

**STANDARDS AND GUIDELINES
FOR INTERNATIONAL ACCREDITATION
OF RESIDENCY (POSTGRADUATE MEDICAL
EDUCATION) PROGRAMMES
(based on WFME/ AMSE/ ESG)**



**Standards and Guidelines
for International Accreditation
of Residency (Postgraduate Medical Education) Programmes
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*Recommended by the Expert Council for Medical Education of
Independent Agency for Accreditation and Rating*

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These standards and guidelines have been developed in accordance with the Standards of Postgraduate Medical Education (WFME, 2015), harmonised 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 the international accreditation of residency programmes 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 Postgraduate Medical Education (WFME, 2015), harmonised with the Standards of Basic Medical Education (WFME, 2015, 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 Postgraduate Medical Education (WFME, 2015), the Standards of Basic Medical Education (WFME, 2015, 2020), harmonised with 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 accreditation of residency programmes, regardless of status, organisational and legal form, departmental subordination and form of ownership of the EO

The IAAR Standards and Guidelines for International Specialised/Programme accreditation (based on the WFME/AMSE/ESG standards) consist of two parts: "Procedure for conducting international accreditation of residency programmes" and "Standards of international accreditation of residency programmes". The document defines the procedure for accreditation and regulatory requirements for the main provisions of the standards of international accreditation of educational programmes of residency.

The procedure for conducting international accreditation of residency programmes is carried out according to the approved stages given in the first part of this Manual.

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 ACCREDITATION OF RESIDENCY PROGRAMMES

Goals and Objectives of the International Accreditation

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

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

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

The Procedure for Conducting International Accreditation

The procedure for conducting international accreditation includes the following steps:

1. Application for accreditation.

Submission of EO application for specialised/programme 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 specialised/programme 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 specialised/programme accreditation to the internal experts of the EO at special seminars on the theory, methodology and technology of specialised/programme 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 EP in order to establish compliance with international accreditation standards, and also prepares a self-assessment report in accordance with this Manual.

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 EP 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 EP, 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 specialised/programme 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 EP 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 EP 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 and EP 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 EP, 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 EP and the report on the self-assessment of the EP.

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 specialised/programme accreditation. The composition of the Accreditation Council is determined in accordance with the Regulations on its activities. The meeting is held if there is a quorum. The Accreditation Council has the right to make a decision that does not comply with the recommendations of the EEC.

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

- to accredit for a period of **1 (one) year** – if the criteria are met in general, but if there are some shortcomings and opportunities for improvement (when evaluating criteria requiring improvement from 30% 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 15 to 30%, 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 15%, 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 improvement of up to 5%, and strong criteria of at least 15%);

- **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 EP 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 EP 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 EP 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 EP";
- "revoke the certificate of accreditation of the EP 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 AU 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 her EP EO or revocation of her 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 and/or EP (cluster of programmes).

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

- **External expert** - a representative of the professional community (employer), who must assess whether the accredited EO and/or EP (cluster of programmes) and the professional competencies of its graduates meet the requirements of the labor market.

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

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

II. SELF-ASSESSMENT REPORT

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

Basic Principles of Report 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 and (or) EP (cluster of programmes).
- 4. The objectivity of the assessment.**
- 5. Validity:** providing facts, data, information as arguments for conclusions.

The features of the training programme that are not described in the manuals should be included in the relevant part of the documents.

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

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

SAR Format

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

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

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

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

The SAR must be submitted in 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 documents may be submitted in their original language, provided they are accompanied by a short summary in English.

SAR Content

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

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

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

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

The second section includes an analysis of the compliance of the activities of the educational organisation and (or) the accredited EP 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 EP over the past 3-5 years on each standard. It is also assumed that the report will indicate problems and areas requiring improvement that were identified using SWOT analysis.

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

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

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

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

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

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

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

- **"Satisfactory"** is determined by the average level of indicators of one criterion of international accreditation and means compliance with the criterion.

- **"Suggests improvement"** is characterised by a low level of performance of one criterion of international accreditation.

- **"Unsatisfactory"** means that indicators of EP does not meet the criterion of international accreditation.

III. STANDARDS OF INTERNATIONAL ACCREDITATION OF EDUCATIONAL PROGRAMMES OF RESIDENCY

Scope of Application

These standards define the regulatory requirements for the main provisions of the standards of international accreditation of educational programmes of residency during the procedure of accreditation of the EP, 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 EP;
- 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. WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT OF MEDICAL EDUCATION: POSTGRADUATE MEDICAL EDUCATION The 2015 Revision
4. 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.
5. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015)
6. EFN (The European Federation of Nurses Associations) Competency Framework Adopted at the EFN General Assembly, April 2015, Brussels

Terms and Definitions

The following terms and definitions are used in this standard:

- 1) ***Mission of the Programme*** – a clearly articulated statement defining the purpose, values, and strategic objectives of the postgraduate medical education programme, serving as a guiding framework for the curriculum, quality assurance, and governance.
- 2) ***Learning Outcomes*** – verifiable knowledge, skills, professional attitudes, and behaviours that learners are expected to achieve upon completion of the programme; aligned with the mission of the programme and the needs of the healthcare system.
- 3) ***Competencies*** – integrated characteristics of graduates, encompassing knowledge, skills, attitudes, and professional behaviour, ensuring readiness to perform professional roles and responsibilities.
- 4) ***Professionalism*** – a set of values, principles, and behaviours that prioritise the interests of patients and society; including integrity, accountability, adherence to ethical standards, and compliance with professional norms of medical practice.
- 5) ***Professional Autonomy*** – the ability of a physician to make clinical and professional decisions in the best interests of patients and society without unjustified external influence.
- 6) ***Academic Leadership*** – functions related to the planning, coordination, implementation, and evaluation of the educational programme, including accountability for achieving the mission and intended learning outcomes.
- 7) ***Academic Staff / Faculty*** – educators, clinical supervisors, and researchers responsible for teaching, assessment, supervision, and learner support within the programme.

8) **Mentorship** – a structured educational relationship in which an experienced physician guides and supports a learner, providing supervision, feedback, and facilitation of competency development.

9) **Educational Programme (Curriculum / Programme)** – a coherent framework comprising objectives, learning outcomes, content, teaching and learning methods, assessment, resources, and organisational arrangements for specialist training.

10) **Curriculum Structure / Plan** – a formalised description of the programme structure, including modules, courses, sequencing, workload, and assessment modalities.

11) **Learning Environment** – the physical, organisational, digital, and psychosocial conditions, resources, and relationships that shape learning processes and professional development.

12) **Clinical Training Site** – a healthcare institution approved by the educational organisation as a venue for clinical education, providing access to patients, clinical cases, and supervised practice.

13) **Clinical Rotation** – a time-limited period of supervised clinical training within an approved clinical training site, aimed at competency acquisition and the progressive development of professional responsibility.

14) **Information and Communication Technologies (ICT)** – digital tools and platforms, including electronic libraries, simulation technologies, telemedicine, and databases, used in education and clinical practice.

15) **Assessment of Learners (Assessment)** – the process of evaluating knowledge, skills, and professional behaviour, including formative assessment (for feedback and learning) and summative assessment (for progression and completion decisions).

16) **Validity and Reliability of Assessment** – the extent to which assessment methods accurately measure intended outcomes and produce consistent results across assessments and assessors.

17) **Feedback** – timely, constructive, and objective information provided to learners regarding their performance, aimed at supporting learning and professional development.

18) **Programme Monitoring** – the systematic collection and analysis of data on programme implementation and outcomes to ensure relevance, effectiveness, and quality.

19) **Programme Evaluation** – a comprehensive review process analysing the mission, structure, content, teaching methods, and outcomes of the programme to support programme improvement and decision-making.

20) **Continuous Renewal** – the ongoing process of reviewing and improving the educational programme in response to developments in science, healthcare practice, and societal needs.

21) **Social Accountability** – the obligation of an educational organisation to direct its mission, strategy, and training activities towards addressing priority health concerns of the population and healthcare system.

22) **Supervision** – structured oversight of learners by qualified supervisors, ensuring patient safety, learner support, and continuous feedback.

Designations and Abbreviations

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

AC – Accreditation Council;

HEI – higher education institution;

EEC – External Expert Commission;

IAAR – Independent Agency for Accreditation and Rating

RW – research work

CME – continuing medical education

CPD – continuous professional development

NQS – national qualifications system

EO – educational organisation

EP – educational program

SAR – self-assessment report

OSCE – objective structured clinical examination

TS – teaching staff;

MM – mass media;

ECTS - European Credit Transfer and Accumulation System;

ESG - Standards and guidelines for quality assurance in the European Higher Education

Area.

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

WFME- World Federation for Medical Education.

General Provisions

The main objectives of the implementation of the standards of the international accreditation of educational programmes of residency:

- 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 EP;
- 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.

STANDARD 1. "MISSION AND LEARNING OUTCOMES"

1.1 Mission Definition

The organisation of education shall:

1.1.1. Define and publish in open access the mission of the postgraduate medical education programme, briefly reflecting the goals, values, priorities and objectives of the programme in relation to context and culture, as well as the role of the healthcare system; provide for periodic review of the mission and its use for curriculum management, quality assurance and improvement.

1.1.2. Substantiate the mission with data on population health needs, demands of the healthcare system and other aspects of social accountability; reflect the contribution of the programme to improving patient and population health outcomes.

1.1.3. Define the training programme with theoretical and practical components (with emphasis on the latter), the outcome of which is a postgraduate doctor who: is competent in the chosen field and practice, is capable of independent practice at a high level, works effectively in interprofessional teams, is committed to lifelong learning/CPD, provides patient-centred, effective, compassionate and safe care and applies a systems approach to health promotion.

1.1.4. Indicate in the mission a commitment to ensuring appropriate working conditions, safety and well-being of postgraduate doctors (including prevention of burnout, access to support and a safe learning environment) as a condition for achieving programme objectives.

1.1.5. Establish in the mission a commitment to innovation in the educational process (expansion and deepening of competences beyond the minimum required), development of scientific competence and participation of postgraduate doctors in research; encourage contribution to addressing issues related to social determinants of health.

Indicative areas for evaluation:

✓ *Present the mission statement of the postgraduate medical education programme and a link/document confirming its publication in open access (for example, on the official website).*

✓ *Describe how information on the mission and objectives is communicated to stakeholders (meetings, mailings, reports, presentations).*

✓ *Confirm the existence of a procedure for periodic review of the mission, indicate its periodicity, responsible persons and minutes.*

✓ *Substantiate the mission with data on population health needs and demands of the healthcare system; present sources (strategies, national plans, statistics).*

✓ *Describe the contribution of the programme to improving patient and population health outcomes, as well as aspects of social accountability.*

✓ *Provide a description of the training programme, demonstrate its structure, emphasis on practical components, strategies for developing the ability for independent practice, interprofessional collaboration and lifelong learning.*

✓ *Confirm that the mission reflects a commitment to ensuring appropriate working conditions, safety and well-being of postgraduate doctors.*

✓ *Describe how innovation is implemented in the educational process, how research competences are developed and how involvement of learners in research is ensured.*

✓ *Indicate how aspects of social determinants of health are integrated into the training programme.*

1.2 Professionalism and Professional Autonomy

The organisation of education shall:

1.2.1. Integrate professionalism into training, developing in postgraduate doctors professional autonomy to act in the best interests of the patient and society; align this with the mission, expected learning outcomes and the requirements of the profession/regulator.

1.2.2. Provide for collaboration with the state and other partners while ensuring appropriate independence of the academic leadership of the programme and transparency in the distribution of roles and responsibilities.

Indicative areas for evaluation:

✓ *Describe how professionalism is integrated into the curriculum (courses, practical tasks, clinical scenarios) and how it is aligned with the mission and learning outcomes.*

✓ *Demonstrate that the programme develops professional autonomy in learners: the ability to make decisions in the interests of patients and society, responsibility for their own learning, manifestations of academic freedom.*

✓ *Describe forms of interaction with healthcare authorities, employers and other partners.*

✓ *Confirm that academic independence of the educational programme is maintained in cooperation, and that the distribution of roles and responsibilities is transparent.*

1.3 Learning Outcomes

The organisation of education shall:

1.3.1. Define expected learning outcomes (knowledge, skills, behaviour) at graduation, aligned with the mission, qualification/licensing requirements and future roles of the doctor in the healthcare system; include commitment to CPD, orientation to societal needs and professional behaviour.

1.3.2. Publish general and specialty-specific learning outcomes and ensure their reflection in the curriculum and alignment with national regulatory standards and employer requirements.

1.3.3. Ensure standards of appropriate behaviour of postgraduate doctors towards peers, teachers/medical staff, patients and their relatives, including ethics, respect, confidentiality and patient safety.

1.3.4. Define learning outcomes taking into account competences achieved at the level of basic medical education, ensuring continuity and alignment between basic medical education and postgraduate medical education.

1.3.5. Provide opportunities for participation in research in the relevant field of healthcare and their linkage to learning outcomes and career pathways.

Indicative areas for evaluation:

✓ *Define and describe the expected learning outcomes: knowledge, skills, professional behaviour and values, aligned with the mission, qualification requirements and future roles of the doctor.*

✓ *Indicate how learning outcomes are aligned with national and international standards, regulatory requirements and employer expectations.*

✓ *Confirm publication of learning outcomes (general and specialty-specific) and their reflection in the curriculum.*

✓ *Describe which standards of professional behaviour are established, how learners are informed about them and what measures are taken in case of violations.*

✓ *Demonstrate continuity: how competences achieved at the level of basic medical education are taken into account and further developed at the level of postgraduate education.*

✓ *Indicate which forms of participation in research are provided for learners, and how they are linked to learning outcomes and career pathways.*

1.4 Participation in Formulation of Mission and Learning Outcomes

The organisation of education shall:

1.4.1. Ensure broad participation of stakeholders (graduates, teachers, postgraduate doctors, patients/representatives, employers, community, healthcare authorities) in the development of the mission and learning outcomes; document the consultation process.

1.4.2. Substantiate the mission and learning outcomes with opinions/proposals of stakeholders, make them publicly available, define the periodicity of review and the mechanism for taking into account feedback for programme revision.

Indicative areas for evaluation:

✓ *Describe the process of involvement of stakeholders (teachers, postgraduate doctors, graduates, employers, patients and representatives of healthcare authorities) in the development of the mission and learning outcomes.*

✓ *Confirm through documentation (minutes, reports) the fact of consultations and discussions.*

✓ *Indicate which proposals of stakeholders were taken into account and how they influenced the mission and learning outcomes.*

✓ *Confirm that the mission and learning outcomes are made publicly available.*

✓ *Describe the mechanism for review of the mission and learning outcomes taking into account feedback, define the periodicity of review and responsible persons.*

STANDARD 2. "EDUCATIONAL PROGRAMME"

2.1 Educational Framework

The organisation of education shall:

2.1.1. Define the approach to training based on expected learning outcomes aligned with the mission and qualification requirements, as well as official qualifications recognised at national and international level to confirm specialist status.

2.1.2. Define the approach to training taking into account outcomes achieved at the level of basic medical education; ensure a systematic, transparent and practice-oriented process including personal participation of the postgraduate doctor in the provision of medical care, clinical practice and responsibility for the patient and for their own learning.

2.1.3. Use training methods ensuring integration of theoretical and practical components, developing clinical reasoning and professional attitudes through supervision, regular assessment and feedback, including adherence to ethical norms and standards of professional behaviour.

2.1.4. Guarantee that the educational programme is implemented on the principles of equality and non-discrimination; ensure that learners are informed about the structure of the programme, its objectives, expected learning outcomes, as well as the rights and responsibilities of learners.

2.1.5. Gradually increase the level of independence and responsibility of the learner as their knowledge, skills and experience develop, ensuring appropriate supervision and control.

2.1.6. Take into account gender, cultural and religious characteristics of patients; prepare learners for interaction with diverse patient populations and communities to ensure respectful, inclusive and ethical care.

Indicative areas for evaluation:

✓ *Describe the overall educational strategy of the programme: how it is based on expected learning outcomes and qualification requirements.*

✓ *Present documents/materials confirming recognition of the programme qualification at national and international levels.*

✓ *Describe how outcomes of basic medical education are taken into account in the programme and how continuity is ensured.*

✓ *Substantiate the use of a practice-oriented approach: participation of learners in the provision of medical care, their responsibility for patients and for their own learning.*

✓ *Describe teaching and learning methods ensuring integration of theory and practice, as well as the use of supervision, assessment and feedback.*

✓ *Confirm that the programme is implemented on the principles of equality and non-discrimination; indicate how learners are informed about programme objectives, learning outcomes, rights and responsibilities.*

✓ *Describe the system that ensures gradual increase of learners' independence and responsibility in accordance with their progress.*

✓ *Indicate how the programme takes into account gender, cultural and religious characteristics of patients and prepares learners to work with diverse population groups.*

2.2 Scientific Method

The organisation of education shall:

2.2.1. Throughout the programme, develop in learners the foundations of scientific thinking: analytical and critical thinking, skills in searching for and appraising evidence, research methods in healthcare and evidence-based medicine.

2.2.2. Include in the educational programme critical appraisal of literature and scientific data; regularly adapt the content of the programme taking into account advances in science, technology,

medicine and pharmacy, as well as changing needs of society and the healthcare system.

Indicative areas for evaluation:

✓ *Describe which components of the programme develop learners' understanding of scientific thinking and research methods.*

✓ *Confirm the presence of courses/sessions in evidence-based medicine, analytical and critical thinking.*

✓ *Describe the teaching and learning methods used (problem-based learning, clinical case analysis, assignments on critical appraisal of literature, research projects).*

✓ *Indicate opportunities for learners' involvement in scientific research and projects, as well as mechanisms supporting their participation.*

✓ *Describe how the content of the programme is adapted in response to advances in science, technology, medicine and changing needs of the healthcare system.*

2.3 Content of Training

The organisation of education shall:

2.3.1. Include in the programme training in basic biomedical, clinical, behavioural and social sciences and preventive medicine; clinical decision-making, communication skills, medical ethics, public health, medical law and forensic medicine, healthcare management, patient safety, protection of doctors and fundamentals of complementary medicine.

2.3.2. Ensure that the educational programme gives particular attention to patient safety, respect for patients' rights, dignity and autonomy.

2.3.3. Regularly revise and update the programme to ensure development of learners' knowledge, skills and attitudes in various professional roles; take into account changes in the healthcare system, societal needs and emerging challenges.

Indicative areas for evaluation:

✓ *Present a description of the programme content, including the list of disciplines/modules and their duration.*

✓ *Indicate how inclusion of basic biomedical, clinical, behavioural, social and management disciplines in the programme is ensured.*

✓ *Confirm the presence of components in medical ethics, public health, patient safety, medical law and complementary medicine.*

✓ *Describe how attention to patient safety, patients' rights and autonomy is ensured within the programme.*

✓ *Confirm the mechanism for regular updating of the programme content taking into account changes in the healthcare system and societal needs.*

2.4 Structure, Content and Duration of the Educational Programme

The organisation of education shall:

2.4.1. Present a description of the structure of the programme, its content, volume and sequence of courses, compulsory and elective components; integrate practical and theoretical training; ensure compliance with national legislation; take into account the specifics of local, national and regional healthcare systems in the training of learners.

2.4.2. Take into account learning outcomes achieved at the level of basic medical education and ensure their further development in the context of the chosen field of medicine.

2.4.3. Define graduate requirements ensuring readiness to perform various roles in the healthcare system (clinical, research, educational, managerial).

Indicative areas for evaluation:

✓ *Describe the structure of the programme: compulsory and elective components, balance between theoretical and practical training.*

- ✓ *Indicate the overall duration of the programme (hours, weeks, semesters, years) and the sequence of courses.*
- ✓ *Confirm compliance of the programme with national legislation.*
- ✓ *Describe how the programme takes into account the specifics of local, national and regional healthcare systems.*
- ✓ *Substantiate how learning outcomes of basic medical education are taken into account and further developed in postgraduate training.*
- ✓ *Indicate graduate requirements for performing various professional roles (clinical, research, educational, managerial).*

2.5 Organisation of Training

The organisation of education shall:

- 2.5.1. Define responsibility and authority for organisation, coordination, management and evaluation of the individual learning environment and the training process.
- 2.5.2. Ensure participation of academic staff, learners and other relevant stakeholders in planning and development of the educational programme.
- 2.5.3. Plan training so that learners have access to a wide range of practical experience in the chosen field of medicine, including different profiles and levels of healthcare delivery.
- 2.5.4. Ensure diversity of training sites and coordinate their use to provide learners with access to different aspects of practice and healthcare delivery settings.

Indicative areas for evaluation:

- ✓ *Describe the distribution of authority and responsibility for organisation, coordination and management of the training process.*
- ✓ *Indicate which unit is responsible for implementation of the programme and how it functions.*
- ✓ *Confirm involvement of academic staff, learners and other relevant stakeholders in the development and review of the programme.*
- ✓ *Describe how training is planned to ensure coverage of a wide range of clinical experience and different levels of healthcare delivery.*
- ✓ *Confirm the availability and diversity of clinical training sites, as well as coordination of learners' access to them.*

2.6 The Relation Between Education, Medical Practice and the Healthcare System

The organisation of education shall:

- 2.6.1. Ensure integration of theoretical training and professional development through training in clinical practice, participation in the provision of medical care and interaction with the healthcare system; guarantee that training takes into account real healthcare needs.
- 2.6.2. Effectively utilise resources of the healthcare system and healthcare delivery settings as training bases, without compromising the quality of medical care.

Indicative areas for evaluation:

- ✓ *Describe the mechanisms for integration of theoretical training and professional practice within the programme.*
- ✓ *Indicate how participation of learners in the provision of medical care under supervision is ensured.*
- ✓ *Confirm that the programme takes into account real needs of the healthcare system and patients.*
- ✓ *Describe mechanisms ensuring patient safety in the process of clinical training.*
- ✓ *Indicate how resources of the healthcare system (hospitals, ambulatory services, specialised centres) are used for training without compromising the quality of medical care.*

STANDARD 3. "ASSESSMENT OF LEARNERS"

3.1 Assessment Methods

The organisation of education shall:

3.1.1. Develop, approve, publish and implement a policy for assessment of learners, including objectives, principles, methods and procedures of assessment; provide for periodic review of the policy and, where appropriate, its external evaluation.

3.1.2. Ensure that assessment procedures cover all domains of competence: knowledge, clinical and professional skills, attitudes, behaviours and professional conduct.

3.1.3. Use a variety of assessment methods and formats (written, oral, practical, simulation-based), ensuring their comparability and validity; apply multiple assessors and sources to enhance objectivity.

3.1.4. Define and publish transparent criteria for passing examinations and other forms of assessment, including conditions for resit and the permitted number of attempts.

3.1.5. Regularly evaluate and document the reliability, validity, fairness and transparency of assessment methods, ensuring alignment with expected learning outcomes.

3.1.6. Ensure a system for appeal of assessment results based on principles of fairness, transparency and compliance with legal requirements.

3.1.7. Introduce innovative assessment methods in response to educational needs and changes in the curriculum; document the use of different types, formats and stages of assessment.

3.1.8. Encourage regular external review of assessment methods and use the results of such review to improve assessment practices.

Indicative areas for evaluation:

✓ *Describe the assessment policy for postgraduate doctors: the process of its development, approval and periodic review; specify which documents are provided to postgraduate doctors with information on the purposes, principles and methods of assessment.*

✓ *Present a description of the assessment methods used (written, oral, practical, simulation-based and others), including criteria, timelines for formative and summative assessment, the weighting of individual components, and the rules for determining academic progression.*

✓ *Specify which additional assessment methods are used to ensure objectivity and comprehensiveness (portfolio, observation, workplace-based assessment, OSCE and others).*

✓ *Describe the rules and criteria for successful completion of examinations, the conditions and number of permitted resits, as well as the procedures for their organisation.*

✓ *Justify how reliability, validity, fairness and transparency of assessment methods are ensured; provide examples of internal monitoring and analysis.*

✓ *Describe the process for review, piloting and implementation of new assessment methods, and specify mechanisms for assuring their quality.*

✓ *Describe the practice of involving external experts: criteria for selection, procedures for conducting external review, and the use of its outcomes for improvement of assessment.*

✓ *Confirm how documentation of the learning and assessment process is maintained (records, electronic systems, databases).*

3.2 Relation between Assessment and Learning

The organisation of education shall:

3.2.1. Ensure that the principles, methods and practices of assessment are aligned with expected learning outcomes and teaching methods; use assessment as a tool for learning and provide timely, specific, constructive and objective feedback to postgraduate doctors.

3.2.2. Seek to apply assessment methods that promote integrated learning, active involvement of postgraduate doctors in clinical practice, interprofessional collaboration and the development of teamwork skills.

Indicative areas for evaluation:

✓ Describe how assessment is aligned with expected learning outcomes and teaching methods; provide examples demonstrating that assessment supports achievement of learning outcomes.

✓ Complete the table (Table 3.2.1) demonstrating alignment between learning outcomes, assessment methods and teaching/learning methods.

✓ Describe the practice of providing postgraduate doctors with timely, specific and constructive feedback: mechanisms, frequency, transparency and its use for adjustment of learning.

✓ Indicate how integrated assessment of different components of the training programme is ensured (theory, practice, research activity).

✓ Confirm the use of assessment methods that promote integrated learning, participation in clinical practice and interprofessional collaboration.

✓ Complete the table (Table 3.2.2) containing the list of programme components with indication of the number of examinations/assessments and their formats (written, oral, practical, simulation-based and others).

Table 3.2.1 Alignment of Learning Outcomes, Assessment Methods, and Teaching and Learning Methods

Learning Outcomes	Assessment Methods	Teaching and Learning Methods

Table 3.2.2 Number and Types of Examinations/Assessments for Programme Components

Programme Components / Disciplines	Number of Examinations/Assessments	Types/Forms of Examinations/Assessments

STANDARD 4. "LEARNERS"

4.1 Admission and Selection Policy

The organisation of education shall:

4.1.1. Define and implement an admission policy based on the mission of the educational organisation, with a clear description of the objectives, criteria and procedures for selection of learners.

4.1.2. Ensure a balance between training capacity and the number of admitted learners; define and implement selection rules ensuring transparency, fairness and compliance with established criteria; provide for admission of persons with disabilities in accordance with legislation and regulatory requirements; ensure the required level of knowledge and skills in biomedical sciences achieved at the level of basic medical education.

4.1.3. Have a policy and implement procedures for transfer of learners from other educational organisations, taking into account equivalence of programmes, recognition of previously earned credits and transparency of procedures.

4.1.4. Take into account individual abilities and potential of candidates to enhance the quality of training; ensure transparency and objectivity of the selection process; provide a mechanism for appeal against admission decisions.

4.1.5. Involve learner associations and other relevant stakeholders in the development and periodic review of admission policies and procedures.

Indicative areas for evaluation:

✓ *Describe the admission and selection policy: its alignment with the mission of the organisation, established criteria and social accountability.*

✓ *Present documents regulating the application process, selection procedures (including testing and interviews), decision-making and enrolment.*

✓ *Describe academic and additional admission criteria (e.g. knowledge of biomedical sciences, personal attributes).*

✓ *Indicate how admission of learners with disabilities is ensured in accordance with legislation.*

✓ *Present the practice of transfer of learners from other organisations, procedures for recognition of credits and equivalence of programmes.*

✓ *Describe procedures for appeal against admission decisions and how information is communicated to applicants.*

✓ *Confirm involvement of learner associations and other relevant stakeholders in the development and review of admission policy.*

✓ *Describe the process of periodic review of the admission policy and its updating in accordance with social and workforce needs of the healthcare system.*

4.2 Number of Learners

The organisation of education shall:

4.2.1. Determine the number of learners based on clinical and practical training capacity, the organisation's ability to supervise and monitor the process, available infrastructure and human resources, as well as healthcare needs of society.

4.2.2. Regularly review the number and composition of admitted learners based on consultations with stakeholders responsible for workforce planning and development in healthcare.

4.2.3. Adjust the number of learners taking into account information on qualified applicants and data from national and international labour markets; regulate intake considering the unpredictability of demand for specialists in different fields of medicine.

Indicative areas for evaluation:

- ✓ *Describe how the number of admitted learners is determined taking into account the resources of the educational organisation (human, infrastructure, clinical).*
- ✓ *Present the practice of forecasting societal needs for specialists, including analysis of demographic data, migration flows and labour market conditions.*
- ✓ *Indicate how the educational organisation consults with healthcare authorities and other relevant stakeholders in planning intake.*
- ✓ *Describe procedures for regular review of the number of learners and mechanisms for adjustment in response to changes in healthcare system needs.*

4.3 Counselling and Support of Learners

The organisation of education shall:

- 4.3.1. Ensure that learners have access to a system of academic counselling, including support in educational and professional matters.
- 4.3.2. Base academic counselling on regular monitoring and follow-up of learner progress, including analysis of unintended incidents.
- 4.3.3. Provide learners with support programmes that take into account social, financial and personal needs.
- 4.3.4. Allocate resources to ensure social and personal support for learners, guaranteeing confidentiality of counselling.
- 4.3.5. Ensure career guidance and counselling for career planning.
- 4.3.6. Organise counselling to support learners in cases of professional crisis; involve learner associations in addressing problem situations.

Indicative areas for evaluation:

- ✓ *Describe the system of academic counselling: accessibility, content and mechanisms for monitoring learner progress.*
- ✓ *Indicate how academic counselling is based on analysis of learner progress and incidents in training.*
- ✓ *Present support programmes for learners (social, financial, psychological support).*
- ✓ *Describe mechanisms for allocation of resources to ensure personal and social support, including issues of confidentiality.*
- ✓ *Describe the practice of career guidance and counselling.*
- ✓ *Confirm the existence of a support system in cases of professional crisis; indicate how learner associations are involved in addressing such situations.*

4.4 Learner Representation

The organisation of education shall:

- 4.4.1. Define and implement a policy of learner representation, ensuring their participation in the development of the mission, formulation of learning outcomes, planning of training conditions, evaluation and management of the educational programme.
- 4.4.2. Encourage participation of learner representatives in decision-making on educational processes, training conditions and rules.

Indicative areas for evaluation:

- ✓ *Describe the policy of learner representation in the governance of the educational process.*
- ✓ *Indicate forms of learner participation in the development of the mission, formulation of learning outcomes and planning of training conditions.*
- ✓ *Confirm participation of learners in evaluation and management of the educational programme (councils, committees, associations).*
- ✓ *Describe the practice of encouraging learner participation in decision-making on*

educational processes and training regulations.

4.5 Working Conditions

The organisation of education shall:

4.5.1. Implement training programmes ensuring provision of scholarships, remuneration or other forms of financial support and motivation for learners.

4.5.2. Ensure learners' access to medical practice, including provision of patient care under appropriate supervision and participation in on-call duties where applicable.

4.5.3. Define, publish and communicate to learners their working conditions and responsibilities.

4.5.4. Provide for the possibility of interruption of training due to pregnancy, childbirth, parental leave, illness, military service or secondment for additional training.

4.5.5. Seek to ensure that service obligations of learners do not dominate over the educational process.

4.5.6. When scheduling training, take into account patient needs, continuity of care and educational needs of learners, including on-call duties.

4.5.7. Allow distance learning modalities under special circumstances, ensuring equivalent quality and duration compared to face-to-face training; take into account individual learning pathways and professional experience of learners.

4.5.8. Ensure the possibility of continuation of training after interruptions related to pregnancy, childbirth, parental leave, illness, military service or secondment.

Indicative areas for evaluation:

✓ *Describe the system of remuneration and motivation of learners (scholarships, positions, grants).*

✓ *Confirm the practice of involving learners in the provision of medical care under supervision; indicate categories of patients and the level of responsibility of learners.*

✓ *Describe rules regulating working conditions and responsibilities of learners; confirm that they are communicated to all parties.*

✓ *Indicate mechanisms for granting interruption of training for valid reasons (pregnancy, illness, service and others), as well as procedures for resumption of training.*

✓ *Describe mechanisms for maintaining balance between service obligations and educational components of the programme.*

✓ *Present the practice of scheduling training taking into account learners' educational needs and continuity of medical care.*

✓ *Describe conditions for provision of individual learning pathways and recognition of prior clinical experience.*

✓ *Indicate how equivalence of quality of distance learning is ensured under special circumstances.*

STANDARD 5. "ACADEMIC STAFF/FACULTY"

5.1 Staff Recruitment and Selection Policy

The organisation of education shall develop and implement a policy for staff recruitment and selection that:

5.1.1. Takes into account transparent and objective criteria for recruitment, provides for expert review of documents; includes requirements for scientific, educational and clinical/professional achievements of candidates; ensures a balance between teaching, research and practical qualifications.

5.1.2. Defines responsibilities of academic staff, including a balance between teaching, research, clinical and administrative activities; takes into account the mission of the educational programme and the needs of the education and healthcare systems.

5.1.3. Guarantees that academic staff have documented practical experience and recognised professional status; provides for involvement of specialised experts for delivery of specific components of the programme at relevant stages of training.

5.1.4. Encourages participation of academic staff in faculty development programmes in teaching and research; uses educational expertise to enhance quality of teaching; provides fair remuneration for involvement in postgraduate medical education.

Indicative areas for evaluation:

✓ *Describe qualification requirements for academic staff (academic, clinical and pedagogical) at recruitment.*

✓ *Present institutional and national policies or regulatory documents governing staff policy of the university.*

✓ *Confirm how balance between teaching, research and clinical activities of staff is ensured.*

✓ *Describe mechanisms for identifying and addressing needs for academic and clinical staff for postgraduate programmes.*

✓ *Indicate how the organisation improves recruitment and selection practices taking into account the mission, expected learning outcomes, needs of the healthcare system and economic capacity.*

✓ *Describe how involvement of specialised experts is ensured, for what period and based on which criteria.*

✓ *Confirm the practice of expert review of candidate documentation during recruitment.*

✓ *Describe existing practices for recognising and rewarding academic staff for participation in educational, clinical and research activities (remuneration, incentives, recognition).*

5.2 Staff Activity and Development Policy

The organisation of education shall develop and implement a policy on staff activity and development aimed at:

5.2.1. Ensuring that academic staff have sufficient time for preparation of teaching, counselling of learners and their own professional development.

5.2.2. Establishing a structure (unit) responsible for academic staff development; conducting regular and objective appraisal of academic staff performance taking into account educational, research and clinical activities.

5.2.3. Developing and implementing a policy for support of academic staff in pedagogy, continuing professional development and faculty development; recognising and evaluating scientific and academic achievements of academic staff.

5.2.4. Ensuring an appropriate staff – learner ratio for different components of the educational programme; creating conditions for close interaction between academic staff and

learners, as well as effective monitoring of the educational process.

Indicative areas for evaluation:

- ✓ *Describe how the university ensures that academic staff have sufficient time for preparation of teaching, supervision and professional development.*
- ✓ *Present the structure (unit) responsible for academic staff development: its functions, responsibilities and mechanisms of interaction with departments.*
- ✓ *Indicate how regular and objective appraisal of academic staff is conducted, including feedback from learners and peers.*
- ✓ *Describe programmes for professional and pedagogical development of academic staff (courses, training, placements, certification).*
- ✓ *Confirm the practice of recognising and rewarding academic, clinical and research achievements of academic staff (bonuses, promotion, recognition).*
- ✓ *Describe mechanisms for balancing staff workload: teaching, clinical practice, supervision and administrative duties.*
- ✓ *Present the practice of coordinating staff schedules and allocation of responsibilities.*
- ✓ *Describe how an appropriate staff – learner ratio is ensured for different components of the programme (lectures, practical training, clinical settings).*
- ✓ *Confirm the practice of supporting career development of academic staff, including recognition of educational contributions and opportunities for promotion.*

STANDARD 6. "EDUCATIONAL RESOURCES"

6.1 Physical Facilities

The organisation of education shall:

6.1.1. Ensure that learners have adequate physical and infrastructure resources for implementation of the programme: modern teaching facilities, simulation and laboratory centres, access to professional literature, ICT and a safe learning environment.

6.1.2. Regularly update, expand and modernise the physical and infrastructure resources to maintain the quality of postgraduate medical education.

Indicative areas for evaluation:

✓ *Present a description of physical and infrastructure resources (teaching facilities, simulation and laboratory centres, libraries, ICT infrastructure, safety conditions).*

✓ *Describe mechanisms for assessing adequacy of resources for implementation of the programme.*

✓ *Indicate existing mechanisms for updating and modernising infrastructure.*

✓ *Reflect plans for development of physical and infrastructure resources taking into account priorities and needs.*

6.2 Educational Environment

The organisation of education shall:

6.2.1. Ensure that learners have access to a variety of clinical training sites and practical learning environments with a sufficient number and diversity of patients, including cases of different levels of complexity, at both inpatient and outpatient levels.

6.2.2. Guarantee that training sites provide a range of clinical cases relevant to the specialty, including experience in healthcare delivery, disease prevention and organisation of medical care; provide for the use of university hospitals, external institutions and community-based settings.

Indicative areas for evaluation:

✓ *Present the list of approved clinical training sites used for implementation of the programme.*

✓ *Complete and provide Table 6.2.1 "Characteristics of Clinical Training Sites", including information on the name of the site/department and date of agreement, legal address, bed capacity, departments, number of learner groups or clinical rotations, number of teaching rooms/auditoriums, availability of a library, cloakroom/lockers.*

✓ *Describe how the capacities of these sites are used to ensure the quality of postgraduate training.*

✓ *Indicate how adequacy and compliance of clinical training sites with expected learning outcomes are assessed.*

✓ *Characterise the involvement of departments and clinical supervisors in ensuring practical training at these sites.*

Table 6.2.1 Characteristics of Clinical Training Sites

No.	Name of the Clinical Training Site / Department and Date of Agreement	Legal Address	Bed Capacity	Departments	Number of Learner Groups or Clinical Rotations	Number of Teaching Rooms / Auditoriums	Library	Cloakroom / Lockers

6.3 Information Technology

The organisation of education shall:

6.3.1. Ensure access for learners and academic staff to modern information and communication technologies, digital libraries and electronic resources.

6.3.2. Guarantee ethical and effective use of ICT in the educational process, including protection of personal data and patient information.

6.3.3. Ensure the use of ICT for self-directed learning, professional communication, handling of clinical data and integration into the healthcare system.

Indicative areas for evaluation:

- ✓ *Describe the policy on the use of ICT in the educational programme.*
- ✓ *Indicate the unit/committee responsible for development and implementation of ICT policy.*
- ✓ *Characterise mechanisms for allocation of resources for ICT.*
- ✓ *Describe institutional or national policy in the field of ICT.*
- ✓ *Indicate how ethical use of ICT is ensured (confidentiality of personal data and medical information).*
- ✓ *Describe access of academic staff and learners to library and electronic resources, including international databases, electronic books and journals.*
- ✓ *Indicate the availability of training programmes for academic staff and learners in the use of ICT.*

6.4 Clinical Teams

The organisation of education shall:

6.4.1. Provide learners with opportunities to work in clinical teams together with colleagues and healthcare professionals from other disciplines.

6.4.2. Encourage participation in multidisciplinary and interprofessional teams, develop leadership skills and the ability to teach other healthcare professionals.

Indicative areas for evaluation:

- ✓ *Describe the practice of involving learners in the work of clinical teams.*
- ✓ *Indicate which mechanisms ensure participation in multidisciplinary and interprofessional teams.*
- ✓ *Reflect how leadership skills and mentoring competencies are developed.*
- ✓ *Provide examples of learner participation in teaching peers and other healthcare professionals.*

6.5 Medical and Scientific Research

The organisation of education shall:

6.5.1. Ensure that learners acquire competencies in research methodology, skills in critical appraisal and application of scientific approaches in clinical practice.

6.5.2. Encourage participation of learners in research projects related to population health and the healthcare system; provide allocation of time and resources for conducting research.

Indicative areas for evaluation:

- ✓ *Describe which components of the programme include training in research methodology and critical thinking.*
- ✓ *Reflect the balance between the educational process and research activity.*
- ✓ *Present mechanisms for integration of research into the educational programme.*
- ✓ *Indicate forms of learner involvement in research (individual projects, group research, participation in departmental and interdisciplinary projects).*
- ✓ *Characterise learners' access to research laboratories, databases and research centres.*

6.6 Educational Expertise

The organisation of education shall:

6.6.1. Define and implement a policy for the use of expertise in medical education in the planning, implementation and evaluation of programmes.

6.6.2. Promote the development of research in medical education, involve academic staff and clinical supervisors in educational research and implementation of innovations.

Indicative areas for evaluation:

✓ *Describe the institutional policy on the use of educational expertise in programme design and evaluation.*

✓ *Indicate the practice of involving specialists in medical education, sociologists, psychologists and external experts.*

✓ *Reflect activities aimed at development of research in medical education.*

✓ *Provide examples of implementation of innovative educational approaches based on expertise.*

6.7 Learning in Alternative Settings and Exchange in Education

The organisation of education shall:

6.7.1. Develop and implement a policy on academic mobility, including opportunities for training in other institutions, mutual recognition of credits and learning outcomes.

6.7.2. Promote national and international exchange programmes for learners, academic staff and administrative staff; develop cooperation with professional and educational organisations.

Indicative areas for evaluation:

✓ *Describe the policy on academic mobility (internal and international), procedures for credit transfer and recognition of learning outcomes.*

✓ *Indicate mechanisms for provision of resources to support mobility of learners and academic staff.*

✓ *Provide examples of exchange programmes (national and international) in which the organisation participates.*

✓ *Describe the policy and practice for monitoring and improvement of academic mobility.*

✓ *Indicate how mobility is integrated into the educational programme and taken into account in achieving learning outcomes.*

STANDARD 7. "PROGRAMME EVALUATION"

7.1 Programme Monitoring and Evaluation Mechanisms

The organisation of education shall:

7.1.1. Have formalised and documented procedures for monitoring and periodic evaluation of the educational programme, including learning outcomes, learner progress and performance, with mandatory involvement of key stakeholders.

7.1.2. Regularly monitor the educational programme and its components, including alignment between staff policy and healthcare needs, quality of the educational process, assessment methods, learner progress and qualifications of academic staff; analyse identified issues and ensure that results are used for improvement of programme quality.

7.1.3. Ensure transparency of processes and results of programme evaluation for all stakeholders; provide access to information in an appropriate and understandable format.

Indicative areas for evaluation:

✓ Describe formalised procedures for monitoring and evaluation of the educational programme (existence of policies, regulations, monitoring cycles).

✓ Indicate how periodic evaluation of the mission, structure, programme content, educational methods and expected learning outcomes is conducted.

✓ Describe the system for analysis of learner progress and performance and mechanisms for its documentation.

✓ Indicate how key stakeholders (learners, academic staff, clinical training sites, employers) are involved in programme monitoring and evaluation.

✓ Describe mechanisms for analysis of problem areas and documentation of corrective and preventive actions (CAPA).

✓ Indicate how transparency of monitoring results is ensured for institutional leadership, learners, academic staff and external stakeholders.

7.2 Teacher and Learner Feedback

The organisation of education shall:

7.2.1. Systematically collect, analyse and use feedback from academic staff and learners, document the results and take corrective actions to improve the programme.

7.2.2. Actively involve academic staff and learners in planning and conducting programme evaluation, ensuring their participation in interpretation of results and implementation of improvements.

Indicative areas for evaluation:

✓ Describe the policy and practice for systematic collection of feedback from academic staff and learners (questionnaires, interviews, focus groups, online platforms).

✓ Indicate how analysis, documentation and subsequent use of feedback for programme improvement are carried out.

✓ Describe mechanisms for informing learners and academic staff about results of feedback analysis.

✓ Indicate how academic staff and learners are involved in planning programme evaluation procedures and interpretation of results.

✓ Provide examples of corrective actions implemented on the basis of feedback over the past 3 years.

7.3 Outcomes of Training of Qualified Specialists

The organisation of education shall:

7.3.1. Continuously monitor graduates and qualified specialists, ensure collection of feedback from employers and professional communities; use mechanisms for programme evaluation based on data on professional performance of graduates.

7.3.2. Ensure that units responsible for admission, design and planning of educational programmes are informed about results of evaluation of graduates' professional performance for adjustment of policy and programme content.

Indicative areas for evaluation:

✓ *Describe the system for monitoring graduates and qualified specialists (graduate surveys, employer feedback, analysis of employment outcomes).*

✓ *Indicate how data on professional activities of graduates (clinical practice, research activity, managerial roles) are collected and used.*

✓ *Indicate how feedback from employers is used for improvement of the training programme.*

✓ *Describe how results of graduate evaluation are communicated to units responsible for admission, programme design and planning, as well as learner counselling.*

✓ *Describe mechanisms for regular use of graduate data in updating curricula.*

7.4 Involvement of Stakeholders

The organisation of education shall:

7.4.1. Involve key stakeholders (employers, professional associations, learners, graduates, healthcare authorities and the community) in monitoring and evaluation of the educational programme.

7.4.2. Ensure access of stakeholders to results of evaluation of courses and the educational programme; take into account their feedback and suggestions, including input from graduates and employers, in programme development and revision.

Indicative areas for evaluation:

✓ *Describe how key stakeholders (employers, professional associations, healthcare authorities, learners, graduates and the community) are involved in monitoring and evaluation of the educational programme.*

✓ *Indicate which forms of interaction are used (advisory boards, committee meetings, working groups, external review).*

✓ *Describe how access of stakeholders to results of course and programme evaluation is ensured (reports, publications, web resources).*

✓ *Provide examples of how feedback and suggestions from stakeholders are taken into account in programme revision.*

✓ *Indicate mechanisms for stakeholder feedback and systems for documenting its use in programme improvement.*

STANDARD 8. "GOVERNANCE AND ADMINISTRATION"

8.1 Governance

The organisation of education shall:

8.1.1. Document completion of training through awarding of degrees, diplomas, certificates or other official qualifications; ensure their recognition at national and international levels as a basis for formal recognition of the specialist.

8.1.2. Assume institutional responsibility for internal and external quality assurance processes of educational programmes; document and regularly review their effectiveness.

8.1.3. Ensure that the educational programme is aligned with societal health needs and the healthcare system; guarantee transparency of governance structures and decision-making processes.

Indicative areas for evaluation:

✓ Indicate whether the organisation has a system for internal and external quality assurance of postgraduate medical education.

✓ Describe the process and periodicity of review of the quality assurance system.

✓ Indicate how transparency of governance and decision-making processes is ensured.

✓ Describe how needs of society and the healthcare system are identified and taken into account in management of the educational programme.

✓ Provide examples of documentation of governance processes and decisions taken.

8.2 Academic Leadership

The organisation of education shall:

8.2.1. Ensure academic leadership of postgraduate medical education, including strategic management, coordination and responsibility for implementation of the educational programme.

8.2.2. Periodically evaluate the effectiveness of academic leadership in achieving the mission of the programme and expected learning outcomes; document the results and use them for improvement of governance.

Indicative areas for evaluation:

✓ Describe responsibilities of academic leadership (deans, programme directors, departments) for implementation of the educational programme.

✓ Indicate how responsibility is distributed for individual components of the programme (curriculum, assessment of learners, clinical training, learner support).

✓ Describe the process for evaluation of academic leadership: who conducts it, criteria and periodicity.

✓ Indicate how results of evaluation of academic leadership are used for improvement of the programme.

✓ Provide examples of programme modifications based on results of such evaluation.

8.3 Educational Budget and Resource Allocation

The organisation of education shall:

8.3.1. Have a clear distribution of responsibility and authority for preparation and use of the educational programme budget, including allocation of a dedicated budget for training.

8.3.2. Allocate resources necessary for implementation of the programme and distribute them in accordance with educational needs and priorities.

8.3.3. Manage the budget in a way that ensures fulfilment of responsibilities of academic staff and learners, as well as implementation of innovations in the programme and its sustainable development.

Indicative areas for evaluation:

- ✓ Describe the budget policy of the educational organisation in relation to postgraduate programmes.
- ✓ Indicate how a dedicated budget for training is established and who is responsible for its approval.
- ✓ Describe internal and external mechanisms of budget management ensuring transparency and accountability.
- ✓ Indicate how programme needs are assessed and how resources (financial, human, infrastructure) are allocated.
- ✓ Provide evidence of appropriate allocation of resources to support responsibilities of academic staff and learners.
- ✓ Describe examples of implementation of innovations and development initiatives supported through the budget.

8.4 Administrative Staff and Management

The organisation of education shall:

8.4.1. Ensure availability of administrative staff of sufficient number and qualification to support implementation of the educational programme and management of resources.

8.4.2. Develop and implement a system for quality assurance of management, including regular reviews, monitoring of processes and reporting to academic leadership to improve the quality of administrative support.

Indicative areas for evaluation:

- ✓ Describe the structure and number of administrative staff involved in implementation of postgraduate programmes.
- ✓ Indicate how the need for administrative staff is determined (based on programme scope, number of learners, types of activities).
- ✓ Indicate whether the administrative unit has an internal quality assurance system for management; describe its structure and tools.
- ✓ Describe how effectiveness of administrative support for programmes is monitored.
- ✓ Provide examples of regular reviews and measures taken to improve quality of management.

8.5 Requirements and Regulations

The organisation of education shall:

8.5.1. Comply with national legislation regarding the list of recognised medical specialties and requirements for postgraduate educational programmes.

8.5.2. Ensure discussion and approval of postgraduate medical education programmes in collaboration with key stakeholders, including healthcare authorities, professional associations, employers and learners.

Indicative areas for evaluation:

- ✓ Describe the practice of compliance with national legislation in development and implementation of postgraduate educational programmes.
- ✓ Indicate how the organisation interacts with competent authorities on issues regulated by the state (list of specialties, programme requirements).
- ✓ Describe how stakeholders (employers, professional associations, healthcare authorities, learners, graduates) are involved in development and approval of programmes.
- ✓ Provide examples of decisions or changes adopted with participation of stakeholders.

8.6 Informing the Public

The organisation of education shall:

8.6.1. Publish on the official website and in open sources reliable, comprehensive and up-

to-date information about the educational programme, its objectives, outcomes and achievements.

8.6.2. Ensure publication of objective information on employment, demand and professional activities of graduates, supported by documented data.

Indicative areas for evaluation:

✓ *Indicate what information about the educational programme is published on the official website and in media (mission, objectives, structure, curricula, admission criteria, expected learning outcomes, qualifications).*

✓ *Describe the practice of publishing information on employment and demand for graduates.*

✓ *Indicate how reliability, completeness and currency of published information are ensured.*

✓ *Provide links or documents confirming availability of published information.*

STANDARD 9. "CONTINUOUS RENEWAL"

The organisation of education shall ensure that the process of renewal and restructuring of the educational programme is systematic, based on previous experience, current activities and projections of future needs of the healthcare system and society, and covers the following areas:

9.1.1. Initiate and support procedures for regular review and updating of the mission, structure, content, learning outcomes/competencies, assessment methods and the educational environment; document identified deficiencies, address them and allocate resources for continuous improvement.

9.1.2. Base the renewal process on results of prospective studies in healthcare, data on needs of society and the healthcare system, as well as results of internal monitoring, programme evaluation and scientific literature in medical education.

9.1.3. Ensure that programme renewal leads to revision of the mission and expected learning outcomes in accordance with scientific, socio-economic and cultural development of society and perspectives of healthcare.

9.1.4. Adapt expected learning outcomes of graduates based on documented needs of society and the labour market, including clinical competencies, training in public health and participation in delivery of healthcare in accordance with professional roles of graduates.

9.1.5. Regularly adapt educational approaches and teaching and learning methods to ensure their relevance, effectiveness and alignment with expected learning outcomes.

9.1.6. Ensure adjustment of the structure, content and duration of the educational programme in accordance with advances in biomedical, social, behavioural and clinical sciences, changes in demographics, population health status and socio-economic conditions; incorporate new knowledge, concepts and methods while eliminating outdated ones.

9.1.7. Improve principles and methods of assessment, revise forms and number of examinations in accordance with updated learning outcomes and contemporary educational approaches.

9.1.8. Adapt admission policy and selection methods of learners in response to changing needs of the healthcare system, workforce requirements and developments in postgraduate education.

9.1.9. Adjust policies for recruitment and development of academic staff in accordance with evolving educational and professional needs.

9.1.10. Update and develop educational resources (clinical training sites, technologies, library and digital resources) in accordance with changing needs of learners, number and profile of academic staff, and modern teaching and assessment methods.

9.1.11. Improve the system of monitoring, control and evaluation of the educational programme, ensuring regular use of data for quality management.

9.1.12. 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.

Indicative areas for evaluation:

✓ *Indicate whether the organisation of education has formalised procedures for regular review and renewal of the mission, structure, content, expected learning outcomes/competencies, assessment methods and the educational environment.*

✓ *Indicate the periodicity of monitoring and review of the educational programme, including the curriculum, teaching and assessment methods, and the conditions of clinical training.*

✓ *Describe which mechanisms are used to document deficiencies in the educational*

programme and how these deficiencies are addressed.

✓ *Indicate whether the organisation of education allocates resources (financial, human, material and technical) for implementation of continuous programme improvement measures.*

✓ *Indicate what the process of renewal of the educational programme is based on (results of prospective studies, healthcare needs, labour market analysis, results of internal and external monitoring, literature in medical education).*

✓ *Indicate whether the content and structure of the educational programme reflect advances in biomedical, clinical, social and behavioural sciences, changes in population health status and demographic situation, as well as socio-economic trends.*

✓ *Describe how, in the process of renewal, the mission and expected learning outcomes are reviewed in accordance with changing conditions in society and healthcare.*

✓ *Describe the practice of adapting expected learning outcomes of graduates to documented needs of society and the labour market (clinical skills, competencies in public health, readiness for independent professional practice).*

✓ *Indicate what changes have been made in educational approaches and teaching/learning methods to ensure their relevance, effectiveness and alignment with learning outcomes.*

✓ *Describe how adjustment of the structure, content and duration of the programme is ensured, including incorporation of new knowledge and methods and removal of outdated components.*

✓ *Indicate how assessment methods are improved and how the form and number of examinations are adjusted in accordance with updated learning outcomes and teaching methods.*

✓ *Describe what practice exists in the organisation regarding review of admission and selection policy for learners in response to changing requirements of the healthcare system and workforce resources.*

✓ *Indicate how the policy of recruitment and development of academic staff is adjusted in response to changing educational and professional needs.*

✓ *Describe what changes have been made in the system of educational resources (clinical training sites, library, digital resources, simulation technologies) to adapt to new challenges and learners' needs.*

✓ *Describe how the system of monitoring, control and evaluation of the educational programme is improved; indicate which data are used and how they influence quality management.*

✓ *Describe the practice of adapting the organisational structure and governance principles to improve effectiveness in the context of changing circumstances and needs of postgraduate medical education.*

✓ *Indicate which mechanisms are used to involve stakeholders (employers, professional communities, graduates, healthcare authorities, society) in the process of renewal of the educational programme.*

✓ *Provide examples of specific changes introduced into the programme as a result of renewal and restructuring processes.*

VI. APPENDICES

Appendix 1. Recommended Form of the Site Visit Programme

AGREED

Rector _____
(name of the EO)

_____ Full name

« ___ » _____ 202_

APPROVED

General Director of NPI

"Independent

Agency for Accreditation and Rating"

_____ **Zhumagulova A.B.**

« ___ » _____ 202_

VISIT PROGRAMME OF IAAR EXTERNAL EXPERT COMMISSION

To _____
name of the EO

Date of visit: _____ 202_

Arrival day: _____ 202_

Departure day: _____ 202_

Accredited EP (in case of programme accreditation)

<i>Cluster 1</i>	EP
	EP
<i>Cluster 2</i>	EP
	EP
	EP
<i>Cluster 3</i>	EP
	EP
	EP

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
« ___ » _____ 202_			
During the day	Arrival of EEC members		Hotel
16.00-18.00	Preliminary meeting of the EEC (distribution of responsibility,	<i>External experts of IAAR</i>	Hotel

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(based on WFME/ AMSE/ ESG)**

Date and time	Work of EEC with target groups	Full name and position of target group members	Location
	discussion of key issues and the programme of the visit)		
18.00-19.00	Dinner (EEC members only)	<i>External experts of IAAR</i>	
Day 1: " " _____ 202__			
9.00-9.30	Discussion of organisational issues with experts	<i>External experts of IAAR</i>	Main building, office for EEC
9.30-10.00	Meeting with the head of the EO	Director (<i>Full management</i>)	Director's office at EO
10.00-10.30	Meeting with deputy heads of EO (vice-rector, deputy director, vice-presidents)	<i>Position, full name</i>	Main building, Conference office
10.30-11.15	Meeting with heads of organisational units of EO	<i>Position, full name (or Appendix №_)</i>	Main building, Conference office
11.15-11.30	Coffee break with internal discussion	<i>EEC members only</i>	EEC office
11.30-12.45	Visual inspection of the EO (in the case of programme accreditation, only objects under the accredited EP)	<i>Position, full name</i>	Along the route
13.00-14.00	Lunch (EEC members only)	Lunch break	
14.00-14.15	EEC work		EEC office
14.15-15.00	Meeting with the heads of the accredited EP	<i>Position, full name (or Appendix №_)</i>	Main building, Conference office
15.00-15.45	Meeting with heads of departments of accredited EP	<i>Position, full name (or Appendix №_)</i>	Main building, Conference office
15.45-16.00	Coffee break with internal discussion	<i>EEC members only</i>	
16.00-17.00	Meeting with teachers of accredited EP	<i>Lists of teachers (Appendix №_)</i>	1-cluster: course lecture room 1 2-cluster: course lecture room 2 3-cluster: course lecture room 3
17.00-18.00	Survey by teachers (in parallel)	<i>Teaching staff of accredited EP</i>	Computer room №513-519
17.00-18.00	EEC work (discussion of the results and summing up the results of 1 day)		EEC office
18.00-19.00	Dinner (EEC members only)		
Day 2: " " _____ 202__			

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(based on WFME/ AMSE/ ESG)**

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

**Standards and Guidelines for International Accreditation of Residency (Postgraduate Medical Education) Programmes
(based on WFME/ AMSE/ ESG)**

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

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 EP;
- 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 EP at the request of the members of the external expert commission.

Appendix 3. Recommended Structure of the Self-Assessment Report

The report should be submitted according to the following structure:

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

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

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

Designations and Abbreviations (1-2 pages)

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

I. Introduction (1 page)

1.1 Education Organisation Profile (1-2 pages)

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

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

The following tables are also included in this section.

Table 1

GENERAL INFORMATION ABOUT THE ORGANISATION OF EDUCATION (example)

Full name of the EO	
Contact Information	
Founders	
Year of foundation (name, renaming (when implemented)	
Current accreditation status:	
Location / registration	
Rector / Head of EO	
License (title document)	
Number of students (total, in terms of forms of study: full-time, part-time)	
Date of submission of the self-assessment report	
Name of contact person for preparation of the report	
Levels of education implemented by the university in accordance with the NQF	

(for example, 6,7,8) and QF-EHEA (for example, 1,2,3 cycles)	
The output of the IAAR Standard according to which the assessment is carried out	
Information about the group that conducted the self-assessment	

Table 2

**INFORMATION ABOUT THE EDUCATIONAL PROGRAMME(S)
UNDERGOING INTERNATIONAL ACCREDITATION (example)**

Educational programme / Educational programmes	<i>"Public health" (programme code)</i> <i>"Medicine" (programme code)</i>
Level / Period of study	<i>Residency / ____ years</i>
Structural unit (head)	<i>Faculty / Department "Name"</i> <i>Head name, position, academic degree, title</i>
Main departments (heads of departments)	<i>Department of "Public Healthcare"</i> <i>Head name, position, academic degree, title</i>
Dates of the external site visit	<i>Day month Year.</i>
Person in charge of accreditation (tel./fax / e-mail)	<i>Name, position, academic degree, title</i> <i>Contact details</i>
Number of ECTS credits	
Duration of study, form of study	Number of semesters, form of study (full-time, distance, mixed)
Training start date	winter semester / summer semester
Date of introduction of the educational programme	Day month Year
Previous accreditation	Date, duration, accreditation agency
Requirements for applicants	Requirements according to state and EO documents
Further education opportunities (upon completion of the programme)	List the levels and titles of the EP
Goals and objectives of the EP	
Brief description of the EP	Briefly describe structure of EP
Learning outcomes	List final learning outcomes
Specialisation	Direction of training
Additional characteristics	
Number of admitted students	The number of students currently studying at the university
Cost of education	In local currency
Employability	Possible career directions
Educational programme / Educational programmes	<i>"Public health" (programme code)</i> <i>"Medicine" (programme code)</i>

11.2 Presentation of EO, EP 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.

The information about the accredited EP of the EO is provided.

1.3 Previous Accreditation (1-2 pages)

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

II. Main part. Compliance with the Standards of Accreditation of Residency Programmes (50-60 pages)

The evidentiary and analytical material developed based on the results of the self-assessment of the EP of the EO for compliance with the criteria of each standard of specialised/programme accreditation is presented. The result of the analysis of the current state of the EP is reflected, material is presented on the effectiveness of the functioning of the internal quality assurance system and the effectiveness of its mechanisms, achievements for the last 3-5 years 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 EP EO with the criteria of this standard, thus consistently reflects the results of self-assessment.

Justifications of the positions of the EO EP (strong, satisfactory, suggests improvement, unsatisfactory) are given in accordance with the evaluation of the criteria by the EP 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 EP (name) has ___ "strong" positions, ___ "satisfactory" and ___ "suggesting improvement" positions.

III. SWOT ANALYSIS (1-3 pages)

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

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

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

Table 3

Conclusion of the Self-Assessment Commission

№ p/p	№	№	ASSESSMENT CRITERIA	Assessment Indicators			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
1. STANDARD "MISSION AND LEARNING OUTCOMES"							
1.1 Mission Definition							
The organisation of education shall:							
1	1	1.1.1.	Define and publish in open access the mission of the postgraduate medical education programme, briefly reflecting the goals, values, priorities and objectives of the programme in relation to context and culture, as well as the role of the healthcare system; provide for periodic review of the mission and its use for curriculum management, quality assurance and improvement				
2	2	1.1.2.	Substantiate the mission with data on population health needs, demands of the healthcare system and other aspects of social accountability; reflect the contribution of the programme to improving patient and population health outcomes				
3	3	1.1.3.	Define the training programme with theoretical and practical components (with emphasis on the latter), the outcome of which is a postgraduate doctor who: is competent in the chosen field and practice, is capable of independent practice at a high level, works effectively in interprofessional teams, is committed to lifelong learning/CPD, provides patient-centred, effective, compassionate and safe care and applies a systems approach to health promotion				
4	4	1.1.4.	Indicate in the mission a commitment to ensuring appropriate working conditions, safety and well-being of postgraduate doctors (including prevention of burnout, access to support and a safe learning environment) as a condition for achieving programme objectives				
5	5	1.1.5.	Establish in the mission a commitment to innovation in the educational process (expansion and deepening of competences beyond the minimum required), development of scientific competence and participation of postgraduate doctors in research; encourage contribution to addressing issues related to social determinants of health				
1.2 Professionalism and Professional Autonomy							
The organisation of education shall:							
6	6	1.2.1.	Integrate professionalism into training, developing in postgraduate doctors professional autonomy to act in the best interests of the patient and society; align this with the mission, expected learning outcomes and the requirements of the profession/regulator				
7	7	1.2.2.	Provide for collaboration with the state and other partners while ensuring appropriate independence of the academic leadership of the programme and transparency in the distribution of roles and responsibilities				
1.3. Learning Outcomes							
The organisation of education shall:							

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8	8	1.3.1.	Define expected learning outcomes (knowledge, skills, behaviour) at graduation, aligned with the mission, qualification/licensing requirements and future roles of the doctor in the healthcare system; include commitment to CPD, orientation to societal needs and professional behaviour				
9	9	1.3.2.	Publish general and specialty-specific learning outcomes and ensure their reflection in the curriculum and alignment with national regulatory standards and employer requirements				
10	10	1.3.3.	Ensure standards of appropriate behaviour of postgraduate doctors towards peers, teachers/medical staff, patients and their relatives, including ethics, respect, confidentiality and patient safety				
11	11	1.3.4.	Define learning outcomes taking into account competences achieved at the level of basic medical education, ensuring continuity and alignment between basic medical education and postgraduate medical education				
12	12	1.3.5.	Provide opportunities for participation in research in the relevant field of healthcare and their linkage to learning outcomes and career pathways				
1.4 Participation in Formulation of Mission and Learning Outcomes							
The organisation of education shall:							
13	13	1.4.1.	Ensure broad participation of stakeholders (graduates, teachers, postgraduate doctors, patients/representatives, employers, community, healthcare authorities) in the development of the mission and learning outcomes; document the consultation process				
14	14	1.4.2.	Substantiate the mission and learning outcomes with opinions/proposals of stakeholders, make them publicly available, define the periodicity of review and the mechanism for taking into account feedback for programme revision				
				<i>Total by Standard</i>			
2. STANDARD "EDUCATIONAL PROGRAMME"							
2.1 Educational Framework							
The organisation of education shall:							
15	1	2.1.1.	Define the approach to training based on expected learning outcomes aligned with the mission and qualification requirements, as well as official qualifications recognised at national and international level to confirm specialist status				
16	2	2.1.2.	Define the approach to training taking into account outcomes achieved at the level of basic medical education; ensure a systematic, transparent and practice-oriented process including personal participation of the postgraduate doctor in the provision of medical care, clinical practice and responsibility for the patient and for their own learning				
17	3	2.1.3.	Use training methods ensuring integration of theoretical and practical components, developing clinical reasoning and professional attitudes through supervision, regular assessment and feedback, including adherence to ethical norms and standards of professional behaviour				
18	4	2.1.4.	Guarantee that the educational programme is implemented on the principles of equality and non-discrimination; ensure that learners are informed about the structure of the programme, its objectives, expected learning outcomes, as well as the rights and responsibilities of learners				
19	5	2.1.5.	Gradually increase the level of independence and responsibility of the learner as their knowledge, skills and experience develop, ensuring appropriate supervision and control				
20	6	2.1.6.	Take into account gender, cultural and religious characteristics of patients; prepare learners for interaction with diverse patient populations and communities to ensure respectful, inclusive and ethical care				

2.2. Scientific Method				
The organisation of education shall:				
21	7	2.2.1.	Throughout the programme, develop in learners the foundations of scientific thinking: analytical and critical thinking, skills in searching for and appraising evidence, research methods in healthcare and evidence-based medicine	
22	8	2.2.2.	Include in the educational programme critical appraisal of literature and scientific data; regularly adapt the content of the programme taking into account advances in science, technology, medicine and pharmacy, as well as changing needs of society and the healthcare system	
2.3 Content of Training				
The organisation of education shall:				
23	9	2.3.1.	Include in the programme training in basic biomedical, clinical, behavioural and social sciences and preventive medicine; clinical decision-making, communication skills, medical ethics, public health, medical law and forensic medicine, healthcare management, patient safety, protection of doctors and fundamentals of complementary medicine	
24	10	2.3.2.	Ensure that the educational programme gives particular attention to patient safety, respect for patients' rights, dignity and autonomy	
25	11	2.3.3.	Regularly revise and update the programme to ensure development of learners' knowledge, skills and attitudes in various professional roles; take into account changes in the healthcare system, societal needs and emerging challenges	
2.4. Structure, Content and Duration of the Educational Programme				
The organisation of education shall:				
26	12	2.4.1.	Present a description of the structure of the programme, its content, volume and sequence of courses, compulsory and elective components; integrate practical and theoretical training; ensure compliance with national legislation; take into account the specifics of local, national and regional healthcare systems in the training of learners	
27	13	2.4.2.	Take into account learning outcomes achieved at the level of basic medical education and ensure their further development in the context of the chosen field of medicine	
28	14	2.4.3.	Define graduate requirements ensuring readiness to perform various roles in the healthcare system (clinical, research, educational, managerial)	
2.5. Organisation of Training				
The organisation of education shall:				
29	15	2.5.1.	Define responsibility and authority for organisation, coordination, management and evaluation of the individual learning environment and the training process	
30	16	2.5.2.	Ensure participation of academic staff, learners and other relevant stakeholders in planning and development of the educational programme	
31	17	2.5.3.	Plan training so that learners have access to a wide range of practical experience in the chosen field of medicine, including different profiles and levels of healthcare delivery	
32	18	2.5.4.	Ensure diversity of training sites and coordinate their use to provide learners with access to different aspects of practice and healthcare delivery settings	
2.6. The Relation Between Education, Medical Practice and the Healthcare System				
The organisation of education shall:				
33	19	2.6.1.	Ensure integration of theoretical training and professional development through training in clinical practice, participation in the provision of medical care and interaction with the healthcare system; guarantee that training takes into account real healthcare needs	

34	20	2.6.2.	Effectively utilise resources of the healthcare system and healthcare delivery settings as training bases, without compromising the quality of medical care				
				<i>Total by Standard</i>			
3. STANDARD "ASSESSMENT OF LEARNERS"							
3.1. Assessment Methods							
The organisation of education shall:							
35	1	3.1.1.	Develop, approve, publish and implement a policy for assessment of learners, including objectives, principles, methods and procedures of assessment; provide for periodic review of the policy and, where appropriate, its external evaluation				
36	2	3.1.2.	Ensure that assessment procedures cover all domains of competence: knowledge, clinical and professional skills, attitudes, behaviours and professional conduct				
37	3	3.1.3.	Use a variety of assessment methods and formats (written, oral, practical, simulation-based), ensuring their comparability and validity; apply multiple assessors and sources to enhance objectivity				
38	4	3.1.4.	Define and publish transparent criteria for passing examinations and other forms of assessment, including conditions for resit and the permitted number of attempts				
39	5	3.1.5.	Regularly evaluate and document the reliability, validity, fairness and transparency of assessment methods, ensuring alignment with expected learning outcomes				
40	6	3.1.6.	Ensure a system for appeal of assessment results based on principles of fairness, transparency and compliance with legal requirements				
41	7	3.1.7.	Introduce innovative assessment methods in response to educational needs and changes in the curriculum; document the use of different types, formats and stages of assessment				
42	8	3.1.8.	Encourage regular external review of assessment methods and use the results of such review to improve assessment practices				
3.2. Relation between Assessment and Learning							
The organisation of education shall:							
43	9	3.2.1.	Ensure that the principles, methods and practices of assessment are aligned with expected learning outcomes and teaching methods; use assessment as a tool for learning and provide timely, specific, constructive and objective feedback to postgraduate doctors				
44	10	3.2.2.	Seek to apply assessment methods that promote integrated learning, active involvement of postgraduate doctors in clinical practice, interprofessional collaboration and the development of teamwork skills				
				<i>Total by Standard</i>			
4. STANDARD "LEARNERS"							
4.1. Admission and Selection Policy							
The organisation of education shall:							
45	1	4.1.1.	Define and implement an admission policy based on the mission of the educational organisation, with a clear description of the objectives, criteria and procedures for selection of learners				
46	2	4.1.2.	Ensure a balance between training capacity and the number of admitted learners; define and implement selection rules ensuring transparency, fairness and compliance with established criteria; provide for admission of persons with disabilities in accordance with legislation and regulatory requirements; ensure the required level of knowledge and skills in biomedical sciences achieved at the level of basic medical education				
47	3	4.1.3.	Have a policy and implement procedures for transfer of learners from other educational organisations, taking into account equivalence of programmes, recognition of previously earned credits and transparency of procedures				

48	4	4.1.4.	Take into account individual abilities and potential of candidates to enhance the quality of training; ensure transparency and objectivity of the selection process; provide a mechanism for appeal against admission decisions				
49	5	4.1.5.	Involve learner associations and other relevant stakeholders in the development and periodic review of admission policies and procedures				
4.2. Number of Learners							
The organisation of education shall:							
50	6	4.2.1.	Determine the number of learners based on clinical and practical training capacity, the organisation's ability to supervise and monitor the process, available infrastructure and human resources, as well as healthcare needs of society				
51	7	4.2.2.	Regularly review the number and composition of admitted learners based on consultations with stakeholders responsible for workforce planning and development in healthcare				
52	8	4.2.3.	Adjust the number of learners taking into account information on qualified applicants and data from national and international labour markets; regulate intake considering the unpredictability of demand for specialists in different fields of medicine				
4.3. Counselling and Support of Learners							
The organisation of education shall:							
53	9	4.3.1.	Ensure that learners have access to a system of academic counselling, including support in educational and professional matters				
54	10	4.3.2.	Base academic counselling on regular monitoring and follow-up of learner progress, including analysis of unintended incidents				
55	11	4.3.3.	Provide learners with support programmes that take into account social, financial and personal needs				
56	12	4.3.4.	Allocate resources to ensure social and personal support for learners, guaranteeing confidentiality of counselling				
57	13	4.3.5.	Ensure career guidance and counselling for career planning				
58	14	4.3.6.	Organise counselling to support learners in cases of professional crisis; involve learner associations in addressing problem situations				
4.4. Learner Representation							
The organisation of education shall:							
59	15	4.4.1.	Define and implement a policy of learner representation, ensuring their participation in the development of the mission, formulation of learning outcomes, planning of training conditions, evaluation and management of the educational programme				
60	16	4.4.2.	Encourage participation of learner representatives in decision-making on educational processes, training conditions and rules				
4.5 Working Conditions							
The organisation of education shall:							
61	17	4.5.1.	Implement training programmes ensuring provision of scholarships, remuneration or other forms of financial support and motivation for learners				
62	18	4.5.2.	Ensure learners' access to medical practice, including provision of patient care under appropriate supervision and participation in on-call duties where applicable				
63	19	4.5.3.	Define, publish and communicate to learners their working conditions and responsibilities				
64	20	4.5.4.	Provide for the possibility of interruption of training due to pregnancy, childbirth, parental leave, illness, military service or secondment for additional training				
65	21	4.5.5.	Seek to ensure that service obligations of learners do not dominate over the educational process				
66	22	4.5.6.	When scheduling training, take into account patient needs, continuity of care and educational needs of learners, including				

			on-call duties				
67	23	4.5.7.	Allow distance learning modalities under special circumstances, ensuring equivalent quality and duration compared to face-to-face training; take into account individual learning pathways and professional experience of learners				
68	24	4.5.8.	Ensure the possibility of continuation of training after interruptions related to pregnancy, childbirth, parental leave, illness, military service or secondment				
<i>Total by Standard</i>							
5. STANDARD "ACADEMIC STAFF/FACULTY"							
5.1. Staff Recruitment and Selection Policy							
The organisation of education shall develop and implement a policy for staff recruitment and selection that							
69	1	5.1.1.	Takes into account transparent and objective criteria for recruitment, provides for expert review of documents; includes requirements for scientific, educational and clinical/professional achievements of candidates; ensures a balance between teaching, research and practical qualifications				
70	2	5.1.2.	Defines responsibilities of academic staff, including a balance between teaching, research, clinical and administrative activities; takes into account the mission of the educational programme and the needs of the education and healthcare systems				
71	3	5.1.3.	Guarantees that academic staff have documented practical experience and recognised professional status; provides for involvement of specialised experts for delivery of specific components of the programme at relevant stages of training				
72	4	5.1.4.	Encourages participation of academic staff in faculty development programmes in teaching and research; uses educational expertise to enhance quality of teaching; provides fair remuneration for involvement in postgraduate medical education				
5.2. Staff Activity and Development Policy							
The organisation of education shall develop and implement a policy on staff activity and development aimed at							
73	5	5.2.1.	Ensuring that academic staff have sufficient time for preparation of teaching, counselling of learners and their own professional development				
74	6	5.2.2.	Establishing a structure (unit) responsible for academic staff development; conducting regular and objective appraisal of academic staff performance taking into account educational, research and clinical activities				
75	7	5.2.3.	Developing and implementing a policy for support of academic staff in pedagogy, continuing professional development and faculty development; recognising and evaluating scientific and academic achievements of academic staff				
76	8	5.2.4.	Ensuring an appropriate staff – learner ratio for different components of the educational programme; creating conditions for close interaction between academic staff and learners, as well as effective monitoring of the educational process				
<i>Total by Standard</i>							
6. STANDARD "EDUCATIONAL RESOURCES"							
6.1 Physical Facilities							
The organisation of education shall:							
77	1	6.1.1.	Ensure that learners have adequate physical and infrastructure resources for implementation of the programme: modern teaching facilities, simulation and laboratory centres, access to professional literature, ICT and a safe learning environment				
78	2	6.1.2.	Regularly update, expand and modernise the physical and infrastructure resources to maintain the quality of postgraduate medical education				
6.2. Educational Environment							

The organisation of education shall:				
79	3	6.2.1.	Ensure that learners have access to a variety of clinical training sites and practical learning environments with a sufficient number and diversity of patients, including cases of different levels of complexity, at both inpatient and outpatient levels	
80	4	6.2.2.	Guarantee that training sites provide a range of clinical cases relevant to the specialty, including experience in healthcare delivery, disease prevention and organisation of medical care; provide for the use of university hospitals, external institutions and community-based settings	
6.3. Information Technology				
The organisation of education shall:				
81	5	6.3.1.	Ensure access for learners and academic staff to modern information and communication technologies, digital libraries and electronic resources	
82	6	6.3.2.	Guarantee ethical and effective use of ICT in the educational process, including protection of personal data and patient information	
83	7	6.3.3.	Ensure the use of ICT for self-directed learning, professional communication, handling of clinical data and integration into the healthcare system	
6.4 Clinical Teams				
The organisation of education shall:				
84	8	6.4.1.	Provide learners with opportunities to work in clinical teams together with colleagues and healthcare professionals from other disciplines	
85	9	6.4.2.	Encourage participation in multidisciplinary and interprofessional teams, develop leadership skills and the ability to teach other healthcare professionals	
6.5. Medical and Scientific Research				
The organisation of education shall:				
86	10	6.5.1.	Ensure that learners acquire competencies in research methodology, skills in critical appraisal and application of scientific approaches in clinical practice	
87	11	6.5.2.	Encourage participation of learners in research projects related to population health and the healthcare system; provide allocation of time and resources for conducting research	
6.6. Educational Expertise				
The organisation of education shall:				
88	12	6.6.1.	Define and implement a policy for the use of expertise in medical education in the planning, implementation and evaluation of programmes	
89	13	6.6.2.	Promote the development of research in medical education, involve academic staff and clinical supervisors in educational research and implementation of innovations	
6.7. Learning in Alternative Settings and Exchange in Education				
The organisation of education shall:				
90	14	6.7.1.	Develop and implement a policy on academic mobility, including opportunities for training in other institutions, mutual recognition of credits and learning outcomes	
91	15	6.7.2.	Promote national and international exchange programmes for learners, academic staff and administrative staff; develop cooperation with professional and educational organisations	
<i>Total by Standard</i>				
7. STANDARD "PROGRAMME EVALUATION"				
7.1. Programme Monitoring and Evaluation Mechanisms				
The organisation of education shall:				
92	1	7.1.1.	Have formalised and documented procedures for monitoring and periodic evaluation of the educational programme, including learning outcomes, learner progress and performance, with mandatory involvement of key stakeholders	

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93	2	7.1.2.	Regularly monitor the educational programme and its components, including alignment between staff policy and healthcare needs, quality of the educational process, assessment methods, learner progress and qualifications of academic staff; analyse identified issues and ensure that results are used for improvement of programme quality				
94	3	7.1.3.	Ensure transparency of processes and results of programme evaluation for all stakeholders; provide access to information in an appropriate and understandable format				
7.2. Teacher and Learner Feedback							
The organisation of education shall:							
95	4	7.2.1.	Systematically collect, analyse and use feedback from academic staff and learners, document the results and take corrective actions to improve the programme				
96	5	7.2.2.	Actively involve academic staff and learners in planning and conducting programme evaluation, ensuring their participation in interpretation of results and implementation of improvements				
7.3 Outcomes of Training of Qualified Specialists							
The organisation of education shall:							
97	6	7.3.1.	Continuously monitor graduates and qualified specialists, ensure collection of feedback from employers and professional communities; use mechanisms for programme evaluation based on data on professional performance of graduates				
98	7	7.3.2.	Ensure that units responsible for admission, design and planning of educational programmes are informed about results of evaluation of graduates' professional performance for adjustment of policy and programme content				
7.4. Involvement of Stakeholders							
The organisation of education shall:							
99	8	7.4.1.	Involve key stakeholders (employers, professional associations, learners, graduates, healthcare authorities and the community) in monitoring and evaluation of the educational programme				
100	9	7.4.2.	Ensure access of stakeholders to results of evaluation of courses and the educational programme; take into account their feedback and suggestions, including input from graduates and employers, in programme development and revision				
				<i>Total by Standard</i>			
8. STANDARD "GOVERNANCE AND ADMINISTRATION"							
8.1. Governance							
The organisation of education shall:							
101	1	8.1.1.	Document completion of training through awarding of degrees, diplomas, certificates or other official qualifications; ensure their recognition at national and international levels as a basis for formal recognition of the specialist				
102	2	8.1.2.	Assume institutional responsibility for internal and external quality assurance processes of educational programmes; document and regularly review their effectiveness				
103	3	8.1.3.	Ensure that the educational programme is aligned with societal health needs and the healthcare system; guarantee transparency of governance structures and decision-making processes				
8.2. Academic Leadership							
The organisation of education shall:							
104	4	8.2.1.	Ensure academic leadership of postgraduate medical education, including strategic management, coordination and responsibility for implementation of the educational programme				
105	5	8.2.2.	Periodically evaluate the effectiveness of academic leadership in achieving the mission of the programme and expected learning outcomes; document the results and use them for improvement of governance				
8.3. Educational Budget and Resource Allocation							
The organisation of education shall:							

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106	6	8.3.1.	Have a clear distribution of responsibility and authority for preparation and use of the educational programme budget, including allocation of a dedicated budget for training				
107	7	8.3.2.	Allocate resources necessary for implementation of the programme and distribute them in accordance with educational needs and priorities				
108	8	8.3.3.	Manage the budget in a way that ensures fulfilment of responsibilities of academic staff and learners, as well as implementation of innovations in the programme and its sustainable development				
8.4. Administrative Staff and Management							
The organisation of education shall:							
109	9	8.4.1.	Ensure availability of administrative staff of sufficient number and qualification to support implementation of the educational programme and management of resources				
110	10	8.4.2.	Develop and implement a system for quality assurance of management, including regular reviews, monitoring of processes and reporting to academic leadership to improve the quality of administrative support				
8.5. Requirements and Regulations							
The organisation of education shall:							
111	11	8.5.1.	Comply with national legislation regarding the list of recognised medical specialties and requirements for postgraduate educational programmes				
112	12	8.5.2.	Ensure discussion and approval of postgraduate medical education programmes in collaboration with key stakeholders, including healthcare authorities, professional associations, employers and learners				
8.6. Informing the Public							
The organisation of education shall:							
113	13	8.6.1.	Publish on the official website and in open sources reliable, comprehensive and up-to-date information about the educational programme, its objectives, outcomes and achievements				
114	14	8.6.2.	Ensure publication of objective information on employment, demand and professional activities of graduates, supported by documented data				
				<i>Total by Standard</i>			
9. STANDARD "CONTINUOUS RENEWAL"							
The organisation of education shall ensure that the process of renewal and restructuring of the educational programme is systematic, based on previous experience, current activities and projections of future needs of the healthcare system and society, and covers the following areas:							
115	1	9.1.1.	Initiate and support procedures for regular review and updating of the mission, structure, content, learning outcomes/competencies, assessment methods and the educational environment; document identified deficiencies, address them and allocate resources for continuous improvement				
116	2	9.1.2.	Base the renewal process on results of prospective studies in healthcare, data on needs of society and the healthcare system, as well as results of internal monitoring, programme evaluation and scientific literature in medical education				
117	3	9.1.3.	Ensure that programme renewal leads to revision of the mission and expected learning outcomes in accordance with scientific, socio-economic and cultural development of society and perspectives of healthcare				
118	4	9.1.4.	Adapt expected learning outcomes of graduates based on documented needs of society and the labour market, including clinical competencies, training in public health and participation in delivery of healthcare in accordance with professional roles of graduates				
119	5	9.1.5.	Regularly adapt educational approaches and teaching and learning methods to ensure their relevance, effectiveness and alignment with expected learning outcomes				

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120	6	9.1.6.	Ensure adjustment of the structure, content and duration of the educational programme in accordance with advances in biomedical, social, behavioural and clinical sciences, changes in demographics, population health status and socio-economic conditions; incorporate new knowledge, concepts and methods while eliminating outdated ones				
121	7	9.1.7.	Improve principles and methods of assessment, revise forms and number of examinations in accordance with updated learning outcomes and contemporary educational approaches				
122	8	9.1.8.	Adapt admission policy and selection methods of learners in response to changing needs of the healthcare system, workforce requirements and developments in postgraduate education				
123	9	9.1.9.	Adjust policies for recruitment and development of academic staff in accordance with evolving educational and professional needs				
124	10	9.1.10.	Update and develop educational resources (clinical training sites, technologies, library and digital resources) in accordance with changing needs of learners, number and profile of academic staff, and modern teaching and assessment methods				
125	11	9.1.11.	Improve the system of monitoring, control and evaluation of the educational programme, ensuring regular use of data for quality management				
126	12	9.1.12.	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				
<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 accreditation of residency programmes 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 the educational programme
"Name of the programme" of
"Name of the educational institution"
or
for the cluster of educational programmes
"Name of the programmes" 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 EP 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 EP;
- 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 and EP;
- study the EP 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 EP.

During the visit:

- to hear the opinions of the members of the EEC on the self-assessment of the EP 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 EP 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 EP for compliance with international IAAR standards;
- development of recommendations for improving the quality of EP;
- development of recommendations for the Accreditation Council for Accreditation in accordance with the level of preparedness of the EO for accreditation of educational programmes of residency.

Responsibilities of an external expert

Before the visit:

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

During the visit:

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

After the visit:

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

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

The purpose of the visit to the educational organisation of the external expert commission of the Independent Accreditation and Rating Agency is to assess the quality of the EP 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 EP;
- conducting an assessment in accordance with international IAAR standards developed on the basis of ESG;
- development of the EEC report on the results of the EP assessment;
- preparation of recommendations for improving the quality of the EP;
- preparation of recommendations for the Accreditation Council for Accreditation in accordance with the level of preparedness of the EO and EP for 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, EP;
- Standards and Guidelines for International Accreditation of Residency (Postgraduate Medical Education) Programmes (based on WFME/ AMSE/ ESG);
- Self-assessment report submitted within the framework of the accredited EP;
- Information about the composition of the expert commission;
- Schedule of the visit to the EO;
- Additional information about the EO, EP (at the request of members of the external expert commission).

Review of the self-assessment report of the accredited EP

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

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 EP.

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 EP. 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 undergraduates (if applicable)

Interviews with undergraduates provide information about the degree of continuity and consistency of educational levels; the role of research work at each level of education; the quality and availability of material and technical resources for research work.

The expert group needs to include undergraduates of different years of study, graduates of the EP EO.

Meeting with graduates

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 EP EO.

Meeting with employers

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

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

The evaluation table "EP 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 international accreditation standard for residency programme. 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 international accreditation standard for residency programme.
- **"Suggests improvement"** is characterised by a low level of indicators of the international accreditation standard for residency programme.

▪ **"Unsatisfactory"** means that the indicators of the EP EO do not meet the standard of accreditation of the EP.

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 EP.

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

- to accredit the EP EO and (or) for a period of 1/3/5/7 years;
- not to accredit EP 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 EP EO with the IAAR Standards, the EEC recommends determining the measures necessary to bring the EP 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 EP, indicate the advantages and disadvantages of the EP 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 Accreditation Procedure for Educational Programmes of Residency

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 program;
- 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 EP 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 EP of the EO (online survey of the members of the EEC and the EO after the decision on accreditation).