IAAR STANDARDS AND GUIDELINES FOR THE INTERNATIONAL ACCREDITATION OF BASIC MEDICAL AND PHARMACEUTICAL EDUCATION OF ABROAD
(based on WFME/AMSE standards)

АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТІҢ ТӘУЕЛСІЗ АГЕНТТІГІ

НЕЗАВИСИМОЕ АГЕНТСТВО АККРЕДИТАЦИИ И РЕЙТИНГА

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

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2018

CONTENT

I. INTERNATIONAL ACCREDITATION PROCEDURE

Aims and objectives of international accreditation

The purpose of international accreditation (hereinafter - accreditation) is to assess and recognize the high quality of the activities of medical education institutions and the proposed educational programmes in accordance with international accreditation standards in compliance with international standards for improving the quality of medical education (WFME/AMSE).

The international accreditation procedure serves the overall purpose of assessing the quality of the activities of a medical education institution and the observance of international standards. When conducting international accreditation, specific legislation of the respective countries is taken into account.

Standards and procedures for international accreditation are consistent with the basic principles and documents of the Bologna process.

For programme accreditation in order to ensure a qualitative assessment of the educational programme (hereinafter - the EP) and the effectiveness of the external expert panel (hereinafter - the EEP), a cluster approach is implemented, which stipulates the separation of the 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 for one visit of the external expert panel.

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

The procedure for international accreditation

The procedure includes the following steps:

1. Application for accreditation.
Submission by a medical education institution of the application for programme accreditation with copies of entitling documents and permits. Review of the medical education organization's application by IAAR.

2. Conclusion of an agreement between the institution of education and IAAR.
It is the IAAR's decision to start the procedure of programme accreditation of the medical educational organization. The schedule of visits to the medical educational organization, the conditions and financial issues of accreditation are determined by agreement between the Independent Agency for Accreditation and Rating (IAAR) and the institution of education.

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

3. Preparation of a self-assessment report

The institution of medical education independently organizes and conducts a self-assessment of the educational programme (cluster of programmes) for compliance with international accreditation standards, and also prepares a self-assessment report in accordance with section II of these Guidelines. The institution of medical education provides guidance and methodological materials for the preparation of a self-assessment report.

The institution of medical education sends a report on the programme self-assessment and all the necessary applications to IAAR at least eight (8) weeks before the EEP visit. IAAR sends the experts a self-assessment report for review at least 6 (six) weeks prior to the visit after the internal inspection of eligibility.

The expert examines the self-assessment report for compliance with international standards of IAAR, prepares and sends the review to IAAR within 10 (ten) calendar days. In case of non-compliance with the IAAR requirements, the review is sent to the expert for revision. In case of repeated non-compliance, IAAR is entitled to disqualify this expert from participation in the EEP's work.

Based on the self-assessment report analysis of the educational organization, IAAR is entitled to take one of the following decisions:

- make recommendations on finalizing a self-assessment report;
- carry out follow-up accreditation procedures (EEP visit to the institution of medical education);
- delay follow-up accreditation procedures due to the inconsistency of a self-assessment report with the IAAR international standards.

4. EEP's visit to the educational organization

If the follow-up accreditation procedures are continued, IAAR establishes an External Expert Panel, which is approved by the IAAR Director. External Expert Panel conducts external quality assessment of the organization and educational programme implementation (cluster of programmes) for compliance with IAAR international standards during a visit to the organization of education.

The composition of the EEP depends on the scale and scope of external evaluation. The EEP includes independent experts, including foreign experts with experience in teaching and expert quality assurance, representatives of the employer community and students.

In case of continuing accreditation, IAAR will coordinate with the organization of education the timing of programme accreditation and the Programme of the EEP visit.

The programme of the EEP visit is developed by the IAAR coordinator and the EEP Chair with the participation of the institution of medical education. The agreed programme of the EEP visit is approved by the IAAR Director at least 2 (two) weeks before the visit to the institution of medical education. The structure and content of the programme is developed taking into account the specifics of the institution of medical education and EP according to the recommended sample of the EEP visit programme (Appendix 1).

The duration of the panel's visit is usually 3-5 days. During the visit, the medical education organization creates conditions for the EEP's work under the Service Agreement:

- provides hard and soft copies of the self-assessment report for each member of the panel;

- furnishes the necessary office equipment in consultation with the IAAR representative correspondent to the number of EEP members;

- organizes the inspection of infrastructure and resources, as well as arranges meetings, questionnaires, interviews and other types of EEP work following the EEP visit programme;

- provides the requested information.

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

The draft of EEC report is reviewed by the IAAR and sent to the educational organisation for approval. If the educational organisation 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 educational organisation'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 EEP visit, a brief assessment of compliance of the medical education institution's operations in the context of the IAAR's international standards, recommendations of the medical education organization for improving performance and quality, recommendations for the Accreditation Council. Proposals to the Accreditation Council contain recommendation on accreditation (including recommended accreditation period) or non-accreditation.

The EEP report, including recommendations, shall be elaborated by EEP members collectively.

5. Decision-making by IAAR

The EEP reports on the evaluation of educational programmes and a self-assessment report of educational programmes serve as the basis for the Accreditation Council's decision on the programme accreditation.

The chair of the external expert panel speaks to the Accreditation Council on the outcomes of the external expert panel's visit.

The exclusive competence of the IAAR's Accreditation Council includes making decisions on accreditation or withdrawal of programme accreditation to the medical educational organization. The composition of the Accreditation Council is determined in accordance with the Regulations on its activities. The meeting is held in the presence of a quorum. The accreditation council has the right to make an informed decision that does not comply with the recommendations of the external expert panel.

The accreditation council has the right to take one of the following decisions:

▪ accreditation for 1 year, if the criteria are generally satisfied, but with some shortcomings and opportunities for improvement (when evaluating criteria requiring improvement of more than 20%, lack of strengths);

▪ accreditation for 3 years with positive results in general, but with some minor flaws and opportunities for improvement (when evaluating criteria requiring improvement from 10 to 20%, if there are strengths);

▪ accreditation for 5 years with positive results in general (when evaluating criteria requiring an improvement of no more than 10%, if there are strengths);

▪ accreditation for a period of 7 years with positive results in case of re-accreditation procedure is undertaken (when evaluating the criteria of strengths of at least 10%, and requiring improvement of no more than 5%);

▪ not accredited (when evaluating at least one criterion as "unsatisfactory", in the absence of strengths).

In the event a positive decision is adopted by the Accreditation Council, IAAR sends a formal notification to the institution of medical education with the decision results and a

certificate of programme accreditation of the educational organization. Further, the decision on the accreditation of an educational organization is sent to the authorized educational authority of the relevant country and is published on the IAAR's website. Also IAAR publishes the external expert panel's report on its website.

After receiving the accreditation certificate, the Medical Education Organization publishes a self-assessment report on its website.

In case of a negative decision made by the Accreditation Council, IAAR sends a formal notification to the educational organization about the decision taken.

The medical education institution in accordance with the established procedure under the Service Agreement and the Regulations on the Commission for the Review of Appeals and Complaints may file an appeal to IAAR on the decision of the Accreditation Council. In case of doubt about the competence of the external expert panel and representatives of the Agency, or concerns of a gross violation committed by members of the external expert panel, the Medical Educational Organization may send a complaint to IAAR.

6. Follow-up procedures

Should the IAAR's Accreditation Council make a positive accreditation decision, the Medical Organization of Education presents IAAR a Plan of Measures to advance and improve quality based on the recommendations of an external expert panel (hereinafter - Plan), which is to be signed by the first head of the organization of education and sealed, and an institution also concludes a Service Agreement with IAAR. The Agreement and Plan are the basis for post-accreditation monitoring procedure.

In accordance with the Regulations on the procedure for post-accreditation monitoring of accredited educational programmes, the medical educational organization should prepare interim reports based on the Plan. Interim reports are sent to 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.

In the event of non-compliance with the Plan and the requirements put forward by IAAR in relation to the medical educational organization in terms of accredited educational programmes, as well as the lack of information about changes implemented in the medical educational organization, the Accreditation Council is entitled to take one of the following decisions:

- temporarily suspend the programme accreditation of the medical education organization;

- withdraw the programme accreditation of the institution of medical education, which may entail the cancellation of all previously achieved accreditation results.

In case of refusal of the medical education institution to conduct post-accreditation monitoring, expressed in not signing the Service Agreement with IAAR, the IAAR Accreditation Council has the right to decide on the termination and revocation of the accreditation status of the educational programme. In case of early termination and revocation of accreditation status, the Medical Education Organization has the right to apply for accreditation to IAAR after one year from the date of the decision to revoke the programme accreditation of the medical education organization.

External Panel of Experts (external review team)
The external evaluation of the educational programme (cluster of programmes) is performed by an External Expert Panel (group of experts on external evaluation),

consisting of independent experts with experience in teaching and expert quality assurance, a representative of employers and students. The EEP is made up by the order of the IAAR director from among the certified representatives of the academic, professional and student community included in the IAAR experts' database. Foreign experts may be recruited from partner accreditation agencies.

During programme accreditation, the composition of the EEP is formed depending on the number of EPs in the institution of education being accredited.

In order to eliminate a conflict of interest, IAAR sends a formal notification on the EEP composition to the medical institution of education 14 (fourteen) calendar days prior to the visit.

The medical institution of education is entitled to notify IAAR in an official letter of a conflict of interest with a justification within 3 (three) business days. IAAR replaces the expert if necessary.

All members of the EEP are to sign a Statement of Obligation on the absence of a conflict of interest and the Code of Ethics of the IAAR's external expert during each visit.

The expert is obliged to notify the IAAR coordinator of any connection with the medical institution of education or his own interest, which may lead to a potential conflict related to the external assessment process.

Each member of the EEP should perform its functions and duties with high quality. Failure to comply and refusal without a valid reason are considered as a violation of the Code of Ethics of an external expert of IAAR and may lead to the exclusion from the IAAR database of experts.

Information about the medical institution of education, obtained during an external evaluation procedure, shall be deemed as confidential and shall not be subject to disclosure.

EEP members should not disclose or comment on recommended accreditation dates before the decision of the Accreditation Council is taken.

The structure of the External Expert Panel includes:

- Chair of the External Expert Panel, responsible for coordinating the work of experts, preparing and oral presentation of preliminary findings generated during the visit to the educational organization, as well as responsible for the preparation of the final report on the results of the external evaluation of the educational programme (cluster of programmes).

- External experts - representatives of the academic community.

- An external expert - a representative of the professional community (employer) who must assess whether the educational programme being accredited (cluster of programmes) and the professional competencies of its graduates are in compliance with the labor market demands.

- An external expert - a representative of the student community, responsible for assessing the compliance of the educational programme under study with the needs and expectations of students (for each cluster, 1 representative of the student community).

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

II. SELF-ASSESSMENT REPORT

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

Basic principles for drafting the report
1. Structuring: strict compliance of the submitted material to sections of the document.
2. Readability: the text of the document should be easy to read from the publication perspective, semantic and stylistic features of the text.
3. Analyticity: analysis of the advantages and disadvantages, analysis of the institution's dynamics of development and (or) EP (cluster of programmes).
4. Criticism: an objective assessment.
5. Persuasiveness: providing facts, data, and information as arguments for conclusions.

Features of the educational programme that are not described in the manuals should be included in the relevant part of the documents.

During the accreditation of a cluster of programmes, aspects 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 70-80 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, it is envisaged to use a cluster approach, which allows for the combination of no more than 6 homogeneous educational programmes into one group, regardless of the language of instruction and the level of education and direction of training. An assessment of no more than 30 EP is allowed for one EEC visit. EP, 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 70-80 pages of the main text. The self-assessment report is accompanied by a separate set of documents in the form of annexes (in a separate file not exceeding 100 pages). Graphic images should be compressed to a resolution of 96 dpi before exporting them to the annex text. To reduce the volume of annexes, it is recommended that the text of the self-assessment report should contain as much reference to supporting documents located on the electronic resources of the EO 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

The SR consists of an introduction, three main sections and annexes.

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

The first section presents general information about the medical institution of education, a structural unit of an educational institution that implements an accredited educational programme (cluster of programmes):

- brief information;
- organizational and legal support of activities;
- organizational structure and management system;
- interaction with educational, research, professional organizations at the local, regional and national levels;
- international activity;
- number of students (annual);
- the dynamics of the students population of different forms of education for the last 3-5 years, enrolled in an educational programme under accreditation.

The second section includes an analysis of the compliance of the educational programme under accreditation with international accreditation standards.

Articles of the section should be organized in accordance with the procedure specified in the manual. The SR should provide answers to all major questions and include all the required documentary evidence in the appendices.

Medical institution of education must provide information on the achievements in the quality implementation of the educational programme over the past 3-5 years individually for each article of the second section of the report. It is also assumed that the report will indicate the problems and areas for improvement that were identified based on the SWOT analysis of each standard.

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

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

SR should be submitted on behalf of the head of the medical institution of education and must be signed by him.

The main provisions and conclusions of the report should be communicated to all participants in the self-assessment process; published on the Internet resource of the medical organization of education. All individuals, responsible for self-assessment and accuracy of the material presented in the report, should be involved in filling out the "Conclusion of the self-assessment panel" table.

At the beginning of the self-assessment report, general information (profile) reflecting the name of the University, legal details, name of the manager, information about the founder, contact information, date of submission of the self-assessment report, name of the contact person for report preparation, education levels implemented by the University

under the NQF (e.g., 6.7) is presented, 8) and QF-HEA (e.g., 1,2,3 cycles), (for CA the level of education for each EP according to the QF (e.g., 6,7,8) and QF-EHEA (e.g., 1,2,3 cycles) with a degree indication of qualification assigned in the state, Russian and English languages), output data of the IAAR Standard according to which the self-assessment is carried out, information about the group that conducted the self-evaluation.

The introduction specifies the basis for passing the external evaluation, the previous accreditation result (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. A brief description of the methods used in the development of the self-assessment report of the EO (appointment of a working group, stakeholders` involvement, etc.) is given.

The main part of the self-assessment report should consistently reflect the results of the University's self-assessment according to the criteria of each standard. The self-assessment for each standard concludes with a sample opinion: "The Mission and Outcome Standard disclose 7 criteria, 3 are strong, 3 are satisfactory, and 1 suggests improvement".

The final part of the self-assessment report should include the table "Conclusion of the Self-assessment Panel", which reflects the evaluation criteria for all standards.

The self-assessment report must conform to the structure of the Agency's standards and can be compiled in form and content based on the responses given by the educational organization for all items 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.

SR structure
SR content should be structured as follows:
Content
Introduction
1. General information
2. The self-assessment results according to the standards of international programme accreditation
The structure of each standard:
- description of the activity;
- achievements over the past 5 years;
- types of operations requiring improvement.
3. Conclusions
4. Conclusion of the internal self-assessment committee
5. Appendices

Title page
The title page of the self-assessment report should be separate for each report (Appendix 2).

The next page should contain general information about the medical education organization (table 1) and about the educational programmes implemented in this medical education organization (table 2). If the University implements several educational programmes, brief information in the form of a table (table 2) should be provided for all the EP.

Table 1

GENERAL INFORMATION ON EDUCATIONAL INSTITUTION

Full name of the institution of medical education	
Founders	
Year of foundation (title, renaming (in implementation)	
Current accreditation status:	
Location	
Rector	
License (entitling document)	
Number of students (full-time, part-time study)	

Table 2

INFORMATION ON EDUCATIONAL PROGRAMMES UNDER INTERNATIONAL ACCREDITATION (EXAMPLE)

PART I	Examples
Educational programmes / Educational programmes	"Computer science and computing" *(230100.62, 230100.68),* "Applied Information science" *(230700,62, 230700,68)*
Level / Period of study	*Undergraduate / 4 years* *Postgraduate (*Master*) / 2 years*
Subdivision (Head)	*Faculty of Technical Cybernetics (Akhmetov Serik, doctor of technical sciences, professor Petr Petrov, Ph.D., senior teacher)*
Main departments (heads of departments)	*Department of Computer Engineering (Samat Nurgaliyev, doctor of technical sciences, professor)*
Dates of the external visit	March 2-4, 2015
Accreditation Officer (tel. / Fax / e-mail)	Pro-Rector for Academic Affairs, Sultanova Maral, doctor of technical sciences, professor

Table 2 continued

PART II	
ECTS credits	
Duration of studies (number of semesters), form of study	
Beginning of studies (winter semester / summer semester)	
Date of the educational programme introduction	
Previous accreditation (date, validity period, accreditation agency)	
Entry Requirements	
Further education opportunities (at the end of the programme)	
Goals and Objectives of EP	

Brief description of EP	
Learning outcomes	
Specialization	
Additional characteristics	
Number of admitted students	
Tuition fee	
Employment opportunity, possible career areas	

Educational programme (Learning plan)

The title page is followed by a description of an educational programme containing the following information:

- modules / programmes / disciplines;

- the number of ECTS credits for each module and the duration of the module (the number of semesters);

- total number of ECTS credits / distribution of credits in each semester or academic year;

- if possible, indicate the method of teaching: lecture, seminar, practical exercise, etc., exams and assessment methods.

- practical experience and drafting of the final graduation work, final exams (semester and number of ECTS credits).

Table 3

Evaluation committee conclusion

No.	No.	Criteria No.	ASSESSMENT CRITERIA	Institution of education viewpoint			
				Strong	Satisfactory	Expects improvements	Unsatisfactory
		1. 1.1	**"MISSION AND RESULTS"** **Defining the mission statement**				
1	1	1.1.1	The medical education organization **must** define its *mission* and mission of the educational programme and communicate it to stakeholders and **the health sector**.				
			The mission statement **must** contain **goals and an educational strategy** to train a competent doctor at the level of **basic medical education:**				
2	2	1.1.2	with an appropriate basis for further career in any field of medicine, including all types of medical practice, **administrative medicine** and scientific research in medicine.				
3	3	1.1.3	able to fulfill the role and function of a doctor **in compliance with the healthcare sector requirements**.				
4	4	1.1.4	prepared for **postgraduate** education.				

5	5	1.1.5	with a commitment to lifelong learning, including professional responsibility to support the level of knowledge and skills through performance assessment, auditing, learning from own practice and recognized activities in the *CPD / CME*.				
6	6	1.1.6	Medical education organization **should** ensure that the stated mission covers advances in medical research in the biomedical, clinical, behavioral and social sciences.				
7	7	1.1.7	Medical education organization **should** ensure that the stated mission covers aspects of global health and reflects major international health issues				
		1.2	**Participation in defining the mission statement**				
8	**8**	**1.2.1**	Medical education organization **must** ensure that *the main stakeholders* are involved in defining the mission statement.				
9	9	1.2.2	Medical education organizations **should** ensure that the stated mission is based on the opinions / suggestions of other *relevant stakeholders*.				
		1.3	**Institutional autonomy and academic freedom**				
			Medical education organization **must** have *institutional autonomy* for the development and implementation of a policy for which the administration and teaching staff are responsible for in relation to the following:				
10	10	1.3.1	development and elaboration of the educational programme;				
11	11	1.3.2	use of allocated resources required for the implementation of the educational programme.				
			Medical educational organization **should** guarantee *academic freedom* to its employees and students:				
12	12	1.3.3	in relation to *the current educational programme, which will be allowed to rely on different points of view in the description and analysis of medical issues;*				
12	12	1.3.4	in the ability to use the results of new research to improve the study of specific disciplines / issues without extending the educational programme.				
		1.4	**Final learning outcomes**				
		1.4.1	The medical institution of education **must** determine the *expected learning outcomes* that students should manifest upon completion, regarding:				
13	13		their achievements at a basic level in terms of knowledge, skills and abilities;				
14	14		an appropriate basis for a future career in any medical area;				
15	15		their future roles in the health sector;				
16	16		student's subsequent postgraduate training;				
17	17		student's commitment to lifelong learning;				
18	18		health and sanitary needs, healthcare system needs and other aspects of social responsibility.				
19	19	1.4.2	Medical educational organization **must** ensure that the student fulfills obligations of proper behavior towards doctors, teachers, patients and their relatives in accordance with the appropriate behavioral norms.				
20	20	1.4.3	Medical education organization **should** determine and coordinate the connection of the final learning outcomes, required on completion, with those required in post-graduate education;				
21	21	1.4.4	Medical education organization **should** determine the results of students' involvement in conducting medical				

			research;				
22	22	1.4.5	Medical education organization **should** pay attention to the outcomes related to global health.				
23	23	1.4.6	Medical educational organization **should** use the assessment results of graduates' competencies as a feedback tool to improve the educational programme.				
			Total				
		2	**EDUCATIONAL PROGRAMME**				
		2.1	**Educational programme model and learning methods**				
24	1	2.1.1	The medical education organization should define an educational programme, including an integrated model based on disciplines, systems of bodies, clinical problems and diseases, a model based on a modular or spiral design.				
25	2	2.1.2	The medical education organization **must** determine the *teaching and learning* methods used that encourage, train and support students in taking responsibility for their educational process.				
26	3	2.1.3	The medical institution of education should ensure that the educational programme develops students' lifelong learning abilities.				
27	4	2.1.4	Medical institution of education must ensure that the educational programme is implemented in accordance with the principles of equality.				
28	5	2.1.5	Medical education organization should use teaching and learning methods based on the modern theory of adult education.				
		2.2	**Scientific method**				
		2.2.1	Throughout the entire programme of study, the medical institution of education should teach students:				
29	6		principles of scientific methodology, including methods of analytical and critical thinking;				
30	7		scientific research methods in medicine;				
31	**8**		evidence-based medicine,				
32	9		*which requires the appropriate competence of teachers and will be a compulsory part of the educational programme.*				
33	10	2.2.2	Medical educational organization **should** include in the educational programme *elements of basic or applied research* for the formation of scientific thinking and the application of scientific research methods.				
34	11	2.2.3	Medical education organizations should promote the involvement of students in conducting or participating in research projects.				
			Basic biomedical sciences				
			Medical institution of education should define and include in the educational programme:				
35	12	2.3.1	achievements of *basic biomedical sciences* to develop students' understanding of scientific knowledge;				
36	13	2.3.2	concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.				
			Medical institution of education should in the educational programme adjust and introduce new achievements of biomedical sciences for:				
37	14	2.3.3	scientific, technological and clinical developments;				
38	15	2.3.4	current and expected needs of the community and the				

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			health care system.				
		2.4	**Behavioral and social sciences and medical ethics**				
		2.4.1	Medical institution of education must determine and include in the educational programme the achievements of:				
39	16		*behavioral sciences;*				
40	17		*social sciences;*				
41	18		*medical ethics;*				
42	19		*medical jurisprudence, which will provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socioeconomic, demographic and cultural conditions, causes, distribution and consequences of medical health problems, as well as knowledge about the national health system and patient rights, which will facilitate the analysis of public health problems, effective communication, clinical decision making and ethical practice.*				
		2.4.2	The medical educational organization **should** adjust and introduce new achievements in the behavioral and social sciences and also medical ethics for:				
43	20		scientific, technological and clinical developments;				
44	21		current and expected needs of the community and the health care system.				
45	22		changing demographic and cultural conditions.				
		2.5	**Clinical sciences and skills**				
			The medical institution of education should in the educational programme define and implement the achievements of clinical sciences and ensure that students:				
46	23	2.5.1	acquire sufficient knowledge, clinical and professional skills to assume appropriate responsibilities, including activities related to health promotion, disease prevention and patient care;				
47	24	2.5.2	conduct a reasonable part (one third) of the programme in scheduled contact with patients, including review of the goal, of the appropriate number and their adequacy for training in the relevant clinical bases;				
48	25	2.5.3	carry out work on health promotion and prevention.				
49	26	2.5.4	The medical institution of education must establish a certain amount of time for training of the main clinical disciplines, including internal diseases, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.				
50	27	2.5.5	The medical institution of education should organize clinical training with appropriate attention to patient safety, including monitoring the activities performed by the student in a clinical setting.				
			The medical institution of education should adjust and introduce new clinical science achievements in the educational programme for:				
51	28	2.5.6	scientific, technological and clinical developments;				
52	29	2.5.7	current and expected needs of the community and the health care system.				
53	30	2.5.8	The medical institution of education should ensure that every student has early contact with real patients, including his gradual participation in assisting the				

			patient, including responsibility for the examination and / or treatment of the patient under supervision, which is carried out in appropriate clinical bases.				
54	31	2.5.9	The medical institution of education should structure the various components of clinical skills in accordance with the specific stage of the training programme.				
		2.6	**Structure of the educational programme, content and duration**				
55	32	2.6.1	The medical institution of education should give a description of the content, scope and sequence of courses and other elements of the educational programme in order to ensure that the appropriate proportions between the basic biomedical, behavioral, social and clinical disciplines is observed.				
			The medical institution of education should in the educational programme:				
56	33	2.6.2	provide horizontal integration of related sciences and disciplines;				
57	34	2.6.3	provide vertical integration of clinical sciences with basic biomedical, behavioral and social sciences;				
58	35	2.6.4	provide the possibility of elective content (electives) and determine the balance between the compulsory and elective parts of the educational programme, including a combination of compulsory elements and electives or special components of choice;				
59	36	2.6.5	determine the relationship with complementary medicine, including non-traditional, traditional or alternative practice.				
		2.7	**Programme management**				
60	37	2.7.1	The medical institution of education must determine the structural unit responsible for the educational programmes, which, under the academic leadership, shall be responsible and have the authority to plan and implement the educational programme, including the allocation of given resources for planning and introduction of teaching and learning methods, students, educational programme and learning courses assessment in order to achieve the final learning outcomes.				
61	38	2.7.2	Medical institution of education **must** guarantee representation of teachers and students in the structural unit responsible for educational programmes.				
62	39	2.7.3	Medical institution of education **should**, through the structural unit, responsible for educational programmes, plan and implement innovations in the educational programme.				
63	40	2.7.4	Medical institution of education **should include** representatives from *other relevant stakeholders*, in the structure of the medical education organization responsible for educational programmes, *including other participants of the learning process, representatives from clinical sites, graduates of medical education organizations, health professionals involved in the training process or other faculty members of the university.*				
		2.8	**The link with medical practice and health care system**				
64	41	2.8.1	The medical institution of education should provide an operational link between the educational programme				

			and the subsequent stages of vocational training (internship, specialization, CPD / CME) or practice that the student will begin after graduation, including defining health problems and required learning outcomes, clearly determining and describing elements of educational programmes and their links at various stages of training and practice, with due regard to local, national, regional and global conditions, and also feedback to / from the health sector and the participation of teachers and students in the work of a team of specialists in the provision of medical aid.				
			Medical institution of education **should** ensure that the structural unit responsible for the educational programme:				
65	42	2.8.2	takes into account the particular conditions in which graduates have to work and modify the educational programme accordingly;				
66	43	2.8.3	reviews the modification of the educational programme based on feedback from the public and society as a whole.				
			Total				
		3.	**STUDENTS ASSESSMENT**				
		3.1	**Assessment methods**				
			Medical institution of education **must**:				
67	1	3.1.1	determine, approve and publish the *principles, methods and practices used to assess students*, including the number of exams and other tests, the balance between the written and oral exams, the use of assessment methods based on criteria and reasoning, and special exams (CSVE or the Mini-clinical exam), as well as determine the criteria for setting passing scores, grades and the number of allowed retakes;				
68	2	3.1.2	ensure that the assessment covers knowledge, skills and attitudes to learning;				
69	3	3.1.3	use a wide range of assessment methods and formats depending on their "utility assessment", which includes a combination of validity, reliability, impact on training, acceptability and effectiveness of methods and format of assessment;				
70	4	3.1.4	guarantee that assessment methods and results avoid conflicts of interest;				
71	5	3.1.5	ensure that the evaluation process and methods are open (accessible) for inspection by external experts;				
72	6	3.1.6	use the system to appeal the assessment results.				
			Medical education organization **should**:				
73	7	3.1.7	*document and evaluate the reliability and validity of evaluation methods, which requires an appropriate process to ensure the quality of existing assessment practices;*				
74	8	3.1.8	introduce the new, demand-driven assessment methods;				
75	9	3.1.9	use the system to appeal the assessment results.				
		3.2	**The link between assessment and learning**				
			Medical institution of education **must** *use the principles, methods and practice of assessment, including students' learning achievements and assessment of knowledge, skills, professional values of relationships that:*				
76	10	3.2.1	clearly comparable with the learning and teaching				

			outcomes;				
77	11	3.2.2	guarantee that students achieve final learning outcomes;				
78	12	3.2.3	promote learning;				
79	13	3.2.4	provide an appropriate balance between formative and summative assessment in order to manage learning and *evaluate the student's academic progress, which requires the establishment of rules for assessing progress and their links with the assessment process.*				
			Medical institution of education **should**:				
80	14	3.2.5	*regulate the number and nature of examinations of the various elements of* the educational programme in order to *facilitate* the acquisition of knowledge *and integrated learning and to avoid adverse effects on the learning process and eliminate the need to study excessive amounts of information and overload of the educational programme;*				
81	15	3.2.6	guarantee the provision of timely, precise, constructive and fair feedback to students based on the assessment outcomes.				
			Total				
		4.	**STUDENTS**				
		4.1	**Admission and selection policy**				
			Medical institution of education **must**:				
82	1	4.1.1	define and implement an admission policy based on the principles of objectivity, including a clear setting for students selection;				
83	2	4.1.2	have *a policy and* introduce *the practice of admitting students with disabilities in accordance with applicable laws and regulatory documents of the country;*				
84	3	4.1.3	have a policy and introduce the practice of transferring students from other programmes and medical education organizations.				
			Medical institution of education **should**:				
85	4	4.1.4	establish the links between the students' selection and the mission of the medical institution of education, the educational programme and the desired quality of graduates;				
86	5	4.1.5	periodically review admission policies based on the relevant data from the public and professionals in order to satisfy the health *demands of the population and society as a whole, including review of student enrollment taking into account their gender, ethnicity and language, and the potential need for special admission policies for the low income students and national minorities*;				
87	6	4.1.6	use the system to appeal admission decisions.				
		4.2	**Student recruitment**				
88	7	4.2.1	The medical institution of education **must** determine the number of enrolled students in accordance with the material and technical capabilities at all stages of education and training, and making decisions on the recruitment of students implies the need to regulate national requirements for human resources for healthcare when medical institutions of education do not control the number of recruited students, then responsibilities should be demonstrated by explaining				

			all relations, paying attention to the consequences of the decisions made (imbalance between the student enrollment and the material, technical and academic potential of the university).				
89	8	4.2.2	Medical institution of education **should** periodically review the number and admitted students' population in consultation *with the relevant stakeholders responsible for planning and developing human resources in the health sector, as well as with experts and organizations on global aspects of human health resources (such as insufficient and uneven distribution of human resources in healthcare, migration of doctors, the opening of new medical institutions of higher education)* and introduce regulations to meet the health needs of the population and society as a whole.				
		4.3	**Student counseling and support**				
			Medical institution of education **must**:				
90	1	4.3.1	have a system of *academic counseling for its students, which includes issues related to* the choice of electives, preparation for postgraduate education, career planning, appointment of academic mentors (supervisors) for individual students or small groups of students;				
91	2	4.3.2	offer a student support programme aimed at *social, financial and personal needs, which includes support due to social and personal problems and events, health and financial problems, access to medical care, immunization programmes and health insurance, as well as financial assistance services in the form of material assistance, scholarships and loans;*				
92	3	4.3.3	allocate resources to support students;				
93	4	4.3.4	ensure confidentiality regarding counseling and support.				
			Medical institution of education **should** provide counseling:				
94	5	4.3.5	based on monitoring of student progress and addressing students' social and personal needs, including academic support, support for personal problems and situations, health problems, financial issues;				
95	6	4.3.6	includes counseling and career planning.				
		4.4	**Student representation**				
96	7	4.4.1	Medical institution of education **must** determine and implement the *policy of student representation* and their *respective participation* in the definition of the mission, the development, management and evaluation of the educational programme, and other students related issues.				
97	8	4.4.2	Medical institutions of education **should** *promote and support student activities* and student organizations, including *the provision of technical and financial support to student organizations.*				
			Total				
		5.	**ACADEMIC STAFF / TEACHERS**				
		5.1	**Selection and Recruitment Policy**				
			Medical institution of education **must** determine and implement a *policy of selection and admission of employees*, which:				

98	1	5.1.1	determines their category, responsibility and *balance of teaching staff / teachers* of basic biomedical sciences, behavioral and social sciences and clinical sciences for the adequate implementation of the educational programme, including the proper link between medical and non-medical teachers, full-time and part-time teachers, and the balance between academic and non-academic staff;				
99	2	5.1.2	contains criteria for the scientific, pedagogical, and clinical merits of applicants, including the appropriate balance between pedagogical, scientific, and clinical qualifications;				
100	3	5.1.3	identifies and monitors the responsibilities of teaching staff / teachers of basic biomedical sciences, behavioral and social sciences and clinical sciences.				
			Medical institution of education **should** in its policy for the selection and reception of staff to consider such criteria as:				
101	4	5.1.4	*relation to its mission, significance of local conditions, including gender, nationality, religion, language and other conditions related to the medical institution of education and educational programme;*				
102	5	5.1.5	*economic opportunities that take into account the institutional conditions for financing employees and the efficient use of resources.*				
		5.2	**Development policy and employee activities**				
			Medical institution of education must determine and implement the policy of the activities and development of employees, which:				
104	6	5.2.1	allows to maintain *a balance* between *teaching, scientific and service functions*, which include the establishment of *time for each activity, taking into account the needs of the medical* institution of education *and professional qualifications of teachers*;				
105	7	5.2.2	guarantees *deserved recognition of its academic activities*, with an appropriate focus on pedagogical, research and clinical qualifications, and *is carried out in the form of awards, promotion and/or remuneration*;				
106	8	5.2.3	ensures that clinical activities and research are used in teaching and learning;				
107	9	5.2.4	guarantees *the adequacy of knowledge by each employee of the educational programme, which includes knowledge of the methods of teaching/learning and the general content of the educational programme, and other disciplines and subject areas in order to encourage cooperation and integration*;				
108	10	5.2.5	*includes training, development, support and evaluation of teachers, which involves all teachers, not only newly recruited, but also teachers from hospitals and clinics.*				
			Medical institution of education **should**:				
109	11	5.2.6	take into account the proportion of "teacher-student" depending on the various components of the educational programme;				
110	12	5.2.7	develop and implement employee promotion policy.				
			Total				
		6.	**EDUCATIONAL RESOURCES**				
		6.1	**Material and technical base**				
			Medical institution of education **should**:				

111	1	6.1.1	have a sufficient *material and technical base* for teachers and students to ensure adequate implementation of the educational programme;				
112	2	6.2.2	provide *a safe environment* for employees, students, patients and those who takes care of them, including provision of the necessary information and *protection from harmful substances, microorganisms, compliance with safety regulations in the laboratory and while using the equipment.*				
113	3	6.1.3	The medical institution of education **should** improve the student learning environment by regularly updating, expanding and strengthening the material and technical base, which should be consistent with the development in the learning practice.				
		6.2	**Clinical training resources**				
			The medical institution of education **must** provide the necessary resources for students to acquire adequate clinical experience, including sufficient:				
114	4	6.2.1	number and category of patients;				
115	5	6.2.2	number and categories of *clinical sites*, which *include clinics, outpatient services (including primary health care), primary health care facilities, health centers and other institutions rendering medical care services to the population, and clinical skills centers / laboratories that allow to conduct clinical training, using the capabilities of clinical bases and ensure rotation on the main clinical disciplines;*				
116	6	6.2.3	observation of students' clinical practice.				
117	7	6.2.4	Medical institution of education **should** *study and evaluate*, adapt and improve resources for clinical training to meet the needs of the population served, which will include *relevance and quality for clinical training programmes regarding clinical sites, equipment, number and category of patients and clinical practice, observation as a supervisor and administration.*				
		6.3	**Information Technology**				
118	**8**	**6.3.1**	Medical institution of education **must** determine and implement a policy that aims at *the effective use and evaluation of the relevant information and communication technologies in the educational programme.*				
119	9	6.3.2	Medical institution of education **must** provide access to network or other e-media outlets				
			Medical institution of education **should** provide opportunities for teachers and students to use information and communication technologies:				
120	10	6.3.3	for self-study;				
121	11	6.3.4	access to information;				
122	12	6.3.5	case management;				
123	13	6.3.6	healthcare jobs.				
124	14	6.3.7	Medical institution of education **should** ensure that students have access to relevant patient data and healthcare information systems.				
		6.4	**Medical research and scientific achievements**				
			Medical institution of education **must**:				
125	15	6.4.1	have *research activities in the field of medicine and scientific achievements* as the basis for the educational				

			programme;				
126	16	6.4.2	identify and implement a policy that promotes the link between the research and education;				
127	17	6.4.3	provide information on the research base and priority areas in the field of scientific research of the medical institution of education;				
128	18	6.4.4	use medical research as the basis for a study programme				
			Medical institutions of education **should** guarantee that the link between research and education:				
129	19	6.4.5	is taken into account in teaching;				
130	20	6.4.6	encourages and trains students to participate in medical research and development.				
		6.5	**Inspection review in the field of education**				
			Medical institution of education **must**:				
131	21	6.5.1	have access to *education related inspection reviews*, where necessary, and conduct such reviews that examine the processes, practices and problems of medical education and may involve doctors with experience in conducting research in medical education, psychologists and sociologists in the field of education, or involving experts from other national and international institutions.				
			Medical institution of education **must** determine and implement a policy on the inspection reviews in the field of education:				
132	22	6.5.2	in the development of an educational programme;				
133	23	6.5.3	in developing teaching methods and assessing knowledge and skills.				
			Medical institution of education **should**:				
134	24	6.5.4	provide evidence of the internal or external inspection reviews in the field of medical education to develop the potential of employees;				
135	**25**	6.5.5	pay due attention to the development of *inspection reviews in education related evaluations and research in medical education as a discipline, including the study of theoretical, practical and social issues in medical education*;				
136	26	6.5.6	promote the aspirations and interests of staff in conducting research on medical education.				
		6.6	**Exchange in education**				
			Medical institution of education must define and implement a policy for:				
137	27	6.6.1	cooperation at the national and international levels *with other medical institutions of higher education;*				
138	28	6.6.2	*the transfer and offsetting of studying credits, which includes review of the scope limits of the educational programme, which may be transferred from other educational organizations and which may be facilitated by concluding agreements on mutual recognition of educational programme elements and active coordination of programmes between medical institutions of education as well as the use of a transparent system of credits and flexible course requirements.*				
			Medical institution of education **should**:				
139	29	6.6.3	promote regional and international exchange of staff (academic, administrative and teaching staff) and				

			students by providing appropriate resources;				
140	30	6.6.4	guarantee that the exchange is organized in accordance with the objectives, taking into account the needs of employees, students, and with respect for ethical principles.				
			Total				
		7.	**PROGRAMME EVALUATION**				
		7.1	**Programme monitoring and evaluation mechanisms**				
			Medical institution of education **must**				
141	1	7.1.1	have a process and outcome *monitoring programme that stipulates collection and analysis of data on key aspects of the educational programme in order to ensure that the educational process is implemented appropriately and to identify any areas that require interventions,* as well as collection of data which is part of the administrative procedures associated with students admition, assessment and completion of training.				
142	2	7.1.2	control that the relevant assessment results affect the curriculum				
			The medical institution of education **must** establish and apply mechanisms for evaluation of the educational programme, which:				
143	3	7.1.3	is focused on 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;*				
144	4	7.1.4	student progress centered;				
145	*5*	*7.1.5*	identify and review *problems that include the lack of achievement of the expected learning outcomes,* and will assume that the information received about the learning outcomes, including on the identified deficiencies and problems, will be used as feedback for activities and corrective action plans to improve the educational programme and disciplines curriculum;				
			Medical institution of education **should** periodically conduct a comprehensive *evaluation of the educational programme,* focused on:				
146	*6*	*7.1.6*	*the context of the educational process, which includes the organization and resources, the learning environment and the culture of the medical institution of education;*				
147	7	7.1.7	*special components of the educational programme, which include a description of the discipline and methods of teaching and learning, clinical rotations and assessment methods;*				
148	8	7.1.8	*general outcomes,* which *will be measured based on the national exams, international exams, career choices and postgraduate studies;*				
149	9	7.1.9	Medical institution of education **should** rely on social responsibility/accountability.				
		7.2	**Teacher and student feedback**				
150	10	7.2.1	The medical institution of education **must** systematically collect, analyze, and provide teachers and students with feedback that includes *information about the process and products of the educational programme, and also contains information about unfair*				

			practices or improper behavior of teachers or students with and/or legal consequences.				
151	11	7.2.2	Medical institution of education **should** use feedback results to improve the educational programme.				
		7.3	**Students' learning performance**				
			Medical institution of education **should analyze** the educational achievements of students and graduates in relation to:				
152	12	7.3.1	*its mission and learning outcomes* of the educational programme, which contains information on the average duration of studies, grades, the frequency of passing and failures in examinations, cases of successful completion and deduction, students' reports on the conditions of training in the completed courses, the time spent to study areas of interest, including on elective components, as well as interviews with students on the repeat courses, and interviews with students who quit from their studies;				
153	13	7.3.2	educational programme;				
154	14	7.3.3.	availability of resources.				
			Medical institution of education **should** analyze the students' studying achievements regarding:				
155	15	7.3.4	their *prior experience and conditions, including social, economic, cultural conditions;*				
156	16	7.3.5	level of training at the time of admission to the medical education organization.				
			Medical institution of education **should** use the analysis of students' studying achievements to provide feedback to the structural units responsible for:				
157	17	7.3.6	students selection;				
158	18	7.3.7	educational programme planning;				
159	19	7.3.8	students consulting.				
		7.4	**Stakeholder involvement**				
			Medical institution of education in its programme of monitoring and evaluation of the educational programme **must** involve:				
160	20	7.4.1	teaching staff and students;				
161	21	7.4.2	its administration and management.				
			For other stakeholders, including other representatives of academic and administrative staff, members of the public, authorized education and health authorities, professional organizations, as well as those responsible for post-graduate education:				
162	22	7.4.3	provide access to the evaluation results of the course and educational programme;				
163	23	7.4.4	collect and study feedback from them on the clinical practice of graduates;				
164	24	7.4.5	collect and study feedback from them on the educational programme.				
			Total				
		8.	**MANAGEMENT AND ADMINISTRATION**				
		8.1	**Management**				
165	1	8.1.1	Medical institution of education **must** determine the management structures and functions, including their *links with the university, if the medical institution of education is affiliated with or a branch of the university.*				

			Medical institution of education **should** in their management structures determine the *structural units with the establishment of the responsibility of each structural unit and include in their composition:*				
166	2	8.1.2	representatives of teaching staff;				
167	3	8.1.3	students;				
168	4	8.1.4	*other stakeholders* including *representatives from the ministry of education and health, the healthcare industry and the public.*				
169	5	8.1.5	Medical institution of education **should** ensure *the transparency* of the management system and decisions that are published *in bulletins, posted on the website of the higher education institution, included in the protocols for review and implementation.*				
		8.2	**Academic leadership**				
170	6	8.2.1	Medical institution of education **must** clearly define the responsibility of *academic leadership* in the development and management of the educational programme.				
171	7	8.2.2	Medical institution of education should periodically assess academic leadership regarding the achievement of its mission and the final study results.				
		8.3	**Budget for learning and resource allocation**				
			Medical institution of education **must**:				
172	8	8.3.1	have a clear set of responsibilities and authorities to provide the educational programme with resources, including a targeted budget for training;				
173	9	8.3.2	allocate resources necessary for the implementation of the educational programme and distribute educational resources in accordance with the correspondent needs.				
174	10	8.3.3	The system of financing the medical institution of education should be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, differentiation and independence of all levels of budgets.				
			Medical institution of education **should**:				
175	11	8.3.4	provide sufficient autonomy in the allocation of resources, including a decent remuneration of teachers in order to achieve the final learning outcomes;				
176	12	8.3.5	in the allocation of resources, take into account scientific advances in medicine and the problems of public health and correspondent needs.				
		8.4	**Administrative staff and management**				
			Medical institution of education **must** have *the appropriate administrative staff, including their number and composition in correspondence with the qualifications*, in order to:				
177	13	8.4.1	ensure the implementation of the educational programme and relevant activities;				
178	14	8.4.2	guarantee proper management and allocation of resources.				
179	15	8.4.3	The Medical institution of education **should** develop and implement an internal quality assurance management programme, including review of the needs for improvement, and conduct regular management review and analysis.				
		8.5	**Interaction with the healthcare sector**				
180	16	8.5.1	Medical institution of education **must** develop *a*				

			constructive interaction with the healthcare sector, with related health industries at the society and the government levels, *including the exchange of information, cooperation and initiatives of the organization, which contributes to the provision of qualified doctors in accordance with the needs of society.*				
181	17	8.5.2	Medical institution of education **should** be given an *official status of cooperation* with partners in the healthcare sector, which includes *the conclusion of formal agreements with the definition of the content and forms of cooperation and/or concluding a joint contract and the establishment of a coordinating committee, and joint activities.*				
			Total				
		9.	**CONTINUOUS IMPROVEMENT**				
			Medical institution of education **must** as a dynamic and socially responsible institution:				
182	1	9.1.1	initiate procedures for regular review and revision of the content, results/competences, assessment and learning environment, structures and functions, document and correct deficiencies;				
183	2	9.1.2	allocate resources for continuous improvement.				
			Medical institution of education **should**:				
184	3	9.1.3	base the update process on prospective studies and analysis and on the results of own research, evaluation, and medical education related literature;				
185	4	9.1.4	guarantee that the process of renewal and restructuring leads to a revision of its policy and practice in accordance with previous experience, current activities and future prospects; direct the update process to the following:				
186	5	9.1.5	Adaptation of the Regulations on the mission and final outcomes to the scientific, socio-economic and cultural development of society.				
187	6	9.1.6	Modification of graduates' final learning outcomes in accordance with the documented needs of the postgraduate training environment, including clinical skills, training in public health issues and participation in the process of providing medical care to patients in accordance with the duties assigned to graduates after graduation.				
188	7	9.1.7	Adaptation of the educational programme model and methodological approaches to ensure that they are relevant and appropriate and take into account modern theories in education, the methodology of adult education, the principles of active learning.				
189	8	9.1.8	Correction of the elements of the educational programme and their interrelation in accordance with achievements in the biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health status/morbidity structure of the population and socio-economic and cultural conditions, and the adjustment process will ensure the inclusion of new relevant knowledge, concepts and methods, and the elimination of outdated ones.				

190	9	9.1.9	Development of evaluation principles, and methods of conducting and the number of examinations in accordance with changes in the final learning outcomes and methods of teaching and learning.				
191	10	9.1.10	Adaptation of a student recruitment policy and student selection methods taking into account changing expectations and circumstances, needs for human resources, changes in the pre-university education system and the demands of the educational programme.				
192	11	9.1.11	Adaptation of a recruitment policy and the formation of academic staff in accordance with changing needs.				
193	12	9.1.12	Upgrading educational resources to meet changing needs, such as student enrollment, a number and profile of academic staff, an educational programme.				
194	13	9.1.13	Improving the process of monitoring and evaluation of the educational programme.				
195	14	9.1.14	Improving the organizational structure and management principles to ensure effective operations in a changing circumstances and needs, and, in the long term, to meet the interests of various groups of stakeholders.				
			Total				
			GRAND TOTAL				

Required appendices to the Self-assessment report:

1. Documents on the management of the educational process:
- Studying and examinations rules.
- Admission rules.
- National graduation certificate and its supplements.
- Transcript to the graduation certificate indicating the disciplines studied and ECTS.
- Provisions for organizing and conducting practical training.
2. Documents regulating the content of the educational process:
- Requirements for the development of an educational programme, work plans and/or curricula.
- Plans for the implementation of the educational programme.

Additional appendices:
- Qualification profiles of the teaching staff.
- Working plan for the entire period of the curriculum (goal/implementation).
- Description of existing and prospective cooperation agreements (cooperation documents).
- A document on the formation of academic staff.
- Decision on previous accreditation, report of the external expert panel, 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:
- The results of evaluation surveys on the workload of students and teachers.

- Student questionnaires (for instance, a survey of first-year students at the end of the first semester).- Evaluation by students of the content of training, teaching.
- Information on the employment of graduates.

Statistical data (should be transparent, understandable, accessible, verifiable and confirmed):
- Data on the current number of students for each discipline at the date of the self-assessment report.
- Exam results.
- The total number of applicants, the number of enrolled students, and the number of graduates and the percentage of graduates dismissed.
- The number (in percent) of foreign students.
- Gender ratio.

III. INTERNATIONAL ACCREDITATION STANDARDS

International accreditation standards include the following standards: Standard "Mission and outcomes"; Standard "Educational Programme"; Standard "Student Assessment"; Standard "Students"; Standard "Academic staff/teachers"; Standard "Educational Resources"; Standard "Programme Evaluation"; Standard "Management and Administration"; Standard "Continuous update" and their appendices. Standards for international programme accreditation of medical institutions of education have been developed on the basis of the International Standards of the World Federation of Medical Education to improve the quality of basic medical education and the amendments made by the World Federation of Medical Education to International Standards for improving the quality of basic medical education (2015, 2017).

These standards are applicable for programme accreditation of educational programmes of higher medical and pharmaceutical education.

1. STANDARD "MISSION AND OUTCOMES"

1.1 Definition of the mission

1.1.1 Medical institution of education **must** define its *mission* and mission of the education programme and communicate them to stakeholders and the healthcare sector.

A mission statement **must** contain objectives and an educational strategy to train a competent physician at the level of basic medical education:

1.1.2 with an appropriate basis for further career in any field of medicine, including all types of medical practice, administrative medicine and research in medicine;

1.1.3 able to perform the role and function of a doctor in accordance with the established requirements of the healthcare sector;

1.1.4 prepared for postgraduate education;

1.1.5 with a commitment to lifelong learning, including professional responsibility to support the level of knowledge and skills through performance evaluation, auditing, learning from one's own practice and recognized activities in the *CPD/CMO*.

1.1.6 Medical institution of education **should** ensure that the stated mission covers advances in medical research in the biomedical, clinical, behavioral and social sciences.

1.1.7 Medical institution of education **should** ensure that the stated mission takes into account aspects of global health and reflects major international health issues.

Indicative evaluation focus:
- ✓ *A description of the institutional mission, educational programme mission and learning outcomes should be provided and relevant published documents should be submitted.*
- ✓ *Also describe how the final learning outcomes are related and correspond to the stated mission of the educational programme.*
- ✓ *Brief information should be provided on how the mission and outcome information is communicated to stakeholders.*
- ✓ *Describe the procedure for developing and adopting an EP's mission.*
- ✓ *How is the review and analysis of the processes used to develop and revise the mission and objectives of the EP periodically conducted?*
- ✓ *What are the career opportunities of graduates who have completed the educational programme in basic medical education?*

✓ *How and in what documents are the role and functions of a doctor in the country's health care system described, what are the requirements for their qualifications?*

✓ *What are the requirements for graduates who have completed this programme to continue their studies at the postgraduate level (residency programmes, as well as graduate programmes, PhD programmes, core doctoral studies and others).*

✓ *What educational strategies and approaches, teaching methods shape the responsibility and develop students' ability to life-long learning?*

✓ *How are the scientific achievements of biomedical, clinical, behavioral and social sciences reflected in the EP's mission?*

✓ *How are aspects of global health taken into account in the EP's mission?*

1.2 Participation in drafting the mission statement

1.2.1 Medical institution of education **must** ensure that *key stakeholders a*re involved in the development of the EP's mission.

1.2.2 Medical institution of education **should** ensure that the stated mission of EP is based on the opinions/suggestions of other *relevant stakeholders*.

Indicative evaluation focus:

✓ *How does a medical institution of education involve representatives of key stakeholders in the formulation of the mission and outcomes of an educational programme.*

✓ *What are the relevant groups (besides the main stakeholders) that the medical institution of education consult when developing, revising the mission of the EP?*

✓ *How does the medical institution of education consult with key and relevant stakeholder groups and how does it involve them in the process of improving mission and goal setting?*

1.3 Institutional autonomy and academic freedom

Medical institution of education **must** have *institutional autonomy* for the development and implementation of policies for which the administration and faculty are responsible for:

1.3.1 the development and design of the educational programme;

1.3.2 use of allocated resources necessary for the implementation of the educational programme.

Medical institution of education **should** guarantee academic freedom to its employees and students:

1.3.3 in relation to the current educational programme, which will allow to rely on different points of view in the description and analysis of medicine related issues;

1.3.4 in the offered possibility to use the new research outcomes to improve the study of specific disciplines/issues without expanding the educational programme.

Indicative evaluation focus:

✓ *What institutional autonomy does the medical institution of education have in terms of design and implementation of policies in the development of its educational programme and the use of allocated resources for the implementation of the educational programme?*

✓ *What legal and regulatory documents of the state and medical institution of education govern the policy/mechanisms/procedures of institutional freedom and the*

definition of responsibility for the compilation of the educational programme and the allocation of resources?

✓ *What are the policies and practices of the medical institution of education to ensure that the training provided by individual teachers and departments adequately meets the requirements for the content and structure of the educational programme?*

✓ *How are the policy and practice of the medical institution of education being evaluated and, if necessary, how are the identified deficiencies being rectified?*

1.4 Final learning outcomes

The medical institution of education **must** determine the expected *learning outcomes* that students should manifest upon completion, regarding:

1.4.1 their achievements at the basic level in relation to knowledge, skills and abilities;

1.4.2 an appropriate basis for a future career in any field of medicine;

1.4.3 their future roles in the healthcare sector;

1.4.4 their subsequent postgraduate training;

1.4.5 their commitment to lifelong learning;

1.4.6 the medical and sanitary demands, the demands of the healthcare system and other aspects of social responsibility.

1.4.7 Medical institution of education **must** ensure that the student fulfills obligations in the field of proper behavior towards doctors, teachers, patients and their relatives in accordance with the conduct standards adopted in the country and the region.

1.4.8 Medical institution of education **should** determine and coordinate the connection of the final learning outcomes required on completion with those required in post-graduate education;

1.4.9 Medical institution of education **should** determine the results of students' involvement in medical research;

1.4.10 Medical institution of education **should** pay attention to the end results related to global health.

1.4.11 Medical institution of education **should** use the assessment results of graduates' competencies as a feedback tool to improve the educational programme.

Indicative evaluation focus:

✓ *What are the learning outcomes (knowledge, skills, attitudes/professional values and abilities) required from students at the time of completion of the educational programme?*

✓ *How and when are the learning outcomes evaluated, and the improvement measures taken?*

✓ *Complete the following table showing the total expected competencies of graduates, where each competence has a link with the end results of training and their measurement.*

General competencies	Learning outcomes regarding each competency	Evaluation of learning outcomes

✓ *How are these final learning outcomes related to the graduates' follow-up training and the commitment to lifelong learning?*

✓ *How do these final learning outcomes relate to the existing and emerging needs of*

the society in which graduates will work?

✓ *Describe and submit a document that regulates the relevant appropriate standards of student behavior.*

✓ *Present in a list or table format professional skills that students should develop during the course of study in this educational programme.*

✓ *Describe the process by which the list of desired student qualities and attitudes was developed, as well as the groups responsible for reviewing and approving (for instance, faculty members, a commission or a department, for developing an educational programme, student self-government).*

✓ *Describe the way in which the list of desired student qualities and attitudes is communicated to students, teachers, and doctors of clinical bases.*

✓ *Describe where in the educational programme students may find information about professional qualities and the importance of their achievement and manifestation.*

✓ *Briefly describe the methods used to assess students' achievements of relevant professional qualities and attitudes. Describe the way in which the identified deficiencies are corrected.*

✓ *How has the formation of ethical relations between students and doctors in the clinic, teachers, patients and their relatives been ensured?*

✓ *Describe any formal activity by which a medical institution of education identifies positive and negative effects on students' professional behavior, especially in a clinical setting. Summarize any mechanisms by which medical students, teachers may report observable cases of unprofessional behavior, and indicate the person (s) who is being informed about unprofessional behavior.*

✓ *Describe whose functional responsibilities include responsibility for ensuring professional behavior that complies with the appropriate standards and canons of professional behavior established by the medical institution of education and maintained in all clinical bases for clinical training of students. Describe any policy or procedure (agreement) for establishing general responsibility for appropriate clinical learning conditions. Describe any mechanisms (for instance, joint clinical base and medical institution of education commissions) that exist to strengthen an appropriate learning environment.*

✓ *Describe and provide a copy of any formal or informal policies and procedures to review the abusive treatment of a student, including the ability to make a statement about such incidents and identify mechanisms for their investigation. Describe any evidence available in the form of documents that this policy is effective.*

✓ *How are the learning outcomes associated with postgraduate training?*

✓ *How does a medical institution of education evaluate and receive information about the clinical competencies of its graduates?*

✓ *How does the medical institution of education determine in the curriculum the final outcomes of student research?*

✓ *How have global health issues been reflected in learning outcomes?*

2. STANDARD «EDUCATIONAL PROGRAMME»

2.1 Model of the educational programme and teaching methods

2.1.1 Medical institution of education **must** determine the *educational program*me, including an integrated model based on disciplines, systems of bodies, clinical problems and diseases, a model *based on a modular or spiral design*.

2.1.2 Medical institution of education **must** determine the methods of teaching and learning that encourage, prepare and support students to take responsibility for their

learning process.

2.1.3 Medical institution of education **must** ensure that the educational programme is implemented based on the principles of equality.

2.1.4 Medical institution of education **should** use teaching and learning methods based on modern adult learning theory.

Indicative evaluation focus:
- ✓ *What is the academic degree awarded upon completion of this educational programme?*
- ✓ *Provide a brief description of the content of the educational programme.*
- ✓ *Indicate the year in which the current educational programme was first introduced and the year it was last reviewed.*

Year of introduction of the educational programme	Year of the last review

- ✓ *Describe the process of planning the review of the educational programme, indicate who is involved in the process of revising the programme and which structural units, advisory bodies or commissions, and other stakeholders are involved in this process.*
- ✓ *Indicate what changes and additions have been made to the educational programme in the last review procedure.*
- ✓ *What principles and approaches, educational strategies that promote integrated learning, are used in developing the educational programme?*
- ✓ *Is the model of the educational programme integrated?*
- ✓ *How is the use of modern principles and teaching methods in this training programme confirmed?*
- ✓ *Describe the practice of teaching and the teaching methods used.*
- ✓ *What methods of teaching and learning, including clinical training, are used in practice for the implementation of the educational programme?*
- ✓ *How will the curriculum and the teaching and learning methods used, as well as the learning environment, develop students' proactive responsibility for their own learning?*
- ✓ *Describe the types and relevance of student engagement methods to promote self-focused/self-directed learning and the development of lifelong learning skills.*
- ✓ *Specify how the medical institution of education predicts that these methods may train students and develop their lifelong learning abilities.*
- ✓ *Describe how the principles of equality in relation to students are observed by the medical institution of education?*
- ✓ *A copy of the anti-discrimination policy of the medical institution of education should be attached, if such a document is available.*

2.2 Scientific method

Throughout the entire programme of study, the medical institution of education **must** teach students:

- the principles of scientific methodology, including methods of analytical and critical thinking;

- scientific research methods in medicine;

- evidence-based medicine, which require the *appropriate competence of teachers and will be a compulsory part of the educational programme.*

2.2.2 Medical institution of education **should** include in the education programme the elements of scientific research for the formation of scientific thinking and the application of scientific research methods.

2.2.3 Medical institution of education **should** promote the involvement of students in conducting or participating in research projects.

Indicative evaluation focus:
- ✓ *What are the components of the educational programme that instill in students the principles of a scientific approach and evidence-based medicine and form their ability for analytical and critical thinking?*
- ✓ *Does the programme use appropriate teaching methods: tasks for solving the patient's problem, problem-oriented training, practical exercises on evidence-based medicine with special tasks, project studies, independent implementation of clinical situational tasks?*
- ✓ *Provide one or more examples where the educational programme focuses on developing students with the following skills and knowledge: evidence-based critical judgment skills, patient problem solving skills, knowledge and understanding of social and health needs.*
- ✓ *What are the special opportunities for students in the medical institution of education to involve students in research projects?*
- ✓ *Library resource capabilities and Internet access, access to authentic and reliable sources, will be discussed in Standard 6.*
- ✓ *How are the elements/components of elective analytical and experimental research included in the curriculum?*
- ✓ *Describe the existing opportunities and results of student participation in research.*
- ✓ *What is the practice of the medical institution of education in supporting students and engaging them in research work during their studies.*

2.3 Basic Biomedical Sciences

Medical institution of education **must** define and include in the educational programme:

2.3.1 Achievements in *basic biomedical sciences* to develop students' understanding of scientific knowledge;

2.3.2 concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.

Medical institution of education **should** adjust and introduce in the educational programme new achievements of biomedical sciences for:

2.3.3 scientific, technological and clinical developments;

2.3.4 current and expected society and the healthcare system demands.

Indicative evaluation focus:
- ✓ *What are the basic biomedical sciences included in the curriculum?*
- ✓ *Describe the process used to select learning content in the preclinical phase of the education programme.*
- ✓ *Indicate the basic biomedical disciplines included in the education programme in medicine (table 2.3 shall be filled).*

Table 2.3 Basic Biomedical Sciences (example)

Basic Biomedical	Number of	Years of	Methods of	Assessme

Sciences	credits/hours			study			teaching and learning	nt methods
	Lect ur es	Work shops	Laborato ry classes	1	2	3		
Biochemistry								
Molecular biology								
Medical genetics								
Anatomy								
Histology								
Physiology								
Pathological anatomy								
Pathological physiology								
Pharmacology								
Microbiology								

✓ *How are they integrated with clinical disciplines at different stages of the learning programme?*

✓ *Describe the process that ensures the review and incorporation of new advances in basic biomedical sciences into the curriculum?*

2.4 Behavioral and social sciences and medical ethics

2.4.1 Medical institution of education **must** determine and include in the educational programme the achievements of:

- behavioral sciences;

- social sciences;

- medical ethics;

- medical law,

which will provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socio-economic, demographic and cultural conditions of the causes, distribution and consequences of medical health problems, as well as knowledge about the national health system and patient rights, which will contribute to the analysis of public health problems, effective communication, clinical decision making and ethical practice.

2.4.2 The medical institution of education **should** adjust and introduce new achievements in the *behavioral and social sciences* and also *medical ethics* in the educational programme for:

- scientific, technological and clinical developments;

- the current and expected community and the healthcare system demands;

- changing demographics and cultural conditions.

Indicative evaluation focus:

✓ *What behavioral and social sciences, medical ethics and medical jurisprudence are included in the medical training programme? (Table 2.4 shall be filled).*

Table 2.4 Behavioral and social sciences, medical ethics and jurisprudence (example)

Behavioral and social sciences	Years of study	Number of credits/hours	Methods of	Assessment methods

	1	2	3	4	5	Lectures	Workshops	teaching and learning	
Sociology									
Medical psychology									
Epidemiology,									
Biostatistics									
Hygiene									
Community hygiene									
Medical anthropology									
Public health									
Social medicine									
Medical ethics									
Medical jurisprudence									

✓ *How does the educational programme envisage that the contribution of these sciences and disciplines facilitates the understanding of socio-economic, demographic and cultural causes, the distribution and consequences of medical health problems, also knowledge about the national health system and patient rights, allows for an analysis of the health needs of the community and society, promotes effective communication, clinical decision making, and compliance with ethical standards?*

✓ *By which process does the medical institution of education adapt behavioral sciences, social sciences and medical ethics and bring them into the curriculum?*

2.5 Clinical Sciences and Skills

The medical institution of education **must** define in the educational programme and introduce the achievements of *clinical sciences* and ensure that students:

2.5.1 acquire sufficient knowledge, *clinical and professional skills* in order to assume *appropriate responsibilities, including activities related to strengthening of health, disease prevention and patient care;*

2.5.2 conduct a *reasonable part (one third)* of the programme in *planned contacts with patients, supposing the review of the goal, its appropriate quantity and sufficiency for training in the relevant clinical bases;*

2.5.3 carry out work on health promotion and prevention.

2.5.4 Medical institution of education **must** allocate a certain amount of time for training of the *main clinical disciplines, including internal medicine, surgery, psychiatry, general practice (family medicine), obstetrics and gynecology, pediatrics.*

2.5.5 Medical institution of education **must** organize clinical training with appropriate attention to *patient safety, including monitoring of the actions performed by the student in a clinical setting.*

The medical institution of education **should** adjust and introduce new *clinical science* achievements in the educational programme for:

2.5.6 scientific, technological and clinical developments;

2.5.7 current and expected society and the healthcare system demands.

2.5.8 Medical institution of education **should** ensure that each student has *early contact with real patients, including his gradual participation in assisting patients, envisaging the responsibility for inspection and/or treating a patient under supervision, which is carried out in appropriate clinical bases.*

2.5.9 Medical institution of education **should** structure the various components of *clinical skills* training in accordance with the specific stage of the training programme.

Indicative evaluation focus:

✓ *Describe what specific learning outcomes (knowledge, skills and attitudes/professional values) and abilities are established to ensure the clinical competence of graduates of the educational programme of the medical institution of education?*

✓ *Describe the mechanisms used for the initial selection of various categories of patients and clinical conditions for subsequent inclusion in the curriculum in accordance with the objectives of the training and the final results of clinical training.*

✓ *Provide information (as a summary table) on the categories of patients with different clinical conditions, the level of student responsibility, and specify the clinical bases for each required clinical rotation.*

✓ *The learning objectives and programme outcomes should be known to all students of medical institutions of education, faculty, and other staff responsible for student learning and assessment. How is this implemented?*

✓ *What specific clinical disciplines are included and how is the involvement of students in clinical education for acquiring clinical experience (knowledge, skills and attitudes/professional values) determined?*

✓ *What types of medical practice (inpatient / outpatient care, work in a clinic/public health, rural/urban, specialized/general) are available to gain such experience?*

✓ *Fill in table 2.5*

Таблица 2.5 Клинические дисциплины (пример)

Clinical disciplines	Years of study						Number of credits/hours			Learning methods	Assessment methods	Clinical base
							Lectures	Workshops	On-the-job training			
Propedeutics of internal diseases												
Internal illnesses												
Surgery												
Obstetrics and gynecology												
Pediatrics												
Psychiatry												
General Practice / Family Medicine												
Anesthesiology												
Resuscitation												

and intensive care						
Traumatology						
Emergency Medical Care						
Dermatology and Venereology						
Neurology						
Neurosurgery						
Oncology and radiation therapy						
Ophthalmology						
Orthopedic surgery						
Otorhinolaryngo logists,						
Physiotherapy and rehabilitation medicine						
Clinical genetics						
Pediatric Surgery						
Infectious diseases						
Phthisiatry						
Outpatient polyclinic therapy						
Forensic Medicine						
Occupational diseases						
Geriatrics						
Palliative care						

✓ *How are sufficient amounts of time allocated and determined in the curriculum of the core clinical disciplines?*
✓ *In addition, provide information on clinical rotations by major clinical disciplines (table 2.5.1)*

Table 2.5.1 Clinical Rotations (example)

Clinical disciplines	Number of weeks	Number of hours	Expected learning outcomes	Clinical base
Internal illnesses				

Surgery				
General medical practice (family medicine)				
Obstetrics and gynecology				
Pediatrics				
Psychiatry				

✓ *Describe the practice of involving students in the provision of medical care under the supervision of a clinical teacher and/or doctors of clinical sites as well. What process ensures compliance with patient safety principles in a clinical training programme?*

✓ *Describe the process that ensures the review and incorporation of new advances in clinical science into the curriculum.*

✓ *Describe how and where students acquire skills in taking medical history, physical examination, communication skills with patients and their relatives, and how these skills develop throughout the programme.*

✓ *What special opportunities do students have for early and subsequent direct participation in patient care?*

✓ *What special opportunities do students have to gain relevant experience in working with the community, as well as experience in working with other health care professionals? How this practice is stipulated in the curriculum.*

✓ *How are the different components of clinical skills training structured according to a specific stage of the training programme?*

✓ *In accordance with the curriculum, provide a list of clinical skills included in the programme, the conditions of training (clinical skills centers, clinics, outpatient conditions), a description of skill levels, methods of learning and teaching clinical skills, methods for evaluation of clinical skills.*

2.6 Structure of the educational programme, content and duration

2.6.1 The medical institution of education **must** describe the content, scope and sequence of courses and other elements of the educational programme in order to ensure that an appropriate proportion is maintained between the basic biomedical, behavioral, social and clinical disciplines.

The medical institution of education **should** in the education programme:

2.6.2 provide *horizontal integration* of related sciences and disciplines;

2.6.3 ensure *vertical integration* of clinical sciences with basic biomedical, behavioral and social sciences;

2.6.4 provide the possibility of election content (electives) and to determine the balance between the *compulsory and elective part of the educational programme, including a combination of compulsory elements and electives or special components of choice;*

2.6.5 determine the relationship with *complementary medicine, including non-traditional, traditional or alternative practice.*

Indicative evaluation focus:
✓ *Information should be provided on the structure, duration (hours/weeks of the semester/academic year), the content of the educational programme, indicating the required elements and elective components, the relationship between basic biomedical, behavioral, social and clinical disciplines and formulated a summary in the form of academic disciplines/modules and their duration.*

✓ *Specify the relationship between lectures, teaching in small groups, seminars, laboratory classes, clinical rotations.*

✓ *What are the main principles, approaches and educational strategies, teaching methods and knowledge assessment that contribute to the integration of the elements of the educational programme (horizontally/vertically)? Provide a brief description of this integration.*

✓ *Submit summary in the form of educational topics/subjects and duration (hours/weeks) of the semester/academic year on the elements of the educational programme. Indicate whether issues such as health promotion, preventive medicine, alternative/non-traditional medical practices are reflected in the training programme.*

2.7 Programme Management

2.7.1 Medical institution of education **must** determine the structural unit responsible for educational programmes, which, under the academic leadership, is responsible and *has the authority* to plan and implement an educational programme, *including the distribution of allocated resources for planning and implementing teaching and learning methods, student assessment and evaluation of educational programmes and courses of study in order to ensure the achievement of the final learning outcomes.*

2.7.2 Medical institution of education **must** guarantee representation of teachers and students in the structural unit responsible for educational programmes.

2.7.3 Medical institution of education **should**, through the structural unit responsible for educational programmes, plan and implement innovations in the educational programme.

2.7.4 Medical institution of education **should** include representatives from *other relevant stakeholders* in the structure of the medical institution of education responsible for educational programmes, *including other participants in the educational process, representatives from clinical sites, graduates of medical institutions of education, health professionals involved in training or other faculty members of the university.*

Indicative evaluation focus:

✓ *Describe the terms of reference and composition of the structural unit of the medical institution of education responsible for the curriculum? Describe the powers that this unit has to resolve conflicts related to educational principles and to determine the contribution of specific disciplines to the general medicine curriculum.*

✓ *Describe which methods for studying and evaluating the educational programme are used by teachers and relevant departments to improve the educational programme.*

✓ *Describe how teachers, students are involved in the process of curriculum management.*

✓ *Present the staff of the department, their powers and responsibility in the process of planning, developing, implementing and evaluating the training programme, introducing innovative technologies and also in the allocation of allocated resources.*

✓ *What mechanisms does the structural subdivision of the medical institution of education, responsible for curriculum, have at its disposal to implement innovations in teaching, training, evaluation and educational programmes?*

✓ *Provide information on such practices and mechanisms, and if there is a plan for the introduction of innovative technologies and the results of an assessment of their adaptation and integration into the educational programme. Information on the introduction of simulation technologies and an assessment of their effective use for teaching and evaluation of clinical skills should be presented separately.*

✓ *Describe other types of innovative technologies that improve student learning, including e-Learning.*
✓ *How are other relevant stakeholders induced to participate in the curriculum management process?*
✓ *Is there a practice of receiving feedback from graduates, clinical teachers/specialists involved in training in clinics.*
✓ *Provide a list of representatives of other relevant stakeholders and how they contribute to the management and improvement of the educational programme.*

2.8 Relationship with medical practice and the healthcare system

2.8.1 Medical institution of education **must** provide an *operational link* between the educational programme and the subsequent stages of vocational training (internship, specialization, CPD/CMO) or practice that the student will begin after graduation, *including the definition of health problems and the definition of the required learning outcomes, a clear definition and a description of the elements of the educational programme and their interrelationships at various stages of learning and practice, with due regard for local, national, regional and the global environment, and also feedback to/from the health sector and the participation of teachers and students in the work of a team of specialists in providing medical aid.*

Medical institutions of education **should** ensure that the structural unit responsible for the educational programme:

2.8.2 takes into consideration peculiarities of the conditions in which graduates have to work and accordingly modify the educational programme;

2.8.3 considers modification of the educational programme based on feedback from the public and society as a whole.

Indicative evaluation focus:
✓ *What is the relationship between the programme of basic medical education and the subsequent stage of preparation for practical work?*
✓ *What specific disciplines/clinical cycles are taught in the final year of study to prepare for a postgraduate level?*
✓ *Describe, if applicable, the practice of mutual representation in the structural units of the medical institution of education responsible for the basic medical education programme and subsequent levels of education and training?*
✓ *Describe the existing practice of studying the conditions and requirements for the post-graduate training of graduates. How and with whom is the feedback on studying the conditions of postgraduate training being implemented?*
✓ *Describe the process of studying and analyzing the resulting feedback for the modification of the educational programme?*

3. STANDARD « STUDENTS ASSESSMENT»

3.1 Assessment methods

Medical institution of education **must:**

3.1.1 determine, approve and publish the principles, methods and *practices used to evaluate students, including the number of exams and other tests, the balance between written and oral exams, the use of assessment methods based on criteria and reasoning, and special exams (OSCE or Mini-clinical exam), as well as determine the criteria for determining the passing scores, grades and the number of allowed re-takes;*

3.1.2 ensure that the assessment covers knowledge, skills and attitudes towards learning;

3.1.3 use a wide range of assessment methods and formats depending on their *"utility assessment", the latter includes a combination of validity, reliability, impact on training, acceptability and effectiveness of the methods and format of the assessment;*

3.1.4 ensure that assessment methods and results avoid conflicts of interest;

3.1.5 ensure that the assessment process and methods are open (accessible) for examination by external experts;

3.1.6 use the system to appeal the evaluation results.

Medical institution of education **should:**

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

3.1.8 introduce new assessment methods in accordance with the demands;

3.1.9 use the system to appeal the assessment results.

Indicative evaluation focus:
- ✓ *Describe the general student assessment policy developed by the medical institution of education, the process of developing and approving documents issued to students, which provide information on the evaluation policy, evaluation methods, including evaluation criteria, timing of intermediate and final exams, exam criteria, weight and students' progress criteria, the appeal procedure, the number of retakes allowed and conditions for such re-takes.*
- ✓ *How is the balance between summative and formative assessment, written and oral exams, assessment methods based on criteria and reasoning, and special exams such as the Objective Structured Clinical Examination (OSCE) or the Mini Clinical Exam provided?*
- ✓ *Who is responsible for shaping and implementing student assessment policies? Describe the composition of the relevant committees and their terms of reference and responsibility.*
- ✓ *How is the competence of the staff and teachers involved in assessing the knowledge and skills, attitudes and abilities of students assured, what specific preparations does the medical institution of education offer?*
- ✓ *Describe the practice of attracting external examiners and the selection criteria for inclusion in the examining boards.*
- ✓ *Describe the mechanisms for assuring the reliability and validity of the assessment methods used.*
- ✓ *How are new assessment methods being studied, tested and implemented, and how is their validity and reliability ensured?*
- ✓ *What are the mechanisms for filing an appeal and the appeal review procedure?*

3.2 Relation between assessment and learning

Medical institution of education **must** *use the principles, methods and practice of assessment, including the learning achievements of students and the assessment of knowledge, skills, and professional values that:*

3.2.1 are clearly comparable with the methods of teaching, learning and the final outcomes of training;

3.2.2 ensure that students achieve learning outcomes;

3.2.3 promote 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 setting the rules for progress assessment and their attitude to the evaluation process.*

Medical institution of education **should:**

3.2.5 *regulate the number and nature* of inspections of various elements of the educational programme in order to facilitate the acquisition of knowledge and integrated learning, and to *avoid adverse effects on the learning process and eliminate the need to study excessive information and overloaded educational programmes;*

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

Indicative evaluation focus:

A table should be presented reflecting the comparability of the learning outcomes and assessment methods, as well as the teaching and learning methods used.

Clear mechanisms should be established and transparency provided to inform students about the requirements and rules for the progress assessment and evaluation.

Describe the existing practice of assessing student's academic progress and the defined rules.

How are performance practices and assessment methods compatible with learning outcomes and teaching methods?

Submit a spreadsheet containing the various elements of the educational programme, indicating the number and nature of the exams.

Describe to what extent the integrated assessment of the various elements of the educational programme is ensured.

Describe the practice of providing feedback to students based on the results of the assessment, including an assessment of the progress and the achievement by the students of the final outcomes on clinical rotations.

Provide evidence that the learning outcomes defined by the educational programme (knowledge, skills, attitudes/behavior) have been achieved.

If it is possible, provide a Results summary of the Final State Exams for graduates who have completed this educational programme of medical institution of education and their admission to postgraduate programmes for the last 5 years.

4. STANDARD "STUDENTS"

4.1 Admission and selection policy

Medical institution of education **should:**

4.1.1 define and implement *an admission policy, including a clear regulations for students' selection;*

4.1.2 have *a policy* and introduce the *practice of admitting students with disabilities in accordance with applicable laws and regulations of the country;*

4.1.3 have *policies* and introduce the *practice of transferring students from other programmes and medical institutions of education.*

Medical institution of education **should:**

4.1.4 establish linkages between the selection of students and the mission of the medical institution of education, the educational programme and the desired quality of graduates;

4.1.5 periodically review the admission policy, based on the relevant data from the public and professionals, in order to meet the *health needs of the population and society as a whole, including consideration of student enrollment taking into account their gender, ethnicity and language, and the potential demand for special admission students from low-income families and national minorities;*

4.1.6 use the system of appeals in relation to the admission decisions.

Indicative evaluation focus:

Describe the policy and academic (if there are non-academic) criteria that are defined for admission to a medical institution of education?

Briefly describe the selection process for students, starting with the receipt of the application and the subsequent selection for the interview, the interview process itself, decision making and admission to the medical institution of education. For each stage of the selection, describe the meaning and criteria based on which decisions are made by individuals or groups on admission of students to the medical institution of education.

Are there any additional requirements at institutional or state level?

Fill in the following tables 4.1, 4.1.1, 4.1.2, 4.1.3

Table 4.1 Passing score for admission to the medical institution of education (if this technique is used)

Years	200 -00	200 -00	200 -00	200 -00	200 -00	200 -00	200-00
Pass mark (passing grade)							

Table 4.1.1 Number of admitted students

Years	200 -00	200 -00	200 -00	200 -00	200 -00	200 -00	200-00
Number of applicants							
Number of students enrolled							

Table 4.1.2 Number of first year students enrolled and the total number of students enrolled in this educational programme

Number of students	200 -00	200 -00	200 -00	200 -00	200 -00	200 -00	200-00
First year							
Total							

Table 4.1.3 Number of first year students enrolled and the total number of students dismissed in this educational programme

Number of students	200 -00	200 -00	200 -00	200 -00	200 -00	200 -00	200-00
First year							
Total							

- ✓ *Which body is responsible for student selection and admission policies and what are its powers?*
- ✓ *What methods of selection and admission of students to medical institution of education does this body use?*
- ✓ *Describe the policy and practice of admitting students with disabilities in accordance with applicable laws and regulations of the country?*
- ✓ *What policies and practices for the transfer of students exist in the medical institution of education?*
- ✓ *Fill in table 4.1.4*

Table 4.1.4 Information about students in this education programme

Categories of students	Academic year							Total
	1	2	3	4	5	6	7	
Deducted								
Deducted for academic reasons								
Transferred to another medical institution of education								
Transferred from another medical institution of education								
Repeated school year								
Repeated required clinical rotations or disciplines								
Academic leave								

- ✓ *Describe how the methods used to select students allow us to test their suitability and ability to work in various areas of medicine?*
- ✓ *To what extent do they correspond to social obligations and needs in the field of public health?*
- ✓ *Describe the current policy and practice of the medical institution of education for the admission of students from low-income families and national minorities.*
- ✓ *How does the admission committee evaluate the results of its policy in relation to the subsequent students' academic achievements?*
- ✓ *Describe the mechanisms and procedures for filing an appeal? How appeal rules and procedures are communicated to applicants and other stakeholders?*

4.2 Student Recruitment

4.2.1 Medical institution of education **must** determine the number of students admitted in accordance with the material and technical capabilities and opportunities at all stages of education and training, and make decisions on the recruitment of students implying the need to monitor and respond to the national requirements for human resources for healthcare, in the event when medical institution of education do not control the number of students admitted, the institution's responsibilities should be demonstrated by explaining all relationships, paying attention to consequences of the decision (the imbalance between the recruitment of students, infrastructure and academic potential of the HEI).

4.2.2 Medical institution of education **should** periodically review the number of admitted students' population in consultation with *relevant stakeholders responsible for planning and developing human resources in the healthcare sector, as well as with experts and organizations on global aspects of human resources for healthcare (such as inadequate and uneven the distribution of human resources for health, the migration of doctors, the opening of new medical HEIs)* and monitor the situation to meet the healthcare demands of the population and society as a whole.

Indicative evaluation focus:
- ✓ *Indicate the number of admitted students and any distribution of them into various categories.*
- ✓ *How is the number of admitted students defined in relation to the material, technical and educational potential of the medical institution of education?*
- ✓ *Describe what mechanisms exist to regulate the number of admitted students and the corresponding quotas?*
- ✓ *How is the demand for human resources in healthcare assessed, and with which of the stakeholders does the medical institution of education consult with on the changes in the number and composition of the admitted students? Describe briefly the existing practice of medical institution of education.*

4.3 Counseling and student support

Medical institution of education **should:**

4.3.1 *have a system of academic counseling for their students, which includes issues related to the choice of electives, preparation for postgraduate education, planning professional career, the appointment of academic mentors (supervisors) for individual students or small groups of students;*

4.3.2 *to offer a student support programme aimed at social, financial and personal needs, which includes support in connection with social and personal problems and events, health and financial problems, access to medical care, immunization programmes and medical insurance, as well as financial services assistance 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.

Medical institution of education **should** provide counseling that:

4.3.5 is based on monitoring of student progress and is aimed at the social and personal needs of students, including academic support, support for personal problems and situations, health problems, financial issues;

4.3.6 includes counseling and career planning.

Indicative evaluation focus:
- ✓ *Describe the practice of medical institution of education regarding student counseling services. What other student support programmes exist in medical institution of education?*
- ✓ *What additional support programmes provided by other organizations can students have access to?*
- ✓ *Describe the existing mechanisms for identification and allocation of resources to support students?*
- ✓ *How is confidentiality maintained regarding student counseling and support?*
- ✓ *Describe the opportunity provided for personal counseling to students and comment on its availability, confidentiality and effectiveness.*
- ✓ *Describe what mechanisms exist in the medical institution of education to identify students who need psychological, social, material, academic support?*
- ✓ *Is there a programme to support student's health, how is such a programme supported?*
- ✓ *Describe the practice of advising students about the planning of their professional career, and what mechanisms exist for such support.*
- ✓ *How does a medical institution of education communicate information about student support services to students?*
- ✓ *What are the assessment mechanisms for student support services?*
- ✓ *What conditions does the medical institution of education create for personal development and education of students?*

4.4 Student Representation

4.4.1 Medical institution of education **must** determine and implement the *policy of students' representation* and their respective *participation in the definition* of the mission, development, management and evaluation of the educational programme, and other issues related to students.

4.4.2 Medical institution of education **should** *promote and support student activities and student organizations, including the provision of technical and financial support to student organizations.*

Indicative evaluation focus:
- ✓ *Describe the policy of the medical institution of education regarding the appropriate participation and contribution of students to the issues related to the educational programme?*
- ✓ *What is the policy of medical education in relation to the contribution of students to other issues related to studentship?*
- ✓ *How have students contributed to the development and implementation of these policies?*
- ✓ *What practical mechanisms does the medical institution of education have at its disposal to promote the principles of student self-government and participation in the activities of the management bodies of the medical institution of education?*
- ✓ *Describe the existing mechanisms for the provision of technical and financial support to student organizations?*

5. STANDARD "ACADEMIC STAFF/FACULTY"

5.1 Recruitment and selection policy

Medical institution of education **must** determine and implement a *policy of personnel selection and recruitment,* which:

5.1.1 determines their category, responsibility and balance of academic staff/teachers of basic biomedical sciences, behavioral, social and clinical sciences for the adequate implementation of the educational programme, including the appropriate proportions between medical and non-medical teachers, teachers working full and part-time, and the balance between academic and non-academic staff;

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

5.1.3 identifies and monitors the responsibilities of academic staff/faculty of basic biomedical sciences, behavioral, social and clinical sciences.

Medical institution of education **should** in its policy for the personnel recruitment consider the following criteria:

5.1.4 attitude to their mission, the *importance of local conditions, including gender, nationality, religion, language and other conditions related to the medical* institution of education *and educational programme;*

5.1.5 *economic opportunities that take into account the institutional conditions for financing employees and the efficient use of resources.*

Indicative evaluation focus:

✓ ***What are the qualifications requirements for teachers' employment in the medical institution of education?***

✓ ***Are there institutional or state policies or requirements that influence the decisions of the medical institution of education regarding recruitment?***

✓ ***Describe what policies the medical institution of education pursues to ensure that the profile of the teaching staff matches the range and balance of teachers of basic biomedical sciences, behavioral and social sciences and clinical sciences necessary for the implementation of the education programme.***

✓ ***What is the relationship between medical and non-medical teachers and between full-time and part-time teachers?***

✓ ***What are the requirements for the teachers' employment qualifications in the medical education organization?***

✓ ***Are there institutional or state policies or requirements that influence the decisions of the medical institution of education regarding recruitment?***

✓ ***How often does the medical institution of education review its list of priorities for personnel development?***

✓ ***Describe which mechanisms are used to determine the need for staff and teachers, taking into account the specific local conditions.***

✓ ***How does the medical institution of education plan to improve recruitment practices to achieve its mission and learning outcomes, and how are the economic opportunities considered?***

✓ ***How will this improvement in practice, as well as economic and resource support, affect the improvement of scientific, teaching and clinical skills of staff?***

✓ ***Fill out the tables 5.1, 5.1.1***

Table 5.1 Teaching staff at the departments of basic biomedical disciplines

Disciplines	Full-time					Part-time
	Professor	Associated professor	Assistant / Assistant Professor	Laboratory assistant	Vacant positions	
Biochemistry						
Molecular biology						

Medical genetics						
Anatomy						
Histology						
Physiology						
Pathological anatomy						
Pathological physiology						
Pharmacology						
Microbiology						

Table 5.1.1 Teaching staff of clinical disciplines

Disciplines	Full-time					Part-time
	Professor	Associated professor	Assistant / Assistant Professor	Laboratory assistant	Vacant positions	
Propedeutics of internal diseases						
Internal illnesses						
Surgery						
Obstetrics and gynecology						
Pediatrics						
Psychiatry						
General Practice / Family Medicine						
Anesthesiology						
Resuscitation and intensive care						
Traumatology						
Emergency Medical Care						
Dermatology and Venereology						
Neurology						
Neurosurgery						
Oncology and radiation therapy						
Ophthalmology						
Orthopedic surgery						
Otorhinolaryngologists,						
Physiotherapy and rehabilitation medicine						
Clinical genetics						
Pediatric Surgery						
Infectious diseases						
Phthisiatry						
Outpatient polyclinic therapy						
Forensic Medicine						

Occupational diseases							
Geriatrics							
Palliative care							

5.2 Policy for activities and employee development

Medical institution of education m**ust** determine and implement the policies of the activities and development of employees, which:

5.2.1 allows to maintain a *balance between teaching, scientific and service functions,* which include setting the time *for each activity, taking into account the demands of the medical institution of education and professional qualifications of teachers;*

5.2.2 guarantees the *recognition of academic excellence*, with a corresponding emphasis on pedagogical, research and clinical qualifications, and is *carried out in the form of awards, promotion and/or remuneration;*

5.2.3 ensures that clinical activities and research are used in teaching and learning;

5.2.4 guarantees the *adequacy of knowledge by each employee of the educational programme, which includes knowledge of the methods of teaching/learning and the general content of the educational programme, and other disciplines and subject areas in order to encourage cooperation and integration;*

5.2.5 *includes training, development, support and evaluation of teachers, which involves all teachers, not only newly recruited, but also teachers drawn from hospitals and clinics.*

Medical institution of education **should:**

5.2.6 take into account the "teacher-student" ratio depending on the various components of the educational programme;

5.2.7 develop and implement employee promotion policies.

Indicative evaluation focus:
- ✓ *Describe what policies medical institution of education pursue to ensure proper recognition and decent remuneration of teachers in the academic, research, clinical and management fields?*
- ✓ *Are there any additional institutional or public policies or rules in this area?*
- ✓ *What are the mechanisms for developing and maintaining the capacity of teachers and evaluating their activities?*
- ✓ *What staff development programmes exist or are planned in which teachers could improve their skills and receive an objective assessment of their teaching activities?*
- ✓ *How is the participation of teachers in the career advancement programmes promoted?*
- ✓ *Describe the capacity building programme for teachers in the educational programme and a capacity building plan.*
- ✓ *Describe how the ratio of the number of teachers and students in relation to the various components of the educational programme is taken into account in personnel policy?*
- ✓ *Describe briefly the existing employee promotion (career growth) policy and mechanisms for its implementation.*
- ✓ *Describe how changes are made in employee promotion policies. How do teachers get the information about their capabilities and requirements, taking into account the specifics of the departments and how they are appointed to correspondent positions?*

6. STANDARD "EDUCATIONAL RESOURCES"

6.1 Material and technical base

Medical institution of education **should:**

6.1.1 have sufficient *material and technical base* for teachers and students, allowing to ensure the adequate implementation of the educational programme;

6.1.2 provide a *safe environment* for employees, students, patients and those who care for them, including providing the necessary information and *protection from harmful substances, microorganisms, compliance with safety regulations in the laboratory and in the use of equipment.*

6.1.3 Medical institution of education **should** improve the learning environment of students by regularly updating, expanding and strengthening the material and technical base, which should be consistent with the development in teaching practice.

Indicative evaluation focus:
- ✓ *Give a brief description of each element of the material and technical base available for providing non-clinical components of the educational programme.*
- ✓ *How does the medical institution of education check the adequacy of educational resources for the educational programme?*
- ✓ *What mechanisms exist for providing feedback from students and teachers about the existing material and technical base and analyzing the need for education resources?*
- ✓ *What powers does the medical institution of education have in order to allocate resources to eliminate the identified deficiencies?*
- ✓ *Describe the security system and responsible personnel that provide safe training and a safe learning environment for students during classes and during out-of-class time at the university and at clinical training bases.*
- ✓ *Describe existing and proposed initiatives to prepare for natural and other disasters and emergencies, including planning, compulsory education, and resource availability activities for students, teachers, and employees of medical institution of education.*
- ✓ *Describe the mechanisms for ensuring a safe environment in classrooms, laboratories and using equipment? How are available instructions and rules for compliance with safety regulations communicated to employees and students?*
- ✓ *What are the mechanisms used to update and strengthen the material and technical base and ensure their compliance with modern technologies in training? Indicate what plans are in place to improve the material and technical base in accordance with the identified needs and priorities.*

6.2 Resources for clinical training

The medical institution of education **must** provide the necessary resources for students to acquire adequate clinical experience, including, sufficient:

6.2.1 number and category of patients;

6.2.2 number and categories of *clinical setting, which include clinics, outpatient services (including primary health care), primary health care facilities, health centers and other health care facilities, and clinical skills centers/laboratories that allow clinical training, using the capabilities of clinical bases and ensure rotation in the main clinical disciplines;*

6.2.3 observation of the clinical practice of students.

6.2.4 Medical institution of education **should** *study and evaluate*, adapt and improve resources for clinical training to *meet the needs of the population served, which will include relevance and quality for clinical training programmes regarding clinical sites, equipment,*

number and category of patients and clinical practice, observation as supervisor and administration.

Indicative evaluation focus:

Give a brief description of the material and technical base that the medical institution of education has for clinical training of students in hospitals, outpatient clinics, municipal clinics, primary health care institutions, and educational laboratories.

Provide a description of the clinical bases (the full title, how long it has been used as the clinical base of the medical institution of education, bed capacity, departments, number of visits, the number of beds for the medical institution's employees and patients).

Describe how the medical institution of education checks the adequacy of the material and technical base, the number and profile of patients to provide clinical training for students?

What mechanisms exist to correct deficiencies?

The practice and existing mechanisms should be described, with the help of which it is guaranteed that teachers identify all categories of patients and clinical conditions for clinical training of students in accordance with the learning outcomes and select appropriate clinical bases (clinics, polyclinics, family medicine centers) in accordance with the expected from student level of responsibility. Teachers should monitor and ensure that the objectives of the clinical education programme are met, and students have achieved the expected outcomes.

Describe how observation of students' clinical practice is ensured?

Describe how the medical institution of education adapts and improves the use of material and technical base for clinical education, including educational laboratories and affiliated institutions, taking into account changing needs?

Fill in table 6.2

Table 6.2 Characteristics of clinical sites

No.	Title of the clinical base / branch and date of agreement	Legal address	Bed capacity (if available)	Accreditation of the organization of health care (date and period of accreditation, accreditation body) (if available)	linical disciplines	Number of student groups or clinical rotations	Number of classrooms
1	2	3	4	5	6	7	8

6.3 Information Technology

6.3.1 Medical institution of education **must** define and implement policies that aim at the *effective use and evaluation of relevant information and communication technologies in the educational programme.*

6.3.2 Medical institution of education **should** provide access to network or other electronic media.

Medical institution of education s**hould** provide opportunities for teachers and students to use information and communication technologies:

6.3.3 for self-study;

6.3.4 to access information;

6.3.5 case management;

6.3.6 work in the health care system.

6.3.7 Medical institution of education **should** optimize student access to the relevant patient data and healthcare information systems.

Indicative evaluation focus:
- ✓ *Describe the existing policy regarding the use of information and communication technologies in the learning programme?*
- ✓ *Describe the composition of the committee or unit responsible for the formulation and implementation of information and communication technology policies?*
- ✓ *Is there any institutional or government policy regarding information and communication technologies?*
- ✓ *What powers does it have to allocate resources for the implementation of information and communication technologies in the curriculum?*
- ✓ *Describe the evaluation mechanisms of relevant information and communication technologies used in the educational programme?*
- ✓ *Describe how access to modern and high-quality information resources is provided to support the education programme (access to the bibliographic databases MEDLINE, EMBASE, access to e-books and reference materials, access to e-journals).*
  - ✓ ***Are there special training programmes for teachers and students on the use of information and communication technologies?***

6.4 Research in the field of medicine and scientific achievements

Medical institution of education **should:**

6.4.1 have *research activities in the field of medicine and scientific achievement*s as the basis for the educational programme;

6.4.2 identify and implement policies that promote the relationship between research and education;

6.4.3 to provide information on the research base and priority areas in the field of scientific research of the medical institution of education;

6.4.4 use medical research as the basis for a study programme.

Medical institution of education **should** ensure that the linkage between the research and education:

6.4.4 is taken into account in teaching;

6.4.5 encourages and prepares students to participate in research in the field of medicine and their development.

Indicative evaluation focus:
- ✓ *Briefly describe the research base and ongoing research programmes.*
- ✓ *Describe the mechanisms that ensure the relationship between research and the education programme?*
- ✓ *What mechanisms exist to confirm that the achievements and results of scientific research are reflected in the education programme of the medical institution of education and in teaching?*

✓ *Describe the initiatives and existing practice aiming to involve students to medical research.*
✓ *Fill in the tables 6.4, 6.4.1*

Table 6.4 The main directions of research of medical institution of education (in the framework of the education programme)

Title of research projects / programs	Customer and source of funding	Full name of supervisor	Implementation period	Subcontracting organizations, including foreign ones	Number of local (country) publications	Number of publications in the near and far abroad	Number of copyright certificates, pre-patents, patents, other security documents	Number of implemented scientific and technical developments
Total								

Table 6.4.1 Information about participation of the currently studying students in scientific research

Name of research projects / research	Student participation (qty)	Articles published (number)	Participation in local, international conferences / presentations (number)

6.5 Inspection in the field of education

Medical institution of education **should:**

6.5.1 have access to *inspection reviews in education*, where necessary, and conduct reviews that studies the processes, practices and problems of medical education and may involve doctors with experience in conducting research in medical education, psychologists and sociologists in the field of education, or experts from other national and international institutions.

Medical institution of education **must** determine and implement a policy on the reviews in the field of education:

6.5.2 in the development of the education programme;

6.5.3 in the development of teaching methods and the assessment of knowledge and skills.

Medical institution of education **should:**

6.5.4 provide evidence of the use of internal or external inspection reviews in the field of medical education to develop the employees potential;

6.5.5 pay due attention to the development of *inspection in educational assessment and research in medical education as a discipline, including the study of theoretical, practical and social issues in medical education;*

6.5.6 promote the aspirations and interests of staff in conducting research in medical education.

Indicative evaluation focus:
- ✓ *Describe the current practice of conducting inspection reviews in medical education. How are the priority research areas determined and are they directed to the requirements of education programmes?*
- ✓ *Has a structural unit been identified as responsible for conducting such inspection review and education research? Describe the structure and authorities of such a unit.*
- ✓ *Describe the existing policies aiming to ensure appropriate for the implementation of the education programme?*
- ✓ *What practices does the medical institution of education have in engaging psychologists, sociologists and/or external experts in conducting research in medical education, developing an education programme, teaching and assessment methods?*
- ✓ *Does the medical institution of education have access to an internal review of medical education or any other reviews in the field of education? Describe the use of such reviews to develop the employee potential.*
- ✓ *What is the practice of the medical institution of education* in *the development of reviews in the study and evaluation of education and in the medical education research as a discipline?*
- ✓ *What mechanisms exist to support employees in their interest in researching medical education?*

6.6 Exchange in education

Medical institution of education **must** define and implement policies for:

6.6.1 cooperation at the national and international levels with *other medical HEIs*;

6.6.2 transfer and reciprocal offset of learning credits, which includes review of the education programme scope, which can be transferred from other education organizations and which can be facilitated by agreements on mutual recognition of education programme elements, and active coordination of programmes between medical institutions of education and the use of a transparent system of credit units and flexible course requirements.

Medical institution of education **should:**

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

6.6.4 ensure that the exchange is organized in accordance with the objectives, taking into account the needs of employees, students, and in compliance with ethical principles.

Indicative evaluation focus:
- ✓ ***What policies does medical institution of education pursue in cooperation with other medical institutions of education?***
- ✓ ***Give a brief description of the existing types of cooperation with other medical institutions of education and describe their nature.***
- ✓ *What is the policy and practice of medical institution of education in relation to the transfer and offsetting of studying credits?*
  - ✓ ***Describe the existing activities aiming to develop regional and international cooperation with other medical institutions of education.***
  - ✓ ***Describe the practice and provide information on the exchange of students and teachers, and on conducting joint research.***
- ✓ *What powers does the medical institution of education have to allocate resources for international cooperation?*

7. STANDARD "PROGRAMME EVALUATION"

7.1 Programme Monitoring and Evaluation Mechanisms

Medical institution of education **should:**

7.1.1 have a process and outcome *monitoring programme* that includes *collecting and analyzing data on key aspects of the education programme in order to ensure that the education process is carried out appropriately and to identify any areas requiring interventions, and the data collection is part of the administrative procedures in relation to student enrollment, student assessment and completion of studies.*

7.1.2 check that the relevant assessment results affect the curriculum.

The medical institution of education **should** establish and apply mechanisms for evaluation of the education programme, which:

7.1.3 aim at the education programme and *its main components, including the model of the education programme, the structure, content and its duration, and the use of compulsory and elective components;*

7.1.4 focused on student progress;

7.1.5 identify and review *problems that include the lack of achievement of the expected learning outcomes,* and will assume that the information received about the learning outcomes, including the identified deficiencies and problems, will be used as feedback for activities and corrective action plans, to improve the education programme and curriculum disciplines;

Medical institution of education should periodically conduct a comprehensive *evaluation of the education programme,* aimed at:

7.1.6 *the context of the education process*, which includes the organization and resources, the learning environment and the culture of the medical institution of education;

7.1.7 *for special components of the education programme*, which include a description of the discipline and methods of teaching and learning, clinical rotations and assessment methods;

7.1.7 for *general outcomes*, which will be measured by the results of national and international exams, career choice and the results of postgraduate studies;

7.1.8 Medical institution of education **should** rely on social responsibility/accountability.

Indicative evaluation focus:
- ✓ *How does a medical institution of education evaluate its programme?*
- ✓ *Is there a group that independently monitors data on programme performance and overall outcomes, and ensures that the problems identified are provided to the appropriate authority?*
- ✓ *What types of data is collected for the study and evaluation of the education programme?*
- ✓ *What mechanisms exist to study and evaluate the education programme, the progress of students?*
- ✓ *What mechanisms are used to identify problems and determine the achievement of the learning outcomes?*

7.2 Feedback between a teacher and student

7.2.1 The medical institution of education **should** systematically collect, analyze and provide teachers and students with *feedback that includes information about the process and products of the education programme, information about unfair practices or inappropriate behavior of teachers or students with and/or legal consequences.*

7.2.2 Medical institutions of education **should** use feedback results to improve the education programme.

Indicative evaluation focus:
How does a medical institution of education encourage individual teachers and students to participate in programme evaluation activities and in the subsequent improvement of the programme?

7.3 Students' academic performance

Medical institution of education **should** analyze *students' learning achievements* regarding:

7.3.1 its *mission and learning outcomes* of the education programme, which includes information on the average duration of studies, grades, the frequency of passing and failures in exams, cases of successful completion and deduction, students' reports on the conditions of training in the completed courses, on the time spent for exploring areas of interest, including optional components, as well as interviewing students about repetitive courses, and those who discontinued studying the curriculum;

7.3.2 education programme;

7.3.3. resources availability.

Medical institution of education **should** analyze *students' learning achievements* regarding:

7.3.4 their *prior experience and conditions, including social, economic, cultural conditions;*

7.3.5 academic level at the time of admission to the medical institution of education.

Medical institution of education **should** use the analysis of students' academic achievements to provide feedback to the structural units responsible for:

7.3.6 students' selection;

7.3.7 education programme planning;

7.3.8 student counseling.

Indicative evaluation focus:
What statistics about students 'and graduates' academic achievements are collected and analyzed, and how are they used in relation to the mission and the learning outcomes, the education programme, the availability of resources?
Monitoring, for which individual parameters of students' academic achievements are carried out during the course?
How are the results of this monitoring used in the student selection process, education programme planning and student counseling?

7.4 Stakeholder Involvement

Medical institution of education in its programme of monitoring and evaluation of the education programme **should** involve:

7.4.1 faculty and students;

7.4.2 its administration and management.

Medical institution of education **should** *for other stakeholders, including other representatives of academic and administrative staff, members of the public, authorized education and health authorities, professional organizations, as well as those responsible for post-graduate education:*

7.4.3 provide access to the results of the course and education programme evaluation;

7.4.4 collect and study feedback from them on the clinical practice of graduates;

7.4.5 collect and study feedback from them on the education programme.

Indicative evaluation focus:

How are faculty members and students, as well as employees of the administration and management of medical institution of education involved in the monitoring process and assessment activities of the education programme?

How does the medical institution of education communicate to stakeholders the results of the programme evaluation?

To what extent are other stakeholders involved in the monitoring and evaluation process and in improving the training programme?

What mechanisms (formal and informal) are established to ensure proper collection and study of clinical feedback for graduates, and to take into account the views of other stakeholders?

8. STANDARD "MANAGEMENT AND ADMINISTRATION"

8.1 Management

8.1.1 Medical institution of education **must** determine the management structures and functions, including their *relationship with the university, if the medical institution of education is part of or a branch of the university.*

Medical institution of education **should** in their management structures determine the str*uctural units with assigning the responsibility of each structural unit* and include in their composition:

8.1.2 representatives of academic staff;

8.1.3 students;

8.1.4 *other stakeholders*, including representatives of the *Ministry of Education and Health, the health sector and the public.*

8.1.5 Medical institution of education **should** ensure the *transparency* of the management system and the decisions taken, *which are published in bulletins, posted on the website of HEI, included in the minutes for review and execution.*

Indicative evaluation focus:

Describe the management structure, its components and functions.

Describe the relationship between the medical institution of education and the university in the event that a medical institution of education is part of or affiliated with a university branch.

Describe the representation and functions of academics, students and other stakeholders in various management structures and committees.

8.2 Academic leadership

8.2.1 Medical institution of education should clearly define the responsibility of *academic management* in the development and administration of the education programme.

8.2.2 Medical institutions of education **should** periodically assess the academic management regarding the achievement of their mission and the learning outcomes.

Indicative evaluation focus:
Describe the academic structure of the management of a medical institution of education, indicating the responsibility for certain parts of the education programme.
How is the academic management of a medical institution of education being studied and evaluated in relation to the achievement of the mission and goals, and the learning outcomes?

8.3 Budget for learning and resource allocation

Medical institution of education **should:**

8.3.1 have clear responsibilities and authority for providing the educational programme with resources, including a targeted training budget;

8.3.2 allocate resources necessary for the implementation of the education programme and allocate education resources in accordance with correspondent demand for them.

8.3.3 The system of financing the medical education institution should be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, delineation and independence of all budget levels.

Medical institution of education **should:**

8.3.4 provide sufficient autonomy in the allocation of resources, including a decent remuneration of teachers to achieve the learning outcomes;

8.3.5 in the allocation of resources, take into account scientific advances in medicine and the problems of public health and societal needs.

Indicative evaluation focus:
What mechanisms exist to study the needs, allocation and distribution of education resources?
What kind of autonomy does medical institution of education have in the allocation of resources? Describe the current policy and practice of medical institution of education.
How is the appropriate allocation of resources ensured to achieve mission and learning outcomes?
Describe the system of financing medical education institution.

8.4 Administrative staff and management

Medical institution of education **must** have the *appropriate administrative staff,* including their *number and composition in accordance with the qualifications,* in order to:

8.4.1 ensure the implementation of the education programme and relevant activities;

8.4.2 ensure proper management and allocation of resources.

8.4.3 Medical institution of education **should** develop and implement an internal management quality assurance programme, including review of requirements for improvement, and conduct regular management review and analysis.

Indicative evaluation focus:
What administrative functions are fulfilled by employees of the medical institution of education?

Describe the structure of the administrative state to support these functions.
How is the number of the administrative staff set in relation to the programme and other activities?
Does the administrative unit of the medical institution of education have a programme to ensure the quality of management?
How are the quality assurance programme and management review analysis reviewed?

8.5 Interaction with the healthcare sector

8.5.1 Medical institution of education **must** have *constructive interaction* with the healthcare sector, with related health sectors of the society and the government, *including the exchange of information, cooperation and initiatives of the organization, which contributes to assurance of qualified doctors in accordance* with the societal needs.

8.5.2 Medical institution of education **should** formalize cooperation with partners in the healthcare sector, *which includes entering into formal agreements with the definition of content and forms of cooperation and/or concluding a joint agreement and the establishment of a coordinating committee, and implementation of joint activities.*

Indicative evaluation focus:
Describe the relationship of the medical institution of education with the health services with which it interacts, regarding its mission and education programme, the provision of resources, teaching and clinical facilities and teaching staff.
What formal mechanisms exist to ensure that the medical institution of education interacts constructively with the healthcare industry?
Describe any kind of joint responsibility of the medical institution of education and the organizations of the healthcare system.

9. STANDARD "CONTINOUS UPDATE"

Medical institution of education **must** as a dynamic and socially responsible institution:

9.1.1. Initiate procedures for the regular review and revision of the content, results/competencies, assessment and learning environment, structures and functions, it shall document and correct deficiencies;

9.1.2 allocate resources for continuous improvement.

Medical institution of education **should:**

9.1.3. base the update process on prospective studies and analyses of the results of own study, evaluation and medical education literature;

9.1.4 ensure that the update process and restructuring leads to a revision of its policies and practices in accordance with previous experience, current activities and prospects for the future; it shall direct the update process to the following issues.

9.1.5 Adaptation of the Regulations on the mission and learning outcomes to the scientific, socio-economic and cultural development of society.

9.1.6 Modification of the graduates' learning outcomes in accordance with the documented requirements of the postgraduate training environment, including clinical skills, public health training and participation in the process of providing medical care to patients in accordance with the duties assigned to graduates after graduating from a medical institution of education.

9.1.7 Adaptation of the education programme model and methodological approaches to ensure that they are relevant and appropriate and take into account modern theories in education, the methodology of adult education, the principles of active learning.

9.1.8 Adjustment of the elements of the education programme and their interrelationship in accordance with achievements in the biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health status/morbidity structure of the population and socio-economic and cultural conditions, and the adjustment process will ensure the inclusion of new relevant knowledge, concepts and methods, and the exclusion of obsolete.

9.1.9 Development of evaluation principles, and methods and the number of examinations in accordance with changes in the learning outcomes, teaching and learning methods.

9.1.10 Adaptation of student recruitment policy and selection methods, taking into account changing expectations and circumstances, human resource requirements, changes in the pre-university education system and the requirements of the education programme.

9.1.11 Adaptation of the recruitment policy and the formation of academic staff in accordance with changing requirements.

9.1.12 Updating education resources in accordance with changing requirements, such as student recruitment, number and profile of academic staff, education programme.

9.1.13 Improving the process of monitoring and evaluation of the education programme.

9.1.14 Improving the organizational structure and management principles to ensure effective operations in a changing circumstances and requirements, and, in the long term, to meet the interests of various groups of stakeholders.

Indicative evaluation focus:
Describe the recent and planned activities aiming to ensure the timely response of the medical institution of education to changing terms.

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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	

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-	Preliminary meeting of EEP	*IAAR external experts*	Hotel

18.00	(distribution of responsibilities, discussion of key issues and the visit programme)		
18.00-19.00	Dinner (only EEP members)	*IAAR external experts*	
Day 1: «__» _____ 201__			

9.00-9.30	Discussion of organizational issues with experts	*IAAR external experts*	Main building, room for IAAR's EEP
9.30-10.00	Meeting with the head of the institution of education	Manager *(Full name)*	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)	*Position, Full name*	Main building, conference-hall
10.30-11.15	Meeting with heads of structural units of the institution of education	*Position, Full name (or Appendix no.__)*	Main building, conference-hall
11.15-11.30	Coffee break with internal discussions	*Only EEP members*	EEP room
11.30-12.45	Visual inspection of the institution of education *(in the case of Programme accreditation, only entities under the accredited education programme)*	*Position, Full name*	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	*Position, Full name (or Appendix no.__)*	Main building, conference-hall
15.00-15.45	Meeting with heads of EP departments under accreditation	*Position, Full name (or Appendix no.__)*	Main building, conference-hall
15.45-16.00	Coffee break with internal discussions	*Only EEP members*	
16.00-17.00	Meeting with teachers of EP under accreditation	*List of teachers (Appendix no.__)*	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)	*Faculty of EPs under accreditation*	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 *(in case of programme accreditation)*	*Position, Full name*	Academic building no. 5 Academic building no. 2
09.30-12.30	Visiting lectures	*According to the schedules of EP under accreditation*	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	*Students of EP under accreditation (Appendix no.__)*	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)	*Students of EP under accreditation*	Computer rooms no. 513-519
15.00-16.00	Meeting with employers	*Representatives of state and financial institutions, managers of industrial enterprises and organizations (Appendix no.__)*	Lecture theatre no. 1
16.00-16.30	Coffee break with internal discussions	*Only EEP members*	EEP room
16.30-17.00	Meeting with graduates of EP	Graduates - representatives for each EP (Appendix no.__)	Lecture theatre no. 1
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)	*Only EEP members*	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-	Visiting on-the-job training	*Full name,* on-the-job training venues	*Appendix №_*

12.30	venues, branches of departments (clinical bases, educational and clinical centers)		
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)	*Lunch*	
14.00-16.30	EEP work		EEP room
16.30-17.00	Final meeting of the EEP with the institution's management	*Heads of the higher education institution and structural units*	Main building, conference-hall
18.00-19.00	Dinner (only EEP members)		
Based on schedule	*Departure of the EEP members*		
«__» _____ 201__			
Based on schedule	*Departure of the EEP members*		

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

APPENDIX 3

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;
- 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).

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.

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:

- 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;
- 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.

APPENDIX 6

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.

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.

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.

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.

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

- accredit the medical institution of education and (or) for a term of 1/3/5/7 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.

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 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*)