

# Report

on the results of the work of the external expert commission on the assessment of compliance with the requirements of the standards of specialized accreditation of educational programs

7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation)

7R01126 Urology and Andrology adult, pediatric (primary accreditation) 7R01123 Pediatric Surgery (primary accreditation)

SOUTH KAZAKHSTAN MEDICAL ACADEMY

in the period from 4 to 6 of May 2022

# INDEPENDENT AGENCY FOR ACCREDITATION AND RATING External Expert Commission

Addressed to the IAAR Accreditation Council



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# **Unofficial Translation**

# (I) <u>DESIGNATIONS AND ABBREVIATIONS</u>

GPA	Weighted average assessment of the student's academic achievement level in the chosen specialty ECTS
ECTS	European Credit Offsetting System
PBL	Problem-based learning
TBL	Team training
Academy	Joint-Stock Company "South Kazakhstan Medical Academy"
AIS	Automated information system of the Academy
AMP	Administrative and Managerial personnel
BD (E)	Basic disciplines (training)
LIC	Library and Information Center
University	Higher education institution
IIQC	Intra-university quality control
SAC	State Attestation Commission
CD and ES	Civil Defense and Emergency Situations
SMSE	State mandatory standard of education
FSC	Final state certification
ISP	Individual study plan (for a resident)
CC	Component of your choice
CEP	Residency Program Committee
CED	Catalog of elective subjects
QCES	Quality control of educational services
CTPC	Computer-testing, publishing center
MC	Methodological Council
IAAR	Independent Accreditation and Rating Agency
RWR	Research work of a resident
NCIE	National Center for Independent Examination
SCC	Scientific and Clinical Council
EP	Educational program
IC	Intermediate certification
CD(S)	Core disciplines (training)
TS	Teaching stuff
WC	Working curricula
QMS	Quality management system
IWR	Independent work of a resident
IWRT	Independent work of a resident with teacher
SC	Standard curricula
ERW	Educational and research work
EMC	Educational and methodical center
AC	Academic Council
EMCD	Educational and methodical complex of disciplines
PSC	Practical Skills Center

#### (II) INTRODUCTION

In accordance with Order No. 57-22-OD from 15.03.2022 year of the Independent Accreditation and Rating Agency from 4th to 6th of May 2022, an external expert commission evaluated the compliance of educational programs

7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation)

7R01126 Urology and andrology adult, pediatric (primary accreditation)

7R01123 Pediatric Surgery (primary accreditation)

South Kazakhstan Medical Academy to the standards of specialized accreditation of the NAAR (No. 68-18 / 1-OD dated May 25, 2018, edition first).

The report of the External Expert Commission (EEC) contains an assessment of the submitted educational programs to the IAAR criteria, recommendations of the EEC for further improvement of educational programs, and parameters of the profile of educational programs.

#### **Composition of the EEC:**

- 1) **Chairman of EEC** Prof. Konrad Juszkiewicz, Doctor of Medical Sciences, Professor, KIT Royal Tropical Institute (Netherlands). Off-line participation
- 2) IAAR expert Natalia E. Kolomiets, Doctor of Pharmaceutical Sciences, Professor, Siberian State Medical University of the Ministry of Health of the Russian Federation (Russian Federation). On-line participation
- 3) IAAR expert Moroz Irina Nikolaevna, First Vice-Rector, Doctor of Medical Sciences, Professor, Belarusian State Medical University (Republic of Belarus) Online participation
- 4) IAAR expert Tulupova Elena Sergeevna, Ph. D., Institute of Public Health and Medical Law, 1st Faculty of Medicine, Charles University (Czech Republic) Online participation
- 5) IAAR expert Iliadi-Tulbure Corina Alexandrovna, PhD, Associate Professor of the Department of Obstetrics and Gynecology, N. Testemitanu State University of Medicine and Pharmacy (Republic of Moldova) On-line participation
- 6) IAAR expert Svetlana Boyko, Dean of the Faculty, Grodno State Medical University (Republic of Belarus) On-line participation
- 7) IAAR expert Alexey N. Kalyagin, MD, Vice-Rector for Medical Work and Postgraduate Education, Head of the Department of Propaedeutics of Internal Diseases of the Irkutsk State Medical University of the Ministry of Health of the Russian Federation (Russian Federation) On-line participation
- 8) IAAR expert Mahmudzoda Hayem Ruziboy, PhD, Abuali ibni Sino Tajik State Medical University (Republic of Tajikistan) Off-line participation
- 9) **IAAR expert** Ilaha Akberova Kamal kyzy, PhD, Associate Professor, Azerbaijan State Institute of Advanced Medical Training named after Aziz Aliyev (Republic of Azerbaijan) On-line participation
- 10) **IAAR expert** Dosmagambetova Raushan Sultanovna, Doctor of Medical Sciences, Professor, Karaganda Medical University (Republic of Kazakhstan) Offline participation
- 11) **IAAR expert** Musina Ayman Ayashevna, MD, Professor, Head of the Department of Public Health and Epidemiology, Astana Medical University (Republic of Kazakhstan) Off-line participation
- 12) **IAAR expert** Aimakhanova Galiya Turgayevna Candidate of Medical Sciences, S. D. Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan) On-line participation
- 13) **IAAR expert** Omarkulov Bauyrzhan Kadenovich, PhD, Associate Professor, Karaganda State Medical University (Republic of Kazakhstan) On-line participation

- 14) **IAAR expert** Kulzhanova Sholpan Adlgazyevna, Head of the Department-Department of Infectious Diseases and Clinical Epidemiology, Astana Medical University (Republic of Kazakhstan) Off-line participation
- 15) **IAAR expert** Kurmangaliev Kairat Bolatovich, to.MD, Associate Professor, NAO " Marat Ospanov West Kazakhstan Medical University "(Republic of Kazakhstan) Online participation
- 16) **IAAR expert** Kuralai Shaganovna Amrenova, Candidate of Medical Sciences, Associate Professor, Semey Medical University, (Republic of Kazakhstan) On-line participation
- 17) **IAAR expert** Kudabayeva Khatima Ilyasovna, Candidate of Medical Sciences, Associate Professor of the Department of Internal Diseases No. 1, West Kazakhstan State Medical University named after Marat Ospanov (Republic of Kazakhstan) Off-line participation
- 18) **IAAR expert** Narmanova Oryngul Zhaksybayevna, MD, Professor, NAO " Astana Medical University "(Republic of Kazakhstan) Off-line participation
- 19) **IAAR expert** Pak Laura Alekseevna, PhD, Semey Medical University (Republic of Kazakhstan) Off-line participation
- 20) **IAAR expert** Gazaliyeva Meruert Arstanovna-Acting Dean of the School of Medicine, MD, Professor, Doctor of the highest category, Karaganda Medical University) Offline participation
- 21) IAAR expert Olzhas Brimzhanovich Yeseneev, Deputy Chief Physician for Strategic Planning and Quality of Medical Services, Master of Business Administration in Healthcare, Anesthesiologist-resuscitator, Petropavlovsk Multidisciplinary City Hospital (Republic of Kazakhstan) On-line participation
- 22) IAAR expert Kaskabayeva Alida Sharipovna, Candidate of Medical Sciences, Associate Professor, Head of the Department of Faculty Therapy, Semey Medical University (Republic of Kazakhstan) On-line participation
- 23) IAAR expert Sabyrbaeva Gulzhan Amangeldievna, Candidate of Medical Sciences, S. D. Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan) On-line participation
- 24) IAAR expert Yerkebulan Margulanovich Asamidanov, PhD, Associate Professor of the Department of Surgical Diseases, Karaganda Medical University (Republic of Kazakhstan) On-line participation
- 25) **IAAR expert, employer** Ayzar Manat MukashevoHIV, Deputy Chief Physician for Strategic Development, Children's Regional Hospital Petropavlovsk (Republic of Kazakhstan) On-line participation
- 26) IAAR expert, employer Izdenov Asset Kairatovich, PhD, Head of the Department of Medical Education of the Department of Science and Human Resources of the Ministry of Health of the Republic of Kazakhstan (Republic of Kazakhstan) Online participation
- 27) **IAAR expert, student** Қансейіт Бекзада Дәулетқожақызы, student 3 courses of EP Pharmacy Al-Farabi Kazakh National University, member of the Alliance of Students of Kazakhstan (Republic of Kazakhstan). On-line participation
- 28) **IAAR expert, student** Bolatbekova Ayganym Aibolkyzy, PhD student of Public Health, Karaganda Medical University, member of the Alliance of Students of Kazakhstan (Republic of Kazakhstan). On-line participation
- 29) **IAAR expert, student** Orynbasar Bibol Nurzhanuly, 2nd year student of EP General Medicine, Al-Farabi Kazakh National University, member of the Alliance of Students of Kazakhstan (Republic of Kazakhstan). On-line participation
- 30) **IAAR expert, student** Ruslan Panaev, 3rd-year student of the Public Health Department, Kazakh-Russian Medical University, member of the Alliance of Students of Kazakhstan (Republic of Kazakhstan). On-line participation
- 31)IAARexpert, student АхметолдиноваНазыкешҚанатқызы, student 2 courseof EPPublicHealth Al-FarabiKazakhNational

#### **Unofficial Translation**

University, member of the Alliance of Students of Kazakhstan (Republic of Kazakhstan). Online participation

- 32) **IAAR expert, student** Butanbek Zhansaya Maratkyzy, 3rd-year student of EP General Medicine, member of the Alliance of Students of Kazakhstan, S. D. Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan). On-line participation
- 33) **IAAR expert, student** Kudaibergenov Dias Bauyrjanuly, 4th-year student of EP General Medicine, member of the Alliance of Students of Kazakhstan, S. D. Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan). On-line participation
- 34) **IAAR expert, student** Eset Dinara, 3rd year student of the Public Health Department, member of the Alliance of Students of Kazakhstan, S. D. Asfendiyarov Kazakh National Medical University (Republic of Kazakhstan). On-line participation
- 35) **IAAR coordinator** Malika Saidulayeva, Project Manager of the Independent Accreditation and Rating Agency (Republic of Kazakhstan). Off-line participation



#### (III) REPRESENTATION OF AN EDUCATIONAL ORGANIZATION

SC "South Kazakhstan Medical Academy" (hereinafter Academy) is the leading medical higher education institution in the country, which has been providing educational services in the market of Kazakhstan for more than 40 years.

The Academy trains medical, pharmaceutical and pharmaceutical engineering specialists at the level of secondary technical professional education (medical college), higher education (bachelor's degree, internship), postgraduate education (master's degree, doctoral degree, residency); at the level of continuous professional development of healthcare personnel (advanced training and retraining of medical and pharmaceutical personnel).

The Academy has a license of the Committee for Control in the Field of Education and Science of the Ministry of Education and Science of the Republic of Kazakhstan No. KZ36LAA00011387, dated March 28, 2018, without limitation, for the right to carry out educational activities in technical and professional, higher and postgraduate education programs, according to which the Academy has the right to issue state-issued educational documents; it has a certificate of institutional accreditation issued by IAQAE on 24.12.2018, registration no. IA-A no. 0095. The certificate is valid until December 22, 2023. https://skma.edu.kz/ru/pages/institucionalnaya-akkreditaciya.

To achieve its goals and objectives, the Academy performs the following functions: training of qualified specialists with higher and postgraduate medical and pharmaceutical education, provided for by legal acts in the field of education; training, retraining and advanced training of health care workers with higher professional education; organization and conduct of research, fundamental, applied scientific research on health and medical problems. education; organization of joint work with health organizations on prevention the organization of scientific and educational events, exhibitions, seminars, conferences, trainings in the field of healthcare and medical education; development, publication and distribution of educational and methodical, scientific and scientific-practical literature, including on electronic media; organization and improvement of methodological support for the educational process; material and technical support for the development of the educational process.-technical support, equipment in accordance with regulatory requirements for the organization of educational and scientific work; introduction of innovative educational technologies in the educational process; implementation of direct relations with foreign and international organizations and institutions, conclusion of agreements on cooperation in the field of education and scientific activities; sending students, undergraduates, residents, doctoral students, teachers to other countries (including by way of exchange) for education, internships, research, exchange of experience and advanced training qualifications; participation in international research projects and grants.

Students and staff are provided with a high-speed Wi-Fi network covering the area of all academic buildings and dormitories of the Academy. Each student and employee has a personal account to log in to the Platonus information system, employees have personal access to the corporate portal for electronic document management. To improve the quality and speed of work, distance learning technologies have been introduced: the automated information system LMS Platonus, integrated with the national educational database, operates, and online platforms ZOOM, Cisco Webex Meetings, Big Blue Button, etc. are used. The Academy provides training in Kazakh, Russian and English at 38 departments at the pre-graduate and postgraduate levels of study, in the following specialties:

Pre-graduate education: <a href="https://skma.edu.kz/ru/pages/fakultet-farmacii;">https://skma.edu.kz/ru/pages/fakultet-mediciny</a> majors: "General Medicine", "Dentistry", "Nursing", "Public Health", "Pharmacy", "Pharmaceutical Production Technology", "Pediatrics". Postgraduate professional education: <a href="https://skma.edu.kz/ru/pages/obrazovatelnye-programmy">https://skma.edu.kz/ru/pages/obrazovatelnye-programmy</a>

- master's degree in 5 specialties: <a href="https://clck.ru/UTEYZ">https://clck.ru/UTEYZ</a>
- PhD in 3 specialties: https://skma.edu.kz/ru/pages/obrazovatelnye-programmy

- residency in 22 specialties: (https://skma.edu.kz/ru/pages/obrazovatelnyy-process).

The quality of education and research at the Academy is ensured by a high level of infrastructure: 4 academic buildings with classrooms equipped with interactive equipment; a scientific library with a reading room and an electronic library; "South clinical & Genetic laboratory"; 2 dormitories; 32 clinical bases. The policy in the field of research works in the Academy is aimed at creating conditions for the provision of high-quality educational services that ensure the training of highly qualified specialists in the pharmaceutical and medical fields. Every year, more than 100 students take part in international scientific conferences and research. So, on the initiative of the university, since 2013, the Academy, together with the Nazarbayev Foundation, has annually held an international scientific conference of young scientists and students "Prospects for the development of biology, medicine and Pharmacy".

The Department of Pediatric Surgery was established in 1997 and in the 2010-2011 academic year, due to the reorganization, the departments of "Pediatric Surgery" and "Children's Diseases"were merged into a single department called "Pediatrics and Pediatric Surgery". In the 2019-2020 academic year, by order of the rector, the Department of Pediatrics and Pediatric Surgery was divided into the departments of Pediatrics-1 and Pediatrics-2. Since January 2022, PhD student Nurgali Sailauovich Narkhodjaev has been appointed acting head of the Department.

Currently, the department has 15 employees (associate professors, assistants and senior laboratory assistants) and 7 part-time employees.

Employees of the department have written more than 500 scientific papers, 5 textbooks, received 48 innovation patents, author's certificates, pre-patents of the Republic of Kazakhstan and 2 Eurasian invention patents.

The following subjects are taught: "Propaedeutics of children's diseases-1", "Propaedeutics of children's diseases-2" and "Pediatric surgery" for the educational program "General Medicine" 3, 4 courses of study. Among this according to the "Pediatric Surgery" specialty "Outpatient and polyclinic Surgery", "Emergency Surgery" and "Thoracic Surgery" disciplines are given to the vear of residency.

The department has developed modular training programs in the disciplines "Pediatric surgery" for the 4th year, "Propaedeutics of children's diseases" for the 3rd year of students in the educational program "General Medicine". On the basis of the modular curriculum, an educational and methodological complex (syllabus, methodological recommendations for practical classes and independent work of students, control and measurement tools) and methodological developments for OSCE have been developed. Including the disciplines "Outpatient and polyclinic Surgery", "Emergency Surgery"and" Thoracic Surgery" for residency in the specialty "Pediatric Surgery" of 1 year of study.

Clinical bases of the Department for educational residency programs "Children's surgery" are "Regional Children's Clinical Hospital "and" Municipal Children's Clinical Hospital No. 1".

Educational program of the residency "Pediatric Surgery" was developed on the basis of the order of the Acting Minister of Health and Social Development of the Republic of Kazakhstan No. 647 dated July 31, 2015 "On approval of State mandatory standards and standard professional training programs in medical pharmaceutical specialties" and proposals of all interested parties.

In EP in the specialty developed within the framework of the State Educational Standard (Order of the Minister of Health of the Republic of Kazakhstan dated February 21, 2020 No. RK DSM-12/2020.), the main final results of a resident's training are taken into account.

The form of training for residents is full-time, if necessary with the use of digital technologies. Subjects are taught in Kazakh and Russian. Only 3 years of training. The academic period is 1 academic year, including 6 weeks of vacation. 9-hour working day, 4 night shifts and

8 day shifts. In various disciplines, the total annual academic performance is estimated at 210 credit points.

Teachers of residency program "Pediatric surgery": Master of Medicine, PhD student, M. A. Head of the Department Narkhodjaev N. S., MD, Professor Elikbaein F.M., deputy head.A. M. Baisalov, RCCH Doctor, Deputy Chief of Staff.doctor of CCCH Baidullaev Ye. E.

Within the framework of academic mobility, residents have the opportunity to acquire knowledge and skills in republican research institutes and research centers in the specialty profile.

#### (IV) <u>DESCRIPTION OF THE PREVIOUS ACCREDITATION PROCEDURE</u>

International specialized accreditation

of

7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 U rology and andrology adult, pediatric (primary accreditation),

7R01123 Pediatric Surgery (primary accreditation) according to IAAR standards is held for the first time.

#### (V) <u>DESCRIPTION OF THE EEC SESSION</u>

The work of the EEC was carried out on the basis of approved by Visit programs of the expert commission on specialized accreditation of educational programs in the Russian Federation SKMA during the period from 4 by 6 May 2022 years.

To coordinate the work of the EEC 03.05.2022 G. an orientation meeting was held, during which powers were distributed among the members of the commission, the schedule of the visit was clarified, and agreement was reached on the choice of examination methods.

To obtain objective information about the quality of educational programs and the entire infrastructure of the university, to clarify the content of self-assessment reports, meetings were held with rector, vice-rectors of the university in the areas of activity, heads of structural divisions, deans of faculties, heads of departments, teachers, students, graduates, employers. Total number of participants in the meetings: 153 representatives (table 1).

Table 1 - Information on employees and trainees who participated in meetings with the EEC IAAR:

Category of participants	Quantity
Rector	1
Vice-rectors and Head of the Rector's Office	6
Heads of structural divisions	36
Deans of faculties	2
Heads of departments	6
Teachers	13
Students	19
Graduates	35
Employers	35
Total	153

During the tour, EEC members got acquainted with the state of the material and technical base, visited the Training Laboratories of the Department of pharm Technology.production facilities, scientific clinical and diagnostic laboratory, South clinical Genetik laboratory, computer test and publishing center, University Clinic layout, Registrar's Office, Library and

Information Center, Practical Skills Center. At the meeting EEC IAAR with the SKMA target groups, the mechanisms for implementing the university's policy were clarified and individual data presented in the university's self-assessment report were specified.

Classes were attended during the accreditation period:

- 1. Intensive care in surgical and therapeutic patients (EP "Anesthesiology and reanimatology adult, pediatric") teacher Head of the Department of Nursing and Emergency Medicine, Candidate of Medical Sciences, Associate Professor Seidakhmetova Aizat Ashimkhanovna.
- 2. Thoracic surgery (EP "Pediatric Surgery") teacher Head of the Department of Pediatrics-1 Narkhodjaev Nurgali Sailauovich.

During their work, the EEC members visited the Regional Children's Clinical Hospital and all its departments (Department of Cardiac Surgery, Thoracic Surgery, General Cavity Surgery, endosurgery, Neurosurgery, Traumatology and Orthopaedics) as a base for practical training, starting with the reception area. We were shown the resident's place of work and recreation. The mentor talked about the activities of the resident, showed operating rooms with the latest technological supplies. It was clear that there are all conditions for training future doctors.

A survey was conducted in accordance with the accreditation procedure 104 teachers, 69 students, including junior and senior students.

In order to confirm the information provided in the Self-assessment Report, external experts requested and analyzed the university's working documentation. Along with this, the experts studied the Internet positioning of the university through the official website of the university <a href="https://skma.edu.kz/">https://skma.edu.kz/</a>.

As part of the planned program, recommendations for improving SKMA accredited educational programs, developed by the EEC based on the results of the expert examination, were presented at a meeting with the company's management on 06.05.2022

## (VI) COMPLIANCE WITH SPECIALIZED ACCREDITATION STANDARDS

6.1. Standard "Mission and end results of training"

#### Proof part

On the university's website following the link: <a href="https://skma.edu.kz/ru/pages/missiya-videnie-cennosti-i-eticheskie-principy">https://skma.edu.kz/ru/pages/missiya-videnie-cennosti-i-eticheskie-principy</a> the mission of SKMA is presented: "Training highly qualified competitive medical and pharmaceutical specialists for the Southern region and the country as a whole based on the achievements of modern science and practice, ready to adapt to the rapidly changing conditions in the medical and pharmaceutical industry by continuously improving their competence and developing creative initiative." On the university's website, following

link: <a href="https://skma.edu.kz/files/arturli/obr.programmy/%D0%9C%D0%B8%D1%81%D1%81%D0%B8%D0%B8%20%D0%BE%D0%B1%D1%80%D0%B0%D0%B7%D0%BE%D0%B2%D0%B0%D1%82%D0%B5%D0%BB%D1%8C%D0%BD%D1%8B%D1%85%20%D0%BF%D1%80%D0%BE%D0%B5%D0%B0%D0%BC%20%D1%80%D0%B5%D0%B7%D0%B8%D0%B5%D0%B0%D0%BC%20%D1%80%D0%B5%D0%B7%D0%B8%D0%B4%D0%B5%D0%BD%D1%82%D1%83%D1%80%D1%8B%20%D0%90%D0%9E%20%C2%AB%D0%AE%D0%9A%D0%9C%D0%90%C2%BB\_.pdf</a> and a self-report shows the SKMA's program of evaluated educational programs, which currently looks like this: 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01126 Urology and Eaching the need of a resident physician to achieve learning outcomes, provide the healthcare system and society with highly qualified rehabilitation doctors". The management and teaching staff of the university, students, representatives of employers and other interested parties, including foreign ones, took part in the formation of the EP mission. The final results are formed based on the results of academic achievements in

individual disciplines. Students and teaching staff participate in the development and discussion of work programs and educational and methodological complexes of disciplines, where proposals are made for their modification and improvement through participation in meetings of methodological/ academic commissions. All educational and methodological complexes of disciplines are discussed among the staff of departments, which is reflected in the minutes of cathedral meetings. Syllabuses for each discipline with the content of expected final results (syllabuses) have been developed for all residents.

#### Analytical part

SKMA as a whole 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) have clearly formulated missions, visions, and quality policies that are adopted collectively with the participation of all stakeholders, including foreign ones stakeholders. The mission of the university is placed in a public space — on the SKMA website, as well as for the residency program, which reflects the need for teachers and students to better understand the goals of the residency program. The final results for both training centers were developed in accordance with the requirements of the legislation, are reflected in the description of the training center and are available to all participants in educational relations (administrative staff, teachers, students), but there were no templates of control methods, the process of training practical skills (for example, a simulation center) that reflect the relationship between the training staff and curators from clinical bases. the relevant documentation was provided in the course of a conversation with representatives of the department.

There are no strong sidess/best practices of the EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation).

There are no recommendations for 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation).

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation): there are 16 satisfactory positions.

#### 6.2. Standard "Educational Program"

#### **Proof part**

Competencies and final learning outcomes residents spelled out in the EP approved at the meeting of the Academic Council The final results of residents are to ensure the training of qualified, competitive specialists doctors-anesthesiologists-resuscitators that meet modern quality requirements of specialist doctors for independent work in the specialty "Anesthesiology and reanimatology adult, pediatric". Obsession with EP is in line with the Academy's mission and meets the needs of employers.

Training of a resident in specialties is carried out in order to provide the healthcare industry of the Republic of Kazakhstan with qualified personnel in the field of medical services to the population and is carried out in accordance with the Order of the Ministry of Health of the Republic of Kazakhstan dated 30.01.2008 No. 27 "On approval of the lists of clinical specialties

of training in internship and residency" with amendments and additions No. RK DSM-108 dated 02.08.2019 by the Order of the Ministry of Health of the Republic of Kazakhstan.

The sequence of passing disciplines is observed, the content of which is aimed at achieving knowledge, skills and abilities, providing a step-by-step approach to their study. All training conditions are provided with consistency, continuity of their content, consistent development of all competencies depending on the specialty, takes into account the logic of academic interrelation of disciplines, their continuity. The model of the educational program based on the established final results of training of residents and the qualifications they receive is also provided by the transparency of training. Residents and teachers are informed about the necessary competencies that both students and teachers acquire. This happens in conditions of transparency and awareness of the success of residents.

The structure and content of the EP meet the requirements Order of the Minister of Health of the Republic of Kazakhstan dated February 21, 2020 No. KR DSM-12/2020 on Amendments to the Order of the Acting Minister of Health and Social Development of the Republic of Kazakhstan dated July 31, 2015 No. 647 "On Approval of State mandatory standards and standard professional training programs in medical and pharmaceutical specialties". According to the classifier, the specialty is legitimate and the graduate will receive a corresponding document on the specialty upon completion of the educational program.

The residency program guarantees the integration of practice and theory includes the content, sequence of training and responsibility of the resident, with the definition of goals and learning outcomes based on the performance of tasks and the provision of medical care to the population. Integration of training and provision of medical services implies, on the one hand, the provision of proper medical care by students of the residency program, on the other hand, that training opportunities are embedded in official functions. Training is based on practice, involving residents in personal participation in the provision of services and responsibility for patient care activities in medical organizations recognized as residency bases.

Training of residents is carried out on clinical bases with personal participation in the treatment and diagnostic process, both in the classroom and during independent work.

#### Analytical part\_

7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) currently, it is being fully re-implemented, which shows the possibilities of analyzing and evaluating the first program not only from the point of view of its content and composition, but also from the point of view of practical feasibility, while the second program cannot yet be understood about its implementation. In general, the programs have the correct content of disciplines and practices, their adequate distribution by blocks, corresponding to the educational standards adopted in Kazakhstan, but, according to the analysis of the EP and interviews with teaching staff and students in residency programs, the requirements for the formation of an optimal catalog of elective disciplines aimed at forming a personalized learning trajectory, as well as the formation of The focus of both EP is on scientific achievements, clinical epidemiology, evidence-based medicine, and critical thinking skills.

Strengths/best practices by EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) none.

Recommendations for 7R01117 EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation):

1. Responsible for implementing the EP 7R01117 Anesthesiology and

**reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery** the manager is recommended to use active forms and methods of training for residents in the educational process to acquire clinical and practical skills and the ability to apply them in independent medical activities d uring 2022-2025.

2. Responsible for implementing the EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery the manager is recommended to update the following information on a system basis: catalog of elective courses should meet the needs of residents in narrow and more detailed areas on time for the 2022/2023 academic year.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation): there are 25 satisfactory positions and 2 expected improvements.

#### 6.3. Standard "Residency Student Assessment Policy"

#### **Proof part**

The self-report presents the residency students' of EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery accreditation) assessment. It is noteworthy that the assessment is carried out using criteria developed in accordance with the goals and objectives set for the implementation of the EP and assigned qualifications within the framework of the current point-rating system for assessing knowledge and monitoring the educational process in accordance with policy, regulatory and internal documents. The system of control of academic achievements includes various forms: current, boundary and final control, intermediate and final state certification. The teacher enters the results of academic achievements into the Platonus AIS on a weekly basis. A technical specification is compiled - a matrix of test tasks, the number of test questions is compiled according to the number of credits passed in the disciplines. The system for monitoring students ' academic achievements at SKMA includes: current and mid-term monitoring of academic performance, intermediate certification of students and final state certification. Assessment of academic achievements of residents is carried out on the basis of measures of the level of competence formation developed by departments in various types: control tests questions, tasks in test form (MCQ tasks with multiple correct answers), a list of practical skills, situational tasks, clinical situations, tasks, and other work. Professional testers, i.e. teachers who have received training in testology, are involved in the development and validation of tests. Methods for evaluating a structured clinical exam using simulators and standardized patients are widely used. At the stage of final state certification, employers are involved in monitoring.

#### Analytical part

SKMA pays considerable attention to the assessment of the EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) residency students. For this purpose, the university forms criteria for the graduate's compliance with the program requirements, develops point-rating systems for each discipline separately (data on this are entered in the control system of educational programs in the AIS "Platonus"), and creates approaches to boundary, intermediate and final control. It is worth noting that the university widely uses generally accepted methods for evaluating academic achievements developed in the international community. Modern technologies for assessing the formation of practical skills using OSCE technology using simulators and standardized patients are used. The

university actively involves independent members of the examination committees - representatives of the employer those who perform labor functions in accordance with the profile of the certification being conducted and are reputable specialists in their field. However, assessment methods have a more criterion-based model without the use of more detailed theoretical knowledge of practices with a clear analysis of survival.

Strengths/best practices by OP 7R01117 Anaesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) none.

Recommendations for 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation):

- 1. Responsible for implementing the EP 7R01117 Anesthesiology and resuscitation adult, children; 7R01126 Urology and andrology adult, children; 7R01123 Pediatric Surgery the manager it is recommended to include at the level of summative assessment of residents a competency-based approach and assessment of practical skills using a wide range of methods on time for the 2022/2023 academic year.
- Responsible for implementing the EP 7R01117 Anesthesiology and resuscitation adult, children; 7R01126 Urology and andrology adult, children; 7R01123 Pediatric Surgery the manager it is recommended to implement psychometric analysis and external review of the CIS on an ongoing basis on time for the 2022/2023 academic year.

#### EEC conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there are 8 satisfactory positions and 2 expected improvements.

#### 6.4. Standard "Residency Trainees"

## Proof part

The self-report contains information about the students of the declared EP. The admission policy and procedure are clear and consistent with the mission and goals of the educational program. The program of entrance examinations for residency is formed by the staff of SKMA departments, discussed at the department meeting, approved by the Scientific and clinical Council by the chairman of the SCS. The site also contains introductory questions on the educational programs of the residency program. Entrance examinations for the residency program are held from August 8 to August 16, and enrollment is scheduled for August 28. Residency classes start on September 01. Admission to the residency program is carried out based on the results of the entrance exam for the profile and those who have scored at least 50 points out of a possible 100 points. Persons who have scored the highest points in the entrance exam are eligible for training under the state educational order on a competitive basis: for residency-at least 75 points. To ensure the transparency of the exam procedure and resolve disputes, an appeal commission is established for the exam period. The composition of the appeal commission is approved by the order of the chairman of the admissions committee. The Appeals Commission considers applications of persons who do not agree with the results of the entrance exams. According to the decision of the appeal commission, points may be added to the applicant based on the results of the entrance exam of the relevant specialty. During interviews with students and teachers, it was established that admission to training is carried out in a

businesslike and demanding atmosphere, all students have a high desire to fulfill their career aspirations – to complete their residency training and become a specialist doctor in their chosen field. Documents on organizing transfers from other universities have been developed. When transferring a resident, the academic difference in the disciplines of the working curricula studied by them during previous academic periods is determined. The Academy uses all the main directions, forms and methods of organizing social and financial support adopted in universities. Educational work is carried out in accordance with the Academic Policy, a comprehensive Action plan for the implementation of the Academy's Development Strategy, Internal Regulations, plans developed on the basis of legislative and regulatory acts of the Republic of Kazakhstan, Resolutions of the Government of the Republic of Kazakhstan, annual Messages of the President to the people of Kazakhstan, which define the goals, objectives, and directions of the organization. For personal growth and development, in addition to 16 student organizations, sports sections and creative teams, the Academy has a sufficient resource base (Internet, 100% coverage of the Academy's territory Wi-Fi, library, computer classes, reconstructed and improved territories of the main buildings). Implementation of postgraduate education programs is ensured by the free access of each resident to information resources and library collections, the availability of methodological manuals and recommendations for all modules, disciplines and all types of academic work. To develop the intellectual level of residents, expand their knowledge in various scientific fields, residents take an active part in the annual scientific and practical conference dedicated to the Day of Science; in addition, they participate in conferences of national and international level. Teachers of the departments actively involve residents in scientific and practical events held at clinical bases, thus providing them with assistance in developing their scientific and practical potential. During the survey, it was found out that in crisis situations, residents can contact the psychological support service available within the university.

## Analytical part

Recruitment of residents, transfer from other universities to EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) It is carried out in accordance with the state regulatory documents of the Republic of Kazakhstan and local acts of the organization, and an appeal commission has been established at the university to comply with the law. Recruitment is carried out by state educational order and at the expense of individuals and legal entities. For personal development, they are offered access to participation in sports, creative and scientific life, wireless Internet, libraries, computer classes, simulation centers, etc. Psychological support services are available for residents. The survey did not reveal any significant dissatisfaction on the part of students.

Strengths/best practices by EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) none.

Recommendations for 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation):

Responsible for implementing the EP 7R01117 Anesthesiology and resuscitation adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery the manager It is recommended to create a collegial self-governing body of residents to represent their interests in determining the prospects and prospects of their future activities and opportunities for their professional development by the deadline for the 2022/2023 academic year.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there are 16 satisfactory and 1 expected improvement positions.

#### 6.5. Standard "Teachers"

#### **Proof part**

The university has developed an effective teaching team that is integrated into the agenda of global, regional and national development of healthcare and medical science. When hiring teachers, a competition for vacant positions is announced in advance and deadlines for submitting documents are set. Requirements for residency teachers are developed specifically. Clinical mentors involved in teaching residents from practical healthcare are required to have a basic education, a medical qualification category, and a sufficient level of professional experience, professional experience. All participants of the interview noted that for admission of clinical supervisors to work with residents, instruction is sufficient, which is conducted at a specific department, the volume and fullness of which is unclear in terms of pedagogy, andragogy, formative and summative assessment, as well as approaches to methods of conducting the educational process. Among part-timers from practical healthcare, doctors involved in resident training have the highest category, are deputy chief physicians, heads of departments and leading specialists. Analyzing these data, we can say that there is a sufficient reserve of qualified teachers in all disciplines. The ratio of the number of teachers of specialized departments that meet the requirements for teaching staff who are engaged in residency training and the number of residents should be at least 1:3

#### Analytical part

SKMA has developed, documented and operates a policy in the field of management of the university's faculty. The procedures for hiring, encouraging, promoting, certifying, and dismissing employees have been standardized. Work with employees is carried out by specialized departments – the personnel service, which includes the office and archive. To assess the qualifications of personnel, it is most correct to use the analysis of personal files, which contain copies of diplomas on basic education, on awarding academic degrees and titles, an inventory of documents, and personal leaflets personnel records with photos, individual employment contracts, applications, copies of certificates, extracts from orders, teachers 'reports, conclusions of departments, characteristics, lists of scientific papers, contracts on material liability, as well as data analysis of the university's website. At the same time, there is a need to direct the efforts of the university management to create conditions for admission of clinical mentors to the training of residents, although the standards assume that the educational organization guarantees their professional development in this direction, but the request for the availability of qualification documents confirming the pedagogical orientation (training certificates, diplomas) of clinical base employees was not provided.

There are no strengths/best practices of EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation).

Recommendations for 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation):

Responsible for implementing the EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery the

manager is recommended to include training of clinical mentors in pedagogical skills in the course of 2022-2025 in the employee development program.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there are 4 satisfactory and 1 expected improvement positions.

#### 6.6. Standard "Educational Resources"

#### **Proof part**

In accordance with the self-report, the programs are implemented: there are 4 academic buildings with classrooms equipped with interactive equipment; a scientific library with a reading room and an electronic library hall; "South clinical & Genetic laboratory"; 2 dormitories; 32 clinical bases, including the Department of Phthisiopulmonology and Radiology located at the clinical base of the Regional Clinical Hospital, the City Diagnostic Center and the Department of Phthisiopulmonology and Radiology. center, City Hospital No. 1, MC "Mediker", MC "Daumed", Regional Children's Clinical Hospital, Department of Neurology, Psychiatry and Psychology, at the clinical base of "Regional Clinical Hospital", "City Children's Hospital", "City Hospital No. 1" and "City Hospital No. 2", Medical Center "Mediker". A video demonstration from the database allows you to make sure that it meets modern requirements, and interviews with responsible persons show the possibility of using modern research methods (MSCT, MRI, densitometry, equipment for mechanotherapy). With members EEC we met main doctors, managers branches. It is noteworthy that the specialists of the Ministry of the Defense not only provide jobs for duration training, but also active participate in adjustment process contents EP, but also in evaluation knowledge base, skills and skills residents. Reviews managers mo about residents SKMA's positive. During the conversation, it was revealed that the hospital administration works in close contact with university. The university operates a corporate computer network designed to integrate academic buildings into a single information space and provide access to the university's information resources and the Internet. The premises, educational and scientific laboratories, and dorm rooms comply with fire-fighting and sanitary-epidemiological standards and requirements. The Library and Information Center has 2 subscriptions, 3 book stores, 7 reading rooms, and a media library. The Unified Information and Library fund consists of 541346 copies, including 239322 copies in the state language, in a foreign language – 21,366 copies of all types and types of publications. The main part of the fund consists of educational literature, which totals 386,177 copies, which is 71% of the total volume of the fund, including 193,803 copies in the state language. The fund of scientific literature consists of 155,169 copies, including 45,519 copies in the state language, and is represented by abstracts, monographs, dissertations, reference literature and periodicals for the profile of each educational program. Periodicals are represented by a sufficient volume of Kazakh and Russian publications on medical institutions with a total fund of 16,502 copies. The library's collection includes the following specialized medical journals: Attending physician, Medicine, Nephrology, Pediatrics journal named after G. N. Speransky, Preventive Medicine, Pulmonology, Therapy, Therapeutic Archive, Children's infection, Infectious diseases, Epidemiology and infectious diseases, Obstetrics and Gynecology, Cardiology, Grekov Bulletin of Surgery, Surgery Journal named after N. I. Pirogova, Bulletin of Surgery of Kazakhstan, Nursing, Dentistry, etc. The practical skills center has a total area of 840.11 m2, the area of training classes is 595.1 m2. The Practical skills center consists of 11 training classes: Obstetrics, Gynecology, General medical Practice, Surgery No. 1, Surgery No. 2, Pediatrics, Therapy, Nursing, Dentistry, Triage and a natomic class. Each practical class is equipped with the necessary medical

equipment(simulators, simulators, models and mannequins). According to the survey results, 7% of students are dissatisfied with the lack of recreation facilities. During the interview, it was found that there is no access to positron emission tomography in the region, this technique is expensive and still rare in the CIS territories, but it is advisable to consider the possibilities of solving this issue.

#### Analytical part

SKMA has its own training facilities, simulation classes and equipment for simulation classes, has signed contracts with practical training bases, for residency in EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation). A video demonstration from the database allows you to make sure that it meets modern requirements, and interviews with responsible persons show the possibility of using modern research methods (MSCT, MRI, densitometry, equipment for mechanotherapy). The equipment of educational programs is quite modern, which makes it possible to comprehensively prepare a specialist for professional activity. I would especially like to highlight the wellestablished contacts with representatives of clinical practice bases and employers in the Southern region. SKMA libraries are equipped with a sufficient number of personal computers with Internet access, are provided with a variety of paper and electronic publications, as well as access to international databases Web of Science, Scops, etc. The University is working on creating a safe environment, as well as equipment for people with disabilities. The information and communication environment is being developed; funds are being allocated for the development and modification of educational programs, as well as scientific research and development. When interviewing residents, we received proposals to improve the electronic information and educational environment of the university, so that it would create opportunities for more complete organization of independent activities of students, but the allocated funds and attracted methods for the entire period did not find examples of successful application in the context of medical care within the Republic of Kazakhstan ( they did not provide an example of a patent or registered rights).

Strengths/best practices by OP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation):

Active interaction with the practical health sector in terms of ensuring the availability of clinical training for residents, which is important for future graduate practice and professional growth.

Recommendations for 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation):

- 1. Responsible for implementing the EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery the manager is recommended to implement the practice of conducting regular research in medical education, which will help to find more effective models and approaches to training, and respond in a timely manner to the changing needs of the health system by the deadline for the 2022/2023 academic year.
- 2. EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery, it is recommended to the person responsible for the implementation of the EP on pediatric surgery during the academic year of the EP 2022/2023 to introduce the practice of conducting regular research in medical education,

which will allow timely response to the changing needs of the health care system, to find more effective models and methods of teaching.

- 3. Responsible manager for implementing the EP 7R01117 Anesthesiology and resuscitation adult, children; 7R01126 Urology and andrology adult, children; 7R01123 Pediatric surgery is recommended that the Academy's staff consider the possibility of sending residents for training cycles and internships in leading research centers in the country and abroad during 2022-2025.
- 4. Responsible for implementing the EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager of the Academy is recommended to involve teaching staff involved in the implementation of the residency program in academic mobility programs at the regional and international levels during 2022-2025.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and resuscitation adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there is 1 strong position, 7 satisfactory positions, and 3 expected improvements.

#### 6.7. Standard "Evaluation of educational programs"

#### Proof part

The university periodically conducts a comprehensive assessment of the EP, aimed at overall final results, which are measured by the results of state exams, career choice and results of further education. In the self-report, procedures for monitoring the quality of the educational process include: external program evaluation mechanism-participation in international ratings of accreditation agencies; internal program evaluation mechanisms – attendance of classes, survey of participants in the educational process and external stakeholders, qualitative composition of teaching staff, annual monitoring of academic performance, effectiveness of knowledge assessment procedures, conclusions of the chairmen of state attestation commissions, analysis of student performance indicators and successful passing of the certification exam by graduates, as well as internal audit results. To demonstrate the compliance of educational services with the established mandatory requirements, as well as to ensure compliance with the quality management system Academies requirements of the international standard (ISO 9001: 2015) The academy also plans and applies monitoring, measurement, analysis and improvement processes to improve the effectiveness of the management system Academies. Therefore, in Academies for this purpose, methods, including statistical methods, are defined and applied, and their areas of use are defined The financial and economic activities of the Academy are aimed at ensuring financial stability and solvency for its obligations, increasing income, stability of wages, strengthening the material and technical base and are carried out in accordance with the legislation of the Republic of Kazakhstan.

The main goal of the Financial and Economic Service is to achieve sustainable success of the Academy on the basis of a systematic approach to evaluating and improving the effectiveness of the internal control system, a process approach to quality management and continuous improvement in accordance with the requirements of domestic and international standards.

The Financial Service monitors compliance of the Academy and its structural divisions with the requirements of legislative and other regulatory acts regulating its activities; provides management with objective and timely information on the activities of the Academy's management and its divisions to achieve sustainable success of the Academy, as well as

monitoring and control to eliminate violations identified in the course of performing its functions.

Academic achievements of residents are systematically analyzed in relation to the mission and final results of training in the EP, including the definition of such indicators as: average score of academic performance in disciplines and courses of study; absolute academic performance and a qualitative indicator of academic performance. The study conditions are analyzed; the popularity of disciplines is analyzed.

#### Analytical part

The administration conducts periodic research to assess the degree of satisfaction of students and teaching staff with educational programs and the availability of resources. SKMA identifies and addresses problems that include insufficient achievement of the expected final learning outcomes through internal (performance analysis and rating; questionnaires anonymously) and external (state accreditation of educational activities of the University; planned documentary verification; assessment of the level of competence formation) monitoring and control mechanisms. Identified shortcomings and problems are used as feedback for activities and corrective action plans to improve the EP. All stakeholders (teaching staff, students, graduates, employers) are involved in the assessment of the EP. The objectives of the university are to obtain the most up-to-date information from interested parties in order to continuously improve the EP through corrective actions of identified inconsistencies. All stakeholders have access to the results of the course evaluation and EP. Based on the monitoring results, administrative decisions are made. Thus, SKMA monitors the educational and scientific process, systematically evaluates the results, and develops appropriate procedures and regulations. The results of monitoring are used to improve the EP and are aimed at the progress of the resident.

Strengths/best practices by EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation) none.

Recommendations for 7R01117 Anesthesiology and Resuscitation adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) none.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and resuscitation adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there are 4 satisfactory positions.

#### 6.8. Standard "Management and Administration"

#### **Proof part**

According to the self-report, SKMA has a well-organized management structure, including at the residency level, which contributes to the implementation of the mission and objectives of educational programs. The direct management system and governing bodies consist of the rector, vice-rectors of the Academic Council, deans, departments and public structures of the faculty, etc., who in their activities are guided by internal Regulations developed in accordance with the requirements of the legislation. Unfortunately, when interviewing the head of the residency department, there was no impression of a clear understanding of the range of problems that exist in the implementation of residency programs, as evidenced by the lack of SWOT- self-report analyses for sections of the standard. All official duties of heads of structural divisions of the

educational program are regulated by job descriptions and are presented on the official website of the residency: <a href="https://skma.edu.kz/public/ru/pages/rezidentura">https://skma.edu.kz/public/ru/pages/rezidentura</a>. Financing of the educational program is carried out according to the estimates of income and expenses in accordance with the price list of tariffs for paid educational services provided by the educational organization, as well as its structural divisions, approved by the head of the university. The university budget is determined based on actual costs, taking into account the number (contingent) of students, the approved curriculum and training program for the upcoming academic year, necessary to ensure the learning process, based on relevant materials. As part of the development of the strategic partnership, a memorandum of cooperation was signed in 2016 with the Gdansk Medical University (Poland). 18 students and 44 SKMA employees took part in international academic mobility programs. However, according to surveys of teaching staff and residents, academic mobility processes were suspended during the period of coronavirus infection.

#### Analytical part

When interviewing the administrative and administrative staff and heads of departmentsami It was noted by the EEC members that the SKMA clearly defines the responsibility of academic management in relation to the development and management of the EP. A response was received during an online conversation with focus groups, what's at the university periodically conduction and estimation academic leadership regarding the achievement of its mission and ultimate outcomes. Structure academic level leadership positions provides quality and operational efficiency of the university with goal security features training sessions highly qualified resident specialists, organization and control educational and methodical system, social university, effectiveness works structural network and educational program works of the units divisions. Attention is drawn to the low interest of the management of the residency department in the development of the EP residency, the lack of SWOT- self-report analyses for sections of the standard.

Strengths/best practices by EP 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and Andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (Primary accreditation) are none.

Recommendations for 7R01117 Anesthesiology and Resuscitation adult, Pediatric (primary accreditation), 7R01126 Urology and Andrology Adult, Pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation) are none.

#### **EEC** conclusions on criteria:

According to the standard educational programs 7R01117 Anesthesiology and reanimatology adult, pediatric (primary accreditation), 7R01126 Urology and andrology adult, pediatric (primary accreditation), 7R01123 Pediatric Surgery (primary accreditation): there are 5 satisfactory positions.

#### (VII) REVIEW OF STRENGTHS/ BEST PRACTICES FOR EACH STANDARD

#### 7. 1 Standard "Mission and End Results"

No strengths were identified for this standard.

#### 7.2 Standardart "Educational program"

No strengths were identified for this standard.

#### 7.3 Standard "Assessment policy for Residency trainees"

No strengths were identified for this standard.

#### 7.4 Standard "Residency trainees"

No strengths were identified for this standard.

#### 7.5 Standard "Teachers"

No strengths were identified for this standard.

#### 7.6. Standard "Educational Resources"

Active interaction with the practical health sector in terms of ensuring the availability of clinical training for residents, which is important for future graduate practice and professional growth.

#### 7.7 Standard "Evaluation of educational programs"

No strengths were identified for this standard.

#### 7.8 Standard "Management and Administration"

No strengths were identified for this standard.

#### (VIII) OVERVIEW RECOMMENDATIONS FOR IMPROVING QUALITY

#### 8.1 Mission and End Results Standard

There are no recommendations for this standard.

#### 8.2 Standard "Educational program"

Responsible for the implementation EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager is recommended to use active forms and methods of training in the educational process for residents to acquire clinical and practical skills and the ability to apply them in independent medical activities during 2022-2025.

Responsible for the implementation EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and Andrology adult, pediatric; 7R01123 Pediatric Surgery manager is recommended to update the catalogue of elective subjects on a systematic basis to meet the needs of residents in narrow and more detailed ones in time for the 2022/2023 academic year.

#### 8.3 Standard "Residency Student Assessment Policy"

Responsible for the implementation EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and Andrology adult, pediatric; 7R01123 Pediatric Surgery manager is recommended to include a competency-based approach and assessment of practical skills using a wide range of techniques at the level of summative assessment of residents in the 2022/2023 academic year.

Responsible for the implementation of EP **7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery** manager is recommended to implement psychometric analysis and external review of the CIS on an ongoing basis in time for the 2022/2023 academic year.

#### 8.4. Standard "Residency Trainees"

Responsible for the implementation of EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager is recommended to create a collegial self-government body of residents to

represent their interests in determining the prospects and opportunities for their professional development in the 2022/2023 academic year.

#### 8.5 Standard "Teachers"

7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager of residency programs is recommended to include training of clinical mentors in pedagogical skills in the employee development program during 2022-2025.

#### 8.6 Standard "Educational Resources"

Responsible for the implementation of EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager is recommended to implement the practice of conducting regular research in medical education, which will help to find more effective models and approaches to training, to respond in a timely manner to the changing needs of the health system in the 2022/2023 academic year.

Responsible for the implementation of EP 7R01117 Anesthesiology and reanimatology adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery Academy's management is recommended to consider the possibility of sending residents to training cycles and internships in leading research centers of the country and abroad during 2022-2025.

Responsible for the implementation of EP 7R01117 Anesthesiology and resuscitation adult, pediatric; 7R01126 Urology and andrology adult, pediatric; 7R01123 Pediatric surgery manager of the Academy is recommended to involve teaching staff involved in the implementation of the residency program in academic mobility programs at the regional and international levels during 2022-2025.

### 8.7 Standard "Evaluation of educational programs"

There are no recommendations for this standard.

#### 8.8 Standard "Management and Administration"

There are no recommendations for this standard.

(IX) OVERVIEW NO RECOMMENDATIONS ARE AVAILABLE FOR THE DEVELOPMENT OF THE EDUCATIONAL ORGANIZATION.

# Appendix 1. Evaluation table "PARAMETERS OF A SPECIALIZED PROFILE"

		EVALUATION CRITERIA	educ	Positi ationa nizatio		the
			Is Strong	Satisfactory	Suggests improvement	Unsatisfactory
		"MISSION AND END RESULTS"				
		Defining the mission of an educational program	*			
1	1	The medical education organization <b>should</b> define the mission of the residency training program and widely inform the public and the health sector about the stated mission.		+		
2	2	The medical organization of education <b>should</b> define the mission of the educational program based on consideration of the health needs of society, the needs of the medical care system and, accordingly, other aspects of social responsibility.		+		
3	3	The medical education organization <b>should</b> ensure that the main stakeholders are involved in the development (formulation) of the educational program's mission.		+		
4	4	The medical education organization <b>must</b> ensure that the mission of the educational program is consistent with the organization's mission and allows for the preparation of a competent researcher at the level of postgraduate medical education.		+		L
5	5	The mission statement <b>should</b> contain the goals and educational strategy that will allow you to train a competent scientist, researcher at the level of postgraduate medical education.		+		
6	6	The mission of the educational program:  it must meet the available resources, opportunities and market requirements;  it must identify ways to support it;  it must meet the following requirements: access to information about the mission of the educational program for the public should be provided (availability of information on the university's website).		•		
7	7	The mission and goals of the educational program <b>should</b> be discussed at the university's advisory councils/commissions and approved by the university's advisory council.		+		
8	8	The medical education organization <b>should</b> systematically collect, accumulate and analyze information about its activities in preparation for the implementation of the residency program; conduct a strength and weakness assessment (SWOT analysis), on the basis of which the management of the medical education organization, together with the advisory board, should determine policy and develop strategic and tactical plans.		+		

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9	9	FINAL LEARNING OUTCOMES				
9	9	The medical education organization should define the		+		
		ultimate learning outcomes that future residents should				
		achieve as a result of the training program in terms of: their				
		post-graduate achievements in knowledge, skills, and thinking; an appropriate foundation for their future career in				
		the chosen field of medicine; future roles in the healthcare				
		system; and commitment and skills in lifelong learning.				
		health needs and problems of society, the needs of the				
		health care system and other aspects of social				
		responsibility; professional behavior.				
10	10	The medical education organization <b>should</b> determine the		+		
10	10	final results of training in general and specific to the		'		
		discipline/ specialty components that students need to				
		achieve at the end of the program.				
11	11	The medical education organization should determine the		+		
11	11	final results of training regarding appropriate behavior and		Ċ		
		treatment of patients and their relatives.				
12	12	A medical education organization <b>should</b> have mechanisms		14		
		to guarantee proper professional behavior and attitudes of				
		students of the residency program towards colleagues and	1			
	1	other medical personnel, teachers, and other health care		4		
		workers, as well as compliance with the Code of Honor.				
13	13	The medical educational organization should inform the		+ \		
		public about the established final results of training in the				
-		residency program in the relevant specialties.				
14	14	The medical education organization should guarantee		+		
		continuity between the final results of training in basic and		-		
		postgraduate medical education programs.				
		PARTICIPATION IN THE FORMULATION OF THE				
		MISSION ANDFINAL RESULTS				
15	15	The medical educational organization should oprovide		+		
		mechanisms for involving stakeholders in the formulation				40
	1	of the mission and final results of training in the				
		educational program.				
16	16	The medical education organization should formulate the		+		
		mission of the educational program and determine the final	-			-
		results of the program's training, taking into account				7
		proposals from other interested parties, which are				
		representatives of other medical specialties, patients,		Α		
		society, organizations and authorized health authorities, professional organizations and medical scientific societies.			7	
	· .	Total		16		
	-	STANDARD "EDUCATIONAL PROGRAM"	4	10		l
		RKEY PARAMETERS OF THE POSTGRADUATE ME	EDICA	L ED	UCAT	ION
		PROGRAM				
17	1	The medical education organization <b>should</b> determine the		+		
		educational framework parameters based on the established				
		final results of training in this program and the				
		qualifications of a resident graduate, develop them in				
		accordance with the required results of existing basic				
		medical education, and organize systematic and transparent				
		training.				
18	2	The medical educational organization <b>must</b> ensurethat the		+		
		residency program meets the requirements of the State				
		Educational Standard of the Republic of Kazakhstan and				
		ensure the breadth of training of specialists in accordance				
		with the name of the program and the necessary depth of				
		training in the field determined by the specialty.				
19	3	A medical education organization <b>should</b> use practice-		+		
		oriented training to ensure that residency trainees are				
		personally involved in the delivery of medical care and				

		responsibility for nations serve				
20	4	responsibility for patient care.  The medical education organization <b>should</b> use appropriate			+	
20	4	teaching and learning methods and ensure the integration of			+	
		practice and theory components, which include didactic				
		classes and patient care experiences, as well as independent				
		and active learning.				
21	5	The medical education organization must ensure that		+		
21	3	training is conducted in accordance with the principles of		'		
		equality.				
22	6	A medical education organization should adopt a student-		+		
22	O	centered approach to teaching that encourages, prepares,		'		
		and supports future residency trainees to take responsibility				
		for their own learning process and demonstrate in their				
		practice.				
23	7	The medical education organization should provide		+		
23	,	mechanisms for mentoring, regular evaluation and				
		feedback, informing about the program and the rights and				
		obligations of future residency trainees, and include ethical				
		obligations in the program.				
24	8	Medical education organizations should provide		+	1.00	
		mechanisms to increase the independence and	7			
		responsibility of students of the residency program				
		regarding their knowledge, skills and experience		N		
		development.				
25	9	Medical education organizations should recognize gender,		+		
		cultural, and religious differences and prepare future				
	-	residency trainees for appropriate patient relationships.				
		SCIENTIFIC METHOD				
26	10	A medical education organization should implement the		+		
		scientific basis and methodology of medical research,				
		including clinical research.				
27	11	The medical education organization should ensure that		+		
		future students of the residency program are able to use				
	l 1	scientific justifications, study and know evidence-based				
		medicine through broad access to relevant clinical/practical				
		experience on the basis of an appropriate profile in the				
		chosen field of medicine.				
28	12	A medical educational organization <b>should</b> provide for		+		
		teaching and training of critical evaluation of literature,				
		articles and scientific data, application of scientific		1		
	1	developments.				
20	12	PROGRAM CONTENT				
29	13	A medical education organization <b>should</b> Binclude clinical	1	+		
		work and relevant theory or practice in basic life sciences,				
		clinical, behavioral and social sciences, preventive				
		medicine, clinical decision-making, communication skills,				
		medical ethics, public health, medical law and forensic medicine, management disciplines, patient safety, and				
		responsibility for one's own health in its training program.,				
		knowledge of complementary and alternative medicine.				
30	14	The medical education organization <b>should</b> organize		+		
30	17	educational programs with due attention to patient safety		'		
		and autonomy.				
31	15	A medical education organization <b>should</b> ensure that the		+		
51	1.5	educational program develops knowledge, skills, and		'		
		professional attitudes appropriate to the various roles of a				
		physician, such as a practicing physician or medical expert,				
		communicator, employee and team member,				
		leader/manager or administrator, advocate for patient				
		interests and health, and scientist/researcher.				
32	16	The medical education organization <b>should</b> provide			+	
		mechanisms for adjusting and changing the content to the			'	
L		The second secon				

			1	1		
		changing conditions and needs of the medical care system.	N.T			
33	17	PROGRAM STRUCTURE, CONTENT AND DURATIO  The medical education organization should define the	N I			
33	1 /	overall structure, composition and duration of the		+		
		educational program, clearly define the mandatory and				
		elective component, integrate practice and theory, take into				
		account the requirements of national legislation and provide				
		an adequate representation of how local, national or				
		regional health systems are oriented to the needs of				
		providing medical care to the population.				
34	18	The medical education organization <b>should</b> , when deciding		+		
		on the duration of the program, take into account the				
		required end results of postgraduate medical education				
		training in relation to the chosen field of medicine, the				
		requirements for performing different roles of certified				
		specialists in the health sector, and possible alternatives for				
		using time-based training.				
35	19	ORGANIZATION OF TRAINING  The medical education organization should define the		liku.		
33	17	responsibility and authority for organizing, coordinating,				
		managing, and evaluating each training base / clinical base	1			
		and learning process.	•		h	
36	20	The medical education organization <b>should</b> guarantee		4.		
		clinical training in multidisciplinary clinics and				
		mechanisms for coordinating training based on these clinics				
		so that future students of the residency program acquire				
		adequate training in various aspects of the chosen field of		-		
		medicine.				
37	21	Medical education organizations should guarantee training		+		
		in different clinical bases, which are characterized by the				
		profile of clinics, different categories of patients, the level				
		of medical care provided (primary medical care, specialized				
		medical care, highly specialized medical care), hospitals and outpatient clinics.				
38	22	The medical education organization <b>should</b> ensure that		+		
30		staff, residency trainees, and other relevant stakeholders are				
		properly represented when planning an educational				
		program.				_
39	23	A medical education organization <b>should</b> have access to the		+		
		resources necessary to plan and implement training				
	1	methods, evaluate students, and innovate the training				
	1	program.				
	1	RELATIONSHIP BETWEEN POSTGRADUATE ME	DICA	L ED	UCAT	ION
40	24	AND HEALTH CARE DELIVERY  The medical education organization should describe and		+		
40	24	recognize the role of mentoring in professional	-	+		
		development, ensure integration between training and				
		health care (on-the-job training), and ensure that training is				
		complementary and consistent with health care				
		requirements.				
41	25	A medical education organization <b>should</b> effectively		+		
		organize the use of the capabilities of the health system or				
		medical care for training purposes, which implies using the				
		capabilities of various clinical databases, patient problems				
		and clinical problems for training purposes, while at the				
		same time complying with the requirements for providing				
		medical care.		22	_	
		Total	DD A TE	23	2	
		Standard "ASSESSMENT POLICY FOR RESIDENCY T ASSESSMENT METHODS	IKAIN	NEES"	•	
42	1	The medical education organization <b>should</b> formulate and		+		
72	1	implement a residency student assessment policy that		'		
	l	implement a residency student assessment poncy that	1	l .		

			•			
		<b>includes</b> principles, objectives, methods, and practices for				
		evaluating residency students, including specialist				
		qualification exams, and ensure that the assessment covers				
		knowledge, skills, and professional behavior and attitudes.				
43	2	The medical education organization should use an			+	
		additional set of assessment methods and formats in				
		accordance with their" applicability", which includes a				
		combination of validity, reliability, impact on learning,				
		acceptability and effectiveness of assessment methods and				
		formats in relation to established learning outcomes.				
44	3	The medical education organization should formulate		+		
		criteria for passing exams or other types of assessment,				
		including the number of allowed retakes.				
45	4	Medical education organizations should study and			+	
		document the reliability, validity, and validity of				
		assessment methods.				
46	5	Medical education organizations should use a system of	1	+		
		appeal of evaluation results based on the principles of				
4=		fairness and compliance with the legal process.				
47	6	Medical education organizations should promote the	7	+		
	- 60	involvement of external examiners and introduce new				
40	7	assessment methods if necessary.				
48	7	A medical education organization <b>should</b> keep a record of		+		
		the various types and stages of training in the training		1		
		journal or protocols.  RELATIONSHIP BETWEEN ASSESSMENT AND LEA	DAIINI	C		
40	-0-		KNIN			
49	8	The medical education organization should ucontinue to		+		
		use evaluation principles, methods, and practices that are				
		compatible with established learning outcomes and teaching methods.				
50	9	The medical education organization should have				
30	9	mechanisms to provide timely, specific, constructive and		+	_	
		fair feedback to future students of the residency program				
		based on the results of an assessment of their knowledge				
	1	and skills.				
51	10	Medical education organizations <b>should</b> use evaluation		_		
	10	principles, methods, and practices that promote integrated				-
		learning and involvement in practical clinical work, and				
		provide interprofessional learning.				
		Total		8	2	
	7	STANDARD "RESIDENCY STUDENTS"				
	1	ADMISSION AND SELECTION POLICY				
52	1	The medical education organization <b>should</b> consider the	1	+		
	<b>\</b>	relationship between the mission of the university, the				
		educational program, and the selection of residency				
		students.				
53	2	The medical education organization should ensure a				
		balance between the available capacity and opportunities				
	<u> </u>	for training and recruiting students for residency training.				
54	3	The medical education organization should formulate and		+		
		implement policies on the criteria and selection process for				
		students, including admission to residency programs with				
		disabilities that require the necessary facilities and				
		equipment in accordance with national legislation and				
		regulations, and take into account the safety of doctors and				
		patients.				
55	4	The medical education organization <b>should</b> formulate and		+		
		implement a policy for transferring residency students from				
<b>-</b> -	_	other national or international programs.				
56	5	The medical education organization <b>should</b> guarantee a		+		
		high level of understanding of the biomedical sciences,				
1		achieved at a basic level before starting postgraduate				

		education.				
57	6	The medical education organization <b>should</b> guarantee		+		
37	0	transparency of the selection procedure and equal access to		Т		
		postgraduate education.				
58	7	The medical education organization <b>should</b> consider, as		+		
		part of its selection procedure, the specific abilities of				
		applicants in order to improve the outcome of the training				
		process in the chosen field of medicine.				
59	8	The medical educational organization should develop an		+		
		appeal procedure against the decision of the admissions				
		committee.				
60	9	The medical education organization should provide		+		
		mechanisms for periodic review of admission policies,				
		based on relevant social and professional data, in order to				
		meet the health needs of the community.				
<i>c</i> 1	10	NUMBER OF STUDENTS				
61	10	The medical education organization should determine the	1	+		
		number of students enrolled in the residency program,				
	4	which corresponds to the clinical/practical training				
	1	opportunities, the potential for clinical mentoring and other available resources, national and regional human resource	1			
	1	needs in accordance with the chosen field of medicine, and	•			
		if the medical education organization does not				
		independently determine the number of trainees, then it				
1		should demonstrate its responsibility by explaining and				
		paying attention to the implications of admission decisions,				
		such as the imbalance between recruitment and the				
		available capacity and capacity of training bases and				
		resources.				
62	11	The health education organization should have accessible		+		
		information on the health needs of the community, which				
		includes consideration of balanced recruitment in				
		accordance with the gender, ethnic and social				
	1	characteristics of the population, including the potential need for special policies for the recruitment and admission				
		of small groups and rural doctors.				
63	12	The medical education organization should determine the		+		
		number of students attending the residency program				
		through consultation with interested parties.				
		SUPPORT AND ADVICE TO STUDENTS OF THE				
	4	RESIDENCY				
64	13	A medical educational organization should иhave a system		+		
	1	of academic counseling for future students of the residency	1	100		
	<u> </u>	program.				
65	14	A medical education organization <b>should</b> have mechanisms		+		
		to support students of the residency program, focused on	-			
		social, financial and personal needs, and allocate				
66	15	appropriate resources for social and personal support.  The medical education organization should guarantee		,		
00	13	confidentiality regarding counseling and support provided,		+		
		and provide support for professional orientation and career				
		planning.				
67	16	The medical education organization <b>should</b> provide support		+		
		in case of professional crisis and problem situations.		,		
		REPRESENTATION OF RESIDENCY STUDENTS				
68	17	The medical education organization should develop and			+	
		implement policies for the representation of residency				
		trainees, including in the formulation of the mission and				
		final results of training, participation in the development of				
		the training program, planning of working conditions,				
		evaluation of the training program, and management of the				
		training program.				

		Total		16	1	
	1	STANDARD "TEACHERS"		10		1
69	1	The medical education organization <b>should</b> develop and implement a policy for the recruitment and admission of teachers, supervisors and mentors, which defines the required experience, criteria for scientific, educational, pedagogical and clinical achievements, including the balance between teaching, scientific activities and professional qualifications, their responsibilities, the responsibilities of employees and, in particular, the balance between teaching, research and service medical assistance.		+		
70	2	The medical education organization <b>should</b> take into account the mission of the educational program, the needs of the educational system, and the needs of the health care delivery system in its selection policy.		+		
71	3	The medical organization of education <b>should</b> in developing and implementing personnel policies, the medical education organization should define the responsibility of all doctors as part of their professional responsibilities to participate in practice-based postgraduate education, reward their participation in postgraduate training of specialists, ensure that teachers are practitioners in their respective fields, and ensure that teachers in subspecialties are assigned only to the following positions: a certain period of study in accordance with the specifics of the training program and their qualifications.		+		
72	4	The medical education organization <b>should</b> rensure that teachers have sufficient time for teaching, mentoring and training, provide a program for the development of teachers and mentors, and ensure that the activities of teachers and mentors are regularly evaluated.		+		
73	5	The medical organization of education should developing and implementing the personnel policy, the medical education organization should include in the program of staff development and teacher support their training and further professional development of both professional and pedagogical qualifications; evaluate and recognize			+	
		academic activities as teachers and mentors; determine the ratio between the number of teachers who have received recognition and the number of students of the residency program, guaranteeing their individual interaction and monitoring of students 'achievements in the residency program.				
	•	Total		4	1	
		STANDARD "EDUCATIONAL RESOURCES"		•		
7.4	1	LOGISTICS AND EQUIPMENT				
74	1	The medical education organization <b>should</b> provide students of the residency program with a base and opportunities for practical and theoretical training, access to the latest professional literature and sources, adequate information and communication technologies and equipment for teaching practical skills, and a safe environment for self-directed training. <b>CLINICAL DATABASES</b>		+		
75	2	The medical education organization <b>should</b> select and	+			
76	3	approve training bases and provide access to appropriate clinical / practical training bases, sufficient patient numbers, relevant patients, and information about patients with various problems to meet the training objectives, including taking advantage of both inpatient and outpatient care and on-duty facilities.  The medical education organization <b>should</b> choose the	ı r	+		
70	٦	The medical education organization should choose the		+		

	ſ					1
		training environment and clinical base, the medical				
		education organization should ensure that the training				
		program includes issues related to health promotion and				
		disease prevention, training in other relevant				
		clinics/institutes, and primary health care.				
77	4	A medical education organization should develop and		+		
		implement a system for quality control of clinical bases and				
		other educational resources, material and technical				
		equipment, including visits to training bases or other				
		established procedures.				
		INFORMATION TECHNOLOGY				
78	5	The medical education organization should guarantee		+		
		access to web and electronic media and effectively use				
		information and communication technologies, while				
		respecting ethics, as an integrated part of the educational				
		program.				
		MEDICAL RESEARCH AND ACHIEVEMENTS				
79	6	The medical organization of education must provide		+		
		information on the research base and priority areas in the				
	4	field of scientific research of the medical organization of	4			
		education				
80	7	The medical education organization should ensure that		+		
		future students of the residency program have the				
		appropriate time in the training program for conducting				
		scientific research.				
81	8	Medical education organizations should be provided with			+	
		access to equipment for conducting scientific research and				
		conducting scientific activities on training bases.				
		TRAINING IN OTHER INSTITUTIONS				70
82	9	The medical education organization should develop and			+	
		implement an accessibility policy for future residency				
		trainees and provide them with opportunities to study in				
		alternative institutions within or outside the country.				
83	10	A medical education organization should establish a system		+		
		for translating and offsetting learning outcomes through				
		active program coordination between training institutions				
		and the use of academic credits.				
84	11	The health education organization should develop			+	
		relationships with relevant national and international bodies				
		to facilitate the exchange and mutual recognition of		- 4		
	1	learning elements.		40		
	1	Total	1	7	3	
	1	STANDARD "EVALUATION OF EDUCATIONAL PRO		MS ''		I
85	1	A medical educational organization <b>should</b> have		+		
		mechanisms for monitoring the educational program, taking				
		into account the mission, the required final learning	1			
		outcomes, the content of the educational program, the				
		assessment of knowledge and skills, and educational				
		resources.				
86	2	The medical education organization <b>should</b> evaluate the		+		
	_	program regarding the admission policy of residency				
		trainees and the needs of education and the health care				
		system for medical personnel.				
87	3	The medical education organization <b>should</b> ensure that		+		
,		stakeholders participate in the evaluation of the program.				
88	4	The medical education organization <b>should</b> provide		+		
	'	mechanisms to ensure transparency in the process and		'		
		results of evaluating the educational program for				
		management and all stakeholders.				
		Total		4		
		MANAGEMENT AND ADMINISTRATION Standard	<u> </u>	•		<u> </u>
89	1	The medical education organization <b>should</b> determine the		+		
		The incurcal education organization <b>should</b> determine the	1	10	İ	1

# **Unofficial Translation**

		structural unit responsible for educational programs and				
		achieving the final results of training.				
90	2	CThe structural unit responsible for educational programs		+		
		<b>should:</b> have the authority to plan and implement the				
		educational program, including allocating allocated				
		resources for planning and implementing teaching and				
		learning methods, evaluating residency trainees, and				
		evaluating the educational program and courses of study.				
91	3	The medical education organization should define the		+		
		responsibilities and responsibilities of the management/staff				
		of postgraduate medical education.				
92	4	A health education organization should develop a quality		+		
		management assurance program, including regular reviews.				
93	5	The medical education organization should have a clear		+		
		range of responsibilities and powers for providing				
		educational programs with resources, including a target				
		budget for training, <b>should</b> allocate the resources necessary				
	-,	for the implementation and implementation of the training				
		program, and allocate educational resources in accordance		1		
		with needs.	4			
	. 40	Total	1	5		
		Total	1	83	9	