STANDARDS AND GUIDELINES
for International Initial Institutional Accreditation
of Education Organisations in the Field of Healthcare
(based on WFME/ AMSE/ ESG)

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

**Standards and Guidelines
for International Initial Institutional Accreditation
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2022

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 basic medical education (WFME, 2015), harmonised with the standards of basic medical education (WFME, 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 initial institutional accreditation of education organisations in the field of healthcare (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 basic medical education (WFME, 2015), harmonised with the standards of basic medical education (WFME, 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 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 institutional accreditation of education organisations in the field of healthcare (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 Institutional Accreditation (based on the WFME/AMSE/ESG standards) consist of two parts:

1. Procedure for conducting international initial institutional accreditation of education organisations in the field of healthcare

2. Standards of international initial institutional accreditation of education organisations in the field of healthcare

The document defines the procedure for international initial institutional accreditation of education organisations and regulatory requirements for the main provisions of the standards of international initial institutional accreditation of education organisations.

The procedure for conducting international initial institutional accreditation of education organisations in the field of healthcare is carried out according to the approved stages given in the first part of this Guidelines.

Changes and additions are being made to the current standards of 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 INSTITUTIONAL ACCREDITATION OF EDUCATION ORGANISATIONS IN THE FIELD OF HEALTHCARE

Goals and Objectives of the International Initial Institutional Accreditation

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

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

The Procedure for Conducting International Initial Accreditation

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

1. Application for accreditation.

Submission of EO application for initial institutional 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 institutional 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 institutional accreditation to the internal experts of the EO at special seminars on the theory, methodology and technology of initial institutional 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 EO in order to establish compliance with international accreditation standards, and also prepares a self-assessment report in accordance with section II of this Guidelines.

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 EO 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, 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 institutional 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 EO 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 EO 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 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 EO, 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 EO and the report on the self-assessment of the EO.

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 institutional 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 40% 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 20 to 40%, 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 20%, 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 improvements of up to 10%, and strong criteria of at least 20%);

- **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 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 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 EO 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 EO";

− "revoke the certificate of accreditation 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 Accreditation Council 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 the EO or revocation of 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.

- **External experts** - representatives of the academic community responsible for assessing the compliance of the accredited EO 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 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.

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 of the EO 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 institutional accreditation of EO.

Basic Principles of SAR 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.

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.

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 70-80 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 (if available).

The second section includes an analysis of the compliance of the activities of the educational organisation 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 (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 does not meet the criterion of international accreditation.

III. STANDARDS OF INTERNATIONAL INITIAL INSTITUTIONAL ACCREDITATION OF EDUCATION ORGANISATIONS IN THE FIELD OF HEALTHCARE

Scope of Application

These standards define the regulatory requirements for the main provisions of the standards of international initial accreditation of education organisations in the field of healthcare during the procedure of accreditation of the EO in the field of healthcare, 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 EO;

b) to develop appropriate regulatory documentation.

Regulatory References

This standard uses references to the following regulatory documents:

1. World Federation for Medical Education: BASIC MEDICAL EDUCATION WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT The 2015 Revision

2. World Federation for Medical Education: BASIC MEDICAL EDUCATION WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT The 2020 Revision

3. 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.

4. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015)

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 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).

3.12 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 programme
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 accreditation of education organisations in the field of healthcare:

- 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 EO;

- 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 VALUES"

The organisation of education must:

1.1. have a published statement outlining the organisation's mission, values, priorities, and goals.

1.2. communicate the organisation's mission to stakeholders and the healthcare sector.

1.3. describe the organisation's mission, values, educational objectives, research functions, and relationships with healthcare services and communities.

1.4. ensure alignment of the organisation's mission with the institutional strategy.

1.5. facilitate the involvement of teaching staff, students, and other stakeholders in developing the organisation's mission.

Approximate subject of assessment:
✓ *Present an institutional mission description and corresponding published documents.*
✓ *Indicate the extent to which the statement was developed in consultation with stakeholders.*
✓ *Describe the organisation's values, educational objectives, research functions, and relationships with healthcare services and communities.*
✓ *Provide a brief overview of how the mission and expected learning outcomes are communicated to stakeholders.*
✓ *Describe the process of developing and adopting the organisation's mission.*
✓ *Which interested groups participated in the mission's development and why?*
✓ *How does the mission statement consider the organisation's role in society?*
✓ *How are the processes used to develop and review the mission, objectives, policy, and stakeholder communication methods reviewed and analysed?*
✓ *How does the organisation consult with stakeholder groups and involve them in the mission and objectives review process?*
✓ *To what extent have consultations with stakeholders influenced the organisation's mission?*

2. STANDARD "EDUCATIONAL PROGRAMME"

The organisation of education must:

2.1. have a policy and implement procedures for the development and official approval of programmes at the institutional level; ensure that the programmes are developed in accordance with established objectives, including principles underlying the adopted curriculum model, interrelation between components, and expected learning outcomes.

2.2. demonstrate evidence of readiness to ensure that qualifications resulting from the

implementation of educational programmes are clearly defined and explained.

2.3. define the expected learning outcomes that students should achieve upon graduation, as well as anticipated learning outcomes for the structural units of the programme (disciplines/modules).

2.4. when developing programmes, ensure alignment of programme objectives with the institutional strategy and the presence of clearly specified expected learning outcomes; ensure the participation of students and other stakeholders in the development of the study programme; ensure smooth progress of students throughout the programme; ensure the determination of expected student workload (e.g., in credits or hours); provide opportunities for practical training where necessary.

2.5. demonstrate evidence of readiness to ensure that the programme content includes necessary sections to prepare students for their role in practical healthcare and their subsequent further education.

2.6. demonstrate evidence of readiness to use educational strategies and teaching methods that guarantee students' achievement of the expected learning outcomes.

2.7. demonstrate evidence of readiness to ensure that the choice of programme design is connected to the organisation's mission, projected outcomes, resources, and context.

Approximate subject of assessment:

✓ *Does the curriculum align with the stated mission or overall strategy of the organisation?*

✓ *Are competencies and decision-making processes defined for bodies/structures involved in curriculum development?*

✓ *Are procedures for curriculum development and their institutional approval defined and documented?*

✓ *How are different study disciplines/modules within the curriculum interconnected?*

✓ *How was the curriculum design model chosen?*

✓ *How does the curriculum design support the organisation's mission?*

✓ *Are the qualification objectives adequately documented in materials governing the educational process, assessment of learning achievements, and diploma appendices?*

✓ *Does the organisation offer programmes with specific profiles (double degrees, dual learning, supplementary research, distance learning, intensive learning, blended learning, etc.)? Were these programmes appropriately substantiated and designed?*

✓ *How is alignment maintained between course/module content and learning outcomes and the level of education (specialist, residency, bachelor's, internship, medical residency, master's)?*

✓ *Is the balance between compulsory, elective, and optional modules/disciplines justified? How is the elective component determined?*

✓ *Are there mobility windows? Is their presence in the curriculum justified?*

✓ *Does the curriculum harmoniously address expected learning outcomes? Does the content of disciplines (modules) contribute to achieving the intended programme outcomes?*

✓ *Is the curriculum technically feasible in terms of student workload?*

✓ *Do the curricula reflect contemporary scientific achievements?*

✓ *Is an interdisciplinary approach implemented in teaching and learning?*

✓ *Are the descriptions of disciplines/modules comprehensive and competent? Are they sufficiently informative?*

✓ *Analyse whether the learning outcomes pertain to knowledge, skills, attitudes, and behaviours that students should acquire within each structural unit of the curriculum (discipline/module).*

✓ *How were the programme's learning outcomes developed, and are learning outcomes defined for each structural unit of the curriculum (discipline/module)?*

✓ *How are learning outcomes used as a basis for developing and delivering content, as well as assessing learning and evaluating structural units of the curriculum (disciplines/modules)?*

✓ *Which stakeholders participated in the development of the programme's learning*

outcomes?

✓ *What makes the expected learning outcomes suitable for the social context of the organisation?*

✓ *How is time allocated and distributed across the three main domains: fundamental biomedical sciences, clinical sciences and skills, and behavioural and social sciences?*

✓ *How is student time distributed across different parameters of clinical/professional practice?*

✓ *Which behavioural and social sciences are included in the curriculum? How are these disciplines chosen and allocated time?*

✓ *Are any disciplines related to healthcare systems included in the curriculum? How are these disciplines chosen and allocated time?*

✓ *Are any disciplines related to humanities included in the curriculum? How are these disciplines chosen and allocated time?*

✓ *How are principles of scientific method and medical research considered within the curriculum?*

3. STANDARD "STUDENT ASSESSMENT POLICY"

The organisation of education must:

3.1. establish, approve, and publish a student assessment policy, implemented through a central system of multiple coordinated assessments aligned with expected learning outcomes; ensure that the student assessment policy is communicated to all stakeholders.

3.2. demonstrate evidence of readiness to provide an assessment system that regularly offers students effective feedback, identifies their strengths and weaknesses, and aids in consolidating their learning; ensure that formative assessment is aligned with educational strategies and that all students have the opportunity to realise their potential.

3.3. demonstrate evidence of readiness to integrate student-centered learning processes into its programmes to encourage students to play an active role in co-constructing the educational process. Student assessments should reflect this approach.

3.4. demonstrate evidence of readiness to ensure an assessment system that guides decisions on progression and graduation; ensure that a broad spectrum of assessment methods and formats are utilised in the final assessment of learning outcomes, taking into account their "utility assessment," which encompasses a blend of validity, reliability, impact on learning, acceptability, and effectiveness of assessment methods and formats.

3.5. demonstrate evidence of readiness to utilise student assessment results to improve the work of academic staff, structural units of the curriculum (disciplines/modules), curricula, and the educational institution.

3.6. ensure that the assessment policy, guided and supported by a centralised system, involves the use of a variety of summative and formative methods leading to the acquisition of knowledge, clinical/practical skills, and behaviors essential for doctors/specialists.

3.7. guarantee that the assessment policy and system align with the organisation's mission, its specific educational outcomes, available resources, and curriculum context.

3.8. demonstrate evidence of readiness to regularly assess students in disciplines (modules) and during clinical rotations to provide feedback that guides their learning, facilitates early identification of underperforming students, and opportunities for improvement.

Approximate subject of assessment:

✓ *Describe the developed institutional assessment policy. How is the policy communicated to all stakeholders?*

✓ *What assessments does the institution use for the expected learning outcomes of the study programmes?*

✓ *Describe the process of developing and approving documents issued to students, containing information about the assessment policy, assessment methods (including criteria), schedules for intermediate and final exams, passing criteria, weightage and progression criteria, appeal procedures, the number of allowed resits, and resit conditions.*

✓ *How are decisions made about the number of exams and their scheduling?*

✓ *How is assessment integrated and coordinated across a range of learning outcomes and the entire study programme?*

✓ *How are students assessed to identify those in need of learning support? What support systems are offered to students with identified needs?*

✓ *Does the institution respect and cater to diverse student groups and their needs? Are flexible learning pathways provided?*

✓ *How are student needs considered in the curriculum development process?*

✓ *What opportunities do students have in shaping their educational trajectory?*

✓ *How are individual student characteristics considered during programme implementation?*

✓ *Does the institution conduct its own research in teaching study programme disciplines? (Provide examples)*

✓ *Does the institution have a feedback system on the use of various teaching methods and assessment of learning outcomes?*

✓ *Does the institution ensure consistency, transparency, and objectivity in the mechanism of assessing learning outcomes for each study programme?*

✓ *How is the mechanism of assessing knowledge, skills, behaviour, and attitudes implemented?*

✓ *Are assessment tools module-oriented? Are blended assessment methods used?*

✓ *Are the procedures for conducting and types of exams reflected in normative documents/instructional materials?*

✓ *Do the normative documents for conducting exams consider conditions for students with disabilities?*

✓ *Does the institution have procedures for addressing student complaints and appeals?*

✓ *How are exam specifications/matrices developed?*

✓ *How are the norms (passing scores) for summative assessment established?*

✓ *What information is provided to students and other stakeholders regarding the content, style, and quality of assessments?*

✓ *How is staff competence ensured and what specific training does the institution offer for assessing knowledge and skills, attitudes, and abilities of students?*

✓ *Describe the practice of engaging external examiners and the selection criteria for including them in the examination committees.*

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

✓ *How are new assessment methods studied, tested, and implemented, and how is their validity and reliability ensured?*

✓ *Who is responsible for planning and implementing the quality assurance system for assessment?*

✓ *What quality assurance steps are planned and implemented for assessment?*

✓ *How are individual assessment scores analysed to ensure their quality?*

✓ *How are assessment data used to evaluate teaching and review study programmes in practice?*

✓ *How often is the assessment system and individual student assessment reviewed?*

4. STANDARD "STUDENTS"

The organisation of education must:

4.1. have a publicly available policy outlining the objectives, principles, criteria, selection, and admission processes for students.

4.2. demonstrate evidence of readiness to have predefined, published, and consistently applied regulations governing all phases of the student "lifecycle," i.e., admission, academic performance, recognition, and certification.

4.3. demonstrate evidence of readiness to provide students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

4.4. ensure to consider the interrelation between the number of students (including international students) and the resources, facilities, and opportunities available for their proper education, as well as issues of equality and diversity, rules for reapplication, deferred admission, and transfers from other educational institutions/programmes when developing the policy.

4.5. during the student selection process, demonstrate evidence of readiness to pay attention to selection criteria, stages of selection, mechanisms for submitting suggestions, and mechanisms for submitting and addressing complaints.

4.6. demonstrate evidence of readiness to offer and provide support to students in developing academic skills, managing physical and mental health, personal well-being, financial management, and career planning.

Approximate subject of assessment:
✓ *How is the alignment between the selection, admissions policy and the institution's mission established?*
✓ *How does the admissions policy align with regulatory/government requirements?*
✓ *How is the admissions policy for students made publicly available?*
✓ *How often is the student admissions and enrolment system reviewed, if at all?*
✓ *How does the institution determine the student population and what additional requirements are placed on applicants seeking admission?*
✓ *How do students and prospective students learn about the procedures for student population formation (admission rules, course-to-course transfers, transfers from other institutions, credit transfer procedures, dismissals, etc.)?*
✓ *How does the institution assess the correlation between the admissions process and subsequent student progress?*
✓ *Is recognition of prior learning and qualifications carried out?*
✓ *Are the education requirements transparent to all target groups? What information channels are available to students (Internet, university fairs, information days, contact partners, etc.)?*
✓ *Is there a mechanism for recognising students' prior learning, including learning gained through academic mobility, as well as additional formal and informal learning?*
✓ *What requirements are defined for recognising prior learning outcomes? Provide examples of recognition of prior learning.*
✓ *Which regulatory document governs the procedure for recognising academic mobility results?*
✓ *Is there an opportunity for students to prepare for professional certification?*
✓ *Is individual support and counseling for students properly regulated and planned (programme guidance, consultation hours, support with study materials, etc.)? Does the institution assist students in finding accommodation, undergoing internships, or studying abroad?*
✓ *What procedures exist to support different groups of students, including information and counseling?*
✓ *Are support programmes available for students with disabilities and those in special life*

situations, and do they meet the requirements?

✓ *How does academic and individual support, as well as counseling services, meet the needs of students? How are these services recommended and communicated to students and staff? How is the feasibility of services assessed in terms of human, financial, and physical resources?*

✓ *How often are academic, individual support, and counseling services reviewed with student representatives to ensure relevance, accessibility, and confidentiality?*

✓ *Fill in the following tables: 4.1, 4.2, 4.3, 4.4, 4.5 (if data is available).*

Table 4.1 Passing score for admission to the EO (if this technique is used)

Years	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..
Passing score					

Table 4.2 Number of accepted students

Years	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..
Number of applicants					
Number of enrolled students					

Table 4.3 The number of enrolled students for the first year and the total number of students enrolled in this educational programme

Number of students	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..
First year					
General					

Table 4.4 The number of enrolled students for the first year and the total number of students expelled under this educational programme

Number of students	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..	20.. – 20..
First year					
General					

Table 4.5 Information about students in this educational programme

Categories of students	Academic year							Итого
	1	2	3	4	5	6	7	
Expelled								
Expelled for academic reasons								
Transferred to another EO								
Transferred from another EO								
Repeat academic year								
Repeated completion of required clinical rotations or disciplines								
Academic leave								

5. STANDARD "ACADEMIC STAFF/FACULTY"

The organisation of education must:

5.1. have a sufficient number of qualified teaching staff required for the implementation and realisation of the study programme, taking into account the number of students, teaching and learning styles.

5.2. have a policy and implement objective and transparent processes for recruitment, professional growth, and development of all staff members that ensure the competence of its teachers.

5.3. demonstrate evidence of readiness to implement the declared policy of continuous professional development for its teaching staff.

5.4. have a policy and implement the recruitment procedure of academic staff, including consideration of the quantity, level, qualification of academic staff required to deliver the planned study programmes to the expected number of students, distribution of the faculty based on profile, qualification, and experience.

5.5. recognising the importance of teaching, develop clear, transparent, and objective criteria for staff recruitment, appointment to positions, promotions, and dismissals, and adhere to them in its activities.

5.6. demonstrate evidence of readiness to provide opportunities for career advancement and professional development for teachers, encourage scholarly activities to strengthen the link between education and research, innovative teaching methods, and the use of advanced technologies.

Approximate subject of assessment:
- ✓ *Does the teaching staff's potential align with the institution's development strategy and the specifics of the study programmes?*
- ✓ *How does the quantity and characteristics of the academic staff relate to the development, implementation, and quality assurance of the study programmes?*
- ✓ *How has the institution achieved the necessary quantity and characteristics of its teaching staff?*
- ✓ *Are there sufficient personnel resources for implementing the study programmes and ensuring the profile of the programmes? Where is the personnel policy documented? Are the decisions made by the management transparent?*
- ✓ *How is appointment to positions and career advancement managed?*
- ✓ *How is the level of competence of teachers determined by the institution related to professional standards, sector qualifications frameworks, and qualifications systems?*
- ✓ *Are there differences in the requirements for teachers in different qualification levels?*
- ✓ *How do the qualification requirements for teachers vary according to the level of study programme (BA, MA, PhD)?*
- ✓ *What requirements are defined regarding teaching experience, field, and quality?*
- ✓ *What measures are in place for professional development and qualification of staff?*
- ✓ *How is the professional and personal development of study programme teachers stimulated? For instance, is self-improvement encouraged, acquisition of knowledge, application of innovative teaching methods, and integration of scientific activities and education?*
- ✓ *Do teachers use information and communication technologies in the educational process (e.g., online learning, e-portfolios, MOOCs)? How has the quality of teaching and the quality of knowledge, skills, behavior and students' attitudes changed with the implementation of new technologies?*
- ✓ *Are practitioners from relevant fields involved in teaching? How are practitioners selected to become teachers?*
- ✓ *Describe the dynamics and results of academic mobility of teachers within the study programme in the past 5 years (if available), and their contribution to ensuring education quality and development of the study programme.*
- ✓ *How are teachers engaged in conducting research?*
- ✓ *What information does the institution provide to new and existing teaching staff, and how is it provided?*
- ✓ *What introductory training does the institution conduct for teachers?*

✓ *Who is responsible for the work and conduct of the academic staff? How are these responsibilities fulfilled?*

✓ *What information does the institution provide to new and existing teachers about support or continuous professional development provisions?*

✓ *How does the institution assume administrative responsibility for implementing the continuous professional development policy for staff?*

✓ *Fill in tables 5.1, 5.2, 5.3 (if you have this information)*

Table 5.1 The staff of teachers of departments of general education disciplines

Disciplines / modules	Full-time					Part - timers	The number of part-time practitioners with at least 10 years of experience
	Professor	Docent / associate professor	Assistant/Assistant Professor	Laboratory assistant	Vacant bids		

Table 5.2 The staff of teachers of the departments of basic disciplines

Disciplines / modules	Full-time					Part - timers	The number of part-time practitioners with at least 10 years of experience
	Professor	Docent / associate professor	Assistant/Assistant Professor	Laboratory assistant	Vacant bids		

Table 5.3 Staff of teachers of specialised disciplines

Disciplines / modules	Full-time					Part - timers	The number of part-time practitioners with at least 10 years of experience
	Professor	Docent / associate professor	Assistant/Assistant Professor	Laboratory assistant	Vacant bids		

6. STANDARD "EDUCATIONAL RESOURCES"

The organisation of education must:

6.1. ensure the availability of sufficient, accessible, and relevant learning resources and student support services.

6.2. have appropriate and adequate resources to ensure students' necessary clinical/practical preparation.

6.3. ensure adequate access to virtual and physical information resources to support the mission of institution and programme.

6.4. demonstrate evidence of readiness to organise education with due attention to the safety of the learning environment and patients, including monitoring students' actions in clinical/production settings.

6.5. when distributing, planning, and providing educational resources through support services, consider the needs of various student groups (adults, working students, distance learners, international students, individuals with disabilities) and take into account the trends of student-centred learning.

6.6. demonstrate evidence of readiness to ensure the accessibility and relevance of all resources to the learning objectives, as well as inform students about available services.

6.7. guarantee that the administration and specialised services play a pivotal role in providing support services.

Approximate subject of assessment:

✓ *Are the financial resources and educational infrastructure sufficient to achieve the programme's goals?*

✓ *Do the material, technical, and information resources ensure the achievement of the planned learning outcomes? How is the development of material resources for the educational institution and the accredited programme planned?*

✓ *What information systems are used in the educational institution, and what problems do they address? How does the institution provide access to necessary information for all students and teachers?*

✓ *How is the website used to inform students, staff, and all interested parties? What information is published, how frequently is it updated, why is this information published, and is access to the most up-to-date information available through the institution's website?*

✓ *Do the information resources align with the specifics of the programme? Is plagiarism checked for research results, dissertations, and final works? Is access provided to educational online resources, and does Wi-Fi function?*

✓ *Are library resources sufficient? Is the library open for extended periods?*

✓ *Are online technologies used in teaching? What is their appropriateness?*

✓ *Are collaborative relationships established with other organisations for the organisation and implementation of professional practice?*

✓ *How does the educational institution ensure safety compliance in the learning process?*

✓ *How are the needs of different student groups accommodated within the programme (adults, working individuals, international students, students with disabilities, etc.)?*

✓ *How does the educational institution determine the adequacy of the physical infrastructure (space and equipment) provided for theoretical and practical learning stated in the programme?*

✓ *Is it appropriate or necessary to complement or replace classroom learning with distance or distributed learning methods? If yes, how does the institution ensure an adequate level of education and preparation?*

✓ *What opportunities are required and provided for students to acquire practical skills?*

✓ *What benefits come from simulation learning, standardised patients, as well as real patients, for gaining practical skills? What is the basis for the policy on using simulated and real patients?*

✓ *How does the educational institution ensure students have appropriate access to healthcare organisations that offer the necessary range of general and specialised practice?*

✓ *How does the educational institution attract clinical teachers and mentors for the necessary range of general and specialised practices?*

✓ *How does the educational institution ensure the consistency of teaching the curriculum in clinical/practical settings?*

✓ *What sources of information and resources are required for students, staff, and researchers? How are they provided? How is their adequacy assessed?*

✓ *Fill in Tables 6.2, 6.2, 6.3, 6.4 depending on the EP profile (if this information is available).*

Table 6.1 Characteristics of clinical bases

№	Name of the base/branch and date of conclusion of the contract (if available)	Legal address	Bed fund (if available)	Name of clinical disciplines	Number of study groups or clinical rotations	Number of study rooms/classrooms

Table 6.2 Characteristics of production bases

№	Types, name of practices	Year of study					How is the practice distributed in the semester (in parallel with the study of disciplines / separately, in separate terms)	Production base	The position of the head from the practice base
		1	2	3	4	5			

Table 6.3 Main directions of scientific research of the EO (within the framework of the educational programme)

Name of the topic of scientific projects/programmes	The customer and the source of financing	Full name of the head	Deadlines for execution	Co-executing organisations, including foreign ones	Number of local (country) publications	Number of publications in the near and far abroad	The number of copyright certificates, pre-patents, patents, and other security documents	Number of implemented scientific and technical developments

Table 6.4 Information on the participation of students currently studying in scientific research

Name of scientific projects/research	Participation of students (number)	Published Articles (number)	Participation in local, international conferences/presentations (number)

7. STANDARD "QUALITY ASSURANCE POLICY"

The organisation of education must**:**

7.1. have a quality assurance system that encompasses the educational, administrative, and research components of the institution's activities.

7.2. have a published quality assurance policy that is part of its strategic management; ensure that internal stakeholders must develop and implement this policy through appropriate structures and processes, involving external stakeholders.

7.3. envisage a monitoring programme for processes and outcomes, including the collection and analysis of data on key aspects of the educational programme to ensure that the educational process is carried out appropriately and to identify any areas requiring intervention. Data collection should be part of administrative procedures related to student admission, student assessment, and completion of studies.

7.4. have a policy and implement procedures as the foundation of a logically structured and consistent quality assurance system for the institution. This system should have official status and be accessible to the broader public.

7.5. demonstrate evidence of readiness to ensure that the quality assurance policy reflects the connection between research, teaching, and learning and takes into account the national and intra-institutional context. It should support the organisation of the quality assurance system, involve the institution's structural units, management, staff, and students in quality assurance responsibilities, and include processes that uphold academic reputation and freedom. The policy should also include processes that prevent any form of intolerance and discrimination against students and teachers, as well as the participation of external stakeholders in quality assurance.

Approximate subject of assessment:
✓ *In which documents is the quality assurance policy reflected? Where is it published? Is it available on open resources?*

✓ *Is the quality assurance policy accessible to staff, employees, students, employers, and other interested parties?*

✓ *How are the objectives and methods of quality assurance and subsequent actions in the educational institution defined and described, and how do they become publicly available?*

✓ *How is the responsibility for implementing the quality assurance system distributed among the administration, academic staff, and support staff?*

✓ *How are resources allocated for quality assurance?*

✓ *How does the educational institution involve external stakeholders?*

✓ *How is the quality assurance system used for updating educational design, institutional activities, and ensuring continuous improvement?*

✓ *Do stakeholders participate in the development and implementation of the quality assurance policy?*

✓ *How is the quality assurance policy changed?*

✓ *Demonstrate the results of the satisfaction assessment of key stakeholders with the quality assurance policy.*

✓ *How is the connection between research, teaching, and learning reflected in the quality assurance policy?*

✓ *Does the quality assurance policy provide for interaction between the business community, academic community, staff, and students? What mechanisms are used to implement this interaction? Provide examples.*

✓ *Describe the current quality assurance system in the educational institution. How is it applied in the implementation of educational programmes? How is its continuous improvement ensured?*

✓ *How does the educational institution track changes that have occurred since the last*

quality assurance procedure?

✓ *What recommendations and suggestions were provided to the university/programme leadership as a result of the last quality assurance procedure? What decisions were made by the university based on the results of the last external quality assurance procedure? How have they been implemented and to what extent?*

✓ *How does the educational institution conduct the assessment of educational programmes?*

✓ *Is there a group that independently monitors data on programme implementation, overall expected learning outcomes, and provides identified problems to the appropriate body?*

✓ *What data is collected for conducting the study and assessment of educational programmes?*

✓ *What mechanisms exist for studying and assessing educational programmes and student progress?*

✓ *What mechanisms are used to identify problems and determine the achievement of expected learning outcomes?*

8. STANDARD "GOVERNANCE AND ADMINISTRATION"

The organisation of education must:

8.1. have a defined management structure regarding teaching, learning, research, and resource allocation that is transparent and accessible to all stakeholders, aligns with the institution's mission and functions, and ensures its stability.

8.2. ensure that it collects, analyses, and uses relevant information for effective management of its activities and educational programmes.

8.3. have a policy and implement procedures for involving or consulting students and faculty on key aspects of educational activities and programme management processes.

8.4. have appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

8.5. demonstrate evidence of readiness to inform the public about its activities (including programmes). The presented information should be clear, accurate, objective, up-to-date, and accessible.

8.6. demonstrate evidence of readiness to define mechanisms for collecting and analysing information about its activities and programmes and use the obtained data within its internal quality assurance system.

8.7. have a policy and implement a process for verification to ensure adequate and effective administrative, personnel, and budgetary support for all institution's activities.

8.8. demonstrate evidence of readiness to provide information about its activities, including implemented educational programmes, expected learning outcomes for these programmes, awarded qualifications, teaching and learning methods, assessment procedures, passing grades, and learning opportunities provided to students.

Approximate subject of assessment:

✓ *How and by which bodies are decisions made regarding the functioning of the educational organisation?*

✓ *What processes and committee structures regulate teaching, learning, and research in the educational organisation?*

✓ *How is the budget allocation linked to the organisation's mission?*

✓ *What management mechanisms exist to verify the effectiveness of the educational organisation?*

✓ *How are risks identified and mitigated?*

✓ *What information systems are used to improve the internal quality assurance system?*

✓ *How is the performance and effectiveness of the educational organisation, including its*

study programmes, assessed?

✓ *What quality assurance processes are in place in the educational organisation (teaching assessment, satisfaction monitoring, data collection and processing related to activities, etc.)?*

✓ *What information management processes are implemented in the organisation? How are stakeholders involved in the data collection, analysis, and decision-making processes?*

✓ *Provide examples of how processed, relevant information is used to enhance the internal quality assurance system.*

✓ *How do you identify and forecast risks based on the analysis of information?*

✓ *How does the educational organisation conduct internal reporting on information management?*

✓ *How does the organisation adapt its information tools when requirements for the nature and structure of information change?*

✓ *What mechanisms of informing about the implementation of study programme plans and changes are used in the organisation?*

✓ *How does the educational organisation ensure information security?*

✓ *To what extent and how do students and faculty participate in decision-making and the activities of the organisation?*

✓ *What social or cultural limitations on student involvement in organisational management exist?*

✓ *How does the administrative structure support the activities of the educational organisation?*

✓ *How does the decision-making process support the organisation's activities?*

✓ *What is the reporting structure for administration regarding teaching, learning, and research?*

✓ *What stakeholder informing processes are defined in the organisation?*

✓ *How accessible and transparent is information about the learning process for students?*

✓ *Does the organisation have a dedicated information resource (website, portal, etc.) through which information (including up-to-date information) about the development and implementation of study programme plans is disseminated?*

✓ *What methods of information dissemination, including media and communication networks, are used to inform the general public and interested parties in the organisation?*

✓ *Does the published information of the organisation meet the needs of stakeholders (implemented study programmes, expected learning outcomes, awarded qualifications, teaching and learning methods, assessment procedures, passing grades, tuition costs, learning opportunities for students, information about faculty, employment prospects, collaboration with partners, financial reports, etc.)?*

✓ *How is the satisfaction of stakeholders with the quality and completeness of the information received assessed?*

VI. APPENDICES

Appendix 1. Recommended Form of the Site Visit Programme

AGREED
Rector _____
(name of the EO)

_____ Full name
«___» _____ 202_

APPROVED
General Director of NPI "Independent Agency for Accreditation and Rating"

_____ Zhumagulova A.B.
«___» _____ 202_

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

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

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, discussion of key issues and the programme of the visit)	*External experts of IAAR*	Hotel
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

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
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__	
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-	Lunch (EEC	*Lunch break*	

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
14.00	members only)		
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 (if available)	*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 (if available)	*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
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		*Departure of the EEC members*	

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
schedule			
«__» _____ 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 EO.

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 EO;

• 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 EO 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

Full name of the EO	
Founders	
Year of foundation (name, renaming (when implemented)	
Current accreditation status:	
Location / registration	
Rector / Head of EO	
License (title document)	
Previous accreditation	*Date, validity period, accreditation agency*
Participation of EO in ratings	
Implemented levels of study	*Undergraduate / ___ years* *Master / ___ years*
Number of implemented educational programmes	
Entry Requirements	*Requirements according to state and EO documents*
Number of students (total, in terms of forms of study: full-time, part-time)	

Number of faculty members (total, including full-time)	
Number of administrative and managerial personnel (total, including full-time)	
Dates of external visit	*Day month Year.*
Person responsible for accreditation (tel./fax/e-mail)	*Full name, position, academic degree, title* *Contact details*

1.2 Presentation of 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.

1.3 Previous Accreditation (1-5 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 Education Organisations in the Field of Healthcare (70-80 pages)

The evidentiary and analytical material developed based on the results of the self-assessment of the EO for compliance with the criteria of each standard of institutional accreditation is presented. The result of the analysis of the current state of the EO is reflected, material is presented on the effectiveness of the functioning of the internal quality assurance system and the effectiveness of its mechanisms 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 EO with the criteria of this standard, thus consistently reflects the results of self-assessment.

Justifications of the positions of the EO (strong, satisfactory, suggests improvement, unsatisfactory) are given in accordance with the evaluation of the criteria by the EO 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 EO (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 EO for compliance with the standards of institutional accreditation is given.

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

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

Table 2

Conclusion of the Self-Assessment Commission

№ p\p	№	ASSESSMENT CRITERIA	Assessment Indicators			
			Strong	Satisfactory	Suggests improvement	Unsatisfactory
1. STANDARD "MISSION AND VALUES"						
The organisation of education must:						
1	1.1	have a published statement outlining the organisation's mission, values, priorities, and goals				
2	1.2.	communicate the organisation's mission to stakeholders and the healthcare sector				
3	1.3	describe the organisation's mission, values, educational objectives, research functions, and relationships with healthcare services and communities				
4	1.4.	ensure alignment of the organisation's mission with the institutional strategy				
5	1.5.	facilitate the involvement of teaching staff, students, and other stakeholders in developing the organisation's mission				
2. STANDARD "EDUCATIONAL PROGRAMME"						
The organisation of education must:						
6	2.1	have a policy and implement procedures for the development and official approval of programmes at the institutional level; ensure that the programmes are developed in accordance with established objectives, including principles underlying the adopted curriculum model, interrelation between components, and expected learning outcomes				
7	2.2	demonstrate evidence of readiness to ensure that qualifications resulting from the implementation of educational programmes are clearly defined and explained				
8	2.3	define the expected learning outcomes that students should achieve upon graduation, as well as anticipated learning outcomes for the structural units of the programme (disciplines/modules)				
9	2.4	when developing programmes, ensure alignment of programme objectives with the institutional strategy and the presence of clearly specified expected learning outcomes; ensure the participation of students and other stakeholders in the development of the study programme; ensure smooth progress of students throughout the programme; ensure the determination of expected student workload (e.g., in credits or hours); provide opportunities for practical training where necessary				
10	2.5	demonstrate evidence of readiness to ensure that the programme content includes necessary sections to prepare students for their role in practical healthcare and their subsequent further education				
11	2.6	demonstrate evidence of readiness to use educational strategies and teaching methods that guarantee students' achievement of the expected learning outcomes				
12	2.7	demonstrate evidence of readiness to ensure that the choice of programme design is connected to the organisation's mission, projected outcomes, resources, and context				
3. STANDARD "STUDENT ASSESSMENT POLICY"						
The organisation of education must:						

13	3.1	establish, approve, and publish a student assessment policy, implemented through a central system of multiple coordinated assessments aligned with expected learning outcomes; ensure that the student assessment policy is communicated to all stakeholders					
14	3.2	demonstrate evidence of readiness to provide an assessment system that regularly offers students effective feedback, identifies their strengths and weaknesses, and aids in consolidating their learning; ensure that formative assessment is aligned with educational strategies and that all students have the opportunity to realise their potential					
15	3.3	demonstrate evidence of readiness to integrate student-centered learning processes into its programmes to encourage students to play an active role in co-constructing the educational process. Student assessments should reflect this approach					
16	3.4	demonstrate evidence of readiness to ensure an assessment system that guides decisions on progression and graduation; ensure that a broad spectrum of assessment methods and formats are utilised in the final assessment of learning outcomes, taking into account their "utility assessment," which encompasses a blend of validity, reliability, impact on learning, acceptability, and effectiveness of assessment methods and formats					
17	3.5	demonstrate evidence of readiness to utilise student assessment results to improve the work of academic staff, structural units of the curriculum (disciplines/modules), curricula, and the educational institution					
18	3.6	ensure that the assessment policy, guided and supported by a centralised system, involves the use of a variety of summative and formative methods leading to the acquisition of knowledge, clinical/practical skills, and behaviors essential for doctors/specialists					
19	3.7	guarantee that the assessment policy and system align with the organisation's mission, its specific educational outcomes, available resources, and curriculum context					
20	3.8	demonstrate evidence of readiness to regularly assess students in disciplines (modules) and during clinical rotations to provide feedback that guides their learning, facilitates early identification of underperforming students, and opportunities for improvement					
4. STANDARD "STUDENTS"							
The organisation of education must:							
21	4.1	have a publicly available policy outlining the objectives, principles, criteria, selection, and admission processes for students					
22	4.2	demonstrate evidence of readiness to have predefined, published, and consistently applied regulations governing all phases of the student "lifecycle," i.e., admission, academic performance, recognition, and certification					
23	4.3	demonstrate evidence of readiness to provide students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance					
24	4.4	ensure to consider the interrelation between the number of students (including international students) and the resources, facilities, and opportunities available for their proper education, as well as issues of equality and diversity, rules for reapplication, deferred admission, and transfers from other educational institutions/programmes when developing the policy					
25	4.5	during the student selection process, demonstrate evidence of readiness to pay attention to selection criteria, stages of selection, mechanisms for submitting suggestions, and mechanisms for submitting and addressing complaints					
26	4.6	demonstrate evidence of readiness to offer and provide support to students in developing academic skills, managing physical and mental health, personal well-being, financial management, and career planning					

5. STANDARD "ACADEMIC STAFF/FACULTY"

The organisation of education must:

27	5.1	have a sufficient number of qualified teaching staff required for the implementation and realisation of the study programme, taking into account the number of students, teaching and learning styles				
28	5.2	have a policy and implement objective and transparent processes for recruitment, professional growth, and development of all staff members that ensure the competence of its teachers				
29	5.3	demonstrate evidence of readiness to implement the declared policy of continuous professional development for its teaching staff				
30	5.4	have a policy and implement the recruitment procedure of academic staff, including consideration of the quantity, level, qualification of academic staff required to deliver the planned study programmes to the expected number of students, distribution of the faculty based on profile, qualification, and experience				
31	5.5	recognising the importance of teaching, develop clear, transparent, and objective criteria for staff recruitment, appointment to positions, promotions, and dismissals, and adhere to them in its activities				
32	5.6	demonstrate evidence of readiness to provide opportunities for career advancement and professional development for teachers, encourage scholarly activities to strengthen the link between education and research, innovative teaching methods, and the use of advanced technologies				

6. STANDARD "EDUCATIONAL RESOURCES"

The organisation of education must:

33	6.1	ensure the availability of sufficient, accessible, and relevant learning resources and student support services				
34	6.2	have appropriate and adequate resources to ensure students' necessary clinical/practical preparation				
35	6.3	ensure adequate access to virtual and physical information resources to support the mission of institution and programme				
36	6.4	demonstrate evidence of readiness to organise education with due attention to the safety of the learning environment and patients, including monitoring students' actions in clinical/production settings				
37	6.5	when distributing, planning, and providing educational resources through support services, consider the needs of various student groups (adults, working students, distance learners, international students, individuals with disabilities) and take into account the trends of student-centred learning				
38	6.6	demonstrate evidence of readiness to ensure the accessibility and relevance of all resources to the learning objectives, as well as inform students about available services				
39	6.7	guarantee that the administration and specialised services play a pivotal role in providing support services				

7. STANDARD "QUALITY ASSURANCE POLICY"

The organisation of education must:

40	7.1	have a quality assurance system that encompasses the educational, administrative, and research components of the institution's activities				
41	7.2	have a published quality assurance policy that is part of its strategic management; ensure that internal stakeholders must develop and implement this policy through appropriate structures and processes, involving external stakeholders				
42	7.3	envisage a monitoring programme for processes and outcomes, including the collection and analysis of data on key aspects of the educational programme to ensure that the educational process is carried out appropriately and to identify any areas requiring intervention. Data collection should be part of administrative procedures related to student admission, student assessment, and completion of studies				
43	7.4	have a policy and implement procedures as the foundation of a logically structured and consistent quality assurance system for the				

		institution. This system should have official status and be accessible to the broader public				
44	7.5	demonstrate evidence of readiness to ensure that the quality assurance policy reflects the connection between research, teaching, and learning and takes into account the national and intra-institutional context. It should support the organisation of the quality assurance system, involve the institution's structural units, management, staff, and students in quality assurance responsibilities, and include processes that uphold academic reputation and freedom. The policy should also include processes that prevent any form of intolerance and discrimination against students and teachers, as well as the participation of external stakeholders in quality assurance				
8. STANDARD "GOVERNANCE AND ADMINISTRATION"						
The organisation of education must:						
45	8.1	have a defined management structure regarding teaching, learning, research, and resource allocation that is transparent and accessible to all stakeholders, aligns with the institution's mission and functions, and ensures its stability				
46	8.2	ensure that it collects, analyses, and uses relevant information for effective management of its activities and educational programmes				
47	8.3	have a policy and implement procedures for involving or consulting students and faculty on key aspects of educational activities and programme management processes				
48	8.4	have appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research				
49	8.5	demonstrate evidence of readiness to inform the public about its activities (including programmes). The presented information should be clear, accurate, objective, up-to-date, and accessible				
50	8.6	demonstrate evidence of readiness to define mechanisms for collecting and analysing information about its activities and programmes and use the obtained data within its internal quality assurance system				
51	8.7	have a policy and implement a process for verification to ensure adequate and effective administrative, personnel, and budgetary support for all institution's activities				
52	8.8	demonstrate evidence of readiness to provide information about its activities, including implemented educational programmes, expected learning outcomes for these programmes, awarded qualifications, teaching and learning methods, assessment procedures, passing grades, and learning opportunities provided to students				
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 institutional accreditation 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 institutional accreditation of
"Name of the educational institution"
prepared for
the Independent Agency for Accreditation and Rating (IAAR)

City, year

Appendix 5. 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 EO 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 EO;
- 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;
- study the EO 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 EO.

During the visit:
- to hear the opinions of the members of the EEC on the self-assessment of the EO 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 EO 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 EO for compliance with international IAAR standards;
- development of recommendations for improving the quality of EO;
- development of recommendations for the Accreditation Council on accreditation in accordance with the level of preparedness of the EO for institutional accreditation of educational organisation in the field of healthcare.

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 EO until the official decision of the AC is made.

Appendix 6. 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 Agency for Accreditation and Rating is to assess the quality of the EO 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 EO;
- conducting an assessment in accordance with international IAAR standards;
- development of the EEC report on the results of the EO assessment;
- preparation of recommendations for improving the quality of the EO;
- preparation of recommendations for the Accreditation Council on accreditation in accordance with the level of preparedness of the EO for institutional 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;
- Standards and Guidelines for International IAAR Accreditation;
- Self-assessment report submitted within the framework of the accredited Eo;
- Information about the composition of the expert commission;
- Schedule of the visit to the EO;
- Additional information about the EO (at the request of members of the external expert commission).

Review of the self-assessment report of the accredited Eo

After receiving the self-assessment report (SAR) of the Eo 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 EO 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 Guidelines at the EO level?
- What additional information about EO should be provided?
- Is the specifics of EO sufficiently reflected?
- Have the strategic goals been achieved?
- Are the mechanisms of strategic management of the EO 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 (if available) and representatives of professional associations (if available).

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.

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 EO. 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 Master's students (if applicable)

Interviewing Master's students allows us to gather information about the degree of continuity and coherence between educational levels, the role of research work at each educational level, and the quality and accessibility of material and technical resources for research activities.

The expert group should involve Master's students from different years of study as well as graduates of the educational programme of the educational organisation.

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 EO.

Meeting with employers (if applicable)

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 institutional profile" is carried out on the basis of an individual external assessment collectively.

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

The evaluation table "Institutional 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 accreditation standard of education organisations in the field of healthcare. 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 accreditation standard of education organisations in the field of healthcare.
- **"Suggests improvement"** is characterised by a low level of indicators of the standard of accreditation of education organisations in the field of healthcare.
- **"Unsatisfactory"** means that the indicators of the EO do not meet the standard of accreditation of education organisations in the field of healthcare.

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.

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

- to accredit the EO and (or) for a period of 1/3/5/7 years;
- not to accredit 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 EO with the IAAR Standards, the EEC recommends determining the measures necessary to bring the 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 educational activities of the of the EO, indicate the advantages and disadvantages of the 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.

Appendix 7. Responsibilities of the IAAR Coordinator within the framework of the International Institutional Accreditation of Education Organisations in the Field of Healthcare

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 programme;
▪ 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 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 EO (online survey of the members of the EEC and the EO after the decision on accreditation).