



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ  
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО  
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR  
ACCREDITATION AND RATING

## **REPORT**

**on the results of the assessment of educational institution "International  
Higher School of Medicine" for compliance with institutional accreditation  
standards MES and the Ministry of Health of the Kyrgyz Republic by an  
external expert commission**

**from November 12 to 14, 2019.**

**INDEPENDENT AGENCY FOR ACCREDITATION AND RATING**

***External expert commission***

***Addressed to  
IAAR  
Accreditation Council***

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**Bishkek**

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## (I) LIST OF DESIGNATIONS AND ABBREVIATIONS

AAD	Academic Affairs Department.
AC	Academic Council.
AMP	Administrative and Management Personnel.
AMS	Automated Managing System.
BRCTO	Bishkek Research Center for Traumatology and Orthopedics.
CCCHEMA	City Children's Clinical Hospital for Emergency Medical Assistance.
CCH	City Clinical Hospital.
CME	Continuing Medical Education.
CPC	City Perinatal Center.
CPD	Continuous Professional Development.
DIA	Department of International Affairs.
EMC	Educational-Methodical Complex.
EMC	Educational-Methodical Council.
QMD	Quality Management Department.
AF	Academic affairs
FA	Formative assessment.
FMC	Family Medicine Center.
FSC	Final State Certification.
HO	Health Organization.
HRRC	Human Reproduction Research Center.
ID	International Department.
ID	Identification data.
ISM	International School of Medicine.
ISM SMC	ISM Simulation Medicine Center.
ISO	International Standardization Organization.
KRIBRT	Kyrgyz Research Institute of Balneology and Rehabilitation Treatment.
MC	Medical Center.
MCI	Medical Council of India.
MCQ	Multiple Choice Question.
MEP	Main Educational Program.
MOES KR	Ministry of Education and Science of the Kyrgyz Republic.
MOH KR	Ministry of Health of the Kyrgyz Republic.
NAS KR	National Academy of Sciences of the Kyrgyz Republic.
NCMCW	National Center of Maternal and Child Welfare.
NCO	National Center of Oncology.
NEET	National Eligibility Entrance Test.
NH MH KR	National Hospital of the Ministry of Health of the Kyrgyz Republic.
OSCE	Objective structured clinical examination.
PMDC	Pakistan Medical and Dental Council.
QMS	Quality Management System.
RH	Railway Hospital.
RIHSOT	Research Institute of Heart Surgery and Organ Transplantation.
RNCHID	Republic National Clinical Hospital for Infectious Diseases.
SCC	State Certification Commission.
SES	State Educational Standard.
SPA	Science and Practice Association.
SRS	Score Rating System.
STS	Scientific and Technical Council.
SWOT	Strength, weaknesses, opportunities, threats

analysis	(Analysis of strengths and weaknesses, opportunities and threats).
TA	Total Assessment.
TPF	Treatment and Prevention Facility.
TTA	Technical Training Aids.
WHO	World Health Organization.

## (II) INTRODUCTION

In accordance with the order of IAAR No. 107-19-OD dated October 21, 2019, the visit of the external expert commission (EEC) from November 12 to 14, 2019, took place at the educational institution International Higher School of Medicine (IHSM).

1. **Head of the Commission** – Nurjamal Jardemalieva, MD, Associate Professor, Asfendiyarov Kazakh National Medical University (Almaty, Republic of Kazakhstan);

2. **Expert** – Bahriddin Davlatzoda, MD, Associate Professor, Avicenna Tajik State Medical University (Dushanbe, Republic of Tajikistan);

3. **Employer**– Suyumjan Mukeeva, MD, Family Doctors and family nurses association of Kyrgyzstan (Bishkek, Kyrgyz Republic);

4. **Student** – Jami Karabalaeva, Ala-Too International University (Bishkek, Kyrgyz Republic);

5. **Agency observer** – Aigerim Aimurzieva, Agency Medical Project Manager (Nur-Sultan, Republic of Kazakhstan).

6. **MES Observer** – Susarkul Altynbekova, chief specialist of vocational education of MES KR (Bishkek, Kyrgyz Republic);

The EEC report contains an assessment of the conformity of the educational organization with the IAAR criteria, recommendations of the EEC on further improvement of the university.

## (III) REPRESENTATION OF EDUCATIONAL ORGANIZATION

The International Higher School of Medicine (IHSM) was established in 2003 jointly by the International University of Kyrgyzstan (IUK) and the Kyrgyz State Medical Academy (KSMA). On June 23, 2003, the IHSM passed state registration and licensing for the right for educational activities (certificate of state registration of the GP No. 027056, the license of the Ministry of Education of the Kyrgyz Republic AJI 280).

The International Higher School of Medicine currently implements educational activities in the field of higher professional education, training foreign citizens in the specialty 560001 “General Medicine” in accordance with the license of the Ministry of Education of the Kyrgyz Republic.

The institution "International Higher School of Medicine" is an institute of medical profile with a private form of ownership. The founder of the School is the Public Foundation “Foundation for the Support of Education and Science “Znanie”. The institution "International Higher School of Medicine" operates on the basis of the Charter.

The university has:

- The license of the Ministry of Education of the Kyrgyz Republic (No. LD170000949 (unlimited), (order of the Ministry of Education and Science of the Kyrgyz Republic No. 472/1 (protocol number 1-6-32 of 04/18/17)).

- License for the right to carry out educational activities in the field of postgraduate education with a Doctor of Philosophy (Ph.D.) degree - License No. LG140000030, issued by the State Inspectorate for Licensing and Certification of Educational Institutions of the Ministry of Education of the Kyrgyz Republic (Order No. 05/02 of 06/09/2014).

- License for the right to conduct educational activities in the field of further education No.LE180000256 dated 02.16.18 (unlimited), issued by the Decision of the Licensing Council of the Ministry of Education and Science of the Kyrgyz Republic (protocol number 1-2-17).

- License for the right to conduct educational activities in the field of postgraduate professional education No. LG180000017 dated February 16, 2018 (unlimited), issued by the Decision of the Licensing Council of the Ministry of Education and Science of the Kyrgyz Republic (protocol number 1-2-2).

During its existence, the School has twice passed accreditation (certification) at the State Agency for Licensing and Accreditation (Certification) under the Ministry of Education and Science of the Kyrgyz Republic. The last state accreditation (certification) of the IHSM was held in 2013 and received the following document:

- Certificate of the Ministry of Education and Science of the Kyrgyz Republic (ЖОЖ series No. 223), confirming the status of the International Higher School of Medicine as a higher educational institution that implements educational and professional programs of I-III level with the right to award academic degrees and qualifications in areas (specialties) of training (Order of the Ministry of Education and Science No. 557/1 from 08/28/2013).

In 2018, the International Higher School of Medicine passed an independent program accreditation at the Agency for the Accreditation of Educational Programs and Organizations (AAOPO). According to the results of the accreditation of the specialist training program in the specialty 560001 “General Medicine”, the IHSM program was accredited for a period of 5 years, the following document was received:

- Certificate of the Agency for Accreditation of Educational Programs and Organizations of the Kyrgyz Republic No. VU180000185 (Order of the Agency for Accreditation of Educational Programs and Organizations No. 3/2018/011 of 11/20/2018).

#### **(IV) DESCRIPTION OF EEC VISIT**

The work of the EEC was carried out on the basis of the visit program of the expert commission on international institutional accreditation of the IHSM, from November 12 to 14, 2019.

In order to obtain objective information about the quality of the organization of education, the development of the university and the entire infrastructure of the IHSM, to clarify the contents of the self-assessment report, meetings were held with the rector, vice-rectors, heads of departments, the dean of the school, with teaching staff, students, graduates, and employers. In total, 191 people took part in the meetings (table 1).

**Table 1 - Information on the number and categories of meeting participants**

<i>Category of participants</i>	<i>Number of participants</i>
Rector	1
Vice-Rectors	5
Deans	2
Heads of structural units	7
Heads of departments	13
Teaching staff	46
Students	106

Graduates	8
Employers	3
<b>Total</b>	<b>191</b>

During the visual inspection of the university, the EEC visited the dean's office, the educational and methodological department, the international relations department, the student relations department, the library, the academic affairs department, the registrar's office, the simulation medicine center, and the Vedanta clinic.

On the second day of work, the EEC visited the graduating departments. During the meeting, discussions were held with the main faculty and representatives of the clinics (Center for Oncology and Hematology of the Ministry of Health of the KR, Kyrgyz Research Institute of Balneology and Rehabilitation).

An anonymous online survey of students (73 people) and teachers (38 people) was conducted to analyze satisfaction with working conditions and training in the International Higher School of Medicine.

## **(V) DESCRIPTION OF THE PREVIOUS ACCREDITATION PROCEDURE**

International institutional accreditation according to IAAR standards has not been conducted previously.

## **(VI) COMPLIANCE WITH INSTITUTIONAL ACCREDITATION STANDARDS**

### **6.1 Standard "Mission and Learning Outcomes"**

#### ***Evidence part***

The activity of IHSM is aimed at implementing the mission of the university, which is to serve the needs of the local and international community, by training students who will become competent doctors, committed to professionalism, practicing evidence-based medicine, protecting the interests of patients and adhering to high moral and ethical standards.

The mission of the IHSM was first formulated in 2004 and reflected in the Charter of the School. The mission was revised in 2018, adopted at a meeting of the expanded Academic Council and presented on the university's website in the public domain for all interested parties and individuals.

The IHSM has developed a strategic development plan - the IHSM Development Program for 2018-2020, which is consistent with the stated mission, goals, and approved by the Academic Council of the School. The implementation of the ISM Development Program for 2018-2020 is the basis of grant agreements with partner organizations that allocate funds to achieve the mission and goals of the School.

Based on the mission and goals, the IHSM main educational program (MEP) was developed in the specialty 560001 "General Medicine", which contains educational goals and expected learning outcomes.

The final results are aimed at the formation of core competencies, such as medical knowledge, communications, practical skills, professionalism, personal and professional development, regulatory knowledge, decision-making based on evidence-based research.

IHSM has institutional autonomy, which is reflected in the IHSM Charter and Memorandum of Association and consists in independent policy-making, in the development of strategic plans, in the independent selection and placement of personnel, in the implementation

of educational, scientific, financial, economic and other activities in accordance with legislation and the charter of IHSM.

***Analytical part***

According to the criteria of the standard “Mission and final results” in terms of mission definition, the university has a mission and distributes it by posting it on the website to interested parties.

According to the criteria of the standard “Mission and final results” in terms of mission definition, the university has a mission and communicates it to interested parties by posting it on the site.

The mission is reflected in the Charter of the IHSM and the Strategic Development Plan, updated as the IHSM Development Program for 2018-2020. However, during a visual inspection of the university, the Mission was not presented anywhere (classrooms, stands, banners). In conversations with teachers and students, it was also revealed that not everyone knows the mission of the university.

The university assesses its strengths and weaknesses. However, during the work of the EEC, it was revealed that with a quality department in the university, there is no Quality Policy!

The university has the institutional freedom to develop and implement educational policies.

Academic freedom is ensured by teaching staff through participation in the development and implementation of MEP. The faculty of the university has the freedom to choose methods and forms of organizing and conducting training sessions, teaching methods, subject to the requirements of curricula and curricula.

The final results are aimed at achieving students' competencies and are consistent with the mission and goals of the university.

***Strengths / Best Practices***

Strengths include:

- The presence in the University of a Strategic Development Plan, updated as a development program for 2018-2020.
- The presence of institutional autonomy at the university.
- Internationalization of the university.

***Recommendations***

- In order to improve the quality of the educational process, develop and implement a Quality Policy.
- Continue work on improving the institution of higher education to ensure and control the quality of education, including risk management, monitoring, and decision-making based on facts.
- More extensively inform the Mission of the educational institution (media, banners, stands, etc.) in order to bring it to the attention of the teaching staff and students.
- On an ongoing basis, update the university's website with up-to-date information on the development of the university, educational programs and improve the site's interface and navigation system.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 2

satisfactory - 8

suggest improvement - 5

unsatisfactory – 0



## 6.2 Standard "Educational Programs"

### ***Evidence part***

The exclusive educational model for intensive training of general practitioners, designed for foreign citizens with a 12-year basic education, was created and patented at the ISM. This model is authorial and was registered in the state register of the Kyrgyz Republic of copyright objects. The MEP of IHSM has been approved by both the state regulatory bodies of the Kyrgyz Republic and the International Organizations for Medical Education (WHO, FAIMER).

In 2017, the IHSM experience in implementing a 5-year training program for foreign citizens in the specialty "General Medicine" was considered by the Educational-Methodical Association for medical education and a board of the Ministry of Education and Science of the Kyrgyz Republic. This experience was recognized as successful and the MEP of IHSM was recommended for medical universities of the Kyrgyz Republic for the training of foreign citizens (Appendix No. 2.3. Minutes of the meeting of the Educational and Methodological Association for Higher Medical and Pharmaceutical Education at the MES of KR).

The model of EP is modular block integrated. It defines teaching methods. MEP includes disciplines aimed at developing critical thinking, preparing students to engage in scientific activities, basic biomedical sciences, clinical disciplines, behavioral and social sciences, and medical ethics. The final results of disciplines are obtaining both theoretical knowledge and practical skills, especially in clinical disciplines.

The university presented the content, volume and sequence of courses of the EP, the integration of disciplines in vertical and horizontal are traced.

The university has a structure responsible for managing and implementing the program.

With an increase in the training course, MEP is aimed at realizing the challenges of practical health care in the region.

At the postgraduate level of education, students continue to study the achievements of behavioral and social sciences, medical ethics and deontology, the legal foundations of the doctor's activities, which allows to develop the knowledge, skills, and attitudes necessary to understand the socio-economic, demographic and cultural conditions, the causes of the spread and consequences of medical problems health, as well as knowledge about the national health system and patient rights, which will contribute to the analysis of public health problems, direct communication, clinical decision making, and ethical practice.

The residency educational program pays great attention to the development of an understanding of ethics and deontology, the formation of a professional position and interaction skills with the patient.

### ***Analytical part***

The standard "Educational programs" meet the requirements for accreditation for EP.

The educational program contains basic and core disciplines, compulsory level components and optional components. Optional components are developed in accordance with the needs of practical health care and the development strategy of the university. However, during the work of the EEC, the possibility of elective content of the educational program (elective) was not confirmed and provided in fact.

The IHSM has identified the Educational and Methodical Council (EMC) as the structural unit responsible for the educational program. IHSM through EMC, departments, and the quality management department, responsible for the curriculum plans and implements innovations in the educational program. However, when the Commission attended practical classes, the presence of innovations was not traced. Moreover, when questioning, 9.6% of students indicated that the teacher does not use effective teaching methods.

IHSM takes into account the context of countries of origin of its students. To fully immerse them in the context of healthcare in India, IHSM organized the internship of students of the last courses at the leading clinics in India. However, during the work of the EEC, during a

conversation with employers via Skype, it was found out that the educational program was not agreed with the employers.

### ***Strengths/best practices***

The strengths of this standard include:

- IHSM MEP is a unique authoring that combines the advantages of traditional domestic medical education and modern international principles for the training of professional medical personnel.
- Extensive involvement of stakeholders and external experts for the evaluation and examination of the IHSM educational program.
- Organization of internships for students at the leading clinics in India.

### ***Recommendations***

- To diversify and expand the number of elective courses focused on training specialists in the field of higher medical education.
- In order to improve the quality of training on a regular basis, apply innovative teaching methods taking into account the educational needs of students and the objectives of the discipline.
- Accelerate the process of development and implementation of EP (FSA - 2015, LPL - 2017, MEP has been implemented since 2018).
- To improve the quality of EP, its focus on labor market demands, ensure regular coordination of MEP with employers.
- Develop measures to increase the effectiveness of the partnership between the university and the employer in the context of the formation of the competency model of the graduate.
- Promote professional certification of students and the introduction of research elements in the content of accredited educational programs.
- Develop an action plan for the harmonization of educational programs with the programs of leading domestic and foreign universities, the formation of joint academic programs and ensure its implementation.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 4

satisfactory - 13

suggest improvement - 8

unsatisfactory – 0

### ***6.3 Standard "Assessment of students"***

#### ***Evidence part***

The ISM defined, approved and published the principles, methods, and practices used to evaluate students (“Regulations on the rating system for assessing students' knowledge”, “Regulations on the implementation of the Doctors of Philosophy (Ph.D.) training program”, “Regulations on assessing the reliability and validity of assessment methods”)

The number and nature of exams, various elements of the EP are clearly defined, enshrined in the curriculum, work programs of training courses, subjects, disciplines (modules) and meet the requirements of the state educational standard in specialty 560001 "General Medicine".

IHSM uses a wide range of assessment methods and formats depending on their “utility rating”, which includes a combination of indicators of validity, reliability, impact on training, acceptability and effectiveness. Questions and tests for written and online exams, as well as tickets for oral exams, are subject to external and internal examinations. The system for

assessing students' academic achievements at the IHSM suggests the possibility of appealing in the event the student disagrees with the assessment results.

In the IHSM, the functioning of an effective assessment system is ensured by the balance of formative and summative assessment, where they complement each other, which allows for effective monitoring, control and accounting of the quality of training based on existing assessment methods and strategies

Stakeholders are involved in the program evaluation process - faculty and university administration, students, employers. The main tool for involving students in the evaluation of educational programs is the questionnaire and participation of student representatives in the work of the EMC, and the Academic Council. The involvement of teaching staff is carried out by participating in the relevant structures of the university.

### ***Analytical part***

The university provided evidence of the use of modern methods for assessing student achievement, including both standard methods (testing, oral and written exams), and modern (OSCE, integrated exams for short-term modules), which is a prerequisite for objectifying student assessment.

Further, the university has a system for the development and implementation of this area. Assessment methods are unified depending on their applicability, are complicated when moving from course to course, from basic disciplines to core ones. However, it should be noted that most of the exams are conducted in the form of tests. Only final certification exams are held in 2 step way.

At the same time, the university still does not have “its” certified testologists.

Students have the ability to appeal grades. But, the appeal procedure should be reviewed and registered, as currently, the appeal is in the form of a retake.

### ***Recommendations***

- The university needs to diversify the forms of examinations.
- In the Appeal Regulations, revise the procedure for appealing exam results in accordance with generally accepted practice in the higher education system. The university must guarantee the possibility of appealing the results of the assessment based on the principles of justice and through adherence to generally accepted standards for evaluating the educational achievements of students.

- The university should more clearly envisage mechanisms for regular assessment of feedback from students about satisfaction with the process and learning conditions.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

Strong - 0

Satisfactory - 2

Suggest improvements - 2

Unsatisfactory – 0

## ***6.4 Standard «Students»***

### ***Evidential part***

The IHSM has adopted an admission policy, taking into account the results of NEET (National Eligibility Entrance Test - National Qualification Exam) for applicants to medical schools.

The contingent of students is formed at the expense of applicants with a basic 12-year secondary education.

Persons with an academic degree of “master” or qualification of “specialist” are accepted for doctoral studies.

The IHSM has a policy of accepting students with disabilities (the “Regulation on the Procedure for Admitting Foreign Citizens to Study at IHSM”) in accordance with applicable laws and regulatory documents of the Kyrgyz Republic.

When deciding on the recruitment of students, the IHSM is guided by the requirements for the human resources of the health care of the beneficiary countries, in particular, India and Pakistan.

The IHSM has formed a support system aimed at the social, financial and personal needs of students, which includes a program of medical assistance, social support, and financial assistance.

The university regularly allocates financial resources for organizing and ensuring the participation of students in conferences, seminars, symposiums, sports, and recreational and cultural events.

With the aim of supporting and encouraging students to achieve learning outcomes, the Curators Program was introduced at the IHSM.

The university operates student self-government, various circles, sections for the development of creative abilities and health promotion.

### ***Analytical part***

The processes implemented in the university meet the criteria of the standard.

The university carries out activities aimed at increasing student potential.

However, not all students are informed about the possibility of obtaining psychological and social support, which was clarified during meetings with students at clinical facilities.

As you know, academic mobility (both students and faculty) is one of the indicators of the strategy of any university. At the IHSM, academic mobility is implemented in accordance with the Regulation on the academic mobility of students. However, in order to increase the indicators of academic mobility, the university should intensify activities to harmonize educational programs with the programs of leading domestic and foreign universities, and the formation of joint academic programs.

### ***Strengths / Best Practices***

The strengths of this standard include:

- The IHSM defines and implements a policy of representing students in key issues related to MEP and the life of the university.
- The student organizations are active and have good relations with leading international student organizations (AMSA, IFMSA).

### ***Recommendations***

- Keep up to date the system of social support for students.
- Find the opportunity to increase the level of outgoing academic mobility of students.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 4

satisfactory - 4

suggest improvement - 0

unsatisfactory - 0

## ***6.5 Standard «Academic staff»***

### ***Evidential part***

IHSM has a policy for the selection and admission of employees, which is enshrined in the ISM Development Program for 2018-2020. The staffing of the academic and admin staff is approved in accordance with the educational programs implemented at the School at the undergraduate and postgraduate levels.

Monitoring the responsibilities of the academic staff is carried out on the basis of the staffing table, labor agreements and job descriptions that determine the necessary professional and personal competencies of the academic staff member. This monitoring of teachers' activities is also carried out on the basis of an annual rating assessment of the effectiveness of teaching staff, as well as on the basis of anonymous questioning of teachers by colleagues ("Questionnaire for the assessment of colleagues) and students ("Teacher through the eyes of students").

The selection of candidates for academic staff is carried out on a competitive basis.

For the financing of academic staff, the IHSM has established institutional payroll calculations, which significantly exceed the state tariff rates for teachers.

The School has developed a provision on motivation and stimulation of labor activity of staff at the IHSM, which sets out the principles of material and non-material employee incentives.

At IHSM, when planning an educational program, the teacher-student ratio is 1: 9. The educational program provides for a modular-rating system of teaching clinical disciplines, according to which a variable part is possible with a change in this ratio, in order to better students master clinical skills

The IHSM has developed a policy for career advancement and career growth of academic staff, which is reflected in the IHSM Development Program for 2018-2020.

### ***Analytical part***

The university has standard procedures for the reception and selection of faculty.

Faculty members are involved in the research. However, in the course of the survey, 7.8% of faculty indicated that the university does not support the research activities of faculty.

57.9% of the teaching staff also indicated that the library for teachers does not have the necessary scientific and educational literature.

Faculties have close ties with representatives of practical healthcare, providing advisory and medical assistance at clinical sites.

It should be noted that the developed mechanisms for increasing the scientific potential in a university through a system of dividing faculty into categories are not fully implemented, which makes it difficult to evaluate its effectiveness. The university had a system of stimulating teaching staff through surcharges for pedagogical categories, which was understandable and convenient for teachers. However, with the change in the direction of the university's development, the new system of separation of powers is not completely understood by the teaching staff and causes certain difficulties in its interpretation by teachers.

The university has a low level of degree of teaching staff (41.9%). It is necessary to pay attention to this !!!

### ***Strengths / Best Practices***

The strengths of this standard include:

- The presence in the IHSM a policy of selection and admission of employees.

### ***Recommendations***

- On an ongoing basis, improve the system of material incentives for teaching staff, taking into account the main indicators of educational, scientific and educational activities.
- Review and update the available scientific and educational literature for teaching staff, as well as ensure measures for teachers to publish educational and methodical literature.

EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)  
strong - 2;  
satisfactory – 3

#### 6.6 Standard «Educational resources»

##### ***Evidential part***

The International Higher School of Medicine is provided with stable and sufficient training areas, taking into account the contingent of students, teachers and the orientation of the educational activities of the university. IHSM owns 5 buildings with a total area of 20,771.6 sq.m. All area data are directly involved in the educational process. In 2013, the building at the 34, Fuchik str., was purchased with a total area of 4680.0 sq.m, where the clinic (its own educational and clinical base) is located, equipped with modern medical equipment.

The clinic building also houses a center for simulation medicine, where students have the opportunity to gain and consolidate practical skills. The Center for Simulation Medicine of the IHSM is equipped with a sufficient number of educational materials and models, including two innovative educational complexes Pirogov 1 and Pirogov 2 for teaching anatomy, topographic anatomy, and microanatomy.

Computer classes are connected to one single local area network and have access to the Internet.

For the development of departments, including the material and technical base, by the order of the rector of the IHSM, 250,000 soms per year are allocated for each department. Heads of departments carry out budgeting within the framework of the amount to improve the equipment of the educational process.

The clinical sites of IHSM include more than 20 healthcare organizations of primary, secondary and tertiary levels. IHSM students have the opportunity to study clinical disciplines on the basis of their own university clinic, which provides outpatient and inpatient services.

In addition to resource centers with computers with Internet access, all first, second and third-year students are provided with 2473 personal tablet computers with the ability to access the Internet.

IHSM has strong relationships with partner organizations that provide access to the educational expertise of countries represented by partners.

##### ***Analytical part***

Analysis of the results of the visit to the EEC showed that the university has a strong material and technical base to ensure a high-quality educational and scientific process. However, during the survey, 7.8% of the teaching staff indicated a lack of classrooms and, as a result, an inconvenient schedule.

The resources of the clinical bases and our own clinic are sufficient to form the clinical skills of students. However, during a visit to the EEC clinical bases, limited access for students to patients was revealed.

The university invests its own funds in the development of material and technical resources (for example, clinical bases).

During the work of the EEC, it was not revealed that the university promotes a regional and international exchange of employees. According to the results of the teaching staff questionnaire, the question of how often master classes or lectures are held with the participation of practitioners: 55.3% of teachers sometimes answered, 13.2% very rarely and 7.8% of teaching staff never. 18.4% and 5.2% of faculty members consider that additionally invited teachers to participate in the learning process very rarely and never respectively.

### ***Strengths / Best Practices***

- Developed infrastructure, which includes its own educational buildings, campuses in the regions of the Kyrgyz Republic, its own educational and clinical base, a center for simulation medicine, laboratories, and which fully meets the needs of the educational process.
- A unique practice was introduced for the Kyrgyz Republic to provide all students with personal tablet computers with access to electronic textbooks in basic disciplines developed by leading professors of India. University internationalization.

### ***Recommendation***

- Provide more student access to patients.
- Define and implement a policy on academic mobility within the country (with universities of the Kyrgyz Republic) - transfer and offsetting educational loans, mutual recognition of elements of educational programs, coordination of programs between universities and so on.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 4

satisfactory - 6

suggest improvement - 2

unsatisfactory – 0

### ***6.7 Standard «Evaluation of educational program»***

#### ***Evidential part***

The IHSM has a working group to monitor the implementation of the educational program, which is formed from the most experienced representatives of teaching staff, administrative staff, students, partners, and other stakeholders. The working group is annually formed by the decision of the EMC and approved by the order of the Rector. The working group regularly analyzes the data on educational and methodological support, teaching methods and technologies, the material and technical base, and analyzes the data obtained during the routine collection.

IHSM analyzes the educational achievements of students and graduates in relation to its mission and learning outcomes. To assess the resources, an analysis of the results of the review of the departments is carried out.

An analysis of satisfaction with the educational program of students and faculty is carried out in general for the educational institution “General Medicine”, however, at the moment questionnaires have been developed and piloted, the purpose of which is to study the analysis of satisfaction of students and faculty at the end of each studied discipline.

IHSM collects and analyzes feedback received during the implementation of the MEP and based on the learning outcomes obtained during the survey.

#### ***Analytical part***

As a whole, the IHSM has created an effective system for evaluating the educational program, which is understandable and transparent to interested parties.

To improve the feedback process, the university needs to work more actively with employers regarding the provision of feedback on decisions made on the basis of a collective discussion.

#### ***Recommendations***

- On an ongoing basis, provide feedback to relevant stakeholders on changes in the EP adopted on the basis of their recommendations.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 1

satisfactory - 7

suggest improvement - 1

unsatisfactory - 0

#### 6.8 Standard «Management and administration»

##### ***Evidential part***

IHSM is a non-profit educational institution with a private form of ownership.

The main collective advisory body of the management of the IHSM is the Academic Council. The main governing body in the solution, organization, and implementation of the current tasks of the development of IHSM is the Council of the Rectorate.

The main structural units of the IHSM are responsible for the development, implementation and monitoring of educational programs are the departments of fundamental, basic (natural-scientific) and clinical disciplines. The organization of educational activities and control functions are assigned to the dean's office, which is supervised by the vice-rector for educational work. IHSM is a non-profit educational organization and has autonomy in implementing the financial policy of the university, in obtaining and spending financial and material resources.

##### ***Analytical part***

Management of IHSM is determined by the developed Management Structure, which is updated as necessary, which ensures the effectiveness of the university as a whole and the implementation of mechanisms for improving the academic program.

IHSM places great emphasis on collegiality and transparency. All decisions made on the main issues of all types of activities of the university are discussed at the Academic Council, educational council, production meetings. The most important information is posted on the IHSM website, current information is disseminated and communicated to all personnel through print and electronic mailing. On a regular basis, basic information about the activities of the university is provided to the supervising state education and health authorities.

For the effective functioning of all structures, the relevant Regulations have been developed that define the interactions of various units.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 3

satisfactory - 8

suggest improvement - 1

unsatisfactory - 0

#### 6.9 Standard «Continuous improvement»

##### ***Evidential part***

IHSM updated its mission, educational goals, and vision in 2018. At the moment, IHSM has a mission formulated and approved by the expanded Academic Council, a vision and goals that are relevant to the context of the organization, agreed with all interested parties.

In 2018, IHSM passed national program accreditation. The results of the accreditation process were taken into account when revising the action plans for 2019.



Due to the urgency of the problems of cardiovascular diseases both in the region and on a global level, and modern approaches to treatment and diagnosis, a new department of cardiac surgery and invasive methods of treatment and diagnosis has been created.

MEP is updated based on several groups of factors: internal - the results of evaluation and monitoring of MEP and external, including the study of practice, new approaches in education and training methodology, the results of external evaluations. So, in IHSM, the Center for Simulation Medicine was created, a platform for self-study and independent online testing was introduced.

### ***Analytical part***

The updating of educational resources is fixed at a strategic level and is reflected in the strategic and tactical documents of IHSM. In recent years, due to the increase in the number of students and teachers, the IHSM infrastructure has been significantly expanded, including the introduction of its own educational and clinical base, new laboratories, the expansion of the classroom fund, and the updating and acquisition of equipment.

The growth in the number of students, and with it the staff, necessitated the automation of the learning management process. At the moment, IHSM is at the stage of completion of the implementation of an automated management system. AMS covers all IHSM processes, presenting a single interconnected system.

***EEC conclusions on the criteria: (strong / satisfactory / suggest improvements / unsatisfactory)***

strong - 2

satisfactory - 10

suggest improvement - 0

unsatisfactory – 0

## **(VII) REVIEW OF STRENGTHS / BEST PRACTICE BY EACH STANDARD**

### **7.1 Standard «Mission and Learning Outcomes»**

- The university has a strategic development plan, updated as a development program for 2018-2020.
- Institutional autonomy at the university.
- Internationalization of the university.

### **7.2 Standard «Educational programs»**

• IHSM MEP is a unique authoring that combines the advantages of traditional domestic medical education and modern international principles for training professional medical personnel.

- Extensive involvement of stakeholders and external experts to evaluate and evaluate the IHSM educational program.
- Organization of internships for students of recent courses at the leading clinics in India.

### **7.4 Standard «Students»**

- The IHSM defines and widely implements a policy of representing students in key issues related to MEP and the life of the university.
- IHSM student organizations are active and have good relations with leading international student organizations (AMSA, IFMSA).

### **7.5 Standard «Academic staff»**

- IHSM has an employee selection and recruitment policy

## **7.6 Standard «Educational resources»**

- Developed infrastructure, including its own educational buildings, campuses in the regions of the Kyrgyz Republic, its own educational and clinical base, a center for simulation medicine, laboratories, and allowing to fully meet the needs of the educational process.
- The practice has been introduced, unique for the Kyrgyz Republic, to provide all students with personal tablet computers with access to electronic textbooks on basic disciplines developed by leading professors of India. University internationalization.

## **(VIII) REVIEW OF QUALITY IMPROVEMENT RECOMMENDATIONS**

### **8.1. Standard «Mission and Learning Outcomes»**

- In order to improve the quality of the educational process, develop and implement a Quality Policy.
- Continue work on improving the intra-university system of ensuring and monitoring the quality of education, including risk management, monitoring, and decision-making based on facts.
- More extensively inform the Mission of the educational institution (media, banners, stands, etc.) in order to bring it to the attention of faculty and students.
- On an ongoing basis, update the university's website with up-to-date information on the development of the university, academic programs and improve the site's interface and navigation system.

### **8.2. Standard «Educational programs»**

- To diversify and expand the number of elective courses focused on training specialists in the field of higher medical education.
- In order to improve the quality of training on a regular basis, apply innovative teaching methods taking into account the educational needs of students and the objectives of the discipline.
- Speed up the process of development and implementation of EP (FSA - 2015, EPL - 2017, MEP has been implemented since 2018).
- To improve the quality of EP, its focus on labor market needs, ensure regular coordination of MEP with employers.
- Develop measures to increase the effectiveness of the partnership between the university and the employer in the context of the formation of the competency model of the graduate.
- Promote professional certification of students and the introduction of research elements in the content of accredited educational programs.
- Develop an action plan to harmonize educational programs with the programs of leading domestic and foreign universities, the formation of joint academic programs and ensure its implementation.

### **8.3. Standard «Assessment of students»**

- The university needs to diversify the forms of examinations.
- In the Appeal Regulations, review the procedure for appealing exam results in accordance with generally accepted practice in the higher education system. The university must guarantee the possibility of appealing the results of the assessment based on the principles of justice and through adherence to generally accepted standards for evaluating the educational achievements of students.
- The university should more clearly envisage mechanisms for regular assessment of feedback from students about satisfaction with the process and learning conditions.

#### **8.4. Standard «Students»**

- Maintain up-to-date social support system for students.
- Find the opportunity to increase the level of outgoing academic mobility of students.

#### **8.5. Standard «Academic staff/Faculty»**

- On an ongoing basis to improve the system of material incentives for teaching staff, taking into account the main indicators of educational, scientific and educational activities.
- Review and update the available scientific and educational literature for teaching staff, as well as ensure measures for teachers to publish educational and methodical literature.

#### **8.6. Standard «Educational resources»**

- Provide greater access for students to patients.
- Define and implement a policy on academic mobility within the country (with universities of the Kyrgyz Republic) - transfer and offsetting educational loans, mutual recognition of elements of educational programs, coordination of programs between universities and so on.

#### **8.7. Standard «Assessment of educational program»**

- On an ongoing basis, provide feedback to relevant stakeholders on changes in the EP adopted on the basis of their recommendations.



**Appendix 1. Grading table «Institutional Accreditation parameters»**

№ п\п	Criteria for evaluation	Education Organization Position			
		Strong	Satisfactory	Suggests improvement	Unsatisfactory
<b>MISSION AND FINAL RESULTS</b>					
<b>Mission definition</b>					
1	The medical education organization should determine its mission and bring it to the attention of stakeholders and the health sector.			+	
2.	The mission statement should contain goals and an educational strategy to prepare the doctor:		+		
	competent at a basic level;				
	with an appropriate basis for a further career in any field of medicine, including all types of medical practice, administrative medicine and scientific research in medicine;				
	able to fulfill the role and functions of a doctor in accordance with the established requirements of the health sector;				
	prepared for postgraduate studies, including residency, specialization;				
	with a commitment to lifelong learning, including professional responsibility to maintain the level of knowledge and skills through performance assessment, audit, the study of one's own practice and recognized activities in <i>CPD/CME</i> .				
3	The medical educational organization must ensure that the declared mission includes public health problems, the needs of the medical care system and other aspects of social responsibility			+	
4	The medical education organization must have a strategic development plan that is consistent with the stated mission, the goals of the medical education organization and approved by the advisory board of the university.	+			
5	The medical education organization must systematically collect, accumulate and analyze information about its activities; assess the strengths and weaknesses of the university (SWOT analysis), on the basis of which the administration and the advisory council of the university must determine policies and develop strategic and tactical plans.		+		
6	The mission and goals of the medical education organization should correspond to available resources, market requirements, ways of their support should be			+	

	determined and access to information about the mission, the goals of the medical education organization for the public should be ensured (availability of information in the media, on the university website). The mission and goals of the medical educational organization are approved at the advisory council of the university.				
7	The medical educational organization should ensure that the mission includes the achievements of medical research in the field of biomedical, clinical, behavioral and social sciences.		+		
8	The medical educational organization should ensure that the mission incorporates aspects of global health and reflects major global health concerns.		+		
<b>Participation in mission statement</b>					
9	The medical educational organization must ensure that key stakeholders are involved in mission design.			+	
10	The medical educational institution should ensure that the stated mission is based on the opinions / suggestions of other relevant stakeholders.			+	
<b>Institutional autonomy and academic freedom</b>					
11	The medical educational organization must have institutional autonomy to develop and implement policies for which the faculty and administration are responsible, especially with regard to:	+			
	educational program development;				
	use of allocated resources necessary for the implementation of the educational program.				
12	The medical educational organization should guarantee academic freedom to its staff and students:		+		
	in relation to the current educational program, in which it is allowed to rely on various points of view in the description and analysis of issues in medicine;				
	the possibility of using the results of new research to improve the study of specific disciplines/issues without expanding the educational program.				
<b>Learning Outcomes</b>					
13	The medical educational organization should determine the expected end results of the training, which students should show after completion, regarding:		+		
	their achievements at a basic level in terms of knowledge, skills and professional values, and relationships;				
	an appropriate basis for a future career in any branch of medicine;				
	their future roles in the health sector;				
	their subsequent postgraduate training;				
	their commitment to lifelong learning;				
	their commitment to lifelong learning;				
14	The medical education institution must ensure that the student complies with the obligations of doctors,		+		

	teachers, patients, and their relatives in accordance with the Code of Conduct.				
15	A medical educational organization should:		+		
	to determine and coordinate the connection of the final learning outcomes required upon completion with those required in postgraduate studies;				
	to determine the results of the involvement of students in research in medicine;				
	to pay attention to the final results related to global health.				
	<b>Total</b>	<b>2</b>	<b>8</b>	<b>5</b>	
<b>EDUCATIONAL PROGRAMS</b>					
<b>Model of the educational program and teaching methods</b>					
16	The medical educational organization should determine the model of the educational program including an integrated model based on disciplines, organ systems, clinical problems and diseases, a model based on modules or spiral design.		+		
17	The medical educational institution should determine the teaching and learning methods used.			+	
18	The medical educational organization must ensure that the educational program develops the students' lifelong learning abilities.		+		
19	The medical educational organization must ensure that the educational program is implemented in accordance with the principles of equality.		+		
20	The medical education organization should use the educational program and teaching and learning methods based on modern teaching principles that stimulate, prepare and support students and ensure that students are formed responsible for their learning process.			+	
<b>Scientific method</b>					
21	The medical educational organization should throughout the entire training program teach students:		+		
	principles of scientific methodology, including analytical and critical thinking methods;				
	scientific research methods in medicine;				
	evidence-based medicine, which requires the appropriate competence of teachers and will be an indispensable part of the educational program and will involve trained doctors in conducting or participating in small research projects.				
22	The medical educational organization should include in the educational program elements of basic or applied research that include compulsory or elective analytical and experimental studies, thereby facilitating the participation in the scientific development of medicine as professionals and colleagues		+		
<b>Basic Biomedical Sciences</b>					
23	The medical educational organization should determine and include in the educational program:		+		

	achievement of basic biomedical sciences for the formation of students' understanding of scientific knowledge;				
	concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.				
24	The medical educational organization should correct and introduce new achievements in the biomedical sciences in the educational program for:		+		
	scientific, technological and clinical developments;				
	current and expected needs of society and the health system.				
<b>Behavioral and social sciences and medical ethics</b>					
25	The medical educational organization must determine and include in the educational program the achievements of:		+		
	<i>behavioral sciences;</i>				
	<i>social sciences;</i>				
	<i>medical ethics;</i>				
	<i>medical jurisprudence</i>				
	<i>which will provide the knowledge, concepts, methods, skills, and attitudes necessary to understand the socio-economic, demographic and cultural causes of the causes, distribution, and consequences of medical health problems, as well as knowledge about the national health system and patient rights, which will contribute to the analysis of public health problems effective communication, clinical decision-making, and ethical practice.</i>				
26	The medical education organization should correct and introduce new achievements in the behavioral and social sciences, as well as medical ethics, in the educational program:		+		
	scientific, technological and clinical developments;				
	current and anticipated needs of society and the health system;				
	changing demographics and cultural conditions.				
<b>Clinical Sciences and Skills</b>					
27	The medical educational organization must determine and implement the achievements of the clinical sciences in the educational program and ensure that students:			+	
	acquire sufficient knowledge and clinical and professional skills in order to assume appropriate responsibilities, including activities related to health promotion, disease prevention, and patient care.				
	spend a reasonable part (one third) of the program in planned contacts with patients, including consideration of the appropriate number of goals, and their sufficiency for training in the appropriate clinical facilities;				
	carry out health promotion and prevention;				
28	The medical educational organization must establish a		+		

	certain amount of time for training in the main clinical disciplines, including internal diseases, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.				
29	The medical educational organization should organize clinical training with appropriate attention to patient safety, including monitoring the actions performed by the student in the clinic.	+			
30	The medical educational organization should correct and introduce new achievements in the clinical sciences in the educational program regarding:		+		
	scientific, technological and clinical developments;				
	current and expected needs of society and the health system.				
31	The medical educational organization must ensure that each student has early contact with real patients, including his gradual participation in assisting the patient, including responsibility for the examination and / or treatment of the patient under supervision, which is carried out in the appropriate clinical facilities.	+			
32	The medical educational organization should structure the various components of clinical skills training in accordance with the specific stage of the training program.		+		
<b>The structure of the educational program, content, and duration</b>					
33	The medical educational organization should describe the content, volume, and sequence of courses and other elements of the educational program to ensure that the appropriate ratio between basic biomedical, behavioral and social and clinical disciplines is observed	+			
34	The medical educational organization should in the educational program:			+	
	to ensure horizontal integration of related sciences and disciplines;				
	ensure vertical integration of clinical sciences with basic biomedical and behavioral and social sciences;				
	provide the opportunity for elective content (electives) and determine the balance between the compulsory and elective part of the educational program, including a combination of mandatory elements and electives or special components of choice;				
	determine the relationship with complementary medicine, including non-traditional, traditional or alternative practice.				
<b>Program management</b>					
35	The medical educational organization must determine the structural unit responsible for educational programs, which, under the guidance of academic leadership, is responsible and authorized to plan and implement the educational program, including the allocation of allocated resources for planning and implementing teaching and learning methods, evaluating students and			+	



	evaluating educational programs and courses training, in order to ensure the achievement of the final learning outcomes.				
36	The medical educational organization must guarantee representation from teachers and students in the structural unit responsible for educational programs.		+		
37	The medical educational organization must, through the structural unit responsible for educational programs, plan and implement innovations in the educational program.			+	
38	The medical educational organization should include representatives from other relevant stakeholders, in the structural unit of the medical education organization responsible for educational programs, including other participants in the educational process, representatives from clinical bases, graduates of medical educational institutions, health professionals involved in the training process or other faculty members of the university.			+	
<b>Relationship with medical practice and the healthcare system</b>					
39	The medical educational organization should provide an operational link between the educational program and the subsequent stages of professional training (residency, specialization CPD/CME) or the practice that the student will begin at the end of the training, including identifying health problems and determining the required learning outcomes, clearly identifying and describing the elements educational program and their relationships at various stages of training and practice, with due regard to local, national, regional and global conditions, as well as feedback from the health sector and the participation of teachers and students in the team of specialists in the provision of medical care.		+		
40	The medical educational organization should ensure that the structural unit responsible for the educational program:		+		
	takes into account the particular conditions in which graduates have to work and, accordingly, modify the educational program;				
	considers a modification of the educational program based on feedback from the public.				
	<b>Total</b>	<b>4</b>	<b>13</b>	<b>8</b>	
<b>Assessment of students</b>					
<b>Assessment methods</b>					
41	Medical educational organization <b>should:</b>			+	
	identify, approve and publish the principles, methods, and practices used to evaluate students, including the number of exams and other tests, maintaining a balance between written and oral exams, using assessment methods based on criteria and considerations, and special examinations (OSCE or Mini-Clinical exam), as well as determine the criteria for establishing passing grades, grades and the number of permitted retakes;				

	ensure that the assessment covers knowledge, skills and professional values and attitudes.				
	use a wide range of assessment methods and formats depending on their "utility rating", which includes a combination of validity, reliability, impact on training, acceptability, and effectiveness of assessment methods and format;				
	ensure that assessment methods and results avoid conflicts of interest;				
	ensure that the assessment process and methods are open (accessible) for examination by external experts.				
42	<b>Medical educational organization should:</b>			+	
	<i>document and evaluate the reliability and validity of assessment methods, which requires an appropriate process to ensure the quality of existing assessment practices;</i>				
	introduce new assessment methods in accordance with the need;				
	use the system to appeal assessment results.				
<b>The relations between assessment and learning</b>					
43	The medical educational organization should use the principles, methods, and practice of assessment, including the educational achievements of students and the assessment of the knowledge, skills, professional values of relationships that:		+		
	clearly comparable to teaching, teaching and learning outcomes;				
	ensure that students achieve the final learning outcomes;				
	facilitate learning;				
	provide an appropriate balance between formative and summative assessment in order to manage learning and evaluate student's academic progress, which requires the establishment of rules for assessing progress and their relationship to the assessment process.				
44	<b>A medical educational organization should:</b>		+		
	<i>to regulate the number and nature of examinations of various elements of the educational program in order to facilitate the acquisition of knowledge and integrated learning in order to avoid negative impact on the learning process, and eliminate the need to study an excessive amount of information and congestion in the educational program;</i>				
	to guarantee the provision of feedback to students based on the results of the assessment.				
	<b>Total</b>		<b>2</b>	<b>2</b>	
<b>STUDENTS</b>					
<b>Admission and Selection Policy</b>					
45	<b>A medical educational organization should:</b>		+		
	define and implement a reception policy, including a clearly defined provision on the selection process for students, which includes justification and selection				

	methods, such as high school results, other relevant academic experience, other entrance examinations, and interviews, assessment of motivation to become a doctor, including changes in needs associated with a variety of medical practices;				
	have a policy and introduce the practice of accepting students with disabilities in accordance with applicable laws and regulatory documents of the Kyrgyz Republic;				
	have a policy and introduce the practice of transferring students from other programs and medical education organizations;				
46	<b>A medical educational organization should:</b>		+		
	to establish the relationship between the selection of students and the mission of the medical educational organization, the educational program and the desired quality of graduates;				
	periodically review the admission policy, based on relevant data from the public and specialists in order to meet the health needs of the population and society as a whole, including considering the enrollment of students taking into account their gender, ethnic origin and language, and the potential need for a special admission policy for students from low-income families and national minorities;				
	use the system to appeal decisions on admission.				
<b>Student enrollment</b>					
47	The medical education organization must determine the number of students enrolled in accordance with material and technical capabilities at all stages of education and training. Making a decision on the recruitment of students implies the need to regulate national requirements for human resources for health care, in the case when medical educational institutions do not control the number of students recruited, then you must demonstrate your obligations by explaining all the relationships, paying attention to the consequences of the decisions made (imbalance between the set of students and material and technical, and academic potential of the university)	+			
48	The medical education organization should periodically review the number and contingent of students enrolled in consultation with relevant stakeholders responsible for planning and developing human resources in the health sector, as well as experts and organizations on global aspects of human resources for health (such as insufficient and uneven distribution of human resources healthcare, the migration of doctors, the opening of new medical universities) and regulations to meet the needs of the health of the population and society as a whole.		+		
<b>Student counseling and support</b>					
49	<b>A medical educational organization should:</b>		+		
	have a system of academic counseling for their students,				

	which includes issues related to the selection of electives, preparation for residency, career planning, the appointment of academic tutors (mentors) for individual students or small groups of students;				
	to offer a student support program aimed at social, financial and personal needs, which includes support in connection with social and personal problems and events, health problems and financial issues, access to medical care, immunization programs, and medical insurance, as well as financial assistance services in form of financial assistance, scholarships, and loans;				
	ensure confidentiality regarding counseling and support				
50	The medical education institution must provide counseling that:		+		
	based on monitoring the progress of the student and is aimed at the social and personal needs of students, including academic support, support regarding personal problems and situations, health problems, financial issues;				
	includes counseling and career planning.				
<b>Student Representation</b>					
51	The medical education organization must determine and implement the policy of student representation and their appropriate participation in the development, management, and evaluation of the educational program, and other issues related to students, which includes student self-government, participation of students in councils of faculties, universities and other relevant bodies, as well as community activities and local health projects.	+			
52	Medical education organizations should provide assistance and support to student activities and student organizations, including the provision of technical and financial support to student organizations.	+			
	<b>Total</b>	<b>4</b>	<b>4</b>		
<b>ACADEMIC STAFF/FACULTY</b>					
<b>Selection and Recruitment Policy</b>					
53	The medical education organization must determine and implement a policy for the selection and admission of employees, which:	+			
	defines their category, responsibility and balance of the academic staff/teachers of basic biomedical sciences, behavioral and social sciences, clinical sciences for the adequate implementation of the educational program, including the proper ratio between medical and non-medical teachers, full-time and part-time teachers and the balance between academic and non-academic staff;				
	contains criteria for the scientific, pedagogical and clinical merits of applicants, including the proper balance between pedagogical, scientific and clinical qualifications;				

	defines and monitors the responsibilities of the academic staff/teachers of basic biomedical sciences, behavioral and social sciences, clinical sciences;				
54	The medical education organization should take into account criteria such as:		+		
	attitude to his/her mission, the importance of local conditions, including gender, nationality, religion, language and other conditions related to the medical organization of education and the educational program;				
	<i>economic opportunities that take into account institutional conditions for financing employees and efficient use of resources.</i>				
<b>Development Policy and Employee Activities</b>					
55	The medical education organization must determine and implement a policy for the activity and development of employees, which:		+		
	allows maintaining a balance between teaching, scientific and service functions, which include setting the time for each type of activity, taking into account the needs of the medical educational institution and the professional qualifications of teachers;				
	guarantees recognition of the dignity of academic activity, with an appropriate emphasis on pedagogical, research and clinical qualifications and is carried out in the form of awards, promotions and / or remuneration;				
	ensures that clinical activities and research are used in teaching and learning;				
	<i>guarantees the sufficiency of knowledge by each employee of the educational program, which includes knowledge of the teaching/learning methods and the general content of the educational program and other disciplines, and subject areas in order to stimulate cooperation and integration;</i>				
	<i>includes training, development, support, and assessment of the activities of teachers, which involves all teachers, not only newly hired but also teachers recruited from hospitals and clinics.</i>				
56	A medical educational organization <b>should:</b>	+			
	take into account the ratio of "teacher-student" depending on the various components of the educational program;				
57	A medical educational organization <b>should:</b>		+		
	to develop and implement a policy of promotion and career growth of employees.				
	<b>Total</b>	<b>2</b>	<b>3</b>		
<b>EDUCATIONAL RESOURCES</b>					
58	<b>The material and technical basis</b>	+			
	A medical educational organization <b>should:</b>				
	have sufficient material and technical base for teachers and students, allowing to ensure adequate implementation of the educational program;				

	to provide a safe environment for employees, students, patients and those who care for them, including providing the necessary information and protection from harmful substances, microorganisms, observing safety rules in the laboratory and when using equipment				
59	a medical educational organization should improve the learning environment of students by regularly updating, expanding and strengthening the material and technical basis, which should develop teaching practice	+			
<b>Resources for clinical training</b>					
60	The medical educational organization must provide the necessary resources for students to acquire adequate clinical experience, including sufficient:				+
	number and categories of patients;				
	the number and categories of clinical sites, which include clinics (providing primary, specialized and highly specialized care), outpatient services, primary health care facilities, health centers and other institutions providing medical care to the population, as well as centers/clinical skills laboratories that allow clinical training using the capabilities of clinical databases and provide rotation in the main clinical disciplines;				
	monitoring the clinical training of students				
61	The medical educational institution should research and evaluate, adapt and improve clinical training resources to meet the needs of the population being served, which will include relevance and quality for clinical training programs regarding clinical facilities, equipment, number and category of patients and clinical practice, observation as supervision and administration		+		
<b>Information technologies</b>					
62	The medical educational organization should determine and implement a policy that is aimed at the effective use and evaluation of relevant information and communication technologies in the educational program.	+			
63	The medical educational organization should provide teachers and students with the opportunity to use information and communication technologies:	+			
	for self-study				
	to access information				
	for patient surveillance				
	for work in the healthcare system				
64	The medical education organization should ensure that students have access to relevant patient data and health information systems.	+			
<b>Medical research and scientific advances</b>					
65	A medical educational organization <b>should</b>	+			
	carry out research activities in the field of medicine and have scientific achievements as the basis for the				

	educational program				
	identify and implement policies that promote the relationship between research and education				
	provide information on the research base and priority areas in the field of scientific research of medical education organization				
	The medical educational organization should ensure that the relationship between research and education:				
	is considered in teaching				
	encourages and prepares students to participate in scientific research in the field of medicine and their development				
<b>Education Expertise</b>					
66	A medical educational organization <b>should</b>	+			
	have access to expertise in the field of education, where necessary, and conducts an examination that examines the processes, practices, and problems of medical education and may involve doctors with experience in research in medical education, psychologists and sociologists in the field of education, which is provided by the development department University medical education or by attracting experts from other national and international institutions				
67	The medical educational organization should determine and implement a policy on the use of expertise in the field of education:		+		
	in the development of an educational program				
	in developing teaching methods and assessing knowledge and skills				
68	A medical educational organization <b>should</b>		+		
	provide evidence of the use of internal and external expertise in the field of medical education to develop the potential of its employees				
	pay due attention to the development of expertise in the assessment of education and in research in medical education as a discipline that includes the study of theoretical, practical and social issues in medical education				
	to promote the aspirations and interests of employees in conducting research in medical education				
<b>Academic exchange</b>					
69	The medical educational organization must define and implement a policy for:			+	
	cooperation at the national and international levels with other medical universities, schools of public health, faculties of dentistry, pharmacy and other faculties of universities				
	transfer and offsetting educational credits, which includes consideration of the limits of the educational program, which can be transferred from other educational organizations and which can be facilitated by the conclusion of agreements on the mutual				

	recognition of elements of the educational program and the active coordination of programs between universities and the use of a transparent system of credit units and flexible course requirements				
70	A medical educational organization <b>should</b>		+		
	facilitate a regional and international exchange of staff (academic, administrative and teaching staff) and students by providing appropriate resources.				
	ensure that the exchange is organized in accordance with the objectives, taking into account the needs of employees, students, and in compliance with ethical principles.				
	<b>Total</b>	<b>4</b>	<b>6</b>	<b>2</b>	
<b>EVALUATION OF THE EDUCATIONAL PROGRAM</b>					
<b>The means for program monitoring and evaluation.</b>					
71	The medical educational organization should have the program for monitoring, processes and results evaluation, including the routine collection of data on key aspects of the educational program (EP) in order to ensure that the educational process is carried out appropriately. This program should identify any area that requires adjustment. The data collection is also a part of the administrative procedures in connection with the admission of students, assessment of students' performance and completion of the studies.			+	
72	The medical educational organization must establish and apply means for EP evaluation, which		+		
	are aimed at the EP and its main components, including the model of the educational program, its structure, content, and duration, its compulsory and elective parts				
	are aimed at the progress of the student				
	<i>identifying and addressing problems that include insufficient achievement of the expected learning outcomes. It involves the information collection on the learning outcomes, including identified shortages and problems, and be used as feedback for activities to amend action plans, to improve educational program and curriculum subjects</i>				
73	The medical education organization should periodically conduct a comprehensive assessment of the educational program aimed at:		+		
	<i>on the context of the educational process, which includes the organization and resources, the learning environment and the culture of the medical educational organization</i>				
	<i>on special components of the educational program, which include a subject description, teaching and learning methods, clinical rotations and assessment methods</i>				
	<i>The overall final results, which will be measured by the results of national licensing exams, benchmarking procedures, international exams, career choice, and</i>				



	<i>postgraduate studies</i>				
	personal social responsibility				
<b>Feedback from faculties and students</b>					
74	<i>The medical education institution should systematically collect, evaluate and provide feedback to faculties and students, which includes information on the educational program processes and products. It also includes information on the unfair practice or improper behavior of faculties or students with and/or legal consequences</i>		+		
75	A medical educational organization uses feedback results to improve the education program		+		
<b>Educational achievements of students and graduates</b>					
76	The medical educational organization should analyze the educational achievements of students and graduates regarding:		+		
	to its mission and the final results of training in the framework of the educational program, which includes information on the average duration of studies, academic performance marks, the frequency of passing and failing exams, cases of successful completion and expulsion, students' reports on the conditions of training in the courses taken, on the time spent to explore areas of interest, including optional components, as well as interviews with students in the repeat courses, and interviews with students who before time leaves the program				
	educational program				
	necessary recourses supply				
77	The medical educational organization should analyze the educational achievements of students and graduates regarding:		+		
	<i>their previous experience and conditions, including social, economic, cultural conditions</i>				
	level of education at the time of admission to a medical educational school				
78	The medical educational organization should use the analysis of students' academic achievements to provide feedback to the structural units responsible for:		+		
	students' selection process				
	educational program planning				
	students counseling				
<b>Engagement of stakeholders</b>					
79	The medical educational organization should involve in its monitoring program and educational program evaluation activities		+		
	Academic staff and students				
	Administration and management structure				
	Medical education organization should do for other interested parties, including other representatives of academic and administrative staff, members of the public, authorized bodies in the field of education and				

	healthcare, professional organizations, as well as those responsible for postgraduate education:				
	provide access to the results of the course assessment and educational program;				
	demonstrate feedback from them on the clinical practice of graduates;				
	demonstrate feedback from them on the educational program.				
	<b>Total</b>	<b>1</b>	<b>7</b>	<b>1</b>	
<b>MANAGEMENT AND ADMINISTRATION</b>					
<b>Management</b>					
80	The medical educational organization shall determine the management structures and functions, including their relationship with the university if the medical education organization is part or a branch of the university.		+		
81	The medical education organization should determine structural units in its management structures with the establishment of the responsibility of each structural unit and include in their composition:		+		
	representatives of academic staff;				
	students;				
	<i>other stakeholders, including representatives from the ministry of education and health, the health sector and the public.</i>				
82	The medical educational organization must ensure transparency of the management system and decisions made, which are published in the bulletins, posted on the university's website, included in the protocols for review and implementation.		+		
<b>Academic leadership</b>					
83	The medical education institution must clearly define the responsibility of the academic leadership regarding the development and management of the educational program	+			
84	A medical educational organization should periodically evaluate the academic leadership regarding the achievement of its mission and the end results of training		+		
<b>Training and resource budget.</b>					
85	Medical education organization should:	+			
	have a clear range of responsibilities and authority to provide the educational program with resources, including a targeted training budget				
	to allocate the resources necessary for the implementation of the educational program and to allocate educational resources in accordance with their needs.				
86	The financing system of the medical educational organization should be based on the principles of efficiency, effectiveness, priority, transparency,		+		

	responsibility, delineation and independence of all levels of budgets.				
87	<b>Medical education organization should:</b>	+			
	provide sufficient autonomy in the distribution of resources, including decent remuneration for teachers in order to achieve the final results of training				
	when allocating resources, take into account scientific advances in medicine and public health problems and their needs				
<b>Administrative staff and management</b>					
88	The medical education organization must have the appropriate administrative and academic staff, including their number and composition in accordance with the qualifications, in order to:		+		
	ensure the implementation of the educational program and related activities				
	ensure proper management and allocation of resources;				
89	Medical education organization <b>should</b> develop and implement an internal management quality assurance program, including consideration of needs for improvement, and conduct regular review and analysis of management			+	
<b>Collaboration with the health sector</b>					
90	The medical education organization <b>should</b> have constructive interaction with <i>the healthcare sector, with the related healthcare sectors of society and government, including the exchange of information, cooperation and organization initiatives, which helps to provide qualified doctors in accordance with the needs of society</i>		+		
91	A medical educational organization <b>should</b> give official status to cooperation with partners in the health sector, which includes the conclusion of formal agreements with the definition of the content and forms of cooperation, the conclusion of a joint contract, the creation of a coordination committee and joint activities		+		
	<b>Total</b>	<b>3</b>	<b>8</b>	<b>1</b>	
92	<b>CONTINUOUS IMPROVEMENT</b>				
	The medical educational institution as a dynamic and socially accountable institution <b>should:</b>	+			
	initiate procedures for regularly reviewing and updating the process;				
	initiate revision of the structure and functions;				
	allocate resources for improvement				
93	The medical educational institution <b>should:</b>		+		
	base the renewal process on advanced research and analysis and on the results of their own study and evaluation, and literature on medical education				
	ensure that the process of renewal and restructuring leads to a revision of its policies and practices in accordance with previous experience, current activities,				

	and future prospects, and directs the renewal process to the following issues;				
94	Adaptation of the provision on the mission and the final results of development to the scientific, socio-economic and cultural development of society		+		
95	Modification of the final graduates' study results to the documented needs of the post-graduate environment, which includes clinical skills, public health training and participation in the provision of medical care to patients in accordance with the graduates' responsibilities after graduation	+			
96	Adaptation of the educational program model and methodological approaches to ensure that they are relevant and relevant and take into account modern theories an of education, adult education methodology, principles of active learning		+		
97	Adjustment of the elements of the educational program and their connections in accordance with achievements in biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health/morbidity patterns of the population and socio-economic cultural conditions. The adjustment process should incorporate new relevant knowledge, concepts, methods and eliminate obsolete ones		+		
98	Development of evaluation principles and methods of conducting and number of examinations in accordance with changes in final learning outcomes and teaching and learning methods		+		
99	Adaptation of student recruitment policies and student selection methods, taking into account changing expectations and circumstances, human resource requirements, changes in the system of pre-university education and the needs of the educational program;		+		
100	Adaptation of the policy of recruitment and formation of the academic staff of the staff in accordance with changing needs;		+		
101	Updating educational resources in accordance with changing needs, such as a set of students, the number and profile of academic staff, an educational program;		+		
102	Improving the process of monitoring and evaluating the educational program;		+		
103	Improving the organizational structure and management principles to ensure effective operations in the face of changing circumstances and needs, and, in the future, to meet the interests of various groups of stakeholders.		+		
	<b>Total</b>	<b>2</b>	<b>10</b>		
	<b>Total</b>	<b>22</b>	<b>63</b>	<b>18</b>	