

**STANDARDS AND GUIDELINES
FOR INTERNATIONAL INITIAL
INSTITUTIONAL ACCREDITATION
OF EDUCATION ORGANISATIONS
IN THE FIELD OF HEALTHCARE
(based on WFME/ AMSE/ ESG)**



**Standards and Guidelines
for International Initial 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 Initial 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. – 50 p.

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

Foreword

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

2. APPROVED AND 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), harmonised with the standards of basic medical education (WFME, 2020), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015).

4. FOURTH EDITION

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INTRODUCTION

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

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

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

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

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

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

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

Goals and Objectives of the International Initial Institutional Accreditation

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

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

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

The Procedure for Conducting International Initial Accreditation

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

1. Application for accreditation.

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

Consideration of the IAAR application of the EO.

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

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

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

3. Preparation of a self-assessment report

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

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

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

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

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

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

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

4. EEC site visit to EO

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

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

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

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

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

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

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

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

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

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

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

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

5. IAAR decision-making

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Follow-up procedures

If the IAAR Accreditation Council makes a positive decision, the EO submits to IAAR an Action Plan for Improving and Improving Quality within the framework of the recommendations of the external expert commission (hereinafter - Plan), which is signed by the first head and stamped, and also enters into a Service Agreement with IAAR. The Contract and the Plan are the basis for post-accreditation monitoring.

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

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

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

- "temporarily suspend the accreditation status of the EO";
- "revoke the certificate of accreditation of the EO, which may entail the cancellation of all previously achieved results of accreditation."

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

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

External Expert Commission (Group of Experts on External Evaluation)

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

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

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

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

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

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

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

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

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

The External Expert Commission consists of:

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

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

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

- **An external expert** - a representative of the student community responsible for assessing the compliance of the accredited EO.

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

II. SELF-ASSESSMENT REPORT

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

Basic Principles of SAR Preparation

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

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

3. Analyticity: analysis of advantages and disadvantages, analysis of the dynamics of the development of EO.

4. The objectivity of the assessment.

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

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

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

The SAR must be submitted in English¹ - officially in electronic format, unless otherwise agreed.

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

¹ 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 (if available).

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

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

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

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

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

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

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

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

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

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

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

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

- **"Strong"** is characterised by a high level of indicators of one criterion of international accreditation. This position of this criterion makes it possible to serve as an example of good practice for dissemination among other EOs.
- **"Satisfactory"** is determined by the average level of indicators of one criterion of international accreditation and means compliance with the criterion.

- **“Suggests improvement”** is characterised by a low level of performance of one criterion of international accreditation.
- **“Unsatisfactory”** means that indicators of EO does not meet the criterion of international accreditation.

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

Scope of Application

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

These standards can also be used:

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

Regulatory References

This standard uses references to the following regulatory documents:

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

Terms and Definitions

The following terms and definitions are used in this standard:

3.1. Accreditation — 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.

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.

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 accessible to the wider public.

1.2 Ensure that the mission and values are communicated to all stakeholders, including the healthcare sector, employers, and society.

1.3 Describe its mission, educational and research objectives, functions, and social role, including engagement with healthcare services and local communities.

1.4 Ensure alignment of the mission with the institutional strategy and the national context.

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

Indicative Areas for Review and Evaluation:

✓ *Whether an officially approved statement of the mission, values, priorities, and objectives is available and where it is published.*

✓ *The extent to which the mission reflects the strategic objectives and long-term development of the organisation.*

✓ *Whether consultations with key stakeholders were taken into account during the development of the mission.*

✓ *How the mission, values, and intended learning outcomes are communicated to the wider public and internal members of the organisation.*

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

✓ *How the mission reflects the organisation's contribution to healthcare and society.*

✓ *Whether a formal procedure for the approval and review of the mission exists.*

✓ *Which stakeholder groups participated in the review of the mission and how their feedback was taken into account.*

✓ *How regularly the mission is analysed and reviewed with consideration of the national and international context.*

2. STANDARD "EDUCATIONAL PROGRAMME"

The education organisation **shall**:

2.1 Have institution-wide 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 accordance with national and international qualifications frameworks.

2.3 Define the intended learning outcomes at the level of the entire programme as well as at the level of its modules or courses.

2.4 Ensure alignment of the objectives of educational programmes with the institutional strategy; ensure the involvement of learners and other relevant stakeholders in programme development; ensure transparency of student workload (expressed in credits or hours); and provide practice-oriented components and opportunities for academic mobility.

2.5 Include within programme content preparation for professional practice in the healthcare sector as well as for further learning.

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

2.7 Ensure coherence of educational 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 educational programmes are aligned with the mission and strategy of the organisation.*

✓ *Whether graduate competences are defined and which bodies are responsible for their approval.*

✓ *Which documents regulate the design, approval, and review of educational programmes.*

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

✓ *How coherence and integration between courses and modules are ensured.*

✓ *How clearly qualification objectives and intended learning outcomes are formulated.*

✓ *Whether programmes with specific profiles are implemented, including double degree programmes and dual education.*

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

✓ *How student workload is structured and how academic mobility is ensured.*

✓ *Whether contemporary scientific developments, interdisciplinary approaches, and humanities disciplines are incorporated.*

✓ *Whether learning outcomes are defined at the course level and how they are aligned with programme objectives.*

✓ *Who participated in the development of the intended learning outcomes.*

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

✓ *How biomedical, clinical, social, and behavioural components are balanced within the programme.*

✓ *How principles of the scientific method and research practices are integrated into the educational programme.*

3. STANDARD "STUDENT ASSESSMENT POLICY"

The education organisation **shall**:

3.1 Have an approved and publicly available assessment policy that covers learners' knowledge, skills, and professional behaviour.

3.2 Ensure regular formative assessment with feedback, including the identification of learners' strengths and areas for improvement.

3.3 Integrate a student-centred approach into assessment by encouraging active learner engagement in the educational process.

3.4 Use a broad range of summative assessment methods that ensure validity, reliability, educational impact, effectiveness, and acceptability.

3.5 Use assessment results to improve teaching practices, modules, educational programmes, and the organisation as a whole.

3.6 Support the development and assessment of clinical and practical competences.

3.7 Ensure alignment of the assessment system with the mission, stated learning outcomes, available resources, and the organisational context.

3.8 Conduct regular assessment within courses and clinical placements, identify learning difficulties, and provide appropriate support to learners.

Indicative Areas for Review and Evaluation:

✓ *The existence of an officially approved assessment policy and its accessibility to all participants in the educational process.*

✓ *Which assessment methods are used and how diverse and appropriate they are.*

✓ *How assessment formats, criteria, and appeal procedures are approved and regulated.*

✓ *How transparency of examination procedures and timelines is ensured.*

✓ *How assessment is coordinated across all levels of the educational programme.*

✓ *Which mechanisms are used to identify learners in need of support and what support measures are provided.*

✓ *How respect for learner diversity is ensured and how flexibility of learning pathways is supported.*

✓ *How learners are involved in the development and implementation of individual learning trajectories.*

✓ *Whether research in pedagogy and innovative assessment methods are applied.*

✓ *Whether systems for feedback on the quality of assessment are in place and effectively used.*

✓ *How objectivity and independence of examiners are ensured.*

✓ *Whether combined and integrated assessment tools are applied.*

✓ *Whether reasonable adaptations and accommodations are provided for learners with special educational needs.*

✓ *How complaints and appeals related to assessment are considered and resolved.*

✓ *How pass marks are determined and how examination specifications and blueprints are developed.*

✓ *How examiners are trained and whether external experts are involved in assessment processes.*

✓ *How the validity and reliability of assessment methods are ensured.*

✓ *Which innovative assessment methods are piloted and how they are implemented.*

✓ *Who is responsible for the quality assurance of assessment.*

✓ *How examination results are analysed and used for the improvement of educational programmes.*

✓ *Whether the assessment system is reviewed and updated on a regular basis.*

4. STANDARD "STUDENTS"

The education organisation **shall**:

- 4.1 Have a transparent policy for student admission and selection.
- 4.2 Apply published rules consistently across all stages of the learner lifecycle, including admission, progression through the programme, recognition of periods of study, and certification.
- 4.3 Provide learners with accessible and confidential academic, social, psychological, and financial support services.
- 4.4 Ensure an appropriate balance between the number of students and available resources, and promote equality, diversity, and inclusion.
- 4.5 Ensure transparent, fair, and accessible procedures for the submission and consideration of complaints and appeals.
- 4.6 Support the development of learners' academic, career-related, and personal skills.
- 4.7 Foster a culture of academic integrity and research ethics, including the prevention of plagiarism, integrity in examinations, and ethical conduct in research and scientific publications.
- 4.8 Implement a compliance policy and anti-corruption measures in relation to learners, including mechanisms for the protection of their rights.

Indicative Areas for Review and Evaluation:

- ✓ *The extent to which the admission and selection policy is aligned with the mission, strategy, and national legislation.*
- ✓ *The forms in which admission and selection rules are published, including the website, informational materials, and admission regulations.*
- ✓ *How frequently the admission policy is reviewed and which mechanisms are used to take into account changes in legislation, labour market needs, and the university's strategy.*
- ✓ *Which additional requirements are applied to applicants, such as examinations, tests, or interviews, and how their relevance and justification are demonstrated.*
- ✓ *How students are informed about rules and procedures related to transfer, reinstatement, academic mobility, and recognition of learning outcomes.*
- ✓ *Which documents regulate the recognition of prior learning outcomes, including formal, non-formal, and additional education, as well as academic mobility.*
- ✓ *The transparency of requirements related to learning, interim and final certification, and preparation for national examinations, where applicable.*
- ✓ *The existence of academic advising, mentoring, and consultation support for students.*
- ✓ *Which student support services are provided, including academic, social, psychological, and financial support, as well as assistance with accommodation, mobility, and internships.*
- ✓ *Which special support measures are in place for students with disabilities or those facing difficult life circumstances.*
- ✓ *Whether human, material, and financial resources are sufficient to ensure effective student support.*
- ✓ *Which measures are implemented to ensure equal access, inclusion, and the prevention of discrimination, including diversity support programmes.*
- ✓ *The transparency and accessibility of procedures for submitting and reviewing complaints and appeals, as well as the objectivity and independence of their consideration.*
- ✓ *Whether career centres, employment services, and professional development support mechanisms are in place.*
- ✓ *Whether counselling services related to personal wellbeing, mental health, and financial literacy are provided.*
- ✓ *Whether an academic integrity policy is in place, including measures to prevent plagiarism, fabrication, and falsification of data, as well as procedures for checking written work and dissertations.*

- ✓ *How cases of breaches of academic integrity are reviewed and which sanctions are applied.*
- ✓ *Whether a compliance policy covering students is in place and implemented, including anti-corruption measures and mechanisms for the protection of student rights.*
- ✓ *Which feedback channels, including anonymous mechanisms, are available to learners and how their rights are protected.*
- ✓ *How transparency is ensured in the allocation of grants, scholarships, and other forms of financial support.*
- ✓ *How the student body is analysed by level of education, mode of study, and sources of funding.*
- ✓ *How trends in admission, graduation, and total enrolment over the past three to five years are analysed, including national and international composition.*
- ✓ *How these data are used in the university's analytical reports and in planning educational resources.*
- ✓ *How the academic integrity and compliance policies are reviewed and updated.*

5. STANDARD "ACADEMIC STAFF/FACULTY"

The education organisation **shall**:

5.1 Have a sufficient number of academic staff to ensure the effective delivery of educational programmes.

5.2 Ensure transparent processes for recruitment, appointment, and professional development of staff.

5.3 Implement continuous professional development programmes for academic staff.

5.4 Define and implement a human resources policy that takes into account staff profiles, qualifications, and workload distribution.

5.5 Establish clear criteria for recruitment, appointment, promotion, and dismissal.

5.6 Encourage career and scholarly development, innovation in teaching, and the use of modern educational technologies.

Indicative Areas for Review and Evaluation:

✓ *The extent to which the human resources capacity is aligned with the mission and strategy of the education organisation.*

✓ *Which documents establish and regulate the human resources policy, including regulations, internal policies, codes, and procedures.*

✓ *How transparency is ensured in recruitment, appointment, contract renewal, promotion, and dismissal procedures.*

✓ *How competitive selection and appointment processes are organised, including criteria, timelines, composition of selection committees, prevention of conflicts of interest, and publication of results.*

✓ *Whether policies and mechanisms are in place to incentivise teaching excellence, research activity, and innovation.*

✓ *Whether succession planning and a staff reserve system are established.*

✓ *How human resources risks are analysed, including staff turnover, age structure, and reliance on part-time staff, and which mitigation plans are implemented.*

✓ *Whether the number of academic staff is sufficient for programme delivery, including staff-to-student and mentor-to-learner ratios.*

✓ *What proportion of full-time and part-time staff constitutes the academic workforce.*

✓ *What proportion of practising professionals with at least ten years of professional experience are involved in the educational process.*

✓ *How balance is ensured between academic and clinical teaching staff.*

✓ *How academic staff composition has evolved over the past three to five years, including turnover, vacancies, and staff renewal.*

✓ *How academic staff are distributed by qualifications, including academic degrees and titles, clinical categories, and certificates of teaching competence.*

✓ *Which induction and adaptation procedures are in place for newly appointed academic staff, including introductory courses, mentoring, and checklists.*

✓ *How teaching workload is allocated, including teaching hours, non-teaching activities, clinical duties, methodological work, and research activities.*

✓ *Whether continuous professional development programmes are implemented, including mandatory hours or credits and individual professional development pathways.*

✓ *What evidence demonstrates the impact of continuous professional development on teaching quality, including the introduction of new teaching methods and modules and increased student satisfaction.*

✓ *How incoming and outgoing academic mobility of staff is organised, including fellowships, placements, and visiting professorships.*

- ✓ *How information and communication technologies, simulation-based education, e-portfolios, and proctoring systems are used.*
- ✓ *What impact innovations in teaching have had on learning outcomes, including quality, student engagement, and reduction of academic risks.*
- ✓ *How academic staff participate in research activities and how research is integrated into the educational process.*
- ✓ *How research activity is supported, including through grants, publications, and mentoring of early-career researchers.*
- ✓ *How practising professionals from clinical and professional organisations are engaged in teaching.*
- ✓ *How academic mobility and research activity contribute to the renewal and relevance of educational programme content.*
- ✓ *Whether sufficient educational support staff are available, including instructional designers, laboratory technicians, technical specialists, and simulation centre instructors.*
- ✓ *What role educational support staff play in supporting academic staff and the delivery of educational programmes.*

6. STANDARD "EDUCATIONAL RESOURCES"

The education organisation **shall**:

- 6.1 Ensure the availability and accessibility of adequate resources and support services.
- 6.2 Have sufficient resources to support clinical and practical training of students.
- 6.3 Provide access to libraries, databases, and information and communication technologies.
- 6.4 Organise teaching and learning in a safe educational and clinical environment.
- 6.5 Take into account the needs of different categories of students, including adult learners, international students, and learners with disabilities.
- 6.6 Inform students about available resources and support services.
- 6.7 Ensure the key role of specialised support services in the provision of student support.
- 6.8 Develop research infrastructure, ensure the participation of students and academic staff in research projects, and integrate education and research.
- 6.9 Ensure international cooperation, academic mobility, joint educational and research programmes, and recognition of learning outcomes.
- 6.10 Promote the social responsibility of the institution, including partnership with the healthcare system, participation in community projects, and contribution to population health and regional development.

Indicative Areas for Review and Evaluation:

- ✓ *An infrastructure profile, including teaching rooms, laboratories, simulation centres, and clinical training sites, covering equipment, accessibility, and schedules, and demonstrating compliance with sanitary-epidemiological, safety, and clinical requirements.*
- ✓ *The adequacy of resources in relation to the level of programmes and the number of students, including seating capacity standards, availability of specialised equipment, and maintenance, renewal, and repair arrangements.*
- ✓ *The accessibility of resources, including opening hours, equal access arrangements, booking systems, and availability of support outside standard operating hours.*
- ✓ *Library collections, including their relevance, completeness, and alignment with programme profiles, subscriptions to databases, and provision of remote access.*
- ✓ *ICT infrastructure, including the stability of Wi-Fi, learning management systems, electronic registers, and proctoring tools, as well as the availability of technical support.*
- ✓ *Academic integrity policies, including the use of plagiarism detection systems, procedures for checking student work, and training in the proper use of sources.*
- ✓ *The pool of clinical and practice-based training sites, including contractual arrangements, profiles, capacity, availability of mentors, allocation of students, and quality assurance of mentoring.*
- ✓ *Simulation resources, including types of simulations, standardised patients, scenarios, and training schedules, and their alignment with real clinical tasks.*
- ✓ *The alignment of teaching at training sites with the curriculum, including unified competence checklists, logbooks, OSCE, mini-CEX, and other assessment tools.*
- ✓ *Safety policies and procedures, including briefings, standard operating procedures, risk assessment, incident reporting, and training in the handling of biological materials and medical equipment.*
- ✓ *Evidence of compliance with safety requirements when working with patients and equipment, and measures implemented to prevent incidents.*
- ✓ *The accessibility of infrastructure for students with disabilities, including ramps, lifts, adapted workstations, specialised software, and reasonable academic accommodations.*
- ✓ *Support services for international and adult learners, including language support, flexible schedules, and advisory services.*

- ✓ *Monitoring of satisfaction among different student groups regarding access to resources, and measures taken in response to identified issues.*
- ✓ *A catalogue of support services, including academic, psychological, social, and financial services, with contact points and service-level response standards.*
- ✓ *Information channels, including the website, portals, mailing lists, and personal accounts, and the accuracy, completeness, and audience coverage of information provided.*
- ✓ *Performance indicators of support services, including response time, satisfaction levels, and the proportion of resolved requests.*
- ✓ *The availability of laboratories and centres, biobanks, and research IT systems, as well as regulations governing student access.*
- ✓ *Student involvement in research activities, including participation rates, publications and presentations, competitions and grants, start-up projects, and mentoring mechanisms.*
- ✓ *The linkage between research and teaching, including research-based teaching approaches and integration of research cases into courses.*
- ✓ *Existing cooperation agreements, joint programmes, and exchange schemes, including indicators of incoming and outgoing mobility.*
- ✓ *Procedures for recognition of learning outcomes achieved abroad, including the use of ECTS and local regulations for credit transfer and recognition.*
- ✓ *Support for academic mobility, including counselling, language preparation, and financial assistance.*
- ✓ *Joint projects with healthcare institutions and non-governmental organisations, contributions to public health and prevention, and activities for local communities.*
- ✓ *Impact assessment, including population coverage, sustainability of projects, and public reporting.*
- ✓ *A resource development plan, including capital and operational expenditures, prioritisation, total cost of ownership of equipment, and renewal of facilities and collections.*
- ✓ *Key performance indicators related to resources, including adequacy ratios, downtime and repair time, user satisfaction, and continuous improvement cycles based on monitoring data and external recommendations.*
- ✓ *Examples of implemented improvements, such as expansion of training sites, modernisation of simulation centres, and new database subscriptions, and their measurable impact on learning outcomes.*
- ✓ *Completion of Tables 6.1 and 6.2, depending on the profile of implemented educational programmes, where such data are available.*

Table 6.1 Clinical and Practice-Based Training Sites

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					

7. STANDARD "QUALITY ASSURANCE POLICY"

The education organisation **shall**:

7.1 Have a comprehensive quality assurance system that covers educational, administrative, and research components.

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

Indicative Areas for Review and Evaluation:

✓ *Which documents establish the quality assurance policy, including the strategy, regulations, internal policies, and standard operating procedures, and where these documents are published, such as the website, institutional portal, or internal regulatory document repository.*

✓ *Whether the quality assurance policy is accessible to academic staff, administrative staff, students, employers, and other stakeholders, and which channels are used to ensure openness and transparency.*

✓ *How the objectives, tasks, and methods of quality assurance are formulated and communicated, and whether they are understandable for different target groups.*

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

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

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

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

✓ *How the outcomes of stakeholder involvement are documented and analysed, including through minutes, reports, and reconciliation procedures.*

✓ *How the review and updating of the quality assurance policy are organised, including the existence of approved procedures and defined periodicity.*

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

✓ *How the linkage between research, teaching, and learning is reflected in the quality assurance policy, including practical examples.*

✓ *How interaction with business, research organisations, academic staff, and students is ensured, including the existence of joint projects and practices.*

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

✓ *How the education organisation monitors changes following previous accreditations and external and internal quality audits.*

✓ *Which recommendations and proposals were provided following external quality assurance procedures, which decisions were taken, and how they were implemented.*

✓ *How regular evaluation of educational programmes, teaching quality, and learning outcomes is conducted.*

- ✓ *Whether an independent quality committee or commission exists that monitors data and reports to institutional leadership.*
- ✓ *Which data are collected, including academic performance, workload, satisfaction, and graduate employment, and how these data are used for analysis.*
- ✓ *Which mechanisms are used to assess student progress and achievement of intended learning outcomes.*
- ✓ *How monitoring data are used to identify problems and implement corrective and preventive actions (CAPA).*

8. STANDARD "GOVERNANCE AND ADMINISTRATION"

The education organisation **shall**:

- 8.1 Have a transparent governance structure that is aligned with its mission and functions.
- 8.2 Collect, analyse, and use data to ensure effective management of educational programmes and institutional resources.
- 8.3 Engage students and academic staff in governance and decision-making processes.
- 8.4 Provide adequate administrative support for the effective functioning of the organisation.
- 8.5 Publish accurate, reliable, and up-to-date information on its activities.
- 8.6 Establish mechanisms for data analysis to support the quality assurance system.
- 8.7 Ensure appropriate human, administrative, and financial support for institutional activities.
- 8.8 Inform the public about 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:

- ✓ *Which governing bodies and at which levels decisions on strategic and operational management are taken.*
- ✓ *Which structures and committees regulate teaching, learning, research activities, and the allocation of resources.*
- ✓ *Whether the governance structure is aligned with the mission and objectives of the organisation and whether it is effective and transparent.*
- ✓ *How budget allocation and resource distribution are aligned with the mission and institutional priorities.*
- ✓ *Which mechanisms are used to assess the effectiveness of the university and its organisational units.*
- ✓ *How risks, including financial, human resources, and academic risks, are identified and how the risk management system operates.*
- ✓ *Which information systems are used to support management decision-making and the internal quality assurance system.*
- ✓ *How the effectiveness and efficiency of the education organisation as a whole and of individual educational programmes are assessed.*
- ✓ *Which quality monitoring processes are implemented, including evaluation of teaching, student satisfaction, graduate employment, and career progression.*
- ✓ *Which information management mechanisms are in place and how stakeholders are involved in data collection and analysis.*
- ✓ *Examples of how analysed information has been used to improve programmes and institutional performance.*
- ✓ *How data analysis is used to identify and forecast risks.*
- ✓ *How internal reporting is organised, including reporting formats, frequency, and responsible persons.*
- ✓ *How management and monitoring tools are adjusted in response to changes in external requirements.*
- ✓ *How students and academic staff are informed about development plans and changes in educational programmes.*
- ✓ *Which information protection measures are applied, including confidentiality and data security.*

- ✓ *How students and academic staff participate in governance and decision-making processes, and how social and cultural factors affecting their participation are taken into account.*
- ✓ *Whether the administrative structure is sufficient to support educational, research, and managerial activities.*
- ✓ *How the reporting system for the administration is structured in relation to teaching, learning, and research.*
- ✓ *Which mechanisms are used to inform stakeholders and how effective they are.*
- ✓ *How accessible and transparent information is regarding programmes, academic staff, learning outcomes, tuition fees, and graduate employment.*
- ✓ *Which dedicated information resources are used, such as websites, portals, and document repositories, and how frequently they are updated.*
- ✓ *Which channels are used to inform the public, including mass media, social media, and partner organisations.*
- ✓ *Whether the published information meets stakeholder needs.*
- ✓ *How stakeholder satisfaction with the provided information is assessed.*
- ✓ *What role the alumni association plays and how it participates in institutional activities and the quality assurance system.*
- ✓ *How financial and economic sustainability is ensured, including transparent budgeting, diversification of income sources, and internal and external audit mechanisms.*

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 Initial Institutional Accreditation of Education Organisations in the Field of
Healthcare (based on WFME/ AMSE/ ESG)**

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

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

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

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

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
12.30-13.00	EEC work (collegial agreement and preparation of oral preliminary review on results of visit by EEC)		EEC office
13.00-14.00	Lunch (EEC members only)	<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	Heads of the university and structural divisions	Main building, conference office
18.00-19.00	Dinner (EEC members only)		
According to the schedule	<i>Departure of the EEC members</i>		
« » 202 з.			
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)

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 Master / ___ years</i>
Number of implemented educational programmes	
Entry Requirements	<i>Requirements according to state and EO documents</i>
Number of faculty members (total, including full-time)	
Number of administrative and managerial personnel (total, including full-time)	

Dates of external visit	<i>Day month Year.</i>
Person responsible for accreditation (tel./fax/e-mail)	<i>Full name, position, academic degree, title Contact details</i>

II. 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.

III. 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.

IV. 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.

V. SWOT-АНАЛИЗ (1-3 стр.)

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.

VI. 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
1. STANDARD "MISSION AND VALUES"							
The organisation of education shall:							
1	1	1.1	Adapt organisational structure and governance principles to enhance effectiveness in response to changing conditions and needs of postgraduate education, taking into account interests of different stakeholders				
2	2	1.2.	Ensure that the mission and values are communicated to all stakeholders, including the healthcare sector, employers, and society				
3	3	1.3	Describe its mission, educational and research objectives, functions, and social role, including engagement with healthcare services and local communities				
4	4	1.4.	Ensure alignment of the mission with the institutional strategy and the national context				
5	5	1.5.	Ensure the participation of academic staff, learners, and external stakeholders in the development and periodic review of the mission				
<i>Total by Standard</i>							
2. STANDARD "EDUCATIONAL PROGRAMME"							
The organisation of education shall:							
6	1	2.1	Have institution-wide 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 accordance with national and international qualifications frameworks				
8	3	2.3	Define the intended learning outcomes at the level of the entire programme as well as at the level of its modules or courses				
9	4	2.4	Ensure alignment of the objectives of educational programmes with the institutional strategy; ensure the involvement of learners and other relevant stakeholders in programme development; ensure transparency of student workload (expressed in credits or hours); and provide practice-oriented components and opportunities for academic mobility				
10	5	2.5	Include within programme content preparation for professional practice in the healthcare sector as well as for further learning				
11	6	2.6	Apply educational strategies and teaching and learning methods that enable students to achieve the intended learning outcomes and support the principles of student-centred learning				
12	7	2.7	Ensure coherence of educational programme design with the mission, intended learning outcomes, available resources, and the operational context of the education organisation				
<i>Total by Standard</i>							
3. STANDARD "STUDENT ASSESSMENT POLICY"							

The organisation of education shall:							
13	1	3.1	Have an approved and publicly available assessment policy that covers learners' knowledge, skills, and professional behaviour				
14	2	3.2	Ensure regular formative assessment with feedback, including the identification of learners' strengths and areas for improvement				
15	3	3.3	Integrate a student-centred approach into assessment by encouraging active learner engagement in the educational process				
16	4	3.4	Use a broad range of summative assessment methods that ensure validity, reliability, educational impact, effectiveness, and acceptability				
17	5	3.5	Use assessment results to improve teaching practices, modules, educational programmes, and the organisation as a whole				
18	6	3.6	Support the development and assessment of clinical and practical competences				
19	7	3.7	Ensure alignment of the assessment system with the mission, stated learning outcomes, available resources, and the organisational context				
20	8	3.8	Conduct regular assessment within courses and clinical placements, identify learning difficulties, and provide appropriate support to learners				
<i>Total by Standard</i>							
4. STANDARD "STUDENTS"							
The organisation of education shall:							
21	1	4.1	Have a transparent policy for student admission and selection				
22	2	4.2	Apply published rules consistently across all stages of the learner lifecycle, including admission, progression through the programme, recognition of periods of study, and certification				
23	3	4.3	Provide learners with accessible and confidential academic, social, psychological, and financial support services				
24	4	4.4	Ensure an appropriate balance between the number of students and available resources, and promote equality, diversity, and inclusion				
25	5	4.5	Ensure transparent, fair, and accessible procedures for the submission and consideration of complaints and appeals				
26	6	4.6	Support the development of learners' academic, career-related, and personal skills				
27	7	4.7	Foster a culture of academic integrity and research ethics, including the prevention of plagiarism, integrity in examinations, and ethical conduct in research and scientific publications				
28	8	4.8	Implement a compliance policy and anti-corruption measures in relation to learners, including mechanisms for the protection of their rights				
<i>Total by Standard</i>							
5. STANDARD "ACADEMIC STAFF/FACULTY"							
The organisation of education shall:							
29	1	5.1	Have a sufficient number of academic staff to ensure the effective delivery of educational programmes				
30	2	5.2	Ensure transparent processes for recruitment, appointment, and professional development of staff				
31	3	5.3	Implement continuous professional development programmes for academic staff				
32	4	5.4	Define and implement a human resources policy that takes into account staff profiles, qualifications, and workload distribution				
33	5	5.5	Establish clear criteria for recruitment, appointment, promotion, and dismissal				
34	6	5.6	Encourage career and scholarly development, innovation in teaching, and the use of modern educational technologies				

				<i>Total by Standard</i>			
6. STANDARD "EDUCATIONAL RESOURCES"							
The organisation of education shall:							
35	1	6.1	Ensure the availability and accessibility of adequate resources and support services				
36	2	6.2	Have sufficient resources to support clinical and practical training of students				
37	3	6.3	Provide access to libraries, databases, and information and communication technologies				
38	4	6.4	Organise teaching and learning in a safe educational and clinical environment				
39	5	6.5	Take into account the needs of different categories of students, including adult learners, international students, and learners with disabilities				
40	6	6.6	Inform students about available resources and support services				
41	7	6.7	Ensure the key role of specialised support services in the provision of student support				
42	8	6.8	Develop research infrastructure, ensure the participation of students and academic staff in research projects, and integrate education and research				
43	9	6.9	Ensure international cooperation, academic mobility, joint educational and research programmes, and recognition of learning outcomes				
44	10	6.10	Promote the social responsibility of the institution, including partnership with the healthcare system, participation in community projects, and contribution to population health and regional development				
				<i>Total by Standard</i>			
7. STANDARD "QUALITY ASSURANCE POLICY"							
The organisation of education shall:							
45	1	7.1	Have a comprehensive quality assurance system that covers educational, administrative, and research components				
46	2	7.2	Have a publicly available quality assurance policy linked to strategic management and developed with the participation 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				
49	5	7.5	Uphold academic freedom, ensure non-discrimination, and support the involvement of external stakeholders within the quality assurance system				
				<i>Total by Standard</i>			
8. STANDARD "GOVERNANCE AND ADMINISTRATION"							
The organisation of education shall:							
50	1	8.1	Have a transparent governance structure that is aligned with its mission and functions				
51	2	8.2	Collect, analyse, and use data to ensure effective management of educational programmes and institutional resources				
52	3	8.3	Engage students and academic staff in governance and decision-making processes				
53	4	8.4	Provide adequate administrative support for the effective functioning of the organisation				
54	5	8.5	Publish accurate, reliable, and up-to-date information on its activities				
55	6	8.6	Establish mechanisms for data analysis to support the quality assurance system				
56	7	8.7	Ensure appropriate human, administrative, and financial support for institutional activities				

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

57	8	8.8	Inform the public about 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				
<i>Total by Standard</i>							
GRAND TOTAL ACCORDING TO ALL STANDARDS							

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

Appendix 4. Example of the title page

Name of the EO

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:

изучить всю документацию, в том числе отчет по самооценке и любую другую доступную информацию (Стандарты, правовые акты в области образования, соответствующей страны, где проводится аккредитации, веб-сайты IAAR, ОО и др.);

▪ поддерживать связь с IAAR и Председателем ВЭК;

▪ подготовить рецензию (кроме работодателей и обучающихся) на соответствие международным стандартам аккредитации согласно требованиям IAAR;

▪ обсудить с координатором IAAR и Председателем визит в ОО;

▪ согласовать с координатором IAAR детали поездки;

▪ участвовать в предварительной встрече ВЭК.

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.AC.

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).

