

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

**STANDARDS AND GUIDELINES
FOR INTERNATIONAL ACCREDITATION
OF JOINT MASTER'S PROGRAMMES IN
THE FIELD OF HEALTHCARE
(based on WFME/AMSE/ESG)**



**Standards and Guidelines for International Accreditation
of Joint Master's Programmes in the Field of Healthcare
(based on WFME/ AMSE/ ESG)**

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

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG) / Astana: Non-Profit Institution "Independent Agency for Accreditation and Rating", 2025. – 80 p.

These standards and guidelines have been developed in accordance with the WFME Global Standards for Master's Degrees in Medical and Health Professions Education (WFME, 2016), harmonised with the WFME Global 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 master's programmes in the field of healthcare regardless of the status, organisational and legal form, departmental subordination and form of ownership of the educational organisation.

Foreword

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

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

3. These standards and guidelines have been developed in accordance with the WFME Global Standards for Master's Degrees in Medical and Health Professions Education (WFME, 2016), harmonised with the WFME Global Standards of Basic Medical Education (WFME, 2015, 2020), Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015).

4. SECOND EDITION

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CONTENT

INTRODUCTION	5
I. THE PROCEDURE OF INTERNATIONAL ACCREDITATION OF JOINT MASTER'S PROGRAMMES IN THE FIELD OF HEALTHCARE	6
GOALS AND OBJECTIVES OF THE INTERNATIONAL ACCREDITATION	6
THE PROCEDURE FOR CONDUCTING INTERNATIONAL ACCREDITATION	6
EXTERNAL EXPERT PANEL (EXTERNAL EVALUATION EXPERT GROUP).....	10
II. SELF-ASSESSMENT REPORT	12
MAIN PRINCIPLES FOR PREPARATION OF THE REPORT	12
FORMAT OF THE SELF-ASSESSMENT REPORT	12
CONTENTS OF THE SELF-ASSESSMENT REPORT	13
III. STANDARDS OF INTERNATIONAL ACCREDITATION OF JOINT MASTER'S PROGRAMMES IN THE FIELD OF HEALTHCARE	15
SCOPE OF APPLICATION	15
REGULATORY REFERENCES	15
TERMS AND DEFINITIONS	15
DESIGNATIONS AND ABBREVIATIONS	17
GENERAL PROVISIONS	17
1. STANDARD «MISSION AND OUTCOMES».....	18
2. STANDARD «EDUCATIONAL PROGRAMME»	22
3. STANDARD «ASSESSMENT OF LEARNERS»	26
4. STANDARD «LEARNERS»	29
5. STANDARD «ACADEMIC STAFF / FACULTY»	33
6. STANDARD «EDUCATIONAL RESOURCES»	36
7. STANDARD «EVALUATION OF THE EDUCATIONAL PROGRAMME».....	38
8. STANDARD «GOVERNANCE AND ADMINISTRATION».....	41
9. STANDARD «CONTINUOUS RENEWAL»	46
APPENDICES	48

INTRODUCTION

These standards are developed in accordance with the WFME Global Standards for Master's Degrees in Medical and Health Professions Education (WFME, 2016), harmonised with the WFME Global 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 accreditation of joint master's programmes in the field of healthcare, regardless of status, organisational and legal form, departmental subordination and form of ownership of the educational organisations.

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 joint master's programmes in the field of healthcare" and "Standards of international accreditation of joint master's programmes in the field of healthcare". The document defines the procedure for accreditation and regulatory requirements for the main provisions of the standards of international accreditation of joint master's programmes in the field of healthcare.

The procedure for conducting international accreditation of joint master's programmes in the field of healthcare 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 JOINT MASTER'S PROGRAMMES IN THE FIELD OF HEALTHCARE

Goals and Objectives of the International Accreditation

The purpose of international accreditation (hereinafter – accreditation) is to evaluate and recognise the high quality of activities of educational organisations (hereinafter – EOs) and the implemented joint educational programmes (hereinafter – JEPs) in accordance with international accreditation standards based on international standards for quality improvement in medical education (WFME/AMSE/ESG).

The accreditation procedure serves the overall purpose of evaluating the quality of JEP activities of educational organisations for compliance with international accreditation standards. During international accreditation, the specific legislation of the relevant countries is taken into account.

These standards establish requirements for conducting Initial Specialised Accreditation (ISA) and Specialised Accreditation (SA) of JEPs.

During Initial Specialised Accreditation (ISA), criteria marked with the abbreviation “ISA” at the beginning of the criterion are applied, followed by a colon, with the text presented in italics.

During Specialised Accreditation (SA), criteria marked with the abbreviation “SA” at the beginning of the criterion, followed by a colon, are applied.

Criteria applicable to both forms of accreditation (ISA and SA) do not contain additional markings or formatting.

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

The Procedure for Conducting International Accreditation

The procedure for conducting international accreditation includes the following steps:

1. Submission of an application for accreditation

Submission by the organisation of education of an application for specialised/programme accreditation with attached copies of legal and authorisation documents.

Consideration of the application of the organisation of education by IAAR.

2. Conclusion of an agreement between the organisation of education and IAAR

Adoption by IAAR of the decision to initiate the procedure for specialised/programme accreditation of the organisation of education. The schedule of the visit to the organisation of education, conditions and financial aspects of accreditation shall be determined by an agreement between IAAR and the organisation of education.

Upon request of the organisation of education, IAAR may organise training seminars for internal experts of the organisation of education in order to explain the criteria and procedures of specialised/programme accreditation, including issues related to the theory, methodology and technology of conducting specialised/programme accreditation. This training seminar procedure is not a mandatory component of the accreditation process.

3. Preparation of the Self-Assessment Report

The organisation of education shall independently organise and conduct self-assessment of the joint educational programme in order to determine compliance with international accreditation standards and shall prepare a self-assessment report in accordance with these Guidelines.

The organisation of education shall be provided with guidelines and methodological materials for preparation of the self-assessment report.

The organisation of education shall submit the self-assessment report and all appendices to IAAR no later than 8 (eight) weeks before the visit of the External Expert Panel (EEP). IAAR shall send the self-assessment report to experts for review no later than 6 (six) weeks before the visit after conducting an internal review for compliance with requirements.

The expert shall review the self-assessment report of the joint educational programme for compliance with IAAR international standards, prepare and submit a review to IAAR within 10 (ten) calendar days. In case of non-compliance with IAAR requirements, the review shall be returned to the expert for revision. In the event of repeated non-compliance, IAAR shall have the right to remove the expert from participation in the work of the External Expert Panel.

Based on analysis of the self-assessment report of the joint educational programme, IAAR shall have the right to adopt one of the following decisions:

- «to develop recommendations regarding the need for revision of the self-assessment report materials»;
- «to conduct an external expert evaluation»;
- «to postpone the accreditation period due to impossibility of conducting the specialised/programme accreditation procedure because of non-compliance of the self-assessment report with the criteria of these standards».

4. Site Visit of the External Expert Panel to the Organisation of Education

In the event of continuation of accreditation, IAAR shall establish an External Expert Panel, which shall be approved by the IAAR Director General. External evaluation of the joint educational programme for compliance with IAAR international standards shall be carried out by the External Expert Panel during the visit to the organisation of education and/or the partner organisation of education.

The composition of the External Expert Panel shall be formed depending on the scope of the external evaluation. The External Expert Panel shall include independent experts, including international experts, with experience in teaching and expert activity in quality assurance, as well as representatives of the employer community and learners. The composition of the External Expert Panel shall include representatives of at least two countries participating in the consortium implementing the joint educational programme.

In the event of continuation of accreditation, IAAR shall agree with the organisation of education and/or the partner organisation of education on the timeframe for accreditation of the joint educational programme and the Programme of the External Expert Panel visit.

The Programme of the External Expert Panel visit shall be developed by the IAAR Coordinator and the Chair of the External Expert Panel with participation of the organisation of education and/or the partner organisation of education. The agreed Programme of the External Expert Panel visit shall be approved by the IAAR Director General no later than 2 (two) weeks before the visit to the organisation of education and/or the partner organisation of education. The structure and content of the Programme shall be developed taking into account the specific features of the organisation of education and/or the partner organisation of education and the joint educational programme in accordance with the recommended template of the Programme of the External Expert Panel visit (Appendix 1).

The Head of the organisation of education and/or the partner organisation of education shall appoint a coordinator for interaction with the IAAR Coordinator on matters related to planning and organisation of the visit (Appendix 2).

The duration of the Panel visit shall generally be 3 – 5 days. During the visit, the organisation of education and/or the partner organisation of education shall create conditions for the work of the External Expert Panel in accordance with the Service Agreement:

- provide a room for the work of the External Expert Panel with an individual workplace for each member of the Panel;

- provide each member of the Panel with electronic and hard-copy versions of the self-assessment report;
- provide necessary modern electronic office equipment in agreement with the IAAR representative and according to the number of members of the External Expert Panel;
- organise visual inspection of infrastructure and resources, meetings, surveys, interviews and other activities of the External Expert Panel in accordance with the Programme of the External Expert Panel visit;
- provide requested information;
- organise photographic documentation of the work of the External Expert Panel.

The results of the visit to the organisation of education and/or the partner organisation of education shall be reflected in the external evaluation report.

The draft report of the External Expert Panel shall be reviewed by IAAR and submitted to the organisation of education and/or the partner organisation of education for agreement. In the event that the organisation of education and/or the partner organisation of education identifies factual inaccuracies, the Chair shall consult with members of the External Expert Panel and introduce the necessary amendments to the report. In case of disagreement with comments made by the organisation of education and/or the partner organisation of education regarding the report of the External Expert Panel, the Chair together with the IAAR Coordinator shall prepare an official response with justification.

The report shall contain a description of the visit of the External Expert Panel, a brief evaluation of compliance of activities of the organisation of education and/or the partner organisation of education with IAAR international standards, recommendations to the organisation of education for improvement of institutional activities and quality assurance of the joint educational programme, as well as recommendations to the Accreditation Council. Recommendations to the Accreditation Council shall contain a recommendation regarding accreditation (including the recommended accreditation period) or non-accreditation.

The report of the External Expert Panel, including recommendations, shall be developed collectively by members of the External Expert Panel.

5. IAAR Decision-Making

The basis for decision-making by the Accreditation Council regarding an organisation of education in healthcare shall be the reports of the External Expert Panel on evaluation of the joint educational programme and the self-assessment report of the joint educational programme.

The Chair of the External Expert Panel shall present the results of the visit of the External Expert Panel before the Accreditation Council.

The exclusive competence of the IAAR Accreditation Council includes adoption of decisions on accreditation or refusal of accreditation of the joint educational programme. The composition of the Accreditation Council shall be determined in accordance with the Regulations on its Activities. The meeting shall be conducted subject to quorum. The Accreditation Council shall have the right to adopt a decision that does not correspond to the recommendations of the External Expert Panel.

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

- **accredit for a period of 1 (one) year** – where criteria are generally met, but with the presence of certain deficiencies and opportunities for improvement (where 30% to 60% of criteria are rated as requiring improvement, with no strong criteria);

- **accredit for a period of 3 (three) years** – where criteria are generally met, but with the presence of individual minor deficiencies and opportunities for improvement (where 15% to 30% of criteria are rated as requiring improvement, with the presence of strong criteria);

- **accredit for a period of 5 (five) years** – where criteria are generally met and positive outcomes are demonstrated (where up to 15% of criteria are rated as requiring improvement, with the presence of strong criteria);

- **accredit for a period of 7 (seven) years** – where criteria are generally met and examples of dissemination of best practice are demonstrated (where up to 5% of criteria are rated as requiring improvement and no less than 15% of criteria are rated as strong);

- **refusal of accreditation** – where significant deficiencies are identified (where at least one criterion is rated as “unsatisfactory” or where 60% or more of criteria are rated as requiring improvement).

In the event of a positive decision by the Accreditation Council, IAAR shall send an official letter to the organisation of education with the results of the decision and the certificate of accreditation of the joint educational programme and/or the partner organisation of education implementing the joint educational programme, signed by the Chair of the Accreditation Council and the IAAR Director General. Thereafter, the decision on accreditation of the joint educational programme shall be submitted to the authorised body in the field of education of the relevant country and published on the IAAR website. The report of the External Expert Panel shall also be published on the IAAR website.

After receiving the certificate of accreditation of the joint educational programme, the organisation of education and/or the partner organisation of education shall publish the self-assessment report on its website.

In the event of a negative decision by the Accreditation Council, IAAR shall send an official letter to the organisation of education and/or the partner organisation of education regarding the decision taken.

The organisation of education and/or the partner organisation of education, in accordance with the established procedure under the Service Agreement and the Regulations on the Commission for Review of Appeals and Complaints, may submit an appeal to IAAR against the decision of the Accreditation Council. In cases of doubt regarding the competence of the External Expert Panel and representatives of the Agency, or in the event of a gross violation committed by members of the External Expert Panel, the organisation of education and/or the partner organisation of education may submit a complaint to IAAR.

6. Follow-up Procedures

In the event of a positive decision by the IAAR Accreditation Council, the organisation of education and/or the partner organisation of education shall submit to IAAR an Action Plan for quality improvement and enhancement based on the recommendations of the External Expert Panel (hereinafter – the Plan), signed by the head of the organisation and certified by seal, and shall also conclude a Service Agreement with IAAR. The Agreement and the Plan shall serve as the basis for post-accreditation monitoring.

In accordance with the Regulations on the Post-Accreditation Monitoring Procedure, the organisation of education and/or the partner organisation of education shall prepare interim reports according to the Plan. Interim reports shall be submitted to IAAR prior to the scheduled date of post-accreditation monitoring.

Post-accreditation monitoring of the joint educational programme shall be carried out in accordance with the Regulations on the Post-Accreditation Monitoring Procedure for organisations of education and/or joint educational programmes.

In the event of failure to implement the Plan and fulfil IAAR requirements related to post-accreditation monitoring, as well as failure to inform IAAR about changes introduced in the organisation of education, the Accreditation Council shall have the right to adopt one of the following decisions:

- “to temporarily suspend the accreditation status of the joint educational programme”;
- “to withdraw the accreditation certificate of the joint educational programme of the organisation of education, which may result in annulment of all previously achieved accreditation results.”

In the event that the organisation of education and/or the partner organisation of education refuses to conclude an agreement with IAAR for post-accreditation monitoring, the Accreditation Council shall have the right to adopt a decision on withdrawal of the accreditation certificate.

The organisation of education and/or the partner organisation of education shall have the right to submit a new application no earlier than 1 (one) year after refusal of accreditation of the joint educational programme.

External Expert Panel (External Evaluation Expert Group)

External evaluation of activities of the organisation of education shall be conducted by the External Expert Panel (external evaluation expert group), consisting of independent experts with experience in teaching and expert activity in quality assurance, as well as representatives of employers and learners.

The External Expert Panel shall be established by order of the IAAR Director General from among certified representatives of the academic, professional and student communities included in the IAAR expert database. International experts may be involved from partner accreditation agencies.

In order to prevent conflicts of interest, IAAR shall send the organisation of education and the partner organisation of education an official letter regarding the composition of the External Expert Panel 14 (fourteen) calendar days before the visit.

The organisation of education and/or the partner organisation of education shall have the right to notify IAAR by official letter of any conflict of interest, with justification, within 3 (three) working days. If necessary, IAAR shall replace the expert.

All members of the External Expert Panel shall sign a Statement of Commitment confirming the absence of conflict of interest and the IAAR Code of Ethics for External Experts within the framework of each visit.

The expert shall be obliged to notify the IAAR Coordinator of any relationship with the organisation of education and/or the partner organisation of education or any personal interest that may lead to a potential conflict related to the external evaluation process.

Each member of the External Expert Panel shall properly perform his/her functions and responsibilities. Failure to perform duties or refusal without justified reason shall be regarded as a violation of the IAAR Code of Ethics for External Experts and may result in exclusion from the IAAR expert database.

Information about the organisation of education and/or the partner organisation of education obtained during the external evaluation shall be considered confidential and shall not be subject to disclosure.

Members of the External Expert Panel shall not disclose or comment on the recommended accreditation period before adoption of the decision by the Accreditation Council.

The composition of the External Expert Panel shall include:

- **the Chair of the External Expert Panel**, responsible for coordination of the experts' work, preparation and oral presentation of preliminary findings formulated during the visit to the organisation of education, as well as responsible for preparation of the final report on results of the external evaluation of the organisation of education and/or the joint educational programme (programme cluster);

- **External Experts** – representatives of the academic community, responsible for evaluation of compliance of the accredited joint educational programme with IAAR international accreditation standards;

- **an External Expert** – representative of the professional community (employer), responsible for evaluating whether the accredited joint educational programme (programme cluster) and professional competencies of its graduates correspond to labour market requirements;

- **an External Expert** – representative of the student community, responsible for evaluation of compliance of the accredited joint educational programme with needs and expectations of learners (one representative of the student community for each cluster).

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

IAAR shall appoint from among its staff a Coordinator responsible for coordination of the work of the expert group. The organisation of education, on its part, shall appoint an authorised person responsible for the process of international accreditation of joint master's educational programmes in healthcare.

II. SELF-ASSESSMENT REPORT

The Self-Assessment Report (hereinafter – SAR) is one of the main documents for conducting international accreditation of a joint educational programme of higher and/or postgraduate education.

These standards and guidelines are applicable to international accreditation of joint postgraduate educational programmes in healthcare, including initial accreditation of joint educational programme(s) (ex-ante).

The self-assessment procedure shall include the following sections: Standards 1–9 and the corresponding appendices.

Main Principles for Preparation of the Report

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

2. Readability: the text of the document should be easy to perceive in terms of formatting, semantic clarity and stylistic coherence.

3. Analytical approach: analysis of strengths and weaknesses, as well as analysis of development dynamics of the joint educational programme (programme cluster).

4. Objectivity of evaluation.

5. Evidence-based approach: provision of facts, data and information as justification for conclusions.

Specific features of the joint educational programme not described in these Guidelines shall be included in the relevant sections of the documents.

During accreditation of a programme cluster, aspects common to all joint educational programmes shall be described once in the introductory section in order to avoid repetition.

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

Format of the Self-Assessment Report

The structure of the Self-Assessment Report shall comply with the criteria of the IAAR standards and guidelines. All statements, judgments and assumptions presented in the report shall be supported by relevant documents in the main text and appendices (Appendix 3. Structure of the Self-Assessment Report).

The report shall be prepared in the following format: font type – Times New Roman, font size – 12, line spacing – 1.5, paragraph spacing before and after headings – no more than 6 pt. At the beginning of the report, an automatically generated editable table of contents and page numbering shall be provided. The report shall be printed in A4 format with portrait orientation; landscape orientation may also be used in appendices.

The first appendix to the report shall contain a statement confirming reliability, completeness and accuracy of all presented data, signed by heads of the organisations of education and executors of partner universities who prepared the report, including contact details of the report authors for further consultations if necessary: “I, [full name of the head of the organisation of education], confirm that this self-assessment report of [name of the organisation of education and/or partner organisation of education], containing [number of pages of the main body of the report, excluding appendices] pages, provides absolutely reliable, accurate and comprehensive data that adequately and fully characterise activities of the organisation of education and/or the partner organisation of education.”

The volume of the Self-Assessment Report shall not exceed 70–80 pages of the main text. A separate package of supporting documents shall be attached to the Self-Assessment Report as appendices (submitted as a separate file not exceeding 100 pages). Graphic images shall be compressed to a resolution of 96 dpi before being inserted into the appendices. In order to reduce the volume of appendices, it is recommended that the text of the Self-Assessment Report contain,

wherever possible, references to supporting documents available on electronic resources of the organisation of education and/or the partner organisation of education.

The Self-Assessment Report shall be officially submitted in English¹ in electronic format, unless otherwise specified.

The report and its annexes shall be submitted to IAAR in electronic form to the email address iaar@iaar.kz, as well as in hard copy in one (1) copy in each of the selected languages.

Contents of the Self-Assessment Report

The Self-Assessment Report shall include an introduction, three main sections and appendices.

It is recommended that the introduction include information on the conditions and organisation of the self-assessment process, as well as its aims and objectives.

The first section shall present general information about the organisation of education and/or partner organisations of education, and the structural unit implementing the evaluated joint educational programme (programme cluster):

- brief information;
- organisational and legal framework of activities;
- organisational structure and governance system;
- interaction with educational, research and professional organisations at local, regional and national levels;
- international activities;
- number of learners (annual);
- dynamics of the learner contingent in different modes of study over the last 3–5 years.

In the case of initial international accreditation of a joint educational programme, information on the dynamics of the learner contingent shall not be required.

The second section shall include analysis of compliance of activities of the organisation of education and/or partner organisations of education in quality assurance of the joint educational programme (programme cluster) with international accreditation standards.

The text of the section shall be organised in accordance with the sequence specified in these standards and guidelines for international accreditation of joint educational programmes. The Self-Assessment Report shall provide responses to all key questions and include all necessary documentary evidence in the appendices.

The organisation of education shall provide information on achievements of the organisation of education and/or partner organisation of education in development of the joint educational programme over the past 3–5 years for each standard. The report is also expected to identify problems and areas requiring improvement revealed through SWOT analysis.

The third section of the report shall include general conclusions and a summary of the self-assessment process, providing grounds for submission of an application for the external quality evaluation procedure.

The Self-Assessment Report shall be submitted on behalf of the head of the organisation of education and/or partner organisation of education and shall be signed by them.

The main provisions and conclusions of the report shall be communicated to all participants involved in the self-assessment process and published on the internet resources of the organisation of education.

The final section of the Self-Assessment Report shall include the completed table “Conclusion of the Self-Assessment Commission”. Completion of the table shall be objective, as shall the information presented in the Self-Assessment Report. All persons responsible for the self-assessment process and reliability of the information presented in the report shall participate in completion of the table. These standards and guidelines contain two “Conclusion of the Self-Assessment Commission” tables: Table 3 shall be completed for international specialised

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

accreditation (SA) of the joint educational programme, while Table 4 shall be completed for international initial specialised accreditation (ISA) of the joint educational programme.

The External Expert Panel shall also complete this table, and results of comparison of information presented in these tables shall be taken into account during discussion of accreditation outcomes during the visit of the External Expert Panel to the organisation of education and/or partner organisation of education.

The table “Conclusion of the Self-Assessment Commission” includes the following evaluation categories for each criterion:

✓ **“Strong”** – characterised by a high level of indicators of the accreditation standard for the joint master’s educational programme in healthcare. This position of the standard may serve as an example of good practice for dissemination among other organisations of education.

✓ **“Satisfactory”** – defined by an average level of indicators of the accreditation standard for the joint master’s educational programme in healthcare.

✓ **“Requires improvement”** – characterised by a low level of indicators of the accreditation standard for the joint master’s educational programme in healthcare.

✓ **“Unsatisfactory”** – means that indicators of the joint educational programme of the organisation of education do not comply with the accreditation standard for the joint master’s educational programme in healthcare.

III. STANDARDS OF INTERNATIONAL ACCREDITATION OF JOINT MASTER'S PROGRAMMES IN THE FIELD OF HEALTHCARE

Scope of Application

These standards define the regulatory requirements for the main provisions of the standards of international accreditation of joint master's programmes in the field of healthcare during the procedure of accreditation of the JEP, 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 JEP;
- 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. World Federation for Medical Education: STANDARDS FOR MASTER'S DEGREES IN MEDICAL AND HEALTH PROFESSIONS EDUCATION WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT The 2016 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.
7. European Approach for Quality Assurance of Joint Programmes. Approved by EHEA ministers in May 2015.

Terms and Definitions

The following terms and definitions are used in this standard:

3.1. Academic mobility – the opportunity for students and academic staff to study or teach at other higher education institutions within the country and abroad, with subsequent recognition and transfer of credits.

3.2. Academic freedom – the right of teachers and students to freely express opinions, conduct research, and publish results within the framework of professional responsibility.

3.3. Academic leadership – leadership of academic activities, including mission, educational programmes, teaching, research, and human resource policy.

3.4. Accreditation – a procedure for assessing the level of quality of an educational organisation as a whole or its individual educational programmes, conducted by an accreditation agency, through which compliance of the organisation or programme with defined criteria and standards is recognised.

3.5. Validity of assessment (Validity) – the degree to which an assessment method actually measures the stated learning outcomes.

3.6. Vision – long-term aspirations and an image of the desired future state of an educational programme or organisation.

3.7. Evidence-based medicine (EBM) – clinical decision-making based on scientific evidence, clinical expertise, and patient values.

3.8. European Credit Transfer and Accumulation System (ECTS) – a student-centred

system for credit accumulation and transfer based on the principles of transparency of learning, teaching, and assessment processes. Its purpose is to facilitate the planning, delivery, and evaluation of educational programmes and student mobility through recognition of learning achievements, qualifications, and periods of study.

3.9. Credit transfer – the formal recognition of modules or courses completed at another educational organisation.

3.10. ECTS credits – units expressing the volume of learning based on defined learning outcomes and associated student workload. Sixty ECTS credits correspond to the learning outcomes and workload of one full-time academic year or its equivalent, which usually consists of a number of educational components to which credits are allocated (based on learning outcomes and workload). Credits are generally expressed as whole numbers.

3.11. Institutional autonomy – the independence of an educational organisation in making decisions on curriculum design, student admission, staff policy, assessment, and allocation of resources.

3.12. Quality of an educational programme – the extent to which the level of competencies of students and graduates meets the requirements of educational standards and additional requirements established by the educational organisation.

3.13. Qualification – a degree, diploma, or other official document issued by a competent authority certifying the successful completion of a recognised educational programme.

3.14. Competencies – the ability to apply knowledge, skills, and personal qualities in professional and educational situations, defined in terms of responsibility and autonomy.

3.15. Assessment methods – a set of tools used to measure student achievement (tests, OSCE, Mini-CEX, portfolio, etc.).

3.16. Mission – a strategic statement defining the purpose, values, and priorities of an educational organisation and programme, providing a framework for all aspects of activity.

3.17. Module – a course component within a system in which each course has the same number of credits or a multiple thereof.

3.18. Reliability of assessment (Reliability) – the reproducibility and stability of assessment results across repeated measurements.

3.19. Scientific method – a system of principles for obtaining and verifying knowledge, including hypothesis formulation, data collection, analysis, and reproducibility of findings.

3.20. Educational programme (EP) – a set of goals, intended learning outcomes, content, teaching and assessment methods, resources, and organisational mechanisms for training a specialist.

3.21. Feedback (Feedback) – systematic information provided to a learner about the results of their performance for the purpose of supporting further development.

3.22. Continuous renewal – a systematic process of reviewing the mission, content, teaching methods, outcomes, and resources of a programme in response to changes in science, the healthcare system, and societal needs.

3.23. Learning outcomes – statements of what a learner is expected to know, understand, and be able to do upon completion of the learning process. Achievement of learning outcomes shall be assessed according to established procedures based on clear and transparent criteria.

3.24. Joint Educational Programme – an educational programme based on comparability and synchronisation of educational programmes of partner organisations of higher and/or postgraduate education and characterised by the parties undertaking joint obligations in such matters as defining the objectives and content of the programme, organisation of the educational process, and awarding of degrees or qualifications.

3.25. Social accountability (Social accountability) – the orientation of an educational organisation's activities towards the needs of society and the healthcare system.

3.26. Stakeholders (Stakeholders) – interested parties, including management, academic staff, students, administrative staff, employers, public authorities, patients, and society.

3.27. Student-centred learning – an approach to learning characterised by innovative

teaching methods aimed at developing learning through interaction between teachers and learners, and based on recognising students as active participants in their own learning, fostering skills such as problem-solving, critical and analytical thinking.

3.28. Curriculum (Curriculum) – a formalised description of the structure of an educational programme (courses/modules, workload, types of learning activities, assessment, and academic calendar logic).

Designations and Abbreviations

The following abbreviations and designations are used in these standards in accordance with the regulatory documents specified in Paragraph 2. In addition, the following abbreviations and designations are used in these standards:

AC – Accreditation Council;

HEI – Higher Education Institution;

EEP – External Expert Panel;

IAAR – Independent Agency for Accreditation and Rating;

R&D – Research and Development;

CME – Continuing Medical Education;

CPD – Continuing Professional Development;

NQS – National Qualifications System;

EO – Educational Organisation;

JEP – Joint Educational Programme;

SER – Self-Evaluation Report;

Academic Staff – Teaching and Academic Staff;

Mass Media – 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 of the European Higher Education Area;

WFME – World Federation for Medical Education.

General Provisions

The main objectives of implementing the international accreditation standards for joint master's programmes in healthcare are:

- implementation of an accreditation model harmonised with international practices of quality assurance in education;
- evaluation of the quality of joint educational programmes in order to enhance the competitiveness of the higher and postgraduate education system in healthcare;
- promotion of the development of a quality culture within medical education organisations;
- facilitation of improvement and continuous enhancement of the quality of joint educational programmes of the educational organisation and/or partner educational organisation in accordance with the requirements of a rapidly changing external environment;
- consideration and protection of public interests and consumer rights through provision of reliable information on the quality of the joint educational programme;
- promotion of the use of innovations and scientific research;
- public disclosure and dissemination of information on accreditation results of the joint educational programme of the educational organisation and/or partner educational organisation.

1. STANDARD «MISSION AND OUTCOMES»

1.1 Right to Participate. Eligibility

Partner organisations of education shall:

1.1.1. be recognised by the authorities of the countries in which they are located that regulate education in healthcare and confirm compliance with established quality standards and requirements.

1.1.2. ensure participation in implementation of the joint educational programme (JEP), and compliance of the awarded academic degree/qualification with the national qualifications framework and regulatory acts of the countries in which the educational organisations are located.

1.1.3. have a Cooperation Agreement between partner educational organisations, which shall include:

- information on the academic degree (qualification) awarded upon completion of the JEP;
- coordination and responsibilities of the involved partner educational organisations regarding governance and financial arrangements (including funding, sharing of costs and revenues, etc.);
- admission and selection rules for learners;
- language of instruction, mobility of learners and academic staff;
- examination regulations, methods for assessment of achieved learning outcomes, recognition of ECTS credits and procedures for awarding joint academic degrees (qualifications).

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *valid licences/registrations and recognition of each partner organisation by state authorities regulating education in healthcare (SA — copies of valid licences/extracts from official registers; ISA — confirmation of submission/renewal/updating of licences);*

✓ *compliance of the awarded degree/qualification with the national qualifications framework and legislative requirements;*

✓ *existence and content of the Cooperation Agreement between partner educational organisations;*

✓ *procedures ensuring transparency, accountability and risk management within the partnership;*

✓ *procedures, frequency and results of revision/updating of the Cooperation Agreement (SA — minutes of recent revisions and implemented changes; ISA — approved schedule/regulations for revision);*

✓ *evidence that participation of each partner in implementation of the joint educational programme (JEP) is formally established and complies with established quality standards (SA — valid documents and implemented practice; ISA — approved draft documents and readiness for implementation).*

1.2 Institutional Autonomy and Academic Freedom

1.2 Definition of Mission

Partner educational organisations shall jointly:

1.2.1. define the mission of the joint educational programme (JEP) at the postgraduate level and communicate it to stakeholders and the healthcare sector of the countries in which the educational organisations are located.

1.2.2. define an educational programme enabling preparation of a specialist at the postgraduate level in healthcare in the countries where the educational organisations are located, who is:

- competent in any field of healthcare, including all types of practice, healthcare management and organisation;

- capable of working independently at a high professional level and, where necessary, within a team;

- committed to lifelong learning, including professional responsibility for maintaining the level of knowledge and skills through performance evaluation, audit, review of personal practice and recognised CPD/CME activities.

1.2.3. guarantee that the mission of the JEP includes consideration of healthcare needs of the community or society, aspects of social responsibility, and the needs of the healthcare systems of the countries in which the educational organisations are located.

1.2.4 SA: promote organisation and conduct of research activities of postgraduate learners, as well as innovation in the educational process, enabling development of broader competences than the minimum required in the countries where the educational organisations are located.

ISA: demonstrate evidence of readiness to support and promote organisation and conduct of research activities of postgraduate learners, as well as innovation in the educational process, enabling development of broader competences than the minimum required.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *documented mission of the postgraduate joint educational programme (JEP) and its public accessibility (official documents, website, reports, communication with stakeholders and the healthcare sector);*

- ✓ *alignment of the educational programme with the declared competences and mission; connection between the mission, graduate profile and long-term objectives (SA — compliance matrix, cases of implemented changes; ISA — draft compliance matrix and implementation schedule);*

- ✓ *consideration of healthcare needs of society/community and aspects of social responsibility in formulation of the mission (SA — consultation minutes/analytical reports; ISA — regulations and plan for stakeholder consultations);*

- ✓ *promotion of learners' research and innovation activities (mechanisms, resources, examples of projects) and development of competences beyond minimum requirements (SA — confirmed practices; ISA — regulations and demonstrated readiness);*

- ✓ *procedures and frequency of mission review taking into account changes in the healthcare system and stakeholder expectations (SA — reports from the latest review cycle; ISA — review regulations and designated responsible persons).*

1.3 Institutional Autonomy and Academic Freedom

Partner educational organisations shall:

1.3.1 SA: have a training process based on recognised basic medical and pharmaceutical education that contributes to strengthening professionalism of learners in the countries where the educational organisations are located.

ISA: ensure a training process based on recognised prior education that provides a professionally oriented programme.

1.3.2. guarantee that the training process promotes professional autonomy, enabling graduates to act in the best interests of patients and society in the countries where the educational organisations are located.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *confirmation of recognition of basic (prior) medical/pharmaceutical education as the basis for admission and programme design (SA — approved admission/credit transfer regulations; ISA — draft regulations and timelines for approval);*

- ✓ *mechanisms ensuring institutional autonomy in development, approval and implementation of the programme, allocation of resources, as well as guarantees of academic*

freedom for academic staff and learners in teaching, learning and research activities (SA — existing regulations and examples of decisions; ISA — draft documents and implementation roadmap);

✓ orientation of the master's educational process towards development of graduates' professional autonomy, enabling them to act in the interests of patients and society (SA — implemented curriculum and assessment elements: research/project modules, independent work under scientific supervision, industrial/field practice, case- and project-based learning; assessment through comprehensive examinations, defence of final qualification work/practice-oriented project, portfolio and public presentations; confirmed indicators of achieved autonomy. ISA — approved implementation plan: list of modules and practices, requirements for independence and critical analysis, assessment rubrics/criteria, target indicators and implementation timeline);

✓ evidence of the professional orientation of the programme and its compliance with regulatory requirements (SA — implemented mechanisms; ISA — planned mechanisms).

1.4 Learning Outcomes

Partner educational organisations shall:

1.4.1. define the expected learning outcomes (LOs) of graduates, which include:

- knowledge, skills and professional behaviour corresponding to the postgraduate level of education;
- a foundation for future academic or professional career development;
- readiness to perform roles within the healthcare sector;
- commitment to and skills for lifelong learning;
- consideration of societal needs and social responsibility.

1.4.2. define general and discipline-/specialty-specific components of the learning outcomes that learners are expected to achieve.

1.4.3 SA: ensure appropriate professional behaviour of learners towards peers, academic staff, healthcare personnel, patients and their relatives.

ISA: demonstrate evidence of readiness to ensure appropriate professional behaviour of learners towards peers, academic staff, healthcare personnel, patients and their relatives.

1.4.4. define expected learning outcomes based on the prior educational level of the countries in which the educational organisations are located.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ formulation of expected learning outcomes (general and specialty-specific) corresponding to the postgraduate level of education and the mission of the programme;

✓ matrix aligning learning outcomes with educational modules/types of activities and assessment methods (including confirmation of achievement of knowledge, skills and professional behaviour);

✓ mechanisms for recognition of prior education, credit transfer and bridging of academic deficiencies (SA — implemented procedures/cases; ISA — regulations and decision templates);

✓ documents regulating standards of learners' professional behaviour (ethics, academic integrity, interaction with patients, colleagues and staff), as well as evidence of their implementation in practice;

✓ evidence of practical achievement of learning outcomes (portfolios, projects, dissertations, assessment results, cases demonstrating application of competences);

✓ completed Table 1.4 "Alignment of General Competences, Learning Outcomes and Assessment Methods".

Table 1.4 “Alignment of General Competences, Learning Outcomes and Assessment Methods”

Generic competencies	Learning outcomes in relation to each competency	Assessment of learning outcomes

1.5 Participation in Formulation of the Mission and Learning Outcomes

Partner educational organisations shall:

1.5.1. ensure participation of key stakeholders from the countries in which the educational organisations are located in formulation of the mission and expected learning outcomes.

1.5.2. ensure that the declared mission and expected learning outcomes are based on opinions/suggestions of other stakeholders from the countries in which the educational organisations are located.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *list and roles of stakeholders (learners, academic staff, administration, employers, healthcare authorities, professional associations, etc.) involved in development/revision of the mission and learning outcomes;*

✓ *description of participation procedures (consultations, working groups, surveys, focus groups, committee meetings), their frequency and transparency;*

✓ *examples of how stakeholder proposals influenced formulation of the mission and learning outcomes (SA — examples of implemented changes; ISA — mechanism for recording and reviewing proposals);*

✓ *documentary evidence of participation and decision-making (minutes, reports, analytical notes, questionnaires), as well as feedback mechanisms (SA — minutes/reports; ISA — templates and document management regulations);*

✓ *regularity of revision of the mission and learning outcomes and evidence of their updating based on stakeholder engagement (SA — actual review cycles; ISA — approved cycle/roadmap).*

2. STANDARD «EDUCATIONAL PROGRAMME»

2.1 Educational Approach

Partner educational organisations shall:

2.1.1. define the educational approach based on the expected learning outcomes and formal qualification credentials provided as the basis for official recognition of a specialist in the chosen field of medicine at national and international levels, established by international requirements (e.g., EU Directive 2005/36).

2.1.2. define the educational approach based on the learning outcomes of prior education in the countries where the educational organisations are located, systematically and transparently including and supporting the learner in taking responsibility for their own learning process.

2.1.3. describe general and discipline-/specialty-specific components of education; use teaching and learning methods appropriate for both practice and theory; define teaching and learning methods that stimulate, prepare and support learners in taking responsibility for their own learning process.

2.1.4. guarantee that the educational programme is implemented in accordance with the principles of equality.

2.1.5 SA: guide learners through mentorship, regular assessment and feedback, progressively increasing the learner's independent responsibility as their skills, knowledge and experience improve.

ISA: demonstrate readiness to guide learners through mentorship, regular assessment and feedback, progressively increasing the learner's independent responsibility as their skills, knowledge and experience improve.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *academic degree awarded upon completion of the educational programme;*
- ✓ *principles and approaches used in development of the educational programme (learning outcomes orientation, international requirements, national standards);*
- ✓ *educational strategies and teaching methods (lectures, seminars, PBL, simulation and clinical training, independent study, e-learning) ensuring development of learner autonomy;*
- ✓ *mentorship practices, regular assessment and feedback ensuring gradual increase of learner responsibility (SA — implemented regulations and indicators of compliance with feedback timelines; ISA — draft regulations and templates);*
- ✓ *mechanisms for involving learners in self-directed learning and development of lifelong learning skills (SA — cases and tools such as portfolios and IDPs; ISA — implementation plan and templates);*
- ✓ *compliance with principles of equality, non-discrimination and academic inclusion (where applicable, anti-discrimination policy should be attached).*

2.2 Scientific Method

Partner educational organisations shall:

2.2.1 SA: instill in learners the principles of scientific methodology appropriate to the postgraduate level of education and provide evidence that learners achieve knowledge and understanding of the scientific basis and methods of the selected field of healthcare in the countries where the educational organisations are located.

ISA: demonstrate readiness to instill in learners the principles of scientific methodology appropriate to the postgraduate level of education and provide evidence that learners achieve knowledge and understanding of the scientific basis and methods of the selected field of medicine.

2.2.2. ensure that learners master the principles of evidence-based practice through access to educational and research cases, databases, and clinical/practical experience.

2.2.3 SA: include in the joint educational programme (JEP) training in critical appraisal of literature and data, research analysis, ensure access to research projects, and regularly update programme content.

ISA: demonstrate readiness to include in the JEP training in critical appraisal of literature and data, access to research activities, and regular updating of programme content.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ how principles of scientific methodology are integrated into the programme (lectures, research courses, practical classes, seminars);*
- ✓ programme components aimed at developing analytical and critical thinking;*
- ✓ application of evidence-based practice principles, access to educational and research cases, databases and clinical situations;*
- ✓ inclusion of training in critical appraisal of literature and contemporary research within the educational process (SA — included in syllabi, examples of assignments; ISA — developed teaching materials/cases);*
- ✓ availability of opportunities for learners to participate in research projects, elective research activities and project assignments (SA — publications/posters/grants; ISA — participation roadmap and support regulations);*
- ✓ practices supporting learners' research activity (SA — competitions, mentoring, funding; ISA — draft regulations/budget proposals);*
- ✓ outcomes of learners' involvement in scientific activities.*

2.3 Educational Content

Partner educational organisations shall:

2.3.1. include disciplines in: biomedical sciences; clinical sciences; social and behavioural sciences; ethics; law; public health; management and communication.

2.3.2. organise the educational process with particular attention to patient safety and compliance with ethical standards.

2.3.3 SA: regularly update programme content in accordance with changing needs of society and healthcare.

ISA: demonstrate readiness to revise and update programme content.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ list of disciplines covering biomedical, clinical, social and behavioural sciences, as well as ethics, law, public health, management and communication;*
- ✓ integration of patient safety issues and compliance with ethical standards into the educational process;*
- ✓ mechanism for regular updating of programme content in accordance with scientific advances and changing needs of society and healthcare (SA — change logs/committee decisions; ISA — regulations and review schedule);*
- ✓ examples of recent changes made to the educational programme following review processes.*

2.4 Structure, Composition and Duration of the Educational Programme

Partner educational organisations shall:

2.4.1. describe the content, volume and sequence of courses; distinguish between compulsory and elective components; integrate practice and theory; ensure compliance with national legislation.

2.4.2. take into account prior educational outcomes when selecting the programme profile; define requirements for the roles of graduates within the healthcare system.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *structure, duration (hours, weeks, semesters, years) and content of the programme;*
- ✓ *distinction between compulsory and elective disciplines/modules;*
- ✓ *sequence of courses and integration of practice and theory;*
- ✓ *summary of the curriculum in the form of a table of disciplines/modules indicating their duration;*
- ✓ *consideration of prior educational outcomes when determining the programme profile;*
- ✓ *requirements for graduate roles within the healthcare system.*

2.5 Relationship Between Education and Healthcare Practice

Partner educational organisations shall:

2.5.1 SA: describe and ensure integration of theory and practice, including workplace-based learning and internships.

ISA: provide for integration of theoretical training and practical development, including internships.

2.5.2. effectively use healthcare system resources for educational purposes; guarantee that practical training has an educational nature and is not solely subordinated to service delivery.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *description of integration of theoretical training and practical experience (workplace-based learning, clinical rotations, internships, use of clinical training bases) (SA — matrix “LOs ↔ modules ↔ practices/internships”, valid agreements with training bases, internship schedules/plans, assignment of mentors/supervisors; ISA — draft matrices, template agreements, internship plans, mentoring and practice assessment regulations);*
- ✓ *measures ensuring the educational nature of practical training;*
- ✓ *use of healthcare system resources for educational purposes;*
- ✓ *examples demonstrating balance between educational objectives and healthcare service delivery.*

2.6 Management of Education

Partner educational organisations shall:

2.6.1. define responsibilities and authority for organisation, coordination, management and evaluation of the educational process and learning environment.

2.6.2 SA: include appropriate representation of academic staff, learners and other key relevant stakeholders from the countries in which the educational organisations are located in planning and development of the educational programme.

ISA: provide for inclusion in planning and development of the educational programme of appropriate representation from academic staff, learners and other key relevant stakeholders.

2.6.3. ensure diverse training locations, coordinate multiple training sites to provide appropriate access to different aspects of the selected field of healthcare, and provide access to resources necessary for planning and implementation of teaching methods, learner assessment and introduction of innovations in the educational programme.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *scope of authority and composition of the structural unit responsible for organisation, coordination and evaluation of the programme;*

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

- ✓ *distribution of responsibilities for development and implementation of the educational programme among academic staff, administration, learners and other stakeholders;*
- ✓ *participation of academic staff, learners and stakeholders in planning, development and management of the programme (SA — actual composition of bodies/committees and proportion of representation; minutes of meetings, decisions, examples of considered proposals; participation indicators and regularity; ISA — approved regulations on representation and operational procedures, proposed composition of bodies, forms for collecting opinions and feedback, implementation/meeting schedule);*
- ✓ *description of resources and mechanisms for implementation of innovative teaching, learning and assessment methods;*
- ✓ *practice of implementing innovations and results of their evaluation within the educational programme;*
- ✓ *coordination of diverse training locations and forms of education to achieve programme objectives;*
- ✓ *practice of involving external experts and professional communities in management of the educational programme.*

3. STANDARD «ASSESSMENT OF LEARNERS»

3.1 Assessment Methods

Partner educational organisations shall:

3.1.1. define and approve the principles, methods and practices used for learner assessment, including the number of examinations, criteria for establishing passing scores and grades, and the number of permitted resits.

3.1.2. guarantee that assessment procedures cover learners' knowledge, skills, academic attitudes and professional behaviour.

3.1.3 SA: use a broad range of assessment methods and formats according to their "utility assessment", including a combination of validity, reliability, educational impact, acceptability and effectiveness of the methods used.

ISA: guarantee the use of an additional set of assessment methods and formats within a broad range of assessment approaches according to their "utility assessment", including a combination of validity, reliability, educational impact, acceptability and effectiveness of the methods used.

3.1.4 SA: guarantee openness of assessment processes and methods for review by external examiners, examination boards or other competent bodies.

ISA: provide for the possibility of internal review of assessment processes and methods by competent university bodies.

3.1.5. ensure a system for prevention of conflicts of interest and an appeals mechanism regarding learner assessment results.

3.1.6 SA: ensure transparency of assessment procedures and results, and inform learners about the assessment criteria and procedures used.

ISA: demonstrate readiness to ensure transparency of assessment procedures and results and to inform learners about the assessment criteria and procedures used.

3.1.7 SA: document and evaluate the reliability and validity of assessment methods, involve external examiners, introduce new assessment methods in accordance with identified needs, encourage review by external experts and, where necessary, organise a "second opinion", replacement of academic staff or additional training.

ISA: provide for the possibility of documenting reliability and validity of assessment methods, involving external examiners, introducing new assessment methods in accordance with identified needs, encouraging review by external experts and, where necessary, organising a "second opinion", replacement of academic staff or additional training.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *approved assessment policy and principles (list of formats, number of examinations/assessment points, weighting, calendar, admission requirements, resits), as well as procedures for communicating information to learners and academic staff;*

✓ *alignment of assessment methods with objectives and expected learning outcomes (matrix "LOs ↔ assessment methods ↔ teaching methods"; blueprint/assessment plan by disciplines and taxonomy levels);*

✓ *coverage of knowledge, practical and research/analytical competences relevant to the master's programme profile, as well as academic attitudes and professional behaviour (including observation tools and assessment sheets/rubrics);*

✓ *procedures for establishing passing scores and grading scales (e.g., Angoff/Borderline/BT, standardisation of written/oral examinations, assessment of projects/presentations/portfolios and master's thesis defence), resit policy and conditions for granting resits;*

- ✓ *balance between formative and summative assessment, including provision of regular formative feedback;*
- ✓ *breadth and justification of assessment methods and formats from the perspective of “utility assessment” (validity, reliability, educational impact, acceptability, effectiveness) (SA — approved range of formats with utility analysis; ISA — draft list and criteria for selection/utility evaluation);*
- ✓ *mechanisms for quality assurance of assessment: validity and reliability analysis (e.g., KR-20/α), psychometric analysis of test items (difficulty, discrimination, distractor analysis), moderation of assessed work, assessor calibration (SA — reports/minutes of analysis; ISA — draft methodologies and implementation plan for analytics);*
- ✓ *involvement of external examiners/examination boards and independent review of assessment tools and procedures (SA — established practice with examples of expert conclusions; ISA — regulations for involvement and expert report templates);*
- ✓ *procedures for prevention of conflicts of interest, academic misconduct and ensuring examination security (item banks, rotation, proctoring, leak prevention measures);*
- ✓ *transparency of assessment procedures and results, informing learners about criteria, grading scales, passing scores, resit rules and publication of results (SA — approved regulations and examples of notifications/publications; ISA — draft regulations and communication plan);*
- ✓ *mechanisms for updating and innovating assessment practices: pilots of new formats, results of pilot testing, implementation decisions (SA — pilot reports and adopted decisions; ISA — pilot plan, success criteria and implementation timeline);*
- ✓ *training and certification of academic staff/assessors in assessment methods (SA — training programmes/protocols and coverage data; ISA — schedule, training programmes and participation metrics);*
- ✓ *cycle of documentation of assessment quality and CAISA procedures (SA — reports from recent cycles and implemented CAISA measures; ISA — package of draft documents and roadmap for implementation of the quality system).*

3.2 Relationship Between Assessment and Learning

Partner educational organisations shall:

3.2.1 SA: use assessment principles, methods and practices that are aligned with the planned learning outcomes and teaching and learning methods, ensure achievement of the planned learning outcomes, support learning, and provide an appropriate balance between formative and summative assessment for guiding learning and making decisions on academic performance.

ISA: guarantee the use of assessment principles, methods and practices that are aligned with the planned learning outcomes and teaching and learning methods, ensure achievement of the planned learning outcomes, support learning, and provide an appropriate balance between formative and summative assessment for guiding learning and making decisions on academic performance.

3.2.2 SA: adjust the number and nature of examinations in order to stimulate both acquisition of knowledge and integrated learning.

ISA: demonstrate readiness to adjust the number and nature of examinations in order to stimulate both acquisition of knowledge and integrated learning.

3.2.3 SA: ensure timely, specific, constructive and fair feedback to learners based on assessment results.

ISA: provide for timely, constructive and fair feedback (oral and/or written) to learners based on assessment results.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *alignment of assessment practices with planned learning outcomes and applied teaching methods (integration of assessment into instructional design, alignment at the level of*

modules/courses/stages) (SA — operational matrix “LOs ↔ teaching methods ↔ assessment methods”, approved regulations on the balance between formative and summative assessment; ISA — draft matrices and regulations, implementation plan and compliance monitoring metrics);

✓ adjustment of the number, frequency and nature of assessment activities to stimulate both knowledge acquisition and integrated/practice-oriented learning (SA — minutes of decisions, updated syllabi/assessment calendars, examples of redistribution of assessment points; ISA — adjustment procedures and criteria, review schedule and responsible persons);

✓ provision of timely, specific, constructive and fair feedback to learners (formats, timelines, feedback templates; compliance metrics regarding timelines) (SA — standards and actual indicators for timeliness/quality of feedback, samples of comments; ISA — regulations, templates and standards concerning timelines and quality of feedback);

✓ use of assessment data for management of the educational process: personalised recommendations, tutoring, remediation, individual learning plans;

✓ coordination of assessment across the programme (centralised calendar, alignment of workload, prevention of “assessment peaks”), including mechanisms for monitoring assessment workload;

✓ use of assessment results for academic decision-making (admission/progression/graduation) and for revision of content, methodologies and scheduling;

✓ system for identification of at-risk students and targeted support measures;

✓ informing learners and stakeholders about assessment requirements, rules, criteria and consequences (transparency, access to guidelines/manuals);

✓ examples where assessment analytics resulted in programme improvements.

4. STANDARD «LEARNERS»

4.1 Admission and Selection Policy

Partner educational organisations shall:

4.1.1 SA: define, publish, regularly review and implement an admission policy based on the principles of objectivity, equality and consideration of prior achievements.

ISA: have a policy and implement admission practices based on the principles of objectivity, including a clear statement of the learner selection process.

4.1.2 SA: ensure balance between programme capacity and the number of admission places; apply clear selection criteria.

ISA: establish the number of admission places in accordance with programme capacity and apply transparent selection criteria.

4.1.3 SA: have a policy and implement admission practices for learners with disabilities in accordance with applicable laws and regulatory legal documents of the countries in which the educational organisations are located.

ISA: have a policy and implement admission practices for learners with disabilities in accordance with applicable laws and regulatory legal documents of the countries in which the educational organisations are located.

4.1.4. have a policy and implement practices for transfer of learners from other educational organisations, including foreign institutions.

4.1.5. establish a link between selection procedures and the mission of the educational organisation, the joint educational programme (JEP), and the desired quality of graduates; provide an appeals mechanism regarding admission decisions.

4.1.6 SA: use a system for appealing admission decisions, guarantee transparency of the selection procedure, and periodically review the admission policy based on relevant social and professional data in order to meet healthcare and societal needs in the countries where the educational organisations are located.

ISA: provide for a system of appeals regarding admission decisions and guarantee transparency of the selection procedure.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *admission policy and selection criteria; alignment with the mission and graduate profile (SA — approved and published policy, implemented practice; ISA — draft policy/regulations and publication/implementation plan);*

✓ *transparency of the admission procedure and accessibility of information for applicants and stakeholders (SA — actual webpages/announcements; ISA — mock-ups/information packages and publication schedule);*

✓ *selection process: stages, criteria, responsible bodies (SA — committee minutes, forms and checklists; ISA — documented procedures and designated responsible persons);*

✓ *admission of learners with disabilities in accordance with legislation and principles of inclusion (SA — implemented procedures and adaptation cases; ISA — policy, adaptation pathways and accessibility map);*

✓ *regulations governing transfer from other educational organisations (national and international);*

✓ *balance between programme capacity and number of admission places (SA — capacity calculations and approved limits; ISA — calculation methodology and draft limits);*

✓ *appeals system and communication of this system to applicants (SA — operational regulations, statistics and review timelines; ISA — regulations and SLA for timelines/escalation);*

✓ *frequency of analysis and revision of admission policy taking into account social/professional healthcare needs (SA — reports and implemented changes; ISA — review schedule and list of data sources).*

4.2 Student Intake

Partner educational organisations shall:

4.2.1. determine the number of admitted learners in accordance with the capacity of the educational organisation at all stages of the educational programme.

4.2.2 SA: regulate the number and composition of admitted learners, taking into account the views of stakeholders responsible for planning and development of human resources in the healthcare sector, in order to meet healthcare needs of the population and society in the countries where the educational organisations are located.

ISA: demonstrate readiness to take into account the needs of the healthcare system and society when determining the student intake.

4.2.3 SA: periodically review the number and composition of admitted learners through consultations with other stakeholders and regulate intake in order to meet healthcare needs of the population and society in the countries where the educational organisations are located.

ISA: demonstrate readiness to review the size and composition of intake when conditions for programme implementation change.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *alignment of student intake with programme resources (classrooms, academic staff, practice/research bases, funding);*

✓ *mechanism for regulating the number and composition of learners taking into account healthcare and societal needs (SA — consultation minutes/decisions; ISA — agreements with stakeholders, forecasting methodology and adjustment plan);*

✓ *consultations with stakeholders (employers, healthcare authorities, professional associations), including formats and outcomes (SA — documented cases; ISA — consultation plan and schedule);*

✓ *frequency of review of intake size/profile and mechanisms for adjustment when implementation conditions change (SA — evidence of revisions; ISA — regulations and review triggers);*

✓ *consideration of national healthcare workforce policy when planning student intake.*

4.3 Student Advising and Support

Partner educational organisations shall:

4.3.1 SA: have a system of academic advising for learners.

ISA: provide for a system of academic advising for learners.

4.3.2. offer support programmes addressing learners' academic, social, financial and personal needs, while ensuring confidentiality.

4.3.3. organise a learner feedback system regarding learning conditions and the educational process.

4.3.4. ensure issuance of a diploma and supplement (transcript) confirming the qualification obtained.

4.3.5 SA: take into account learner diversity and provide opportunities for individual educational pathways.

ISA: provide opportunities for individual educational pathways taking into account learner diversity.

4.3.6 SA: provide advising based on monitoring of learner progress (career planning, support in cases of professional crisis; confidentiality).

ISA: provide for advising based on monitoring of learner progress, including career planning and support in cases of academic difficulties.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ academic advising system (SA — regulations, assigned mentors/tutors, workload distribution; ISA — draft regulations, mentoring model and implementation plan);*
- ✓ support programmes (academic, social, psychological, medical, financial), including access to external resources; measures ensuring confidentiality;*
- ✓ opportunities for individual educational pathways and consideration of learner diversity (SA — implemented individual pathways and case examples; ISA — regulations for individual educational pathways and access criteria);*
- ✓ advising based on monitoring of learner progress: career planning, support in crisis situations (SA — implemented procedures and coverage metrics; ISA — regulations including response timelines);*
- ✓ learner feedback system regarding learning conditions and organisation of the educational process, including response mechanisms;*
- ✓ resources allocated for advising and support services, and evaluation of their effectiveness;*
- ✓ procedures for issuance of diplomas and diploma supplements (transcripts).*

4.4 Learner Representation

Partner educational organisations shall:

4.4.1 SA: develop and implement a learner representation policy ensuring learner participation in formulation of the mission, development, management and evaluation of the programme.

ISA: provide for learner participation in discussion of the mission, development and evaluation of the programme.

4.4.2 SA: encourage and support learner participation in decision-making, student organisations and student self-governance.

ISA: provide for learner participation in student organisations and student self-governance.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ policy and forms of learner representation in governance of the educational programme (SA — approved regulations and actual composition/participation; ISA — draft regulations, representation scheme and implementation plan);*
- ✓ learner participation in formulation of the mission, development, management and evaluation of the programme (SA — examples of decisions made with learner participation; ISA — inclusion regulations and schedule of activities);*
- ✓ participation in student self-governance bodies and student organisations (SA — existing structures and case examples; ISA — planned participation formats);*
- ✓ mechanisms supporting student initiatives and involvement in decision-making processes.*

4.5 Graduation Requirements

Partner educational organisations shall:

4.5.1. establish graduation requirements, including successful completion of all programme components (modules, project/dissertation, portfolio), as well as demonstration of research skills and critical analysis.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *established graduation requirements: successful completion of all modules, disciplines and practical training, passing examinations, defence of project/dissertation, maintenance of a portfolio;*
- ✓ *confirmation of learners' achievement of research skills, critical analysis and professional competences;*
- ✓ *alignment of graduate outcomes with the declared learning outcomes and mission of the programme;*
- ✓ *practice of formal documentation of qualifications (diploma, diploma supplement/transcript).*

4.6 Progress and Dismissal

Partner educational organisations shall:

4.6.1. establish rules and monitoring of learner progress: define deadlines for completion of assignments, conditions for resits, maintain records of learner progress and reasons for dismissal/withdrawal, and implement a support system for learners at risk of academic failure.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *rules and procedures for monitoring academic progress (deadlines for assignments, resit conditions, academic performance requirements);*
- ✓ *system for monitoring learner progress, recording reasons for dismissal/withdrawal, and practice of analysing data on academic underperformance;*
- ✓ *support measures for learners at risk of dismissal/withdrawal (advising, mentoring, individual educational plans);*
- ✓ *mechanisms for informing learners about progression rules, resits and dismissal/withdrawal conditions;*
- ✓ *availability of appeal procedures and mechanisms for their implementation;*
- ✓ *use of data on learner progress and dismissal/withdrawal for improvement of the educational programme and student-centred support services.*

5. STANDARD «ACADEMIC STAFF / FACULTY»

Recruitment Policy

The educational institution shall develop and implement a staff recruitment and selection policy that:

5.1.1. SA: establishes selection criteria for applicants based on academic, teaching, and clinical/professional achievements, including a balance between teaching, research, and clinical qualifications;

ISA: provides criteria for selecting applicants based on teaching, clinical, and professional achievements.

5.1.2. defines the responsibilities of faculty members, including the balance between teaching, research, and other functions, taking into account the mission of the joint educational programme, the needs of the education system, and the healthcare needs of the countries where the partner institutions are located.

5.1.3. considers the required pedagogical and professional experience when appointing staff.

5.1.4. SA: defines faculty responsibilities for participation in postgraduate education and establishes fair remuneration for such activities;

ISA: provides faculty responsibilities for participation in the programme and fair remuneration conditions.

5.1.5. SA: guarantees that faculty possess practical experience and provides for the appointment of narrow-profile specialists for limited teaching periods according to their qualifications;

ISA: provides that faculty have practical experience and that specialised experts are appointed according to their qualifications.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *qualification requirements for faculty members (academic, pedagogical, clinical achievements, professional experience);*

✓ *institutional and national policies regulating recruitment and appointment of faculty;*

✓ *the process of developing and reviewing кадровую policy (frequency, responsible bodies, considered factors);*

✓ *the balance of faculty composition across biomedical sciences, clinical disciplines, social and behavioural sciences;*

✓ *alignment of staffing policy with the mission of the educational programme and graduate profile;*

✓ *distribution of faculty responsibilities (teaching, research, clinical work), fair remuneration for participation in postgraduate education (SA: existing remuneration/incentive regulations and signed contracts; ISA: remuneration models, draft regulations, and implementation schedule);*

✓ *practices of involving narrow-profile specialists in specific programme components;*

✓ *mechanisms for determining staffing needs and considering local conditions;*

✓ *evidence of relevant practical experience of faculty according to the programme profile; involvement of specialised experts for limited periods — (SA: confirmed cases and qualification requirements; ISA: recruitment regulations and standard requirements for experts);*

✓ *measures for improving recruitment practices considering available resources and financial capacity.*

5.2 Faculty Commitments and Development

The educational institution shall develop and implement a faculty activity and development policy aimed at:

5.2.1. SA: ensuring faculty members have sufficient time for teaching, advising, research activity, and professional development;

ISA: either providing a structural unit or responsible person for faculty development and evaluation.

5.2.2. SA: establishing a structural unit responsible for faculty development and regular evaluation of faculty performance;

ISA: providing that faculty possess practical experience and that specialised experts are appointed according to their qualifications.

5.2.3. supporting faculty in pedagogy, professional development, and research competency development; recognising and rewarding academic and research achievements.

5.2.4. maintaining an optimal (reasonable) teacher–student ratio depending on programme components to ensure personal interaction and monitoring of students.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *existence of a structural unit or body responsible for faculty development and evaluation (SA: workload regulations, individual plans and their implementation; ISA: draft workload regulations and phased implementation plan);*

✓ *responsible unit/persons for faculty development and regular performance evaluation — (SA: existing unit, evaluation procedures, reports; ISA: draft regulations/appointments and roadmap);*

✓ *policy for allocation of faculty time between teaching, advising, research, and professional development;*

✓ *mechanisms for recognition and reward of academic, clinical, and scientific achievements;*

✓ *existing practices of career growth and promotion;*

✓ *professional development programmes (orientation training, pedagogy courses, research competencies, digital technologies, etc.);*

✓ *mechanisms for faculty performance evaluation (self-assessment, peer review, student feedback, internal audit);*

✓ *information and resources provided to new and existing staff for continuous professional development;*

✓ *faculty participation in professional development programmes and incentives for participation;*

✓ *faculty capacity development plans and implementation strategy;*

✓ *optimal teacher–student ratio for different programme components.*

5.3 Number and Qualifications of Faculty and Supervisors

5.3.1. The educational institution shall ensure the availability of faculty and research supervisors:

• with qualifications not lower than the programme level;

• with sufficient research experience to supervise dissertations and projects;

• in numbers allowing compliance with the established teacher–student ratio and ensuring student access to consultations and mentoring.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *compliance of faculty qualifications with the level of training (not lower than programme level);*

✓ *sufficient research experience of supervisors for dissertations and projects;*

✓ *number of faculty and supervisors and their adequacy for programme needs;*

- ✓ *teacher–student ratio and its impact on access to consultations, mentoring, and individual learning trajectories;*
- ✓ *mechanisms for monitoring adequacy and qualifications of academic staff and their connection to programme quality assurance.*

5.4 Administrative and Technical Support

5.4.1. The educational institution shall ensure sufficient administrative and technical support, including support for the educational process and examination procedures, support for research and project activities, and access of faculty and students to the necessary services and infrastructure.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

- ✓ *availability of administrative and technical staff supporting the educational process, examination procedures, and quality monitoring;*
- ✓ *support system for research and project activities (access to databases, methodological assistance, organisational support);*
- ✓ *infrastructure support for faculty and students (IT services, library, simulation centres, laboratories, clinical bases);*
- ✓ *mechanisms ensuring accessibility of services and timely technical support;*
- ✓ *practices of regular evaluation of the adequacy and quality of administrative and technical support.*

6. STANDARD «EDUCATIONAL RESOURCES»

6.1 Educational Environment

Partner educational institutions shall:

6.1.1. SA: guarantee sufficient physical resources (classrooms, laboratories, libraries, simulation centres, etc.) enabling adequate implementation of the curriculum.

ISA: provide sufficient physical resources necessary for curriculum implementation.

6.1.2. ensure a safe educational environment / learning and teaching conditions for students and faculty.

6.1.3. SA: in distance learning formats, provide materials in accessible formats for all students and give clear instructions regarding the use of resources and learning requirements.

ISA: in distance learning formats, provide materials in accessible formats and ensure instructions for their use.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *adequacy of material and technical resources (classrooms, laboratories, libraries, simulation/resource centres, partner sites where applicable): (SA — inventories, classroom/equipment passports, accessibility audit reports; ISA — consolidated requirements, procurement/modernisation plans, budget estimates);*

✓ *regular evaluation and analysis of resource needs: (SA — ongoing surveys, complaint heat maps, committee decisions; ISA — feedback collection regulations, instrument templates, implementation schedule);*

✓ *authority and procedures for prompt allocation of resources to address deficiencies: (SA — examples of redistribution/additional funding; ISA — request initiation and approval procedures);*

✓ *system ensuring a safe educational environment (occupational safety, safety regulations, emergency plans, staff and student training): (SA — briefing records, logs, drill results; ISA — regulations, evacuation routes, training schedules);*

✓ *safety of laboratory/resource work and access to equipment: (SA — admission checklists, operation logs; ISA — instructions and monitoring forms);*

✓ *infrastructure modernisation and development plan: (SA — implemented projects and KPIs; ISA — roadmaps with stages/budgets);*

✓ *distance learning format: accessibility of materials and clear instructions (universal formats, support services): (SA — course repositories, student guides, support service regulations; ISA — format requirements and communication scripts).*

6.2 Information Technologies

Partner educational institutions shall:

6.2.1. SA: develop and implement a policy aimed at effective use and evaluation of ICT in the educational programme.

ISA: provide for the existence of a policy on the use of ICT in the educational programme.

6.2.2. ensure that faculty and students are able to use ICT for independent learning and access to information.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *policy on the use of ICT in the programme and mechanisms for its implementation (SA — approved policy, responsible persons, monitoring reports; ISA — draft policy, responsibility matrix, implementation plan);*

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

- ✓ *unit/responsible persons for ICT implementation and monitoring (SA — composition, regulations, metrics; ISA — organisational structure and job descriptions);*
- ✓ *access to e-resources (electronic libraries, databases, e-books/journals, plagiarism detection systems, data repositories): (SA — active subscriptions and usage statistics; ISA — pending applications/contracts, needs assessment);*
- ✓ *evaluation of ICT quality and adequacy (SA — reports, LMS analytics; ISA — evaluation methodology and survey plan);*
- ✓ *training of faculty and students in digital platforms (SA — training curricula, completion logs; ISA — course catalogues and launch schedules);*
- ✓ *equal access to information and services (SA — implemented accommodations; ISA — accessibility requirements and checklists);*
- ✓ *ICT development/upgrade and funding plans (SA — approved budgets, implemented upgrades; ISA — plans, roadmaps, budget requests).*

7. STANDARD «EVALUATION OF THE EDUCATIONAL PROGRAMME»

7.1 Mechanisms for Monitoring, Control and Programme Evaluation

Partner educational institutions shall:

7.1.1. SA: have regulated procedures for monitoring and periodic evaluation of the educational programme, including learning outcomes, student progress, and academic performance.

ISA: provide procedures for programme monitoring and evaluation, including learning outcomes and student progress.

7.1.2. SA: guarantee that monitoring and evaluation results are used for programme improvement.

ISA: ensure that monitoring and evaluation results are used in programme management decisions.

7.1.3. SA: periodically evaluate the programme by comprehensively reviewing the educational process, programme components, intended learning outcomes, and social responsibility.

ISA: provide for programme evaluation considering the educational process, programme structure, and intended learning outcomes.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *formalised procedures for monitoring and periodic programme evaluation (SA — approved regulations, protocols, review cycle calendar; ISA — draft regulations and implementation roadmap);*

✓ *monitoring objects (learning outcomes, progress, performance, satisfaction, resources): (SA — metric lists and actual reports; ISA — indicator model and reporting templates);*

✓ *data sources (exams/tests, projects, thesis/portfolio defence, rubrics, LMS reports, attendance, faculty workload): (SA — extracts and analytics; ISA — source descriptions and integration protocols);*

✓ *independent monitoring: structure, authority, reporting (SA — committee composition and recommendation examples; ISA — regulations on composition and role);*

✓ *use of results for improvements and management decisions (CAPA): (SA — examples of changes and CAISA implementation; ISA — PDCA cycle and pilot plans);*

✓ *comprehensive evaluation including social responsibility (SA — programme review reports; ISA — methodologies and schedule);*

✓ *communication of results to stakeholders and risk management (SA — published summaries/reports; ISA — communication matrix and disclosure regulations).*

7.2 Feedback from Faculty and Students

Partner educational institutions shall:

7.2.1. SA: systematically collect and review feedback from faculty and students.

ISA: provide for collection and review of feedback from faculty and students.

7.2.2. SA: use feedback results to adjust and improve the programme.

ISA: provide for the use of feedback results to improve the programme.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *feedback collection mechanisms (surveys, interviews, focus groups, working groups): (SA — active instruments and reports; ISA — approved templates and survey plans);*

✓ *analysis of feedback, identification of strengths/problems (SA — analytical reports, improvement matrices; ISA — analysis methodology);*

- ✓ *use of feedback to revise programme content, teaching and assessment methods (SA — examples of implemented changes; ISA — regulations on application of results);*
- ✓ *involvement of students, faculty, graduates, employers (SA — participant lists and minutes; ISA — engagement plan and selection criteria);*
- ✓ *informing respondents about actions taken; anonymity and ethics (SA — “you said — we did” reports; ISA — confidentiality policy and operational procedures).*

7.3 Student Academic Achievement

Partner educational institutions shall:

7.3.1. SA: analyse the academic performance of students and graduates in accordance with programme goals and intended learning outcomes.

ISA: ensure analysis of students' academic performance in accordance with goals and learning outcomes.

7.3.2. SA: use academic achievement analysis to improve programme content and teaching methods.

ISA: provide for the use of academic achievement analysis to refine programme content and teaching methods.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

- ✓ *statistics on academic performance of students and graduates (exams, assessments, final certification, retakes, dismissals, certification/licensing results): (SA — exam/grade statistics, retakes, thesis defence; ISA — analytics model and dashboard templates);*
- ✓ *monitoring of student progress throughout the programme;*
- ✓ *alignment of assessment tools and academic achievement with programme goals and intended learning outcomes;*
- ✓ *analysis of performance data using statistics and correlation with resources and educational environment;*
- ✓ *use of academic achievement analysis for revising programme content, teaching methods, and student advising (SA — examples of revisions; ISA — regulations for data-driven decision-making);*
- ✓ *application of academic achievement data for student selection and educational resource planning (SA — decisions and resource allocation; ISA — methodology and application rules);*
- ✓ *connection between performance data and programme mission/graduate profile, as well as graduate outcomes analysis (employment, further education, profile alignment): (SA — collected graduate trajectories; ISA — tracking plan and tools).*

7.4 Approval and Monitoring of the Educational Environment

Partner educational institutions shall:

7.4.1. SA: provide evidence of programme approval by a competent body based on clearly defined criteria.

ISA: provide evidence of programme approval by a competent body.

7.4.2. SA: ensure regular programme review and monitoring in accordance with qualification requirements.

ISA: provide for programme review and monitoring in accordance with national qualification requirements.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

- ✓ *evidence of programme approval by a competent body (university or state regulator) in accordance with established criteria (SA — orders/acts, expert conclusions; ISA — compiled approval documentation package);*

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

- ✓ *compliance of the programme with national and international qualification requirements and standards;*
- ✓ *regularity of programme review and monitoring mechanisms (SA — schedules, review reports, implemented changes; ISA — review regulations and schedule);*
- ✓ *use of internal quality assurance tools (internal audits, peer review, assessment moderation, monitoring of rotations and placements): (SA — reports and corrective actions; ISA — procedures and checklists);*
- ✓ *participation of administration, faculty, students, and partners in programme approval and monitoring (SA — minutes and public reports; ISA — communication plan);*
- ✓ *practices for communicating review and monitoring results to stakeholders;*
- ✓ *relationship between monitoring results and curriculum updates, resource allocation, and risk management (SA — examples of decisions/reallocations; ISA — escalation and decision-making procedures).*

8. STANDARD «GOVERNANCE AND ADMINISTRATION»

8.1 Governance

Partner educational institutions shall:

8.1.1. appoint a person responsible for the educational programme (director/academic leader) accountable for programme implementation and reporting to university management.

8.1.2. approve the governance structure of the educational programme, including distribution of authority, establishment of working and advisory bodies, and conflict-of-interest prevention procedures.

8.1.3. ensure/provide openness of governance and transparency of decisions through regulated procedures and access to official information.

Suggested Areas for Evaluation

The self-evaluation report is recommended to reflect:

✓ *governance structure of the educational programme, its components, distribution of powers and functions (SA — approved regulations/org charts, protocols; ISA — draft regulations/org charts, approval schedule);*

✓ *appointment of the programme director/academic leader and their accountability to the university;*

✓ *participation of academic staff, students, and other stakeholders in governance structures (SA — committee compositions/participation quotas, minutes; ISA — representation regulations and inclusion criteria);*

✓ *conflict-of-interest prevention and decision-making transparency mechanisms (SA — policy, declarations, reviewed cases; ISA — draft policy, declaration forms, review procedures);*

✓ *regulated procedures ensuring openness of governance and accessibility of official information (SA — register of published documents, website pages, response timelines; ISA — disclosure and inquiry-handling regulations);*

✓ *procedures for governance effectiveness control and risk identification (SA — risk register, internal/external audit reports, corrective actions; ISA — effectiveness assessment methodology, risk register templates, review calendar);*

✓ *description of relationships between the educational institution and the university (if implemented as a subdivision/branch): (SA — cooperation agreements, coordination protocols; ISA — draft agreement and responsibility matrix).*

8.2 Academic Leadership

Partner educational institutions shall:

8.2.1. define and formalise the responsibilities of academic leadership (the programme director and other responsible officials) regarding the development, implementation and coordination of the educational programme.

8.2.2. SA: conduct regular evaluation of academic leadership performance, taking into account achievement of the programme mission, intended learning outcomes, compliance with the principles of objectivity and prevention of conflicts of interest.

ISA: *provide for evaluation of academic leadership performance with consideration of achievement of the mission and intended learning outcomes.*

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *responsibilities of the academic leader and other responsible officials regarding programme development, implementation and coordination (SA — approved job descriptions and distribution of responsibilities; ISA — draft job descriptions and responsibility matrix);*

✓ *academic governance structure with distribution of responsibilities across programme components (SA — operational regulations and meeting schedules; ISA — regulations on committees and implementation plan);*

✓ *procedures for evaluation of academic leadership performance (achievement of the mission, intended learning outcomes, compliance with principles of objectivity and prevention of conflicts of interest) (SA — evaluation reports, KPIs, decisions based on evaluation results; ISA — criteria, frequency, self-reporting forms and review procedures);*

✓ *participation of faculty and students in decision-making, including analysis of social or cultural barriers affecting their participation (SA — meeting minutes with voting records and feedback; ISA — inclusion procedures and measures to broaden participation).*

8.3 Programme Management

Partner educational institutions shall:

8.3.1. SA: ensure the availability of a qualified academic leader (with qualifications exceeding the programme level) and administrative staff responsible for planning, organisation and support of the programme.

ISA: ensure the availability of an academic leader and administrative staff responsible for supporting programme implementation.

8.3.2. SA: establish distribution of authority and responsibilities for management of all programme components, including the educational process, assessment procedures, research activities and resources.

ISA: establish distribution of authority and responsibilities for management of programme components, including the educational process and resources.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *availability of a qualified academic leader (with qualifications exceeding the programme level) and administrative staff responsible for programme implementation (SA — staffing tables, evidence of qualifications, distribution of roles; ISA — qualification requirements, recruitment/appointment plan and timelines);*

✓ *distribution of authority and responsibilities for management of all programme components (educational process, assessment procedures, research activities, resources) (SA — operational regulations and process maps; ISA — draft distribution scheme, RACI matrix and implementation plan);*

✓ *description of administrative functions and programme management structure;*

✓ *number of administrative staff and its adequacy for the programme scale (SA — workload standards and ratios; ISA — staffing needs assessment and justification of positions);*

✓ *existence of a programme quality assurance system for management and mechanisms for its evaluation (SA — service KPIs, regular reports/metric dashboards; ISA — monitoring plan, list of indicators and frequency).*

8.4 Requirements and Regulatory Compliance

Partner educational institutions shall:

8.4.1. SA: ensure that programme administrative processes and procedures include an internal quality assurance system and comply with national and international regulatory requirements, including procedures for recognition of academic qualifications.

ISA: provide that programme administrative processes include elements of the internal quality assurance system and comply with national regulatory requirements.

8.4.2. SA: have a formalised process for expert evaluation and approval of the programme upon launch, as well as procedures for regular review and reapproval.

ISA: provide for a process of expert evaluation and approval of the programme upon launch.

8.4.3. ensure official approval of the educational programme by a competent authority (university or governmental regulator) for admission of learners.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *compliance of administrative processes with national and international regulatory requirements (including procedures for recognition of academic qualifications) (SA — internal quality assurance policy, audit/external evaluation reports; ISA — IQA regulations and implementation roadmap);*

✓ *existence and description of internal quality assurance procedures and their integration into programme processes;*

✓ *existence of a formalised process for expert evaluation and approval of the programme upon launch (SA — expert reviews, orders, review committee minutes; ISA — draft regulations for programme launch/review and committee composition);*

✓ *procedures for regular programme review and reapproval;*

✓ *evidence of official programme approval by a competent authority (university or governmental regulator).*

8.5 Administrative Support

Partner educational institutions shall:

8.5.1. ensure the availability of qualified administrative and professional staff responsible for support of the educational programme and related processes (educational, organisational, research and others).

8.5.2. SA: ensure effective management and rational allocation of resources for sustainable programme implementation.

ISA: *provide for management and allocation of resources for sustainable programme implementation.*

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *availability of qualified administrative and professional staff supporting the educational process, assessment, research and organisational functions (SA — staffing/profiles of competencies, development plans; ISA — job profiles and staffing plan);*

✓ *distribution of responsibilities for management of all programme components;*

✓ *practice of rational resource allocation for sustainable programme implementation (SA — optimisation/reallocation case examples; ISA — budgeting methodology and prioritisation procedures);*

✓ *how the administrative structure and decision-making process support effective programme functioning (SA — metrics on request processing, scheduling, recording of results; ISA — process maps and target regulations);*

✓ *reporting system for administration regarding teaching, learning and research activities (SA — standardised reports and reporting cycles; ISA — report templates and submission schedule).*

8.6 Financing and Resource Allocation

Partner educational institutions shall:

8.6.1. SA: establish responsibilities and authority for provision of programme resources; provide a separate educational budget; ensure transparent use of funds, including informing learners about tuition fees.

ISA: *define responsibilities and authority for provision of programme resources and transparent use of funds.*

8.6.2. SA: ensure autonomy in allocation of financial resources necessary for implementation of the curriculum.

ISA: provide for allocation of financial resources necessary for implementation of the curriculum.

8.6.3. SA: demonstrate long-term financial sustainability of the programme.

ISA: provide evidence of programme financial viability.

8.6.4. ensure proper financial management and transparency.

The self-evaluation report is recommended to include:

- ✓ *programme financing system and existence of a separate educational budget;*
- ✓ *transparency of financial resource utilisation, including informing learners about tuition fees (mandatory and additional expenses);*
- ✓ *programme autonomy in allocation of financial resources for curriculum implementation (SA — examples of reallocation decisions, limits and delegated authority; ISA — delegation regulations and approval procedures);*
- ✓ *evidence of long-term financial sustainability of the programme (SA — medium-term financial plan, stress scenarios; ISA — sustainability model, criteria and review triggers);*
- ✓ *alignment between budget allocation and the programme mission and objectives;*
- ✓ *proper financial management and mechanisms for monitoring financial transparency (SA — internal control system, audit/compliance review results; ISA — internal control policies and risk map).*

8.7 Public Information

Partner educational institutions shall:

8.7.1. SA: provide applicants with complete and reliable information on programme content, structure, tuition fees and the learning process.

ISA: provide applicants with complete and reliable information on programme content, structure and tuition fees.

8.7.2. use various channels for dissemination of information (official website, printed and electronic materials, consultations, etc.).

8.7.3. SA: provide learners with a detailed programme guide (student handbook) including the mission and objectives, curriculum structure, teaching and assessment methods, academic requirements, resources and support services.

ISA: provide learners with a programme guide including the mission, objectives, curriculum structure, teaching and assessment methods, academic requirements and available resources.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

- ✓ *information provided to applicants: programme structure, content, tuition fees and learning process (SA — current webpages/brochures with update dates; ISA — draft materials, regulations for updates and verification of accuracy);*
- ✓ *information dissemination channels used (official website, printed and electronic materials, consultations, etc.) (SA — media plan and outreach reports; ISA — communication strategy and communication calendar);*
- ✓ *availability and content of the programme guide (student handbook): mission and objectives, curriculum structure, teaching and assessment methods, academic requirements, resources and support services (SA — published current version and evidence of communication to students; ISA — structure/content plan and publication timeline);*
- ✓ *information provided regarding graduate employment and career opportunities (SA — published reports and data collection methodology; ISA — plan for collection/verification and publication format);*

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

- ✓ *mechanisms ensuring openness and accessibility of information for all stakeholders (SA — open data/FAQ registry, accessibility indicators; ISA — accessibility requirements and publication procedures);*
- ✓ *publication of objective data on graduate employability and employment outcomes.*

9. STANDARD «CONTINUOUS RENEWAL»

This standard applies only to specialised accreditation — SA

Partner educational institutions shall:

9.1.1. initiate regular review and updating of the educational programme (objectives, structure, content, teaching and assessment methods, learning environment), document identified deficiencies and ensure their elimination.

9.1.2. base the renewal process on the results of internal and external programme evaluation, scientific evidence, prospective studies, and analysis of the needs of society and the healthcare system.

9.1.3. ensure adaptation of the mission, objectives and intended learning outcomes in accordance with developments in science, socio-economic and cultural changes, as well as labour market demands.

9.1.4. update the structure, content and duration of the programme in line with advances in biomedical, social and clinical sciences, as well as changes in demographic and epidemiological conditions.

9.1.5. improve teaching, learning and assessment methods to ensure alignment with updated learning outcomes and modern educational approaches.

9.1.6. review student admission policies and academic staff policies in accordance with changing needs of the healthcare system and educational environment.

9.1.7. ensure updating of educational resources and the organisational structure of programme management in accordance with changing conditions and stakeholder needs.

Indicative areas for evaluation:

The self-evaluation report is recommended to include:

✓ *availability of approved and formalised procedures for regular review and revision of the educational programme (objectives, structure, content, teaching methods, assessment and learning environment), as well as the established review cycle/frequency;*

✓ *mechanisms for identifying deficiencies, documenting review outcomes, and examples of actions taken to address identified gaps;*

✓ *the basis on which the programme renewal process is built (internal and external quality evaluation, accreditation recommendations, scientific evidence, prospective forecasts, analysis of societal and healthcare system needs);*

✓ *mechanisms for using the above data in programme revision, including involvement of external experts, employers, professional communities, students, graduates and other stakeholders;*

✓ *practice of reviewing the mission, objectives and intended learning outcomes in response to changes in science, economy, culture and labour market demands, including examples of revisions introduced in recent years;*

✓ *alignment of programme content with current advances in biomedical, clinical and social sciences, taking into account demographic and epidemiological changes;*

✓ *examples of changes introduced to programme structure, duration and disciplinary content;*

✓ *examples of implementation of innovative pedagogical technologies (simulation-based learning, problem-based learning, blended learning, etc.), revision of assessment methods in line with updated learning outcomes, as well as pilot projects for testing new methods and evaluation of their results;*

✓ *changes in student admission policy in accordance with healthcare and societal needs;*

✓ *review of academic staff policy: updated requirements for faculty, support for professional development, examples of adjustments in the size and profile of academic staff;*

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

- ✓ *practice of updating educational resources (classrooms, laboratories, ICT, simulation centres, library resources) and adjustments to the organisational structure of programme management;*
- ✓ *mechanisms for considering stakeholder opinions in resource allocation and changes to the governance structure;*
- ✓ *examples of recently implemented and planned activities aimed at ensuring timely programme response to changing conditions;*
- ✓ *allocation of resources (financial, human and infrastructural) to support continuous programme improvement.*

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 PANEL

To _____
name of the EO

Date of visit: _____ 202__

Arrival day: _____ 202__

Departure day: _____ 202__

Accredited EP
(in case of programme accreditation)

Cluster 1	JEP
	JEP
	JEP
Cluster 2	JEP
	JEP
	JEP
Cluster 3	JEP
	JEP
	JEP

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

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

Date and time	Work of EEP with target groups	Full name and position of target group members	Location
	issues and the programme of the visit)		
18.00-19.00	Dinner (EEP 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 EEP
9.30-10.00	Meeting with the head of the EO	<i>Director (Full management)</i>	Director's office at EO
10.00-10.30	Meeting with deputy heads of EO (vice-rector, deputy director, vice-presidents)	<i>Position, full name</i>	Main building, Conference office
10.30-11.15	Meeting with heads of organisational units of EO	<i>Position, full name (or Appendix № _)</i>	Main building, Conference office
11.15-11.30	Coffee break with internal discussion	<i>EEC members only</i>	EEP office
11.30-12.45	Visual inspection of the EO (in the case of programme accreditation, only objects under the accredited JEP)	<i>Position, full name</i>	Along the route
13.00-14.00	Lunch (EEP members only)	Lunch break	
14.00-14.15	EEP work		EEP office
14.15-15.00	Meeting with the heads of the accredited JEP	<i>Position, full name (or Appendix № _)</i>	Main building, Conference office
15.00-15.45	Meeting with heads of departments of accredited JEP	<i>Position, full name (or Appendix № _)</i>	Main building, Conference office
15.45-16.00	Coffee break with internal discussion	<i>EEP members only</i>	
16.00-17.00	Meeting with teachers of accredited JEP	<i>Lists of teachers (Appendix № _)</i>	11-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	EEP work (discussion of the results and summing up the results of 1 day)		EEP office
18.00-19.00	Dinner (EEP members only)		
Day 2: " _ " _ 202 _			
09.00-09.30	EEP work (discussion of		EEP office

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

Date and time	Work of EEP with target groups	Full name and position of target group members	Location
	organisational issues)		
09.30-12.30	Visiting the graduating departments of JEP (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 EEP (exchange of views)		Academic building №2
13.00-14.00	Lunch (EEP members only)	Lunch break	
14.00-15.00	Meeting with students	<i>Students of accredited JEP (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 JEP</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 EEP members</i>	EEP office
16.30-17.00	Meeting with JEP alumni	<i>Graduates - representatives for each JEP (Appendix No._)</i>	Course lecture room №1
17.00-18.00	EEP work (discussion of the estimated parameters of profile, discussion of the results and summarising conclusions 2 days)	<i>only EEP members</i>	EEP office
18.00-19.00	Dinner (EEP members only)		
Day 3: " _ " _____ 202__			
09.00-09.30	EEP work (discussion of organisational issues)		EEP 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	EEP work (collegial agreement and preparation of oral preliminary review on results of visit by EEP)		EEP office
13.00-14.00	Lunch (EEP members only)	Lunch break	
14.00-	EEP work		EEP office

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

Date and time	Work of EEP with target groups	Full name and position of target group members	Location
16.30			
16.30-17.00	Final meeting of EEP with management of the EO	Heads of the university and structural divisions	Main building, conference office
18.00-19.00	Dinner (EEP members only)		
According to the schedule	<i>Departure of the EEP members</i>		
« » 2022.			
According to the schedule	<i>Departure of the EEP 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 JEP.

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

The EO Coordinator facilitates the provision of the necessary additional information about the JEP 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	
Full name of the EO-partner	
Contact Information of the EO-partner	
Founders	
Founders of the EO-partner	
Year of foundation (name, renaming (when implemented)	
Current accreditation status	
Location / registration	
Location / registration of the EO-partner	
Rector / Head of EO	
Rector / Head of EO of the EO-partner	

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

License (title document)	
License of the EO-partner (title document)	
Number of students (total, in terms of forms of study: full-time, part-time)	
Number of students of the EO-partner (total, in terms of forms of study: full-time, part-time)	
Cooperation agreement/document	
Specialised profile	<i>Double-degree programme</i>
Date of submission of the self-assessment report	
Name of contact person for preparation of the report	
Level of education of the joint educational programme in accordance with the National Qualifications Framework (NQF) (for example, levels 6, 7, 8) and the Qualifications Framework of the European Higher Education Area (QF-EHEA) (for example, first, second or third cycle)	
Information about the group that conducted the self-assessment	

Table 2

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

PART I	<i>Samples</i>
JEP (S)	<i>"Public health" (programme code)</i>
Level / Period of study	<i>"Medicine" (programme code)</i>
Structural unit (head)	<i>Undergraduate / ___ years</i>
Main departments (heads of departments)	<i>Faculty / Department "Name"</i>
Dates of the external site visit	<i>Head name, position, academic degree, title</i>
Person in charge of accreditation (tel./fax / e-mail)	<i>Department of "Public Healthcare"</i>
Number of ECTS credits	<i>Head name, position, academic degree, title</i>
Duration of study, form of study	<i>Day month Year.</i>
Training start date	<i>Name, position, academic degree, title</i>
Date of introduction of the educational programme	<i>Contact details</i>
Previous accreditation	
Requirements for applicants	<i>Number of semesters, form of study (full-time, distance, mixed)</i>
Further education opportunities (upon completion of the programme)	<i>winter semester / summer semester</i>
Goals and objectives of the JEP	<i>Day month Year</i>
Brief description of the JEP	<i>Date, duration, accreditation agency</i>
Learning outcomes	<i>Requirements according to state and EO documents</i>
Specialisation	<i>List the levels and titles of the EP</i>
Additional characteristics	
Number of admitted students	<i>Briefly describe structure of EP</i>

Cost of education	<i>List final learning outcomes</i>
Employability	<i>Direction of training</i>

1.2 Presentation of EO, JEP 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 JEP 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 EEP.

II. Main part. Compliance with the Standards of Accreditation (70-80 pages)

The evidentiary and analytical material developed based on the results of the self-assessment of the JEP 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 JEP EO 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 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 JEP EO with the criteria of this standard, thus consistently reflects the results of self-assessment.

Justifications of the positions of the EO JEP (strong, satisfactory, suggests improvement, unsatisfactory) are given in accordance with the evaluation of the criteria by the JEP 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 JEP (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 JEP 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 JEP profile" (section "Conclusion of the Self-Assessment Commission") is provided with a note on the compliance of the JEP with the criteria (strong/ satisfactory/ suggest improvements/ unsatisfactory) of the evaluation table, considered as the conclusions of the self-assessment working group.

Conclusion of the Self-Assessment Commission

* Completed in the case of international specialised accreditation (SA) of the joint educational programme.

№	№	№	ASSESSMENT CRITERIA	Assessment Indicators			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
1. STANDARD “MISSION AND OUTCOMES”							
1.1 Right to Participate. Eligibility							
Partner organisations of education shall:							
1	1	1.1.1.	be recognised by the authorities of the countries in which they are located that regulate education in healthcare and confirm compliance with established quality standards and requirements				
2	2	1.1.2.	ensure participation in implementation of the joint educational programme (JEP), and compliance of the awarded academic degree/qualification with the national qualifications framework and regulatory acts of the countries in which the educational organisations are located				
3	3	1.1.3	have a Cooperation Agreement between partner educational organisations, which shall include: <ul style="list-style-type: none"> • information on the academic degree (qualification) awarded upon completion of the JEP; • coordination and responsibilities of the involved partner educational organisations regarding governance and financial arrangements (including funding, sharing of costs and revenues, etc.); • admission and selection rules for learners; • language of instruction, mobility of learners and academic staff; examination regulations, methods for assessment of achieved learning outcomes, recognition of ECTS credits and procedures for awarding joint academic degrees (qualifications) 				
1.2 Institutional Autonomy and Academic Freedom							
Definition of Mission							
Partner educational organisations shall jointly:							
4	4	1.2.1.	define the mission of the joint educational programme (JEP) at the postgraduate level and communicate it to stakeholders and the healthcare sector of the countries in which the educational organisations are located				
5	5	1.2.2.	define an educational programme enabling preparation of a specialist at the postgraduate level in healthcare in the countries where the educational organisations are located, who is: <ul style="list-style-type: none"> • competent in any field of healthcare, including all types of practice, healthcare management and organisation; • capable of working independently at a high professional level and, where necessary, within a team; <ul style="list-style-type: none"> ▪ committed to lifelong learning, including professional responsibility for maintaining the level of knowledge and skills through performance evaluation, audit, review of personal practice and recognised CPD/CME activities 				
6	6	1.2.3	guarantee that the mission of the JEP includes consideration				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			of healthcare needs of the community or society, aspects of social responsibility, and the needs of the healthcare systems of the countries in which the educational organisations are located				
7	7	1.2.4.	promote organisation and conduct of research activities of postgraduate learners, as well as innovation in the educational process, enabling development of broader competences than the minimum required in the countries where the educational organisations are located.				
1.3 Institutional Autonomy and Academic Freedom							
Partner educational organisations shall:							
8	8	1.3.1.	have a training process based on recognised basic medical and pharmaceutical education that contributes to strengthening professionalism of learners in the countries where the educational organisations are located.				
9	9	1.3.2.	guarantee that the training process promotes professional autonomy, enabling graduates to act in the best interests of patients and society in the countries where the educational organisations are located				
1.4. Learning Outcomes							
Partner educational organisations shall:							
10	10	1.4.1.	define the expected learning outcomes (LOs) of graduates, which include: <ul style="list-style-type: none"> • knowledge, skills and professional behaviour corresponding to the postgraduate level of education; • a foundation for future academic or professional career development; • readiness to perform roles within the healthcare sector; • commitment to and skills for lifelong learning; ▪ consideration of societal needs and social responsibility 				
11	11	1.4.2.	define general and discipline-/specialty-specific components of the learning outcomes that learners are expected to achieve				
12	12	1.4.3.	ensure appropriate professional behaviour of learners towards peers, academic staff, healthcare personnel, patients and their relatives.				
13	13	1.4.4.	define expected learning outcomes based on the prior educational level of the countries in which the educational organisations are located				
1.5. Participation in Formulation of the Mission and Learning Outcomes							
Partner educational organisations shall:							
14	14	1.5.1.	ensure participation of key stakeholders from the countries in which the educational organisations are located in formulation of the mission and expected learning outcomes				
15	15	1.5.2.	ensure that the declared mission and expected learning outcomes are based on opinions/suggestions of other stakeholders from the countries in which the educational organisations are located				
<i>Total by Standard</i>							
2. STANDARD “EDUCATIONAL PROGRAMME”							
2.1 Educational Approach							
Partner educational organisations shall:							
16	1	2.1.1.	define the educational approach based on the expected learning outcomes and formal qualification credentials provided as the basis for official recognition of a specialist in the chosen field of medicine at national and international levels, established by international requirements (e.g., EU Directive 2005/36)				
17	2	2.1.2.	define the educational approach based on the learning outcomes of prior education in the countries where the educational organisations are located, systematically and				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			transparently including and supporting the learner in taking responsibility for their own learning process				
18	3	2.1.3.	describe general and discipline-/specialty-specific components of education; use teaching and learning methods appropriate for both practice and theory; define teaching and learning methods that stimulate, prepare and support learners in taking responsibility for their own learning process				
19	4	2.1.4.	guarantee that the educational programme is implemented in accordance with the principles of equality				
20	5	2.1.5.	guide learners through mentorship, regular assessment and feedback, progressively increasing the learner's independent responsibility as their skills, knowledge and experience improve.				
2.2 Scientific Method							
Partner educational organisations shall:							
21	6	2.2.1.	instill in learners the principles of scientific methodology appropriate to the postgraduate level of education and provide evidence that learners achieve knowledge and understanding of the scientific basis and methods of the selected field of healthcare in the countries where the educational organisations are located.				
22	7	2.2.2.	ensure that learners master the principles of evidence-based practice through access to educational and research cases, databases, and clinical/practical experience				
23	8	2.2.3.	include in the joint educational programme (JEP) training in critical appraisal of literature and data, research analysis, ensure access to research projects, and regularly update programme content.				
2.3 Educational Content							
Partner educational organisations shall:							
24	9	2.3.1.	include disciplines in: biomedical sciences; clinical sciences; social and behavioural sciences; ethics; law; public health; management and communication				
25	10	2.3.2.	organise the educational process with particular attention to patient safety and compliance with ethical standards				
26	11	2.3.3.	regularly update programme content in accordance with changing needs of society and healthcare.				
2.4 Structure, Composition and Duration of the Educational Programme							
Partner educational organisations shall:							
27	12	2.4.1.	describe the content, volume and sequence of courses; distinguish between compulsory and elective components; integrate practice and theory; ensure compliance with national legislation				
28	13	2.4.2.	take into account prior educational outcomes when selecting the programme profile; define requirements for the roles of graduates within the healthcare system				
2.5 Relationship Between Education and Healthcare Practice							
Partner educational organisations shall:							
29	14	2.5.1.	SA: describe and ensure integration of theory and practice, including workplace-based learning and internships. ISA: provide for integration of theoretical training and practical development, including internships				
30	15	2.5.2.	effectively use healthcare system resources for educational purposes; guarantee that practical training has an educational nature and is not solely subordinated to service delivery				
2.6 Management of Education							
Partner educational organisations shall:							
31	16	2.6.1.	define responsibilities and authority for organisation, coordination, management and evaluation of the educational process and learning environment				
32	17	2.6.2.	include appropriate representation of academic staff, learners and other key relevant stakeholders from the countries in				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			which the educational organisations are located in planning and development of the educational programme.				
33	18	2.6.3.	ensure diverse training locations, coordinate multiple training sites to provide appropriate access to different aspects of the selected field of healthcare, and provide access to resources necessary for planning and implementation of teaching methods, learner assessment and introduction of innovations in the educational programme				
<i>Total by Standard</i>							
3. STANDARD “ASSESSMENT OF LEARNERS”							
3.1 Assessment Methods							
Partner educational organisations shall:							
34	1	3.1.1.	define and approve the principles, methods and practices used for learner assessment, including the number of examinations, criteria for establishing passing scores and grades, and the number of permitted resits				
35	2	3.1.2.	guarantee that assessment procedures cover learners’ knowledge, skills, academic attitudes and professional behaviour				
36	3	3.1.3.	use a broad range of assessment methods and formats according to their “utility assessment”, including a combination of validity, reliability, educational impact, acceptability and effectiveness of the methods used.				
37	4	3.1.4.	guarantee openness of assessment processes and methods for review by external examiners, examination boards or other competent bodies.				
38	5	3.1.5.	ensure a system for prevention of conflicts of interest and an appeals mechanism regarding learner assessment results				
39	6	3.1.6.	ensure transparency of assessment procedures and results, and inform learners about the assessment criteria and procedures used.				
40	7	3.1.7.	document and evaluate the reliability and validity of assessment methods, involve external examiners, introduce new assessment methods in accordance with identified needs, encourage review by external experts and, where necessary, organise a “second opinion”, replacement of academic staff or additional training.				
3.2 Relationship Between Assessment and Learning							
Partner educational organisations shall:							
41	8	3.2.1.	use assessment principles, methods and practices that are aligned with the planned learning outcomes and teaching and learning methods, ensure achievement of the planned learning outcomes, support learning, and provide an appropriate balance between formative and summative assessment for guiding learning and making decisions on academic performance.				
42	9	3.2.2.	adjust the number and nature of examinations in order to stimulate both acquisition of knowledge and integrated learning.				
43	10	3.2.3.	ensure timely, specific, constructive and fair feedback to learners based on assessment results.				
<i>Total by Standard</i>							
4. STANDARD “LEARNERS”							
4.1 Admission and Selection Policy							
Partner educational organisations shall:							
44	1	4.1.1.	define, publish, regularly review and implement an admission policy based on the principles of objectivity, equality and consideration of prior achievements.				
45	2	4.1.2.	ensure balance between programme capacity and the number of admission places; apply clear selection criteria.				
46	3	4.1.3.	have a policy and implement admission practices for learners with disabilities in accordance with applicable laws and				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			regulatory legal documents of the countries in which the educational organisations are located.				
47	4	4.1.4.	have a policy and implement practices for transfer of learners from other educational organisations, including foreign institutions				
48	5	4.1.5.	establish a link between selection procedures and the mission of the educational organisation, the joint educational programme (JEP), and the desired quality of graduates; provide an appeals mechanism regarding admission decisions				
49	6	4.1.6.	use a system for appealing admission decisions, guarantee transparency of the selection procedure, and periodically review the admission policy based on relevant social and professional data in order to meet healthcare and societal needs in the countries where the educational organisations are located. transparency of the selection procedure				
4.2 Student Intake							
Partner educational organisations shall:							
50	7	4.2.1.	determine the number of admitted learners in accordance with the capacity of the educational organisation at all stages of the educational programme				
51	8	4.2.2.	regulate the number and composition of admitted learners, taking into account the views of stakeholders responsible for planning and development of human resources in the healthcare sector, in order to meet healthcare needs of the population and society in the countries where the educational organisations are located.				
52	9	4.2.3.	periodically review the number and composition of admitted learners through consultations with other stakeholders and regulate intake in order to meet healthcare needs of the population and society in the countries where the educational organisations are located.				
4.3 Student Advising and Support							
Partner educational organisations shall:							
53	10	4.3.1.	have a system of academic advising for learners.				
54	11	4.3.2.	offer support programmes addressing learners' academic, social, financial and personal needs, while ensuring confidentiality				
55	12	4.3.3.	organise a learner feedback system regarding learning conditions and the educational process				
56	13	4.3.4.	ensure issuance of a diploma and supplement (transcript) confirming the qualification obtained				
57	14	4.3.5.	take into account learner diversity and provide opportunities for individual educational pathways.				
58	15	4.3.6.	provide advising based on monitoring of learner progress (career planning, support in cases of professional crisis; confidentiality).				
4.4 Learner Representation							
Partner educational organisations shall:							
59	16	4.4.1.	develop and implement a learner representation policy ensuring learner participation in formulation of the mission, development, management and evaluation of the programme				
60	17	4.4.2.	encourage and support learner participation in decision-making, student organisations and student self-governance.				
4.5. Graduation Requirements							
Partner educational organisations shall:							
61	18	4.5.1	establish graduation requirements, including successful completion of all programme components (modules, project/dissertation, portfolio), as well as demonstration of research skills and critical analysis				
4.6. Progress and Dismissal							
Partner educational organisations shall:							

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

62	19	4.6.1	establish rules and monitoring of learner progress: define deadlines for completion of assignments, conditions for resits, maintain records of learner progress and reasons for dismissal/withdrawal, and implement a support system for learners at risk of academic failure				
<i>Total by Standard</i>							
5. STANDARD “ACADEMIC STAFF / FACULTY”							
Recruitment Policy							
The educational institution shall develop and implement a staff recruitment and selection policy that:							
63	1	5.1.1.	establishes selection criteria for applicants based on academic, teaching, and clinical/professional achievements, including a balance between teaching, research, and clinical qualifications				
64	2	5.1.2.	defines the responsibilities of faculty members, including the balance between teaching, research, and other functions, taking into account the mission of the joint educational programme, the needs of the education system, and the healthcare needs of the countries where the partner institutions are located				
65	3	5.1.3.	considers the required pedagogical and professional experience when appointing staff				
66	4	5.1.4.	defines faculty responsibilities for participation in postgraduate education and establishes fair remuneration for such activities.				
67	5	5.1.5.	guarantees that faculty possess practical experience and provides for the appointment of narrow-profile specialists for limited teaching periods according to their qualifications.				
5.2 Faculty Commitments and Development							
The educational institution shall develop and implement a faculty activity and development policy aimed at:							
68	6	5.2.1.	Sensuring faculty members have sufficient time for teaching, advising, research activity, and professional development				
69	7	5.2.2.	establishing a structural unit responsible for faculty development and regular evaluation of faculty performance				
70	8	5.2.3.	supporting faculty in pedagogy, professional development, and research competency development; recognising and rewarding academic and research achievements				
71	9	5.2.4.	maintaining an optimal (reasonable) teacher–student ratio depending on programme components to ensure personal interaction and monitoring of students				
5.3 Number and Qualifications of Faculty and Supervisors							
72	10	5.3.1.	The educational institution shall ensure the availability of faculty and research supervisors: <ul style="list-style-type: none"> • with qualifications not lower than the programme level; • with sufficient research experience to supervise dissertations and projects; <ul style="list-style-type: none"> ▪ in numbers allowing compliance with the established teacher–student ratio and ensuring student access to consultations and mentoring 				
5.4 Administrative and Technical Support							
73	11	5.4.1	The educational institution shall ensure sufficient administrative and technical support, including support for the educational process and examination procedures, support for research and project activities, and access of faculty and students to the necessary services and infrastructure				
<i>Total by Standard</i>							
6. STANDARD “EDUCATIONAL RESOURCES”							
6.1 Educational Environment							
Partner educational institutions shall:							
74	1	6.1.1.	guarantee sufficient physical resources (classrooms, laboratories, libraries, simulation centres, etc.) enabling adequate implementation of the curriculum.				
75	2	6.1.2.	ensure a safe educational environment / learning and teaching conditions for students and faculty				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

76	3	6.1.3.	in distance learning formats, provide materials in accessible formats for all students and give clear instructions regarding the use of resources and learning requirements.				
6.2 Information Technologies							
Partner educational institutions shall:							
77	4	6.2.1.	develop and implement a policy aimed at effective use and evaluation of ICT in the educational programme.				
78	5	6.2.2.	ensure that faculty and students are able to use ICT for independent learning and access to information				
<i>Total by Standard</i>							
7. STANDARD "EVALUATION OF THE EDUCATIONAL PROGRAMME"							
7.1. Mechanisms for Monitoring, Control and Programme Evaluation							
Partner educational institutions shall:							
79	1	7.1.1.	have regulated procedures for monitoring and periodic evaluation of the educational programme, including learning outcomes, student progress, and academic performance.				
80	2	7.1.2.	guarantee that monitoring and evaluation results are used for programme improvement.				
81	3	7.1.3.	periodically evaluate the programme by comprehensively reviewing the educational process, programme components, intended learning outcomes, and social responsibility.				
7.2. Feedback from Faculty and Students							
Partner educational institutions shall:							
82	4	7.2.1.	systematically collect and review feedback from faculty and students.				
83	5	7.2.2.	use feedback results to adjust and improve the programme.				
7.3. Student Academic Achievement							
Partner educational institutions shall:							
84	6	7.3.1.	analyse the academic performance of students and graduates in accordance with programme goals and intended learning outcomes.				
85	7	7.3.2.	use academic achievement analysis to improve programme content and teaching methods.				
7.4. Approval and Monitoring of the Educational Environment							
86	8	7.4.1.	provide evidence of programme approval by a competent body based on clearly defined criteria.				
87	9	7.4.2.	ensure regular programme review and monitoring in accordance with qualification requirements.				
<i>Total by Standard</i>							
8. STANDARD "GOVERNANCE AND ADMINISTRATION"							
8.1. Governance							
Partner educational institutions shall:							
88	1	8.1.1.	appoint a person responsible for the educational programme (director/academic leader) accountable for programme implementation and reporting to university management				
89	2	8.1.2.	approve the governance structure of the educational programme, including distribution of authority, establishment of working and advisory bodies, and conflict-of-interest prevention procedures				
90	3	8.1.3.	ensure/provide openness of governance and transparency of decisions through regulated procedures and access to official information				
8.2. Academic Leadership							
Partner educational institutions shall:							
91	4	8.2.1.	define and formalise the responsibilities of academic leadership (the programme director and other responsible officials) regarding the development, implementation and coordination of the educational programme				
92	5	8.2.2.	conduct regular evaluation of academic leadership performance, taking into account achievement of the programme mission, intended learning outcomes, compliance				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			with the principles of objectivity and prevention of conflicts of interest.				
8.3 Programme Management							
Partner educational institutions shall:							
93	6	8.3.1.	ensure the availability of a qualified academic leader (with qualifications exceeding the programme level) and administrative staff responsible for planning, organisation and support of the programme.				
94	7	8.3.2.	establish distribution of authority and responsibilities for management of all programme components, including the educational process, assessment procedures, research activities and resources.				
8.4. Requirements and Regulatory Compliance							
Partner educational institutions shall:							
95	8	8.4.1.	ensure that programme administrative processes and procedures include an internal quality assurance system and comply with national and international regulatory requirements, including procedures for recognition of academic qualifications.				
96	9	8.4.2.	have a formalised process for expert evaluation and approval of the programme upon launch, as well as procedures for regular review and reapproval.				
97	10	8.4.3.	ensure official approval of the educational programme by a competent authority (university or governmental regulator) for admission of learners				
8.5. Administrative Support							
Partner educational institutions shall:							
98	11	8.5.1.	ensure the availability of qualified administrative and professional staff responsible for support of the educational programme and related processes (educational, organisational, research and others)				
99	12	8.5.2.	ensure effective management and rational allocation of resources for sustainable programme implementation.				
8.6. Financing and Resource Allocation							
Partner educational institutions shall:							
100	13	8.6.1.	establish responsibilities and authority for provision of programme resources; provide a separate educational budget; ensure transparent use of funds, including informing learners about tuition fees.				
101	14	8.6.2.	ensure autonomy in allocation of financial resources necessary for implementation of the curriculum.				
102	15	8.6.3.	demonstrate long-term financial sustainability of the programme.				
103	16	8.6.4.	ensure proper financial management and transparency				
8.7. Public Information							
Partner educational institutions shall:							
104	17	8.7.1	provide applicants with complete and reliable information on programme content, structure, tuition fees and the learning process.				
105	18	8.7.2	use various channels for dissemination of information (official website, printed and electronic materials, consultations, etc.)				
106	19	8.7.3	provide learners with a detailed programme guide (student handbook) including the mission and objectives, curriculum structure, teaching and assessment methods, academic requirements, resources and support services.				
				<i>Total by Standard</i>			
9. STANDARD «CONTINUOUS RENEWAL							
Partner educational institutions shall:							
107	1	9.1.1.	initiate regular review and updating of the educational programme (objectives, structure, content, teaching and assessment methods, learning environment), document				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			identified deficiencies and ensure their elimination				
108	2	9.1.2.	base the renewal process on the results of internal and external programme evaluation, scientific evidence, prospective studies, and analysis of the needs of society and the healthcare system				
109	3	9.1.3.	ensure adaptation of the mission, objectives and intended learning outcomes in accordance with developments in science, socio-economic and cultural changes, as well as labour market demands				
110	4	9.1.4.	update the structure, content and duration of the programme in line with advances in biomedical, social and clinical sciences, as well as changes in demographic and epidemiological conditions				
111	5	9.1.5.	improve teaching, learning and assessment methods to ensure alignment with updated learning outcomes and modern educational approaches				
112	6	9.1.6.	review student admission policies and academic staff policies in accordance with changing needs of the healthcare system and educational environment				
113	7	9.1.7.	ensure updating of educational resources and the organisational structure of programme management in accordance with changing conditions and stakeholder needs				
<i>Total by Standard</i>							
GRAND TOTAL ACCORDING TO ALL STANDARDS							

Conclusion of the Self-Assessment Commission

* Completed in the case of international initial specialised accreditation (ISA) of the joint educational programme

№	№	№	ASSESSMENT CRITERIA	Assessment Indicators			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
1. STANDARD “MISSION AND OUTCOMES”							
1.1 Right to Participate. Eligibility							
Partner organisations of education shall:							
1	1	1.1.1.	be recognised by the authorities of the countries in which they are located that regulate education in healthcare and confirm compliance with established quality standards and requirements				
2	2	1.1.2.	ensure participation in implementation of the joint educational programme (JEP), and compliance of the awarded academic degree/qualification with the national qualifications framework and regulatory acts of the countries in which the educational organisations are located				
3	3	1.1.3	have a Cooperation Agreement between partner educational organisations, which shall include: <ul style="list-style-type: none"> • information on the academic degree (qualification) awarded upon completion of the JEP; • coordination and responsibilities of the involved partner educational organisations regarding governance and financial arrangements (including funding, sharing of costs and revenues, etc.); • admission and selection rules for learners; • language of instruction, mobility of learners and academic staff; <ul style="list-style-type: none"> ▪ examination regulations, methods for assessment of achieved learning outcomes, recognition of ECTS credits and procedures for awarding joint academic degrees (qualifications) 				
1.2 Institutional Autonomy and Academic Freedom							
Definition of Mission							
Partner educational organisations shall jointly:							
4	4	1.2.1.	define the mission of the joint educational programme (JEP) at the postgraduate level and communicate it to stakeholders and the healthcare sector of the countries in which the educational organisations are located				
5	5	1.2.2.	define an educational programme enabling preparation of a specialist at the postgraduate level in healthcare in the countries where the educational organisations are located, who is: <ul style="list-style-type: none"> • competent in any field of healthcare, including all types of practice, healthcare management and organisation; • capable of working independently at a high professional level and, where necessary, within a team; <ul style="list-style-type: none"> ▪ committed to lifelong learning, including professional responsibility for maintaining the level of knowledge and skills through performance evaluation, audit, review of personal practice and recognised CPD/CME activities 				
6	6	1.2.3	guarantee that the mission of the JEP includes consideration				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			of healthcare needs of the community or society, aspects of social responsibility, and the needs of the healthcare systems of the countries in which the educational organisations are located				
7	7	1.2.4.	demonstrate evidence of readiness to support and promote organisation and conduct of research activities of postgraduate learners, as well as innovation in the educational process, enabling development of broader competences than the minimum required				
1.3 Institutional Autonomy and Academic Freedom							
Partner educational organisations shall:							
8	8	1.3.1.	ensure a training process based on recognised prior education that provides a professionally oriented programme				
9	9	1.3.2.	guarantee that the training process promotes professional autonomy, enabling graduates to act in the best interests of patients and society in the countries where the educational organisations are located				
1.4. Learning Outcomes							
Partner educational organisations shall:							
10	10	1.4.1.	define the expected learning outcomes (LOs) of graduates, which include: <ul style="list-style-type: none"> • knowledge, skills and professional behaviour corresponding to the postgraduate level of education; • a foundation for future academic or professional career development; • readiness to perform roles within the healthcare sector; • commitment to and skills for lifelong learning; ▪ consideration of societal needs and social responsibility 				
11	11	1.4.2.	define general and discipline-/specialty-specific components of the learning outcomes that learners are expected to achieve				
12	12	1.4.3.	demonstrate evidence of readiness to ensure appropriate professional behaviour of learners towards peers, academic staff, healthcare personnel, patients and their relatives				
13	13	1.4.4.	define expected learning outcomes based on the prior educational level of the countries in which the educational organisations are located				
1.5. Participation in Formulation of the Mission and Learning Outcomes							
Partner educational organisations shall:							
14	14	1.5.1.	ensure participation of key stakeholders from the countries in which the educational organisations are located in formulation of the mission and expected learning outcomes				
15	15	1.5.2.	ensure that the declared mission and expected learning outcomes are based on opinions/suggestions of other stakeholders from the countries in which the educational organisations are located				
<i>Total by Standard</i>							
2. STANDARD “EDUCATIONAL PROGRAMME”							
2.1 Educational Approach							
Partner educational organisations shall:							
16	1	2.1.1.	define the educational approach based on the expected learning outcomes and formal qualification credentials provided as the basis for official recognition of a specialist in the chosen field of medicine at national and international levels, established by international requirements (e.g., EU Directive 2005/36)				
17	2	2.1.2.	define the educational approach based on the learning outcomes of prior education in the countries where the educational organisations are located, systematically and transparently including and supporting the learner in taking responsibility for their own learning process				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

18	3	2.1.3.	describe general and discipline-/specialty-specific components of education; use teaching and learning methods appropriate for both practice and theory; define teaching and learning methods that stimulate, prepare and support learners in taking responsibility for their own learning process				
19	4	2.1.4.	guarantee that the educational programme is implemented in accordance with the principles of equality				
20	5	2.1.5.	demonstrate readiness to guide learners through mentorship, regular assessment and feedback, progressively increasing the learner's independent responsibility as their skills, knowledge and experience improve				
2.2 Scientific Method							
Partner educational organisations shall:							
21	6	2.2.1.	demonstrate readiness to instill in learners the principles of scientific methodology appropriate to the postgraduate level of education and provide evidence that learners achieve knowledge and understanding of the scientific basis and methods of the selected field of medicine				
22	7	2.2.2.	ensure that learners master the principles of evidence-based practice through access to educational and research cases, databases, and clinical/practical experience				
23	8	2.2.3.	demonstrate readiness to include in the JEP training in critical appraisal of literature and data, access to research activities, and regular updating of programme content				
2.3 Educational Content							
Partner educational organisations shall:							
24	9	2.3.1.	include disciplines in: biomedical sciences; clinical sciences; social and behavioural sciences; ethics; law; public health; management and communication				
25	10	2.3.2.	organise the educational process with particular attention to patient safety and compliance with ethical standards				
26	11	2.3.3.	demonstrate readiness to revise and update programme content				
2.4 Structure, Composition and Duration of the Educational Programme							
Partner educational organisations shall:							
27	12	2.4.1.	describe the content, volume and sequence of courses; distinguish between compulsory and elective components; integrate practice and theory; ensure compliance with national legislation				
28	13	2.4.2.	take into account prior educational outcomes when selecting the programme profile; define requirements for the roles of graduates within the healthcare system				
2.5 Relationship Between Education and Healthcare Practice							
Partner educational organisations shall:							
29	14	2.5.1.	provide for integration of theoretical training and practical development, including internships				
30	15	2.5.2.	effectively use healthcare system resources for educational purposes; guarantee that practical training has an educational nature and is not solely subordinated to service delivery				
2.6 Management of Education							
Partner educational organisations shall:							
31	16	2.6.1.	define responsibilities and authority for organisation, coordination, management and evaluation of the educational process and learning environment				
32	17	2.6.2.	provide for inclusion in planning and development of the educational programme of appropriate representation from academic staff, learners and other key relevant stakeholders				
33	18	2.6.3.	ensure diverse training locations, coordinate multiple training sites to provide appropriate access to different aspects of the selected field of healthcare, and provide access to resources necessary for planning and implementation of teaching				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			methods, learner assessment and introduction of innovations in the educational programme				
<i>Total by Standard</i>							
3. STANDARD “ASSESSMENT OF LEARNERS”							
3.1 Assessment Methods							
Partner educational organisations shall:							
34	1	3.1.1.	define and approve the principles, methods and practices used for learner assessment, including the number of examinations, criteria for establishing passing scores and grades, and the number of permitted resits				
35	2	3.1.2.	guarantee that assessment procedures cover learners’ knowledge, skills, academic attitudes and professional behaviour				
36	3	3.1.3.	guarantee the use of an additional set of assessment methods and formats within a broad range of assessment approaches according to their “utility assessment”, including a combination of validity, reliability, educational impact, acceptability and effectiveness of the methods used				
37	4	3.1.4.	provide for the possibility of internal review of assessment processes and methods by competent university bodies				
38	5	3.1.5.	ensure a system for prevention of conflicts of interest and an appeals mechanism regarding learner assessment results				
39	6	3.1.6.	demonstrate readiness to ensure transparency of assessment procedures and results and to inform learners about the assessment criteria and procedures used				
40	7	3.1.7.	provide for the possibility of documenting reliability and validity of assessment methods, involving external examiners, introducing new assessment methods in accordance with identified needs, encouraging review by external experts and, where necessary, organising a “second opinion”, replacement of academic staff or additional training				
3.2 Relationship Between Assessment and Learning							
Partner educational organisations shall:							
41	8	3.2.1.	guarantee the use of assessment principles, methods and practices that are aligned with the planned learning outcomes and teaching and learning methods, ensure achievement of the planned learning outcomes, support learning, and provide an appropriate balance between formative and summative assessment for guiding learning and making decisions on academic performance				
42	9	3.2.2.	demonstrate readiness to adjust the number and nature of examinations in order to stimulate both acquisition of knowledge and integrated learning				
43	10	3.2.3.	provide for timely, constructive and fair feedback (oral and/or written) to learners based on assessment results				
<i>Total by Standard</i>							
4. STANDARD “LEARNERS”							
4.1 Admission and Selection Policy							
Partner educational organisations shall:							
44	1	4.1.1.	have a policy and implement admission practices based on the principles of objectivity, including a clear statement of the learner selection process				
45	2	4.1.2.	establish the number of admission places in accordance with programme capacity and apply transparent selection criteria				
46	3	4.1.3.	have a policy and implement admission practices for learners with disabilities in accordance with applicable laws and regulatory legal documents of the countries in which the educational organisations are located				
47	4	4.1.4.	have a policy and implement practices for transfer of learners from other educational organisations, including foreign institutions				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

48	5	4.1.5.	establish a link between selection procedures and the mission of the educational organisation, the joint educational programme (JEP), and the desired quality of graduates; provide an appeals mechanism regarding admission decisions				
49	6	4.1.6.	provide for a system of appeals regarding admission decisions and guarantee transparency of the selection procedure				
4.2 Student Intake							
Partner educational organisations shall:							
50	7	4.2.1.	determine the number of admitted learners in accordance with the capacity of the educational organisation at all stages of the educational programme				
51	8	4.2.2.	demonstrate readiness to take into account the needs of the healthcare system and society when determining the student intake				
52	9	4.2.3.	demonstrate readiness to review the size and composition of intake when conditions for programme implementation change				
4.3 Student Advising and Support							
Partner educational organisations shall:							
53	10	4.3.1.	provide for a system of academic advising for learners				
54	11	4.3.2.	offer support programmes addressing learners' academic, social, financial and personal needs, while ensuring confidentiality				
55	12	4.3.3.	organise a learner feedback system regarding learning conditions and the educational process				
56	13	4.3.4.	ensure issuance of a diploma and supplement (transcript) confirming the qualification obtained				
57	14	4.3.5.	provide opportunities for individual educational pathways taking into account learner diversity				
58	15	4.3.6.	provide for advising based on monitoring of learner progress, including career planning and support in cases of academic difficulties				
4.4 Learner Representation							
Partner educational organisations shall:							
59	16	4.4.1.	provide for learner participation in discussion of the mission, development and evaluation of the programme				
60	17	4.4.2.	provide for learner participation in student organisations and student self-governance				
4.5. Graduation Requirements							
Partner educational organisations shall:							
61	18	4.5.1	establish graduation requirements, including successful completion of all programme components (modules, project/dissertation, portfolio), as well as demonstration of research skills and critical analysis				
4.6. Progress and Dismissal							
Partner educational organisations shall:							
62	19	4.6.1	establish rules and monitoring of learner progress: define deadlines for completion of assignments, conditions for resits, maintain records of learner progress and reasons for dismissal/withdrawal, and implement a support system for learners at risk of academic failure				
				<i>Total by Standard</i>			
5. STANDARD "ACADEMIC STAFF / FACULTY"							
Recruitment Policy							
The educational institution shall develop and implement a staff recruitment and selection policy that:							
63	1	5.1.1.	provides criteria for selecting applicants based on teaching, clinical, and professional achievements				
64	2	5.1.2.	defines the responsibilities of faculty members, including the balance between teaching, research, and other functions, taking into account the mission of the joint educational programme, the needs of the education system, and the				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

			healthcare needs of the countries where the partner institutions are located				
65	3	5.1.3.	considers the required pedagogical and professional experience when appointing staff				
66	4	5.1.4.	provides faculty responsibilities for participation in the programme and fair remuneration conditions				
67	5	5.1.5.	provides that faculty have practical experience and that specialised experts are appointed according to their qualifications				
5.2 Faculty Commitments and Development							
The educational institution shall develop and implement a faculty activity and development policy aimed at:							
68	6	5.2.1.	either providing a structural unit or responsible person for faculty development and evaluation				
69	7	5.2.2.	providing that faculty possess practical experience and that specialised experts are appointed according to their qualifications				
70	8	5.2.3.	supporting faculty in pedagogy, professional development, and research competency development; recognising and rewarding academic and research achievements				
71	9	5.2.4.	maintaining an optimal (reasonable) teacher–student ratio depending on programme components to ensure personal interaction and monitoring of students				
5.3 Number and Qualifications of Faculty and Supervisors							
72	10	5.3.1.	The educational institution shall ensure the availability of faculty and research supervisors: <ul style="list-style-type: none"> • with qualifications not lower than the programme level; • with sufficient research experience to supervise dissertations and projects; <ul style="list-style-type: none"> ▪ in numbers allowing compliance with the established teacher–student ratio and ensuring student access to consultations and mentoring 				
5.4 Administrative and Technical Support							
73	11	5.4.1	The educational institution shall ensure sufficient administrative and technical support, including support for the educational process and examination procedures, support for research and project activities, and access of faculty and students to the necessary services and infrastructure				
				<i>Total by Standard</i>			
6. STANDARD «EDUCATIONAL RESOURCES»							
6.1 Educational Environment							
Partner educational institutions shall:							
74	1	6.1.1.	provide sufficient physical resources necessary for curriculum implementation				
75	2	6.1.2.	ensure a safe educational environment / learning and teaching conditions for students and faculty				
76	3	6.1.3.	in distance learning formats, provide materials in accessible formats and ensure instructions for their use				
6.2 Information Technologies							
Partner educational institutions shall:							
77	4	6.2.1.	provide for the existence of a policy on the use of ICT in the educational programme				
78	5	6.2.2.	ensure that faculty and students are able to use ICT for independent learning and access to information				
				<i>Total by Standard</i>			
7. STANDARD «EVALUATION OF THE EDUCATIONAL PROGRAMME»							
7.1. Mechanisms for Monitoring, Control and Programme Evaluation							
Partner educational institutions shall:							
79	1	7.1.1.	provide procedures for programme monitoring and evaluation, including learning outcomes and student progress				
80	2	7.1.2.	ensure that monitoring and evaluation results are used in programme management decisions				

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

81	3	7.1.3.	provide for programme evaluation considering the educational process, programme structure, and intended learning outcomes				
7.2. Feedback from Faculty and Students							
Partner educational institutions shall:							
82	4	7.2.1.	provide for collection and review of feedback from faculty and students				
83	5	7.2.2.	provide for the use of feedback results to improve the programme				
7.3. Student Academic Achievement							
Partner educational institutions shall:							
84	6	7.3.1.	ensure analysis of students' academic performance in accordance with goals and learning outcomes				
85	7	7.3.2.	provide for the use of academic achievement analysis to refine programme content and teaching methods				
7.4. Approval and Monitoring of the Educational Environment							
86	8	7.4.1.	provide evidence of programme approval by a competent body				
87	9	7.4.2.	provide for programme review and monitoring in accordance with national qualification requirements				
				<i>Total by Standard</i>			
8. STANDARD «GOVERNANCE AND ADMINISTRATION»							
8.1. Governance							
Partner educational institutions shall:							
88	1	8.1.1.	appoint a person responsible for the educational programme (director/academic leader) accountable for programme implementation and reporting to university management				
89	2	8.1.2.	approve the governance structure of the educational programme, including distribution of authority, establishment of working and advisory bodies, and conflict-of-interest prevention procedures				
90	3	8.1.3.	ensure/provide openness of governance and transparency of decisions through regulated procedures and access to official information				
8.2. Academic Leadership							
Partner educational institutions shall:							
91	4	8.2.1.	define and formalise the responsibilities of academic leadership (the programme director and other responsible officials) regarding the development, implementation and coordination of the educational programme				
92	5	8.2.2.	provide for evaluation of academic leadership performance with consideration of achievement of the mission and intended learning outcomes				
8.3 Programme Management							
Partner educational institutions shall:							
93	6	8.3.1.	ensure the availability of an academic leader and administrative staff responsible for supporting programme implementation				
94	7	8.3.2.	establish distribution of authority and responsibilities for management of programme components, including the educational process and resources				
8.4. Requirements and Regulatory Compliance							
Partner educational institutions shall:							
95	8	8.4.1.	provide that programme administrative processes include elements of the internal quality assurance system and comply with national regulatory requirements				
96	9	8.4.2.	provide for a process of expert evaluation and approval of the programme upon launch				
97	10	8.4.3.	ensure official approval of the educational programme by a competent authority (university or governmental regulator) for admission of learners				
8.5. Administrative Support							

Standards and Guidelines for International Accreditation of Joint Master's Programmes in the Field of Healthcare (based on WFME/ AMSE/ ESG)

Partner educational institutions shall:				
98	11	8.5.1.	ensure the availability of qualified administrative and professional staff responsible for support of the educational programme and related processes (educational, organisational, research and others)	
99	12	8.5.2.	provide for management and allocation of resources for sustainable programme implementation	
8.6. Financing and Resource Allocation				
Partner educational institutions shall:				
100	13	8.6.1.	define responsibilities and authority for provision of programme resources and transparent use of funds	
101	14	8.6.2.	provide for allocation of financial resources necessary for implementation of the curriculum	
102	15	8.6.3.	provide evidence of programme financial viability	
103	16	8.6.4.	ensure proper financial management and transparency	
8.7. Public Information				
Partner educational institutions shall:				
104	17	8.7.1	provide applicants with complete and reliable information on programme content, structure and tuition fees	
105	18	8.7.2	use various channels for dissemination of information (official website, printed and electronic materials, consultations, etc.)	
106	19	8.7.3	provide learners with a programme guide including the mission, objectives, curriculum structure, teaching and assessment methods, academic requirements and available resources	
				<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 joint master's education 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 joint educational programme
"Name of the programme" of
"Name of the educational institution"
or
for the cluster of joint 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 EEP

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 EEP, preparation of the final report of the EEP 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 EEP in accordance with international standards IAAR;
- holding a final meeting with the members of the EEP to coordinate recommendations on the accreditation of the JEP;
- Presentation of the results of the visit to the EO and the main provisions of the EEP 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 EEP.

Duties of the Chairman

Before the visit:

- get acquainted with the data of the EO and JEP;
- 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 EEP;
- officially present all the members of the EEP 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 EEP on the self-assessment of the JEP and identify areas that require clarification;
- distribute responsibilities among the members of the EEP;
- speak at meetings with target groups;
- hold a final meeting with the members of the EEP to agree on recommendations;
- to provide oral feedback on the results of the visit of the EEP, 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 EEP and coordinate it with the members of the EEP;
- send a draft report on the results of the EEP visit for consideration by the IAAR;
- if there are actual inaccuracies identified after the approval of the EEP report with the EO, make the necessary changes to the EEP report and coordinate them with the EEP members;
- in case of disagreement with the comments of the EO to the EEP report, prepare together with the IAAR coordinator an official response with justification in the EO;
- To prepare a report of the EEP 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 JEP 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 JEP;
- development of recommendations for the Accreditation Council for Accreditation in accordance with the level of preparedness of the EO for accreditation of master's educational programmes.

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 EEP;
- 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 EEP.

During the visit:

- actively participate in all meetings and discussions, contribute to the work of the EEP;
- perform duties within the EEP 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 EEP;
- to continue working as part of the EEP during the entire period of the visit;
- to speak at meetings in agreement with the Chairman of the EEP;
- document the received data;
- provide the Chairman of the EEP 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 EEP;
- 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 JEP.

After the visit:

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

Appendix 6. Preparation of an External Expert Panel for the Site Visit

The purpose of the visit of the External Expert Panel of the Independent Agency for Accreditation and Rating to the educational organisation is to evaluate the quality of the joint educational programme in accordance with the IAAR international accreditation standards and to develop recommendations on accreditation for consideration by the Accreditation Council. To achieve this purpose, the following objectives have been defined:

- verification of completeness and reliability of the results of the self-evaluation of the joint educational programme;
- conducting evaluation in accordance with the IAAR international standards developed on the basis of ESG;
- preparation of the External Expert Panel report based on the results of evaluation of the joint educational programme;
- development of recommendations for improvement of the quality of the joint educational programme;
- preparation of recommendations for the Accreditation Council regarding accreditation in accordance with the level of preparedness of the educational organisation and the joint educational programme for accreditation.

Materials considered by the EEP 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, JEP;
- Standards and Guidelines for International IAAR Accreditation (based on WFME/AMSE/ESG);
- Self-assessment report submitted within the framework of the accredited JEP;
- Information about the composition of the expert panel;
- Schedule of the visit to the EO;
- Additional information about the EO, JEP (at the request of members of the external expert commission).

Review of the self-assessment report of the accredited JEP

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 EEP

The preliminary meeting is held in order to coordinate and distribute the responsibilities of the members of the EEP by the Chairman, discuss the programme of the visit, the self-assessment report of the JEP to identify key points and issues requiring additional information. The preliminary meeting of the EEP is held according to the programme the day before the visit to the EO. Only EEP 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 JEP should be provided?
- Is the specifics of EO and JEP sufficiently reflected?
- Have the strategic goals been achieved?
- Are the mechanisms of strategic management of the EO and the management of the JEP 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 EEP

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 JEP.

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 JEP. 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 JEP 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 JEP, the clarity of goals and objectives, the development of curricula, as well as the material resources available for the implementation of the educational process.

Interviews with students should be conducted in a favorable environment, at meetings organised for interviews only with students. The optimal number of students for the meeting is no more than twenty people. Students invited to the interview should be familiar with the programme accreditation considered.

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

Meetings with the teaching staff

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

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

Meeting with Master's Students (if applicable)

Interviews with Master's students provide information on the degree of continuity and consistency of educational levels; the role of research at each level of education; and the quality and availability of material and technical resources for research.

The expert group should include Master's students from various years of study and graduates of specialized educational programs.

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

The evaluation table "Parameters of the JEP profile" is the final document for summarising the work of the EEP.

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

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

"Satisfactory" is determined by the average level of indicators of the accreditation standard.

"Suggests improvement" is characterised by a low level of indicators of the standard of accreditation.

"Unsatisfactory" means that the indicators of the JEP EO do not meet the standard of accreditation of the JEP.

Based on the collegial decision of the EEP, 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 JEP.

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

to accredit the JEP EO and (or) for a period of 1/3/5/7 years;

not to accredit JEP EO.

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

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

Final meeting of the members of the external expert panel 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 JEP, indicate the advantages and disadvantages of the JEP 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, JEP, 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 joint educational programmes

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 EEP 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 EEP visit to the EO;
- organise a visit to the EEP (accommodation, meals, transfer, etc.);
- provide the EEP with an approved visit program;
- send the composition of the EEP 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 EEP, 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 EEP, provide the necessary methodological materials;
- to create a favorable psychological climate for the work of the EEP;
- monitor the integrity of the accreditation process and ensure compliance with IAAR requirements.

After the visit:

- send the draft of the EEP 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 EEP to the EO after the decision of the AC on the accreditation of the JEP 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 EEP);
- inform the members of the EEP about the decision of the AC;
- to provide feedback on the accreditation procedure of the JEP of the EO (online survey of the members of the EEP and the EO after the decision on accreditation).