



«АККРЕДИТТЕУ 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 commission for the  
evaluation educational program in the specialty  
1-790101 "General Medicine"  
for compliance with international accreditation standards of  
basic medical and pharmaceutical education abroad  
based on WFME standards  
SEI "Avicenna Tajik State Medical University"  
in the period from 27 to 29 March 2022

**INDEPENDENT AGENCY FOR ACCREDITATION AND RATING**  
*External expert commission*

*Addressed to  
Accreditation  
Council of the IAAR*



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**REPORT**

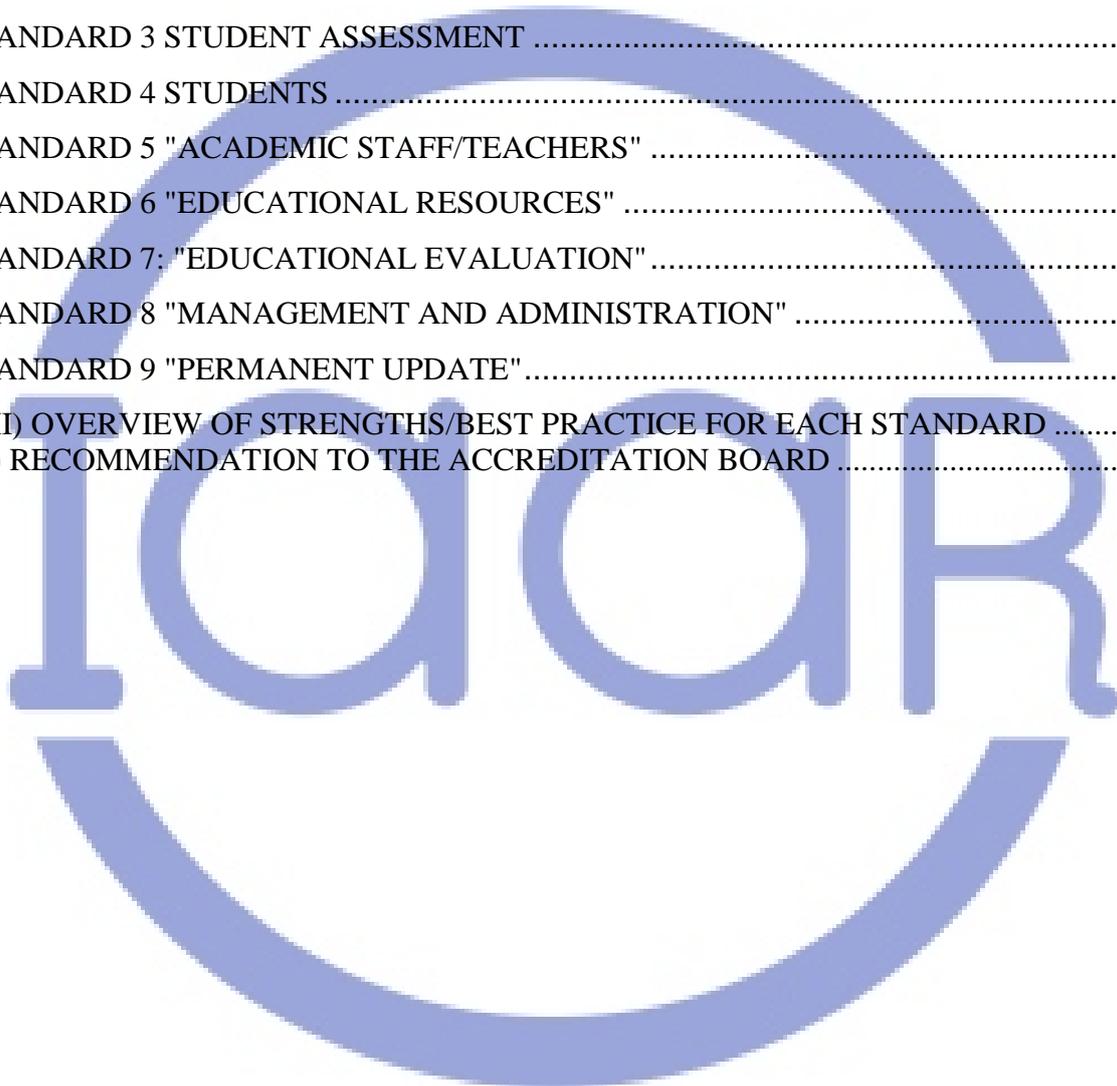
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**Dushanbe**

*March 29, 2022*

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**(I) LIST OF SYMBOLS AND ABBREVIATIONS**

State Educational Institution “ATSMU” - State Educational Institution "Avicenna Tajik State Medical University";

CBL - Case - based - learning (learning based on the case);

ECFMG – Educational Commission for Foreign Medical Graduates

EFQM - European Foundation for Quality Management;

MBBS - Bachelor of Medicine, Bachelor of Surgery (bachelor of medicine, bachelor of surgery)

WES – World Education Services

TBL - Team-based- learning;

BHD - block of humanitarian disciplines;

BNS and ED - a block of natural science and economic disciplines;

BME - basic medical education;

BGPD - block of general professional disciplines;

BPD - block of professional disciplines;

IDC - intradepartment control;

EAEA - external assessment of educational achievements;

HSMC - highly specialized medical care;

SAC - State Attestation Commission;

SASFE - state agency for supervision in the field of education under the Ministry of Education and Science of the Republic of Tajikistan;

SES- State Educational Standard of the Republic of Tajikistan;

JD - job description;

DNA - deoxyribonucleic acid ;

IP – interested person;

HLS - healthy lifestyle;

IP - interested parties;

IS - information security;

FSC- final state certification;

FSE - final state exam;

IL - instruction letter;

PPD – publishing and printing department;

IMS - integrated management system;

FE - final exam;

CB - clinical base;

TOL - team-oriented learning;

CC - clinical council;

CMM - control-measuring means

CED - catalog of elective disciplines;

GM – general medicine;

MES RT - Ministry of Education and Science of the Republic of Tajikistan;

IS ISO - International Standard ISO;

MTE - material and technical equipment;

MF RT - Ministry of Finance of the Republic of Tajikistan;

MHC - medical health center;

SRA - scientific research activities;

SRW – scientific research work;

SSRW - student's scientific research work;

NGO - non-governmental organization;

SSO - scientific student society;

NTC - national testing center under the President of the Republic of Tajikistan;

PH - public health;

DQM & SP - Department of Quality Management and Strategic Planning;

EP - educational program;

EP - educational program;  
OSCE - Objective Structured Clinical Examination;  
ES - educational services;  
AT- advanced training;  
PS - position;  
RT - retraining;  
TS – teaching stuff;  
RSU - regulation on the structural unit;  
WC - working curriculum;  
RE - rating exam;  
FMOC - family medical outpatient clinic;  
MM - mass media;  
QMS - quality management system;  
SRI - independent work of interns;  
SRS - independent work of the student;  
SIWT - independent work of a student under the guidance of a teacher;  
US - University standard;  
TTA - technical training aids;  
SC - standard curriculum;  
SPC - standard program curriculum;  
HD - health department;  
EMCD - educational and methodological complex of the discipline;  
EMC - educational and methodological council;  
EMC for S - educational and methodological council in the specialty;  
EMC ATSMU - educational and methodological council of Avicenna Tajik State Medical University;  
AC - Academic Council;  
FPH - Faculty of Public Health;  
COR - the center of the office-registrar;  
CPS - Center of Practical Skills;  
CPPE - Center of Postgraduate Professional Education;



## (II) INTRODUCTION

According to the order №18-22-OD dated 01/20/2022 of the CEO of the Independent Agency for Accreditation and Rating (IAAR), from March 27 to March 28, 2022, an external expert commission assessed the compliance of the educational program in the specialty 1-790101 "General Medicine" of the State Educational Institution "Avicenna Tajik State Medical University". The visit of the external expert commission to ATSMU was organized in accordance with the program agreed with the chairman of the EEC, the rector of ATSMU and approved by the CEO of IAAR.

### **The composition of the WEC**

**IAAR expert, chairman** – Kurmangaliev Kairat Bolatovich, NAE “West Kazakhstan Medical University named after A.I. Marat Ospanov” (Republic of Kazakhstan, Aktobe) (*online*);

**IAAR expert** - Natalya Valerievna Lapova - PhD of Philological Sciences, Associate Professor, Vitebsk State Order of Peoples' Friendship Medical University (Republic of Belarus, Vitebsk) (*online*);

**IAAR expert** – Bogomolova Elena Sergeevna, Doctor of Medical Sciences, Volga Research Medical University of the Ministry of Health of Russia (Russian Federation, Nizhny Novgorod) (*online*);

**Expert IAAR** - Kurmanova Gaukhar Medeubaevna PhD, Professor, Kazakh National University. Al-Farabi (Republic of Kazakhstan, Almaty) (*offline*);

**IAAR Expert, Employer** – Khuseinzoda Zafar Khabibullo, MD, State Institution "Republican Cancer Research Center" (Republic of Tajikistan, Dushanbe) (*offline*);

**IAAR expert, student** - Bibisoro Ikromiddinovna Komilova, Faculty of Medicine, Khalton State Medical University (Republic of Tajikistan, Dangara) (*offline*);

**IAAR coordinator** – Dzhakenova Alisa Satbekovna, PhD, Head of Medical Projects of the Agency (Republic of Kazakhstan, Nur-Sultan) (*offline*).



### **(III) REPRESENTATION OF THE EDUCATIONAL ORGANIZATION**

Avicenna Tajik State Medical University is the oldest medical university in Tajikistan, it was organized in 1939. Currently, the university has 5 faculties: medical, pediatric, dental, pharmaceutical, faculty of public health organization. The educational process at the university is carried out at 62 departments. The total number of students studying at ATSMU is 12038 and out of this number of students 1126 students from 17 countries of the world study at the university: Uzbekistan, Afghanistan, Pakistan, India, Kyrgyzstan, Turkmenistan, Kazakhstan, Azerbaijan, Armenia, Russia, Iran, Germany, Latvia, Denmark, Finland, etc.

The educational process is carried out according to new curricula, plans and State educational standards, adapted to international standards of medical education, approved by the Ministry of Education and Science of the Republic of Tajikistan. Training is conducted in 3 languages: Tajik, Russian, English. The priority aspects of training are the introduction of modern teaching technologies. Clinical training of students is carried out in close cooperation with the Center for Practical Skills Training (CPST) and at clinical sites.

Innovative teaching methods are widely used at ATSMU, students have the opportunity to practice in the Republican Medical Centers, medical institutions in Dushanbe and in all regions of the republic.

ATSMU is actively working to develop partnerships and international activities. The academic partners of the university are the leading universities of the far and near abroad countries. Within the framework of the concluded memorandums, academic mobility is carried out: students are trained in such countries as: Italy, Latvia, China, Kazakhstan, Uzbekistan, Russia and Belarus, etc. ATSMU cooperates with 114 educational and scientific institutions of foreign countries.

In the 2021/2022 academic year, 13166 people study at the university, including: 12038 students, 868 clinical residents and interns, 260 people study under the PhD and postgraduate program. The Faculty of Medicine has 9594 students.

The teaching staff of the University meets the qualified requirements, has the relevant knowledge and owns modern teaching methods. The teaching staff is 904 people, including 84 doctors of science and 244 candidates of science. Of them 36 have the title of professor and 88 the title of associate professor. The number of external teachers - part-time is 147 people. The average age of the teaching staff is 46 years, out of the total number of teaching staff, 237 (31%) are young people under the age of 35.

The University has implemented a number of projects sponsored by foreign organizations, an example of which are: "Reform of Medical Education", supported by the Swiss Office for Development and Cooperation, projects under the Erasmus + program in the field of higher education, teaching foreign languages, academic exchange, scientific projects together with the Robert Koch Institute (Berlin, Germany), Ludwig Maximilian University of Munich (Germany) and WHO. By now, the University has implemented three major projects for the development of higher education, which were financed by the World Bank: "Modernization of higher medical education at ATSMU", "Innovative development of pharmaceutical education in the Republic of Tajikistan", "Improving the quality of medical education at ATSMU". The University participates in consortia of Erasmus+ projects: TUTORIAL, CHILDCA, SPRING, HARMONEE.

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

The educational program of the specialty 1-790101 "General Medicine" of the State Educational Institution "Avicenna Tajik State Medical University" with a 5-year training program for foreign students, accreditation is being held for the first time.

### **(V) DESCRIPTION OF THE EEC VISIT**

On March 27, 2022, a preliminary meeting of the members of the External Expert Commission (EEC) of IAAR was held. During the organizational meeting, the program of the visit was specified, the responsibility of the members of the EEC was distributed. A brief review of the

reports on specialized self-evaluation of educational programs of the State Educational Institution "Avicenna Tajik State Medical University" was carried out, additional information was identified that must be requested from the university for full awareness of the members of the EEC during program accreditation.

To obtain objective information on the assessment of the activities of ATSMU, the members of the EEC used the following methods: visual inspection, observation, interviewing employees of various structural units, teachers, students, employers and graduates, questioning the faculty and students.

In total, 148 people took part in the meetings, 83 of them directly in the accredited specialty (Table 1).

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

<b>Participant category</b>	<b>Quantity</b>	<b>Including for the OP General Medicine</b>
Rector	1	1
Vice-Rector's Corps	5	5
Heads of structural divisions	6	6
Deans and chairmen of KOPs	6	2
Heads of departments	26	20
teachers	26	20
students	45	18
Graduates	21	5
Employers	12	6
<b>Total</b>	<b>148</b>	<b>83</b>

On March 28, 2022, a meeting was held with the rector of the university, vice-rectors, heads of structural divisions, deans of faculties, chairmen of the COP "General Medicine", "Pediatrics" and "Pharmacy", interviews with heads of departments, teaching staff of departments implementing EPs undergoing accreditation.

Also, on this day, interviews were held with students, including foreign students (in English), who study at this EP. During the interview, information was obtained about the educational process: how the classes are held, especially with the use of active teaching methods, how students are involved in research work, how knowledge and skills are assessed, how the opportunity to participate in the improvement of the educational program, the organization of the educational process is implemented, what living conditions are provided for students.

Then there was a meeting with employers and alumni. When interviewing employers and graduates, questions were asked about their participation in the development and improvement of the EP.

A visual inspection of the main building was carried out: conference rooms, computer classes, dean's office.

On March 29, 2022, the EEC visited clinical bases and practice bases, a simulation center and some fundamental departments with simultaneous attendance at classes.

Visited State Institution "Istiklol Health Complex" in Dushanbe: this clinic is a multidisciplinary medical and diagnostic complex of a pediatric profile. Members of the EEC visited three departments located in this clinic: Department of Children's Diseases №1, Department of Propaedeutics of Children's Diseases and Department of Family Medicine.

When examining the clinical sites, accompanied by department heads, teachers, attention was drawn to the route of students within the clinic, examining classrooms, the possibility of mastering clinical and practical skills, the diversity of patient profiles and the ability to work with patients, including children, as well as with medical records.

2 practical classes were attended at the Department of Children's Diseases № 1: in the 7th group of foreign students of the 3rd year of the medical faculty (assistant of the department Makhmudova M.M.) 17 people attended the lesson, and the 4th group of the pediatric faculty of the State Educational Institution "ATSMU" (assistant Bakoev F.S.) was attended by 17 people. Classes were held using CBL technology.

According to the thematic plan, in the 7th group, problems regarding deficient conditions of childhood were discussed in the key-study format. One of the students acted as a facilitator, the other was responsible for time management, all students were involved in the discussion. This case made it possible to assess knowledge and conduct a boundary control on previous topics and develop communication skills in them.

In the 4th group of the pediatric faculty, questions on the gastrointestinal system in children were considered. This case revealed the tactics and visions of patients with this pathology, the case contained an error in the management tactics and the students had to find it and discuss the correct tactics.

Practical classes were also attended at the Department of Propaedeutics of Children's Diseases: 3rd year students of the Faculty of Medicine were engaged in natural feeding and the biological value of breast milk. On the same day, according to the schedule, practical classes were held at the Center for Practical Skills, where students of groups 3 (Murodova F.S.) and 4 (Khaidarova O.F.) of 3<sup>rd</sup> course developed skills and technique of breastfeeding and rendering emergency care in pediatric practice.

When attending classes, attention was paid to the use of active teaching methods - CBL and TBL, as well as the technical equipment of the educational process.

When examining the simulation center, attention was paid to the equipment and how exactly the simulation equipment is used in the educational process (during visiting hours, classes were held in almost all classrooms).

When visiting the fundamental departments - anatomy, histology and pathology, educational materials and preparations were examined.

The Department of Histology has well-equipped study rooms, workrooms, laboratories, a conference room and utility rooms for storing material assets and educational visual aids. A practical lesson was attended on the subject "Microanatomy" by the associate professor of the department Shukurova D.A., the 67th group of the medical faculty of the 1st year. Topic: "Large glands of the gastrointestinal system (liver, pancreas)" and a practical lesson of the Ph.D., associate professor of the Department Ashurova A.T. in the subject "Histology", 33rd group of the medical faculty of the 1st year. Topic: "Muscular system".

The Department of Human Anatomy and Latin Medical Terminology named after Y.A. Rakhimov has well-equipped study rooms, laboratories, a conference room and utility rooms for storing anatomical preparations, corpses and educational visual aids, as well as an anatomical museum. 4 practical classes and the anatomical museum of the department were visited: Faculty of Medicine, 1st year, 40th group, teacher - assistant, Ph.D. Dadabaeva K.; 31st group, teacher - assistant of the department, Tulaganov S.M.; 30th group, teacher - assistant of the department, Ph.D. Gulbekova Z.A.; 50th group, teacher - professor of the department, Ph.D. Ashurov K. Topic of the lesson: Anatomy of the spinal cord and its membranes. General overview of the brain. Output of 12 pairs of cranial nerves from the brain.

On the first day of the visit, the processes of questioning teachers and students of ATSMU took place. The results of the survey: a total of 100 teachers were surveyed, of which 46 were in the accredited specialty; 101 students, including 17 in the accredited specialty.

The commission notes a rather high degree of openness of the ATSMU staff in providing information to the members of the EEC, as well as the positive attitude of students and their motivation and activity.

In order to confirm the information presented in the self-assessment report, the working documentation of the university was requested and analyzed by external experts. Along with this, the experts studied the Internet positioning of the university through the official website of the university.

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

### **STANDARD 1 "MISSION AND RESULTS"**

#### ***Evidence***

State Educational Institution "Avicenna Tajik State Medical University" developed and formulated the mission of the university: "Providing nationally relevant, internationally recognized medical education to train competent personnel and promote the development of scientific activity in the field of healthcare", which is the basis for the implementation of all activities and the development of an educational program (EP).

The university mission and vision reflect the preparation strategy and the conditions necessary for its implementation. The mission of the EP "General Medicine": Providing high-quality basic, medical education for the preparation of a competent general practitioner, competitive in the international labor market, prepared for specialization and lifelong learning, developed in accordance with the mission of the university and reflects the vision of the implementation of the EP in accordance with national policy in the field of quality of medical education and development of the healthcare system in the Republic of Tajikistan.

However, the mission of the educational program is not presented on the university website, and the English version of the mission of the university does not correspond to its formulation in Russian. Also, it was not possible to find descriptions of the educational program and general information on it on the university website.

Mission and development strategy of the State Educational Institution "Avicenna Tajik State Medical University" were developed in accordance with the strategic documents of the national level: the message of the President of the Republic of Tajikistan dated 12/22/2016, 12/22/2017 and 12/26/2018, 12/26/2019, 01/26/2021, 12/21/2021, Law of the Republic of Tajikistan "On Education" (dated May 17, 2018), Law of the Republic of Tajikistan "On Protection of Public Health" (2017), Strategic Plan for the Development of PHC on the Principle of Family Medicine in the Republic of Tajikistan for 2016-2020 (07/27/2016), the National Strategy for the Development of Education until 2020 (06/30/2012), the National Strategy for the Development of Education until 2030 (09/29/2020, № 526), the Development Strategy of the University until 2025. The mission, vision and values of the university are part of the document of the university "Quality Policy of ATSMU"

All national stakeholders took part in the formation and formulation of the mission, goals and learning outcomes - from academic experts, employers - healthcare practitioners, leading scientists and management structures of the city. Since the mission and vision are reflected in the Strategic Development Plan of the University, this document was discussed and brought to the attention of the Clinical Council with the participation of representatives of practical healthcare, approved by the Academic Council with the participation of faculty, administrative staff and students, and also discussed with representatives of the Ministry of Health and Social Protection of the Republic of Tajikistan, the Ministry of Education and Science of the Republic of Tajikistan, the Department of Health of the City Administration of Dushanbe, the Research Institute of Obstetrics and Gynecology and Pediatrics of the Ministry of Health and Social Protection of the Republic of Tajikistan, as well as representatives of scientific associations (dermatovenereologists, oncologists, pediatricians, therapists, surgeons, etc.), stakeholders and the sector healthcare.

The learning outcomes for the EP are formulated in accordance with the ACGME core competencies and according to the Dublin descriptors: professional knowledge and skills for working in any field of medicine, as the basis for building a career in accordance with the needs of society and a future role in healthcare, with the ability and desire to develop professionally throughout life, the formation of social responsibility, the ability to scientific research.

The active participation of the university in a number of national and international scientific and technical projects, including in the field of medical education within the framework of the ErasmusPlus program of the European Union, "Development of higher education in the Republic of Tajikistan" (World Bank projects) made it possible to develop clear, comprehensive learning

outcomes for mastering which actively implement the best practices and experience of a number of universities of the European Union, India, and Kazakhstan (KSMA, KazNMU).

At the same time, when interviewing students and employers, including representatives of recruiters from India, insufficient participation of foreign stakeholders in the discussion of the EP, its goals, and learning outcomes was revealed. Currently, the university is only looking for opportunities to meet the requirements of the Medical Council of India for the training of medical personnel at the MBBS level to correct the EP in accordance with the requests and needs of India, as the main place for future work of graduates in the EP "Medicine".

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

The University has developed, formulated the mission, vision and learning outcomes for the EP "Medicine", taking into account national needs and strategies, as well as the experience of foreign universities and current trends in the development of medical education in the industry as a whole, in full compliance with the strategic documents of the national level and international recommendations in the field of medical education.

Meetings with representatives of ATSMU at all levels confirm that the University has made significant efforts to formulate the mission, goals and end results of training in full accordance with the best international experience and the experience of other medical universities in the region. When improving and implementing the EP, the teaching staff enjoys academic freedom to a sufficient extent. According to the results of an anonymous survey of employees, 36.4% of respondents assess the state of academic freedom as "very good", more than 59.6% - as "good".

To complete the work on the development of the mission of the educational program, as well as for a broad discussion of the mission, strategy, goals and objectives, the main learning outcomes of the EP, it is necessary to more widely cover the educational program and its advantages with all stakeholders, to involve more graduates, employers from foreign countries in the discussion. Such a discussion can be held in the format of a conference or forum, as well as through associations, professional communities, social networks.

#### ***Strengths/best practice:***

No strengths were identified for this standard.

#### ***WEC recommendations***

- 1. The Head of the study program should ensure that all interested parties are informed about the content of the mission of the study program by posting it on the university website and using other means of information (in all languages). Deadline: May 2022***
- 2. The Head of the EP to ensure the participation of all stakeholders in the development and / or adjustment of the mission and learning outcomes of the EP reflecting their opinions and suggestions (employers). Deadline: by September 2022.***

#### ***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 0***
- ✓ ***satisfactory - 20***
- ✓ ***suggest improvements -3***
- ✓ ***unsatisfactory - 0.***

### **STANDARD 2 "EDUCATIONAL PROGRAM"**

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

The curriculum of the EP is quite balanced. Thanks to the changes in the SES in the specialty "General Medicine" of the Republic of Tatarstan (2017), the curriculum in the EP was restructured in favor of the disciplines that are necessary for the future doctor: the basic and profile disciplines were expanded, the disciplines of health care management and health economics were additionally introduced. The EP for foreign students on the basis of 12-year education has undergone some reductions in the cycle of general education disciplines (from 54 to 34 credits), has been expanded

in favor of specialized disciplines and disciplines aimed at mastering the principles of preventive medicine.

The EP is built on the principle of formal horizontal integration between fundamental disciplines and vertical spiral integration of clinical disciplines starting from the 3rd year of study. The integration of fundamental and clinical disciplines in junior courses is carried out in the form of clinically oriented situational tasks. The content and thematic plan for the main fundamental disciplines is built in such a way that there is a connection between the topics being mastered (for example, anatomy and physiology, where organ systems are consistently mastered by their structure and function). Despite the fact that related disciplines involved in the formation of the same basic learning outcomes (for example, anatomy, microanatomy (histology) and normal physiology) are formed into modules, however, summative assessment by disciplines, even as part of one module, is carried out separately for each discipline. During a conversation with the heads of departments and leaders of the EP, it was revealed that the integrated examinations by modules are not yet provided for in the assessment system, despite the fact that understanding the need for greater integration will allow students to better master the necessary theoretical knowledge in basic disciplines.

The list of disciplines of the curriculum is traditional and standard. The EP provides for a sufficient number of practices - educational and industrial. The practical component of the EP takes place in healthcare facilities of various profiles and levels of medical care. Hours that students spend outside of classrooms at clinical bases at the patient's bedside or at a doctor's appointment are limited to 1-2 hours per day from a 6-hour lesson. Students in the 5th year (the discipline "Family Medicine") have the opportunity to conduct door-to-door rounds, participate in vaccination programs for the population, and conduct sanitary and educational work. But they have a relatively small number of hours of contact with real patients, work directly in the departments, in the consultative and diagnostic divisions of clinics. For foreign students, the problem of contacting patients and working with medical records is exacerbated by communication problems - they do not speak the language of the patient, and a large number of students per teacher in clinical departments does not allow all students to communicate with patients with the help of a teacher as an interpreter. At a doctor's appointment or at the patient's bedside, foreign students act more as observers than as participants in the process.

An earlier introduction to the clinic is traced through the 2nd course discipline "Clinical Skills Course". It is very important that the EP specifies the level of mastering clinical knowledge and skills from "demonstrates" to "does it yourself". Perhaps it would be possible to use the standard Bloom taxonomy and the 5-level scale for the development of clinical competence (from "observer" to "teacher"), which would allow describing the requirements for the level of development more fully.

The curriculum includes lectures and practical exercises/laboratory studies/trainings. There is an elective component that allows you to build an individual trajectory as part of training as a General practitioner.

The university is actively implementing the best practices and an effective learning strategy - student-centered, patient-centered, using methods, forms of education with the active involvement of students in the learning process.

As a result of a survey of teaching staff and students, as well as an analysis of the documentation of departments, members of the EEC established an understanding of the essence and format of active learning methods (TBL, CBL), while the CBL method is used actively and fully in a creative and effective manner. The TBL method is also methodologically accurate. When observing the course of the classes, it was noted that these methods are well accepted by the students, they are quite experienced in applying these methods and actively participate not only in the discussion, but also in facilitation along with the teachers. The understanding by students and teachers of the important connection between assessment in the framework of active teaching methods as a tool for motivation and assimilation of knowledge and skills is sufficiently monitored. The learning and assessment strategy includes assessments of the behavior and attitudes of students, while what drew attention to the high motivation of students and an active desire to gain knowledge. Teachers and students paid attention to the great academic freedom that the university

provides in the implementation of the educational program, which is one of the most important motivational components when choosing a university as a place of work/study: according to the results of the survey, students showed high satisfaction with both the educational program itself, its content, methods training and teacher qualifications. When interviewing students, attention was drawn to the active use of student-oriented learning technologies and good knowledge of the English language, which EEC members could see for themselves.

The university has ample opportunities to involve students in research projects of the university and allows to realize its potential and powerful material and technical base for the implementation of the strategy of learning through research. However, the number of students involved in scientific research directly (both within the main scientific areas of the departments and initiative ones) is relatively small, mainly through circles. The departments teach the skills of scientific research; students are involved in the implementation of individual and group educational and scientific projects. The university also provides financial support to students to participate in conferences with poster and oral presentations. However, only in 2021, out of 519 theses published by students, only 7 were prepared by foreign students studying in the General Medicine program; out of 247 reports, only 2 - on the accredited EP.

Participation in scientific research, publications and presentations at conferences are encouraged, but obviously not only material support for students' research work is required, but also motivation through an assessment system. The active introduction of learning through research with the introduction of evaluation for scientific work will allow students to more effectively master the skills of working with sources, with primary material, statistical processing and presentation of research results.

Issues of a legal nature as part of their application in healthcare are studied in the discipline "Forensic medicine (with the basics of judicial law)". However, this discipline, firstly, is aimed at studying purely questions of forensic medical examination; secondly, its passage is provided for in senior courses. Early introduction to the clinic makes it necessary to master some important issues of medical law (the rights and obligations of the patient, the safety of the patient, the rights and obligations of the health worker, etc.), however, in the learning outcomes for modules 1-2-3 of the course, the issues of medical law are not spelled out.

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

A good level of implementation and mastery of active teaching methods of teaching staff, as well as the absence of strict frameworks in national regulatory legal acts governing the development and implementation of EPs in medicine, allows the university to rework the curriculum to implement a more integrated approach to teaching with a holistic view of a person as an object of medical research with a focus on achieving learning outcomes and stimulating the students themselves to acquire the necessary knowledge and skills. In the curriculum, it is possible to implement integrated modules with real, non-formalized integration, in particular in terms of assessing the educational achievements of students; try to ensure a more effective integration of fundamental and clinical disciplines at the junior level. Such a revision of the curriculum will allow for a more complete use of learning strategies based on the use of problem-based learning, team learning, learning through research.

Also, students do not have enough time to work directly with patients and medical records in clinics and at the PHC stage: the planned contact in senior years is *less than a third* of the study time. Large group sizes in senior years and difficulties in communicating with patients due to language barriers make it difficult for teachers to give more students more time to work with patients on their own and/or with the help of a teacher as an intermediary.

The university does not fully realize the possibilities of the learning through research strategy. To do this, it would be possible to make changes to the educational program in terms of expanding the skills of scientific research and even including students in the assessment of the results of research work.

The curriculum does not provide training in medical law within any discipline or several disciplines. The result of training on the application of knowledge and/or actions within the legal field and professional ethics is not prescribed both in general in the EP and in individual modules.

***Strengths/best practice:***

No strengths were identified for this standard.

***WEC recommendations:***

***1. The Head of the EP is recommended to revise the curriculum to ensure the real integration of fundamental disciplines as part of the training modules. Deadline: by September 2022.***

***2. The Head of the EP should include in the curriculum and / or the content of the disciplines and in the system for assessing educational achievements the fulfillment by students of elements of scientific research on an ongoing basis. Deadline: by September 2022.***

***3. The Head of the study program is recommended to introduce knowledge of medical law and the legislative framework of practical healthcare and drug provision into the curriculum and / or educational content. Deadline: by September 2022.***

***4. The Head of the EP to take the necessary measures to increase the planned contacts of students with patients in specialized clinical disciplines. Deadline: from 2022-23 academic year.***

***Conclusions of the EEC according to the criteria:***

✓ ***strong positions - 0***

✓ ***satisfactory - 40***

✓ ***suggest improvements -3***

✓ ***unsatisfactory - 0***

**STANDARD 3 STUDENT ASSESSMENT**

***Evidence part.***

The educational program, designed for 5 years of study, is built according to the credit system, taking into account ECTS credits. The EP declares a learning strategy using active learning methods, early introduction to the clinic, and a large practical component of learning. The learning outcomes of the educational program, for individual modules and disciplines are described in detail and clearly. There is a clear connection between the learning outcome and assessment (“Regulations on the ongoing monitoring of progress and intermediate certification of students”; “Mandatory minimum of clinical and practical skills acquired by students of 3-6 courses”).

Normative documents have been developed with a description of the forms and methods of assessment from the current one to exams in each discipline. Unfortunately, there is no provision for assessing the module as a whole or conducting an integrated exam for the module or for related disciplines related to common learning outcomes.

To assess knowledge, MCQ SBA tests are widely used, for memorization, understanding and application, situational tasks. Testing is carried out in the testing center, computers are equipped with a fingerprint recognition system. This reduces the likelihood of cheating in exams to almost a minimum. In addition to testing, knowledge is assessed in the format of a written answer to 2-3 questions with randomization of tasks. Written works are checked by three examiners randomly and independently of each other.

The university has an appeal system, but a clear system for organizing the development process, reviewing CMM and the examination procedure itself, when a student can immediately get acquainted with his mistakes and get feedback, has reduced the number of appeals to a minimum. 70% of students rated the objectivity of assessing knowledge and skills as "very good", 63% are completely satisfied with the quality of CMM.

The whole process of knowledge assessment is fully and clearly regulated by a series of provisions and an assessment matrix, assessment headings (checklists).

To assess practical skills, DOPS are used (mainly in the simulation center) with sufficiently detailed checklists. However, methods for assessing communication skills, attitudes, behavior and

professionalism are little used. There are no developed checklists for these competencies. It was also found that practical skills are more often assessed during ongoing classes than during the examination process. Although the assessment of practical skills has been introduced, the impact of mastering practical skills on the final grade in disciplines is relatively small. For example, in the discipline "Clinical Pharmacology" at the Department of Family Medicine, students discuss pharmaceuticals, but not their use in a real clinical situation, using examples of real patients in the clinic in complex treatment. Accordingly, the exam does not include the stage of applying knowledge of clinical pharmacology, for example, in the format of a mini-clinical exam.

The assessment rules and the examination process are prescribed in a number of regulatory documents: "Regulations on the credit system of education in higher professional educational institutions of the Republic of Tajikistan", which reflects the policy of grading on a point rating scale (presented on the website of the State Educational Institution "Avicenna Tajik State Medical University" <https://tajmedun.tj> in the public domain); Regulations on the ongoing monitoring of progress and intermediate certification of students.

The quality of the developed control and measuring tools is ensured by approved quality control standards (Oral Questioning Standard, Situational Task Standard, Skills Assessment Standard, Clinical Debriefing Standard, Written Control Standard, etc.). Each department develops checklists to evaluate various forms of quality control of education.

The university has developed and introduced an electronic (<http://office.tajmedun.tj>) educational journal and a student's record book, in which information about the progress of students is recorded and it is possible to create all kinds of reports to analyze progress.

The testing system has been introduced into the electronic system of the university, it contains the possibility for psychometric analysis of the quality of test items (you can exclude too complex and too easy tests). The use of testological analysis with the assessment of discrimination, test complexity and distraction analysis has begun. Departments have the opportunity to process tests based on the results of such an analysis.

Due to the fact that the exams include testing and a written exam, the number of tests per examinee is limited to 30-40 tasks, which, unfortunately, reduces the relevance of assessment.

The assessment of mastering practical skills on simulators in a simulation environment in the format of OSPA and OSCE is widely used, but with a limited number of stations ("Regulations on OSCE"). The number of stations is 5-6, while the recommended number is 10-12. An integrated module examination would enable the OSCE to be conducted in its entirety.

### ***Analytical part***

When interviewing teachers, members of the EEC revealed that, although the university has the opportunity to use the methods of examination, psychometric assessment of CMM for their relevance, representativeness, objectivity, nevertheless, it still does not implement all these options. Teachers need more training in testology and assessment methods in general to regularly apply the results of the CMM electronic examination to improve the quality of assessment.

The use of a limited number of test items per examinee and the use of a written survey on simple questions (not situational tasks) reduces the representativeness of the exams.

All this makes it difficult to assess the impact of assessment on the learning process itself. Also, methods for evaluating the work of students in the clinic with an assessment of not only knowledge and skills, but also behavior and attitudes (for example, a 360° assessment) are not yet widely used.

Interviews of teaching staff and students showed that there is no adaptation of the assessment system to learning styles using a variety of assessment methods in one exam in order to enable students to fully reveal their educational achievements and the degree of mastering the necessary knowledge and skills, clinical thinking.

The university uses the practice of passing exams in individual disciplines - not in modules. There is also a learning process. Such an approach can create problems for students in the integration of knowledge and skills, the application of knowledge in fundamental and social

disciplines in teaching in clinical disciplines. For example, in the curriculum there are disciplines "Histology", "Anatomy" and "Physiology" in the study of which an interconnected curriculum is used: the topics in these subjects are coordinated with each other. The integration of disciplines could be more complete if they were combined into modules at least during the examination process. When developing a CMM, one could test the ability to apply knowledge in several related related disciplines. For example, to integrate knowledge of anatomy and physiology of an organ or system; knowledge of biochemistry and pathophysiology in a clinical context.

***Strengths/best practice:***

No strengths were identified for this standard.

***WEC recommendations:***

1. ***The Head of the study program should introduce, at the level of summative assessment, an assessment of practical skills using a wide range of methods in modules, starting from 2-3 courses. Deadline: from 2022-2023 academic year.***
2. ***The Head of the EP to introduce a psychometric analysis of the CMM on an ongoing basis. Deadline: from 2022-2023 academic year.***
3. ***The Head of the study program should increase the number of test tasks per examinee to at least 90 tasks per discipline in basic and profile disciplines (except for OOD). from 2022-2023 academic year.***

***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 0***
- ✓ ***satisfactory - 11***
- ✓ ***suggest improvements -4***
- ✓ ***unsatisfactory - 0***

**STANDARD 4 STUDENTS**

***Evidence part.***

The university has a student admissions and selection policy. The method of admission and selection of students to the EP is regulated by the legal documents of the Republic of Tajikistan. Entrance examinations for citizens of the Republic of Tajikistan are held by the National Testing Center under the President of the Republic of Tajikistan. Foreign applicants are interviewed in biology and chemistry, physics, during which the level of English proficiency is also assessed. The interview committee includes the Rector, the Chairman of the admission committee of the university, English-speaking teachers in chemistry and biology, the head and specialists of the international department.

On the official website of the university there is a page "Applicants", which annually contains all the necessary information about the faculties, specialties, admission rules, student admission plan, the cost of the annual tuition fee and other useful information for applicants in the Tajik, Russian and English languages.

When interviewing students and visually inspecting the dormitories and canteens, members of the EEC revealed complete satisfaction of students with living conditions and meals, as well as medical care. The same results were shown by an anonymous survey of students.

A Medical and Diagnostic Center has been organized at ATSMU, which regularly monitors the health of students, conducts therapeutic and preventive measures, dispensary observation and registration of patients, annual medical examinations by medical specialists.

Students noted that they can sufficiently influence the decision-making in the field of academic policy and the quality of education through the questionnaire procedure and the representation of students in elected bodies at the level of student communities, TSCs, academic councils of faculties. For example, two students of the 5th and 6th courses are included in the composition of the CEP for the EP of the specialty.

Students have the opportunity and take part in scientific work through scientific circles. Regulatory documents that ensure the academic mobility of students are fixed. Over the past 5 years, 244 students have taken part in academic mobility programs; academic mobility was carried out even during the COVID-19 pandemic, mainly to Russia, Kazakhstan, Uzbekistan and Kyrgyzstan.

***Analytical part***

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

The rules of admission and the work of the selection committee allows you to select applicants who are quite capable of mastering the curriculum, are transparent and fair.

An individual educational trajectory is formed for ATSMU students due to the presence of elective disciplines. The EP takes into account the peculiarities of educational content for future professional activity in the country of future professional activity.

The university has good living and nutrition conditions, all foreign students are provided with hostels, which have everything necessary for a normal quality of life. In canteens and other eating places there is an opportunity to eat in accordance with national and cultural characteristics.

The number of students accepted for training is regulated by the NPA MES RT. Students are provided with educational literature, electronic resources for educational and scientific activities.

***Strengths/best practice:***

No strengths were identified for this standard.

***WEC recommendations***

There are no recommendations for this standard.

***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 0***
- ✓ ***satisfactory - 17***
- ✓ ***suggest improvements -0***
- ✓ ***unsatisfactory - 0***

**STANDARD 5 "ACADEMIC STAFF/TEACHERS"**

***Evidence part.***

The university has developed a policy for the development of human resources in accordance with its mission and taking into account the requirements of national legislation, reflected in a number of regulatory documents, in particular: mission and policy in area of quality education of “ATSMU”, Development Strategy of the State Educational Institution “ATSMU” for 2017-2025, Regulations of the competition commission of ATSMU (dated March 28, 2019 № 8).

During the interview, it was found that the teachers of ATSMU are provided with rather high wages (3-5 times higher than in practical healthcare). Teaching staff in English receive twice the salary, and clinical work is also paid. This gives a very high motivation for teaching staff to improve their English proficiency, pedagogical skills and professional growth without additional material incentives. Being a teacher of ATSMU is prestigious and honorable. Therefore, the university can afford to put forward quite serious requirements in the selection of personnel and their certification.

The university has done a good job of improving teaching skills and testology skills, using active teaching methods, and modern examination methods. Over the past 5 years, more than half of the teaching staff (686 people) have been trained in medical pedagogy and andragogy.

A high level of English proficiency is maintained and tested by conducting a special exam, which is organized by the international department of the university. The exam is conducted in three stages: the first stage is to determine the level of English proficiency, which in turn consists of 2 sub-stages: an interview - to determine the level of English proficiency and testing - to determine knowledge of the rules of English grammar. The second stage of the exam reveals knowledge in the specialty in English. The last stage consists of establishing teaching skills.

The university has a rating system to encourage teaching staff. Based on the results of the rating, a cash bonus is paid twice a year. There is a competition for the best teacher. The workload for all types of activities is calculated in terms of academic hours and amounts to 1536 hours of workload for all types of activities: educational, teaching and methodological, research, educational and medical work.

The direct teaching load on teachers is relatively small (according to the decision of the Academic Council of ATSMU dated on August 26, 2021 (minutes № 1) "On approval of the teaching load of teaching staff for the 2021-2022 academic year", the following standards are established: for undergraduate education - 23 credit for the head of the department, 24 credits - professor of the department, associate professor - 25 credits, senior lecturer 27 credits, teacher / assistant - 29 credits), which leaves enough time for other activities - methodological, clinical, scientific, organizational, educational.

Support for scientific activities is carried out through the organizational and information support of scientific activities, access to electronic resources. All travel expenses related to scientific and educational activities, as well as studying abroad, are fully paid by the university.

According to the regulatory requirements for the average ratio of the number of students to teachers for calculating the total number of faculty members at the university, the ratio is 10:1 (decision of the Academic Council dated on August 29, 2019, № 1).

When forming the study groups of the specialist, by the decision of the Academic Council of ATSMU dated on August 29, 2019, №1, the number in one group was established - 17 people. The number of students in academic groups decreases from year to year to ensure the quality of education.

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

The existing personnel policy, the system of rewards and support for teachers is fully consistent with the goals of the successful implementation of the EP. Currently, the focus is on developing pedagogical potential and training a new generation of teachers who speak both English and pedagogical competence in the field of medical education. The policy of the university regarding the staffing of the educational process is quite successful. A good connection with practical healthcare is ensured by the active involvement of doctors from the university's clinical bases in the educational process.

The pedagogical load on teachers is not excessive, but the occupancy of groups, especially in basic disciplines (20-25 per group) and specialized (12-13 students per group) creates a very large load on teachers, especially in English-speaking groups, where the teacher also has to be a translator for students who do not speak the patient's language. The student/teacher ratio in the specialty "General Medicine" for the 2021-2022 academic year is -9:1, which creates an excessive burden on teachers working with foreign students, limits the opportunities for students to work directly with patients. This can also explain the fact that the number of scheduled hours of contact with patients is limited to 1-2 hours in clinical disciplines, since it is difficult for the teacher to provide the clinical work of students with language support, to individualize the work with students in mastering clinical skills. In addition, the large occupancy of groups increases the load on clinical sites, reduces the ability to ensure patient safety.

To be able to organize the educational process in clinical disciplines in such a way as to ensure, on the one hand, the availability of clinical practice for students and high learning efficiency (a variety of clinical situations); on the other hand, to ensure the safety of patients and not to create an excessive burden on hospital departments, diagnostic units, medical sections of polyclinics, and specialists' offices, it is advisable to reduce the occupancy of groups.

#### ***Strengths/best practice***

No strengths were identified for this standard.

#### ***WEC recommendations:***

***1. The university management is recommended to consider the possibility of reducing the size of groups, especially in specialized disciplines, in order to increase the level of mastering professional skills. deadline: from 2022-2023 academic year.***

**Conclusions of the EEC according to the criteria:**

- ✓ **strong positions - 0**
- ✓ **satisfactory - 12**
- ✓ **suggest improvements - 0**
- ✓ **unsatisfactory - 0**

**STANDARD 6 "EDUCATIONAL RESOURCES"****Evidence**

The university can sufficiently provide the proper level of mastery of practical skills thanks to simulation technologies and a good set of special medical simulators. It is important to note that the simulation equipment procurement plan provides for the procurement of state-of-the-art medical simulation equipment. The organization of the work of the simulation center is built in such a way as to provide a sufficiently large number of hours for mastering practical skills during study time. The university can ensure the acceptance of midterm controls and exams using simulators in the OSPE and OSCE formats.

The University has a sufficient number of clinical bases to provide the required amount of clinical training and work practices: all the largest clinics in Dushanbe pediatric (Medical Complex "Istiklol"), general therapy (National Medical Center "Shifobakhsh"), surgical (Republican Scientific Center for Cardiovascular surgery; State Institution "City Center for Emergency Medicine") profile. A large number of clinics at the PHC level - more than a dozen city medical centers (polyclinic type for an outpatient opening), specialized clinics (children's and adult infectious diseases hospitals, State Institution "Republican Scientific Center of Oncology"; National Center for Tuberculosis, Pulmonology and Thoracic Surgery and other institutions of the republican level).

It is important that ATSMU has general agreements with the Health Department of the Republic of Tajikistan, according to which the priorities in the work between clinics and the university are determined, aimed at creating the best conditions for educational activities.

During the visit to the clinical bases, the members of the EEC made sure that the university departments were given full access to all the possibilities for carrying out both medical diagnostic and educational activities at the clinical bases. The links between the clinical base and the departments are very close, many doctors are involved in the educational process both on the basis of part-time work and work with students on a trusting gratuitous basis. The teaching rooms of the departments are located conveniently and in close proximity to the departments, but the principle of patient safety is strictly observed. When interviewing clinic managers, employers, representatives of the city health department, there is a very good interaction between the departments of the university and practical health care on clinical, educational and research issues.

During interviews with representatives of practical healthcare, the comprehensive and productive assistance of the teaching staff of the university and students during the COVID19 pandemic was noted, especially in terms of organizing preventive measures.

The university has extensive international relations with other educational organizations to provide academic mobility programs (contracts in the active phase with 61 foreign educational organizations). 153 teachers participated in the program of academic mobility with the countries of near and far abroad.

The university library is one of the best in the country. It has both a fund of educational and scientific literature and periodicals, access to electronic information systems. The university library has collected more than 633,942 copies of books, of which 53.5% are educational literature and 38% are scientific medical literature. Information support systems, a bibliographic data management office and a computer database have been created at the library. The library is equipped with 130 computers (at the university as a whole - 1395 PCs and 900 tablets) connected to international Internet channels. The base of the electronic library consists of more than 249,904

titles. The university library is located in 3 academic buildings. EEC members had the opportunity to visit the library located in the town of “Shifobakhsh” (educational complex), where, in addition to the library and its electronic room, there are 16 general educational, theoretical medical departments, the Clinical Skills Training Center, the Clinical Training Center “Dentistry”, the Center for pre-university education, winter garden, 4 lecture halls of the university.

### ***Analytical part***

The university has enough resources to provide an educational environment: educational buildings, laboratories, equipment, access to electronic resources and IT support, a simulation center.

Students are provided with living conditions, food, access to medical care.

The university has sufficient financial resources for the development of the material and technical support of the educational process; a significant amount is spent annually for these purposes. The University has a strategic development plan that provides for the constant development of the material and technical equipment of the educational process based on the best experience of foreign universities.

The educational process at the fundamental departments is provided with equipment and specialized laboratories. The educational process at the clinical departments by providing sufficient clinical facilities in terms of quantity and specialization.

The university has an AIS and a distance learning system based on the MOODLE platform.

The university has a number of memorandums with universities in other countries and implements academic mobility programs.

### ***Strengths/best practice***

According to this standard, a strong point is good interaction with the practical healthcare sector in terms of ensuring the availability of clinical training for students

### ***WEC recommendations***

There are no recommendations for this standard.

### ***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 1***
- ✓ ***satisfactory - 29***
- ✓ ***suggest improvements -0***
- ✓ ***unsatisfactory - 0***

## **STANDARD 7: "EDUCATIONAL EVALUATION"**

### ***Evidence***

The university has a system for ensuring the quality of the educational program through surveys of students and teachers (internal) and through the accreditation of the EP (external).

Internal monitoring includes self-assessment of units; self-assessment of the university as a whole; internal audit of structural divisions; intra-cathedral control; employee rating; rating of students; analysis of the current, intermediate and final certification of students; checking the state of the methodological support of the educational process, the work of the COPS.

In the quality assurance system, much attention is paid to the observance of the principles of academic integrity of all participants in the educational process. There is an approved code of honor for students.

The university provides mechanisms and procedures to ensure the participation of teachers, students, employers, the public in the process of managing the educational process and the implementation of the educational program, taking into account the fact that the university is a state educational institution (except for employers from far abroad countries, structures and organizations interested in graduates this program). The role of the management structures of the Ministry of Health of the Republic of Tajikistan and the Ministry of Defense of the Republic of Tajikistan as employers is also significant.

The university has implemented and successfully operates a QMS, which is well documented, maintained and improved through annual monitoring and verification, which ensures control, in accordance with legal norms and certain expectations, from student admission, assessment of progress in the learning process and to the completion of the educational program. The quality control system at the university has been successfully functioning since 2017 in accordance with the developed ISM documents: Standards and Regulations of the University "General requirements for the development of an educational and methodological complex of disciplines", "Organization of the educational process according to credit technology", "Final certification of students", "Monitoring feedback", "Competence model of a graduate in the specialties "Medicine", Regulations "On the independent work of students", "On the rating system for assessing the educational achievements of students", Working instructions "On organizing and conducting intra-departmental control and mutual attendance of classes", etc.

### ***Analytical part***

The university has very good opportunities for assessing the EP based on the QMS system and electronic support for the educational process - the AIS of the university. Automation of many processes and constant attention to the improvement of the EP and all processes at the university allows monitoring and improving the EP on a systematic and ongoing basis.

The university has the potential to use the external assessment of the educational achievements of students - based on the results of licensed exams in countries where graduates of this EP will carry out their professional activities. When interviewing graduates - citizens of foreign countries - it was noted that they noted with satisfaction the quality of the education they received.

### ***Standard "Evaluation of the educational program"***

Strengths have not been identified.

#### ***Recommendations:***

There are no recommendations for this standard.

#### ***EEC conclusions by criteria***

✓ ***strong positions - 0***

✓ ***satisfactory - 24***

✓ ***suggest improvements - 0***

✓ ***unsatisfactory - 0***

## **STANDARD 8 "MANAGEMENT AND ADMINISTRATION"**

### ***Evidence***

The management of the university is carried out by the rector, the corps of vice-rectors and the deans of the faculties.

Collegiate governing bodies of the University: Academic Council, administration, advisory bodies - Educational and Methodological Council, Coordinating Council, Clinical Council. For the purpose of equal participation in solving topical issues of student-centered learning, representatives of the student council of the university are involved in the work of the Educational and Methodological Council, the Academic Council of the university. Representatives of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan were included in the CS, EMS (2016-2018), which ensures the participation of employers. In addition, representatives of practical healthcare are included in the Clinical Council.

The university has a certain financial autonomy in relation to funds received from students on a contractual basis. The university has sufficient autonomy to dispose of funds in accordance with applicable law. The funds received are used mainly for the development and maintenance of the material and technical base. In particular, the construction of a new academic building of the university is nearing completion, and it is planned to organize its own university clinic.

ATSMU has an effective system for monitoring the activities of the university, developed in accordance with the Regulations on the credit system of education in Higher Professional Educational Institutions of the Republic of Tajikistan, by order of the collegium of the Ministry of Education and Science of the Republic of Tajikistan dated December 30, 2016 №19/24 based on the use of automated control systems, which minimizes the impact of the human factor and ensures transparency in the decision-making process. Effective management decisions are based on the analysis of facts, measurement data and information. All measured indicators and characteristics of the quality of the university's work are divided into internal quality indicators used to manage processes and indicators obtained after external expertise (accreditation, attestation, licensing, audit, and other external procedures). The monitoring system includes a constant analysis of the implementation of the strategic and operational plans of the university, specific, directly measurable indicators are defined for each of the criteria, which make it possible to quantify the degree of achievement of the set goals; an analysis of the effectiveness and efficiency of processes is carried out; an analysis by management of the achievement of quality goals is carried out. To assess the effectiveness of the University's activities, a system of performance indicators, reflected in the AIS, has been developed and is being implemented.

***Analytical part***

The materials provided and the results of the meetings held allow us to conclude that the management and decision-making at the University is carried out transparently, with the involvement of all interested parties in the discussion, which is reflected in the minutes of extended meetings. At the same time, external stakeholders are involved in all phases of the formation of the EP and the implementation of the learning process, starting from the moment of designing the EP, reviewing and monitoring the quality of the EP, the implementation of the EP, and the results; special attention is paid to the involvement of future employers, which is also confirmed by the interviews.

Undoubtedly, the university pays considerable attention to the quality assurance system, the formation and maintenance of a culture of quality at all levels of university management. This confirms both the existence of a well-developed system of internal quality assurance at five levels with a documented strategy and policy, supported by relevant methodological documents, and an active search and involvement of an external assessment of the university and its management from the perspective of quality management of all processes

An important factor in the direction of improving the quality, as well as increasing the competitiveness of the university, can be considered a very good financing of the university at the expense of earned funds (students on a contractual basis) and rational investment in educational resources and in the system of encouraging and teaching staff.

***Strengths/best practice***

Strengths not identified

***EEC recommendations***

There are no recommendations for this standard.

***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 0***
- ✓ ***satisfactory - 17***
- ✓ ***suggest improvements -0***
- ✓ ***unsatisfactory - 0***

**STANDARD 9 "PERMANENT UPDATE"**

***Evidence***

Despite more than 80 years of history, ATSMU pursues a policy of renewal and innovation, typical of young medical schools.

ATSMU widely uses the experience of other national and international medical universities to improve both the EP as a whole (for example, goals and learning outcomes) and individual components and teaching methods within the EP (for example, the implementation of simulation training methods and examination methods).

In order to master the best practices and approaches in medical education and develop scientific potential at the university in 2019, the Center for Strategic Development and Management and the Information and Publication Department were created.

The process of improving educational programs and methodological approaches at the University is carried out through the assimilation of modern educational technologies. The possibilities of international Erasmus+ programs, recommendations and proposals of accreditation bodies are actively used; partner organizations, teaching staff, students; requests for practical healthcare, taking into account modern trends in medicine and science.

Use in the educational process of modern educational technologies, material and technical resources of the simulation center, various clinical bases; academic mobility of students and teaching staff; internationalization; joint educational programs with foreign partners; international projects of the World Bank, "Erasmus +" contribute to the improvement of educational programs to modern requirements for medical education, to the quality training of a specialist.

### ***Analytical part***

The process of continuous improvement and renewal at ATSMU is based on the dynamic monitoring of the university's activities according to the criteria and expected results defined in the ATSMU Development Strategy for each strategic objective, as well as on the study of development and innovation models in medical education in advanced countries.

The educational program of ATSMU takes into account modern theories in education, achievements in biomedical, behavioral, social and clinical sciences, new knowledge, concepts and methods. Measures are being taken to improve the process of monitoring and evaluation of the educational program.

A set of measures is being developed to improve the personnel policy and the formation of the academic staff in accordance with changing needs.

There is a large-scale renewal of educational resources in accordance with changing needs, such as the construction of new buildings, a university clinic, and the expansion of a simulation center.

Improving the organizational structure and management principles of ATSMU ensures effective operation in the face of changing circumstances and needs to meet the interests of various stakeholder groups.

### ***Strengths/best practice***

No strengths were identified for this standard.

### ***WEC recommendations***

There are no recommendations for this standard.

### ***Conclusions of the EEC according to the criteria:***

- ✓ ***strong positions - 0***
- ✓ ***satisfactory - 14***
- ✓ ***suggest improvements -0***
- ✓ ***unsatisfactory - 0***

## **(VII) OVERVIEW OF STRENGTHS/BEST PRACTICE FOR EACH STANDARD**

### ***Standard 1 Mission and Deliverables***

No strengths identified for this standard

***Standard 2 "Educational program"***

No strengths were identified for this standard.

***Standard 3 "Student Assessment"***

No strengths were identified for this standard.

***Standard 4 "Students"***

No strengths were identified for this standard.

***Standard 5 "Academic staff / teachers"***

No strengths were identified for this standard.

***Standard 6 "Educational Resources"***

Strength - good interaction with the sector of practical health care in terms of ensuring the availability of clinical training for students

***Standard 7 "Evaluation of the educational program"***

No strengths were identified for this standard.

***Standard 8 "Management and administration"***

No strengths were identified for this standard.

***Standard 9 "Continuous Update"***

No strengths were identified for this standard.

**(VIII) OVERVIEW OF RECOMMENDATIONS FOR IMPROVING QUALITY FOR EACH STANDARD**

***Standard 1 "Mission and Deliverables"***

1. The Head of the study program should ensure that all interested parties are informed about the content of the mission of the study program by posting it on the university website and using other means of information (in all languages). Deadline: May 2022.
2. The Head of the EP should ensure the participation of all stakeholders in the development and/or adjustment of the mission and learning outcomes of the EP, reflecting their opinions and proposals (employers). Deadline: by September 2022.

***Standard 2 "Educational program"***

1. The Head of the EP is recommended to revise the curriculum to ensure the real integration of fundamental disciplines as part of the training modules. Deadline: by September 2022.
2. The Head of the EP should include in the curriculum and/or the content of the disciplines and in the system for assessing educational achievements the fulfillment by students of elements of scientific research on an ongoing basis. Deadline: by September 2022.
3. The Head of the study program is recommended to introduce knowledge of medical law and the legislative framework of practical healthcare and drug provision into the curriculum and/or educational content. Deadline: by September 2022.
4. The Head of the EP to take the necessary measures to increase the planned contacts of students with patients in specialized clinical disciplines. Deadline: from 2022-23 academic year.

***Standard 3 "Student Assessment"***

1. The head of the study program should introduce, at the level of summative assessment, an assessment of practical skills using a wide range of methods in modules, starting from 2-3 courses. Deadline: from 2022-2023 academic year.
2. The head of the EP to introduce a psychometric analysis of the CMM on an ongoing basis. Deadline: from 2022-2023 academic year.
3. The head of the study program should increase the number of test tasks per examinee to at least 90 tasks per discipline in basic and profile disciplines (except for OOD). from 2022-2023 academic year.

***Standard 4 "Students"***

There are no recommendations for this standard.

***Standard 5 "Academic staff / teachers"***

1. The university management is recommended to consider the possibility of reducing the size of groups, especially in specialized disciplines, in order to increase the level of mastering professional skills. Deadline: from 2022-2023 academic year

***Standard 6 "Educational Resources"***

There are no recommendations for this standard.

***Standard 7 "Evaluation of the educational program"***

There are no recommendations for this standard.

***Standard 8 "Management and administration"***

There are no recommendations for this standard.

***Standard 9 "Continuous improvement"***

There are no recommendations for this standard.

**(IX) OVERVIEW OF RECOMMENDATIONS FOR IMPROVING QUALITY**

The general recommendation is to regularly update the university website with information both on educational programs and on the monitoring and quality assurance system, decision-making, reviews of the university activities, available opportunities for teachers and students, tracking the compliance of information content in all languages of the site

**(X) RECOMMENDATION TO THE ACCREDITATION BOARD**

The external expert commission made a unanimous decision: to recommend to the Accreditation Council to accredit the educational program 1-790101 "General Medicine" of the State Educational Institution " Avicenna Tajik State Medical University" for a period of 5 (five) years.

**(XI) APPENDIX 1. EVALUATION TABLE "CONCLUSION OF THE EXTERNAL EXPERT COMMISSION"**

EP 1-790101 "General Medicine" SEI "Avicenna Tajik State Medical University"

№ P\P	№ P\P	Criteria №	CRITERIA FOR EVALUATION	Position of the educational organization			
				Strong	Satisfactory	Assumes improvement	Unsatisfactory
		<b>1.</b>	<b>"MISSION AND RESULTS"</b>				
		<b>1.1</b>	<b>Mission Definition</b>				
1	1	1.1.1	The medical education organization <b>should</b> define its <i>mission</i> and the mission of the OP and communicate to stakeholders and <b>the health sector</b> .			+	
			The mission statement <b>must</b> contain <b>goals and educational strategy</b> to prepare a competent doctor at the level of <b>basic medical education</b> :				
2	2	1.1.2	with an appropriate basis for a further career in any field of medicine, including all types of medical practice, <b>administrative medicine</b> and scientific research in medicine		+		
3	3	1.1.3	able to fulfill the role and functions of a doctor <b>in accordance with the established requirements of the health sector</b>		+		
4	4	1.1.4	prepared for <b>postgraduate</b> studies		+		
5	5	1.1.5	with a commitment to lifelong learning, including professional responsibility to maintain the level of knowledge and skills through performance evaluation, audit, study of own practice and recognized activities in the <i>CPD / CME</i> .		+		
6	6	1.1.6	Medical education organization <b>should</b> ensure that the mission includes the achievements of medical research in areas of biomedical, clinical, behavioral and social sciences.		+		
7	7	1.1.7	The medical education organization should ensure that the mission includes aspects of global health and reflects major international health issues.		+		
		<b>1.2</b>	<b>Participation in the formulation of the mission</b>				
8	8	1.2.1	The medical education organization <b>must</b> ensure that <i>key stakeholders</i> are involved in developing the mission of the EP.			+	
9	9	1.2.2	The medical education organization <b>should</b> ensure that the stated mission of the EP is based on the opinions/suggestions of other <i>relevant stakeholders</i> .			+	
		<b>1.3</b>	<b>Institutional autonomy and academic freedom</b>		+		
			medical education organization <b>should</b> have <i>institutional autonomy</i> to develop and implement policies for which the administration and faculty are responsible for:		+		
10	10	1.3.1	development and compilation of an educational program;		+		
11	11	1.3.2	use of allocated resources necessary for the implementation of the educational program.		+		
			medical education organization <b>should</b> guarantee <i>academic freedom</i> to its staff and students:		+		

12	12	1.3.3	in relation to <i>the current educational program</i> , in which it will be allowed to rely on different points of view in the description and analysis of issues in medicine;		+		
12	12	1.3.4	in the possibility of using the results of new research to improve the study of specific disciplines / issues without expanding the educational program.		+		
		<b>1.4</b>	<b>Learning Outcomes</b>				
		1.4.1	The medical education organization <b>must</b> define the expected <i>learning outcomes</i> that students should exhibit upon completion, regarding:		+		
13	13		their achievements at the basic level in terms of knowledge, skills and abilities;				
14	14		an appropriate basis for a future career in any branch of medicine;				
15	15		their future roles in the health sector;				
16	16		their subsequent postgraduate training;				
17	17		their commitment to lifelong learning;				
18	18		health needs of the health of society, the needs of the health care system and other aspects of social responsibility.				
19	19	1.4.2	The medical education organization <b>must</b> ensure that the student fulfills obligations towards doctors, teachers, patients and their relatives in accordance with the proper standards of conduct.		+		
20	20	1.4.3	The medical education organization <b>should</b> determine and coordinate the connection of the final learning outcomes required upon completion with those required in postgraduate education.		+		
21	21	1.4.4	The medical education organization <b>should</b> determine the results of the involvement of students in research in medicine;		+		
22	22	1.4.5	The medical education organization <b>should</b> pay attention to global health outcomes;		+		
23	23	1.4.6	medical education organization <b>should</b> use the results of graduate competency assessment as a feedback tool to improve the educational program.		+		
			<b>Total</b>		20	3	
		<b>2</b>	<b>EDUCATIONAL PROGRAM</b>				
		<b>2.1</b>	<b>Educational program model and teaching methods</b>				
24	1	2.1.1	The medical education organization 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 medical education organization <b>must</b> define <i>teaching and learning methods used</i> that encourage, prepare and support students to take responsibility for their own learning process.		+		
26	3	2.1.3	The medical education organization must ensure that the educational program develops students' abilities for lifelong learning.		+		
27	4	2.1.4	The medical education organization must ensure that the educational program is implemented in accordance with the principles of equality.		+		
28	5	2.1.5	Medical education organization should use teaching and learning methods based on modern adult learning theory.		+		
		<b>2.2</b>	<b>Scientific method</b>				
		2.2.1	The medical education organization must teach students throughout the entire program of study:				

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		which require <i>the appropriate competence of teachers and will be a mandatory part of the educational program.</i>		+		
33	10	2.2.2	The medical education organization <b>should</b> include <i>elements of scientific research in the educational program</i> for the formation of scientific thinking and the application of scientific research methods .		+		
34	11	2.2.3	The medical education organization should promote the involvement of students in conducting or participating in research projects.		+		
			<b>Basic Biomedical Sciences</b>				
			The medical education organization must determine and include in the educational program:				
35	12	2.3.1	achievement of <i>basic biomedical sciences</i> , to form students' understanding of scientific knowledge;		+		
36	13	2.3.2	concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.		+		
			The medical education organization 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 health care system.		+		
		<b>2.4</b>	<b>Behavioral and social sciences and medical ethics</b>				
		2.4.1	The medical education organization must determine and include in the educational program the achievement 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 socioeconomic, demographic and cultural contexts of the causes, distribution and consequences of medical health problems, as well as knowledge of the national health system and the rights of the patient, which will contribute to the analysis of public health problems , effective communication, clinical decision making and ethical practice.</i>				+
		2.4.2	The medical education organization <b>should</b> adjust and introduce new achievements in the educational program <i>behavioral and social sciences</i> and also <i>medical ethics</i> for:		+		
43	20		scientific, technological and clinical developments;		+		
44	21		current and expected needs of society and the health system;		+		
45	22		changing demographic and cultural conditions.		+		
		<b>2.5</b>	<b>Clinical Sciences and Skills</b>				
			The medical education organization must identify and implement the achievements of the clinical sciences in the educational program and ensure that students:				
46	23	2.5.1	acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibilities, including activities related to health promotion, disease prevention and patient care;		+		
47	24	2.5.2	conduct a reasonable portion (one-third) of the program				+

			in planned contact with patients, including consideration of the purpose, the appropriate number and their sufficiency for training in appropriate clinical sites;				
48	25	2.5.3	work on health promotion and prevention.		+		
49	26	2.5.4	The medical education organization should set a certain amount of time for teaching the main clinical disciplines, including internal medicine, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.		+		
50	27	2.5.5	The medical education institution should organize clinical training with appropriate attention to patient safety, including observation of the actions performed by the student in the conditions of clinical sites.		+		
			The medical education organization should adjust and 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 health care system.		+		
53	30	2.5.8	The medical education institution should ensure that each student has early contact with real patients, including his gradual participation in patient care, including responsibility for the examination and / or treatment of the patient under supervision, which is carried out in appropriate clinical sites.		+		
54	31	2.5.9	The medical education organization should structure the various components of clinical skills training in accordance with the specific stage of the training program.		+		
		<b>2.6</b>	<b>The structure of the educational program, content and duration</b>				
55	32	2.6.1	The medical education organization must describe the content, scope and sequence of courses and other elements of the educational program in order to ensure that an appropriate balance is maintained between the basic biomedical, behavioral, social and clinical disciplines.		+		
			The medical education organization follows in the educational program:		+		
56	33	2.6.2	ensure horizontal integration of related sciences and disciplines;		+		
57	34	2.6.3	ensure vertical integration of the clinical sciences with the core biomedical and behavioral and social sciences;		+		
58	35	2.6.4	provide an opportunity for elective content (electives) and determine the balance between the compulsory and elective part of the educational program, including a combination of compulsory elements and electives or special elective components;		+		
59	36	2.6.5	define the relationship with complementary medicine, including non-traditional, traditional or alternative practices.		+		
		<b>2.7</b>	<b>Program management</b>				
60	37	2.7.1	The medical education organization must determine the structural unit responsible for educational programs, which, under the control of the academic management, is responsible and has the authority to plan and implement the educational program, including the allocation of allocated resources for the planning and implementation of teaching and learning methods, student assessment and evaluation of the educational program and training courses to ensure that the learning outcomes are achieved.		+		

61	38	2.7.2	The medical education organization <b>must</b> guarantee representation from teachers and students in the structural unit responsible for educational programs.		+		
62	39	2.7.3	medical education organization <b>should</b> , through the structural unit responsible for educational programs, plan and implement innovations in the educational program.		+		
63	40	2.7.4	The medical education organization <b>should include</b> representatives from <i>other relevant stakeholders</i> in the structural unit of the medical education organization responsible for educational programs that <i>include other participants in the educational process, representatives from clinical sites, graduates of medical education organizations, healthcare professionals involved in the learning process or other teachers of the university faculties.</i>		+		
		<b>2.8</b>	<b>Relationship with medical practice and healthcare system</b>				
64	41	2.8.1	The medical education organization should provide an operational link between the educational program and the subsequent stages of professional training (internship if available, specialization, CPD / CME) or practice, which the student will start upon graduation, including the definition of health problems and the definition of required learning outcomes, a clear definition and description of the elements of the educational program and their relationship at various stages of training and practice, with due regard to local, national, regional and global conditions, as well as feedback to / from the health sector and the participation of teachers and students in the work of a team of specialists in the provision of medical care.		+		
			The medical education organization <b>should</b> ensure that the structural unit responsible for the educational program:				
65	42	2.8.2	takes into account the peculiarities of the conditions in which graduates will have to work and, accordingly, modify the educational program;		+		
66	43	2.8.3	considers the modification of the educational program based on feedback from the public and society as a whole.		+		
			<b>Total</b>		40	3	
		<b>3.</b>	<b>STUDENT ASSESSMENT</b>				
		<b>3.1</b>	<b>Assessment methods</b>				
			The medical education organization <b>must:</b>				
67	1	3.1.1	define, approve and publish the principles, methods and practices used for student assessment, including the number of examinations and other tests, the balance between written and oral examinations, the use of assessment methods based on criteria and reasoning, and special examinations (OSCE or mini clinical exam), as well as to determine the criteria for establishing passing scores, grades and the number of allowed retakes;		+		
68	2	3.1.2	ensure that the assessment covers knowledge, skills and attitudes towards learning;		+		
69	3	3.1.3	use a wide range of assessment methods and formats depending on their "assessment of usefulness", 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 assessment methods and results avoid		+		

			conflicts of interest;				
71	5	3.1.5	ensure that the evaluation process and methods are open (available) for review by external experts;		+		
72	6	3.1.6	use a system for appealing the results of the evaluation.		+		
			<b>The medical education organization should:</b>				
73	7	3.1.7	<i>document and evaluate the reliability and validity of assessment methods, which requires an appropriate quality assurance process for existing assessment practices;</i>			+	
74	8	3.1.8	implement new assessment methods as needed;		+		
75	9	3.1.9	use the system to appeal the results of the evaluation.		+		
		<b>3.2</b>	<b>Relationship between assessment and learning</b>				
			The medical education organization <b>should</b> use the principles, methods and practice of assessment, including the educational achievements of students and assessment of knowledge, skills, professional values of relationships that:				
76	10	3.2.1	clearly commensurate with learning methods, teaching and learning outcomes;		+		
77	11	3.2.2	ensure that students achieve learning outcomes;			+	
78	12	3.2.3	promote student learning;		+		
79	13	3.2.4	provide an appropriate balance between formative and summative assessment in order to guide learning and evaluate the student's <i>academic progress, which requires the establishment of rules for assessing progress and their relationship to the assessment process.</i>		+		
			<b>The medical education organization should:</b>				
80	14	3.2.5	<i>regulate the number and nature of reviews 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 eliminate the need to study excessive amounts of information and overload the educational program;</i>			+	
81	15	3.2.6	Ensure that timely, specific, constructive and fair feedback is provided to students based on assessment results.		+		
			<b>Total</b>			11	4
		<b>4.</b>	<b>STUDENTS</b>				
		<b>4.1</b>	<b>Admission and selection policy</b>				
			<b>The medical education organization must:</b>				
82	1	4.1.1	define and implement an admissions policy, including a clearly defined policy on the student selection process;		+		
83	2	4.1.2	<i>have policies and implement practices admission of students with disabilities in accordance with the current laws and regulations of the country;</i>		+		
84	3	4.1.3	have a policy and implement the practice of transferring students from other programs and medical education organizations.		+		
			<b>The medical education organization should:</b>				
85	4	4.1.4	to establish the relationship between the selection of students and the mission of the medical education organization, the educational program and the desired quality of graduates;		+		
86	5	4.1.5	review admission policy periodically, based on relevant input from the public and professionals, in order to <i>meet public health needs and society at large, including consideration of student recruitment based on gender, ethnicity and language, and the potential need for special admissions policies for students from low-</i>		+		

			<i>income families and national minorities;</i>				
87	6	4.1.6	use the system to appeal admission decisions.		+		
		<b>4.2</b>	<b>Student recruitment</b>				
88	7	4.2.1	The medical education organization <b>must</b> 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 health workforce, in the case when medical education organizations do not control the number recruited students, it should demonstrate its commitment by explaining all the relationships, paying attention to the consequences of the decisions made (imbalance between student recruitment and the logistical and academic potential of the university).		+		
89	8	4.2.2	The medical education institution <b>should</b> periodically review the number and cohort of accepted students in consultation with <i>relevant stakeholders responsible for planning and developing human resources in the health sector, also with experts and organizations on global aspects of human resources for health (such as insufficiency and uneven distribution human resources health care, the migration of doctors, the opening of new medical schools)</i> and regulate in order to meet the health needs of the population and society as a whole.		+		
		<b>4.3</b>	<b>Student counseling and support</b>				
			The medical education organization <b>must</b> :				
90	1	4.3.1	have a system of <i>academic counseling</i> for their students, which includes issues related to the choice of electives, preparation for postgraduate education, professional career planning, appointment of academic mentors (mentors) for individual students or small groups of students;		+		
91	2	4.3.2	offer a student support program focused on <i>social, financial and personal needs, which includes support for social and personal problems and events, health problems and financial issues, access to medical care, immunization programs and health insurance, and financial assistance services in the form of financial assistance, scholarships and loans;</i>		+		
92	3	4.3.3	allocate resources to support students;		+		
93	4	4.3.4	ensure confidentiality regarding advice and support.		+		
			The medical education organization <b>should</b> provide counseling that:		+		
94	5	4.3.5	based on monitoring student progress and 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 counseling and professional career planning.		+		
		<b>4.4</b>	<b>Student representation</b>				
96	7	4.4.1	The medical education institution <b>must</b> define and implement a <i>policy of student representation</i> and their <i>appropriate participation</i> in mission definition, development, management and evaluation of the educational program, and other matters relevant to students.		+		
97	8	4.4.2	The medical education organization <b>should</b> be <i>assisted and student support activities</i> and student organizations, including <i>providing technical and financial support to student organizations.</i>		+		
			<b>Total</b>		17		

		<b>5.</b>	<b>ACADEMIC STAFF/TEACHERS</b>				
		<b>5.1</b>	<b>Selection and recruitment policy</b>				
			The medical education organization <b>must</b> define and implement <i>an employee selection and admission policy</i> that:				
98	1	5.1.1	defines their category, responsibilities and <i>balance of academic staff/teachers</i> in basic biomedical sciences, behavioral and social sciences and clinical sciences for the adequate implementation of the educational program, including the proper balance between 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 scientific, pedagogical and clinical merit of applicants, including a proper balance between pedagogical, scientific and clinical qualifications;		+		
100	3	5.1.3	defines and monitors the responsibilities of academic staff/faculties in the basic biomedical sciences, behavioral and social sciences, and clinical sciences.		+		
			medical education organization <b>should</b> take into account criteria such as:				
101	4	5.1.4	attitude to their mission, the <i>significance of local conditions, including gender, nationality, religion, language and other conditions related to the medical organization of education and the educational program;</i>		+		
102	5	5.1.5	<i>economic opportunities that take into account the institutional conditions for the financing of employees and the efficient use of resources.</i>		+		
		<b>5.2</b>	<b>Development policy and activities of employees</b>				
			A medical education organization must determine and implement a policy for the activities and development of employees, which:				
104	6	5.2.1	allows you to maintain a <i>balance between teaching, scientific and service functions, which includes setting the time for each type of activity, taking into account the needs of the medical education organization and the professional qualifications of teachers;</i>		+		
105	7	5.2.2	guarantees <i>recognition on merit of academic activity, with an appropriate emphasis on teaching, research and clinical qualifications and is carried out in the form of awards, promotions and / or remuneration;</i>		+		
106	8	5.2.3	ensures that clinical activities and research are used in teaching and learning;		+		
107	9	5.2.4	guarantees the <i>sufficiency of knowledge of each employee an educational program that includes knowledge about teaching / learning methods and the general content of the educational program, and other disciplines and subject areas in order to stimulate cooperation and integration;</i>		+		
108	10	5.2.5	<i>includes training, development, support and evaluation of teachers, which involves all teachers, not only newly hired teachers, but also teachers drawn from hospitals and clinics.</i>		+		
			The medical education organization <b>should:</b>				
109	11	5.2.6	take into account the “teacher-student” ratio depending on the various components of the educational program;		+		
110	12	5.2.7	develop and implement employee promotion policies.		+		
			<b>Total</b>		12		
		<b>6.</b>	<b>EDUCATIONAL RESOURCES</b>				

		<b>6.1</b>	<b>Material and technical base</b>				
			The medical education organization <b>must</b> :				
111	1	6.1.1	have sufficient <i>material and technical base</i> for teachers and students to ensure adequate implementation of the educational program;		+		
112	2	6.2.2	provide a <i>safe environment</i> for employees, students, patients and those who care for them, including providing the necessary information and <i>protection from harmful substances, microorganisms, observing safety rules in the laboratory and when using equipment.</i>		+		
113	3	6.1.3	The medical education organization <b>should</b> improve the learning environment for students through regular renewal, expansion and strengthening of the material and technical base, which should correspond to the development in teaching practice.		+		
		<b>6.2</b>	<b>Clinical Training Resources</b>				
			The medical education institution <b>must</b> provide the necessary resources for students to acquire adequate clinical experience, including sufficient:				
114	4	6.2.1	the number and categories of patients;		+		
115	5	6.2.2	the number and categories of <i>clinical sites</i> , which include <i>clinics, outpatient services (including PHC), primary health care facilities, health centers and other community health care facilities, and clinical skills centers/laboratories that allow for clinical training, using the capabilities of clinical sites and ensure rotation in the main clinical disciplines;</i>	+			
116	6	6.2.3	observation of clinical practice of students.		+		
117	7	6.2.4	The medical education organization <b>should</b> <i>study and assess, adapt and improve clinical training resources to meet the needs of the population served, which will include relevance and quality for clinical training programs regarding clinical sites, equipment, numbers and categories of patients and clinical practice, supervision as a supervisor and administration.</i>		+		
		<b>6.3</b>	<b>Information Technology</b>				
118	8	6.3.1	The medical education organization <b>must</b> define and implement a policy that is aimed at the <i>effective use and evaluation of appropriate information and communication technologies.</i> in the educational program.		+		
119	9	6.3.2	The medical education organization <b>must</b> provide access to network or other electronic media		+		
			medical education organization <b>should</b> 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	access to information;		+		
122	12	6.3.5	patient management;		+		
123	13	6.3.6	work in the healthcare system.		+		
124	14	6.3.7	Medical education organization <b>should</b> optimize student access to relevant patient data and health information systems.		+		
		<b>6.4</b>	<b>Medical research and scientific achievements</b>				
			The medical education organization <b>must</b> :				
125	15	6.4.1	have <i>research activities in the field of medicine and scientific achievements</i> as the basis for the educational program;		+		
126	16	6.4.2	define and implement policies that promote the relationship between research and education;		+		
127	17	6.4.3	provide information on the research base and priority		+		

			areas in the field of scientific research of the medical education organization;				
128	18	6.4.4	use medical research as the basis for the curriculum		+		
			The medical education organization <b>should</b> ensure that the relationship between research and education:		+		
129	19	6.4.5	taken into account in teaching;		+		
130	20	6.4.6	encourages and prepares students to participate in scientific research in the field of medicine and its development.		+		
		<b>6.5</b>	<b>Expertise in the field of education</b>				
			The medical education organization <b>must</b> :				
131	21	6.5.1	have access to <i>educational expertise</i> , where appropriate, and conduct expertise that examines the processes, practices, and issues of medical education and may involve physicians with experience in medical education research, educational psychologists and sociologists, or through the involvement of experts from other national and international institutions.		+		
			The medical education organization <b>must</b> determine 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 medical education organization <b>should</b> :		+		
134	24	6.5.4	provide evidence of the use of internal or external expertise in the field of medical education to develop the capacity of employees;		+		
135	25	6.5.5	give due attention to the development of <i>expertise in education assessment and research in medical education as a discipline that includes the study of theoretical, practical and social issues in medical education</i> ;		+		
136	26	6.5.6	to promote the aspiration and interests of employees in conducting research in medical education.		+		
		<b>6.6</b>	<b>Exchange in education</b>				
			The medical education organization must define and implement a policy for:				
137	27	6.6.1	cooperation at the national and international levels <i>with other medical universities</i> ;		+		
138	28	6.6.2	<i>transfer and offset of educational loans, which includes consideration of the limits of the volume of the educational program that can be transferred from other educational institutions and which can be facilitated by the conclusion of agreements on mutual recognition of elements of the educational program, and active coordination of programs between medical educational institutions and the use of a transparent system of credit units and flexible course requirements.</i>		+		
			The medical education organization <b>should</b> :				
139	29	6.6.3	promote regional and international exchange of staff (academic, administrative and teaching staff) and students by providing appropriate resources;		+		
140	30	6.6.4	ensure that the exchange is organized in accordance with the objectives, taking into account the needs of staff, students, and respecting ethical principles.		+		
			<b>Total</b>	<b>1</b>	<b>29</b>		
		<b>7.</b>	<b>EVALUATION OF THE EDUCATIONAL PROGRAM</b>				
		<b>7.1</b>	<b>Program monitoring and evaluation mechanisms</b>				
			The medical education organization <b>must</b>				
141	1	7.1.1	have a program for monitoring processes and results,		+		

			including the collection and analysis of data on key aspects of the educational program in order to ensure that the educational process is carried out in an appropriate way and to identify any areas requiring intervention, as well as data collection is part of the administrative procedures in connection with admission students, student assessment and completion of training.				
142	2	7.1.2	ensure that relevant assessment results influence the curriculum		+		
			The medical education organization <b>must</b> establish and apply mechanisms for the evaluation of the educational program that:				
143	3	7.1.3	are aimed at the educational program and its <i>main components, including the model of the educational program, the structure, content and duration of the educational program, and the use of compulsory and elective parts;</i>		+		
144	4	7.1.4	focused on student progress;		+		
145	5	7.1.5	identify and address <i>issues that include underachievement of expected learning outcomes, and will assume that information received on learning outcomes, including gaps and problems identified, will be used as feedback for activities and corrective action plans to improve educational outcomes. programs and curricula of disciplines;</i>		+		
			medical education organization <b>should</b> periodically conduct a comprehensive <i>assessment of the educational program</i> aimed at:		+		
146	6	7.1.6	<i>on the context of the educational process, which includes the organization and resources, the learning environment and the culture of the medical education organization;</i>		+		
147	7	7.1.7	<i>on special components of the educational program, which include description of the discipline and methods of teaching and learning, clinical rotations and assessment methods;</i>		+		
148	8	7.1.8	on <i>overall outcomes</i> , which will be measured by national exam results, international exams, career choices and postgraduate learning outcomes;		+		
149	9	7.1.9	medical education organization <b>should</b> rely on social responsibility/accountability.		+		
		<b>7.2</b>	<b>Teacher and student feedback</b>				
150	10	7.2.1	The medical education organization <b>must</b> systematically collect, analyze and provide <i>feedback to teachers and students, which includes information about the process and products of the educational program, and also includes information about bad practices or inappropriate behavior of teachers or students. with and/or legal consequences.</i>		+		
151	11	7.2.2	The medical education organization <b>should</b> use the results of the feedback to improve the educational program.		+		
		<b>7.3</b>	<b>Academic achievements of students</b>				
			The medical education organization <b>should analyze the educational achievements of students</b> relatively:				
152	12	7.3.1	<i>its mission and the final learning outcomes of the educational program, which includes information on the average duration of study, academic scores, frequency of passing and failing exams, cases of successful completion and expulsion, student reports on the learning conditions in the courses taken, on the time spent studying areas of interest , including elective</i>		+		

			components, as well as interviews with students on repeat courses, and interviews with students who leave the program of study;				
153	13	7.3.2	educational program;		+		
154	14	7.3.3.	provision of resources.		+		
			The medical education organization <b>should</b> analyze student <i>learning achievements</i> regarding:		+		
155	15	7.3.4	their <i>prior experiences and conditions including social, economic, cultural conditions</i> ;		+		
156	16	7.3.5	the level of training at the time of admission to a medical educational institution.		+		
			medical education organization <b>should</b> use the analysis of students' educational achievements to provide feedback to structural units responsible for:		+		
157	17	7.3.6	selection of students;		+		
158	18	7.3.7	educational program planning;		+		
159	19	7.3.8	student counseling.		+		
		<b>7.4</b>	<b>Stakeholder Engagement</b>				
			The medical education organization <b>should</b> , in its monitoring program and activities for the evaluation of the educational program, involve:				
160	20	7.4.1	teaching staff and students;		+		
161	21	7.4.2	its administration and management.		+		
			The medical education organization <b>should</b> for other stakeholders, including other representatives of academic and administrative staff, members of the public, authorized bodies for education and health, professional organizations, as well as those responsible for postgraduate education:		+		
162	22	7.4.3	provide access to the results of the evaluation of the course and the 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 educational program.		+		
			<b>Total</b>		24		
		<b>8.</b>	<b>MANAGEMENT AND ADMINISTRATION</b>				
		<b>8.1</b>	<b>Control</b>				
165	1	8.1.1	The medical education organization <b>must</b> determine the management structures and functions, including their <i>relationship with the university, if the medical education organization is part of or affiliated with the university.</i>		+		
			medical education organization <b>should determine structural divisions</b> in its management structures with <i>the establishment of the responsibility of each structural division</i> and include in their composition:				
166	2	8.1.2	representatives of academic staff;		+		
167	3	8.1.3	students;		+		
168	4	8.1.4	<i>other stakeholders, including representatives of the Ministry of Education and Health, the health sector and the public.</i>		+		
169	5	8.1.5	The medical education organization <b>should</b> ensure the <i>transparency</i> of the management system and the decisions made, which <i>are published in bulletins, posted on the website of the university, included in the protocols for review and execution.</i>		+		
		<b>8.2</b>	<b>Academic leadership</b>				
170	6	8.2.1	The medical education organization <b>must</b> 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 medical education organization <b>should</b> periodically assess academic leadership regarding the achievement of their mission and learning outcomes.		+		
		<b>8.3</b>	<b>Training budget and resource allocation</b>				
			The medical organization of education <b>should</b> :				
172	8	8.3.1	have clear terms of reference and authority to provide the educational program with resources, including a target budget for education;		+		
173	9	8.3.2	allocate resources necessary for the implementation of the educational program and distribute educational resources in accordance with their needs.		+		
174	10	8.3.3	The system of financing the medical organization of education should be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, differentiation and independence of all levels of budgets.		+		
			medical education organization <b>should</b> :				
175	11	8.3.4	provide sufficient autonomy in the distribution 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 advances in the field of medicine and public health problems and their needs.		+		
		<b>8.4</b>	<b>Administrative staff and management</b>				
			A medical education organization <b>must</b> have an <i>appropriate administrative staff</i> , including their <i>number and composition in accordance with 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 medical education organization <b>should</b> develop and implement an internal management quality assurance program, including consideration of needs for improvement, and conduct regular management review and analysis.		+		
		<b>8.5</b>	<b>Engagement with the health sector</b>				
180	16	8.5.1	The medical education organization <b>should</b> have <i>constructive interaction</i> with the health sector, with related sectors of the health of society and government, <i>including the exchange of information, cooperation and initiatives of the organization, which contributes to the provision of qualified doctors in accordance with the needs of society.</i>		+		
181	17	8.5.2	The medical education organization <b>should be</b> given <i>official status of cooperation</i> with partners in the health sector, <i>which includes the conclusion of official agreements defining the content and forms of cooperation and / or the conclusion of a joint contract and the creation of a coordinating committee, and holding joint events.</i>		+		
			<b>Total</b>			17	
		<b>9.</b>	<b>PERMANENT UPDATE</b>				
			The medical organization of education <b>should</b> , as a dynamic and socially responsible institution:				
182	1	9.1.1	initiate procedures for regular review and revision of content, results/competence, assessment and learning environment, structure and function, document and eliminate deficiencies;		+		
183	2	9.1.2	allocate resources for continuous improvement.		+		
			The medical education organization <b>should</b> :				

184	3	9.1.3	base the update process on prospective studies and analyzes and on the results of their own research, evaluation and literature on medical education;		+		
185	4	9.1.4	ensure that the process of renewal and restructuring results in a revision of its policies and practices in line with past experience, current activities and future prospects; guide the upgrade process to:		+		
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 graduate learning outcomes in line with the documented needs of the postgraduate training environment, including clinical skills, training in public health and participation in the process of patient care in accordance with the responsibilities assigned to graduates after graduation MOO.		+		
188	7	9.1.7	Adapting the curriculum model and methodological approaches to ensure that they are appropriate and relevant and take into account current theories in education, adult learning methodology, active learning principles.		+		
189	8	9.1.8	Adjustment of the elements of the educational program and their relationship in accordance with advances in the biomedical, behavioral, social and clinical sciences, with changes in demographic and health status/morbidity patterns of the population and socio-economic and cultural conditions, and the adjustment process will ensure the inclusion of new relevant knowledge, concepts and methods, and the exclusion of obsolete ones.		+		
190	9	9.1.9	Development of assessment principles, and methods for conducting and number of examinations in accordance with changes in learning outcomes and teaching and learning methods.		+		
191	10	9.1.10	Adapting student recruitment policies and student selection methods to reflect changing expectations and circumstances, staffing needs, changes in the pre-university education system, and curriculum needs.		+		
192	11	9.1.11	Adaptation of the recruitment policy and the formation of the academic staff in accordance with changing needs.		+		
193	12	9.1.12	Updating educational resources in accordance with changing needs, such as student enrollment, number and profile of academic staff, educational program.		+		
194	13	9.1.13	Improving the process of monitoring and evaluation of the educational program.		+		
195	14	9.1.14	Improving the organizational structure and management principles to ensure effective operation in the face of changing circumstances and needs, and, in the long term, to meet the interests of various stakeholder groups.		+		
			<b>Total</b>		14		
			<b>TOTAL IN GENERAL</b>	<b>1</b>	<b>184</b>	<b>10</b>	