

**Standards and Guidelines  
for International Institutional Accreditation  
of Education Organisations  
in the Field of Healthcare  
(based on WFME/ AMSE/ ESG)**



**Standards and Guidelines  
for International Institutional Accreditation  
of Education Organisations in the Field of Healthcare  
(based on WFME/ AMSE/ ESG)**

*Recommended by the Expert Council for Medical Education of  
Independent Agency for Accreditation and Rating*

Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of Healthcare (based on WFME/ AMSE/ ESG) / Astana: Non-Profit Institution "Independent Agency for Accreditation and Rating", 2025. – 55 p.

These standards and guidelines have been developed in accordance with the standards of basic medical education (WFME, 2015, 2020), harmonised with the standards of postgraduate medical education (WFME, 2015), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015) and define the requirements for the preparation and conduct of the procedure for the international institutional accreditation of education organisations in the field of healthcare regardless of the status, organisational and legal form, departmental subordination and form of ownership of the educational organisation.

## Foreword

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

2. **APPROVED AND ENACTED** by Order No. 142-25-OD of 3 September 2025 issued by the Director General of the Non-Profit Institution "Independent Agency for Accreditation and Rating".

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

### **4. THIRD EDITION**

These standards and guidelines may not be reproduced, replicated or distributed in full or in part without the permission of Non-Profit Institution "Independent Agency for Accreditation and Rating".

## CONTENTS

<b>INTRODUCTION</b> .....	5
<b>I. THE PROCEDURE OF INTERNATIONAL INSTITUTIONAL ACCREDITATION OF EDUCATION ORGANISATIONS IN THE FIELD OF HEALTHCARE</b> .....	6
<b>II. SELF-ASSESSMENT REPORT</b> .....	11
<b>III. STANDARDS OF INTERNATIONAL INSTITUTIONAL ACCREDITATION OF EDUCATION ORGANISATIONS IN THE FIELD OF HEALTHCARE</b> .....	13
3.1. SCOPE OF APPLICATION .....	13
3.2. REGULATORY REFERENCES .....	13
3.3. TERMS AND DEFINITIONS .....	13
3.4. DESIGNATIONS AND ABBREVIATIONS .....	15
3.5. GENERAL PROVISIONS .....	16
1. STANDARD "MISSION AND VALUES" .....	17
2. STANDARD "EDUCATIONAL PROGRAMME" .....	18
3. STANDARD "ASSESSMENT OF STUDENTS" .....	20
4. STANDARD "STUDENTS" .....	22
5. STANDARD "ACADEMIC STAFF/FACULTY" .....	25
6. STANDARD "EDUCATIONAL RESOURCES" .....	28
7. STANDARD "QUALITY ASSURANCE POLICY" .....	31
8. STANDARD "GOVERNANCE AND ADMINISTRATION" .....	33
9. STANDARD "CONTINUOUS RENEWAL" .....	35
<b>APPENDICES</b> .....	37

## INTRODUCTION

These standards are developed in accordance with the standards of basic medical education (WFME, 2015, 2020), postgraduate medical education (WFME, 2015), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015) and define the requirements for the preparation and conduct of the procedure for international institutional accreditation of education organisations in the field of healthcare, regardless of status, organisational and legal form, departmental subordination and form of ownership of the EO

The IAAR Standards and Guidelines for International Institutional Accreditation (based on the WFME/AMSE/ESG standards) consist of two parts:

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

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

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

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

## I. THE PROCEDURE OF INTERNATIONAL INSTITUTIONAL ACCREDITATION OF EDUCATION ORGANISATIONS IN THE FIELD OF HEALTHCARE

### *Goals and Objectives of the International Institutional Accreditation*

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

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

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

### *The Procedure for Conducting International Accreditation*

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

#### **1. Application for accreditation.**

Submission of EO application for international institutional accreditation with copies of title documents and permits attached.

Consideration of the IAAR application of the EO.

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

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

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

#### **3. Preparation of a self-assessment report**

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

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

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

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

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

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

- "develop recommendations on the need to finalise the materials of the self-assessment report";
- "to conduct an external expert assessment";
- "to postpone the accreditation period due to the impossibility of carrying out the procedure of institutional accreditation due to the non-compliance of the self-assessment report with the criteria of these standards".

#### **4. EEC site visit to EO**

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

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

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

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

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

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

- represents an office for the work of the EEC with the provision of a workplace for each member of the EEC;
- submits an electronic and paper version of the self-assessment report for each of the commission members;
- provides the necessary modern electronic office equipment in agreement with the representative of IAAR and the number of members of the EEC;
- organises a visual inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of work of the EEC in accordance with the programme of the EEC visit;
- provides the requested information;
- organises photography of the work of the EEC.

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

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

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

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

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

## 5. IAAR decision-making

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

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

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

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

- to accredit for a period of **1 (one) year** – if the criteria are met in general, but if there are some shortcomings and opportunities for improvement (when evaluating criteria requiring improvement from 40% to 60%, lack of strong criteria);

- to accredit for a period of **3 (three) years** – if the criteria are met in general, but if there are some minor shortcomings and opportunities for improvement (when evaluating criteria requiring improvement from 20 to 40%, if there are strong criteria);

- to accredit for a period of **5 (five) years** – if the criteria are met in general and there are positive results (when evaluating criteria requiring improvement of up to 20%, if there are strong criteria);

- to accredit for a period of **7 (seven) years** – when the criteria are met in general and there are examples of best practice translation (when assessing those requiring improvements of up to 10%, and strong criteria of at least 20%);

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

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

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

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

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

## 6. Follow-up procedures

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

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

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

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

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

"temporarily suspend the accreditation status of the EO";

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

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

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

### **External Expert Commission (Group of Experts on External Evaluation)**

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

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

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

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

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

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

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

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

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

#### **The External Expert Commission consists of:**

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

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

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

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

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

## II. SELF-ASSESSMENT REPORT

The Self-Assessment Report (hereinafter - SAR) is one of the main documents of the international institutional accreditation of EO.

### *Basic Principles of SAR Preparation*

- 1. Structuring:** strict compliance of the presented material with the sections of the document.
- 2. Readability:** the text of the document should be easy to read in terms of printing, semantic and stylistic features of the text.
- 3. Analyticity:** analysis of advantages and disadvantages, analysis of the dynamics of the development of EO.
- 4. The objectivity of the assessment.**
- 5. Evidence-based justification:** the provision of facts, data, and information as arguments supporting conclusions.

Programme-specific features that are not described in the guidelines shall be included in the relevant sections of the documentation.

The final document shall be well structured and clearly numbered, including annexes.

### *SAR Format*

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

The report shall be prepared in the following format: font type – Times New Roman; font size – 12; line spacing – 1.5; paragraph spacing before and after headings – not more than 6 pt. An automatically generated and editable built-in table of contents and page numbers shall be included at the beginning of the report. The report shall be printed in A4 format with portrait orientation; landscape orientation may also be used for annexes.

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

The volume of the self-assessment report should not exceed 70-80 pages of the main text. The Self-assessment Report is separately accompanied by a package of documents in the form of appendices (in a separate file not exceeding 100 pages). Graphic images must first be compressed to a resolution of 96 dots per inch before being exported to the application text. To reduce the volume of applications, it is recommended that in the text of the self-assessment report, as much as possible, indicate links to supporting documents located on the electronic resources of the EO.

The SAR must be submitted in English<sup>1</sup> - officially in electronic format, unless otherwise agreed.

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

---

<sup>1</sup> Large-volume documents may be submitted in the original language, provided that they are accompanied by a brief summary in English.

### ***SAR Content***

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

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

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

- brief information;
- organisational and legal support of activities;
- organisational structure and management system;
- interaction with educational, research, professional organisations at the local, regional and national levels;
- international activities;
- number of students (annual);
- dynamics of the contingent of students of different forms of education over the past 3-5 years.

The second section includes an analysis of the compliance of the activities of the educational organisation with the standards of international accreditation.

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

The educational organisation should provide information about the achievements of the EO during the last 3-5 years according to each standard (if available). It is also assumed that the report will indicate problems and areas requiring improvement that were identified using SWOT analysis.

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

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

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

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

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

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

- **"Strong"** is characterised by a high level of indicators of one criterion of international accreditation. This position of this criterion makes it possible to serve as an example of good practice for dissemination among other EOs.
- **"Satisfactory"** is determined by the average level of indicators of one criterion of international accreditation and means compliance with the criterion.
- **"Suggests improvement"** is characterised by a low level of performance of one criterion of international accreditation.
- **"Unsatisfactory"** means that indicators of EO does not meet the criterion of international accreditation.

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

#### ***3.1. Scope of Application***

These standards define the regulatory requirements for the main provisions of the standards of international accreditation of education organisations in the field of healthcare during the procedure of accreditation of the EO in the field of healthcare, regardless of its status, organisational and legal form, forms of ownership and departmental subordination.

These standards can also be used:

- a) educational organisations for internal self-assessment and external evaluation of EO;
- b) to develop appropriate regulatory documentation.

#### ***3.2. Regulatory References***

This standard uses references to the following regulatory documents:

1. World Federation for Medical Education: BASIC MEDICAL EDUCATION WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT The 2015 Revision
2. World Federation for Medical Education: BASIC MEDICAL EDUCATION WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT The 2020 Revision
3. Guidelines on the use of ECTS (European Credit Transfer and Accumulation System), approved at the Yerevan Conference of Ministers of Education on May 14-15, 2015.
4. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015)

#### ***3.3. Terms and Definitions***

For the purposes of this Standard, the following terms and definitions shall apply:

***3.1. Accreditation*** — an external quality assurance procedure for the evaluation and formal recognition of compliance of an education organisation or its educational programmes with established quality standards and criteria, conducted by an accreditation agency.

***3.2. Academic mobility*** — organised learning, training, teaching, or research carried out in another education organisation with subsequent recognition and transfer of learning outcomes.

***3.3. Academic freedom*** — the guaranteed right of academic staff and learners to freely engage in teaching, learning, and research within the framework of the law and professional ethics.

***3.4. Academic integrity*** — a set of principles and rules that exclude plagiarism, fabrication, falsification of data, and other forms of academic misconduct in educational and research activities.

***3.5. Academic environment (educational environment)*** — the totality of conditions, resources, and practices within which learning, teaching, and research are conducted.

***3.6. Anti-corruption and compliance policy*** — a system of norms and procedures aimed at preventing corruption risks and ensuring compliance with legislation, internal regulations, and ethical standards.

***3.7. Clinical training base*** — a healthcare organisation (or its structural unit) that provides facilities and conditions for clinical education and practical training of learners.

***3.8. Industrial (work-based) training base*** — an enterprise or organisation providing facilities for work-based learning, internships, and traineeships, where applicable to the educational programme.

***3.9. External quality assurance*** — independent evaluative activities (audit, review, accreditation) carried out by bodies external to the higher education institution.

**3.10. Internal quality assurance** — systematic activities undertaken by an organisation for planning, monitoring, and enhancing the quality of educational, research, and administrative activities.

**3.11. Qualification level descriptors** — descriptions of knowledge, skills, responsibility, and autonomy that characterise qualification levels within national and international qualification frameworks.

**3.12. European Standards and Guidelines for Quality Assurance in Higher Education (ESG)** — a set of principles governing internal and external quality assurance within the European Higher Education Area.

**3.13. European Qualifications Framework (EQF)** — a common European reference framework of qualification levels that enables the comparability of learning outcomes.

**3.14. European Credit Transfer and Accumulation System (ECTS)** — a student-centred system for the recognition and accumulation of credits based on learning outcomes and workload, used for programme planning, delivery, assessment, and mobility.

**3.15. ECTS credit** — a unit used to measure the volume of learning based on learning outcomes and learner workload; 60 ECTS credits correspond to one full-time academic year.

**3.16. Quality indicator (performance indicator)** — a quantitative or qualitative metric used to monitor goal achievement and assess the effectiveness of processes and outcomes.

**3.17. Inclusive education** — the provision of equal access to education and reasonable accommodation for persons with special educational needs and other target groups.

**3.18. Information and communication technologies in education** — digital platforms, learning management systems, electronic resources, and services that support educational and administrative processes.

**3.19. Qualification** — an officially recognised learning outcome (degree, diploma, certificate) confirming the achievement of defined learning outcomes.

**3.20. Competences** — the ability to apply knowledge, skills, and personal attributes to solve professional tasks; within the European Qualifications Framework, competences are described in terms of responsibility and autonomy.

**3.21. Compliance matrix** — a table mapping accreditation standards and requirements against the evidence provided (documents, data, practices).

**3.22. Mission of the education organisation** — an officially approved statement defining the organisation's purpose, values, goals, and priorities, aligned with its development strategy.

**3.23. Quality monitoring** — the systematic collection, analysis, and use of data on processes and performance outcomes for informed decision-making and quality enhancement.

**3.24. Quality assurance** — a set of processes at the institutional and external levels aimed at maintaining and enhancing the quality of education; includes the “plan–do–check–act” (PDCA) cycle.

**3.25. Educational programme** — a formally approved set of objectives, learning outcomes, content, teaching methods, and assessment procedures leading to the award of a qualification.

**3.26. Formative assessment** — assessment activities that provide feedback to improve learning prior to final assessment.

**3.27. Summative assessment** — assessment of the achievement of learning outcomes upon completion of a module, course, or programme, used for decisions on progression and graduation.

**3.28. Quality assurance policy** — an officially approved set of principles, objectives, procedures, and allocation of responsibilities for quality assurance within an education organisation.

**3.29. Continuous quality improvement** — an ongoing cycle of enhancement of processes and outcomes based on monitoring data, feedback, and external requirements.

**3.30. Evidence portfolio** — a systematically structured portfolio of evidence, including documents, data, and materials, demonstrating compliance with accreditation standards and criteria.

**3.31. Academic staff** — academic and teaching staff engaged in teaching, supervision, and methodological activities (professors, associate professors, senior lecturers, lecturers, instructors, assistants).

**3.32. National qualifications framework** — a qualifications level system established in regulatory acts and aligned with international qualification frameworks.

**3.33. Learning outcomes** — approved statements of what a learner is expected to know, understand, and be able to do upon completion of learning; assessed against transparent criteria.

**3.34. Risk register (risk management)** — a documented system for identifying, assessing, and controlling risks affecting the achievement of an education organisation's objectives.

**3.35. Social responsibility of the higher education institution** — the contribution of the education organisation to population health, local communities, and the healthcare system through education, research, and partnerships.

**3.36. Stakeholders** — individuals and organisations with an interest in the outcomes of the institution's activities (learners, academic staff, employees, employers, public authorities, professional associations, graduates, patients, and society).

**3.37. Strategy of the education organisation** — a long-term document defining priorities, objectives, and key directions for the organisation's development.

**3.38. Student-centred learning** — an approach that emphasises the active role of the learner, individual learning pathways, development of critical thinking, and the use of formative assessment.

**3.39. Support staff (educational support staff)** — employees who support the educational process (laboratory technicians, methodologists, instructors, technical specialists) and are not part of the academic staff.

**3.40. Curriculum** — an officially approved document that defines the structure, sequence, and workload of courses/modules, assessment methods, and designated windows for academic mobility.

#### **3.4. Designations and Abbreviations**

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

AC – Accreditation Council;

HEI – Higher Education Institution;

EEC – External Expert Commission;

IAAR – Independent Agency for Accreditation and Rating;

R&D – Research and Development (Research Activities);

CME – Continuing Medical Education;

CPD – Continuing Professional Development;

NQS – National Qualifications System;

EO – Education Organisation;

EP – Educational Programme;

SAR – Self-Assessment Report;

OSCE – Objective Structured Clinical Examination;

AS – Academic Staff;

Mass media – Mass media outlets;

ECTS – European Credit Transfer and Accumulation System;

ESG – Standards and Guidelines for Quality Assurance in the European Higher Education Area;

QF-EHEA – Qualifications Framework of the European Higher Education Area;

WFME – World Federation for Medical Education.

### ***3.5. General Provisions***

The main objectives of the implementation of the standards of the international accreditation of education organisations in the field of healthcare:

- implementation of an accreditation model harmonised with the international practice of the quality assurance of education;
- assessment of the quality of education for improving the competitiveness of the system of higher and postgraduate education in the field of healthcare;
- encouraging the development of a quality culture in medical educational institutions
- promoting the improvement and continuous improvement of the quality of public health services in accordance with the requirements of a rapidly changing external environment;
- accounting and protection of the interests of society and consumer rights by providing reliable information about the quality of EO;
- use of innovation and scientific research;
- public announcement and dissemination of information on the results of the accreditation of the EO in the field of healthcare.

## 1. STANDARD "MISSION AND VALUES"

The education organisation **shall**:

1.1 Have an officially published statement of its mission, values, priorities, and objectives that is publicly available and accessible to the wider community.

1.2 Ensure the dissemination and shared understanding of its mission and values among all stakeholders, including the healthcare sector, employers, and society at large.

1.3 Clearly describe its mission, educational and research objectives, core functions, and social responsibility, including engagement with healthcare services and local communities.

1.4 Ensure that the mission is aligned with the institutional strategy and is responsive to the national context.

1.5 Ensure meaningful participation of academic staff, learners, and external stakeholders in the development, periodic review, and revision of the mission.

### *Indicative Areas for Review and Evaluation:*

✓ *Whether an officially approved statement of the mission, values, priorities, and objectives of the education organisation is available and published in publicly accessible sources (website, official documents).*

✓ *The extent to which the mission reflects the organisation's strategic objectives and supports its long-term development.*

✓ *Whether consultations with key stakeholders (students, academic staff, employers, government bodies, professional associations) were undertaken during the development of the mission.*

✓ *How the mission, values, and learning outcomes are communicated to the wider public and internal stakeholders (website, reports, presentations, informational materials).*

✓ *Whether the educational objectives, research functions, and social role of the organisation are clearly defined and formally documented.*

✓ *How the mission reflects the role of the education organisation in society and its contribution to healthcare.*

✓ *Whether there is an approved and documented procedure for the development, approval, and periodic review of the mission.*

✓ *Which stakeholder groups participated in the review of the mission and the rationale for their selection.*

✓ *The extent to which stakeholder consultations and feedback influenced the final version of the mission.*

✓ *How regular analysis and revision of the mission are undertaken in response to changes in the national and international context.*

## 2. STANDARD "EDUCATIONAL PROGRAMME"

The education organisation **shall**:

2.1 Have documented procedures for the design, approval, implementation, and regular review of educational programmes.

2.2 Clearly define the qualifications awarded upon completion of educational programmes, in alignment with national and international qualifications frameworks.

2.3 Define intended learning outcomes at both the programme level and the module level.

2.4 Ensure that the objectives of educational programmes are aligned with the institutional strategy; that students and other relevant stakeholders are involved in programme design and review; that student workload is transparent and expressed in credits or hours; and that programmes include practice-based components and opportunities for academic mobility.

2.5 Ensure that educational programmes include preparation for professional practice as well as for further learning and lifelong learning.

2.6 Apply educational strategies and teaching and learning methods that enable students to achieve the intended learning outcomes and that are consistent with the principles of student-centred learning.

2.7 Ensure coherence and alignment of programme design with the mission, intended learning outcomes, available resources, and the operational context of the education organisation.

### *Indicative Areas for Review and Evaluation:*

✓ *Whether each educational programme is aligned with the mission and strategy of the education organisation.*

✓ *Whether graduate competences are defined and whether decision-making mechanisms of the bodies and structures responsible for programme development are established.*

✓ *Whether procedures for programme design and approval are documented at the institutional level (regulations, policies, protocols, minutes).*

✓ *Which curriculum model has been adopted and how its design is justified.*

✓ *The extent to which coherence and integration between courses and modules are ensured and whether overall learning outcomes are achieved.*

✓ *How clearly qualification objectives are articulated in educational and methodological documentation, assessment regulations, and diploma supplements.*

✓ *Whether programmes with specific profiles exist (double degree programmes, dual education, distance or blended formats, etc.), and how they are justified and implemented.*

✓ *Whether the content of courses and modules ensures the achievement of learning outcomes at the appropriate level (bachelor's, master's, residency, doctoral).*

✓ *How student workload is distributed, including compulsory, elective, and optional modules, and the availability of academic mobility windows.*

✓ *Whether programmes incorporate contemporary scientific advances and interdisciplinary approaches.*

✓ *The extent to which course and module descriptions are complete, accurate, and informative for students and academic staff.*

✓ *Whether learning outcomes are defined for each course or module and aligned with the overall programme learning outcomes.*

✓ *How learning outcomes are used to inform the design of content, teaching and learning methods, and assessment systems.*

✓ *Which stakeholders were involved in the development of learning outcomes.*

✓ *The extent to which learning outcomes correspond to social and professional needs.*

✓ *How the three domains of education are balanced: biomedical sciences, clinical sciences and skills, and behavioural and social sciences.*

- ✓ *Whether humanities disciplines and health systems sciences are included, and how their place in the curriculum is justified.*
- ✓ *How principles of the scientific method and medical research are addressed within the educational programme.*

### 3. STANDARD "ASSESSMENT OF STUDENTS"

The education organisation **shall**:

3.1 Have an approved and publicly available assessment policy that addresses knowledge, skills, and professional attitudes and behaviours.

3.2 Ensure regular formative assessment with timely, constructive, and meaningful feedback to support learning.

3.3 Integrate the principles of student-centred learning into assessment practices.

3.4 Apply a broad range of summative assessment methods, ensuring their validity, reliability, educational impact, feasibility, and acceptability, and alignment with intended learning outcomes.

3.5 Use assessment outcomes systematically to inform and improve teaching practices and the continuous enhancement of educational programmes.

3.6 Ensure that assessment supports the development and demonstration of clinical and practical competences.

3.7 Ensure that the assessment system is coherent with the mission, intended learning outcomes, available resources, and the operational and educational context of the education organisation.

3.8 Conduct regular assessment across courses and clinical placements, identify learners experiencing difficulties, and provide timely academic and educational support.

#### *Indicative Areas for Review and Evaluation:*

✓ *The existence of an officially approved assessment policy and the extent to which it is communicated to students, academic staff, and external stakeholders.*

✓ *The range and appropriateness of assessment methods used to demonstrate the achievement of intended learning outcomes.*

✓ *The procedures for the development, approval, and implementation of documents defining assessment formats, criteria, appeal procedures, and conditions for resits.*

✓ *The transparency of institutional decisions regarding the number, timing, and scheduling of examinations.*

✓ *The coordination and alignment of assessment across all intended learning outcomes and all levels of the educational programme.*

✓ *The mechanisms used to identify learners who require academic or educational support and the forms of support provided.*

✓ *The extent to which learner diversity is respected and flexible learning pathways are available.*

✓ *The involvement of students in the development and implementation of individual learning trajectories.*

✓ *Engagement in educational research and the application of evidence-based and innovative assessment methods.*

✓ *The existence and effectiveness of systems for collecting, analysing, and using feedback on the quality of assessment.*

✓ *The transparency, fairness, and objectivity of examination and assessment procedures.*

✓ *The mechanisms in place for the assessment of knowledge, clinical skills, and professional attitudes and behaviours.*

✓ *The use of modular, integrated, and combined assessment tools, where appropriate.*

✓ *The documentation of examination procedures, including reasonable accommodations and conditions for students with disabilities or special educational needs.*

✓ *The procedures for the consideration and resolution of complaints and appeals related to assessment.*

- ✓ *The development of examination specifications, assessment blueprints, and the determination of pass standards and cut scores.*
- ✓ *The competence of academic staff and examiners involved in assessment, including their training and continuing professional development in assessment methods.*
- ✓ *The practice of involving external experts in assessment processes and the criteria used for their selection and appointment.*
- ✓ *The extent to which the validity, reliability, fairness, and feasibility of assessment methods are ensured.*
- ✓ *The introduction of innovative assessment methods and the procedures for their piloting, evaluation, and validation prior to full implementation.*
- ✓ *The clear designation of responsibility for the quality assurance of the assessment system.*
- ✓ *The systematic analysis of individual and aggregated assessment results to monitor learner progress and programme performance.*
- ✓ *The use of assessment data and outcomes to inform curriculum review, teaching practices, and programme improvement.*
- ✓ *The regular review of the assessment system and its adaptation in response to developments in education, healthcare, and societal needs.*

#### 4. STANDARD "STUDENTS"

The education organisation **shall**:

4.1 Have a transparent and publicly available policy governing student admission and selection.

4.2 Apply published rules and procedures consistently across all stages of the learner lifecycle, including admission, progression within the programme, recognition of periods of study, and certification.

4.3 Provide learners with accessible, confidential, and effective academic, social, psychological, and financial support services that promote student wellbeing and success.

4.4 Ensure an appropriate balance between student numbers and available educational resources, while promoting equality, diversity, inclusion, and fair access to learning opportunities.

4.5 Establish and maintain transparent, fair, and accessible procedures for the submission, consideration, and resolution of complaints and appeals.

4.6 Support the development of learners' academic, career-related, and personal skills to enhance employability, professional development, and lifelong learning.

4.7 Foster a culture of academic integrity, professionalism, and research ethics, including the prevention of plagiarism, integrity in examinations, and ethical conduct in research and scientific publications.

4.8 Implement and enforce a compliance policy and anti-corruption measures in relation to learners, including effective mechanisms for the protection of their rights and legitimate interests.

##### *Indicative Areas for Review and Evaluation:*

✓ *Whether the student admission and selection policy is aligned with the mission and strategy of the education organisation.*

✓ *Whether the policy complies with national legislation and the requirements of relevant regulatory bodies.*

✓ *In what form the admission and selection policy is published (official website, information materials, admission regulations).*

✓ *How frequently the admission policy and selection procedures are reviewed, and whether changes in legislation, labour market needs, and the institution's strategy are taken into account.*

✓ *Which additional requirements are applied to applicants (examinations, tests, interviews) and how these requirements are justified.*

✓ *How applicants and learners are informed about rules for admission, transfer, recognition of credits, academic mobility, withdrawal or dismissal, and readmission or reinstatement.*

✓ *Whether the recognition of prior learning and prior qualifications is implemented (formal, non-formal, and additional education), including the principles, procedures, and decision-making arrangements.*

✓ *Which document regulates the recognition of academic mobility outcomes and their integration into the individual study plan.*

✓ *The extent to which learning, progression, and certification requirements are transparent for all target groups.*

✓ *Whether students are prepared for professional certification and/or national examinations, where applicable.*

✓ *Whether mechanisms for individual student support exist within the organisation (academic advising, mentoring, consultation hours).*

✓ *How support is organised with respect to accommodation, internships, exchange programmes, and international mobility.*

- ✓ *Which support measures are provided to students in special life circumstances (for example, students with disabilities or health conditions, and socially vulnerable groups).*
- ✓ *Whether the support services offered correspond to students' actual needs and contribute to student wellbeing and success.*
- ✓ *How confidentiality, accessibility, and effectiveness of support services are ensured.*
- ✓ *How the adequacy of resources (financial, human, and physical) required to provide support services is assessed and monitored.*
- ✓ *How the university maintains an appropriate balance between student numbers and available educational resources.*
- ✓ *How equal access to education is ensured for all categories of students (by gender, age, ethnicity, citizenship, and disability or health conditions).*
- ✓ *Whether inclusive education arrangements and reasonable accommodations for students with disabilities or special educational needs are in place.*
- ✓ *How the university prevents discrimination and promotes diversity and inclusion within the student body.*
- ✓ *Whether clear, accessible, and fair procedures exist for the submission, consideration, and resolution of student complaints and appeals.*
- ✓ *How these procedures are communicated to learners and made readily available.*
- ✓ *How objectivity, independence, and due process are ensured when complaints and appeals are considered.*
- ✓ *Whether mechanisms exist for monitoring student complaints and appeals and for implementing corrective and preventive actions.*
- ✓ *Whether the university offers training and courses to develop academic skills (academic writing, presentation skills, research methodology).*
- ✓ *Whether career centres or employment services exist to support students in career planning and employability.*
- ✓ *Whether counselling and support are provided in relation to personal wellbeing, financial literacy, and mental health.*
- ✓ *How student support is provided in relation to professional development and career progression.*
- ✓ *Whether an approved academic integrity policy and a code of ethics are in place and communicated to all learners.*
- ✓ *How the university prevents plagiarism, fabrication, and falsification of data, including awareness-raising and monitoring measures.*
- ✓ *Whether procedures exist for checking written work and dissertations for plagiarism, and how these procedures are implemented.*
- ✓ *What measures are implemented to develop a culture of integrity (courses, seminars, training, induction activities).*
- ✓ *How cases of breaches of academic integrity are investigated, adjudicated, and addressed, and which sanctions are applied.*
- ✓ *Whether a compliance policy covering learners is in place and how it is implemented.*
- ✓ *Which mechanisms are provided to protect student rights and to prevent and mitigate corruption risks.*
- ✓ *Whether feedback channels or anonymous reporting mechanisms (including hotlines) are available to students.*
- ✓ *How transparency is ensured in the allocation of grants, scholarships, and other forms of financial support.*
- ✓ *How the compliance policy is reviewed, updated, and communicated.*
- ✓ *Complete Tables 4.1, 4.2, and 4.3, where the relevant data are available.*

*Table 4.1 Number of Admitted Students by Level of Education*

Level of education *	20..–20..	20..–20..	20..–20..	20..–20..	20..–20..	Total:
Grand total:						

*\* Under the term “Level of education”, nationally established levels of education are indicated (bachelor’s degree, specialist degree, master’s degree, residency, doctoral degree).*

*Table 4.2 Total Student Enrolment by Level of Education*

Level of education *	20..–20..	20..–20..	20..–20..	20..–20..	20..–20..	Total:
Grand total:						

*\* Under the term “Level of education”, nationally established levels of education are indicated (bachelor’s degree, specialist degree, master’s degree, residency, doctoral degree).*

*Table 4.3 Number of Graduates by Level of Education*

Level of education *	20..–20..	20..–20..	20..–20..	20..–20..	20..–20..	Total:
Grand total:						

*\* Under the term “Level of education”, nationally established levels of education are indicated (bachelor’s degree, specialist degree, master’s degree, residency, doctoral degree).*

## 5. STANDARD "ACADEMIC STAFF/FACULTY"

The education organisation **shall**:

5.1 Have a sufficient number of qualified academic staff to ensure effective delivery and implementation of educational programmes.

5.2 Ensure transparent, fair, and merit-based processes for the recruitment, appointment, evaluation, and professional advancement of academic staff.

5.3 Implement structured and continuous professional development programmes for academic staff, supporting the development of educational, clinical, research, and pedagogical competences.

5.4 Define and implement a human resources policy that takes into account the institutional profile, staff qualifications, roles, workload, and appropriate distribution of academic staff.

5.5 Establish clear, documented, and consistently applied criteria for recruitment, appointment, promotion, performance evaluation, and dismissal of academic staff.

5.6 Promote career progression and scholarly development, encourage innovation in teaching and learning, and support the effective use of modern educational and digital technologies.

### *Indicative Areas for Review and Evaluation:*

✓ *Whether the academic staff capacity is aligned with the development strategy of the education organisation and the specific characteristics of the educational programmes.*

✓ *How the number, composition, and qualification profile of academic staff correspond to the requirements for programme design, delivery, and quality assurance.*

✓ *How the organisation has achieved the required level of staffing, including the balance between full-time and part-time/adjunct staff, workload allocation, and the involvement of external specialists.*

✓ *Whether staffing resources are sufficient to ensure the programme profile and to achieve the stated educational objectives.*

✓ *In which regulatory and/or internal institutional documents the human resources policy is established and approved.*

✓ *Whether recruitment and appointment procedures are transparent, fair, and documented in governing regulations and procedures.*

✓ *How recruitment and appointment processes are aligned with professional standards and sectoral qualifications frameworks.*

✓ *Whether requirements for academic staff differ by academic position and rank (assistant, associate professor, professor).*

✓ *How requirements for academic staff differ across programme levels (bachelor's, master's, residency, doctoral).*

✓ *Which requirements are set for professional experience, disciplinary profile, and teaching quality.*

✓ *Which measures are implemented to support structured and continuous professional development of academic staff.*

✓ *How the organisation encourages self-directed professional development, participation in training, and programmes aimed at strengthening pedagogical and clinical competences.*

✓ *Which internal courses and activities are delivered to support staff development (seminars, masterclasses, peer review).*

✓ *How academic staff are engaged in research, scholarship, and innovation, and how these activities are integrated into the educational process.*

✓ *Which mechanisms support academic staff mobility and what outcomes have been achieved over the last five years.*

- ✓ *How the organisation defines and implements its human resources policy, taking into account staff profile, qualifications, length of service, roles, and workload distribution.*
- ✓ *How the balance between academic and clinical teaching staff is ensured and monitored.*
- ✓ *How the organisation ensures the involvement of clinical practitioners and professionals from relevant practice settings (clinics, pharmacies, laboratories).*
- ✓ *How the human resources policy is aligned with the needs of educational programmes and the requirements of the healthcare system.*
- ✓ *How clear, objective, and consistently applied the criteria are for recruitment, appointment, promotion, performance management, and dismissal.*
- ✓ *How transparency and accountability of management decisions in human resources matters are ensured.*
- ✓ *Which procedures are used to assess academic staff competence, including appraisal processes and evidence from relevant sources.*
- ✓ *How responsibility and accountability for performance and professional conduct of academic staff are defined and distributed.*
- ✓ *Which incentives the organisation provides for academic staff career progression (promotion, advancement in qualification category, academic titles).*
- ✓ *Which measures are used to stimulate research activity and publication performance.*
- ✓ *How the organisation supports the implementation of innovative teaching and learning methods and the effective use of educational technologies and digital learning resources (online learning, e-portfolio, MOOCs).*
- ✓ *How teaching quality and student learning outcomes have evolved as a result of the introduction of new technologies and digital approaches.*
- ✓ *Which induction and orientation programmes are provided for newly appointed academic staff.*
- ✓ *Which information is provided to new and existing academic staff regarding opportunities for professional development and training.*
- ✓ *How the organisation assumes administrative responsibility and governance oversight for implementing the policy of continuous professional development of staff.*
- ✓ *Complete Tables 5.1 and 5.2, where the relevant data are available.*

*Table 5.1 Academic Staff Profile by Position*

Position	Full-time staff	Part-time staff	Of which practising professionals (≥10 years of experience)	Vacant positions	Total
Professors					
Associate Professors					
Senior Lecturers					
Assistants / Assistant Professors					
Part-time staff (non-practitioners)			—		
Total					

*Table 5.1 Educational Support Staff Involved in the Educational Process*

Position	Full-time staff	Part-time staff	Vacant positions	Total
Laboratory technicians				
Methodologists				
Simulation centre instructors				
Technical specialists (IT, multimedia, etc.)				
Total				

## 6. STANDARD "EDUCATIONAL RESOURCES"

The education organisation **shall**:

6.1 Ensure the availability and accessibility of adequate resources and support services to meet the needs of learners and educational programmes.

6.2 Provide sufficient resources to support clinical and practice-based training of students.

6.3 Ensure access to libraries, databases, and information and communication technologies that support learning, teaching, research, and academic administration.

6.4 Organise education and training within a safe, supportive, and appropriate educational and clinical environment.

6.5 Take into account the needs of diverse categories of students, including adult learners, international students, and students with disabilities or special educational needs.

6.6 Inform students in a timely and clear manner about available resources, facilities, and support services.

6.7 Ensure the central and effective role of specialised support services in providing academic, social, and wellbeing-related support.

6.8 Develop and maintain research infrastructure, support the participation of students and academic staff in research projects, and promote the integration of education and research.

6.9 Support international cooperation, academic mobility, joint educational and research programmes, and the recognition of learning outcomes in accordance with national and international frameworks.

6.10 Promote the social responsibility of the education organisation through partnerships with the healthcare system, engagement in community and public projects, and contributions to population health and regional development.

### *Indicative Areas for Review and Evaluation:*

✓ *Whether financial resources and educational infrastructure are sufficient to achieve the objectives of the educational programmes.*

✓ *Whether physical, technical, and information resources are aligned with the stated learning outcomes.*

✓ *How the organisation plans the development of physical resources, including investment, modernisation, and expansion.*

✓ *How effective the work of support services is, including IT services, library services, the teaching and learning support unit, the simulation centre, and the registrar's office.*

✓ *Whether sufficient resources are available for the acquisition of practical skills, including simulation centres, teaching laboratories, and clinical training bases.*

✓ *Which principles guide the use of simulation-based education, standardised patients, and real patients.*

✓ *On what basis the policy for allocating students to clinical training bases is developed and implemented.*

✓ *How the organisation ensures coherence and consistency of teaching and supervision in practical and clinical settings.*

✓ *How clinical teachers and mentors are engaged in sufficient numbers and with appropriate profiles.*

✓ *How access to library services is ensured for students and academic staff, including opening hours and collections.*

✓ *Which electronic databases and online resources are available to support learning, teaching, and research.*

✓ *Whether anti-plagiarism systems are used to check final qualification works and research outputs.*

- ✓ *Whether stable Wi-Fi coverage and electronic learning platforms are available and functioning across the organisation.*
- ✓ *How the use of online technologies and e-learning is ensured and supported.*
- ✓ *Whether learning conditions comply with occupational health and safety requirements, sanitary and hygienic standards, and clinical safety standards.*
- ✓ *How the safety of students and patients is ensured within the educational and clinical process.*
- ✓ *Which mechanisms are used to monitor and control safety in clinical and simulation settings.*
- ✓ *How the needs of different categories of learners are taken into account, including adult learners, working students, international students, and students with disabilities or special educational needs.*
- ✓ *Whether special arrangements for inclusive education are in place, including adapted facilities and targeted support programmes.*
- ✓ *How equal access to infrastructure and services is ensured for all learners.*
- ✓ *How students are informed about available resources, facilities, and support services.*
- ✓ *What role the official website plays in informing students, academic staff, and external stakeholders.*
- ✓ *How the relevance, accuracy, and regular updating of information are ensured.*
- ✓ *Which support services are available, including psychological, social, academic, and financial support.*
- ✓ *How the effectiveness of support services is evaluated and monitored.*
- ✓ *How aware students are of these services and whether they have effective access to them.*
- ✓ *Which infrastructure has been established to support research activities, including laboratories, research centres, and grant support offices.*
- ✓ *To what extent students are involved in research projects.*
- ✓ *How the integration of education and research is ensured in educational programmes.*
- ✓ *Whether joint projects involving academic staff and students are implemented.*
- ✓ *Which cooperation agreements have been concluded with foreign universities and research centres.*
- ✓ *Whether joint educational and research programmes are implemented.*
- ✓ *How academic mobility of students and academic staff is organised and supported.*
- ✓ *How recognition of learning outcomes achieved abroad is ensured.*
- ✓ *How the education organisation cooperates with the healthcare system and regional clinical institutions.*
- ✓ *In which community and public projects students and academic staff are involved.*
- ✓ *What contribution the university makes to population health and the support of local communities.*
- ✓ *How the organisation demonstrates social responsibility at the institutional level.*
- ✓ *Complete Tables 6.1, 6.2, and 6.3 depending on the profile of the educational programmes delivered, where the relevant data are available.*

*Table 6.1 Clinical and Practice-Based Training Site0073*

Type of training site	Number of agreements	Number of sites	Geographical location (city/region)	Average number of students per year	Number of teaching rooms / facilities
Clinical training sites					
Practice-based training sites (pharmacies, laboratories, etc.)					
Total					

*Table 6.2 Research and Innovation*

Research area	Number of projects	Funding volume (million KZT)	Number of publications (Scopus/WoS)	International partnerships (number of agreements)	Number of patents / developments
Biomedical sciences					
Clinical medicine					
Public health					
Pharmacy and technologies					
Total					

*Table 6.3 Student Involvement in Research*

Level of education*	Proportion of students involved in research (%)	Number of publications	Participation in conferences (local / international)	Number of start-ups / projects
Total				

*\*Under the term “Level of education”, nationally established levels of education are indicated (bachelor’s degree, specialist degree, master’s degree, residency, doctoral degree).*

## 7. STANDARD "QUALITY ASSURANCE POLICY"

The education organisation **shall**:

7.1 Have an integrated quality assurance system that covers educational, administrative, and research activities.

7.2 Have a publicly available quality assurance policy linked to strategic management and developed with the involvement of internal and external stakeholders.

7.3 Implement systematic monitoring of processes and outcomes, including the collection and analysis of data across key areas of activity.

7.4 Have formally approved quality assurance procedures that are publicly accessible and consistently applied.

7.5 Uphold academic freedom, ensure non-discrimination, and promote the involvement of external stakeholders within the quality assurance system.

### *Indicative Areas for Review and Evaluation:*

✓ *In which documents the quality assurance policy is established (regulations, policies, strategies) and where these documents are published (website, internal portal, regulatory document repository).*

✓ *Whether the quality assurance policy is accessible to academic staff, employees, learners, employers, and other stakeholders, and how its transparency is ensured.*

✓ *How the objectives and methods of quality assurance are formulated and communicated, and how they are made publicly available.*

✓ *How responsibility for the implementation of the quality assurance system is distributed among management, academic staff, support staff, and students.*

✓ *Which resources (financial, human, digital) are allocated to support the functioning of the quality assurance system.*

✓ *How and at which stages external stakeholders (employers, alumni associations, professional organisations) are involved in the development and implementation of the quality assurance policy.*

✓ *How the quality assurance system is used to improve educational design, strategic management, the performance of organisational units, and educational programmes.*

✓ *Whether internal and external stakeholders participate in the development, review, and implementation of the quality assurance policy, and how the outcomes of such participation are documented.*

✓ *How the quality assurance policy is reviewed and revised, and which procedures are in place to ensure its regular updating.*

✓ *Which mechanisms are used to assess stakeholder satisfaction with the quality assurance policy, and what the results of the most recent surveys or studies are.*

✓ *How the quality assurance policy reflects the link between research, teaching, and learning.*

✓ *How interaction with the business community, research organisations, academic staff, and learners is ensured, including examples of joint initiatives and projects.*

✓ *How the internal quality assurance system is described and operates, how it is applied in the delivery of educational programmes, and how it ensures their continuous improvement.*

✓ *How the organisation tracks changes implemented following previous accreditation procedures or internal quality audits.*

✓ *Which recommendations and proposals were issued to the institution as a result of recent external quality assurance procedures, which decisions were taken, and to what extent they have been implemented.*

- ✓ *How educational programmes, their outcomes, and the quality of teaching are evaluated.*
- ✓ *Whether an independent body (commission, committee) exists to monitor data and report findings to institutional leadership for decision-making.*
- ✓ *Which data are collected to evaluate educational programmes, including student performance, workload, satisfaction, and graduate employment.*
- ✓ *Which mechanisms are used to assess learner progress and the achievement of intended learning outcomes.*
- ✓ *How monitoring data are used to identify issues and to implement corrective and improvement actions.*

## 8. STANDARD "GOVERNANCE AND ADMINISTRATION"

The education organisation **shall**:

8.1 Have a transparent governance structure that is aligned with its mission, mandate, and functions.

8.2 Collect, analyse, and use reliable data to support effective management of educational programmes and institutional resources.

8.3 Ensure the meaningful involvement of students and academic staff in governance and decision-making processes.

8.4 Provide adequate and effective administrative support to enable the implementation of educational, research, and management activities.

8.5 Publish accurate, reliable, and up-to-date information on its activities and performance.

8.6 Establish and maintain mechanisms for data analysis to support the quality assurance system.

8.7 Ensure appropriate human, administrative, and financial support for institutional activities and strategic priorities.

8.8 Provide transparent and accessible information to the public regarding educational programmes, intended learning outcomes, awarded qualifications, and graduate employment.

8.9 Ensure financial and economic sustainability through transparent budgeting, diversification of income sources, internal and external audit mechanisms, and an effective risk management system.

### ***Indicative Areas for Review and Evaluation:***

✓ *How decisions on strategic and operational management of the education organisation are made and which governing bodies are responsible for these decisions.*

✓ *Which structures and committees regulate teaching and learning, research activities, and the allocation of resources.*

✓ *The extent to which the governance structure is aligned with the mission and objectives of the organisation, and whether it is transparent and effective.*

✓ *How the allocation of budgetary and other resources is linked to the mission, strategy, and institutional priorities.*

✓ *Which management mechanisms are used to assess the effectiveness and performance of the institution and its organisational units.*

✓ *How financial, human resource, and academic risks are identified and mitigated, and whether a formal risk management system is in place.*

✓ *Which information systems are used to support management decision-making and internal quality assurance.*

✓ *How the effectiveness and efficiency of the organisation as a whole and of educational programmes in particular are evaluated.*

✓ *Which quality monitoring processes are implemented, including the evaluation of teaching, student satisfaction, graduate employment, and career progression.*

✓ *Which information management mechanisms are in place and how stakeholder involvement in data collection and analysis is ensured.*

✓ *Provide examples of how analysed data have been used to improve institutional performance or to revise educational programmes.*

✓ *How risks are identified and forecast on the basis of data analysis.*

✓ *How internal reporting on governance and quality is organised, including reporting frequency, formats, and responsible persons.*

✓ *How management and monitoring tools are adjusted in response to changes in external requirements.*

- ✓ *How learners and academic staff are informed about development plans and changes to educational programmes.*
- ✓ *How information security and compliance with confidentiality requirements are ensured.*
- ✓ *To what extent and in what ways learners and academic staff participate in governance and decision-making processes.*
- ✓ *Which social or cultural constraints on student participation in governance exist and how they are taken into account.*
- ✓ *The extent to which the administrative structure provides adequate support for educational, research, and management activities.*
- ✓ *How the reporting system for institutional leadership is structured in relation to teaching, learning, and research activities.*
- ✓ *Which mechanisms are used to inform stakeholders and how effective these mechanisms are.*
- ✓ *The extent to which information on educational programmes, learning outcomes, academic staff, assessment procedures, tuition fees, and graduate employment is accessible and transparent.*
- ✓ *Whether dedicated information resources exist (website, portal, electronic library) and how frequently they are updated.*
- ✓ *Which channels are used to inform the wider public (mass media, social media, partner organisations).*
- ✓ *The extent to which published information meets stakeholder needs and remains current and relevant.*
- ✓ *How stakeholder satisfaction with the information provided is assessed.*
- ✓ *Whether an alumni association exists and how it contributes to institutional activities and quality assurance.*
- ✓ *How financial and economic sustainability is ensured, including transparent budgeting, diversification of income sources, and the conduct of internal and external audits.*

## 9. STANDARD "CONTINUOUS RENEWAL"

The education organisation **shall**:

9.1 Conduct regular monitoring and evaluation of educational programmes, followed by systematic improvement actions.

9.2 Undergo external quality assurance procedures on a continuous basis in accordance with European standards and guidelines.

9.3 Include in programme monitoring the relevance and currency of programme content, societal needs, the effectiveness of assessment methods, student satisfaction, and the quality of the educational environment.

9.4 Update educational programmes with the involvement of students and external stakeholders, and ensure that implemented changes are documented and publicly communicated.

9.5 Participate regularly in national and international external quality assurance procedures, taking into account legislative requirements.

### ***Indicative Areas for Review and Evaluation:***

✓ *How programme monitoring and regular evaluation of educational programmes are conducted within the organisation.*

✓ *How the achievement of programme objectives and intended learning outcomes is evaluated.*

✓ *How the need for changes in curriculum content and educational programmes is identified, including through labour market analysis, societal needs, employer requirements, and professional standards.*

✓ *How student participation in collegiate bodies and in the development of educational programmes is ensured.*

✓ *How employers and other external stakeholders are engaged in programme review and revision.*

✓ *Whether the results of surveys of students and graduates are taken into account when analysing programme quality.*

✓ *How satisfaction with practical training, its outcomes, and its relevance to professional practice is monitored.*

✓ *How the achievement of the objectives and tasks of professional practice placements is ensured.*

✓ *How satisfaction of society and stakeholders with the quality of graduate preparation is monitored, including examples of recent results.*

✓ *Whether regular surveys of students, graduates, and employers are conducted and what conclusions have been drawn.*

✓ *How student workload is assessed and whether the results of this analysis are used when revising programmes.*

✓ *Whether the organisation participates in external quality evaluations (national and international).*

✓ *Whether external expert review of programmes is *предусмотрено* and who is engaged as experts, including the requirements applied to experts.*

✓ *How the organisation uses external evaluation results to prepare for new accreditation procedures and quality audits.*

✓ *How regularly the institution undergoes external quality assurance procedures and what the outcomes are.*

✓ *In which sources the outcomes of accreditations and external reviews are published.*

✓ *Which decisions were taken following recent external evaluations and how these decisions have been implemented.*

- ✓ *What role external evaluation plays in the development of the internal quality assurance system.*
- ✓ *How continuous improvement of programmes is ensured based on monitoring, surveys, labour market analysis, and legislative requirements.*

**APPENDICES**

**Appendix 1. Recommended Form of the Site Visit Programme**

**AGREED**

**Rector** \_\_\_\_\_  
(name of the EO)

\_\_\_\_\_ **Full name**

« \_\_\_\_ » \_\_\_\_\_ **202\_**

**APPROVED**

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

\_\_\_\_\_ **Zhumagulova A.B.**

« \_\_\_\_ » \_\_\_\_\_ **202\_**

**VISIT PROGRAMME OF IAAR EXTERNAL EXPERT COMMISSION**

**To** \_\_\_\_\_  
**name of the EO**

**Date of visit:** \_\_\_\_ \_\_\_\_\_ **202\_**

**Arrival day:** \_\_\_\_\_ **202\_**

**Departure day:** \_\_\_\_\_ **202\_**

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

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

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

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

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

<b>Date and time</b>	<b>Work of EEC with target groups</b>	<b>Full name and position of target group members</b>	<b>Location</b>
	on results of visit by EEC)		
13.00-14.00	Lunch (EEC members only)	<i>Lunch break</i>	
14.00-16.30	EEC work		EEC office
16.30-17.00	Final meeting of EEC with management of the EO	<i>Heads of the university and structural divisions</i>	Main building, conference office
18.00-19.00	Dinner (EEC members only)		
According to the schedule	<i>Departure of the EEC members</i>		
« » 202 2.			
According to the schedule	<i>Departure of the EEC members</i>		

## **Appendix 2. Direction of interaction with the EO coordinator**

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

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

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

- coordination of the process of preparing the self-assessment report of the EO;
- ensuring timely submission of the self-assessment report to IAAR;
- assistance in the timely coordination of the programme of the visit of the EEC;
- ensuring the organisation of visits to facilities according to the visit programme, including the provision of transport;
- ensuring meetings of EEC members with the target groups of the EO during the visit of the EEC;
- organisation of the approval of the EEC report for the presence of actual inaccuracies.

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

### Appendix 3. Recommended Structure of the Self-Assessment Report

*The report should be submitted according to the following structure:*

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

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

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

**Designations and Abbreviations** (1-2 pages)

*A list of designations and abbreviations used in the text of the Self-Assessment Report is provided.*

#### **I.Introduction (1 page)**

**1.1 Education Organisation Profile (1-2 pages)**

*The basis for the external assessment, the result of the previous accreditation (the Accreditation body, the accreditation standards according to which the external assessment was carried out and the status of accreditation) in the case of reaccreditation are indicated.*

*A brief description of the methods used in the development of the Self-assessment Report of the EO is reflected (appointment of a working group, involvement of stakeholders, etc.).*

*The following tables are also included in this section.*

Table 1

#### **GENERAL INFORMATION ABOUT THE ORGANISATION OF EDUCATION**

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

Number of administrative and managerial personnel (total, including full-time)	
Dates of external visit	Day month Year.

### **1.2 Presentation of EO (1-2 pages)**

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

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

### **1.3 Previous Accreditation (1-5 pages)**

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

## **II. II. Main part.**

### **Compliance with the Standards of Accreditation of Education Organisations in the Field of Healthcare (70-80 pages)**

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

#### ***Each Standard is drawn up as follows:***

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

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

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

### **III. SWOT ANALYSIS (1-3 pages)**

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

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

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

Table 2

**Conclusion of the Self-Assessment Commission**

№ п\п	№	№	ASSESSMENT CRITERIA	Assessment Indicators			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
<b>1. STANDARD "MISSION AND VALUES"</b>							
<b>The organisation of education shall:</b>							
1	1	1.1	Have an officially published statement of its mission, values, priorities, and objectives that is publicly available and accessible to the wider community				
2	2	1.2.	Ensure the dissemination and shared understanding of its mission and values among all stakeholders, including the healthcare sector, employers, and society at large				
3	3	1.3	Clearly describe its mission, educational and research objectives, core functions, and social responsibility, including engagement with healthcare services and local communities				
4	4	1.4.	Ensure that the mission is aligned with the institutional strategy and is responsive to the national context				
5	5	1.5.	Ensure meaningful participation of academic staff, learners, and external stakeholders in the development, periodic review, and revision of the mission				
<b>2. STANDARD "EDUCATIONAL PROGRAMME"</b>							
<b>The organisation of education shall:</b>							
6	1	2.1	Have documented procedures for the design, approval, implementation, and regular review of educational programmes				
7	2	2.2	Clearly define the qualifications awarded upon completion of educational programmes, in alignment with national and international qualifications frameworks				
8	3	2.3	Define intended learning outcomes at both the programme level and the module level				
9	4	2.4	Ensure that the objectives of educational programmes are aligned with the institutional strategy; that students and other relevant stakeholders are involved in programme design and review; that student workload is transparent and expressed in credits or hours; and that programmes include practice-based components and opportunities for academic mobility				
10	5	2.5	Ensure that educational programmes include preparation for professional practice as well as for further learning and lifelong learning				
11	6	2.6	Apply educational strategies and teaching and learning methods that enable students to achieve the intended learning outcomes and that are consistent with the principles of student-centred learning				
12	7	2.7	Ensure coherence and alignment of programme design with the mission, intended learning outcomes, available resources, and the operational context of the education organisation				
<b>3. STANDARD "ASSESSMENT OF STUDENTS"</b>							
<b>The organisation of education shall:</b>							

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

<b>13</b>	1	3.1	Have an approved and publicly available assessment policy that addresses knowledge, skills, and professional attitudes and behaviours				
<b>14</b>	2	3.2	Ensure regular formative assessment with timely, constructive, and meaningful feedback to support learning				
<b>15</b>	3	3.3	Integrate the principles of student-centred learning into assessment practices				
<b>16</b>	4	3.4	Apply a broad range of summative assessment methods, ensuring their validity, reliability, educational impact, feasibility, and acceptability, and alignment with intended learning outcomes				
<b>17</b>	5	3.5	Use assessment outcomes systematically to inform and improve teaching practices and the continuous enhancement of educational programmes				
<b>18</b>	6	3.6	Ensure that assessment supports the development and demonstration of clinical and practical competences				
<b>19</b>	7	3.7	Ensure that the assessment system is coherent with the mission, intended learning outcomes, available resources, and the operational and educational context of the education organisation				
<b>20</b>	8	3.8	Conduct regular assessment across courses and clinical placements, identify learners experiencing difficulties, and provide timely academic and educational support				
:							
<b>4. STANDARD "STUDENTS"</b>							
<b>The organisation of education shall:</b>							
<b>21</b>	1	4.1	Have a transparent and publicly available policy governing student admission and selection				
<b>22</b>	2	4.2	Apply published rules and procedures consistently across all stages of the learner lifecycle, including admission, progression within the programme, recognition of periods of study, and certification				
<b>23</b>	3	4.3	Provide learners with accessible, confidential, and effective academic, social, psychological, and financial support services that promote student wellbeing and success				
<b>24</b>	4	4.4	Ensure an appropriate balance between student numbers and available educational resources, while promoting equality, diversity, inclusion, and fair access to learning opportunities				
<b>25</b>	5	4.5	Establish and maintain transparent, fair, and accessible procedures for the submission, consideration, and resolution of complaints and appeals				
<b>26</b>	6	4.6	Support the development of learners' academic, career-related, and personal skills to enhance employability, professional development, and lifelong learning				
<b>27</b>	7	4.7	Foster a culture of academic integrity, professionalism, and research ethics, including the prevention of plagiarism, integrity in examinations, and ethical conduct in research and scientific publications				
<b>28</b>	8	4.8	Implement and enforce a compliance policy and anti-corruption measures in relation to learners, including effective mechanisms for the protection of their rights and legitimate interests				
<b>5. STANDARD "ACADEMIC STAFF/FACULTY"</b>							
<b>The organisation of education shall:</b>							
<b>29</b>	1	5.1	Have a sufficient number of qualified academic staff to ensure effective delivery and implementation of educational programmes				

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

30	2	5.2	Ensure transparent, fair, and merit-based processes for the recruitment, appointment, evaluation, and professional advancement of academic staff				
31	3	5.3	Implement structured and continuous professional development programmes for academic staff, supporting the development of educational, clinical, research, and pedagogical competences				
32	4	5.4	Define and implement a human resources policy that takes into account the institutional profile, staff qualifications, roles, workload, and appropriate distribution of academic staff				
33	5	5.5	Establish clear, documented, and consistently applied criteria for recruitment, appointment, promotion, performance evaluation, and dismissal of academic staff				
34	6	5.6	Promote career progression and scholarly development, encourage innovation in teaching and learning, and support the effective use of modern educational and digital technologies				
<b>6. STANDARD "EDUCATIONAL RESOURCES"</b>							
<b>The organisation of education must:</b>							
35	1	6.1	Ensure the availability and accessibility of adequate resources and support services to meet the needs of learners and educational programmes				
36	2	6.2	Provide sufficient resources to support clinical and practice-based training of students				
37	3	6.3	Ensure access to libraries, databases, and information and communication technologies that support learning, teaching, research, and academic administration				
38	4	6.4	Organise education and training within a safe, supportive, and appropriate educational and clinical environment				
39	5	6.5	Take into account the needs of diverse categories of students, including adult learners, international students, and students with disabilities or special educational needs				
40	6	6.6	Inform students in a timely and clear manner about available resources, facilities, and support services				
41	7	6.7	Ensure the central and effective role of specialised support services in providing academic, social, and wellbeing-related support				
42	8	6.8	Develop and maintain research infrastructure, support the participation of students and academic staff in research projects, and promote the integration of education and research				
43	9	6.9	Support international cooperation, academic mobility, joint educational and research programmes, and the recognition of learning outcomes in accordance with national and international frameworks				
44	10	6.10	Promote the social responsibility of the education organisation through partnerships with the healthcare system, engagement in community and public projects, and contributions to population health and regional development				
<b>7. STANDARD "QUALITY ASSURANCE POLICY"</b>							
<b>The organisation of education shall:</b>							
45	1	7.1	Have an integrated quality assurance system that covers educational, administrative, and research activities				
46	2	7.2	Have a publicly available quality assurance policy linked to strategic management and developed with the involvement of internal and external stakeholders				
47	3	7.3	Implement systematic monitoring of processes and outcomes, including the collection and analysis of data across key areas of activity				
48	4	7.4	Have formally approved quality assurance procedures that are publicly accessible and consistently applied				

**Standards and Guidelines for International Institutional Accreditation of Education Organisations in the Field of  
Healthcare (based on WFME/ AMSE/ ESG)**

49	5	7.5	Uphold academic freedom, ensure non-discrimination, and promote the involvement of external stakeholders within the quality assurance system				
<b>8. STANDARD "GOVERNANCE AND ADMINISTRATION"</b>							
<b>The organisation of education shall:</b>							
50	1	8.1	Have a transparent governance structure that is aligned with its mission, mandate, and functions				
51	2	8.2	Collect, analyse, and use reliable data to support effective management of educational programmes and institutional resources				
52	3	8.3	Ensure the meaningful involvement of students and academic staff in governance and decision-making processes				
53	4	8.4	Provide adequate and effective administrative support to enable the implementation of educational, research, and management activities				
54	5	8.5	Publish accurate, reliable, and up-to-date information on its activities and performance				
55	6	8.6	Establish and maintain mechanisms for data analysis to support the quality assurance system				
56	7	8.7	Ensure appropriate human, administrative, and financial support for institutional activities and strategic priorities				
57	8	8.8	Provide transparent and accessible information to the public regarding educational programmes, intended learning outcomes, awarded qualifications, and graduate employment				
58	9	8.9	Ensure financial and economic sustainability through transparent budgeting, diversification of income sources, internal and external audit mechanisms, and an effective risk management system				
<b>9. STANDARD "CONTINUOUS RENEWAL"</b>							
<b>The organisation of education must:</b>							
59	1	9.1	Conduct regular monitoring and evaluation of educational programmes, followed by systematic improvement actions				
60	2	9.2	Undergo external quality assurance procedures on a continuous basis in accordance with European standards and guidelines				
61	3	9.3	Include in programme monitoring the relevance and currency of programme content, societal needs, the effectiveness of assessment methods, student satisfaction, and the quality of the educational environment				
62	4	9.4	Update educational programmes with the involvement of students and external stakeholders, and ensure that implemented changes are documented and publicly communicated				
63	5	9.5	Participate regularly in national and international external quality assurance procedures, taking into account legislative requirements				
<b>GRAND TOTAL ACCORDING TO ALL STANDARDS</b>							

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

**Appendix 4. Example of the title page**

Name of the EO

APPROVED  
Rector  
\_\_\_\_\_ Full name  
sign  
« \_\_\_\_\_ » 20 \_\_\_\_\_  
seals

**SELF-ASSESSMENT REPORT**

**on institutional accreditation of  
"Name of the educational institution"  
prepared for  
the Independent Agency for Accreditation and Rating (IAAR)**

**City, year**

## Appendix 5. Functions and responsibilities of the members of the EEC

### *Functions of the Chairman:*

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

### *Duties of the Chairman*

#### *Before the visit:*

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

#### *During the visit:*

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

#### *After the visit:*

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

### ***Functions of an external expert***

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

### ***Responsibilities of an external expert***

#### ***Before the visit:***

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

#### ***During the visit:***

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

#### ***After the visit:***

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

## Appendix 6. Preparation of an External Expert Commission for Site Visit

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

- control of completeness and reliability of the results of self-assessment of the EO;
- conducting an assessment in accordance with international IAAR standards;
- development of the EEC report on the results of the EO assessment;
- preparation of recommendations for improving the quality of the EO;
- preparation of recommendations for the Accreditation Council on accreditation in accordance with the level of preparedness of the EO for institutional accreditation.

### Materials considered by the EEC before the visit to the EO

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

- Regulatory documents concerning the external audit of the EO;
- Standards and Guidelines for International IAAR Accreditation;
- Self-assessment report submitted within the framework of the accredited EO;
- Information about the composition of the expert commission;
- Schedule of the visit to the EO;
- Additional information about the EO (at the request of members of the external expert commission).

### Review of the self-assessment report of the accredited EO

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

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

### Preliminary meeting of the EEC

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

- Does the SAR provide sufficient information on all aspects specified in this Guidelines at the EO level?
- What additional information about EO should be provided?
- Is the specifics of EO sufficiently reflected?
- Have the strategic goals been achieved?
- Are the mechanisms of strategic management of the EO clearly defined?
- What are the main areas of issues that should be taken into account during the visit in particular?

The Chairman of the external expert commission and its members should discuss their impressions on the results of the information received prior to the visit, in order to identify any additional documentation they would like to access, and the main structure and strategy of the visit should also be determined.

### **Recommendations for planning the work of the EEC**

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

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

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

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

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

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

### **Meetings and interviews during the visit**

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

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

### **Meeting with management**

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

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

### **Meetings with the management of departments**

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

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

### **Meetings with students**

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

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

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

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

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

#### **Meetings with the teaching staff**

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

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

#### **Meeting with Master's students (if applicable)**

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

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

#### **Meeting with graduates (if applicable)**

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

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

#### **Meeting with employers (if applicable)**

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

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

#### **Summing up and preparing recommendations**

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

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

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

- **"Strong"** is characterised by a high level of indicators of the accreditation standard of education organisations in the field of healthcare. This position of the standard allows us to serve as an example of good practice for dissemination among other public organisations.

- **"Satisfactory"** is determined by the average level of indicators of the accreditation standard of education organisations in the field of healthcare.

- **"Suggests improvement"** is characterised by a low level of indicators of the standard of accreditation of education organisations in the field of healthcare.

▪ **"Unsatisfactory"** means that the indicators of the EO do not meet the standard of accreditation of education organisations in the field of healthcare.

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

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

- to accredit the EO and (or) for a period of 1/3/5/7 years;
- not to accredit EO.

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

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

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

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

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

### **Workplace of the external expert commission**

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

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

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

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

### ***Before the visit:***

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

### ***During the visit:***

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

### ***After the visit:***

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