



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING

IAAR STANDARDS AND GUIDELINES FOR
INTERNATIONAL ACCREDITATION OF MASTER'S
PROGRAMMES IN MEDICAL AND
PHARMACEUTICAL EDUCATION ABROAD
(based on WFME / AMSE standards)

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING



IAAR STANDARDS AND GUIDELINES FOR INTERNATIONAL ACCREDITATION OF MASTER'S PROGRAMMES IN MEDICAL AND PHARMACEUTICAL EDUCATION ABROAD (based on WFME / AMSE standards)

Astana 2018

Foreword

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

2. APPROVED AND EFFECTED by the Order of the Director of the Non-Profit Institution “Independent Agency for Accreditation and Rating” No. 68-18 / 1-OD dated May 25, 2018.

3. This standard was developed in accordance with the International Standards of the World Federation for Medical Education (2017).

4. ORIGINAL HOLDER – Independent Agency for Accreditation and Rating: 010000, Astana, 2 B. Momysuly str., internal entrance-4G

5. INTRODUCED FOR THE FIRST TIME

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

CONTENT

INTRODUCTION	4
PART I.....	5
I. PROCEDURE OF INTERNATIONAL ACCREDITATION	5
II. SELF-ASSESSMENT REPORT	11
Internal self-assessment committee conclusion.....	17
PART 2.....	34
1 Scope of application	34
2 Regulatory references	34
3 Terms and definitions	35
4. Symbols and abbreviations.....	35
5 General provisions	36
6. STANDARDS	37
1. STANDARD “MISSION AND OUTCOMES”	37
2. STANDARD “EDUCATIONAL PROGRAMME”	40
4. STANDARD “STUDENTS”	46
5. STANDARD “ACADEMIC STAFF / TEACHERS”	49
7. STANDARD “ASSESSMENT OF THE EDUCATIONAL PROGRAMME”	53
8. STANDARD “MANAGEMENT AND ADMINISTRATION”	57
9. STANDARD “CONSTANT UPDATE”	59
List of reference.....	61
Recommended sample of the visit programme	62
Title page sample.....	66
Responsibilities of the IAAR Coordinator in the framework of the international accreditation procedure	67
Direction for interaction with the medical institution of education coordinator	68
Roles and responsibilities of the EEP members	69
Preparation of the External Expert Panel for the visit.....	72
Memo for drawing up a self-assessment report for an educational organization.....	77

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

INTRODUCTION

This document consists of two parts: “Procedure for international accreditation” and “Standards of international programme accreditation” and defines the procedure for conducting international accreditation of educational programmes in medical educational organizations and regulatory requirements for the main provisions of the standards of international programme accreditation of postgraduate medical education.

This document was compiled on the basis of an analysis of normative and regulatory documents at the international level: WFME International standards for improving the quality of education (postgraduate medical education) (2015);

The procedure for conducting international programme accreditation, regardless of the direction, is carried out according to the approved stages specified in the first part of the document.

Changes and additions are made to the current accreditation standard in order to further improve it. Changes and additions to the standard are made by the accreditation body. If changes and additions to the current standard are initiated by educational organizations and other interested organizations, their suggestions and comments are sent to the accreditation body. The accreditation body examines and evaluates the proposals and comments received from the initiators for their validity and expediency. Changes and additions to the current accreditation standard, after their approval, are approved by order of the Director of accreditation body in a new edition with changes or in the form of an insert brochure to the current standard.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

PART I.

I. PROCEDURE OF INTERNATIONAL ACCREDITATION

Goals and objectives of international accreditation

The purpose of international accreditation (hereinafter referred to as accreditation) is to evaluate and recognize the high quality of the medical education organization and the educational programmes offered in accordance with international accreditation standards in accordance with the international standards for quality improvement in medical education (WFME/ AMSE).

The international accreditation procedure serves for general purpose of evaluating the quality of medical education organizations and compliance with international standards. When conducting international accreditation, the specific legislation of the respective countries is taken into account.

International accreditation standards and procedures are in line with the main principles and documents of the Bologna process.

For programme accreditation, in order to ensure a qualitative assessment of the educational programme (hereinafter - EP) and the effectiveness of the activities of the External Expert Commission (hereinafter - EEC), a cluster approach is implemented, which provides for the division of accredited educational programmes into clusters. One cluster includes no more than 5 educational programmes. It is allowed to evaluate no more than 20 educational programmes during one visit of the External Expert Commission.

The main principles of international accreditation are: professional and accessible assessment; voluntary; independence; objectivity and professionalism; transparency, reliability and relevance of information about accreditation procedures; collective decision-making, dissemination of information about positive and negative results.

Procedure for international accreditation

The procedure includes the following steps:

1. Submission of application for accreditation.

Submission of a medical education organization for programme accreditation with the attachment of copies of title and permits.

Consideration by the IAAR of the application of a medical educational organization.

2. Conclusion of an agreement between EO and IAAR.

Adoption of the IAAR decision to start the procedure of programme accreditation of a medical educational organization. The schedule of visits to a medical educational organization, conditions and financial issues of accreditation

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

are determined by an agreement between the Independent Agency for Accreditation and Rating (IAAR) and the educational organization.

At the request of a medical educational organization, the IAAR can organize training to explain the criteria and procedures for programme accreditation to internal experts of a medical education organization at special seminars on the theory, methodology and technology of conducting programme accreditation. This workshop procedure is not a mandatory component of the accreditation process.

3. Preparation of self-assessment report

The medical education organization independently organizes and conducts a self-assessment of the educational programme (cluster of programmes) in order to establish compliance with international accreditation standards, and also prepares a self-assessment report in accordance with Section II of this Guide.

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

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

The expert examines the self-assessment report 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, the 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 of the educational organization, the IAAR has the right to make one of the following decisions:

- "develop recommendations on the need to finalize the materials of the self-assessment report";
- "conduct an external expert assessment";
- "postpone the accreditation period due to the inability to conduct the programme accreditation procedure due to non-compliance of the self-assessment report with the criteria of these standards.

4. The visit of the EEC in the organization of education

If accreditation is continued, the IAAR forms an External Expert Commission, which is approved by the Director General of the IAAR. An external assessment of the quality of the organization and implementation of the educational programme (cluster of programmes) for compliance with the IAAR

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

international standards is carried out by the External Expert Commission during a visit to the educational organization.

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

In case of continuation of accreditation, the IAAR will agree with the educational organization the terms of the programme accreditation and the programme of the EEC visit.

The programme of the EEC visit is developed by the IAAR coordinator and the EEC Chairman with the participation of the MEO. The agreed programme of the EEC visit is approved by the Director General of the IAAR at least 2 (two) weeks before the visit to the MEO. The structure and content of the programme is developed taking into account the specifics of the MEO and EP in accordance with the recommended model of the EEC visit programme (Appendix 1).

The head of the MEO appoints a coordinator for interaction with the coordinator of the IAAR on planning and organizing the visit (Appendix 2)

The duration of the Commission's visit is usually 3-5 days. During the visit, medical educational organization creates conditions for the work of the EEC in accordance with the Agreement on the provision of services:

- provides an office for the work of the EEC with the provision of a workplace for each member of the EEC;
- submit an electronic and paper version of the self-assessment report for each member of the Commission;
- provides the necessary modern electronic office equipment in agreement with the representative of the IAAR and the number of members of the EEC;
- organizes 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;
- organizes photography of EEC work.

Workplace of the external expert commission

During the visit, the MEO should provide the expert commission with a separate workplace for panel sessions 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, as well as have a large table for documents, a table for collegial work, a telephone with international communication, a computer with Internet access and a printer.

All documentation related to the external evaluation process, including the list of teachers, educational programmes, work programmes, student papers, research documents, catalogs, flyers, etc. should be collected in the designated work area.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

The results of the visit to the medical organization of education are reflected in the report on the results of external evaluation.

The draft of EEC report is reviewed by the IAAR and sent to the MEO for approval. If the MEO reveals factual inaccuracies, the Chairman agrees with the EEC members and makes the necessary changes to the EEC report. In case of disagreement with the MEO's comments to the EEC report, the Chairman, together with the IAAR coordinators, prepares an official response with justification.

The report contains a description of the EEC visit, a brief assessment of the compliance of the activities of the medical educational organization in the context of the international standards of the IAAR, recommendations of the medical educational organization to improve the activities and ensure quality, recommendations to the Accreditation Council. Proposals to the Accreditation Council contain a recommendation for accreditation (including the recommended accreditation period) or non-accreditation.

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

5. IAAR decision-making

The basis for making a decision on the programme accreditation by the Accreditation Council is the EEC reports on the assessment of the educational programme and the self-assessment report of the educational programme.

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

The exclusive competence of the IAAR Accreditation Council includes making decisions on accreditation or refusal of programme accreditation of a medical educational organization. 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 makes one of the following decisions:

– «to accredit»:

1 year - if the criteria are met in general, but there are some shortcomings and opportunities for improvement (in assessing criteria that require improvement in the range of more than 20%, the absence of strong criteria);

3 years - with positive results in general, but with some minor shortcomings and opportunities for improvement (in assessing criteria that require improvement in the range from 10 to 20%, the presence of strong criteria);

5 years - with positive results in general (in assessing criteria that require improvement in the range of no more than 10%, the presence of strong criteria);

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

7 years - if standards criteria are met in general and best practice examples are available (in assessing the strong criteria at least 10%, and criteria requiring improvement no more than 5%).

- denial of accreditation (in assessing at least one criterion as "unsatisfactory", the absence of strong points).

If the Accreditation Council makes a positive decision, the IAAR sends an official letter to the MEO with the results of the decision and a certificate of programme accreditation of the educational organization, signed by the chairman of the Accreditation Council and the general director of the IAAR to the educational organization. Further, the decision on accreditation of the educational organization is sent to the authorized body in the field of education of the corresponding country and is posted on the IAAR website. IAAR website also contains the report of an external expert commission.

After receiving the certificate of accreditation, the medical educational organization publishes a self-assessment report on its website.

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

Medical education organization, in accordance with the established procedure, in accordance with the Service Agreement and the Regulation on the Appeals and Complaints Commission, may appeal to the IAAR against the decision of the Accreditation Council. In case of doubts about the competence of the external expert committee and representatives of the Agency, or a gross violation committed by members of the external expert committee, the medical educational organization can send a complaint to the IAAR.

6. Follow-up procedures

If the IAAR Accreditation Council makes a positive decision, the medical educational organization submits to IAAR an Action Plan for improving the quality as part of the recommendations of an external expert commission (hereinafter referred to as the Plan), which is signed by the first head and sealed, and also concludes a Service Agreement with IAAR. The agreement and Plan are the basis for post-accreditation monitoring.

In accordance with the Regulations on the procedure for post-accreditation monitoring of educational organizations and (or) educational programmes that have passed the programme accreditation of EP, should prepare interim reports in accordance with the Plan. Interim reports are sent to the IAAR before the expected date of post-accreditation monitoring.

Post-accreditation monitoring of educational programmes is carried out in accordance with the regulations on the procedure for post-accreditation monitoring of educational organizations and (or) educational programmes.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

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

– "temporarily suspend the accreditation status for the educational programme";

– "revoke the certificate of accreditation of the educational programme of a medical educational organization, which may lead to the cancellation of all previously achieved accreditation results".

If an educational organization refuses to enter into a contract with the IAAR for post-accreditation monitoring, the AC has the right to make a decision to revoke the validity of the accreditation certificate.

A medical educational organization may submit an application no earlier than 1 (one) year after its programme accreditation is denied or its programme accreditation is revoked.

External expert commission (group of experts on external evaluation)

External evaluation of the educational programme (cluster of programmes) is carried out 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.

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

In case of programme accreditation, the composition of the EEC is formed depending on the number of EP in the accredited MEO.

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

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

All members of the EEC sign a statement of commitment on the absence of conflicts of interest and the code of ethics of the external expert of the IAAR during each visit.

The examiner should notify the IAAR coordinator of any Association with the MEO or self-interest that may lead to a potential conflict related to the external evaluation process.

Each member of the EEC should perform its functions and responsibilities efficiently. Failure to comply and refusal without a justified reason are considered

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

as a violation of the Code of Ethics of an external expert of the IAAR and may lead to exclusion from the IAAR expert base.

Information about the MEO obtained during the external evaluation is presented as confidential and not subject to disclosure.

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

The External expert commission consists of:

- 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 organization, as well as responsible for preparing the final report on the results of the external evaluation of the educational programme (cluster of programmes).

- External experts - representatives of the academic community.

- External expert - a representative of the professional community (employer), who should assess whether the accredited educational programme (cluster of programmes) and the professional competencies of its graduates meet the requirements of the labor market.

- External expert - a representative of the student community, responsible for assessing the compliance of the accredited educational programme with the needs and expectations of students (for each cluster, one representative of the student community).

IAAR appoints a coordinator from among its staff responsible for coordinating the work of the group of experts. The medical education organization, for its part, appoints an authorized person responsible for the process of international accreditation of the educational programme (cluster of programmes).

II. SELF-ASSESSMENT REPORT

The self-assessment report (SAR) is one of the main documents for international accreditation.

Basic principles of report preparation

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

2. Readability: the text of the document should be easy to understand 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 the EO and (or) EP (cluster of programmes).

4. Criticism: objectivity of the assessment.

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

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Features of the training programme that are not described in the guidelines should be included in the appropriate part of the documents.

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

The final document should be well structured, numbered (including appendices). The report should not exceed 50-60 pages (without appendices).

Report format

The report should be compiled in the form of a linked and logical text with tables, graphs, figures, where appropriate, and appendices that contain large tables (taking up more than half of an A4 sheet) and other large-scale sources of information.

When developing a self-assessment report, the use of a cluster approach is envisaged, which allows combining no more than 5 homogeneous educational programmes into one group, regardless of the language of instruction and the level of education and the direction of training. Evaluation of no more than 20 EPs per visit to the EEP is allowed. The EO, in agreement with the IAAR, can develop a self-assessment report for each EP separately.

The self-assessment report shall include an introduction, body and conclusion. All statements, judgments, assumptions of the report must be supported by necessary documents in the main body of the text and attachments (*Annex 7. Structure of the self-assessment report*).

The report should be written in the following format: font type – Times NewRoman, font size – 12, space between lines – 1.5, paragraph interval before and after the titles – no more than 6 PT. at the beginning of the report, the built-in table of contents and page numbers should be shown automatically. The report is printed in A4 format with portrait orientation. Annexes can also use landscape orientation. The first Annex to the report should contain text, confirming the accuracy, comprehensiveness, and accuracy of all data presented, signed by the head of the University and the performers who made up the report by bringing the contact data of the authors of the report for further consultation if necessary: "I, [leader's name, organization] certify that this self-assessment report [name of University] with a [number of pages the body of the report, i.e. without applications] pages provided absolutely reliable, accurate and comprehensive data that adequately and fully characterize the activity of the University."

The self-assessment report should not exceed 50-60 pages of the main text. The self-assessment report is accompanied by a separate set of documents in the form of appendices (in a separate file not exceeding 100 pages). Before exporting images to the attachment text, graphic images should be compressed to a resolution of 96 dpi. To reduce the volume of attachments, it is recommended that the text of

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

the self-assessment report should contain as many links to supporting documents available on the electronic resources of the MEO as possible.

The report and its Annexes are submitted to the IAAR in the English languages, unless otherwise specified, in electronic form at the mail iaar@iaar.kz, as well as on 1 (one) hard copy in each of the languages.

Content of the self-assessment report

SAR consists of an introduction, three main sections, and attachments.

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

At the beginning of the Self-Assessment Report, general information (profile) is provided, reflecting the name of the university, legal details, full name of the head, information about the founder, contact information, date of submission of the self-assessment report, full name of the contact person for preparing the report, educational levels implemented by the university in accordance with NQF (for example, 6,7,8) and QF-EHEA (for example, 1,2,3 cycles), (For SA, the level of education for each EP in accordance with the NQF (for example, 6,7,8) and and QF- EHEA (for example, 1,2,3 cycles) indicating the degree of qualification awarded in the state, Russian and English languages), the output of the IAAR Standard according to which the assessment is carried out, information about the group that conducted the self-assessment.

The introduction indicates basis for passing external assessment, result of the previous accreditation (Accreditation Body, accreditation standards according to which the external assessment was carried out and accreditation status) in case of re-accreditation. Reflects a brief description of methods used for preparation of Self-Assessment Report (appointment of a working group, involvement of stakeholders, etc.).

The first section provides general information about the medical education organization:

- brief information;
- organizational and legal support of activities;
- organizational structure and management system;
- interaction with educational, research, and professional organizations at the local, regional, and national levels;
- international activity;
- number and dynamics of the student body.
- dynamics of the contingent of students of different forms of education over the past 3-5 years, enrolled in an accredited educational programme.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

The second section includes an analysis of the compliance of the EP of a medical educational organization with accreditation standards.

The articles in this section should be organized according to the order specified in the guidelines. SAR should provide answers to all the main questions and include all the necessary documentary evidence in the appendices.

The medical education organization should provide information on the achievements in the high-quality implementation of the educational programme over the past 3-5 years individually for each article in the second section of the report. It is also expected that the report will identify issues and areas for improvement that have been identified through the SWOT analysis of each standard.

This part of the self-assessment report should consistently reflect the university's self-assessment according to the criteria of each standard. At the end of the self-assessment on criteria of each standard, a conclusion should be given according to the sample: "According to the standard "Mission and outcome" 7 criteria are disclosed, of which 3 have a strong position, 3 – satisfactory and 1 – suggests improvement".

The third section of the report should include general conclusions and conclusions about the self-assessment process that give grounds for applying for an external quality assessment procedure, and should also contain the completed table "Conclusion of the internal self-assessment commission" (table 3). All those responsible for self-assessment and reliability of the material presented in the report should participate in filling out the table "Conclusion of the internal self-assessment committee".

Appendices should include tables, general information about the processes in the medical education organization, and a list of materials and documentary evidence submitted for consideration by an external expert group during a visit to the education organization.

EO should be presented on behalf of the head of the medical education organization 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 medical education organization. All those responsible for self-assessment and reliability of the material presented in the report should participate in filling out the table "Conclusion of the self-assessment commission".

The self-assessment report should comply with the structure of the Agency's standards and can be drawn up in form and content based on the answers given by the educational organization for all points of the Agency's standards. The following sections provide recommendations for compiling a self-assessment report in the context of individual Agency standards with brief comments on each standard and criterion.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

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

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

EO should be presented on behalf of the head of the medical education organization 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 medical education organization.

Content of the self-assessment report

The content of the SAR should be presented in accordance with the following structure:

Introduction

1. General information

2. Self-assessment results according to the standards of international programme accreditation

The structure of each standard:

- activity description;
- achievements over the past 5 years;
- areas of activity requiring improvement;
- SWOT - analysis of the standard.

3. Conclusions and conclusions of the internal self-assessment committee

4. Applications

Title page

The title page of SAR should be separate for each report and should be drawn up in accordance with Appendix 3.

The title page is followed by pages containing general information about the medical education organization and educational programmes in the form of a table (tables 1, 2).

Table 1

GENERAL INFORMATION ABOUT MEDICAL EDUCATION ORGANIZATION

Full name of the medical education organization	
Founders	
Year of foundation (name, renaming (if any))	
Current accreditation status	

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Location	
Rector	
License (title document)	
Number of students (full-time, part time)	

Table 2

INFORMATION ABOUT THE EDUCATIONAL PROGRAMME(S) UNDERGOING INTERNATIONAL ACCREDITATION (EXAMPLE)

PART I	<i>Examples</i>
Educational programme/Educational programmes	<i>"Public health" (programme code) "Medicine" (code of the programme)</i>
Level / period of study	<i>Bachelor's degree / ___ years Master's degree / ___ years</i>
Structural division (head)	<i>Faculty/Department "<u>Name</u>" Head <u>Full name, position, academic degree, title</u></i>
Main departments (heads of departments)	<i>Department "<u>Public health</u>" Head <u>Full name, position, academic degree, title</u></i>
Dates of the external visit	<i>Date, month, year.</i>
Person responsible for accreditation (tel./fax / e-mail)	<i><u>Full name, position, academic degree, title</u> Contact details</i>

Table 2 continued

PART II	Explanation
Number of ECTS credits	
Duration of study, form of study	Number of semesters, form of study (full-time, distance, mixed)
Start of study	winter semester / summer semester
Date of introduction of the educational programme	Date, month, year
Previous accreditation	Date, validity period, accreditation agency
Requirements for applicants	Requirements in accordance with state and documents of MEO
Further education opportunities (upon completion of the programme)	List EP levels and names
Goals and objectives of the EP	
Brief description of the EP	It is necessary to briefly describe the structure of the EP
Learning outcome	List the final learning outcomes
Specialization	Direction of study

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Additional features	
Number of admitted students	Number of students currently studying at the University
Tuition fee	In local currency
Employment opportunity	Possible career paths

All those responsible for self-assessment and reliability of the material presented in the report should participate in filling out the table "Conclusion of the self-assessment internal commission". Filling in the table should be objective, as well as the information provided in the self-assessment report. The external expert commission also fills out this table, and the results of the comparison of information on these tables are taken into account when discussing the results of accreditation during the visit of the EEC to the MEO.

Table 3

Internal self-assessment committee conclusion

No.	No.	Criteria No.	CRITERIA FOR ASSESSMENT	Position of educational organization			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
		1.	“MISSION AND OUTCOME”				
		1.1	Mission definition				
1	1	1.1.1	The medical educational organization should determine the mission of the educational programme of the postgraduate level				
2	2	1.1.2	The medical education organization should bring the mission of the postgraduate educational programme to the attention of stakeholders and the health sector				
			The medical education organization should determine a training programme that allows to prepare a specialist at the level of postgraduate medical education:				
3	3	1.1.3	competent in any field of medicine, including all types of medical practice, management and health organization				
4	4	1.1.4	able to work for work at a high professional level.				
5	5	1.1.5	able to work unattended, independently and in a team, if necessary.				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

6	6	1.1.6	with a commitment to lifelong learning, including a professional responsibility to maintain knowledge and skills through performance assessment, auditing, self-study and recognized activities in <i>CPD/CME</i> .				
7	7	1.1.7	The medical education organization should ensure that the mission covers consideration of the health needs of the community or society, the needs of the health care system and other aspects of social responsibility, if necessary				
			Medical education organization should be encouraged:				
8	8	1.1.8	innovation in the educational process, allowing the development of broader competencies than the minimum necessary.				
9	9	1.1.9	improving patient care that is necessary, effective and compassionate in addressing health problems and promoting health.				
10	10	1.1.10	organization and conduct of scientific research of students of the postgraduate level.				
		1.2	Participation in the formulation of the mission				
11	11	1.2.1	Medical education organization should ensure that the main stakeholders are involved in the development of the educational programme mission				
2	12	1.2.2	The medical education organization should ensure that the stated mission is based on the opinions / suggestions of other relevant stakeholders.				
		1.3	Institutional autonomy and academic freedom				
13	13	1.3.1	The medical education organization should have a training process that is based on recognized basic and postgraduate medical education and helps to strengthen the professionalism of the student				
14	14	1.3.2	The medical education organization should ensure that the training process will promote professional autonomy to enable the graduate to act in the best interests of the patient and society.				
		1.4	Final learning outcomes				
			The medical education organization should determine the expected learning outcomes that students should achieve in learning outcomes in relation to:				
15	15	1.4.1	their achievements at the postgraduate level in terms of knowledge, skills and thinking;				
16	16	1.4.2	appropriate foundation for a future career in the chosen field of medicine;				
17	17	1.4.3	future roles in the health sector;				
18	18	1.4.4	commitment and skills in the implementation of continuing education;				
19	19	1.4.5	community health needs, health system needs and other aspects of social responsibility;				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

20	20	1.4.6	professional behavior The medical education organization should determine:				
21	21	1.4.7	general and specific to the specialty (discipline) components of educational results that are required to be achieved by students.				
22	22	1.4.8	appropriate behavior towards undergraduates and other students, teachers, patients and their relatives in accordance with the proper norms of behavior.				
23	23	1.4.9	The medical education organization should determine educational results based on the results obtained at the level of basic medical education.				
			Total				
		2	STANDARD "EDUCATIONAL PROGRAMME"				
		2.1	Teaching approach				
			The medical education organization should:				
24	1	2.1.1	define an educational programme based on the results of existing basic medical education, organize a teaching approach in a systematic and transparent manner.				
25	2	2.1.2	describe the general and discipline / specialty-specific components of training.				
26	3	2.1.3	use teaching and learning methods that are suitable for both practice and theory				
27	4	2.1.4	identify the <i>teaching and learning</i> methods used that encourage, prepare and support students to take responsibility for their learning process.				
28	5	2.1.5	ensure that the educational programme is implemented in accordance with the principles of equality.				
29	6	2.1.6	The medical education organization should: have a system / procedures and guide the student through mentoring and regular assessment and feedback.				
30	7	2.1.7	increase the degree of self-responsibility of the student as skills, knowledge and experience improve.				
31	8	2.1.8	Scientific method				
		2.2	The medical education organization should:				
			teach students the principles of scientific methodology in accordance with the level of postgraduate education and provide evidence that the student achieves knowledge and understanding of the scientific base and methods of the chosen field of medicine;				
32	9	2.2.1	provide evidence that the student is exposed to evidence-based medicine as a result of wide access to relevant clinical / practical experience in the chosen field of medicine				
33	10	2.2.2	The medical education organization should:				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			include formal teachings on critical appraisal of literature and scientific evidence in the EP.				
34	11	2.2.3	provide the student with access to scientific activities				
35	12	2.2.4	in the educational programme to correct and change the content of scientific developments.				
36	13	2.2.5	Learning content				
		2.3	The medical education organization should include in the learning process the practice and theory about:				
			biomedical, clinical, behavioral and social sciences				
		2.3.1	clinical solutions				
		2.3.2	communication skills.				
		2.3.3	medical ethics				
37	14	2.3.4	public health				
38	15	2.3.5	medical jurisprudence				
39	16	2.3.6	management disciplines				
40	17	2.3.7	organize an educational programme with appropriate attention to patient safety				
41	18	2.3.8	The medical educational organization should adjust and make changes in the educational programme for:				
			ensuring the development of knowledge, skills and thinking of the different roles of the graduate;				
42	19	2.3.9	correspondence of the content of the EP to the changing conditions and needs of society and the health care system.				
43	20	2.3.10	The structure of the educational programme, composition and duration				
		2.4	STANDARD "EDUCATIONAL PROGRAMME"				
			The medical education organization should :				
44	21	2.4.1	describe the content, volume and sequence of courses and other elements of the educational programme				
45	22	2.4.2	define required and optional components				
46	23	2.4.3	combine practice and theory in the learning process				
47	24	2.4.4	ensure compliance with national legislation				
			The medical education organization should be included in the educational programme:				
48	25	2.4.5	take into account the results of basic medical education in relation to the choice of the field of medicine				
49	26	2.4.6	requirements for the performance of various roles in the health care system for the future graduate				
		2.5	Relationship between education and health practice				
			describe and respect the integration between theoretical training and professional development.				
50	27	2.5.1	Ensure the integration of training and professional training, including through on-the-job training.				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

51	28	2.5.2	The medical education organization should be included in the educational programme:				
			effectively organize the use of the capabilities of the health care system for training purposes, including in terms of providing practice in the workplace.				
52	29	2.5.3	ensure that such training is optional and not subject to the requirements for the provision of medical services.				
53	30	2.5.4	Learning management				
		2.6	The medical education organization should:				
			define responsibilities and authorities for organizing, coordinating, managing and evaluating the individual learning environment and learning process.				
54	31	2.6.1	include in the planning and development of the educational programme proper representation from teaching staff, students and other relevant stakeholders.				
55	32	2.6.2	Medical education organization should be included in the educational programme:				
			guarantee a variety of learning locations.				
56	33	2.6.3	coordinate multiple training locations to obtain appropriate access to different aspects of the chosen field of medicine				
57	34	2.6.4	have access to the resources needed to plan and implement teaching methods.				
58	35	2.6.5	have access to the resources needed to plan and implement student assessment.				
59	36	2.6.6	have access to the resources needed to plan and innovate the training programme.				
60	37	2.6.7	The medical education organization should:				
			Total				
		3	STANDARD “ASSESSMENT OF STUDENTS”				
		3.1	Assessment methods				
			The medical education organization should:				
61	1	3.1.1	present the process of evaluating students in EP				
62	2	3.1.2	define, approve, and publish the <i>principles, methods, and practices used to evaluate students, including the number of exams and other tests, maintaining a balance between written and oral exams, using criteria-based and reasoning-based assessment methods, and special exams</i> and define criteria for establishing passing scores, grades, and the number of allowed retakes;				
63	3	3.1.3	ensure that the assessment covers knowledge, skills, and attitudes to learning;				
64	4	3.1.4	use a wide range of assessment methods and formats depending on the <i>"utility assessment", which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness of the assessment methods and</i>				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			<i>format;</i>				
65	5	3.1.5	formulate criteria for passing exams or other types of assessment, including the number of allowed retakes;				
66	6	3.1.6	<i>use assessment methods that provide formative teaching methods and constructive feedback.</i>				
			Medical education organizations should:				
67	7	3.1.7	<i>document and evaluate the reliability and validity of assessment methods, which requires an appropriate quality assurance process for existing assessment practices;</i>				
68	8	3.1.8	implement new assessment methods in accordance with the need;				
69	9	3.1.9	use the system to appeal the evaluation results.				
70	10	3.1.10	<i>encourage a process of external review of assessment methods;</i>				
71	11	3.1.11	<i>use a system for appealing assessment results;</i>				
72	12	3.1.12	<i>if necessary, organize a “different opinion”, change of teaching staff or additional training</i>				
		3.2	Relationship between assessment and learning				
			The medical education organization should use the principles, methods and practice of assessment, including the educational achievements of students and the assessment of knowledge, skills, professional values of relationships, which:				
73	13	3.2.1	clearly comparable to teaching methods, teaching and learning outcomes;				
74	14	3.2.2	ensure that students achieve the final learning outcomes;				
75	15	3.2.3	contribute to the training of students;				
76	16	3.2.4	provide an appropriate balance between formative and summative assessment to guide learning and <i>measure a student's academic progress, which requires establishing rules for assessing progress and their relationship to the assessment process.</i>				
			Medical education organizations should:				
77	17	3.2.5	use principles, methods and practices that encourage integrated learning;				
78	18	3.2.6	encourage integration with practice, including clinical practice;				
79	19	3.2.7	ensure the provision of timely, specific, constructive and fair feedback to undergraduates based on the results of the assessment.				
			Total				
		4.	STANDARD "STUDENTS"				
		4.1	Admission and selection policy				
			The medical education organization should:				
80	1	4.1.1	define and implement <i>an admission policy based on the mission of the organization and including a clearly defined position on the student selection</i>				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			<i>process;</i>				
81	2	4.1.2	Ensure a balance between <i>learning opportunities and student acceptance</i>				
83	3	4.1.3	formulate and implement policy / rules for the selection of students according to the established criteria				
84	4	4.1.4	have a policy and implement the practice of admitting students with disabilities in accordance with applicable laws and regulations of the country;				
85	5	4.1.5	have a policy of transferring students from other programmes and medical education organizations;				
86	6	4.1.6	include medical professional organizations in the policy development and student selection process.				
			The medical education organization should:				
87	7	4.1.7	guarantee the transparency of the selection procedure;				
88	8	4.1.8	ensure transparent admission to all qualified graduates of basic medical education				
89	9	4.1.9	consider, as part of their selection procedure, the specific opportunities of potential students in order to improve the learning outcome in the chosen field of medicine				
90	10	4.1.10	enable an appeal mechanism on admission decisions				
91	11	4.1.11	periodically review admission policies based on relevant social and professional evidence to meet the health needs of the community and society.				
		4.2	Number of students				
92	12	4.2.1	The medical education organization should determine the number of accepted students in accordance with the material and technical capabilities and capabilities at all stages of education and training.				
			The medical education organization should:				
93	13	4.2.2	consider the number and size of enrolled students in consultation with <i>relevant stakeholders responsible for planning and developing human resources in the health sector.</i>				
94	14	4.2.3	Consulting and support for students				
95	15	4.2.4	The medical education organization should:				
96	16	4.2.5	have an academic advisory policy / system for undergraduates.				
97	17	4.2.6	have policies / mechanisms to support undergraduates focused on social, financial and personal needs, allocating appropriate resources for social and personal support.				
		4.3	guarantee the confidentiality of advice and support provided.				
			provide for the allocation of resources to support undergraduates				
98	18	4.3.1	The medical education organization should provide support in the event of a professional crisis and				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			problem situations.				
99	19	4.3.2	Student representation				
100	20	4.3.3	The medical education organization should determine and implement <i>a policy of student representation and their respective participation</i>				
101	21	4.3.4	in the development of the EP;				
102	22	4.3.5	in the management of the OP;				
			evaluation of the educational programme;				
103	23	4.3.6	planning conditions for students				
104	24	4.3.7	The medical education organization should encourage students to participate in making decisions about the processes, conditions and rules of learning				
		4.4	STANDARD "STUDENTS"				
			Admission and selection policy				
105	25	4.4.1	The medical education organization should:				
106	26	4.4.2	define and implement <i>an admission policy based on the mission of the organization and including a clearly defined position on the student selection process;</i>				
107	27	4.4.3	Ensure a balance between <i>learning opportunities and student acceptance</i>				
108	28	4.4.4	formulate and implement policy / rules for the selection of students according to the established criteria				
109	29	4.4.5	have a policy and implement the practice of admitting students with disabilities in accordance with applicable laws and regulations of the country;				
			Total				
		5.	STANDARD "ACADEMIC STAFF / TEACHERS"				
		5.1	Personnel selection policy				
			The medical education organization should define and implement <i>a selection and staff admission policy that:</i>				
110	1	5.1.1	takes into account the necessary work experience;				
111	2	5.1.2	contains criteria for the scientific, pedagogical and clinical merit of applicants, including the proper balance between pedagogical, scientific and clinical qualifications;				
112	3	5.1.3	defines their responsibilities;				
113	4	5.1.4	defines the responsibilities of training, including the balance between teaching, research and other functions				
114	5	5.1.5	take into account the mission of the EP				
			The medical education organization should take into account such criteria in its policy on the selection and admission of employees as:				
115	6	5.1.6	determine the responsibility of the academic staff in terms of its participation in postgraduate education;				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

116	7	5.1.7	determine the level of remuneration for participation in postgraduate education;				
117	8	5.1.8	ensure that instructors have practical experience in the relevant field;				
118	9	5.1.9	ensure that faculty members in specialized fields are approved for appropriate periods of study, if necessary.				
		5.2	Employee commitment and development				
			The medical education organization should :				
119	10	5.2.1	ensure that students and teachers have sufficient time for teaching, counseling and self-study				
			The medical education organization should :				
120	11	5.2.2	take into account the ratio of "teacher-student" depending on the various components of the educational programme and taking into account the peculiarities of the educational programme;				
121	12	5.2.3	develop and implement a policy to support employees, including self-training and further professional development;				
122	13	5.2.4	evaluate and acknowledge the scientific and academic achievements of teachers.				
			Total				
		6.	STANDARD "EDUCATIONAL ENVIRONMENT AND RESOURCES"				
		6.1	Material and technical base				
			The medical education organization should provide students with:				
123	1	6.1.1	a sufficient <i>material and technical base</i> to ensure adequate implementation of the educational programme, space and opportunities for practical and theoretical research;				
124	2	6.2.2	access to up-to-date professional literature;				
125	3	6.1.3	adequate information and communication technologies;				
126	4	6.1.4	modern equipment for teaching practical methods.				
			The medical education organization should :				
127	5	6.1.5	improve the learning environment by regularly updating, expanding and strengthening the material and technical base and equipment to maintain the appropriate quality of education at the postgraduate level.				
		6.2	Educational environment				
			The medical education organization should provide the necessary resources for the acquisition of adequate practical experience by students, including the following:				
128	6	6.2.1	selection and approval of the educational environment;				
129	7	6.2.2	having access to sufficient clinical / practice tools / facilities to provide training;				
130	8	6.2.3	a sufficient number of patients, where necessary;				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

131	9	6.2.4	appropriate diverse clinical cases to achieve the goals and objectives of training;				
132	10	6.2.5	organization of training in such a way as to provide the student with a wide experience in the chosen field of medicine.				
			When choosing a learning environment, a medical education organization should :				
133	11	6.2.6	guarantee the number of patients and the corresponding varied clinical cases, allowing for clinical experience in all aspects of the chosen specialty, including training in organization and management in the field of health care and disease prevention				
134	12	6.2.7	teaching at a university clinic, as well as teaching at other relevant cinemas / institutions and community facilities / locations, as appropriate.				
		6.3	Information Technology				
135	13	6.3.1	The medical education organization should determine and implement a policy that is aimed at the <i>effective use and assessment of appropriate information and communication technologies in the educational programme.</i>				
			The medical education organization should provide teachers and students with opportunities and encourage them to use information and communication technologies:				
136	14	6.3.2	for self-study				
137	15	6.3.3	access to health information resources and relevant patient data;				
138	16	6.3.4	patient management;				
139	17	6.3.5	work in the health care system to provide medical care.				
		6.4	Medical and scientific research				
			The medical education organization should :				
140	18	6.4.1	introduce the methodology of scientific medical research into the educational programme.				
			The medical education organization should :				
141	19	6.4.2	encourage students to participate in medical scientific research on the state and quality of health of the population and the health care system				
142	20	6.4.3	provide access to research facilities and activities in training locations				
		6.5	Expertise in Education				
			The medical education organization should :				
143	21	6.5.1	develop and implement a policy on the use of expertise at the stage of planning, implementation and evaluation of training for a specific educational programme.				
			The medical education organization should :				
144	22	6.5.2	have access to educational expertise, where necessary, and conduct expertise that examines the processes, practices and issues of medical				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			education and may involve physicians with experience in research in medical education, psychologists and sociologists in education, or experts from other nationalities and international institutions.				
145	23	6.5.3	promote the aspirations and interests of employees in research in medical education.				
		6.6	Exchange in education				
			The medical education organization should define and implement a policy for:				
146	24	6.6.1	the availability of individual training opportunities in other educational institutions of the appropriate level within or outside the country;				
147	25	6.6.2	<i>transfer and offset of educational loans and learning outcomes.</i>				
			The medical education organization should :				
148	26	6.6.3	<i>promote regional and international exchange of staff (academic, administrative and teaching staff) and students, providing appropriate resources;</i>				
149	27	6.6.4	<i>establish links with relevant national and international bodies in order to facilitate exchange and mutual recognition of learning elements.</i>				
			Total				
		7.	STANDARD "ASSESSMENT OF THE EDUCATIONAL PROGRAMME"				
		7.1	Monitoring, control and evaluation mechanisms of the programme				
			The medical education organization should :				
150	1	7.1.1	<i>have a process and outcome monitoring programme that includes 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, and the collection of data is part of the administrative procedures in connection with admission trainees, trainee assessment and completion of training.</i>				
151	2	7.1.2	collect and analyze feedback on the quality of the educational programme from teachers;				
152	3	7.1.3	collect and analyze feedback on the quality of the educational programme from students;				
			The medical education organization should establish and apply mechanisms for evaluating the educational programme, which:				
153	4	7.1.4	are aimed at the educational programme and its main components, including the model of the educational programme, the structure, content and duration of the educational programme, and the use of compulsory and elective parts;				
154	5	7.1.5	are aimed at the progress of the student;				
155	6	7.1.6	<i>identify and address issues that include insufficient achievement of expected learning outcomes;</i>				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

156	7	7.1.7	<i>will assume that the information received on the final learning outcomes, including the identified shortcomings and problems, will be used as feedback for the implementation of measures and corrective action plans, to improve the educational programme and curriculum of disciplines;</i>				
157	8	7.1.8	involve key stakeholders in evaluating curriculum processes and outcomes.				
			The medical education organization should periodically conduct a comprehensive assessment of the educational programme, aimed at:				
158	9	7.1.9	organizational and financial context of the educational process, which includes the organization and resources, the learning environment and the culture of the medical education organization;				
159	10	7.1.10	learning outcomes that will be measured by national exam results, international exams, career choices and further learning outcomes;				
160	11	7.1.11	make the assessment process and results transparent to all stakeholders.				
		7.2	Educational achievements of students				
			The medical education organization should analyze the educational achievements of students, regarding:				
161	12	7.2.1	missions of postgraduate education and the final learning outcomes of the educational programme, which includes information on the average length of study, academic performance points, the frequency of passing and failing in exams, cases of successful completion and expulsion, student reports on the learning conditions on the courses passed, on the time spent to study those of interest areas including optional components;				
162	13	7.2.2	educational programme.				
			The medical education organization should analyze the educational achievements of students in relation to:				
163	14	7.2.3	postgraduate missions;				
164	15	7.2.4	the level of training / qualifications at the time of admission to the medical education organization.				
			The medical education organization should use the analysis of the educational achievements of students to provide feedback to the structural units responsible for:				
165	16	7.2.5	selection of students;				
166	17	7.2.6	planning an educational programme;				
167	18	7.2.7	advising students.				
		7.3	Approval and control of the educational environment				
			The medical education organization must provide evidence that the entire educational programme is				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			approved by the competent authority on the basis of:				
168	19	7.3.1	<i>clearly defined criteria;</i>				
169	20	7.3.2	programme evaluations;				
170	21	7.3.3.	the ability of the authorities to grant or withdraw recognition of the educational environment or theoretical courses (licensing, accreditation, etc.).				
			The medical education organization should :				
171	22	7.3.4	develop and implement a monitoring system for the educational environment and other educational facilities, including site visits and other appropriate means, resources.				
			Total				
		8.	STANDARD “MANAGEMENT AND ADMINISTRATION”				
		8.1	Management				
			The medical education organization should ensure that the educational programme is implemented in accordance with the rules regarding:				
172	1	8.1.1	student admissions				
173	2	8.1.2	structure and content				
174	3	8.1.3	processes				
175	4	8.1.4	evaluation				
176	5	8.1.5	intended results.				
177	6	8.1.6	The medical education organization should document the completion of training by issuing degrees, diplomas, certificates or other official certificates of qualifications provided as the basis for official recognition of a specialist in the chosen field of medicine.				
			The medical education organization should guarantee a continuous assessment of:				
178	7	8.1.7	educational programmes for various types of postgraduate medical education				
179	8	8.1.8	institutes / faculties / departments and other educational structures implementing the learning process				
180	9	8.1.9	teachers				
181	10	8.1.10	The medical education organization should be responsible for quality development programmes.				
			The medical education organization should guarantee:				
182	11	8.1.11	in the future, the application of procedures for checking the outcomes and competencies of graduates for use by both national and international bodies				
183	12	8.1.12	transparency of the work of management structures and their decisions				
		8.2	Academic leadership				
184	13	8.2.1	Medical education organization should clearly define the responsibility of the academic leadership				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			in relation to the development and management of the educational programme.				
			The medical education organization should periodically assess the academic leadership regarding the achievement of:				
185	14	8.2.2	mission of the postgraduate educational programme				
186	15	8.2.3	final learning outcomes for this educational programme.				
		8.3	Funding and resource allocation				
			The medical education organization should :				
187	16	8.3.1	determine the responsibility and authority for managing the budget of the educational programme;				
			The medical education organization should manage the budget in such a way as to comply with:				
188	17	8.3.2	mission and results of the educational programme;				
189	18	8.3.3	ensuring the functional responsibilities of the academic staff and students.				
		8.4	Administrative staff and management				
			The medical education organization should have an <i>appropriate administrative staff, including their number and composition in accordance with qualifications</i> , in order to:				
190	19	8.4.1	ensure the implementation of the educational programme and related activities;				
191	20	8.4.2	ensure proper management and allocation of resources.				
			The medical education organization should :				
192	21	8.4.3	develop and implement an internal management quality assurance programme that includes consideration of needs for improvement;				
193	22	8.4.4	regularly review and review management to improve quality				
		8.5	Requirements and provisions				
194	23	8.5.1	The medical education organization should comply with national legislation regarding the number and types of recognized medical specialties for which approved curricula are developed.				
195	24	8.5.2	The medical education organization should identify approved postgraduate medical education programmes in collaboration with all stakeholders.				
			Total				
		9.	CONSTANT UPDATE				
			The medical education organization as a dynamic and socially responsible institution should :				
196	1	9.1.1	initiate procedures to regularly review and update the structure, functions and quality of the postgraduate medical education programme system;				
197	2	9.1.2	document and fix deficiencies.				
198	3	9.1.3	allocate resources for continuous improvement				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

			The medical education organization should:				
199	4	9.1.4	base the updating process on prospective studies and analyzes and on the results of your own research, assessment and medical education literature;				
200	5	9.1.5	ensure that the renewal and restructuring process results in a revision of postgraduate education policies and practices in line with past experiences, current activities and future prospects.				
201	6	9.1.6	direct the renewal process to adapt the mission statement and end results to the scientific, socio-economic and cultural development of society.				
202	7	9.1.7	direct the renewal process towards modifying graduate learning outcomes in line with the documented needs of the environment and the labor market, including clinical skills, public health training and participation in patient care, in accordance with the responsibilities entrusted to graduates after graduation from MEO.				
203	8	9.1.8	direct the renewal process towards adapting instructional approaches and teaching methods to ensure their relevance and relevance;				
204	9	9.1.9	direct the renewal process to adjust the structure, content and duration of the educational programme and their relationship in accordance with advances in biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health status / structure of population morbidity and socio-economic and cultural conditions, and the process the adjustments will ensure that new relevant knowledge, concepts and methods are incorporated and that outdated ones eliminated.				
205	10	9.1.10	direct the renewal process towards the development of assessment principles and methods, and methods of administration and number of examinations in accordance with changes in learning outcomes and teaching and learning methods.				
206	11	9.1.11	direct the renewal process towards adapting student recruitment policies and selection methods for students, taking into account changing expectations and circumstances, human resource needs, changes in the postgraduate education system and the needs of the educational programme.				
207	12	9.1.12	direct the renewal process to adapt recruitment and academic staffing policies to meet changing needs.				
208	13	9.1.13	direct the renewal process towards updating educational resources in accordance with changing needs, such as enrollment, number and profile of academic staff, curriculum and modern teaching methods.				

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

209	14	9.1.14	direct the updating process to improve the monitoring, control and evaluation of the educational programme.				
210	15	9.1.15	Direct the renewal process towards improving the organizational structure and management principles to ensure effective operation in the face of changing circumstances and needs of postgraduate education, and, in the future, to meet the interests of various groups of stakeholders.				
			Total				
			TOTAL				

Table "Conclusion of the internal self-assessment committee" is assessed for each criterion as follows":

- **"Strong"** is characterized by a high level of indicators of the programme accreditation standard. This position of the standard serves as an example of good practice for dissemination among other MEO.
- **"Satisfactory"** is determined by the average level of indicators of the programme accreditation standard.
- **"Suggests improvement"** is characterized by a low level of indicators of the programme accreditation standard.
- **"Unsatisfactory"** means that the indicators of the MEO do not meet the standard of programme accreditation.

Appendices should include tables, general information about the medical educational organization, information about the accredited educational programme (cluster of programmes), achievements of educational programmes, and a list of materials and documentary evidence submitted for consideration by an external expert group during a visit to the educational organization.

Appendices consist of several types: necessary and additional, documents on the quality assurance system, and basic statistical data. The types of appendices to the self-assessment report are listed below.

➤ **Necessary attachments:**

1. Documents on the organization of the educational process:
 - Rules for teaching and conducting exams.
 - Admission rules.
 - National diploma and diploma supplement.
 - Appendix to the diploma indicating the subjects studied and ECTS.
 - Regulations on the organization and conduct of practices.
2. Documents regulating the content of the educational process:
 - Requirements for the development of an educational programme, work and/or curriculum.
 - Plans for the implementation of the educational programme.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

➤ **Additional attachments:**

- Qualification profiles of the teaching staff.
- Work plan for the entire period of the training programme (goal / implementation).
- Description of the existing and future cooperation agreements (documents on cooperation).
- Document on the formation of the academic staff.
- Decision on previous accreditation, report of the external expert commission, certificate of accreditation, letter from the accreditation agency on the implementation of obligations and recommendations (if applicable).
- Regulatory documents (list of orders of the Ministry of education, etc.).

Documents on the quality assurance system:

- Results of assessment surveys on the workload of students and teachers.
- Student questionnaires (for example, a survey of first-year students at the end of the first semester).
- Students' assessment of the content of training and teaching.
- Information about employment of graduates.

Statistical data (should be transparent, understandable, accessible, verifiable, and verified):

- Data on the current number of students in each discipline as of the date of the self-assessment report.
The results of the exam/s.
- The total number of applicants, the number of accepted students, the number of graduates and the percentage of deductions.
- The number (as a percentage) of international students.
- Gender ratio.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

PART 2

INTERNATIONAL PROGRAMME ACCREDITATION STANDARDS

Main provisions

1 Scope of application

This document defines the regulatory requirements for the main provisions of the standards for international programme accreditation of postgraduate medical education.

This standard is applied during the accreditation procedure of an educational programme of postgraduate medical education of a medical educational organization, regardless of its status, organizational and legal form, forms of ownership and departmental subordination.

This document can also be used:

- a) by medical educational organizations for internal self-assessment and external assessment of the educational programme;
- b) to develop the appropriate regulatory documentation.

2 Regulatory references

This standard uses references to the following normative documents:

2.1 WFME International Standards for the Improvement of the Quality of Education (Basic Medical Education) (Denmark, 2003)

2.2 WHO / WFME Guidelines for the Accreditation of Postgraduate Medical Education (Geneva, Copenhagen, 2005)

2.3 International Standards of the World Federation of Medical Education for improving the quality of postgraduate medical education (WFME, University of Copenhagen, 2012)

2.4 World Federation of Medical Education International Standards for Improving the Quality of Postgraduate Medical Education (WFME, University of Copenhagen, revised 2014)

2.5 WFME International Standards for the Improvement of the Quality of Education (Basic Medical Education) (reprinted without change in content, Denmark, 2017)

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

3 Terms and definitions

The following terms and definitions are used in this standard:

3.1 Accreditation of educational organizations – the procedure for recognition by the accreditation body of compliance of educational services with the established standards (regulations) of accreditation in order to provide objective information about their quality and confirm the existence of effective mechanisms to improve it;

3.2 Accreditation bodies- are legal entities that develop standards (regulations) and conduct accreditation of educational organizations based on the standards (regulations) they have developed);

3.3 Institutional accreditation- is the process of evaluating the quality of an educational organization by an accreditation body for compliance with the declared status and established standards of the accreditation body;

3.4 Medical university – an educational organization that provides an educational programme in the field of medicine and is synonymous with the faculty of medicine, medical college, medical academy, or medical university. A medical university can be a part or branch of a University, or an independent institution.

3.5 International accreditation - the process of evaluating the quality of educational organizations (institutional accreditation) and individual educational programmes (programme accreditation) for compliance with standards for ensuring the quality of education, conducted by a foreign accreditation body;

3.5 Programme accreditation – assessment of the quality of individual educational programmes implemented by an educational organization;

3.7 Accreditation standards (regulations) – documents of the accreditation body that establish requirements for the accreditation procedure.

3.8 Undergraduate-centered learning - is a fundamental principle of the Bologna reforms in higher education, which implies a shift in emphasis in the educational process from teaching (as the main role of the teaching staff in the "translation" of knowledge) to teaching (as an active educational activity of a master's student).

4. Symbols and abbreviations

This standard uses abbreviations in accordance with the regulations specified in paragraph 2.

The following designations and abbreviations are used in this standard:

UNIVERSITY – higher education institution;

ABH – authorized body in the field of healthcare;

ABE – authorized body in the field of education;

IAAR – independent Agency for accreditation and rating

CPD – continuous professional development

CME – continuing medical education

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

OSCE – objective structured clinical examination;

TS – teaching staff;

MM – mass media;

SWOT analysis – analysis of strengths and weaknesses, problems and opportunities of the organization, abbreviation of English words: S (strengths) - strengths, W (weaknesses) - weaknesses, O (opportunities) – opportunities, T (threats) – threats.

5 General provisions

5.1 Main goals of implementing standards for international accreditation of educational programmes:

- implementation of the accreditation model, taking into account international practice of ensuring the quality of education;
- assessment of the quality of professional and educational programmes to improve the competitiveness of the higher postgraduate education system;
- encouraging the development of a quality culture in medical educational institutions;
- promoting the improvement and continuous improvement of the quality of educational programmes of medical educational institutions in accordance with the requirements of a rapidly changing external environment;
- taking into account and protecting the interests of society and the rights of consumers by providing reliable information about the quality of educational programmes;
- use of innovation and research;
- public announcement and dissemination of information about the results of accreditation of the educational programme of postgraduate medical education of medical educational organizations.

5.2 Structure of the standards

The document defines the following set of international standards for postgraduate medical education in accordance with the international standards of the World Federation of Medical Education for improving the quality of postgraduate medical education and the amendments of the World Federation of Medical Education to the International standards for improving the quality of basic medical education (2015, 2017), including 9 standards, 30 sub-standards and 182 criteria that are interrelated.

Standards – extensive components along the structure and process of postgraduate medical education and training

International programme accreditation is carried out on the basis of this document, which consists of standards:

1 "Mission and learning outcomes" standard;

2 "Educational programme" standard;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- 3 "Student assessment" standard;
- 4 "Students" standard;
- 5 "Academic staff/teachers" standard;
- 6 "Educational resources" standard;
- 7 "Educational programme assesment" standard;
- 8 "Management and administration" standard;
- 9 "Constant update" standard;

Sub – standards - are specific aspects of the standard that correspond to performance indicators.

Criteria are developed for each sub-standard using two levels of achievement:

Basic criterion is a criterion that is mandatory for compliance, and its implementation should be demonstrated and proven during the evaluation of the training programme. *Basic criteria are expressed as “should”*.

Quality improvement criteria. The point is that it conforms to the international consensus of best practices in postgraduate medical education. The implementation of these criteria or initiatives for its adoption have been or will be made, should be presented and documented. *Quality improvement criteria are expressed as “should”*.

In total, the document includes 112 basic criteria and 70 quality improvement criteria.

Recommendations are used to clarify, strengthen, or explain terms and expressions in criteria.

6. STANDARDS

1. STANDARD “MISSION AND OUTCOMES”

Criteria for assessment

1.1 Mission definition

1.1.1 The medical educational organization **should** determine the mission of the educational programme of the postgraduate level

1.1.2 The medical education organization **should** bring the mission of the postgraduate educational programme to the attention of stakeholders and the health sector

The medical education organization **should** determine a training programme that allows to prepare a specialist at the level of postgraduate medical education:

1.1.3 competent in any field of medicine, including all types of medical practice, management and health organization

1.1.4 able to work for work at a high professional level.

1.1.5 able to work unattended, independently and in a team, if necessary.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

1.1.6 with a commitment to lifelong learning, including a professional responsibility to maintain knowledge and skills through performance assessment, auditing, self-study and recognized activities in *CPD / CME*.

1.1.7 The medical education organization **should** ensure that the mission covers consideration of the health needs of the community or society, the needs of the health care system and other aspects of social responsibility, if necessary

Medical education organization **should** be encouraged:

1.1.8 innovation in the educational process, allowing the development of broader competencies than the minimum necessary.

1.1.9 improving patient care that is necessary, effective and compassionate in addressing health problems and promoting health.

1.1.10 organization and conduct of scientific research of students of the postgraduate level.

1.2 Participation in the formulation of the mission

1.2.1 The medical education organization **should** ensure that the main stakeholders are involved in the development of the educational programme mission.

1.2.2 The medical education organization should ensure that the stated mission is based on the opinions / suggestions of other relevant stakeholders.

1.3 Institutional autonomy and academic freedom

1.3.1 The medical education organization **should** have a training process that is based on recognized basic and postgraduate medical education and helps to strengthen the professionalism of the student

1.3.2 The medical education organization should ensure that the training process will promote professional autonomy to enable the graduate to act in the best interests of the patient and society.

1.4 Final learning outcomes

The medical education organization **should** determine the expected *learning outcomes* that students should achieve in learning outcomes in relation to:

1.4.1 their achievements at the postgraduate level in terms of knowledge, skills and thinking;

1.4.2 appropriate foundation for a future career in the chosen field of medicine;

1.4.3 future roles in the health sector;

1.4.4 commitment and skills in the implementation of continuing education;

1.4.5 community health needs, health system needs and other aspects of social responsibility;

1.4.6 professional behavior

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

The medical education organization **should** determine:

1.4.7 general and specific to the specialty (discipline) components of educational results that are required to be achieved by students.

1.4.8 appropriate behavior towards undergraduates and other students, teachers, patients and their relatives in accordance with the proper norms of behavior.

1.4.9 The medical education organization should determine educational results based on the results obtained at the level of basic medical education.

Definitions and explanations:

- *The mission provides* a comprehensive framework with which all other aspects of the postgraduate medical education programme should be linked. The mission statement includes general and specific issues related to institutional, national, regional and, as appropriate, global health needs. This document assumes that the mission includes visions for postgraduate medical education.
- *Medical Education Organization (MEO)* – Local and national bodies or bodies involved in the regulation and management of postgraduate medical education, national government agency, national or regional council, university, college, medical society, hospital or hospital system, competent professional organization, or a combination thereof representatives with shared responsibility.
- *Postgraduate medical education* (master's level) is the phase / level of education in which master's students are trained after obtaining a basic medical qualification, and may include various formalized training programmes. Upon completion of a formal postgraduate programme, a degree, diploma or master's certificate is usually awarded.
- *The health sector* includes various health care delivery systems, both public and private, as well as medical research institutions.
- *Continuing medical education (CME)* implies continuous education throughout life, acquiring knowledge and skills in medical practice.
- *Continuing professional development (CPD)* refers to professional activities throughout the life of a specialist, formally and informally, to maintain, renew, develop and enhance their knowledge, skills and thinking in response to the needs of their patients. CPD is a broader concept than CME. However, internationally, there is a tendency to use CPD and CME as synonyms.
- *Reaching and Addressing Community Health Needs* – Engaging with the local community on health and health issues, including to improve the educational programme to meet the community health needs.
- *The chosen field of medicine* implies recognized specialties. The language in the standards recognizes that the number, designation and content of

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

specialties, narrow specializations and areas of expertise vary considerably from country to country.

- *Key stakeholders* are students, programme directors, medical research organizations, clinic administrations, government and professional associations or organizations, and educators.
- *Other relevant stakeholders*, which are representatives of other medical professions, patients, community, organizations and health authorities.
- *Professionalism* describes the knowledge, skills, thinking and behavior expected by patients and society from individuals during the practice of their profession and includes concepts such as the skill of continuous learning and maintaining competence, ethical behavior, honesty, decency, altruism, service to others, adherence to professional codes, fairness and respect for others.
- *Other bodies* are regional and local authorities outside the educational system, religious communities, private companies, unions and other interest groups that can influence the decision of the MOE in such key areas as planning and development of the educational programme, its evaluation, recruitment of students, selection / selection of teachers, and conditions of employment and resource allocation.
- *Educational outcomes* – Learning Outcomes or Competencies, which are regarded as knowledge, understanding, skills, abilities and thinking that should be demonstrated at the end of the learning period by the students.
- *Common components* include general aspects of medicine related to the functions of the graduate in the chosen field of medicine.
- *Discipline / specialty-specific components* – knowledge, skills, thinking of the chosen field of medicine as a specialty, narrow specialty or expert function.
- *Appropriate behavior* implies a written code of ethics adopted by the MEO.

2. STANDARD “EDUCATIONAL PROGRAMME”

Criteria for assessment

2.1 Teaching approach

The medical education organization **should:**

2.1.1 define an educational programme based on the results of existing basic medical education,

2.1.2 organize a teaching approach in a systematic and transparent manner.

2.1.3 describe the general and discipline / specialty-specific components of training.

2.1.4 use teaching and learning methods that are suitable for both practice and theory

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

2.1.5 identify the *teaching and learning methods* used that encourage, prepare and support students to take responsibility for their learning process.

2.1.6 ensure that the educational programme is implemented in accordance with the *principles* of equality.

The medical education organization **should**:

2.1.7 guide the student through mentoring and regular assessment and feedback.

2.1.8 increase the degree of self-responsibility of the student as skills, knowledge and experience improve.

2.2 Scientific method

The medical education organization **should**:

2.2.1 teach students the principles of scientific methodology in accordance with the level of postgraduate education and provide evidence that the student achieves knowledge and understanding of the scientific base and methods of the chosen field of medicine;

2.2.2 provide evidence that the student is exposed to evidence-based medicine as a result of wide access to relevant clinical / practical experience in the chosen field of medicine

The medical education organization **should**:

2.2.3 include formal teachings on critical appraisal of literature and scientific evidence in the EP.

2.2.4 provide the student with access to scientific activities

2.2.5 in the educational programme to correct and change the content of scientific developments.

2.2 Learning content

The medical education organization **should** include in the learning process the practice and theory about:

2.3.1 biomedical, clinical, behavioral and social sciences

2.3.2 clinical solutions

2.3.3 communication skills.

2.3.4 medical ethics

2.3.5 public health

2.3.6 medical jurisprudence

2.3.7 management disciplines

2.3.8 organize an educational programme with appropriate attention to patient safety

The medical educational organization **should** adjust and make changes in the educational programme for:

2.3.9 ensuring the development of knowledge, skills and thinking of the

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

different roles of the graduate;

2.3.10 correspondence of the content of the EP to the changing conditions and needs of society and the health care system.

2.4 The structure of the educational programme, composition and duration

The medical education organization **should**:

2.4.1 describe the content, volume and sequence of courses and other elements of the educational programme

2.4.2 define required and optional components

2.4.3 combine practice and theory in the learning process

2.4.4 ensure compliance with national legislation

The medical education organization **should** be included in the educational programme:

2.4.5 take into account the results of basic medical education in relation to the choice of the field of medicine

2.4.6 requirements for the performance of various roles in the health care system for the future graduate

2.5 Relationship between education and health practice

The medical education organization **should**:

2.5.1 describe and respect the integration between theoretical training and professional development.

2.5.2 ensure the integration of training and professional training, including through on-the-job training.

The medical education organization **should** be included in the educational programme:

2.5.3 effectively organize the use of the capabilities of the health care system for training purposes, including in terms of providing practice in the workplace.

2.5.4 ensure that such training is optional and not subject to the requirements for the provision of medical services.

2.6 Learning management

The medical education organization **should**:

2.6.1 define responsibilities and authorities for organizing, coordinating, managing and evaluating the individual learning environment and learning process.

2.6.2 include in the planning and development of the educational programme proper representation from teaching staff, students and other relevant stakeholders.

Medical education organization should be included in the educational

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

programme:

2.6.3 guarantee a variety of learning locations.

2.6.4 coordinate multiple training locations to obtain appropriate access to different aspects of the chosen field of medicine

2.6.5 have access to the resources needed to plan and implement teaching methods.

2.6.6 have access to the resources needed to plan and implement student assessment.

2.6.7 have access to the resources needed to plan and innovate the training programme.

Definitions and explanations:

- *The teaching approach* refers to the curriculum and includes a statement of intended learning outcomes, content / curriculum, programme experiences and processes, a description of the structure of planned teaching and learning methods and assessment methods. Training, if necessary, can branch from general to more specialized content, and therefore it is necessary to describe what knowledge, skills and thinking the student will receive by choosing a certain educational path.
- *Basic medical education* refers to a basic (university) programme in the field of medicine, delivered by medical schools / faculties / colleges or academies, resulting in a basic level.
- *Teaching and learning methods* includes any didactic, partial, demonstration, mentoring teaching; and teaching methods - lectures, small group sessions, problem or case learning, mentored learning, hands-on exercises, laboratory work, bedside training, clinical demonstrations, laboratory skills training, community field exercises, training online and last but not least practical clinical work as a junior staff member.
- *Equitable training* means equal treatment of staff and students, regardless of gender, ethnicity, religion, sexual orientation or socioeconomic status, and taking into account physical capabilities.
- *Science and method teaching* involves the use of elective research projects to be conducted by the students.
- *Evidence-based medicine* means medicine based on documentation, testing and accepted scientific results.
- *Access to research activities* includes mandatory or optional analytical and experimental research.
- *Basic biomedical science* – depending on local needs, interests, and traditions – usually includes anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology,

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

parasitology, and virology), molecular biology, pathology, pharmacology, and physiology.

- *Clinical science* includes clinical or laboratory disciplines (medical specialty, narrow specialty or expert function) and in addition other relevant clinical / laboratory disciplines in accordance with local needs, interests and traditions.
- *The behavioral and social sciences* typically include biostatistics, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine, and provide the knowledge, concepts, methods, skills necessary to understand socio-economic, demographic and cultural determinants of the causes, distribution and consequences of health problems.
- *The general structure* includes a sequence of courses, disciplines and other EP elements.
- *Combining practice and theory* includes didactic training sessions and hands-on experience under the guidance of a mentor / faculty member.
- *Other relevant stakeholders* are other participants in the learning process, representatives of other professions in health care and in health system management.
- *Training in multiple locations* implies the use of different bases by patient category, degree of specialization (for example, primary care, specialized care, highly specialized care), hospitals and outpatient clinics, etc.

3. STANDARD “ASSESSMENT OF STUDENTS”

Criteria for assessment

3.1 Assessment methods

The medical educational organization **should:**

3.1.1 present the process of evaluating students in EP

3.1.2 define, approve, and publish *the principles, methods, and practices used to assess students, including the number of exams and other tests, maintaining a balance between written and oral exams, using criteria-based and reasoning-based assessment methods and special exams*, and define criteria for establishing passing scores, grades, and the number of allowed retakes;

3.1.3 ensure that the assessment covers knowledge, skills, and attitudes to learning;

3.1.4 use a wide range of assessment methods and formats depending on the *"utility assessment"*, which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness of the assessment methods and format;

3.1.5 formulate criteria for passing exams or other types of assessment, including the number of allowed retakes;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

3.1.6 use assessment methods that provide formative teaching methods and constructive feedback.

The medical educational organization **should:**

3.1.7 document and evaluate the reliability and validity of assessment methods, which requires an appropriate quality assurance process for existing assessment practices;

3.1.8 implement new assessment methods in accordance with the need;

3.1.9 use the system to appeal the evaluation results.

3.1.10 encourage a process of external review of assessment methods;

3.1.11 use the system to appeal the evaluation results.

3.1.12 if necessary, organize a "different opinion", change of teaching staff or additional training

3.2 Relationship between assessment and learning

The medical education organization **should** *use the principles, methods and practice of assessment, including the educational achievements of students and the assessment of knowledge, skills, professional values of relationships*, which:

3.2.1 clearly comparable to teaching methods, teaching and learning outcomes;

3.2.2 ensure that students achieve their final learning outcomes;

3.2.3 promote student learning;

3.2.4 provide an appropriate balance between formative and summative assessment to manage learning and *evaluate the student's academic progress, which requires establishing rules for evaluating progress and their relationship to the assessment process.*

Medical education organizations **should:**

3.2.5 use principles, methods and practices that encourage integrated learning;

3.2.6 encourage integration with practice, including clinical practice;

3.2.7 ensure the provision of timely, specific, constructive and fair feedback to undergraduates based on the results of the assessment.

Definitions and explanations:

- *Determining the methods* used for assessment may include considering the balance between formative, summative and final grades, the number of exams and other tests, the balance between different types of examinations, the use of standards and criteria, and the use of portfolio and specific types of exams, such as the objective structured clinical exam (OSCE) and the mini clinical evaluation exercises (MiniCEX).
- *Learning assessment methods* involves assessing how assessments contribute to preparation and learning.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- *Evaluating and documenting the reliability and validity of assessment methods* will require an appropriate quality assurance process for assessment practices.
- The use of *external examiners* can increase the fairness, quality and transparency of the assessment.
- “*Evaluation utility*” is a combination of validity, reliability, learning impact, acceptability and effectiveness of evaluation methods and formats in relation to intended results.
- *Assessment principles, methods and practices* refer to the process of creating student assessment and include assessment in all areas: knowledge, skills and attitudes.
- *Encouraging Integrated Learning* is the consideration of assessment as a combination of knowledge, skills, and thinking / attitudes across different disciplines, while ensuring adequate testing of specific disciplines or subject areas.

4. STANDARD “STUDENTS”

Criteria for assessment

4.1 Admission and selection policy

The medical education organization **should:**

4.1.1 define and implement an *admission policy* based on the mission of the organization and including a clearly defined position on the *student selection process*;

4.1.2 Ensure a balance *between learning opportunities and student acceptance*

4.1.3 formulate and implement policy / rules for the selection of students according to the established criteria

4.1.4 have a policy and implement the practice of admitting students with disabilities in accordance with applicable laws and regulations of the country;

4.1.5 have a policy of transferring students from other programmes and medical education organizations;

4.1.6 include medical professional organizations in the policy development and student selection process.

The medical education organization **should:**

4.1.7 guarantee the transparency of the selection procedure;

4.1.8 ensure transparent admission to all qualified graduates of basic medical education

4.1.9 consider, as part of their selection procedure, the specific opportunities of potential students in order to improve the learning outcome in the chosen field of medicine

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- 4.1.10 enable an appeal mechanism on admission decisions
- 4.1.11 periodically review admission policies based on relevant social and professional evidence to meet the health needs of the community and society.

4.2 Number of students

4.2.1 The medical education organization **should** determine the number of accepted students in accordance with the material and technical capabilities and capabilities at all stages of education and training.

The medical education organization **should**:

4.2.2 periodically review the number and size of enrolled trainees in consultation with *relevant stakeholders responsible for planning and developing human resources in the health sector*,

4.2.3 adapt the number of potential specialists, taking into account the available information on the health needs of the society.

4.2.4 Regulate the number of potential students, taking into account the available information on the number of qualified candidates;

4.2.5 Regulate the number of potential students, taking into account the available information on national and international labor markets.

4.2.6 Regulate the number of potential trainees, taking into account the inherent unpredictability of the exact labor requirements of specialists in various fields of medicine.

4.3 Consulting and support for students

The medical education organization **should**:

4.3.1 have a system of *academic counseling for their students*;

4.3.2 offer a student support programme that addresses *social, financial and personal needs, which includes support for social and personal problems and events, health and financial issues, access to health care, immunization programmes and health insurance, and financial assistance services in the form of material assistance, scholarships and loans*;

4.3.3 allocate resources to support students;

4.3.4 ensure confidentiality regarding counseling and support.

4.3.5 offer career guidance and career planning.

Medical education organization **should** provide counseling that:

4.3.6 based on the monitoring and control of the student's progress, including the analysis of unintended incidents;

4.3.7 provide support in the event of a professional crisis.

4.4 Student representation

The medical education organization **should** determine and implement *a policy*

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

of student representation and their respective participation

4.4.1 in the development of the EP;

4.4.2 in the management of the OP;

4.4.3 evaluation of the educational programme;

4.4.4 planning conditions for students

4.4.5 The medical education organization **should** encourage students to participate in making decisions about the processes, conditions and rules of learning

Definitions and explanations:

- The *admission policy* implies certain rules based on national legislation, adapted to local conditions.
- *Selection criteria* may include consideration of balanced admission based on gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need for a policy of special recruitment, admission and registration for rural groups of doctors and minorities.
- *The student selection process* will include both rationale and selection methods such as medical school results, other academic or educational experience, entrance exams and interviews, including assessing the motivation for studying in the chosen field of medicine.
- *Admission policies for students with disabilities* should be developed in accordance with national laws and regulations, and take into account the safety of doctors and patients.
- *The transfer of students* implies students from other educational programmes.
- *The revision of the admission policy* implies an assessment of the selection criteria to determine the ability of students to be competent in the chosen field of medicine, as well as the relevant social and professional characteristics of potential students in order to meet the needs of healthcare and society.
- *The decision on the number of students* means the need to meet the national requirements for the number of medical personnel within the chosen field of medicine.
- *Relevant stakeholders* will include those responsible for planning and human resource development in the local and national health sector, as well as experts and organizations on global aspects of human resources for health (such as inadequacy and unequal distribution of the health workforce, migration of doctors, opening of new medical schools) and regulate to meet the health needs of the population and society as a whole.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- *Community health needs* will include consideration of gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need for special recruitment, admission and motivation policies for rural doctors and minorities
- *Forecasting health workforce needs* – assessing different market and demographic forces, and research and distribution of physicians.
- *Academic counseling* is a process associated with the choice of a postgraduate educational programme. The organization of counseling usually includes the appointment of academic mentors and should be done in collaboration with professional medical organizations.
- *Addressing social, financial and personal needs* will mean professional support for social, personal, housing, health and financial issues; and includes access to clinics, immunization programmes and health / life / disability insurance, as well as financial assistance in the form of scholarships, grants and loans.
- *Student representation* refers to the participation of students in groups or committees responsible for planning and implementing a programme at the local or national level.
- *Rewarded positions / scholarships* – these can be various types of remuneration, and can include paid internships, training in other organizations, etc.
- *Participation in all types of medical activities related to education* means the dedication of professional activities to practical training and theoretical teaching.

5. STANDARD “ACADEMIC STAFF / TEACHERS”

Criteria for assessment

5.1 Personnel selection policy

The medical education organization **should** define and implement a *selection and staff admission policy* that:

5.1.1 takes into account the necessary work experience;

5.1.2 contains criteria for the scientific, pedagogical and clinical merit of applicants, including the proper balance between pedagogical, scientific and clinical qualifications;

5.1.3 defines their responsibilities;

5.1.4 defines the responsibilities of training, including the balance between teaching, research and other functions

5.1.5 take into account the mission of the EP

The medical education organization **should** take into account such criteria in its policy on the selection and admission of employees as:

5.1.6 determine the responsibility of the academic staff in terms of its

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

participation in postgraduate education;

5.1.7 determine the level of remuneration for participation in postgraduate education;

5.1.8 ensure that instructors have practical experience in the relevant field;

5.1.9 ensure that faculty members in specialized fields are approved for appropriate periods of study, if necessary.

5.2 Employee commitment and development

The medical education organization **should**:

5.2.1 ensure that students and teachers have sufficient time for teaching, counseling and self-study

The medical education organization **should**:

5.2.2 take into account the ratio of "teacher-student" depending on the various components of the educational programme and taking into account the peculiarities of the educational programme;

5.2.3 develop and implement a policy to support employees, including self-training and further professional development;

5.2.4 evaluate and acknowledge the scientific and academic achievements of teachers.

Definitions and explanations:

- Human resources policy means ensuring a sufficient number of highly qualified teachers and scientists to carry out the training programme.
- Practical experience implies recognition as a specialist in the relevant field of medicine.
- Other responsibilities include administrative functions as well as educational and research responsibilities.
- Teachers of narrow specialties will teach only in a narrow field without obligations to the general programme.
- Time for training, counseling and self-study involves a balance between different types of workloads and will require coordination of work schedules.
- Recognition of scientific, academic activity will be possible through awards, incentives and / or rewards.

6. STANDARD "EDUCATIONAL ENVIRONMENT AND RESOURCES"

Criteria for assessment

6.1 Material and technical base

The medical education organization should provide students with:

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

6.1.1 a sufficient material and technical base to ensure adequate implementation of the educational programme, space and opportunities for practical and theoretical research;

6.1.2 access to up-to-date professional literature;

6.1.3 adequate information and communication technologies;

The medical education organization should:

6.1.4 modern equipment for teaching practical methods.

6.1.5 improve the learning environment by regularly updating, expanding and strengthening the material and technical base and equipment to maintain the appropriate quality of education at the postgraduate level.

6.2 Educational environment

The medical education organization **should** provide the necessary resources for the acquisition of adequate practical experience by students, including the following:

6.2.1 selection and approval of the educational environment;

6.2.2 having access to sufficient clinical / practice tools / facilities to provide training;

6.2.3 a sufficient number of patients, where necessary;

6.2.4 appropriate diverse clinical cases to achieve the goals and objectives of training;

6.2.5 organization of training in such a way as to provide the student with a wide experience in the chosen field of medicine.

When choosing a learning environment, a medical education organization **should**:

6.2.6 guarantee the number of patients and the corresponding varied clinical cases, allowing for clinical experience in all aspects of the chosen specialty, including training in organization and management in the field of health care and disease prevention

6.2.7 teaching at a university clinic, as well as teaching at other relevant cinemas / institutions and community facilities / locations, as appropriate.

6.3 Information Technology

6.3.1 The medical education organization **should** determine and implement a policy that is aimed at the effective use and assessment of appropriate information and communication technologies in the educational programme.

The medical education organization **should** provide teachers and students with opportunities and encourage them to use information and communication technologies:

6.3.2 for self-study

6.3.3 access to health information resources and relevant patient data;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

6.3.4 patient management;

6.3.5 work in the health care system to provide medical care.

6.4 Medical and scientific research

The medical education organization **should**:

6.4.1 introduce the methodology of scientific medical research into the educational programme.

The medical education organization **should**:

6.4.2 encourage students to participate in medical scientific research on the state and quality of health of the population and the health care system

6.4.3 provide access to research facilities and activities in training locations

6.5 Expertise in Education

The medical education organization **should**:

6.5.1 develop and implement a policy on the use of expertise at the stage of planning, implementation and evaluation of training for a specific educational programme.

The medical education organization **should**:

6.5.2 have access to educational expertise, where necessary, and conduct expertise that examines the processes, practices and issues of medical education and may involve physicians with experience in research in medical education, psychologists and sociologists in education, or experts from other nationalities and international institutions.

6.5.3 promote the aspirations and interests of employees in research in medical education.

6.6 Exchange in education

The medical education organization **should** define and implement a policy for:

6.6.1 the availability of individual training opportunities in other educational institutions of the appropriate level within or outside the country;

6.6.2 *transfer and offset of educational loans and learning outcomes*

The medical education organization **should**:

6.6.3 promote regional and international exchange of staff (academic, administrative and teaching staff) and students, providing appropriate resources;

6.6.4 establish links with relevant national and international bodies in order to facilitate exchange and mutual recognition of learning elements.

Definitions and explanations:

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- The material and technical support in places of training may include lecture halls, classrooms, laboratories, libraries, information technology equipment, and recreational facilities, where appropriate.
- Educational environments can be clinics with an adequate combination of primary, secondary and tertiary services, sufficient patient rooms and laboratories, outpatient services (including primary care), primary health care facilities, medical centers and other health care settings, and professional laboratories.
- Community facilities include primary care centers or stations, nursing homes, special clinics, specialist practices, and other facilities where health care is provided for a specific geographic area.
- The policy for the effective use of information and communication technologies includes all the necessary resources (computers, internal and external networks and other means of communication) and implies the use of the library's services.
- The use of information and communication technologies can be part of education for evidence-based medicine and to prepare students for continuing medical education and professional development.
- Medical and scientific research refers to scientific research at the basic level of the life sciences, clinical, behavioral and social sciences. Medical science refers to the academic achievement of cutting-edge medical knowledge and research. The foundation of the medical research postgraduate educational programme will be provided by research activities within the learning environment or affiliated institutions and / or scholarship and scientific competencies of the teaching staff.
- The education expertise addresses issues related to postgraduate medical education processes and practices and assessments, and includes experts with experience in medical education, educational psychologists and sociologists, etc. the examination can be carried out by the educational department of a medical education organization or be obtained from another national or international organization.
- Educational research explores teaching effectiveness and teaching methods, and the broader institutional context.
 - Transfer of learning outcomes can be done through active programme coordination between institutes / universities and the use of credits.

7. STANDARD “ASSESSMENT OF THE EDUCATIONAL PROGRAMME”

Criteria for assessment

7.1 Monitoring, control and evaluation mechanisms of the programme

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

The medical education organization **should**

7.1.1 *have a process and outcome monitoring programme that includes 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, and the collection of data is part of the administrative procedures in connection with admission trainees, trainee assessment and completion of training.*

7.1.2 collect and analyze feedback on the quality of the educational programme from teachers;

7.1.3 collect and analyze feedback on the quality of the educational programme from students;

The medical education organization **should** establish and apply mechanisms for evaluating the educational programme, which:

7.1.4 *are aimed at the educational programme and its main components, including the model of the educational programme, the structure, content and duration of the educational programme, and the use of compulsory and elective parts;*

7.1.5 are aimed at the progress of the student;

7.1.6 *identify and address issues that include insufficient achievement of expected learning outcomes;*

7.1.7 will assume that the information received on the final learning outcomes, including the identified shortcomings and problems, will be used as feedback for the implementation of measures and corrective action plans, to improve the educational programme and curriculum of disciplines;

7.1.8 involve key stakeholders in evaluating curriculum processes and outcomes.

The medical education organization **should** periodically conduct a comprehensive assessment of the educational programme, aimed at:

7.1.9 organizational and financial context of the educational process, which includes the organization and resources, the learning environment and the culture of the medical education organization;

7.1.10 learning outcomes that will be measured by national exam results, international exams, career choices and further learning outcomes;

7.1.11 make the assessment process and results transparent to all stakeholders.

7.2 Educational achievements of students

The medical education organization **should** analyze the educational achievements of students, regarding:

7.2.1 *missions of postgraduate education and learning outcomes of the educational programme, which includes information on the average length of*

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

study, academic performance points, the frequency of passing and failing in exams, cases of successful completion and expulsion, student reports on the learning conditions on the courses passed, on the time spent to study those of interest areas including optional components;

7.2.2 educational programme.

The medical education organization **should** analyze the educational achievements of students regarding:

7.2.3 postgraduate missions;

7.2.4 the level of training / qualifications at the time of admission to the medical education organization.

The medical education organization **should** use the analysis of the educational achievements of students to provide feedback to the structural units responsible for:

7.2.5 selection of students;

7.2.6 planning an educational programme;

7.2.7 advising students.

7.3 Approval and control of the educational environment

The medical education organization **must** provide evidence that the entire educational programme is approved by the competent authority on the basis of:

7.3.1 clearly defined criteria;

7.3.2 programme evaluations;

7.3.3 the ability of the authorities to grant or withdraw recognition of the educational environment or theoretical courses (licensing, accreditation, etc.).

The medical education organization **should**:

7.3.4 develop and implement a monitoring system for the educational environment and other educational facilities, including site visits and other appropriate means, resources.

Definitions and explanations:

- *Programme evaluation* is the process of systematically collecting information to analyze and determine the effectiveness and adequacy of the EP. Evaluation of the EP should be carried out using reliable and reliable methods of collecting and analyzing data to determine the quality of training in relation to the mission, training programme, achievement of the final learning outcomes. The involvement of medical education experts and their assessment will further expand the evidence base for the quality of postgraduate education.
- *Programme monitoring* involves regularly collecting data on key aspects of the study programme to ensure that learning is progressing as planned and to

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

identify any areas of intervention. Data collection is part of the administrative procedures for enrollment, assessment, and programme completion.

- *Feedback on the programme* includes information about the processes and products of the educational programme. It also includes information on the negligence or inappropriate behavior of teachers or students, with or without legal consequences. The report includes information from students about the situation in the courses.
- *Objects of training* – bases, clinics, departments, laboratories, etc., where training takes place.
- *Issues identified* include insufficient achievement of intended learning outcomes. Measures and information on learning outcomes, including identified gaps and problems, should be used as feedback for activities and corrective action plans, programme development and further improvement.
- *The main stakeholders* are educators, students and health authorities.
- *The components of the learning process* include organization, as well as resources and educational environment.
- *The learning process* includes the structure and specific components of the programme.
- *Overall results* are measured, for example, in national specialized examinations, benchmarking procedures, international examinations, or employment. Their analysis based on the results of various exams creates the basis for programme improvement.
- *Other stakeholders* – In addition to the main stakeholders - include medical professional organizations, other professionals, health authorities and bodies involved in the training of physicians and allied medical personnel, clinic leaders, patients and patient organizations.
- *The assessment of student performance* includes information on the average actual duration of training, points, the frequency of passing and failing on the exam, the frequency of success and termination of training, as well as the time spent by students on preparation.
- *Counseling* includes academic, personal and social support, and career guidance.
- The criteria are the minimum values for the number and diversity of patients, clinical and laboratory equipment, libraries, IT capabilities and faculty.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

8. STANDARD “MANAGEMENT AND ADMINISTRATION”

Criteria for assessment

8.1 Management

The medical education organization **should** ensure that the educational programme is implemented in accordance with the rules regarding:

8.1.1 student admissions

8.1.2 structure and content

8.1.3 processes

8.1.4 evaluation

8.1.5 intended results.

8.1.6 The medical education organization must document the completion of training by issuing degrees, diplomas, certificates or other official certificates of qualifications provided as the basis for official recognition of a specialist in the chosen field of medicine.

The medical education organization **should** guarantee a continuous assessment of:

8.1.7 educational programmes for various types of postgraduate medical education

8.1.8 institutes / faculties / departments and other educational structures implementing the learning process

8.1.9 teachers

The medical education organization **should** be responsible for quality development programmes.

8.1.10 in the future, the application of procedures for checking the outcomes and competencies of graduates for use by both national and international bodies

8.1.11 transparency of the work of management structures and their decisions

8.2 Academic leadership

8.2.1 Medical education organization **should** clearly define the responsibility of the *academic leadership* in relation to the development and management of the educational programme.

The medical education organization **should** periodically assess the academic leadership regarding the achievement of:

8.2.2 mission of the postgraduate educational programme

8.2.3 final learning outcomes for this educational programme.

8.3 Funding and resource allocation

The medical education organization **should**:

8.3.1 determine the responsibility and authority for managing the budget of the educational programme;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

The medical education organization **should** manage the budget in such a way as to comply with:

8.3.2 mission and results of the educational programme;

8.3.3 ensuring the functional responsibilities of the academic staff and students.

8.4 Administrative staff and management

The medical education organization **should** have an appropriate administrative staff, including their number and composition in accordance with qualifications, in order to:

8.4.1 ensure the implementation of the educational programme and related activities;

8.4.2 ensure proper management and allocation of resources.

The medical education organization **should**:

8.4.3 develop and implement an internal management quality assurance programme that includes consideration of needs for improvement;

8.4.4 regularly review and review management to improve quality

8.5 Requirements and provisions

8.5.1 The medical education organization **should** comply with national legislation regarding the number and types of recognized medical specialties for which approved curricula are developed.

8.5.2 The medical education organization **should** identify approved postgraduate medical education programmes in collaboration with all stakeholders.

Definitions and explanations:

- *Management* means the act and / or structure governing the postgraduate programme and the institutions / faculties / divisions involved. Governance is primarily concerned with policy development, institutional and academic policy creation processes, and policy enforcement. Institutional and academic policies typically cover aspects such as the EP's mission, student recruitment policies, recruitment and selection policies, and decisions on interaction and linkages with practical health care, and other external relations.
- *Recognition as a competent specialist* – the level of preparedness of a graduate who has the right to independent practice as specialists, narrow specialists or experts.
- *Transparency* can be ensured through the dissemination of information through the website, information systems, print media, etc. at the same time, all participants in the process are aware of the management decision and can discuss it.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- *Academic leadership* is positions and persons in management and in management structures who are responsible for decisions on professional issues in the implementation of the programme.
- *The management of the study programme budget* depends on the budgetary practice in each organization and each country and will be linked to a transparent budget plan for the study programme.
- *Administrative staff* are positions and persons related to management and management structures who are responsible for administrative support in the adoption and implementation of policies and plans and, depending on the organizational structure of the administration, consist of the head and staff of the office or secretariat of programme representatives and professional leadership, financial managers, personnel from budget and accounting departments, officials and employees from planning departments, personnel management and IT specialists.
- *An internal quality control programme* involves consideration of the need for management review and further improvement.
- *A national authority* is established in accordance with national legal rules and regulations and is a government unit, organization, or other regulatory or professional body.
- *Relevant stakeholders* are national and local health authorities, universities, medical professional organizations and the public.

9. STANDARD “CONSTANT UPDATE”

Criteria for assessment

The medical education organization as a dynamic and socially responsible institution **should**:

9.1.1 initiate procedures to regularly review and update the structure, functions and quality of the postgraduate medical education programme system;

9.1.2 document and fix deficiencies.

9.1.3 allocate resources for continuous improvement

The medical education organization **should**:

9.1.4 base the updating process on prospective studies and analyzes and on the results of your own research, assessment and medical education literature;

9.1.5 ensure that the renewal and restructuring process results in a revision of postgraduate education policies and practices in line with past experiences, current activities and future prospects.

9.1.6 direct the renewal process to adapt the mission statement and end results to the scientific, socio-economic and cultural development of society.

9.1.7 direct the renewal process towards modifying graduate learning

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

outcomes in line with the documented needs of the environment and the labor market, including clinical skills, public health training and participation in patient care, in accordance with the responsibilities entrusted to graduates after graduation from MEO.

9.1.8 direct the renewal process towards adapting instructional approaches and teaching methods to ensure their relevance and relevance;

9.1.9 direct the renewal process to adjust the structure, content and duration of the educational programme and their relationship in accordance with advances in biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health status / structure of population morbidity and socio-economic and cultural conditions, and the process the adjustments will ensure that new relevant knowledge, concepts and methods are incorporated and that outdated ones removed.

9.1.10 direct the renewal process towards the development of assessment principles and methods, and methods of administration and number of examinations in accordance with changes in learning outcomes and teaching and learning methods.

9.1.11 direct the renewal process towards adapting student recruitment policies and selection methods for students, taking into account changing expectations and circumstances, human resource needs, changes in the postgraduate education system and the needs of the educational programme.

9.1.12 direct the renewal process to adapt recruitment and academic staffing policies to meet changing needs.

9.1.13 direct the renewal process towards updating educational resources in accordance with changing needs, such as enrollment, number and profile of academic staff, curriculum and modern teaching methods.

9.1.14 direct the updating process to improve the monitoring, control and evaluation of the educational programme.

9.1.15 direct the renewal process towards improving the organizational structure and management principles to ensure effective operation in the face of changing circumstances and needs of postgraduate education, and, in the future, to meet the interests of various groups of stakeholders.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

List of reference

1. Standards and guidelines for quality assurance systems in the European Higher Education Area. European Association for Quality Assurance in Higher Education. Helsinki, Finland 2005, 36 p.
2. MacCarrick G. (2011) A practical guide to using the World Federation for Medical Education standards. WFME 2: educational programme. *Ir. J Med Sci.* (2010) 179 (4):489–491. E-Pub 2010 Sep 17 (Received 10.10.2011 from Springer).
3. World Federation for Medical Education (2012) Basic Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2012 Revision)
4. WHO/WFME (2005) Guidelines for Accreditation of Basic Medical Education. Geneva/Copenhagen, 2005.
5. World Federation for Medical Education (2007) Global Standards for Quality Improvement in Medical Education. European Specifications For Basic and Postgraduate Medical Education and Continuing Professional Development. MEDINE Quality Assurance Task Force, WFME Office, University of Copenhagen, Denmark.
6. World Federation for Medical Education (2005) Promotion of Accreditation of Basic Medical Education A Programme within the Framework of the WHO/WFME Strategic Partnership to Improve Medical Education. WFME Office, the Panum Institute Faculty of Health Sciences, University of Copenhagen, 2005.
7. World Federation for Medical Education (1998) International standards in medical education: assessment and accreditation of medical schools' - educational programmes. A WFME position paper. The Executive Council, the World Federation for Medical Education. *Med Educ.* 1998 Sep.; 32(5):549-58.
8. H. Hallila et al. WFME International Standards for Quality Improvement in Medical Education: European Specification, Denmark, 2007, 80 p.
9. World Federation for Medical Education (2015) Basic Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2017 Revision)

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Recommended sample of the visit programme

AGREED
 Rector _____
(title of medical institution of education)
 _____ Full name
 «___» _____ 201_

APPROVED
 Director ,
 Non-profit institution “Independent Agency
 for Accreditation and Rating”
 _____ Zhumagulova A.B.
 «___» _____ 201_

**VISIT PROGRAMME
 OF THE EXTERNAL EXPERT PANEL OF IAAR
 AT _____**
title of medical institution of education

Date of the visit: ____ _____ 201__
Arrival day: _____ 201__
Departure day: _____ 201__

**Accredited EP
 (for programme accreditation)**

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

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Date and time	EEP work with target groups	Full name and position of target group members	Venue
«__» _____ 201__			
During the day	Check in of EEP members		Hotel
16.00-18.00	Preliminary meeting of EEP (distribution of responsibilities, discussion of key issues and the visit programme)	<i>IAAR external experts</i>	Hotel
18.00-19.00	Dinner (only EEP members)	<i>IAAR external experts</i>	
Day 1: «__» _____ 201__			
9.00-9.30	Discussion of organizational issues with experts	<i>IAAR external experts</i>	Main building, room for IAAR's EEP
9.30-10.00	Meeting with the head of the institution of education	<i>Manager (Full name)</i>	Room of the Head of the institution of education
10.00-10.30	Meeting with deputy heads of the institution of education (Vice-Rector, Deputy Director, Vice-Presidents)	<i>Position, Full name</i>	Main building, conference-hall
10.30-11.15	Meeting with heads of structural units of the institution of education	<i>Position, Full name (or Appendix no.__)</i>	Main building, conference-hall
11.15-11.30	Coffee break with internal discussions	<i>Only EEP members</i>	EEP room
11.30-12.45	Visual inspection of the institution of education (<i>in the case of Programme accreditation, only entities under the accredited education programme</i>)	<i>Position, Full name</i>	Based on itinerary
13.00-14.00	Lunch (only EEP members)	Lunch	
14.00-14.15	EEP work		EEP room
14.15-15.00	Meeting with heads of EP under accreditation	<i>Position, Full name (or Appendix no.__)</i>	Main building, conference-hall
15.00-15.45	Meeting with heads of EP departments under accreditation	<i>Position, Full name (or Appendix no.__)</i>	Main building, conference-hall

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

15.45-16.00	Coffee break with internal discussions	<i>Only EEP members</i>	
16.00-17.00	Meeting with teachers of EP under accreditation	<i>List of teachers (Appendix no. __)</i>	Cluster 1: lecture theatre no. 1 Cluster 2: lecture theatre no. 2 Cluster 3: lecture theatre no.3
17.00-18.00	Questionnaire survey of teachers (in parallel)	<i>Faculty of EPs under accreditation</i>	Computer rooms no. 513-519
17.00-18.00	EEP work (discussion of the results and summary of the Day 1 outcomes)		EEP room
18.00-19.00	Dinner (only EEP members)		
Day 2: «__» _____ 201__			
09.00-09.30	EEP work (discussion of organizational issues with experts)		EEP room
09.30-12.30	Meeting with graduating departments of EP (<i>in case of programme accreditation</i>)	<i>Position, Full name</i>	Academic building no. 5 Academic building no. 2
09.30-12.30	Visiting lectures	<i>According to the schedules of EP under accreditation</i>	Academic building no. 2, 5
12.30-13.00	EEP work (exchange of opinions)		EEP room
13.00-14.00	Lunch (only EEP members)	Lunch	
14.00-15.00	Meeting with students	<i>Students of EP under accreditation (Appendix no. __)</i>	Cluster 1: lecture theatre no. 1 Cluster 2: lecture theatre no. 2 Cluster 3: lecture theatre no.3
15.00-16.00	Questionnaire survey of students (in parallel)	<i>Students of EP under accreditation</i>	Computer rooms no. 513-519
15.00-16.00	Meeting with employers	<i>Representatives of state and financial institutions, managers of industrial enterprises and organizations (Appendix no. __)</i>	Lecture theatre no. 1
16.00-16.30	Coffee break with internal discussions	<i>Only EEP members</i>	EEP room
16.30-17.00	Meeting with graduates of EP	Graduates - representatives for each EP (Appendix no. __)	Lecture theatre no. 1

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

17.00-18.00	EEP Work (discussion of the estimated parameters of the profile, discussion of the results and summary of the Day 2 outcomes)	<i>Only EEP members</i>	EEP room
18.00-19.00	Dinner (only EEP members)		
Day 3: «__» _____ 201__			
09.00-09.30	EEP work (discussion of organizational issues)		EEP room
09.30-12.30	Visiting on-the-job training venues, branches of departments (clinical bases, educational and clinical centers)	<i>Full name, on-the-job training venues</i>	<i>Appendix №_</i>
12.30-13.00	EEP work (collective discussion and preparation of an oral preliminary review of the EEP visit outcomes)		EEP room
13.00-14.00	Lunch (only EEP members)	<i>Lunch</i>	
14.00-16.30	EEP work		EEP room
16.30-17.00	Final meeting of the EEP with the institution's management	<i>Heads of the higher education institution and structural units</i>	Main building, conference-hall
18.00-19.00	Dinner (only EEP members)		
Based on schedule	<i>Departure of the EEP members</i>		
«__» _____ 201__			
Based on schedule	<i>Departure of the EEP members</i>		

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Title page sample

Title of the medical institution of education

Faculty
Department

APPROVED

Rector

_____ Full name

signature

«_____» _____ 20__

seal

SELF-ASSESSMENT REPORT

on programme accreditation

or

on the cluster of education programmes

"Programme title"

City, year

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Responsibilities of the IAAR Coordinator in the framework of the international accreditation procedure

Before the visit:

- to provide regulatory and methodological materials on the organization and conduct of self-assessment of medical institution of education, developed by IAAR;
- to liaise with the medical institution of education and participate in meetings on the accreditation procedure;
- to advise the medical institution of education on the accreditation procedure, including on self-assessment and the preparation of a self-assessment report;
- to carry out a technical proof of the self-assessment report for completeness and applicability (if important omissions are found, request the missing materials from the medical institution's of education coordinator);
- to instruct external experts on international accreditation requirements.
- to provide external experts with regulatory and methodological materials (developed by IAAR), defining the activities of an external expert panel.
- to timely provide the necessary information, including a self-assessment report to the EEP members for study and review;
- to send, if necessary, recommendations to the medical institution of education to finalize the self-assessment report based on expert reviews;
- to agree on the time frame of the EEP visit to medical institution of education;
- to organize the visit of EEP (accommodation, meals, transfer, etc.);
- to provide the EEP with an approved visit programme;
- to send the EEP to the medical institution of education to eliminate conflicts of interest 14 calendar days before the visit;
- to act as the main contact person and maintain communication between the EEP, the medical institution of education and IAAR;
- to organize information support for the preliminary meeting of the external expert panel members prior to the visit to medical institution of education.

During the visit:

- to regulate activities of the EEP, provide the necessary guidance materials;
- to create a favorable psychological climate for the EEP work;
- to control the integrity of the accreditation process and ensure compliance with the requirements of IAAR.

After the visit:

- to send the draft EEP report to the medical institution of education in order to prevent actual inaccuracies in the report's content;
- to ensure timely transfer of materials to the Accreditation Council's (hereinafter – AC) Secretary;
- to send the EEP report to the medical institution of education after the decision of the AC on the accreditation of the medical institution of education (in case of a positive accreditation decision of the AC to ensure the Action Plan for the implementation of the EEP recommendations is requested);
- to inform members of the EEP on the decision of the AC;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- to ensure receipt of feedback on the accreditation procedure of the medical institution of education (online survey of the members of EEP and the medical institution of education after the decision on accreditation is made).

APPENDIX 4

Direction for interaction with the medical institution of education coordinator

The coordinator is appointed by the head of the medical institution of education. It is not required for the coordinator to be the leader of the working group for the preparation of the programme self-assessment of the medical institution of education.

The coordinator interacts with the IAAR coordinator on planning and organizing a visit to the medical institution of education.

In order to ensure maximum efficiency of the accreditation procedure, the coordinator of the medical institution of education assists in:

- coordinating the process of preparing a self-assessment report of the medical institution of education;
- ensuring timely submission of a self-assessment report to IAAR;
- facilitating timely coordination of the EEP visit programme;
- ensuring that site visits flow according to the visit programme, including the provision of transport;
- ensuring meetings of the EEP members with the target groups of the medical institution of education during the EEP visit;
- arranging approval of the EEP report for actual inaccuracies.

The medical institution of education coordinator contributes to providing the necessary additional information about the medical institution of education at the request of members of the external expert panel.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Roles and responsibilities of the EEP members

Chair's Functions:

- participation in the development of the visit programme to the medical institution of education and responsibility for its implementation, management and coordination of the EEP members work, preparation of the EEP final report with recommendations for improving the quality of the medical institution of education and recommendations for the Accreditation Council;
- interaction with the IAAR coordinator prior to the external assessment on the organization of the visit and coordination of the programme;
- setting the agenda and holding meetings;
- ensuring the participation of the expert panel members at meetings with various target groups, as well as monitoring the experts' observance of the main objective of the external assessment and a visit to the medical institution of education;
- ensuring a collective discussion by the entire EEP of an assessment table of parameters in accordance with the IAAR international standards;
- holding a final meeting with members of the EEP to coordinate recommendations on accreditation;
- presentation of the results of the visit to the medical institution of education and the main provisions of the EEP report at the meeting of the Accreditation Council. In case of its non-availability for a good reason, the results of the visit to the medical institution of education are presented by one of the EEP members.

Duties of the Chair

Before the visit:

- Get acquainted with the medical institution of education data;
- examine the EP's self-assessment report of the medical institution of education and prepare a review under the IAAR requirements;
- to take part in the development of the EEP programme of the visit;
- formally introduce all EEP members at a preliminary meeting, state the purpose of the visit, discuss the visit programme and the self-assessment report on of the medical institution of education.

During the visit:

- hear the views of the EEP members on the self-assessment procedure of the medical institution of education and identify areas requiring clarification;
- distribute responsibilities between the members of the EEP;
- speak at meetings with target groups;
- hold a final meeting with members of the EEP to agree on recommendations;
- provide an oral review on the outcome of the EEP visit, get others acquaint with a draft general recommendations during the final meeting with the management of the medical institution of education.

After the visit:

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- prepare a draft report on the results of the EEP visit and coordinate it with the EEP members;
- send a draft report on the EEP visit outcomes for IAAR review;
- if there are actual inaccuracies identified after the approval of the EEP report with the medical institution of education, make the necessary changes to the EEP report and coordinate them with the EEP members;
- in case of disagreements with the medical institution of education comments on the EEP report, prepare, jointly with the IAAR coordinator, a formal response with a substantiation to the medical institution of education;
- prepare the EEP report for submission to the Accreditation Council.

Functions of an external expert

- assessment of the completeness and reliability of the EP's self-assessment results of the medical institution of education in compliance with the IAAR international standards;
- preparing for each meeting with the target groups of the medical institution of education with the identification of key issues based on the IAAR international standards;
- preparation of a report on the EP's external assessment results of the medical institution of education for compliance with the IAAR international standards;
- development of recommendations for improving the quality of the EP of medical institution of education;
- development of recommendations for the Accreditation Council on accreditation based on the readiness of the medical institution of education for programme accreditation.

Responsibilities of an external expert

Before the visit:

- study all documentation, including the self-assessment report and any other available information (Standards, legal enactments in the field of education, the relevant country of accreditation, websites of IAAR, medical institution of education, etc.);
- liaise with IAAR and the Chairman of the EEP;
- prepare a review (except for employers and students) for compliance with international accreditation standards in compliance with the requirements of IAAR;
- discuss with the IAAR coordinator and the Chair of the visit to the medical institution of education;
- agree with the IAAR coordinator on the details of the visit;
- participate in the preliminary EEP meeting.

During the visit:

- proactively participate in all meetings and discussions, contribute to the EEP work;
- perform duties within the EEP related to assessment;
- inform the IAAR coordinator and the Chair about any doubts and issues arising during the work of the EEP;
- not to interrupt work of the EEP during the entire period of the visit;
- speak at meetings in consultation with the Chair of the EEP;
- document the data;
- provide the Chair of the EEP with the required documentation on the data obtained during the external assessment;
- conduct interviews with target groups;

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

- attend various types of classes, classrooms, practice base, etc. according to the EEP visit programme;
- participate in the online survey of teachers and students, aiming to identify the degree of satisfaction with the education process;
- receive, through the IAAR coordinator and the Chair, additional information required for the analysis of the EP.

After the visit:

- participate in the preparation of the EEP report;
- destroy confidential materials received during the visit;
- not to disclose the results of the external assessment of the medical institution of education until the official decision of the AC is made.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Preparation of the External Expert Panel for the visit

The purpose of the visit to the education organization of the external expert panel of the Independent Agency for Accreditation and Rating is to assess the quality of the EP of medical institution of education on international accreditation standards and to develop recommendations on accreditation for review by the Accreditation Council.

To achieve the goal, the following tasks are defined:

- control of the completeness and reliability of the self-assessment results of the EP of the medical institution of education;
- assessment in accordance with international standards of IAAR, developed on the basis of the WFME/AMSE;
- development of the EEP report on the evaluation outcomes of the EP offered by medical institution of education;
- preparation of recommendations for improving the quality of the EP offered by medical institution of education;
- preparation of recommendations for the Accreditation Council on accreditation in accordance with the level of preparedness of the medical institution of education for programme accreditation.

Materials to be reviewed by the EEP prior to the visit to the medical institution of education

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

- Regulatory documents related to the external audit of the EP offered by medical institution of education;
- IAAR Standards and guidelines for international accreditation (based on the WFME/AMSE);
- Self-assessment report submitted in the framework of the accredited EP offered by medical institution of education;
- Information on the composition of the expert panel;
- Visit schedule to the medical institution of education;
- Additional information about the EP offered by medical institution of education (at the request of members of the external expert panel).

Overview of the self-assessment report of the medical institution of education under accreditation

After receiving the self-assessment report (SR) of the EP offered by medical institution of education under accreditation by IAAR, copies of the SR are sent to the expert panel at the latest 6 weeks before the date of the visit.

Each member of the expert panel should carefully study the SR and write a review (except for the employer and the student) according to the IAAR requirements.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Preliminary meeting of EEP

A preliminary meeting is held with the goal of agreeing and distributing the duties of the EEP members, discussing the programme of the visit, and a report on the programme self-assessment to identify key points and issues that require additional information.

A preliminary meeting of the EEP is held according to the programme the day before the visit to the medical institution of education. Only EEP members shall attend the meeting.

At the preliminary meeting the following issues will be reviewed:

- Does the SR provide sufficient information on all aspects indicated in these Guidelines at the level of the medical institution of education?
- What additional information about the EP offered by medical institution of education should be presented?
- Is the specific nature of the EP offered by medical institution of education sufficiently reflected?
- Have the objectives of the EP been achieved?
- Have the governance mechanisms of the EP offered by medical institution of education clearly defined?
- What are the main issues that require special attention during the visit?

The Chair of the external expert panel and its members should discuss the impressions of the information received prior to the visit, in order to identify any additional documentation that they would like to access, it is also recommended to determine the basic structure and strategy of the visit.

Recommendations for planning the work of the EEP

The medical institution of education submits to IAAR and the Chair of the expert panel a preliminary schedule of events planned during the visit.

The plan of activities during the visit should be well drawn up to improve the efficiency of the work schedule. A scheduled 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 medical institution of education and its departments, employees, students, graduates and representatives of professional associations.

While planning a visit, it should be stipulated that the expert panels need sufficient time to hold group meetings, at which members of the expert panel may review the evidence presented, formulate and discuss preliminary conclusions, as well as solve issues on the basic structure and agenda of the next meetings and interviews with key employees and stakeholders of the institution and programmes. The expert group should also have enough time for individual meetings with the staff and students of the institution.

The schedule of visits to the medical institution of education by the expert group for external evaluation should also include information on the participants from the medical institution of education.

In order to maximize the use of the time allotted for the visit, the expert group may be divided into small subgroups for meetings and interviews in the institution.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Meetings and interviews during the visit

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

The results of meetings and interviews serve as the basis for evaluation of the EP of the medical institution of education. To this end, each member of the expert panel receives reference tables with verification criteria.

Meeting with management of departments

The meeting with the management staff aims to obtain general information about the activities of the EP, the policies and mechanisms for quality assurance, and the implementation of regional and national quality assurance requirements.

In the course of the interaction, the parties discuss the participation of all stakeholders (administrative bodies, teachers, students and employers) in defining the learning goals and education development strategies of the medical institution of education.

Meetings with department heads

Interviews with heads of departments aim to discuss issues related to the development and implementation of education programmes and 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 students' opinions should be compared with the information provided by the teaching staff.

From an interview with students, the expert group receives information on the workload, the level of professional competence of teachers, the systematic nature and consistency of education programmes, the clarity of goals and objectives, the development of curricula, as well as the material resources available for the implementation of the education process.

Interviews with students should be conducted in a favorable atmosphere, at meetings organized for interviews only with students. The optimal number of students to meet is no more than twenty people. Students invited to interviews should be familiarized with the programme reviewed in the framework of accreditation.

It is recommended that candidates for interviews from among students are selected by members of the expert panel.

Meetings with faculty

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

Topics/issues that were previously discussed in meetings with students shall also be raised.

The preferred number of participants is 15-25 people.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Meeting with master degree and doctoral students (if applicable)

Interviews with master degree and doctoral students provides information on the extent of continuity and sequence of education levels; the role of research at every level of education; quality and availability of material and technical resources for research.

The expert group should include master degree and doctoral students of different years of study, graduates of the education programme under accreditation (programme clusters).

Meeting with graduates

Graduates are a very important source of information. Opinions of graduates provide information on satisfaction with the level of education, the implementation of expectations in promotion and salary increase, employment opportunities and opportunities for further education.

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

Meeting with employers

The key issues to be discussed during meetings with employers are the level of competence of the medical institution of education graduates, the demand for graduates in the regional labor market. The meetings also discuss the problems of cooperation and interaction with the education institution in the field of management, coordination of the content of the education programme and quality assessment.

Teachers should not participate in this meeting. The employer group should include representatives of organizations that regularly hire medical institution's graduates. If possible, employing organizations should not be represented by former medical institution of education students.

The optimal number of group members is 15-25 people.

Summarizing and preparation of recommendations

Taking into the consideration the evaluation table "Parameters of the specialized profile" the summary of outcomes is made on the basis of an individual external assessment collectively.

The evaluation table "Parameters of the specialized profile" is the final document to summarize the work of the EEP.

The evaluation table "Parameters of the specialized profile" allows the EEP to determine the position of the medical institution of education, which is evaluated for each criterion as follows:

- **"Strong"** - characterized by a high level of indicators of programme accreditation standard. This position of the standard provides an example of good practice among other medical institutions of education.
- **"Satisfactory"** is determined by the average level of indicators of the programme accreditation standard.
- **"Suggests improvement"** - characterized by a low level of indicators of the programme accreditation standard.
- **"Unsatisfactory"** means that the medical institution's indicators do not meet the programme accreditation standard.

Based on the collective decision based on the assessment results EEP prepares a report with recommendations on accreditation for the AC and on improving the quality of the medical institution of education.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

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

- accredit the medical institution of education and (or) for a term of 1/3/5 years, (in the case of re-accreditation the panel may recommend other terms);
- do not accredit the medical institution of education.

In the case of compliance of the medical institution of education with the IAAR standards, the EEP makes a recommendation for quality improvement.

In the case of non-compliance of the medical institution of education with the IAAR Standards, the EEP recommends that measures be taken to bring the EP in conformity with the IAAR Standards.

The final meeting of the external expert panel members with representatives of the medical institution of education

The Chair of the external expert panel should clearly and concisely present the key issues that are important for the effective implementation of education activities of the medical institution of education, indicate the advantages and disadvantages of the medical institution of education under review, suggest alternative ways to solve the identified problems and recommendations on the action plan aiming to improve the quality of education activities.

It is not recommended to mention the findings of the review. The results of the verification shall not be discussed.

Workplace of external expert panel

At the time of the visit, the medical institution of education should provide a separate workplace for the expert group for panel meetings and review sessions. During the entire visit, only members of the expert panel should have access to the premises.

The premises for the expert panel should be spacious and separated from other rooms, also have a large desk for documents, a table for collegial work, international direct dial phone, a computer with Internet access and a printer.

All documentation related to the external assessment process, including the list of teachers, education programmes, work programmes, student papers, research documents, catalogues, leaflets, etc. must be gathered in the specified workroom.

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

Memo for drawing up a self-assessment report for an educational organization

The report should be presented according to the following structure:

Title page with the name of the educational organization and Accreditation body (1 page).

A statement confirming the accuracy and accuracy of the submitted data, signed by the first head of the educational organization (Annex1) (1 page).

Content (with an automatically editable table of contents) (1 page)

Profile of the educational organization (formed in accordance with the requirements of section 6 of this Guide) (1-2 pages.)

I Symbols and abbreviations (1-2 pages)

A list of symbols and abbreviations used in the text of the self-assessment report is provided.

II Introduction (1 p.)

The reason for passing 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 re-accreditation are indicated.

A brief description of the methods used in the development of the self-assessment report of the educational organization (appointment of a working group, involvement of stakeholders, etc.) is given.

III Presentation of the educational organization (1-2 pages.)

There is a brief history, information about the types of activities of the educational organization, directions of educational services, with the indication of quantitative data of OP on the levels of education, information about the status of the educational organization on the national and international educational space.

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

IV Previous accreditation (1-5 pages)

A brief description of the results of the previous accreditation with analysis and the degree of implementation of each EEP recommendation is provided. (for the SA, a brief description of the results of the previous accreditation is provided with analysis and the degree of implementation of each EEP recommendation in the EP context)

V Compliance with programme accreditation standards (70-80 pages.)

Evidence-based and analytical material developed based on the results of self-assessment of the educational organization for compliance with the criteria of each standard of programme accreditation is presented. The analysis result of the current state of the EO activities is

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

reflected, and material is provided on the effectiveness of the internal quality assurance system and the effectiveness of its mechanisms in accordance with the criteria of standards.

5.1 Each Standard:

Contains evidence-based and analytical materials on the compliance of educational organizations with the criteria of this standard, thus consistently reflect the results of self-evaluation.

The article provides justification for the positions of the educational organization (strong, satisfactory, suggests improvement, unsatisfactory) in accordance with the assessment of criteria by the working group on self-assessment of the educational organization. If the evaluation is "suggests improvement" and "unsatisfactory", the expected measures to strengthen the position are indicated.

At the end of each section, the conclusions of the EO working group on criteria are given, for example, "According to the standard "....." 7 criteria are disclosed, of which 3 have a strong position, 3 – satisfactory and 1 – suggests improvements".

VI SWOT analysis (1-5 pages) (not applicable for PA)

The analysis of strengths and weaknesses, opportunities and threats identified during the EO self-assessment for compliance with the standards of institutional accreditation is provided.

VII conclusion of the self-assessment Panel (7-8 pages)

The evaluation table "Profile Parameters" is given. (section "Self-assessment Panel conclusion") with a mark on compliance of the EO criteria (strong/ satisfactory/suppose improvements/ unsatisfactory) of the evaluation table, considered as conclusions of the self-assessment working group.

Annexes to the self-assessment report (issued as a separate file in accordance with the requirements of section 2 of this *Guide*)

This standard cannot be fully or partially reproduced, replicated and distributed without the permission of the Non-Profit Institution "Independent Agency for Accreditation and Rating".