiness to involve student associations and other stakeholders in the policy development and selection process by periodically reviewing the admissions policy and rules			
4.2. Number of Students						
The organisation of education must:						
50	6	4.2.1.	determine the number of accepted students in accordance with clinical / practical training opportunities, the ability of the EO to conduct appropriate control and monitoring of the educational process, logistical and other resources available, information about the health needs of the society			
51	7	4.2.2.	envisage opportunity to periodically review the number and body			

			of accepted students in consultation with relevant stakeholders responsible for planning and developing human resources in the health sector				
52	8	4.2.3.	envisage opportunity to adapt the number of potential students, taking into account available information about the number of qualified candidates and information about the national and international market forces; regulate the number of potential students, taking into account the inherent unpredictability of precise physician manpower needs in the various fields of medicine				

4.3. Student Counseling and Support

The organisation of education must:

53	9	4.3.1.	demonstrate readiness to ensure access to a system for academic counselling of students				
54	10	4.3.2.	demonstrate readiness to ensure the academic counselling of students on monitoring and controlling the progress in education including analysis of unintended incidents				
55	11	4.3.3.	demonstrate readiness to ensure students with support programme aimed at social, financial and personal needs				
56	12	4.3.4.	demonstrate readiness to allocate resources for social and personal support of students; ensure confidentiality in relation to counselling and support				
57	13	4.3.5.	demonstrate readiness for career guidance, counseling and professional career planning				
58	14	4.3.6.	demonstrate readiness to consult, in order to provide support in case of a professional crisis, involve organisations / associations of students in solving problematic student situations				

4.4. Representation of Students

The organisation of education must:

59	15	4.4.1.	have a policy and implement practice of student representation and their respective participation in the development of the mission and intended learning outcomes, in the development of the EP, the planning of learning conditions for students, the assessment and management of the EP				
60	16	4.4.2.	demonstrate readiness to encourage the representation of students to be involved in decisions about education processes, conditions and regulations				

4.5 Working Conditions

The organisation of education must:

61	17	4.5.1.	carry out the training programme by appropriately remunerated posts/stipendiary positions or other ways of financing and motivating				
62	18	4.5.2.	ensure that students have access to patient care, including doctor on call where appropriate				
63	19	4.5.3.	define and publish working conditions and responsibilities of students				
64	20	4.5.4.	envisage the interruption of training caused by pregnancy (including maternity/paternity leave, parental leave), sickness, military service or secondment by additional training				
65	21	4.5.5.	strive so that the work components of the student do not dominate the educational component / training				
66	22	4.5.6.	take into account the needs of the patients, continuity of medical care and the educational needs of students in the drawing up a plan and schedule of work, on-call schedules				
67	23	4.5.7.	allow distance learning under special circumstances, structured according to individual educational trajectory and work experience of the student, providing evidence that the total duration and quality of distance learning is not less than full-time education				
68	24	4.5.8.	envisage the possibility of continuing education under conditions of interruptions of training caused by pregnancy (including maternity/paternity leave), sickness, military service or				

			secondment.				
			Total by Standard				

5. STANDARD "ACADEMIC STAFF/FACULTY"

5.1. Recruitment and Selection Policy

The organisation of education must develop and implement a staff selection and recruitment policy that:

69	1	5.1.1.	takes into account the necessary criteria for employment with the condition of examination of documents; contains criteria for scientific, pedagogical and clinical/professional merit of applicants, including a proper balance between teaching, research and professional qualifications				
70	2	5.1.2.	determines the duties of the teaching staff, including the balance between educational, research and other functions, taking into account the mission of the programme, the needs of the education system and the needs of the health care system				
71	3	5.1.3.	ensures that teachers have practical experience in the relevant field, are recognised experts in the relevant field, that teachers with a sub-speciality function, if necessary, are approved for relevant specific periods of study depending on their qualifications				
72	4	5.1.4.	encourages participation in programmes to develop its educational potential, use the expertise of educational activities to increase the potential of the academic staff, determine the level of remuneration for participation in postgraduate education				

5.2. Personnel Activity and Development Policy

The educational organisation must develop and implement a policy of activity and staff development, which is aimed at:

73	5	5.2.1.	ensuring that teachers have enough time for teaching, consulting and self-development				
74	6	5.2.2.	existence of a structure responsible for the development of the academic staff, ensuring periodic evaluation of the academic staff				
75	7	5.2.3.	development and implementation of a policy to support the academic staff on issues of pedagogy and advanced training for further professional development; evaluate and recognise the scientific and academic achievements of teachers				
76	8	5.2.4.	the ability to take into account the "teacher-student" ratio depending on the various components of the EP, taking into account the features that ensure close personal interaction and monitoring of students				
			Total by Standard				

6. STANDARD "EDUCATIONAL RESOURCES"

6.1. Physical Facilities

The organisation of education must:

77	1	6.1.1.	demonstrate readiness to provide sufficient material and technical base to ensure adequate implementation of the educational programme, space and opportunities for practical and theoretical study; access to up-to-date professional literature; adequate information and communication technologies; modern equipment for training in practical techniques; a safe learning environment				
78	2	6.1.2.	demonstrate readiness to improve the learning environment by regularly updating, expanding and strengthening the physical facilities and equipment to maintain the appropriate quality of education at the postgraduate level				

6.2. Learning Settings

The organisation of education must:

79	3	6.2.1.	demonstrate readiness to provide the necessary resources for the acquisition of adequate practical experience by students, including the selection and approval of the clinical base as an educational environment; having access to sufficient clinical/practical facilities/bases to provide training; sufficient number and variety of patients; appropriate variety of clinical				

			cases to achieve the goals and objectives of the training, including the use of resources at both inpatient and outpatient levels to provide the student with a broad experience in the chosen field of medicine				
80	4	6.2.2.	demonstrate readiness, in choosing a learning environment, to guarantee the number of patients and the corresponding variety of clinical cases, allowing for clinical experience in all aspects of the chosen specialty, including training in the organisation and management of health care and disease prevention; training at the university clinic, as well as training in other relevant clinics/institutions and community facilities/locations, if necessary				
6.3. Information Technology							
The organisation of education must:							
81	5	6.3.1.	ensure access to information and communication technologies and other electronic media				
82	6	6.3.2.	demonstrate readiness to use information and communication technology in an effective and ethical way as an integrated part of the education programme				
83	7	6.3.3.	provide for the possibility of access for teachers and students to use information and communication technologies: self-directed learning; communication with colleagues; access to relevant patient data and health care information systems; curation of patients and work in the health care system to provide medical care				
6.4 Clinical Teams							
The organisation of education must:							
84	8	6.4.1.	demonstrate readiness to ensure experience of working in a team with colleagues and other health professionals				
85	9	6.4.2.	demonstrate readiness to encourage learning in a multi-disciplinary/multiprofessional team, promote development of ability to guide and teach other health professionals.				
6.5. Medical Research and Scholarship							
The organisation of education must:							
86	10	6.5.1.	demonstrate readiness to guarantee and provide conditions for the acquisition by students of knowledge in the field of research methodology and the ability to apply scientific basis and research methods in the chosen field of medicine, to ensure integration and balance between training and research				
87	11	6.5.2.	demonstrate readiness to encourage students to engage in medical research on the state and quality of public health and the health care system, provide sufficient time within the education programme for students to undertake research, give access to research facilities and activities in the training settings				
6.6. Educational Expertise							
The organisation of education must:							
88	12	6.6.1.	define and implement a policy on the use of educational expertise at the stage of planning, implementation and evaluation of the programme				
89	13	6.6.2.	stimulate the development of expertise in educational evaluation and in research in the discipline of medical education, to promote the aspiration and interest of employees in conducting research in medical education				
6.7. Learning in Alternative Settings and Exchange in the Field of Education							
The organisation of education must:							
90	14	6.7.1.	determine and implement a policy on accessibility of individual learning opportunities in other educational institutions of the appropriate level within or outside the country, transfer and offset of educational loans and learning outcomes				
91	15	6.7.2.	demonstrate readiness to facilitate regional and international exchange of employees (academic, administrative and teaching staff) and students by providing appropriate resources; establish				

			relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of education elements				
			Total by Standard				

7. STANDARD "PROGRAMME EVALUATION"

7.1. Mechanisms for Programme Monitoring and Evaluation

The organisation of education must:

92	1	7.1.1.	have regulated procedures for monitoring, periodic evaluation of the educational programme and learning outcomes, progress and academic performance of students with the involvement of key stakeholders				
93	2	7.1.2.	demonstrate evidence of readiness to regularly conduct monitoring of the educational programme, assess the relation between the recruitment policy and the needs of the education and health systems., evaluate the educational process, methods of student assessment, student progress, academic staff qualifications, evaluate and analyse identified problems, ensure that relevant results of evaluation influence the quality of the educational programme				
94	3	7.1.3.	demonstrate readiness to make the process and results of evaluation transparent to all stakeholders				

7.2. Teacher and Student Feedback

The organisation of education must:

95	4	7.2.1.	demonstrate evidence of readiness to systematically conduct, analyse, and respond to feedback from teachers and students				
96	5	7.2.2.	demonstrate evidence of readiness to actively involve teachers and students in planning programme evaluation and using evaluation results to improve the programme				

7.3 Results of Training Qualified Specialists

The organisation of education must:

97	6	7.3.1.	demonstrate evidence of readiness to continuously monitor qualified specialists; provide feedback on the clinical practice of qualified specialists from employers; establish and implement a mechanism for evaluating the programme, using collected data on the results of the clinical practice of qualified specialists				
98	7	7.3.2.	demonstrate evidence of readiness to inform the structural units responsible for selecting students, developing and planning the educational programme, and advising students about the results of the evaluation of students' clinical practice				

7.4. Involvement of Stakeholders

The organisation of education must:

99	8	7.4.1.	demonstrate evidence of readiness to involve principal stakeholders in the monitoring and evaluation of the educational programme				
100	9	7.4.2.	demonstrate evidence of readiness to provide interested parties with access to the results of the evaluation of the course and programme; take into account feedback from qualified specialists; take into account feedback on the educational programme				
			Total by Standard				

8. STANDARD "GOVERNANCE AND ADMINISTRATION"

8.1. Governance

The organisation of education must:

101	1	8.1.1.	demonstrate evidence of readiness to document completion of education by the issue of degrees, diplomas, certificates or other evidence of formal qualifications; to provide evidence of formal qualifications that serve as the basis for official recognition of the specialist in the chosen field of medicine at the national and international levels				
102	2	8.1.2.	demonstrate evidence of readiness to be responsible for quality assurance processes				

103	3	8.1.3.	demonstrate evidence of readiness to ensure the compliance of educational programme with the needs of society in terms of health levels and healthcare systems, ensure transparency of governance structures and their decisions				
8.2. Academic Leadership							
The organisation of education must:							
104	4	8.2.1.	demonstrate evidence of readiness to ensure the compliance of educational programme with the health needs of society and healthcare systems, ensure transparency of governance structures and their decisions				
105	5	8.2.2.	demonstrate evidence of readiness to periodically evaluate academic leadership in achieving the educational programme's mission and expected learning outcomes				
8.3. Educational Budget and Resource Allocation							
The organisation of education must:							
106	6	8.3.1.	have a clear distribution of responsibility and authority to provide resources for the educational programme, including a dedicated educational budget				
107	7	8.3.2.	demonstrate evidence of readiness to allocate the resources necessary for the implementation of the EP and allocate educational resources in accordance with their needs				
108	8	8.3.3.	demonstrate evidence of readiness to manage the budget in a way that corresponds to fulfilling the functional responsibilities of the academic staff and students, as well as implementing innovations in the programme				
8.4. Administrative Staff and Management							
The organisation of education must:							
109	9	8.4.1.	have an appropriate administrative staff, including their quantity and composition in accordance with qualifications, to ensure the implementation of the educational programme and related activities; to guarantee proper management and allocation of resources				
110	10	8.4.2.	develop and implement an internal quality assurance management programme that includes regular reviews and submission of the educational programme to academic leadership for regular evaluation to achieve high quality				
8.5. Requirements and Regulations							
The organisation of education must:							
111	11	8.5.1.	comply with national legislation regarding the number and types of recognised medical specialties for which approved study programmes are developed				
112	12	8.5.2.	conduct discussion and approval of the postgraduate medical education programme in collaboration with all stakeholders				
8.6. Informing the Public							
The organisation of education must:							
113	13	8.6.1.	demonstrate evidence of readiness to publish full and accurate information about the educational programme and its achievements on the official website of the educational organisation and in the media				
			Total by Standard				
			GRAND TOTAL ACCORDING TO ALL STANDARDS				

Appendices to the self-assessment report (issued as a separate file in accordance with the requirements of standards and guidelines for international initial accreditation of residency programmes or applications can be made in the form of hyperlinks in the text of the self-assessment report).

Appendix 4. Example of the Title Page

Name of the EO

<div align="right">

APPROVED

Rector

_____ Full name

sign

«_____» _____ 20____

</div>

seals

SELF-ASSESSMENT REPORT

on the educational programme
"Name of the programme" of
"Name of the educational institution"
or
for the cluster of educational programmes
"Name of the programmes" of
"Name of the educational institution"
prepared for
the Independent Agency for Accreditation and Rating (IAAR)

City, year

Appendix 5. Responsibilities of the IAAR Coordinator within the Framework of the International Accreditation Procedure for Educational Programmes of Residency

Before the visit:
▪ provide normative and methodological materials on the organisation and conduct of the self-assessment of the EO developed by IAAR;
▪ keep in touch with the EO and participate in meetings on the accreditation procedure;
▪ advise the EO on the accreditation procedure, including on self-assessment and the preparation of a self-assessment report;
▪ carry out technical proofreading of the self-assessment report for completeness and applicability (if important omissions are found, request missing materials from the EO coordinator);
▪ Instruct external experts on the requirements of international accreditation.
▪ Provide external experts with regulatory and methodological materials (developed by IAAR) defining the activities of the external expert commission.
▪ provide the necessary information in a timely manner, including a self-assessment report to the members of the EEC for study and review;
▪ send, if necessary, recommendations to the EO on finalising the self-assessment report based on expert reviews;
▪ coordinate the time frame of the EEC visit to the EO;
▪ organise a visit to the EEC (accommodation, meals, transfer, etc.);
▪ provide the EEC with an approved visit program;
▪ send the composition of the EEC to the EO to exclude a conflict of interest 14 calendar days before the visit;
▪ act as the main contact person and maintain communication between the EEC, EO and IAAR;
▪ to organise information support for the preliminary meeting of the members of the external expert commission before the visit to the EO.

During the visit:
▪ regulate the activities of the EEC, provide the necessary methodological materials;
▪ to create a favorable psychological climate for the work of the EEC;
▪ monitor the integrity of the accreditation process and ensure compliance with IAAR requirements.

After the visit:
▪ send the draft of the EEC report to the EO in order to prevent factual inaccuracies in the content of the report;
▪ Ensure timely transfer of materials to the AC Secretary;
▪ send the report of the EEC to the EO after the decision of the AC on the accreditation of the EP of the EO (in case of a positive decision of the AC on accreditation, provide a request for an Action Plan to implement the recommendations of the EEC);
▪ inform the members of the EEC about the decision of the AC;
▪ to provide feedback on the accreditation procedure of the EP of the EO (online survey of the members of the EEC and the EO after the decision on accreditation).

Appendix 6. Functions and Responsibilities of the Members of the EEC

Functions of the Chairman:
▪ participation in the development of the programme of the visit to the EO and responsibility for its implementation, leadership and coordination of the work of the members of the EEC, preparation of the final report of the EEC with recommendations for improving the quality of the EP and recommendations for the Accreditation Council;
▪ interaction with the IAAR coordinator prior to conducting an external evaluation on the organisation and visit and programme approval;
▪ setting the agenda and holding meetings;
▪ ensuring the participation of members of the expert commission at meetings with various target groups, as well as monitoring compliance by experts with the main purpose of the external assessment and visit to the EO;
▪ ensuring collegial discussion of the evaluation table of parameters by the entire composition of the EEC in accordance with international standards IAAR;
▪ holding a final meeting with the members of the EEC to coordinate recommendations on the accreditation of the EP;
▪ Presentation of the results of the visit to the EO and the main provisions of the EEC report at the meeting of the Accreditation Council. In case of his absence for a valid reason, the presentation of the results of the visit to the EO is carried out by one of the members of the EEC.

Duties of the Chairman
Before the visit:
▪ get acquainted with the data of the EO and EP;
▪ study the EP self-assessment report and write a review according to the requirements of the IAAR;
▪ take part in the development of the programme of the visit of the EEC;
▪ officially present all the members of the EEC at a preliminary meeting, inform the purpose of the visit, discuss the programme of the visit and the self-assessment report of the EP.

During the visit:
▪ to hear the opinions of the members of the EEC on the self-assessment of the EP and identify areas that require clarification;
▪ distribute responsibilities among the members of the EEC;
▪ speak at meetings with target groups;
▪ hold a final meeting with the members of the EEC to agree on recommendations;
▪ to provide oral feedback on the results of the visit of the EEC, to familiarise with the draft recommendations of a general nature in time for the final meeting with the management of the EO.

After the visit:
▪ to prepare a draft report on the results of the visit of the EEC and coordinate it with the members of the EEC;
▪ send a draft report on the results of the EEC visit for consideration by the IAAR;
▪ if there are actual inaccuracies identified after the approval of the EEC report with the EO, make the necessary changes to the EEC report and coordinate them with the EEC members;
▪ in case of disagreement with the comments of the EO to the EEC report, prepare together with the IAAR coordinator an official response with justification in the EO;
▪ To prepare a report of the EEC for submission to the Accreditation Council for consideration.

Functions of an external expert
- assessment of the completeness and reliability of the results of the self-assessment of the EP in accordance with international standards IAAR;
- preparation for each meeting with the target groups of the EO with the definition of key issues in accordance with international standards IAAR;
- preparation of a report on the results of an external evaluation of the EP for compliance with international IAAR standards;
- development of recommendations for improving the quality of EP;
- development of recommendations for the Accreditation Council for Accreditation in accordance with the level of preparedness of the EO for accreditation of educational programmes of residency.

Responsibilities of an external expert
Before the visit:
- study all documentation, including the self-assessment report and any other available information (Standards, legal acts in the field of education, the relevant country where accreditation is carried out, IAAR websites, EO, etc.);
- keep in touch with IAAR and the Chairman of the EEC;
- prepare a review (except for employers and students) for compliance with international accreditation standards according to IAAR requirements;
- discuss with the IAAR Coordinator and Chairman a visit to the EO;
- coordinate with the IAAR coordinator the details of the trip;
- participate in the preliminary meeting of the EEC.

During the visit:
- actively participate in all meetings and discussions, contribute to the work of the EEC;
- perform duties within the EEC related to the direction of the assessment;
- inform the IAAR Coordinator and the Chairman of any doubts and questions that arise during the work of the EEC;
- to continue working as part of the EEC during the entire period of the visit;
- to speak at meetings in agreement with the Chairman of the EEC;
- document the received data;
- provide the Chairman of the EEC with the necessary documentation on the data obtained during the external evaluation;
- conduct interviews with target groups;
- attend various types of classes, training facilities, practice base, etc. according to the programme of the visit of the EEC;
- participate in conducting online surveys of teachers and students aimed at identifying the degree of satisfaction with the educational process;
- receive through the IAAR Coordinator and the Chairman additional information necessary to analyse the prospects of the EP.

After the visit:
- participate in the preparation of the EEC report;
- destroy confidential materials received during the visit;
not to disclose the results of the external evaluation of the EP until the official decision of the AC is made.

Appendix 7. Preparation of an External Expert Commission for Site Visit

The purpose of the visit to the educational organisation of the external expert commission of the Independent Accreditation and Rating Agency is to assess the quality of the EP according to the international standards of accreditation IAAR and develop recommendations on accreditation for consideration by the Accreditation Council. To achieve the goal, the following tasks are defined:

▪ control of completeness and reliability of the results of self-assessment of the EP;

▪ conducting an assessment in accordance with international IAAR standards developed on the basis of ESG;

▪ development of the EEC report on the results of the EP assessment;

▪ preparation of recommendations for improving the quality of the EP;

▪ preparation of recommendations for the Accreditation Council for Accreditation in accordance with the level of preparedness of the EO and EP for accreditation.

Materials considered by the EEC before the visit to the EO

The following methodological and regulatory documentation is sent to the members of the external expert commission:

- Regulatory documents concerning the external audit of the EO, EP;

- Standards and Guidelines for International Initial Accreditation of Residency Programmes (based on WFME/ AMSE/ ESG);

- Self-assessment report submitted within the framework of the accredited EP;

- Information about the composition of the expert commission;

- Schedule of the visit to the EO;

- Additional information about the EO, EP (at the request of members of the external expert commission).

Review of the self-assessment report of the accredited EP

After receiving the self-assessment report (SAR) of the EP accredited by IAAR, copies of the SAR are sent to the expert commission no later than 6 weeks before the date of the visit.

Each member of the expert commission must carefully study the SAR and write a review (except for the employer and the student) in accordance with the requirements of the IAAR.

Preliminary meeting of the EEC

The preliminary meeting is held in order to coordinate and distribute the responsibilities of the members of the EEC by the Chairman, discuss the programme of the visit, the self-assessment report of the EP to identify key points and issues requiring additional information. The preliminary meeting of the EEC is held according to the programme the day before the visit to the EO. Only EEC members are present at the meeting. The preliminary meeting provides for consideration of the following issues:

- Does the SAR provide sufficient information on all aspects specified in this Manual at the EO level?

- What additional information about EO and EP should be provided?

- Is the specifics of EO and EP sufficiently reflected?

- Have the strategic goals been achieved?

- Are the mechanisms of strategic management of the EO and the management of the EP clearly defined?

- What are the main areas of issues that should be taken into account during the visit in particular?

The Chairman of the external expert commission and its members should discuss their impressions on the results of the information received prior to the visit, in order to identify any

additional documentation they would like to access, and the main structure and strategy of the visit should also be determined.

Recommendations for planning the work of the EEC

The EO submits a preliminary schedule of events planned during the visit to the IAAR and the Chairman of the expert commission for consideration.

The plan of activities during the visit should be well drawn up to improve the efficiency of the work schedule. The planned meeting should provide an opportunity to cross-check the facts presented in the self-assessment report.

The work schedule should include meetings with the management of the EO and its departments, employees, students, graduates and representatives of professional associations.

When planning a visit, it should be provided that the expert commission needs sufficient time to hold group meetings at which the members of the expert commission can review the evidence presented, formulate and discuss preliminary conclusions, as well as resolve issues on the main structure and agenda of the next meetings and interviews with key employees and stakeholders of the EO and EP. The expert group should also have sufficient time for individual meetings with employees and students of the EO.

The schedule of the visit of the EO by the expert group for external evaluation should also include information about the participants of the EO EP.

In order to make the most effective use of the time allocated for the visit, the expert group can be divided into small subgroups for meetings and interviews in the EO.

Meetings and interviews during the visit

During meetings and interviews with EO representatives, the expert group verifies the information provided by the EO in the self-assessment report. It is expected that the scheduled meetings should provide an opportunity for cross-checking the facts.

The results of the meetings and interviews serve as the basis for evaluating the EP. For this purpose, each member of the expert commission receives reference tables with verification criteria.

Meeting with management

The meeting with the management staff is aimed at obtaining general information about the activities of the EO, quality assurance policies and mechanisms, compliance with regional and national quality assurance requirements.

During the interaction, the parties discuss the participation of all stakeholders (administrative bodies, teachers, students and employers) in determining the goals and development strategy of the EO in the field of education.

Meetings with the management of departments

Interviews with the heads of departments are aimed at discussing issues related to the development and implementation of EP and the processes that ensure their implementation, as well as research activities and general management.

The optimal number of participants in group discussions is from ten to twenty people.

Meetings with students

Students are a valuable source of information, and the opinions of students should be compared with the information provided by the teaching staff.

From interviews with students, the expert group receives information about the workload, the level of professional competence of teachers, the systematicity and consistency of the EP, the clarity of goals and objectives, the development of curricula, as well as the material resources available for the implementation of the educational process.

Interviews with students should be conducted in a favorable environment, at meetings organised for interviews only with students. The optimal number of students for the meeting is no

more than twenty people. Students invited to the interview should be familiar with the programme accreditation considered.

It is recommended that the selection of candidates for interviews from among the students be carried out by members of the expert commission.

Meetings with the teaching staff

During meetings and interviews with the teaching staff, issues related to the implementation of the educational process, quality assurance, as well as research, mobility, resources and funding are discussed.

Topics/questions that were previously discussed at meetings with students are also raised. The preferred number of participants is 15-25 people.

Meeting with undergraduates (if applicable)

Interviews with undergraduates provide information about the degree of continuity and consistency of educational levels; the role of research work at each level of education; the quality and availability of material and technical resources for research work.

The expert group needs to include undergraduates of different years of study, graduates of the EP EO.

Meeting with graduates (if applicable)

Graduates are a very important source of information. The opinions of graduates provide information about satisfaction with the level of education, the realisation of expectations for promotion and salary increases, employment opportunities and opportunities for further education.

Interviews should be conducted in the absence of teaching staff so that respondents can express their opinions. The optimal number of group members is up to 25 people. The group should include graduates of this EP EO.

Meeting with employers

The key issues that should be discussed during meetings with employers are the level of competence of graduates of the EO, the demand for graduates in the regional labor market. The meetings also discuss the problems of cooperation and interaction with an educational institution in the field of management, coordination of the content of the EP and quality assessment.

Teachers should not participate in this meeting. The group of employers should include representatives of organisations that regularly hire graduates of the EO. If possible, the employer organisations should not be represented by former students of the EO. The optimal number of group members is 15-25 people.

Summing up and preparing recommendations

Summing up the results in accordance with the evaluation table "Parameters of the EP profile" is carried out on the basis of an individual external assessment collectively.

The evaluation table "Parameters of the EP profile" is the final document for summarising the work of the EEC.

The evaluation table "EP Profile Parameters" allows the EEC to determine the position of the EO, which is evaluated according to each criterion as follows:

▪ **"Strong"** is characterised by a high level of indicators of the international initial accreditation standard for residency programme. This position of the standard allows us to serve as an example of good practice for dissemination among other public organisations.

▪ **"Satisfactory"** is determined by the average level of indicators of the international initial accreditation standard for residency programme.

▪ **"Suggests improvement"** is characterised by a low level of indicators of the international initial accreditation standard for residency programme.

▪ **"Unsatisfactory"** means that the indicators of the EP EO do not meet the standard of accreditation of the EP.

Based on the collegial decision of the EEC, based on the results of the assessment, it prepares a report with recommendations on accreditation for the AC and on improving the quality of the EO EP.

The EEC recommends one of the following decisions to the Accreditation Council:

▪ to accredit the EP EO and (or) for a period of 1/3/5/7 years;

▪ not to accredit EP EO.

In case of compliance with the IAAR Standards, the EEC makes a recommendation to improve the quality.

In case of non-compliance of the EP EO with the IAAR Standards, the EEC recommends determining the measures necessary to bring the EP EO into compliance with the IAAR Standards.

Final meeting of the members of the external expert commission with representatives of the EO

The chairman of the external expert commission should clearly and concisely present the key issues that are important for the effective implementation of the EP, indicate the advantages and disadvantages of the EP EO under consideration, suggest alternative ways to solve the identified problems and recommendations on the action plan aimed at improving the quality of educational activities.

The conclusions of the review should not be mentioned. The results of the audit are also not discussed.

Workplace of the external expert commission

During the visit to the EO, it should provide a separate workplace for the expert commission for panel meetings and review sessions. During the entire visit, only members of the expert commission should have access to the premises.

The room for the expert commission should be spacious and separate from other rooms, also have a large desk for documents, a desk for collegial work, an international telephone, a computer with Internet access and a printer.

All documentation related to the external evaluation process, including the list of teachers, EP, work programmes, student papers, research documents, catalogs, leaflets, etc. should be collected in the specified working room.