



«АККРЕДИТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING

REPORT

on the results of the work of the external expert evaluation commission
for compliance with the requirements of the IAAR standards for
international accreditation of basic medical and pharmaceutical
education abroad
(based on WFME/AMSE standards)

32.05.01 Preventive medicine

SAMARA STATE MEDICAL UNIVERSITY

17 - 19 May , 2022

INDEPENDENT ACCREDITATION AND RATING AGENCY
External Expert Commission

Addressed to
IAAR Accreditation
Council



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(I) LIST OF DESIGNATIONS AND ABBREVIATIONS

EP	- educational program
GED	- general education disciplines
RO	- registrar's office
SEP	- sample educational plan
CSIT	- center for scientific information technologies
RW	- research work
QMS	- quality management system
RSE	- Republican state enterprise
REM	- based on the right of economic management
TS	- teaching staff
EDMS	- electronic document management system
MM	- mass media
NAS RK	- National Academy of Sciences of the Republic of Kazakhstan
IDC	- Intellectual Debate Club
ISO	- international standard of the International Organization for Standardization
SAR	- student activity records
EMSD	- educational and methodological system of a discipline
IWST	- independent work of a student with a teacher
UNT	- unified national testing
CT	- comprehensive testing
PLC	- public limited company
JSC	- joint stock company
SME	- state municipal enterprise
HE	- higher education
WI	- work instruction
SRW	- student research work
SSS	- student scientific societies
EEAA	- external evaluation of academic achievements
ISC	- interim state control
SAC	- State Attestation Commission
SFC	- State final certification
SEC	- State Examination Commission
WC	- working education plan
RL	- research lab
RI	- research institute
RC	- research center
ES	- emergency situations
SCT	- student construction teams
HL	- healthy lifestyle
ZhRBRSE	- Zhambyl regional branch of the Republican State enterprise
EMSS	- educational and methodological system of a specialty
SMCU	- scientific and methodological council of the university
SMBD	- scientific and methodological bureau of departments
IEP	- individual education plan
EDC	- catalog of elective disciplines
SID	- student ID

(II) Introduction

In accordance with Order No. 53-19-OD of 02.05.2022 of the Independent Agency for Accreditation and Rating, between 17 and 19 May 2022, an external expert commission assessed the compliance of the educational program 32.05.01 Preventive Medicine of the Samara State Medical University with the IAAR standards for international accreditation of basic medical and pharmaceutical education abroad (based on the WFME/AMSE standards) (No. 68-18/1-OD dated May 25, 2018).

The report of the external expert commission (EEC) contains an assessment of the submitted educational program based on the IAAR criteria, recommendations of the EEC for further improvement of the educational program and parameters of the profile of educational programs.

EEC members:

- 1) **Chairman of the EEC** – Prof. Konrad Juskiewicz, Doctor of Medical Sciences, Professor, KIT Royal Tropical Institute (Netherlands). *On-line participation*
- 2) **IAAR Expert** – Elena S. Tulupova, Ph.D., Institute of Public Health and Medical Law, 1st Medical Faculty of Charles University (Czech Republic) *On-line participation*
- 3) **IAAR expert** – Zulfiya M. Zhankalova, MD, Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan) *Off-line participation*
- 4) **IAAR Expert** – Raushan S. Dosmagambetova, MD, Professor, Medical University of Karaganda (Republic of Kazakhstan) *Off-line*
- 5) **IAAR expert** – Irina V. Nazarenko, PhD, Dean of the Medical and Diagnostic Faculty of the Educational Institution "Gomel State Medical University" (Republic of Belarus) *Off-line*
- 6) **IAAR expert** – Natalia V. Lapova, Ph.D., Associate Professor, Dean of the Pharmaceutical Faculty of the Educational Institution "Vitebsk State Order of Peoples' Friendship Medical University" (Republic of Belarus) *Off-line*
- 7) **IAAR expert** – Alexey N. Kalyagin, MD, Vice-Rector for Medical Work and Postgraduate Education, Head of the Department of Propaedeutics of Internal Diseases of the Irkutsk State Medical University of the Ministry of Health of Russia (Russian Federation) *On-line participation*
- 8) **IAAR Expert** – Elena A. Kiseleva, MD, Professor, Novokuznetsk State Institute of Advanced Medical Training – Branch of the Russian Medical Academy of Continuing Professional Education of the Ministry of Health of Russia (Russian Federation) *Off-line*
- 9) **IAAR expert, employer** – Dmitry I. Dmitriev, Chief Physician of Novokuibushevsk Dental Polyclinic (Russian Federation) *Off-line participation*
- 10) **IAAR expert, employer** – Polina V. Shitz, LLC "Medicine Plus" (Russian Federation) *On-line participation*
- 11) **IAAR expert, Student** – Dmitry S. Anisimov, 5th year student of the Pediatric Faculty, Chairman of the primary trade union organization of students, Smolensk State Medical University (Russian Federation). *On-line participation*
- 12) **IAAR expert, student** – Yury S. Olovyannikov, 5th year student of the educational program "General Medicine" of the Institute of Clinical Medicine of the Altai State Medical University (Russian Federation) (online). *On-line participation*
- 13) **IAAR expert, Student** – Vyacheslav P. Artishchev, 1st year of resident of the EP "Pathological Anatomy" of the I.M. Sechenov First Moscow State Medical University (Russian Federation). *On-line participation*
- 14) **IAAR Coordinator** – Malika A. Saydulayeva, project manager of the Independent Agency for Accreditation and Rating (Republic of Kazakhstan). *On-line participation*

(III) REPRESENTATION OF THE EDUCATIONAL ORGANIZATION

The Federal State Budgetary Educational Institution of Higher Education "Samara State Medical University" of the Ministry of Health of the Russian Federation (hereinafter – SamSMU, University) was established in accordance with the Resolution of the 4th Samara Provincial Congress of Soviets of 12/24/1918, as the medical Faculty of Samara State University, which in 1930 was transformed into the Samara Medical Institute (resolution of the Council of People's Commissars of the RSFSR from 12.07.1930).

The University carries out its activities in accordance with the Constitution of the Russian Federation, Federal Law of 29 December, 2012. N 273-FZ "On Education in the Russian Federation", other federal laws, decrees and orders of the President of the Russian Federation, resolutions and orders of the Government of the Russian Federation, regulatory legal acts of the Ministry of Science and Higher Education of the Russian Federation, the Ministry of Education of the Russian Federation, the Ministry of Health of the Russian Federation and the Charter of the University (Amendments to the Charter of the SamSMU dated 19/04/2018, Amendments to the Charter of the SamSMU dated 22/04/2022).

The SamSMU is a legal entity (non-profit organization), registered in the Unified State Register of Legal Entities for No. 1026301426348 (certificate series 63 No. 001314945 on making an entry in the Unified State Register of Legal Entities on a legal entity registered before July 1, 2002, date of entry 14.01.2003), it is registered with the tax authority (certificate of registration in tax authority series 63 No. 006290260, registration date 27.07.1994).

The University has a license to conduct educational activities No. 2335 of 12 August 2016, series 90/J01 No. 0009395 (with annexes 1.1, 1.2, 1.3), issued by the Federal service for supervision in the sphere of education and science, valid indefinitely, for the basic educational programs of secondary vocational education, higher education – Bachelor's programs, specialist programs, graduate degrees, programs of training for highly qualified specialists – postgraduate residency for scientific and pedagogical personnel, programs of continuing professional education and continuous education for children and adults and state accreditation (certificate of state accreditation No. 2697 01 Nov 2017, series 90A01 No. 0002829 issued by the Federal service for supervision in the sphere of education and science, valid until 01 Nov 2023) for the enhanced group of specialties of secondary vocational education - 31.00.00 Clinical medicine; higher education - Bachelor 34.00.00 Nursing, 39.00.00 Sociology and social work; higher education - specialty 31.00.00 Clinical medicine, 32.00.00 Health Sciences and preventive medicine, 33.00.00 Pharmacy, 37.00.00 Psychological science; higher education - Master's degree 32.00.00 Health Sciences and preventive medicine; postgraduate education for scientific and pedagogical personnel: 06.00.00 Biological Sciences, 30.00.00 Fundamental medicine, Clinical medicine 31.00.00, 32.00.00 Health Sciences and Preventive Medicine, 33.00.00 Pharmacy, 37.00.00 Psychological science; higher education - residency for highly qualified personnel 31.00.00 Clinical medicine, 32.00.00 Health Sciences and Preventive Medicine, 33.00.00 Pharmacy.

The university has 19 scientific and pedagogical schools, 6 dissertation councils for the defense of doctoral and candidate of sciences dissertations in medical and pharmaceutical sciences (13 specialties).

The university has wide international recognition, as evidenced by the export of educational services (over the past two years, the number of foreign students has increased by 22%); a bilingual program in the specialty 31.05.01 General Medicine has been launched, it is being taught in English; the practice of academic exchanges is successfully developing.

The University is represented in the following rating systems: THE WUR 2021 – reporter, THE Impact Ranking Overall – 601-800, THE Impact Ranking Good Health and Well-being – 101-200, Global Aggregated Rating-2021 – TOP 10% of universities in the world, Moscow International University Rating "Three University Missions" - 1201-1300, Rating of the best universities in Russia RAEX-100 – 50.

The Faculty of Preventive Medicine (currently the Institute of Preventive Medicine) was

founded in 1999. The structure of the Institute of Preventive Medicine includes the following specialized departments: Department of General and Molecular Biology, Department of Food Hygiene with a course of hygiene of children and Adolescents, Department of General Hygiene, Department of Public Health, Department of Occupational Diseases and Clinical Pharmacology named after Honored Scientist of the Russian Federation Professor V.V. Kosarev, Department of Physical Education and Health, Department of Infectious Diseases with Epidemiology, Department of General and Clinical Microbiology, Immunology and Allergology.

Training for the EP Preventive Medicine takes 6 years of full-time study. Upon graduation, graduates are distributed to medical institutions and/or employed as general hygiene specialists, epidemiologists, they can also pursue further studies in residency and postgraduate courses.

Academic mobility of teachers and students in the field of Preventive Medicine over the past 3 years has been extremely low and only involved trips within the Russian Federation.

Research work within the framework of the EP Preventive Medicine at specialized departments covers 20 topics, for those there were 53 publications including 62 publications abroad. 95 students (25.6%) out of 370 participate in research work.

(IV) DESCRIPTION OF THE PREVIOUS ACCREDITATION PROCEDURE

The international program accreditation for EP 32.05.01 Preventive Medicine according to IAAR standards is done for the first time.

(V) DESCRIPTION OF THE EEC VISIT

The work of the EEC was carried out on the basis of the approved Program of the visit of the expert commission on institutional and program accreditation of educational programs to the SamSMU between 17 and 19 May, 2022.

In order to coordinate the work of the EEC, an introductory meeting was held on 16.05.2022, at the meeting powers were distributed among the members of the commission, the schedule of the visit was clarified, and an agreement was reached on the choice of evaluation methods.

To obtain objective information on the quality of educational programs and the entire infrastructure of the university, to clarify the content of self-assessment reports, meetings were held with the rector, vice-rectors of the university responsible for specific areas of activity, heads of structural divisions, directors of institutes, heads of departments, teachers, students, graduates, employers. A total of 150 representatives took part in the meetings (Table 1).

Table 1 - Information about employees and students who took part in meetings with the IAAR EEC:

Category of participants	Number
Rector	1
Vice-Rectors and the Head of the Rector's Office	6
Heads of structural divisions	36
Directors of institutes	2
Heads of departments	6
Teachers of the EP Preventive Medicine	13
Students of the EP Preventive Medicine	16
Graduates	35
Employers	35
Total	150

During the tour, the members of the EEC got acquainted with the state of the logistical and technical base, visited the Department of Histology, the Department of Operative Surgery, Clinical Anatomy and IT, the Department of Anatomy, the Morgue, the Boiling Point center, the Institute of Innovative Development, the Clinics of the SamSMU, the Technopark.

The EEC visited departments that do not directly implement the EP Preventive Medicine - the department of Food Hygiene (including the hygiene of children and adolescents). This EEC visited classrooms, a room for laboratory work with the necessary equipment.

In the SamSMU Clinics the EEC visited the nutrition center "Healthy Nutrition", where individual weight correction programs are developed, taking into account body characteristics, existing pathology and other factors affecting the state of health. There is a large number of diagnostic appliances, allowing complex diagnostics and treatment of nutritional disorders.

At the meeting of the IAAR EEC with the target groups of the SamSMU, the mechanisms for implementing the university's policy and the specific data presented in the university self-assessment report were clarified.

In accordance with the accreditation procedure, 104 teachers, 120 students, including junior and senior students, were interviewed.

In order to confirm the information provided in the Self-Assessment Report, external experts requested and analyzed the working documentation of the university. The experts also studied the Internet positioning of the university via its official website [https://samsmu.ru /](https://samsmu.ru/).

On 19.05.2022, at the final meeting with the management of the institution, the chairman and members of the EEC was held where the EEC shared their impressions and recommendations.



(VI) COMPLIANCE WITH THE STANDARDS OF PROGRAM ACCREDITATION

6.1. The "Mission and Results" standard

The evidence

The mission of the SamSMU is defined as: "To create the medicine of the future while developing high technologies and preserving the traditions of academic education and science for sustainable development, to train highly qualified specialists and improving people's health and quality of life."

The mission of EP 32.05.01 Preventive Medicine is to achieve educational, scientific and innovative goals while providing competitive personnel for the Russian and the international preventive health care system to improve the health and quality of life of the population.

The mission of the SamSMU and the EP Preventive Medicine is posted on the university's website ([https://samsmu.ru/departments/institutes/prophylactic /](https://samsmu.ru/departments/institutes/prophylactic/)) and on information stands in all structural divisions.

The mission of the EP Preventive Medicine was developed based on the opinion of the members of the Academic Council of the Institute of Preventive Medicine, which includes the teaching staff, employers and students.

The SamSMU and the Institute of Preventive Medicine have institutional autonomy in relation to the development of EP in terms of the part formed by participants in educational relations, which is about 15%.

The SamSMU and the Institute of Preventive Medicine provide academic freedom to employees when implementing the EP. Students have academic freedom in terms of expressing opinions and making suggestions for the EP, they have the opportunity to freely participate in scientific research.

The final learning outcomes for the EP Preventive Medicine have been defined, they include 10 universal, 12 general professional and 15 professional competencies.

When striving to achieve the final learning outcomes, students fulfill obligations regarding appropriate standards of behavior with teachers, patients and their relatives, which are defined by the Code of Ethics for Employees and Students.

Students of the EP Preventive Medicine are not actively involved in research work. Their achievements for this type of activity are recorded in the automated system "Automated Evaluation and Rating Activity Report Card" (AERARC).

The Institute of Preventive Medicine annually receives reports on the results of the SFC of graduates at the Academic Council meetings and implements measures aimed at improving the training of specialists.

Analytical part

According to the criteria of the "Mission and Results" standard, the SamSMU has the mission of the university and the mission of EP Preventive Medicine. The mission of EP 32.05.01 Preventive Medicine is to achieve educational, scientific and innovative goals, while providing competitive personnel for the Russian and international preventive health care system to improve the health and quality of life of the population.

The mission of the University and the Mission of the EP Preventive Medicine are presented on the information stands of the departments and on the university's website. Thus, they are available for review by all stakeholders. However, during interviews with teaching staff and students, it became obvious that not all participants in the educational process are aware of the mission of the EP Preventive Medicine or the university's mission.

The mission of the EP Preventive Medicine" was developed based on the opinions of teaching staff, employers and students who serve as members of the Academic Council of the

Institute of Preventive Medicine. This information was confirmed during interviews with stakeholders.

Teaching staff and students enjoy academic freedom during the implementation of the EP, which was confirmed during the interviews.

The results of students' research work demonstrated insufficient involvement in medical and preventive work, it should be increased, as this type of work is taken into account when students apply for specialist residency on the basis of the AERARC system.

Strengths/Best practices

For this standard, no strengths have been identified.

Recommendations of the EEC

1. The management of the EP Preventive Medicine should impart the mission of the EP and the university's mission to the students, teachers and other stakeholders by 01.09.2022.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

Strong – 0; satisfactory – 23; need improvements – 1; unsatisfactory - 0.

6.2. The "Educational program" standard

The evidence

EP Preventive Medicine is consistent with the mission and the final learning outcomes and serves to achieve them.

The current EP Preventive Medicine was developed on the basis of the Federal State Educational Standard in 2017.

Upon completion of this EP, the qualification "general hygiene specialist" and "epidemiologist", the academic degree "specialist" is awarded.

The model of the EP Preventive Medicine is the traditional linear one. Modular design, according to information obtained during interviews with heads of departments and teachers, is applied to individual elements of the EP.

When implementing EP 32.05.01 Preventive Medicine innovative forms and methods of teaching PBL, TBL, based on the modern theory of adult education, are insufficiently used. EP is implemented in accordance with the principles of equality, which was confirmed during interviews and when attending classes at departments.

The assessment methods used, as noted when interviewing teachers and students, do not stimulate students to take responsibility for their learning process.

The development of the students' scientific thinking happens through involvement in scientific research, but only 25% of the students participate in it. The results of scientific research are published as abstracts and conference materials and as articles in scientific and practical journals.

The EP has a list of academic disciplines, including basic medical, socio-humanitarian and general professional and professional disciplines, as well as elective disciplines. The total number of credit points for 6 years of studying under the EP is 360.

There are 15 basic medical disciplines, which accounts for 77 credit points (24.4%) of the scope of the curriculum out of 315 credit points for disciplines of the curriculum.

27 academic disciplines are behavioral, social and personality disciplines (75 credits, 20.9%). 328 hours are allocated to the elective discipline in physical training and sports.

The block of clinical disciplines contains 34 disciplines, which amounts to 113 credit points (31.4%).

The block of preventive disciplines is represented by 15 disciplines, which amounts to 78 credit points (21.6%) of the total scope of the curriculum.

Block 2 "Practice" includes educational and work practice amounting to 42 credit points.

Block 3 "State final certification" includes preparation and the state exam amounting to 3 credit points.

At least 50% of the time is allocated to honing practical skills in the classroom.

The balance between the basic and variable part of the educational program has been achieved and corresponds to the Federal State Educational Standard. Elective disciplines (modules) make up 30.5% of the variable part of block 1 "Disciplines (modules)".

The model of the EP Preventive Medicine is presented as an integrated system based on the interrelation of academic disciplines both horizontally and vertically.

The sequence of studying disciplines is determined by the continuity of competencies achieved by students of 1-6 courses.

New achievements of basic medical, social-humanitarian and professional sciences have been introduced into the scope of academic disciplines.

Heads of departments and teachers take part in the development of the EP. Mastering this EP is the basis for residency and postgraduate studies.

Analytical part

As follows from the evidence, the standard "Educational Program" meets all the requirements of the IAAR standard, which is confirmed in the appendices to the self-evaluation report, on the university website and the interviews with the participants for this standard.

EP Preventive Medicine consists of basic medical, behavioral and socio-personal, specialist and elective (choice out of 2) academic disciplines. Their ratio makes it possible to fully prepare the graduate for future professional activity.

When analyzing students' achievements, a point-rating system is not used in the departments of the university, which helps motivate the students and encourages them to take responsibility for their learning process.

Despite the presence of modules, the horizontal and vertical integration of academic disciplines, during interviews with teachers and students, it was noted that modular design is not used in the EP.

The development of scientific thinking skills happens within the framework of research practice, as well as in student scientific circles at the specialized departments of the Institute of Preventive Medicine. This makes it possible to fully develop this skill and assess the graduate's readiness to apply the scientific methods and approaches in preventive medicine research.

Various forms of teaching are used in the learning process, including lectures, seminars, practical and/ or laboratory classes, as well as independent work and of work practice. Along with these forms of teaching, both traditional and some innovative teaching methods are used (when teaching certain aspects of preventive medicine).

During the EEC visit to the Department of Food Hygiene (including the hygiene of children and adolescents), and the nutrition center "Healthy Nutrition" at the SamSMU clinics, it was evident that all the necessary technological and analytical equipment is available, which indicates ample opportunities for students to master practical skills. During the inspection, the EEC did not find any specialized laboratories (modules of preventive medicine) for practical skills required for various courses and tested at the objective structured practical exam (OSE). The time allocated to the direct development of practical skills, as a rule, makes up over 1/3 of the class (according to students – about 50%, according to teachers – up to 70%).

Strengths/Best practices

Based on this standard, no strengths have been identified.

Recommendations of the EEC

1. The management of the EP Preventive Medicine to introduce a modular design for the disciplines of the EP until 01.09.2023.

2. The management of the EP Preventive Medicine to develop and implement a point-rating system for assessing the knowledge of students at all departments of the university until 01.09.2022.

3. The management of the EP Preventive Medicine to introduce innovative educational technologies based on the modern theory of adult education into the EP until 01.09.2023.

4. To increase the number of students engaged in research work at specialized departments until 31.01.2022.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 0; satisfactory – 39; need improvement – 4; unsatisfactory - 0.

6.3. The "Student Assessment" Standard

The evidence

The procedure for evaluating the results of training at the SamSMU is in accordance with the final learning outcomes and is regulated by the "Regulations on the ongoing monitoring of academic performance and intermediate certification of University students".

The evaluation system uses a 5-point scale. This scale is used for formative and summative assessment.

To determine the level of mastering of the EP, while focusing on achieving the final learning outcomes and the development of competencies, ongoing monitoring of academic performance, interim and final certification are in place. The university does not use a rating system of assessing students' knowledge. According to the data obtained during interviews with students, the results of formative assessment practically do not affect summative assessment.

For the test tasks used, an assessment of difficulty and discriminativeness is usually carried out, which is insufficient for determining their validity and reliability as a means of assessing students' knowledge.

Transparency and accessibility of assessment rules and procedures is ensured via access to regulatory documents related to the educational process and the exam schedule. Students are aware of their grades – each student can view their grades at any time via their personal EIEE account.

Currently classes include entrance control, analysis of complex issues, formation of practical skills and exit control. A comprehensive assessment of performance in class is practiced taking into account the knowledge and skills; it is possible to make several assessments – separately for each stage of the class. Students' attendance is recorded at each class.

SFC takes the form of a comprehensive exam, which is conducted in 2 stages: stage I – certification of practical skills, stage II – theoretical exam. For the SFC, the SEC includes representatives of practical preventive medicine.

Methods of assessing students' knowledge and skills at the SamSMU are not in conflict with one another. The student can appeal the results of the interim and state final certification via the appeals commission. The appeals commission consists of experienced teachers whose qualifications correspond to the profile of the discipline.

The assessment methods used ensure that students achieve the final learning outcomes, as evidenced by the results of the SFC: for 2019 – 4,5; for 2020- 4,2; for 2021 – 4,5.

Analytical part

The "Student Assessment" standard is mostly in line with the requirements of the IAAR accreditation.

In the process of analyzing the submitted documents, the results of interviews with teachers and students, the evidence on the use of various methods of assessing students' achievements (testing, oral and written exams, assessment of practical skills) was revealed. Despite the active use of summative and formative assessments, their significance in analyzing the academic progress

of students is currently not clearly defined.

According to the self-assessment report and the results of interviews with students and teachers, it became obvious that the range of assessment methods is not broad enough, the analysis of the methods and evaluation format used or the results of introducing new ones, based on the requirements, is not regularly or reliably documented.

In order to assess the knowledge and skills of students, a system of constant ongoing monitoring of progress is in place.

The state final certification is performed by the commission with the involvement of leading specialists in practical preventive medicine, which contributes to the fairness, high quality and transparency of the evaluation process.

In case of disputes the evaluation results are reviewed by the appeals commission.

Strengths/Best practices

Based on this standard, no strengths have been identified.

Recommendations of the EEC

1. The management of the EP Preventive Medicine should evaluate the existing methods and evaluation formats (testing, oral and written exams) and introduce new ones (role-playing, interactive methods, etc.) in accordance with the requirements of the EP by 01.09.2023.

2. The management of the EP Preventive Medicine to determine the importance of formative and summative assessment when analyzing the academic progress of students by 01.09.2023.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 0; satisfactory – 13; need improvement – 2; unsatisfactory - 0.

6.4. The "Students" standard

The evidence

At the SamSMU, the admission and selection of applicants for higher education courses, including those with disabilities, is regulated by state and internal university regulations. At least 10% of places from the number of admission target figures are allocated annually to applicants with disabilities (a special quota). Admission is carried out on the basis of the Unified State Exam results. For the selection of the most capable applicants, a minimum grade (threshold is determined for each entrance test, applicants who have not passed the threshold cannot participate in the competition. These minimum grades for specialty and Bachelor's degree programs are determined on the basis of orders of the Ministry of Science and Higher Education of the Russian Federation and the Ministry of Health of the Russian Federation.

At the SamSMU, the local regulation defines the policy of transferring students from other medical educational institutions and other educational programs.

The university has developed and is using the regulation on the appeals commission to appeal decisions on admission to the SamSMU.

The ATF for places funded by the federal budget is determined by the order of the Ministry of Education and Science of the Russian Federation on the basis of the results of an open public competition for the distribution of ATF for higher education programs, one of the criteria of the competition is the availability of adequate logistical and technical base at the University.

The ATF for self-funded places (extra-budgetary) is approved by the rector after discussion at a meeting of the Academic Council of the University. Extra-budgetary places are distributed separately for citizens of the Russian Federation (as well as applicants from other countries who have equal rights with citizens of the Russian Federation) and for foreign nationals. In the process of accepting documents and enrolling applicants for extra-budgetary places, the University, guided by the interests of applicants, redistributes places in accordance with demand.

At the Institute of Preventive Medicine of the SamSMU, the director and deputy director provide academic advice on the choice of elective and optional disciplines and assist students who have difficulties in terms of mastering the EP. Counseling and providing students and graduates with information on the state of the labor market, the available vacancies in the field of healthcare is the responsibility of the Graduate Employment Assistance Center.

Students of the SamSMU are also provided with personal counseling on social and financial security, domestic, legal and psychological issues. All organizations and structures providing advisory services operate within the framework of the law on personal data protection and the principles of confidentiality.

All categories of students in budget-funded places have an opportunity to receive scholarship payments and financial support. Students who find themselves in a difficult life situation have the right to receive financial assistance. A system of social scholarship payments has been developed for students with a low income. Those who successfully mastering educational programs receive an academic scholarship, students with outstanding achievements in education, science, sports, creativity, social activities – receive an enhanced state scholarship and are nominated for additional financial incentives in the form of scholarships, awards, grants from various public organizations and foundations. Fee paying students who have achieved outstanding results may also apply for financial incentives to be provided from the extra-budgetary funds of the University.

Student self-government at the University is implemented via public organizations of students, which are led by the students themselves. All public activities are regulated by the Council of students, which includes the student scientific society, the students trade union, the council of class leaders, the student council of dormitories, the cultural center, the commission on the quality of education, the center for volunteering "Medical Volunteers", the Council of young scientists.

All public organizations of students have been allocated premises and are provided with the necessary logistical and technical support for their main functions, which was confirmed during interviews with students. The first medical "Boiling Point" center in the Russian Federation has been opened for the development and implementation of students' projects. The SamSMU provides information support for the activities of students via the Public Relations Department.

Analytical part

The "Students" standard fully complies with the requirements of the IAAR accreditation.

The SamSMU has defined a policy of admission and selection of applicants, corresponding to the Mission of the University and the Mission of the EP.

ATFs are determined in accordance with regulatory documents and are conditioned by the logistical and technical base of the University. There is a shortage of students in almost all of the specified target quotas.

There are structural units that provide academic counseling and support in connection with social, personal and financial problems and help with career planning in confidence.

The University has created a council of students, which allows students to exercise self-government in all areas of their activities.

A program of social support and financial assistance, as well as financial and logistical support in the development and implementation of student projects are in place.

Strengths/Best practices

Significant assistance by the university management to student activities and initiatives, including the Boiling Point project.

Recommendations of the EEC

The Directorate of the Institute of Preventive Medicine, students and graduates need to more actively conduct career guidance meetings with the target audience in order for applicants to make informed choices in relation to this specialty.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 1; satisfactory – 15; need improvement – 1; unsatisfactory - 0.

6.5. The "Academic staff/Teachers" standard

The evidence

The policy of selection and admission of academic staff at the University is carried out in accordance with federal and local university regulations.

When selecting applicants for the positions of teaching staff, the priority is: compliance of the qualification level of employees with the qualification requirements for the positions, professional competence of employees. Priority is given to persons with higher qualifications and achievements in pedagogical, scientific, clinical activities.

The scope of work for each faculty is reflected in the individual plan/report in accordance with the goals and objectives of the department and the university as a whole. The individual plan/report of the teacher's work consists of the following sections: academic work, educational and methodological work, research work, educational work, interaction with practical healthcare, professional development, measured in hours and the timeline for their implementation.

In order to stimulate employees to achieve high-quality results, and reward them for their work in addition to remuneration, incentive payments are available under Regulations on the rating system for evaluating the activities of teaching staff and departments. Rating points are assigned according to scales that differ for a teacher, a teacher-methodologist and a teacher-researcher of basic medical, socio-humanitarian and professional departments.

The SamSMU has implemented a system of non-monetary rewards by nominating employees for federal, regional and corporate awards, for instance: "Honorary graduate of SamSMU", "Honorary Professor of SamSMU", "Honorary Rector of SamSMU" by the SamSMU Honors Board Professional skills contests "Leading scientist of SamSMU", "The best young teacher of SamSMU", "The best innovative pedagogical practices in medical education" are also organized annually.

During interviews the teaching staff it became obvious that the employees are fully knowledgeable about the EP. The ratio of students per teacher is 1:10 – 1:12.

The number of full-time teachers is 282, 117 teachers work on a part-time basis. The share of core employees with doctorate degrees is 16.2%, candidates of sciences make up 39.4%, while 32.5% are part-time employees. All teachers of clinical departments have certificates of specialists. More than 40% of teaching staff have over 10 years of experience in scientific, pedagogical and clinical areas.

In order to increase the level of competence for teachers at the SamSMU, continuing education programs for teaching staff are offered. The Center for Assessment and Development of Competencies of the Directorate for Personnel Management and Corporate Development implements advanced training and professional retraining programs aimed at mastering the competencies necessary for each teacher. 46 people have been trained at other universities of the Russian Federation.

To promote employees at the University, a Regulation on the personnel reserve has been formed, which defines the list of personnel reserve by positions: vice-rectors, directors of institutes and their deputies, chief physician and their deputies, chief accountant and their deputy, HR and corporate development director, heads of departments, sections, etc. In total, 168 University employees were included in the list.

Analytical part

The standard "Academic staff/teachers" meets the requirements of the IAAR accreditation.

The University has defined and brought to the attention of all employees the policy of selection and admission of academic staff. The existing academic staff makes it possible to fully

implement the EP Preventive Medicine.

For teaching staff, there is a clear differentiation of pedagogical, scientific and other types of activities, which is reflected in the rating system.

The SamSMU provides training, support and evaluation of the activities for all teaching staff, which was confirmed by the information received during interviews with teaching staff.

A wide range of motivational programs of monetary and non-monetary incentives has been created and implemented at the SamSMU, contributing to the development and improving qualification level and pedagogical skills of teaching staff.

Strengths/Best practices

1. The personnel of the University is competent and capable of further improvement.
2. Clear differentiation of the scope of the main types of work for the teaching staff (educational, scientific and service), depending on their position.
3. A well-formed and implemented policy of rewarding the achievements of employees.
4. The system of financial incentives for teaching staff is well-developed.

Recommendations of the EEC

There are no recommendations for this standard.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 2 satisfactory – 10; need improvement – 0; unsatisfactory – 0.

6.6. The "Educational resources" standard

The evidence

The total area of the premises for the educational activities is 18.37 m² per student.

The specialized departments of the Institute of Preventive Medicine are equipped with the necessary equipment, analytical utensils, reagents.

At the Department of Food Hygiene (including the hygiene of children and adolescents), and the nutrition center "Healthy Nutrition" and other specialized departments, practical classes are held for students to acquire practical skills. The center and laboratories of the departments are equipped with the required modern furniture and equipment.

The SamSMU has its own library, located on the premises with a total area of 1325.6 m². The area of the reading rooms is 294.6 m², the reading room can accommodate 89 people simultaneously. The library has 520,400 publications, of those 330,796 are printed publications and 189,604 are electronic publications.

The University has 5 dormitories equipped with all the necessary appliances for students. 82% of students live in dormitories.

There are 2 fully equipped canteens selling hot food to students, cafeterias operate in other academic buildings and dormitories

For physical training, sports and fitness classes the SamSMU has the sports and fitness complex with a total area of 807.6 m², a fitness center, 4 sports rooms with a total area of 191.2 m², two sports grounds with a total area of 2014 m², a workout area of 60 m².

The practice bases that the University has agreements include medical organizations where the assessment of sanitary-hygienic and epidemiological conditions is performed (Center for Hygiene and Epidemiology in the Samara region, etc.).

In order to ensure access for trainees, teaching staff and University staff to internal and external information resources, a private local intranet operates between buildings (it has a speed of 10 Gbit/s), there is an Internet access with an incoming traffic speed of up to 200 Mbit/s and outgoing traffic of up to 1 Gbit/s. At the same time, at the dormitories students have no free Internet access.

The total number of automated workplaces is over 1600.

For self-study in the EIEE on the basis of LMS Moodle, EEMS have been prepared for all academic disciplines, video recordings of lectures are posted on the University's YouTube channel and on its social media platforms.

For self-study, licensed full-text ELS "Student Consultant", "Doctor's Consultant", "University Library online", "National Electronic Library", "BookUp" "IPRbooks" are available. The East View platform provides remote access to periodicals in digital format; scientometric databases "Elibrary", "Web of Science", "Scopus" are available for individual scientific activities.

Research work within the framework of the EP Preventive Medicine is carried out in 18 areas, for those there are 1,198 publications, including 36 publications abroad, as well as 34 copyright certificates and patents. 95 students (25.6%) out of 370 participate in research work.

To implement the scientific activities of the Institute of Preventive Medicine, the nutrition center "Healthy Nutrition" was created and is being developed within the framework of the Priority 2030 program.

In 2017 the SamSMU receive state accreditation, including for the EP Preventive Medicine. This EP is annually recognized as one of the "Best educational programs of innovative Russia" program (<https://golos.best-edu.ru/card/organization/668>).

An internal independent assessment of the quality of teachers' work is carried out during comprehensive inspections of departments, rating the quality of teachers' activities, sociological surveys of students are conducted regularly to assess the quality of education at the University. The presented results of sociological research indicate that students are generally satisfied.

Analytical part

The "Students" standard fully complies with the requirements of the IAAR accreditation.

As part of the visit to the departments of the Institute of Preventive Medicine, the availability of the logistical and technical base required for the EP Preventive Medicine was confirmed. Satisfaction with the logistical and technical base and its availability was also established during interviews with teaching staff and students.

When visiting the practice base at the Nutrition Center "Healthy Nutrition", the Center for Hygiene and Epidemiology in the Samara Region and the Department of Rospotrebnadzor in the Samara region, the availability of the necessary equipment, premises and the adequate number of mentors for practical training by students of the Institute of Preventive Medicine was assessed and confirmed.

Lectures in the EIEE system have been developed for students' independent work.

Students of the Institute of Preventive Medicine have not been particularly active in terms of academic mobility, over the past 3 years there have been no academic mobility activities.

Strengths/Best practices

No strengths have been discovered.

Recommendations of the EEC

1. The management of EP Preventive Medicine to expand the academic mobility program for students and teachers at the international and regional level in the 2022-2023 academic year.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 0; satisfactory – 29; need improvement – 1; unsatisfactory - 0.

6.7. The "Evaluation of the educational program" standard

The evidence

The Institute of Preventive Medicine carries out constant monitoring of the implementation of the EP Preventive Medicine, and also evaluates the achievement of the final learning outcomes on the basis of the ongoing and final certification, as well as the primary accreditation of graduates. Mandatory revision of the structure and content of the EP is carried out when introducing a new educational standard, taking into account professional standards, at the request of the users of the program or the employers.

At the meetings of the methodological commission of the Institute of Preventive Medicine, the Academic Council of the Institute of Preventive Medicine, the Commission on the quality of Education of the Council of Students, the identified problems and the results of the development of the educational program are analyzed. At departments that have an average student performance score below certain values, a plan of corrective and preventive measures for working with underachieving students is compiled and submitted to the directorate.

Students participate in changing the content of the EP. During the interviews students pointed out that they can notify the management of the shortcomings in the content of training programs. They also noted that most of the shortcoming they noticed were corrected.

The assessment methods used ensure that students achieve the final learning outcomes, as evidenced by the results of the SFC: for 2019 – 4,5; for 2020- 4,2; for 2021 – 4,5.

The educational program is regularly evaluated by stakeholders (both internal and external), which makes it possible to adjust the EP taking into account their proposals and make changes related to the emergence of new achievements in preventive medicine.

Analytical part

The "Evaluation of the educational program" standard meets the requirements of the IAAR accreditation.

Constant monitoring of the implementation of the EP and the achievement of the final learning outcomes is taken into account when improving the EP Preventive Medicine.

The results of the interim and final certification are taken into account when making changes to the EP and when drawing up preventive and corrective measures.

The EP Preventive Medicine allows students to achieve the final learning outcomes.

The University collects and analyzes the results of feedback from stakeholders, which is confirmed by the results of the questionnaires presented.

Strengths/Best practices

Based on this standard, no strengths have been identified.

Recommendations of the EEC

There are no recommendations for this standard.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 0; satisfactory – 24; need improvement – 0; unsatisfactory - 0.

6.8. "Management and Administration" Standard

The evidence

The head of the university is the rector. The direct management of the Institute of Preventive Medicine is carried out by the director. The forms of collegial management of the SamSMU are: the Academic Council of the University, the Rector's Office, the Academic Council of the Institute of Preventive Medicine of the SamSMU, the methodological commission on the specialty, the scientific commission on the organization of preventive medicine. The Academic Council of the University and the Academic Council of the Institute of Preventive Medicine include, among

others, employers and students. The functions of the collegial bodies are defined by the approved regulations.

Transparency of decisions made by the University management, as well as collegial and public associations, is ensured through the EIEE by sending corporate e-mail to the heads of structural divisions and teachers.

The Directorate of the Institute of Preventive Medicine leads the working group on the development of the educational program. The working group also includes teaching staff of various departments. The educational program is validated by the Academic Council of the University.

The targeted use of all funds is the fundamental principle of the organization of the university's funding. The funds are spent only on items provided for in the plan of economic and financial activities, which is the defining document that regulates the funding for EPs.

The Institute of Preventive Medicine works in close cooperation with representatives of practical medicine of sanitary-hygienic and epidemiological profiles, which was confirmed during interviews with employers, and during visits to the work practice bases. Besides, Deputy Director of the Institute of Preventive Medicine of the SamSMU, MD, Associate Professor O.V. Sazonova is the chief freelance specialist in dietetics of the Ministry of Health of the Samara region.

Interaction with practical medicine is documented in the form of contracts, including for cooperation in the training of specialists.

Analytical part

The "Management and Administration" standard meets the requirements of the IAAR accreditation.

The management structures and their functions are clearly defined at the SamSMU. Mailing lists have been created to inform management about the decisions taken.

The University has defined the responsibilities for the teaching staff of the departments in terms of the development and revision of the EP Preventive Medicine.

The allocation of resources at the SamSMU is carried out in accordance with federal and local regulations.

The academic staff of the Institute of Preventive Medicine are qualified and are able to fully realize the mission of the EP Preventive Medicine and the university.

The level of interaction of the Institute of Preventive Medicine of the SamSMU with the practical sanitary-hygienic and epidemiological service is quite high and contributes to the fulfillment of the mission of the EP Preventive Medicine and timely revision of the final learning outcomes.

Strengths/Best practices

1. Availability of federal and regional grants for the development of educational, scientific and innovative activities.

2. High level of interaction of the Institute of Preventive Medicine with the practical sanitary-hygienic and epidemiological service, which helps train in-demand specialists and introduce scientific developments into the curricula.

Recommendations of the EEC

There are no recommendations for this standard.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 2; satisfactory – 15; need improvement – 0; unsatisfactory - 0.

6.9. The "Continuous Improvement" standard

The evidence

The SamSMU is a dynamically developing educational institution. The University has developed a University Development Program for 2021-2030 as part of the implementation of the strategic academic leadership program "Priority 2030". The program has been developed in accordance with the existing experience, current activities and prospects for the development of the institution and involves further development and enhancement of the logistical and technical base to improve the learning environment, to ensure the implementation of the EP and the quality of specialist training. Monitoring and analysis of the implementation of the Program is carried out within the framework of external and internal audits of the QMS.

The University allocates resources for the development of the Institute of Preventive Medicine. An example of the development at the Institute of Preventive Medicine is the consultation and diagnostics center "Healthy Nutrition".

The mission of the Institute of Preventive Medicine, as well as the final learning outcomes are developed taking into account current development of preventive medicine, which was confirmed during interviews with employers and graduates.

When interviewing teachers, it was confirmed that elements of the EP are constantly being revised in accordance with the achievements in biomedical, behavioral, social, sanitary-hygienic and epidemiological sciences and meet the requirements of primary accreditation. To improve the EP, all stakeholders are constantly involved to varying degrees.

To attract talented young applicants, the University conducts classes in botany, chemistry, anatomy, biology and public speaking for children from 5 to 17 years old at the Center for Youth Innovation and Creativity at the SamSMU. Within the framework of cooperation of general education institutions with the SamSMU, 6 schools, lyceums and gymnasiums now have the status of school bases of the SamSMU.

Analytical part

The "Continuous Updating" standard meets the requirements of the IAAR accreditation.

The University allocates sufficient resources for the development of preventive medicine, obtaining funds from regional and federal grants.

The SamSMU regularly reviews the contents, the final learning outcomes, as well as the mission of the EP Preventive Medicine.

The University implements a policy of attracting talented young applicants, which additionally allows at the stage of selection of applicants to fulfill the mission of the university and that of the EP Preventive Medicine.

The SamSMU is a dynamically developing center of education and science, as evidenced by the presence of a number of structural units created over the past 5 years.

Strengths/Best practices

Allocation of resources that contribute to the continuous development of the teaching staff and the improvement of the logistical and technical base for the implementation of the EP Preventive Medicine.

Recommendations of the EEC

There are no recommendations for this standard.

The conclusions of the EEC based on the criteria: (strong/ satisfactory/ need improvements/ unsatisfactory)

strong – 1; satisfactory – 13; need improvement – 0; unsatisfactory – 0.

(VII) OVERVIEW OF STRENGTHS/BEST PRACTICES FOR EACH STANDARD

The "Mission and final learning outcomes" standard

Based on this standard, no strengths have been identified.

The "Educational program" standard

Based on this standard, no strengths have been identified.

The "Student Assessment" standard

Based on this standard, no strengths have been identified.

The "Students" standard

Significant assistance by the university management to student activities and initiatives, including the Boiling Point project.

The "Academic staff/Teachers" standard

1. The personnel of the University is competent and capable of further improvement.
2. Clear differentiation of the scope of the main types of work for the teaching staff (educational, scientific and service), depending on their position.
3. A well-formed and implemented policy of rewarding the achievements of employees.

The "Educational resources" standard

Based on this standard, no strengths have been identified.

The "Evaluation of the educational program" standard

Based on this standard, no strengths have been identified.

The "Management and Administration" Standard

1. Availability of federal and regional grants for the development of educational, scientific and innovative activities.
2. High level of interaction of the Institute of Preventive Medicine with the practical sanitary-hygienic and epidemiological service, which helps train in-demand specialists and introduce scientific developments into the curricula.

The "Continuous Improvement" standard

1. Allocation of resources that contribute to the continuous development of the teaching staff and the improvement of the logistical and technical base for the implementation of the EP Preventive Medicine.

(VIII) OVERVIEW OF RECOMMENDATIONS FOR QUALITY IMPROVEMENT

The standard "Mission and final learning outcomes"

The management of the EP Preventive Medicine should bring the mission of the EP and the mission of the University to the attention of students, teachers and other stakeholders by 01.09.2022.

The "Educational program" standard

1. The management of the EP Preventive Medicine to introduce a modular design for the disciplines of the EP until 01.09.2023.

2. The management of the EP Preventive Medicine to develop and implement a point-rating system for assessing the knowledge of students at all departments of the university until 01.09.2022.

3. The management of the EP Preventive Medicine to introduce innovative educational technologies based on the modern theory of adult education into the EP until 01.09.2023.

4. To increase the number of students engaged in research work at specialized departments until 31.01.2022.

The "Student Assessment" standard

1. The management of the EP Preventive Medicine should evaluate the existing methods and evaluation formats (testing, oral and written exams) and introduce new ones (role-playing, interactive methods, etc.) in accordance with the requirements of the EP by 01.09.2023.

2. The management of the EP Preventive Medicine is to determine the importance of formative and summative assessment when analyzing the academic progress of students by 01.09.2023.

The "Students" standard

1. The Directorate of the Institute of Preventive Medicine, students and graduates need to more actively conduct career guidance meetings with the target audience in order for applicants to make informed choices in relation to this specialty.

The "Academic staff/Teachers" standard

There are no recommendations for this standard.

The "Educational resources" standard

The management of the EP Preventive Medicine should encourage the academic mobility of students and teachers at the international and regional level in the 2022-2023 academic year.

The "Evaluation of the educational program" standard

There are no recommendations for this standard.

The "Management and Administration" standard

There are no recommendations for this standard.

The "Continuous Improvement" standard

There are no recommendations for this standard.

(IX) OVERVIEW OF RECOMMENDATIONS FOR THE DEVELOPMENT OF THE ORGANIZATION OF EDUCATION

None

(X) RECOMMENDATIONS TO THE ACCREDITATION COUNCIL



Appendix 1. Evaluation table "PROGRAM PROFILE PARAMETERS"

No.	No.	No. crit.	EVALUATION CRITERIA	The position of the institution			
				Strong	Satisfactory	Needs improvement	Unsatisfactory
		1.	"MISSION AND RESULTS"				
		1.1	Mission definition				
1	1	1.1.1	Th institution of medical education should define its <i>mission</i> and the mission of the EP and impart it to the stakeholders and the healthcare sector .			+	
			The mission statement should contain goals and an educational strategy which is to train competent doctors at the basic level of medical education :				
2	2	1.1.2	with an appropriate foundation for a further career in any field of medicine, including all types of medical practice, medical administration and scientific research in medicine		+		
3	3	1.1.3	capable of performing the role and functions of a doctor in accordance with the established requirements of the health sector		+		
4	4	1.1.4	prepared for postgraduate studies		+		
5	5	1.1.5	with a commitment to lifelong learning, including professional responsibility to support the level of knowledge and skills through performance assessment, audit, study of one's own practice and recognized activities of the <i>CPE/CME</i> .		+		
6	6	1.1.6	The institution of medical education should ensure that the mission includes the achievements of medical research in the field of biomedical, clinical, behavioral and social sciences.		+		
7	7	1.1.7	The institution of medical education should ensure that the mission includes aspects of global healthcare and reflects the main global health concerns.		+		
		1.2	Participation in the development of the mission				
8	8	1.2.1	The institution of medical education must ensure that the <i>main stakeholders</i> are involved in the development of the mission of the EP.		+		
9	9	1.2.2	The institution of medical education should ensure that the stated mission of the EP is based on the opinions/suggestions of other <i>relevant stakeholders</i> .		+		
		1.3	Institutional autonomy and academic freedom				
			The institution of medical education should have <i>institutional autonomy</i> to develop and implement policies that the administration and the teaching staff are responsible for in relation to:		+		
10	10	1.3.1	development and compilation of the educational program;		+		
11	11	1.3.2	the use of allocated resources necessary for the implementation of the educational program.		+		

			The institution of medical education should guarantee <i>academic freedom</i> to its employees and students:		+		
12	12	1.3.3	regarding the <i>current educational program</i> , which <i>should allow students to rely on various viewpoints in the description and analysis of medical issues</i> ;		+		
12	12	1.3.4	the possibility of using the results of new research to improve the scope of specific disciplines/ issues without expanding the educational program.		+		
		1.4	Final learning outcomes				
		1.4.1	The institution of medical education should define the expected <i>final learning outcomes</i> that students should demonstrate upon graduation, in terms of:				
13	13		their achievements at the basic level of knowledge, skills and abilities;		+		
14	14		the appropriate foundation for a future career in any branch of medicine;		+		
15	15		their future functions in the healthcare sector;		+		
16	16		their subsequent postgraduate training;		+		
17	17		their commitment to lifelong learning;		+		
18	18		the healthcare needs of society, the needs of the healthcare system and other aspects of social responsibility.		+		
19	19	1.4.2	The institution of medical education must ensure that the students fulfill obligations towards doctors, teachers, patients and their relatives in accordance with appropriate standards of conduct.		+		
20	20	1.4.3	The institution of medical education should determine and coordinate the relationship of the final learning outcomes required upon graduation with those required for postgraduate education		+		
21	21	1.4.4	The institution of medical education should define the goals for students' involvement in conducting medical research;		+		
22	22	1.4.5	The institution of medical education should ensure that the final learning outcomes reflect global health concerns;		+		
23	23	1.4.6	The institution of medical education should use the results of the assessment of graduates' competencies as a feedback tool to improve the educational program.		+		
			Total	0	23	1	0
0		2	EDUCATIONAL PROGRAM				
		2.1	Educational program model and teaching methods				
24	1	2.1.1	The institution of medical education should define an educational program that includes an integrated model based on disciplines, organ systems, clinical problems and diseases, a model based on a modular or spiral design.			+	
25	2	2.1.2	The institution of medical education should identify the <i>teaching and learning methods</i> that stimulate, prepare and support students to take responsibility for their learning process.			+	
26	3	2.1.3	The institution of medical education must ensure that the educational program develops students' lifelong learning capabilities.		+		

27	4	2.1.4	The institution of medical education must ensure that the educational program is implemented in accordance with the principles of equality.		+		
28	5	2.1.5	The institution of medical education should use teaching and learning methods based on the modern theory of adult education.			+	
		2.2	Scientific method				
		2.2.1	The institution of medical education should teach students throughout the entire training program:				
29	6		principles of scientific methodology, including methods of analytical and critical thinking;		+		
30	7		scientific research methods in medicine;		+		
31	8		evidence-based medicine,		+		
32	9		that require <i>competent teachers and should be a mandatory part of the educational program.</i>		+		
33	10	2.2.2	The institution of medical education should include <i>elements of scientific research</i> in the educational program for the development of scientific thinking and the application of scientific research methods.		+		
34	11	2.2.3	The institution of medical education should ensure the involvement of students in research projects.			+	
			Basic biomedical sciences				
			The institution of medical education must define and include in the educational program:				
35	12	2.3.1	achievements of <i>basic biomedical sciences</i> , for the development of students' understanding of scientific knowledge;		+		
36	13	2.3.2	concepts and methods that are fundamental for the acquisition and application of clinical scientific knowledge.		+		
			The institution of medical education should adjust and introduce new achievements of biomedical sciences in the educational program for:				
37	14	2.3.3	scientific, technological and clinical developments;		+		
38	15	2.3.4	current and expected needs of society and the healthcare system.		+		
		2.4	Behavioral and social sciences and medical ethics				
		2.4.1	The institution of medical education should define and include in the educational program the achievements of:				
39	16		<i>behavioral sciences;</i>		+		
40	17		<i>social sciences;</i>		+		
41	18		<i>medical ethics;</i>		+		
42	19		<i>medical jurisprudence, that will provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socio-economic, demographic and cultural causes, spread and consequences of medical health issues, the knowledge of the national healthcare system and patient rights that will contribute to the analysis of public healthcare issues, the effective communication, clinical decision-making and ethical practice.</i>		+		

		2.4.2	The institution of medical education should introduce new achievements of <i>behavioral, social sciences</i> and <i>medical ethics</i> into the educational program for:				
43	20		scientific, technological and clinical developments;		+		
44	21		current and expected needs of society and the healthcare system;		+		
45	22		changing demographic and cultural conditions.		+		
		2.5	Clinical Sciences and Skills				
			The institution of medical education must identify and incorporate the achievements of clinical sciences in the educational program and ensure that students:				
46	23	2.5.1	acquire sufficient knowledge, clinical and professional skills in order to be able to take responsibility for various activities, including activities related to health promotion, disease prevention and patient care;		+		
47	24	2.5.2	conduct a reasonable part (one third) of the program in planned contacts with patients, consideration the goals and the adequate amount of time spent at the relevant clinical bases;		+		
48	25	2.5.3	are engaged in health promotion and prevention.		+		
49	26	2.5.4	The institution of medical education should allocate a certain amount of time for the training of basic clinical disciplines, including internal medicine, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.		+		
50	27	2.5.5	The institution of medical education should organize clinical training with appropriate attention to patient safety, including monitoring of the actions performed by the student in the clinical setting.		+		
			The institution of medical education should introduce new achievements of clinical sciences in the educational program for:				
51	28	2.5.6	scientific, technological and clinical developments;		+		
52	29	2.5.7	current and expected needs of society and the healthcare system.		+		
53	30	2.5.8	The institution of medical education should ensure that each student has early contact with real patients, ensuring their gradual participation in patient care, including responsibility for the examination and/or treatment of the patients under supervision in the clinical setting.		+		
54	31	2.5.9	The institution of medical education should structure various components of clinical skills training in accordance with the specific stage of the training program.		+		
		2.6	Structure of the educational program, contents and duration				
55	32	2.6.1	The institution of medical education should provide a description of the contents, scope and sequence of courses and other elements of the educational program in order to ensure the appropriate ratio of basic biomedical, behavioral, social and clinical disciplines.		+		
			The institution of medical education in its educational program should:				

56	33	2.6.2	ensure horizontal integration of related sciences and disciplines;		+		
57	34	2.6.3	ensure vertical integration of clinical sciences with basic biomedical and behavioral and social sciences;		+		
58	35	2.6.4	provide an opportunity to choose elective content (electives) and determine the balance between the mandatory and elective part of the educational program, which includes a combination of mandatory elements and electives or special components of choice;		+		
59	36	2.6.5	define the relationship with complementary medicine, including non-traditional, traditional or alternative practice.		+		
		2.7	Program management				
60	37	2.7.1	The institution of medical education should identify the structural unit responsible for educational programs, which, under the management of the academic leadership, which has the authority to plan and implement the educational program, including the allocation of resources for planning and implementing teaching and learning methods, student evaluation and evaluation of the educational program and courses of study, in order to ensure the achievement of the final learning outcomes.		+		
61	38	2.7.2	The institution of medical education must guarantee representation from teachers and students in the structural unit responsible for educational programs.		+		
62	39	2.7.3	The institution of medical education should incorporate innovations into the educational program through the structural unit responsible for educational programs.		+		
63	40	2.7.4	The institution of medical education should include representatives from <i>other relevant stakeholders</i> in the structural unit responsible for the educational programs, <i>including other participants in the educational process, representatives of clinical bases, graduates of medical educational organizations, healthcare professionals involved in the learning process or other faculty members of the university.</i>		+		
		2.8	Connection with medical practice and the healthcare system				
64	41	2.8.1	The institution of medical education should provide an operational link between the educational program and the subsequent stages of professional training (residency, if available, specialization, CPE /CME) or practice that graduate will work in upon graduation, including the definition of health issues and the required final learning outcomes, a clear definition and description of the elements of the educational program and their relationships at various stages of training and practice, with due regard to local, national, regional and global conditions and the feedback for/from the healthcare sector and the participation of teachers and students in the provision of medical care.		+		
			The institution of medical education should ensure that the structural unit responsible for the educational program:				

65	42	2.8.2	takes into account the specifics of the conditions that graduates will have to work in and modifies the educational program accordingly;		+		
66	43	2.8.3	considers the modification of the educational program based on feedback from the public and society as a whole.		+		
			Total	0	39	4	0
		3.	STUDENT ASSESSMENT				
		3.1	Evaluation methods				
			The institution of medical education should:				
67	1	3.1.1	define, 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, the use of evaluation methods based on criteria and reasoning, and special exams (OCE or Mini-Clinical Exam) and define the criteria for establishing passing grades and the number of allowed retakes;		+		
68	2	3.1.2	ensure that the assessment covers knowledge, skills and attitudes to learning;		+		
69	3	3.1.3	use a wide range of assessment methods and formats depending on their "utility assessment", which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness of assessment methods and format;		+		
70	4	3.1.4	ensure that evaluation methods and results are not in conflict;		+		
71	5	3.1.5	ensure that the evaluation process and methods are open (accessible) for examination by external experts;		+		
72	6	3.1.6	use the system of appealing the evaluation results.		+		
			The institution of medical education should:				
73	7	3.1.7	<i>document and evaluate the reliability and validity of evaluation methods, which requires an appropriate quality assurance process for existing evaluation practices;</i>		+		
74	8	3.1.8	implement new assessment methods in accordance with the requirements;			+	
75	9	3.1.9	use the system of appealing the evaluation results.		+		
		3.2	The relationship between assessment and learning				
			The institution of medical education should use the principles, methods and practice of assessment, including the educational achievements of students and the assessment of knowledge, skills, professional values of relationships that:				
76	10	3.2.1	have a clear correlation with the teaching methods, teaching and learning outcomes;		+		
77	11	3.2.2	ensure that students achieve the final learning outcomes;		+		
78	12	3.2.3	encourage learning;		+		
79	13	3.2.4	provide an appropriate balance between formative and summative assessment in order to manage learning and <i>evaluate the student's academic progress, which requires establishing of rules for assessing progress and their relationship to the assessment process.</i>			+	
			The institution of medical education should:				
80	14	3.2.5	<i>regulate the number and nature of inspections of various elements of the educational program in order to promote knowledge acquisition and integrated learning, and to avoid a negative impact on the learning process and</i>		+		

			<i>eliminate the need to study an excessive amount of information and overloading of the educational program;</i>				
81	15	3.2.6	ensure that timely, specific, constructive and fair feedback is provided to students based on the assessment results.		+		
			Total	0	13	2	0
		4.	Students				
		4.1	Admission and selection policy				
			The institution of medical education should:				
82	1	4.1.1	define and implement an admission policy, including a clearly defined provision on the applicant selection process;		+		
83	2	4.1.2	<i>have a policy and implement the practice of admitting students with disabilities in accordance with the current laws and regulatory documents of the country;</i>		+		
84	3	4.1.3	have a policy and implement the practice of transferring students from other educational programs and educational organizations.		+		
			The institution of medical education should:				
85	4	4.1.4	establish a relationship between the selection of students and the mission of the institution of medical education, the educational program and the desired quality of graduates;		+		
86	5	4.1.5	periodically review the admission policy, based on relevant data from the public and specialists in order to meet <i>the healthcare needs of the population and the society as a whole, including the admission of applicants taking into account their sex, ethnic origin and language, and the potential need for a special admission policy for students from low-income families and ethnic minorities;</i>		+		
87	6	4.1.6	use a system of appealing admission decisions.		+		
		4.2	Recruitment of students				
88	7	4.2.1	The institution of medical education should determine the number of accepted students in accordance with the material and technical capabilities at all stages of education and training, and make a decision on the recruitment of students, which implies the need to regulate national requirements for healthcare personnel, in cases when the institution does not control the number of students recruited, it is necessary to reiterate its obligations, paying attention to the consequences of the decisions taken (the imbalance between the number of students and the logistical, technical and academic potential of the university).				+
89	8	4.2.2	The institution of medical education should periodically review the number and contingent of enrolled students in consultation with <i>relevant stakeholders responsible for planning and developing human resources in the healthcare sector and the experts and organizations on global aspects of healthcare HR (such as insufficient and uneven distribution of human resources, migration of doctors, opening of new medical universities).</i> and regulate in order to meet the healthcare needs of the population and the society as a whole.		+		
		4.3	Counseling and supporting students				
			The institution of medical education should:				

90	1	4.3.1	have a system of <i>academic counseling</i> for students, which should cover issues related to the choice of electives, preparation for postgraduate studies, professional career planning, appointment of academic mentors for individual students or small groups of students;		+		
91	2	4.3.2	offer a program of student support focused on <i>social, financial and personal needs</i> , which includes support in connection with social and personal problems and events, health and financial issues, access to medical care, immunization programs and health insurance, as well as financial services in the form of financial assistance, scholarships and loans;		+		
92	3	4.3.3	allocate resources to student support;		+		
93	4	4.3.4	ensure confidentiality in relation to counseling and support.		+		
			The institution of medical education should provide counseling that:				
94	5	4.3.5	is based on monitoring the student's progress and is focused on the social and personal needs of students, including academic support, support in relation to personal problems and situations, health problems, financial issues;		+		
95	6	4.3.6	includes consulting and professional career planning.		+		
		4.4	Student representation				
96	7	4.4.1	The institution of medical education should define and implement a <i>policy of student representation and participation</i> in defining the mission, developing, managing and evaluating the educational program and other issues relevant to students.		+		
97	8	4.4.2	The institution of medical education should provide <i>assistance and support to student activities</i> and student organizations, including <i>provision of logistical and financial support to student organizations</i> .		+		
			Total	1	15	1	0
		5.	ACADEMIC STAFF/TEACHERS				
		5.1	Selection and recruitment policy				
			The institution of medical education should define and implement a <i>policy of selection and admission of employees</i> , which:				
98	1	5.1.1	defines their category, responsibility and <i>balance of academic staff/teachers</i> of basic biomedical sciences, behavioral and social sciences and clinical sciences for the adequate implementation of the educational program, including proper ratio of medical and non-medical teachers, full-time and part-time teachers, as well as the balance between academic and non-academic staff;		+		
99	2	5.1.2	contains criteria for the scientific, pedagogical and clinical achievements of applicants, including the proper ratio of pedagogical, scientific and clinical qualifications;		+		
100	3	5.1.3	defines and monitors the responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences and clinical sciences.		+		
			The institution of medical education should take into account such criteria in its policy on the selection and admission of employees as:				

101	4	5.1.4	attitude to one's mission, <i>the significance of local conditions, including sex, nationality, religion, language and other characteristics of applicants relevant to the institution and the educational program;</i>		+		
102	5	5.1.5	<i>economic opportunities that take into account the institutional conditions for financing employees and the efficient use of resources.</i>		+		
		5.2	Employee development and activities policy				
			The institution of medical education should define and implement a policy of employee activities and development, that:				
104	6	5.2.1	allows to maintain <i>a balance between teaching, scientific and service functions, which includes allocating the time for each type of activity, taking into account the needs of the institution and the professional qualifications of teachers;</i>		+		
105	7	5.2.2	guarantees <i>recognition of academic activity, with an appropriate emphasis on pedagogical, research and clinical qualifications in the form of awards, promotions and/or remuneration;</i>		+		
106	8	5.2.3	ensures that clinical activities and scientific research are applied in teaching and learning;		+		
107	9	5.2.4	guarantees <i>that employees are sufficiently knowledgeable about the educational program, which includes knowledge of teaching/learning methods and the general contents of the educational program, and other disciplines and subject areas in order to stimulate cooperation and integration;</i>		+		
108	10	5.2.5	<i>includes training, development, support and evaluation of teachers' activities, which involves all teachers, not only those newly hired, but also teachers recruited from hospitals and clinics.</i>		+		
			The institution of medical education should:				
109	11	5.2.6	take into account the teacher-student ratio depending on various components of the educational program;		+		
110	12	5.2.7	develop and implement an employee promotion policy.		+		
			Total	2	10	0	0
		6.	EDUCATIONAL RESOURCES				
		6.1	Logistical and technical base				
			The institution of medical education should:				
111	1	6.1.1	have adequate <i>logistical and technical base</i> for teachers and students to ensure adequate implementation of the educational program;		+		
112	2	6.2.2	provide <i>a safe environment</i> for employees, students, patients and those who care for them, including provision of information and <i>protection from harmful substances, microorganisms, compliance with safety regulations in laboratories and when using equipment.</i>		+		
113	3	6.1.3	The institution of medical education should improve the learning environment for students through regular updating, expansion and enhancement of the logistical and technical base, which should correspond to the development in the practice of teaching.		+		
		6.2	Resources for clinical training				
			The institution of medical education should provide the necessary resources for students to acquire adequate				

			clinical experience, including sufficient:				
114	4	6.2.1	number and categories of patients;		+		
115	5	6.2.2	the number and categories of <i>clinical bases</i> , which include <i>clinics, outpatient services (including PHC), primary healthcare institutions, health centers and other institutions providing medical care to the population, as well as clinical skills centers/laboratories that allow clinical training using the capabilities of clinical bases and provide rotation in the main clinical disciplines;</i>		+		
116	6	6.2.3	supervision of the clinical practice of students.		+		
117	7	6.2.4	The institution of medical education should <i>study and evaluate, adapt and improve clinical training resources in order to meet the needs of the population, which will include compliance and quality of clinical training programs regarding clinical bases, equipment, number and category of patients and clinical practice, supervision and administration.</i>		+		
		6.3	Information technology				
118	8	6.3.1	The institution of medical education should define and implement a policy that is focused on the <i>effective use and evaluation of appropriate information and communication technologies</i> in the educational program.		+		
119	9	6.3.2	The institution of medical education should provide access to online or other electronic media		+		
			The institution of medical education should provide teachers and students with opportunities to use information and communication technologies:				
120	10	6.3.3	for self-study;		+		
121	11	6.3.4	For access to information;		+		
122	12	6.3.5	For patient management;		+		
123	13	6.3.6	For work in the healthcare system.		+		
124	14	6.3.7	The institution of medical education should optimize students' access to relevant patient data and healthcare information systems.		+		
		6.4	Medical research and scientific achievements				
			The institution of medical education should :				
125	15	6.4.1	ensure <i>research activities in the field of medicine and scientific achievements</i> serve as the basis for an educational program;		+		
126	16	6.4.2	identify and implement policies that promote the relationship between research and education;		+		
127	17	6.4.3	provide information about the research base and priority directions in the field of scientific research for the institution;		+		
128	18	6.4.4	use medical scientific research as the basis for the curriculum		+		
			The institution of medical education should ensure that the relationship between scientific research and education:				
129	19	6.4.5	is incorporated into teaching;		+		
130	20	6.4.6	encourages and prepares students to participate in scientific research in the field of medicine and their professional development.		+		
		6.5	Expertise in the field of education				
			The institution of medical education should :				
131	21	6.5.1	have access to <i>expertise in the field of education</i> , where necessary, and apply expertise to studying the processes, practices and problems of medical education, this may involve doctors with experience in medical education		+		

			research, psychologists and sociologists in the field of education, or the experts from other national and international institutions.				
			The institution of medical education should define and implement a policy on the use of expertise in the field of education:				
132	22	6.5.2	in the development of an educational program;		+		
133	23	6.5.3	in the development of teaching methods and assessment of knowledge and skills.		+		
			The institution of medical education should:				
134	24	6.5.4	provide evidence of the use of internal or external expertise in the field of medical education to develop the potential of employees;		+		
135	25	6.5.5	pay due attention to the development of <i>expertise in the assessment of education and in medical education research as a discipline that includes the study of theoretical, practical and social issues in medical education;</i>		+		
136	26	6.5.6	promote the aspirations and interests of employees in conducting research in medical education.		+		
		6.6	Exchanges in the field of education				
			The institution of medical education should define and implement a policy for:				
137	27	6.6.1	cooperation at the national and international levels with <i>other medical universities;</i>		+		
138	28	6.6.2	<i>transfer and mutual recognition of educational credits, which includes consideration of the limits of scope of the educational program that can be transferred from other educational organizations; this can be facilitated by the agreements on mutual recognition of elements of the educational program, and active coordination of programs between institutions and the use of a transparent system of credit points and flexible course requirements.</i>		+		
			The institution of medical education should:				
139	29	6.6.3	promote regional and international exchanges of staff (academic, administrative and teaching staff) and students by providing appropriate resources;			+	
140	30	6.6.4	ensure that the exchanges are organized in accordance with the goals, taking into account the needs of employees, students, and in compliance with ethical principles.		+		
			Total	0	29	1	0
		7.	EVALUATION OF THE EDUCATIONAL PROGRAM				
		7.1	Monitoring and evaluation mechanisms of the program				
			The institution of medical education should:				
141	1	7.1.1	have a process and outcome monitoring program that includes the collection and analysis of data on key aspects of the educational program in order to ensure that the educational process is carried out appropriately and to identify any areas requiring intervention, and that data collection is part of administrative procedures in connection with student admission, student assessment and completion of studies.		+		
142	2	7.1.2	ensure that the relevant assessment results are reflected in the curriculum		+		

			The institution of medical education should establish and apply mechanisms for evaluating the educational program, which:				
143	3	7.1.3	are focused on the educational program and its <i>main components, including the model of the educational program, the structure, contents and duration of the educational program, and the use of mandatory and elective parts;</i>		+		
144	4	7.1.4	are focused on the students' progress;		+		
145	5	7.1.5	identify and consider <i>problems that include insufficient achievement of the expected final learning outcomes, and ensure that the information received about the final learning outcomes, including identified shortcomings and problems is used as feedback for activities and corrective action plans to improve the educational program and curricula of disciplines;</i>		+		
			The institution of medical education should periodically conduct a comprehensive <i>assessment of the educational program</i> focused on:				
146	6	7.1.6	<i>the context of the educational process, which includes the organization and resources, the learning environment and the culture of the institution;</i>		+		
147	7	7.1.7	<i>on special components of the educational program, which include a description of the discipline and methods of teaching and learning, clinical rotations and evaluation methods;</i>		+		
148	8	7.1.8	<i>the final learning outcomes, which will be measured according to the results of national exams, international exams, career choices and postgraduate study results;</i>		+		
149	9	7.1.9	The institution of medical education should rely on social responsibility/accountability.		+		
		7.2	Teacher and student feedback				
150	10	7.2.1	The institution of medical education should systematically collect, analyze and provide teachers and students <i>with feedback, which includes information about the process and products of the educational program, and the unfair practices or inappropriate behavior of teachers or students that may or may not entail legal consequences.</i>		+		
151	11	7.2.2	The institution of medical education should use the feedback results to improve the educational program.		+		
		7.3	Academic achievements of students				
			The institution of medical education should analyze the educational achievements of students regarding:				
152	12	7.3.1	<i>its mission and the final learning outcomes</i> of the educational program, which includes information about the average duration of study, academic performance, frequency of exams and failures, cases of successful graduation and expulsion, student reports on the conditions of studying for the completed courses, about the time spent on areas of interest, including elective components, as well as interviews with students on repeat courses, and an interview with students who decided to leave the program;		+		
153	13	7.3.2	educational programs;		+		
154	14	7.3.3.	availability of resources.		+		
			The institution of medical education should analyze the <i>educational achievements</i> of students regarding:				
155	15	7.3.4	<i>their previous experience and conditions, including social, economic and cultural;</i>		+		

156	16	7.3.5	the level of preparation at the time of admission to the institution.		+		
			The institution of medical education should use the analysis of students' academic achievements to provide feedback to the structural units responsible for:				
157	17	7.3.6	selection of students;		+		
158	18	7.3.7	planning an educational program;		+		
159	19	7.3.8	student counseling.		+		
		7.4	Stakeholder engagement				
			The institution of medical education should involve in its monitoring program and activities for the evaluation of the educational program:				
160	20	7.4.1	teaching staff and students;		+		
161	21	7.4.2	its administration and management.		+		
			The institution of medical education should for the sake of other stakeholders , including <i>other representatives of academic and administrative staff, representatives of the public, authorized bodies for education and healthcare, professional organizations, as well as persons responsible for postgraduate education</i> :				
162	22	7.4.3	provide access to the evaluation results of the course and educational program;		+		
163	23	7.4.4	collect and study feedback from them on the clinical practice of graduates;		+		
164	24	7.4.5	collect and study feedback from them on the clinical practice of graduates;		+		
			Total	0	24	0	0
		8.	MANAGEMENT AND ADMINISTRATION				
		8.1	Management				
165	1	8.1.1	The institution of medical education should define the management structures and functions, including their <i>relationship with the university, if the institution is a part or branch of the university</i> .		+		
			The institution of medical education should define <i>structural units</i> in its management structures assigning <i>responsibility to each structural unit</i> and include in their organizational structure:				
166	2	8.1.2	representatives of academic staff;		+		
167	3	8.1.3	students		+		
168	4	8.1.4	<i>other stakeholders</i> , including <i>representatives of the Ministry of Education and Health, the health sector and the public</i> .		+		
169	5	8.1.5	The institution of medical education should ensure <i>transparency of the management system</i> and decisions that should be <i>published in bulletins, posted on the University's website, included in protocols for review and execution</i> .		+		
		8.2	Academic leadership				
170	6	8.2.1	The institution of medical education should clearly define the responsibility of the <i>academic leadership</i> in relation to the development and management of the educational program.		+		
171	7	8.2.2	The institution of medical education should periodically evaluate the academic leadership regarding the achievement of its mission and the final learning outcomes.		+		
		8.3	Educational budget and resource allocation				

			The institution of medical education should :				
172	8	8.3.1	have a clear range of responsibilities and powers to provide the educational program with resources, including the target budget for training;		+		
173	9	8.3.2	allocate the resources necessary for the implementation of the educational program and allocate educational resources in accordance with the requirements.		+		
174	10	8.3.3	The system of financing the institution should be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, differentiation and independence at all levels of budgets.	+			
			The institution of medical education should :				
175	11	8.3.4	provide sufficient autonomy in the allocation of resources, including adequate remuneration of teachers in order to achieve the final learning outcomes;		+		
176	12	8.3.5	when allocating resources, take into account scientific achievements in the field of medicine and the healthcare problems of society and its requirements.		+		
		8.4	Administrative staff and management				
			The institution of medical education must have <i>adequate administrative staff</i> , including their <i>number and qualifications</i> in order to:				
177	13	8.4.1	ensure the implementation of the educational program and related activities;		+		
178	14	8.4.2	ensure proper management and allocation of resources.		+		
179	15	8.4.3	The institution of medical education should develop and implement an internal management quality assurance program, ensuring constant improvement, and conduct regular management review and analysis.		+		
		8.5	Interaction with the healthcare sector				
180	16	8.5.1	The institution of medical education should have <i>constructive interaction</i> with the healthcare sector, with related sectors of public health and the government, <i>including the exchange of information, cooperation and initiatives of the organization, which contributes to the training of qualified doctors in accordance with the needs of society.</i>	+			
181	17	8.5.2	The institution of medical education should assign <i>official status to cooperation</i> with partners in the healthcare sector, <i>which includes formal agreements defining the contents and forms of cooperation and/or joint contracts, creation of a coordinating committee and other joint activities.</i>		+		
			Total	2	15	0	0
		9.	CONSTANT UPDATING				
			The institution of medical education should be a dynamic and socially responsible institution:				
182	1	9.1.1	it should initiate procedures for regular review and revision of contents, results/competencies, assessment and learning environment, structure and functions, document and eliminate deficiencies;		+		
183	2	9.1.2	allocate resources for continuous improvement.	+			
			The institution of medical education should :				
184	3	9.1.3	base the updating process on prospective studies and analyses and on the results of their own studies,		+		

			evaluations and literature on medical education;				
185	4	9.1.4	ensure that the renewal and restructuring process leads to a review of its policies and practices in accordance with previous experience, current activities and future prospects; guide the renewal process to the following issues:		+		
186	5	9.1.5	Adaptation of the mission statement and final results to the scientific, socio-economic and cultural development of society.		+		
187	6	9.1.6	Modification of the final learning outcomes of graduates in accordance with the documented needs of the postgraduate training environment, including clinical skills, training in public health issues and participation in the process of providing medical care to patients in accordance with the responsibilities that are assigned upon graduation.		+		
188	7	9.1.7	Adaptation of the educational program model and methodological approaches in order to ensure that they are appropriate and takes into account modern theories in education, adult learning methodology, principles of active learning.		+		
189	8	9.1.8	The adjustment of the elements of the educational program and their interrelation in accordance with the achievements in biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and health status/morbidity structure of the population and socio-economic and cultural conditions, ensuring the inclusion of new relevant knowledge, concepts and methods, and the exclusion of outdated ones.		+		
190	9	9.1.9	Development of evaluation principles and methods of conducting and number of examinations in accordance with changes in the final learning outcomes and methods of teaching and learning.		+		
191	10	9.1.10	Adaptation of the student recruitment policy and methods of student selection taking into account changing expectations and circumstances, human resource needs, changes in the pre-university education system and the needs of the educational program.		+		
192	11	9.1.11	Adaptation of the recruitment policy and the development of academic staff in accordance with changing needs.		+		
193	12	9.1.12	Updating educational resources in accordance with changing needs, such as, for example, the recruitment of students, the number and profile of academic staff, the educational program.		+		
194	13	9.1.13	Improving the monitoring and evaluation process of the educational program.		+		
195	14	9.1.14	Improving the organizational structure and management principles to ensure effective performance in the face of changing circumstances and needs, and, in the long term, to meet the interests of various groups of stakeholders.		+		
			Total	1	13	0	0
			TOTAL	6	179	10	0