



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING

**IAAR STANDARDS AND GUIDELINES FOR
INTERNATIONAL ACCREDITATION OF
POSTGRADUATE EDUCATION (DOCTORAL/
ASPIRANTURA) PROGRAMMES IN MEDICAL AND
PHARMACEUTICAL EDUCATION ABROAD
(based on WFME/AMSE standards)**

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Foreword

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Introduction

This document consists of two parts: "Procedure for international accreditation" and "Standards for international programme accreditation" and defines the procedure for international accreditation of educational programmes in medical educational institutions and regulatory requirements for the main provisions of standards for international programme accreditation of postgraduate medical education.

This document was compiled on the basis of an analysis of the normative and regulatory documents of the international level: WFME International Standards for Improving the Quality of Education (Postgraduate Medical Education) (2015); ORPHEUS – AMSE – WFME Standard for Doctors of Philosophy in Biomedicine and Health (2012), ORPHEUS / AMSE Best Practices for Doctors of Philosophy (2016).

The procedure for conducting international programme accreditation, regardless of the direction, is carried out according to the approved stages specified in the first part of the document.

Changes and additions are made to the current accreditation standard in order to further improve it. Changes and additions to the standard are made by the accreditation body. If changes and additions to the current standard are initiated by educational organisations and other interested organisations, their suggestions and comments are sent to the accreditation body. The accreditation body examines and evaluates the proposals and comments received from the initiators for their validity and expediency. Changes and additions to the current accreditation standard, after their approval, are approved by order of the Director of accreditation body in a new edition with changes or in the form of an insert brochure to the current standard.

PART I.

I. PROCEDURE OF INTERNATIONAL ACCREDITATION

Goals and objectives of international accreditation

The purpose of international accreditation (hereinafter referred to as accreditation) is to evaluate and recognize the high quality of the medical education organisation and the educational programmes offered in accordance with international accreditation standards in accordance with the international standards for quality improvement in medical education (WFME/ AMSE).

The international accreditation procedure serves for general purpose of evaluating the quality of medical education organisations and compliance with international standards. When conducting international accreditation, the specific legislation of the respective countries is taken into account.

International accreditation standards and procedures are in line with the main principles and documents of the Bologna process.

For programme accreditation, in order to ensure a qualitative assessment of the educational programme (hereinafter - EP) and the effectiveness of the activities of the External Expert Panel (hereinafter - EEP), a cluster approach is implemented, which provides for the division of accredited educational programmes into clusters. One cluster includes no more than 5 educational programmes. It is allowed to evaluate no more than 20 educational programmes during one visit of the External Expert Panel.

The main principles of international accreditation are: professional and accessible assessment; voluntary; independence; objectivity and professionalism; transparency, reliability and relevance of information about accreditation procedures; collective decision-making, dissemination of information about positive and negative results.

Procedure for international accreditation

The procedure includes the following steps:

1. Submission of application for accreditation.

Submission of a medical education organisation for programme accreditation with the attachment of copies of title and permits.

Consideration by the IAAR of the application of a medical educational organisation.

2. Conclusion of an agreement between EO and IAAR.

Adoption of the IAAR decision to start the procedure of programme accreditation of a medical educational organisation. The schedule of visits to a medical educational organisation, conditions and financial issues of accreditation are determined by an agreement between the Independent Agency for Accreditation and Rating (IAAR) and the educational organisation.

At the request of a medical educational organisation, the IAAR can organize training to explain the criteria and procedures for programme accreditation to

internal experts of a medical education organisation at special seminars on the theory, methodology and technology of conducting programme accreditation. This workshop procedure is not a mandatory component of the accreditation process.

3. Preparation of self-assessment report

The medical education organisation independently organizes and conducts a self-assessment of the educational programme (cluster of programmes) in order to establish compliance with international accreditation standards, and also prepares a self-assessment report in accordance with Section II of this Guide.

The medical education organisation is provided with guidelines and methodological materials for the preparation of a self-assessment report.

The EO sends the programme self-assessment report and all the necessary applications to the IAAR at least 8 (eight) weeks before the EEP visit. IAAR submits a self-assessment report to the experts for reviewing at least 6 (six) weeks prior to the visit after the internal examination for compliance with the requirements.

The expert examines the self-assessment report for compliance with international standards of the IAAR, prepares and sends a review to the IAAR within 10 (ten) calendar days. In case of non-compliance with the requirements of the IAAR, the review is sent to the expert for revision. In case of repeated non-compliance, the IAAR has the right to suspend this expert from participating in the work of the EEP.

Based on the analysis of the self-assessment report of the educational organisation, the IAAR has the right to make one of the following decisions:

- "develop recommendations on the need to finalize the materials of the self-assessment report";
- "conduct an external expert assessment";
- "postpone the accreditation period due to the inability to conduct the programme accreditation procedure due to non-compliance of the self-assessment report with the criteria of these standards.

4. The visit of the EEP in the organisation of education

If accreditation is continued, the IAAR forms an External Expert Panel, which is approved by the Director General of the IAAR. An external assessment of the quality of the organisation and implementation of the educational programme (cluster of programmes) for compliance with the IAAR international standards is carried out by the External Expert Panel during a visit to the educational organisation.

The composition of the EEP is formed depending on the volume of the external assessment. The EEP consists of independent experts, including foreign experts with experience in teaching and quality assurance, representatives of the employers' community and students.

In case of continuation of accreditation, the IAAR will agree with the educational organisation the terms of the programme accreditation and the programme of the EEP visit.

The programme of the EEP visit is developed by the IAAR coordinator and the EEP Chairman with the participation of the EO. The agreed programme of the EEP visit is approved by the Director General of the IAAR at least 2 (two) weeks before the visit to the EO. The structure and content of the programme is developed taking into account the specifics of the EO and EP in accordance with the recommended model of the EEP visit programme (Appendix 1).

The head of the EO appoints a coordinator for interaction with the coordinator of the IAAR on planning and organizing the visit (Appendix 2)

The duration of the Panel's visit is usually 3-5 days. During the visit, medical educational organisation creates conditions for the work of the EEP in accordance with the Agreement on the provision of services:

- provides an office for the work of the EEP with the provision of a workplace for each member of the EEP;
- submit an electronic and paper version of the self-assessment report for each member of the Panel;
- provides the necessary modern electronic office equipment in agreement with the representative of the IAAR and the number of members of the EEP;
- organizes visual inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of work of the EEP in accordance with the Programme of the EEP visit;
- provides the requested information;
- organizes photography of EEP work.

Workplace of the external expert Panel

During the visit, the EO should provide the expert Panel with a separate workplace for panel sessions and review sessions. During the entire visit, only members of the expert Panel should have access to the premises.

The room for the expert Panel should be spacious and separate from other rooms, as well as have a large table for documents, a table for collegial work, a telephone with international communication, a computer with Internet access and a printer.

All documentation related to the external evaluation process, including the list of teachers, educational programmes, work programmes, student papers, research documents, catalogs, flyers, etc. should be collected in the designated work area.

The results of the visit to the medical organisation of education are reflected in the report on the results of external evaluation.

The draft of EEP report is reviewed by the IAAR and sent to the EO for approval. If the EO reveals factual inaccuracies, the Chairman agrees with the EEP members and makes the necessary changes to the EEP report. In case of disagreement with the EO's comments to the EEP report, the Chairman, together with the IAAR coordinators, prepares an official response with justification.

The report contains a description of the EEP visit, a brief assessment of the compliance of the activities of the medical educational organisation in the context of the international standards of the IAAR, recommendations of the medical educational organisation to improve the activities and ensure quality, recommendations to the Accreditation Council. Proposals to the Accreditation

Council contain a recommendation for accreditation (including the recommended accreditation period) or non-accreditation.

The EEP report, including recommendations, is developed collectively by the EEP members.

5. IAAR decision-making

The basis for making a decision on the programme accreditation by the Accreditation Council is the EEP reports on the assessment of the educational programme and the self-assessment report of the educational programme.

The Chairman of the external expert Panel addresses the Accreditation Council on the results of the visit of the external expert Panel.

The exclusive competence of the IAAR Accreditation Council includes making decisions on accreditation or refusal of programme accreditation of a medical educational organisation. The composition of the Accreditation Council is determined in accordance with the regulations on its activities. The meeting is held if there is a quorum. The Accreditation Council has the right to make a decision that does not comply with the recommendations of the EEP.

The accreditation council makes one of the following decisions:

– «to accredit»:

1 year - if the criteria are met in general, but there are some shortcomings and opportunities for improvement (in assessing criteria that require improvement in the range of more than 20%, the absence of strong criteria);

3 years - with positive results in general, but with some minor shortcomings and opportunities for improvement (in assessing criteria that require improvement in the range from 10 to 20%, the presence of strong criteria);

5 years - with positive results in general (in assessing criteria that require improvement in the range of no more than 10%, the presence of strong criteria);

7 years - if standards criteria are met in general and best practice examples are available (in assessing the strong criteria at least 10%, and criteria requiring improvement no more than 5%).

- denial of accreditation (in assessing at least one criterion as "unsatisfactory", the absence of strong points).

If the Accreditation Council makes a positive decision, the IAAR sends an official letter to the EO with the results of the decision and a certificate of programme accreditation of the educational organisation, signed by the chairman of the Accreditation Council and the general director of the IAAR to the educational organisation. Further, the decision on accreditation of the educational organisation is sent to the authorized body in the field of education of the corresponding country and is posted on the IAAR website. IAAR website also contains the report of an external expert Panel.

After receiving the certificate of accreditation, the medical educational organisation publishes a self-assessment report on its website.

If the Accreditation Council makes a negative decision, the IAAR sends an official letter to the educational organisation about the decision.

Medical education organisation, in accordance with the established procedure, in accordance with the Service Agreement and the Regulation on the Appeals and Complaints Panel, may appeal to the IAAR against the decision of the Accreditation Council. In case of doubts about the competence of the external expert committee and representatives of the Agency, or a gross violation committed by members of the external expert committee, the medical educational organisation can send a complaint to the IAAR.

6. Follow-up procedures

If the IAAR Accreditation Council makes a positive decision, the medical educational organisation submits to IAAR an Action Plan for improving the quality as part of the recommendations of an external expert Panel (hereinafter referred to as the Plan), which is signed by the first head and sealed, and also concludes a Service Agreement with IAAR. The agreement and Plan are the basis for post-accreditation monitoring.

In accordance with the Regulations on the procedure for post-accreditation monitoring of educational organisations and (or) educational programmes that have passed the programme accreditation of EP, must prepare interim reports in accordance with the Plan. Interim reports are sent to the IAAR before the expected date of post-accreditation monitoring.

Post-accreditation monitoring of educational programmes is carried out in accordance with the regulations on the procedure for post-accreditation monitoring of educational organisations and (or) educational programmes.

In case of non-fulfillment of the Plan and the requirements put forward by the IAAR for post-accreditation monitoring, as well as lack of information about the changes carried out in the medical educational organisation, the Accreditation Council has the right to make one of the following decisions:

- "temporarily suspend the accreditation status for the educational programme";
- "revoke the certificate of accreditation of the educational programme of a medical educational organisation, which may lead to the cancellation of all previously achieved accreditation results".

If an educational organisation refuses to enter into a contract with the IAAR for post-accreditation monitoring, the AC has the right to make a decision to revoke the validity of the accreditation certificate.

A medical educational organisation may submit an application no earlier than 1 (one) year after its programme accreditation is denied or its programme accreditation is revoked.

External expert Panel (group of experts on external evaluation)

External evaluation of the educational programme (cluster of programmes) is carried out by an External expert Panel (a group of experts on external evaluation), consisting of independent experts with experience in teaching and expert activities on quality assurance, a representative of employers and students.

EEP is formed on the basis of the order of the General Director of the IAAR from among certified representatives of the academic, professional and student

community included in the database of IAAR experts. Foreign experts can be attracted from partner accreditation agencies.

In case of programme accreditation, the composition of the EEP is formed depending on the number of EP in the accredited EO.

In order to exclude a conflict of interests, the IAAR sends an official letter on the composition of the EEP to the EO 14 (fourteen) calendar days before the visit.

The OE has the right to notify the IAAR by an official letter of the existence of a conflict of interest with justification within 3 (three) business days. The IAAR replaces the expert if necessary.

All members of the EEP sign a statement of commitment on the absence of conflicts of interest and the code of ethics of the external expert of the IAAR during each visit.

The examiner must notify the IAAR coordinator of any Association with the EO or self-interest that may lead to a potential conflict related to the external evaluation process.

Each member of the EEP must perform its functions and responsibilities efficiently. Failure to comply and refusal without a justified reason are considered as a violation of the Code of Ethics of an external expert of the IAAR and may lead to exclusion from the IAAR expert base.

Information about the EO obtained during the external evaluation is presented as confidential and not subject to disclosure.

EEP members should not disclose or comment on the recommended terms of accreditation before the decision of the Accreditation Council is made.

The External expert Panel consists of:

- Chairman of the external expert Panel, responsible for coordinating the work of experts, preparing and orally presenting preliminary conclusions formed during the visit to the educational organisation, as well as responsible for preparing the final report on the results of the external evaluation of the educational programme (cluster of programmes).

- External experts - representatives of the academic community.

- External expert - a representative of the professional community (employer), who must assess whether the accredited educational programme (cluster of programmes) and the professional competencies of its graduates meet the requirements of the labor market.

- External expert - a representative of the student community, responsible for assessing the compliance of the accredited educational programme with the needs and expectations of students (for each cluster, one representative of the student community).

IAAR appoints a coordinator from among its staff responsible for coordinating the work of the group of experts. The medical education organisation, for its part, appoints an authorized person responsible for the process of international accreditation of the educational programme (cluster of programmes).

II. SELF-ASSESSMENT REPORT

The self-assessment report (SAR) is one of the main documents for international accreditation.

Basic principles of report preparation

1. Structuring: strict compliance of the submitted material with the sections of the document.
2. Readability: the text of the document should be easy to understand in terms of printing, semantic and stylistic features of the text.
3. Analyticity: analysis of advantages and disadvantages, analysis of the dynamics of the development of the EO and (or) EP (cluster of programmes).
4. Criticism: objectivity of the assessment.
5. Credibility: providing facts, data, and information as arguments for conclusions.

Features of the training programme that are not described in the guidelines should be included in the relevant part of the documents.

During the accreditation of a cluster of programmes, aspects that are common to all programmes are described once in the introductory section in order to avoid repetitions.

Report format

The report should be drawn up in the form of coherent and logical text with tables, graphs, figures, where appropriate, and attachments, in which large tables (occupying more than half of a sheet in A4 format) and other large-scale sources of information are placed.

When developing a self-assessment report, the use of a cluster approach is envisaged, which allows combining no more than 5 homogeneous educational programmes into one group, regardless of the language of instruction and the level of education and the direction of training. Evaluation of no more than 20 EPs per visit to the EEP is allowed. The EO, in agreement with the IAAR, can develop a self-assessment report for each EP separately.

The self-assessment report shall include an introduction, body and conclusion. All statements, judgments, assumptions of the report must be supported by necessary documents in the main body of the text and attachments (*Appendix 7. Structure of the self-assessment report*).

The report should be written in the following format: font type - Times NewRoman, font size - 12, space between lines - 1.5, paragraph spacing before and after titles - no more than 6 pt, at the beginning of the report there should be an automatically edited inline table of contents, page numbers. The report is printed in A4 format with portrait orientation, attachments can also use landscape orientation. The first attachment to the report must contain a text confirming the reliability,

exhaustive nature and accuracy of all the data provided, signed by the head of the university and the executors who prepared the report with the contact details of the compilers of the report for further consultations, if necessary: "I, [name of the head of the organisation], confirm, that in this self-assessment report [name of university] containing [number of pages of the main body of the report, i.e. without attachments] pages, provided contain absolutely reliable, accurate and comprehensive data, which adequately and fully characterize the activities of the university".

The self-assessment report should not exceed 70-80 pages of the main text. The self-assessment report is accompanied by a separate set of documents in the form of appendices (in a separate file not exceeding 100 pages). Before exporting images to the attachment text, graphic images must be compressed to a resolution of 96 dpi. To reduce the volume of attachments, it is recommended that the text of the self-assessment report should contain as many links to supporting documents available on the electronic resources of the EO as possible.

The report and its Appendixes are submitted to the IAAR in the English languages, unless otherwise specified, in electronic form at the mail iaar@iaar.kz, as well as on 1 (one) hard copy in each of the languages.

Content of the self-assessment report

SAR consists of an introduction, three main sections, and attachments.

It is recommended that the introduction include information about the conditions and organisation of self-assessment, its goals and objectives.

At the beginning of the Self-Assessment Report, general information (profile) is provided, reflecting the name of the university, legal details, full name of the head, information about the founder, contact information, date of submission of the self-assessment report, full name of the contact person for preparing the report, educational levels implemented by the university in accordance with NQF (for example, 6,7,8) and QF-EHEA (for example, 1,2,3 cycles), (For SA, the level of education for each EP in accordance with the NQF (for example, 6,7,8) and and QF-EHEA (for example, 1,2,3 cycles) indicating the degree of qualification awarded in the state, Russian and English languages), the output of the IAAR Standard according to which the assessment is carried out, information about the group that conducted the self-assessment.

The introduction indicates the basis for passing the external assessment, the result of the previous accreditation (the Accreditation Body, the accreditation standards according to which the external assessment was carried out and the accreditation status) in case of re-accreditation. A brief description of the methods used in the development of the EO Self-Assessment Report is reflected (appointment of a working group, involvement of stakeholders, etc.).

The first section provides general information about the medical education organisation:

- brief information;
- organisational and legal support of activities;
- organisational structure and management system;

- interaction with educational, research, and professional organisations at the local, regional, and national levels;
- international activity;
- number and dynamics of the student body.
- dynamics of the contingent of students of various forms of education over the past 3-5 years, studying under the accredited educational programme.

The second section includes an analysis of the compliance of the EP of a medical educational organisation with accreditation standards.

The articles in this section should be organized according to the order specified in the guidelines. SAR must provide answers to all the main questions and include all the necessary documentary evidence in the appendices.

The medical education organisation should provide information on the achievements in the high-quality implementation of the educational programme over the past 3-5 years individually for each article in the second section of the report. It is also expected that the report will identify issues and areas for improvement that have been identified through the SWOT analysis of each standard.

This part of the self-assessment report should consistently reflect the university's self-assessment according to the criteria of each standard. At the end of the self-assessment according to the criteria of each standard, a conclusion is given according to the model: "According to the standard "Mission and end results" 7 criteria are disclosed, of which 3 have a strong position, 3 - satisfactory and 1 - suggests improvement."

The third section of the report should include general conclusions and conclusions about the self-assessment process that give grounds for applying for an external quality assessment procedure, and should also contain the completed table "Conclusion of the internal self-assessment Panel" (table 3). All those responsible for self-assessment and reliability of the material presented in the report should participate in filling out the table "Conclusion of the self-assessment internal Panel".

Appendices should include tables, general information about the processes in the medical education organisation, and a list of materials and documentary evidence submitted for consideration by an external expert group during a visit to the education organisation.

EO should be presented on behalf of the head of the medical education organisation and must be signed by him.

The main provisions and conclusions of the report should be brought to the attention of all participants in the self-assessment process; published on the Internet resource of the medical education organisation. All those responsible for self-assessment and reliability of the material presented in the report should participate in filling out the table "Conclusion of the self-assessment Panel".

The self-assessment report must conform to the structure of the Agency's standards and can be compiled in form and content based on the responses given by the educational organisation for all items of the Agency's standards. The following sections provide recommendations for compiling a self-assessment report in the context of individual Agency standards, with brief comments on each standard and criterion.

During accreditation of a cluster of programmes, aspects common to all programmes are described once in the introductory section to avoid repetition.

The final document should be well structured and numbered (including appendices).

EO should be presented on behalf of the head of the medical education organisation and must be signed by him.

The main provisions and conclusions of the report should be brought to the attention of all participants in the self-assessment process; published on the Internet resource of the medical education organisation.

Content of the self-assessment report

The content of the SAR should be presented in accordance with the following structure:

Introduction

1. General information

2. The self-evaluation according to the standards of international programme accreditation

Structure of each standard:

- *description of activity;*

- *achievements over the past 5 years;*

- *areas of activity that need improvement;*

- *SWOT analysis of the standard.*

3. The conclusion of internal Panel for the self-assessment

4. Attachments

Title page

The title page of SAR should be separate for each report and should be drawn up in accordance with Appendix 3.

The title page is followed by pages containing general information about the medical education organisation and educational programmes in the form of a table (tables 1, 2).

Table 1

GENERAL INFORMATION ABOUT MEDICAL EDUCATION ORGANISATION

Full name of the medical education organisation	
Founders	
Year of foundation (name, renaming (if any))	
Current accreditation status	
Location	
Rector	

License (title document)	
Number of students (full-time, part time)	

Table 2

**INFORMATION ABOUT THE EDUCATIONAL PROGRAMME(S)
UNDERGOING INTERNATIONAL ACCREDITATION (EXAMPLE)**

PART I	<i>Examples</i>
Educational programme/Educational programmes	<i>"Public health" (programme code) "Medicine" (code of the programme)</i>
Level / period of study	<i>Bachelor's degree / ___ years Master's degree / ___ years Doctorate/aspirantura ___ years</i>
Structural division (head)	<i>Faculty/Department "<u>Name</u>" Head <u>Full name, position, academic degree, title</u></i>
Main departments (heads of departments)	<i>Department "Public health" Head <u>Full name, position, academic degree, title</u></i>
Dates of the external visit	<i>Date, month, year.</i>
Person responsible for accreditation (tel./fax / e-mail)	<i><u>Full name, position, academic degree, title</u> Contact details</i>

Table 2 continued

PART II	Explanation
Number of ECTS credits	
Duration of study, form of study	Number of semesters, form of study (full-time, distance, mixed)
Start of study	winter semester / summer semester
Date of introduction of the educational programme	Date, month, year
Previous accreditation	Date, validity period, accreditation agency
Requirements for applicants	Requirements in accordance with state and documents of MEO
Further education opportunities (upon completion of the programme)	List EP levels and names
Goals and objectives of the EP	
Brief description of the EP	It is necessary to briefly describe the structure of the EP
Learning outcome	List the final learning outcomes
Specialisation	Direction of study
Additional features	

Number of admitted students	Number of students currently studying at the University
Tuition fee	In local currency
Employment opportunity	Possible career paths

Filling in the table should be objective, as well as the information provided in the self-assessment report. The external expert Panel also fills out this table, and the results of the comparison of information on these tables are taken into account when discussing the results of accreditation during the visit of the EEP to the MEO.

Table 3

Internal self-assessment committee conclusion

№	№	Criteria №	EVALUATION CRITERION	Position of the educational organisation			
				Strong	Satisfactory	Suggests improvement	Unsatisfactory
		1.	"RESEARCH ENVIRONMENT"				
			A medical educational organisation must:				
1	1	1.1	have appropriate conditions for conducting scientific research, including for doctoral students (aspirants) to carry out independent educational and research work;				
2	2	1.2	have resources (facilities, equipment, classrooms, laboratories and their equipment, etc.) that meet the requirements for scientific projects, i.e. must be up-to-date and adequate to the goals and objectives of the doctoral/aspirantura programme;				
3	3	1.3	ensure that scientific research is carried out in accordance with international ethical standards and approved by the relevant competent Ethics committee.				
4	4	1.1.4	provide students with opportunities to complete a fragment of the programme in another institution, including abroad.				
			Medical education organisations should:				
5	5	1.1.5	ensure high quality of doctoral/aspirantura programmes, have cooperation with other educational organisations, laboratories, research centers and / or institutes;				
6	6	1.1.6	develop joint (dual) educational programmes that provide for the possibility of obtaining joint scientific degrees.				
7	7	1.1.7	The medical education organisation should ensure that the mission includes the achievements of medical research in the field of biomedical, clinical, behavioral and social sciences.				
Total							

		2.	Standard 2. "TRAINING RESULTS"				
			Medical education organisations must ensure that:				
8	1	2.1	educational programme of the doctoral/ aspirantura programme will provide applicants with the knowledge and skills to become competent researchers who are able to conduct responsible, independent and original scientific research in accordance with the principles of best practice in research practice.				
9	2	2.2	the content and results of the educational programme take into account the interests and preferences of doctoral students/ aspirants regarding further career development, including outside of an academic or clinical institution.				
10	3	2.3	the content and results of the educational programme are aimed at acquiring such competencies as: <ul style="list-style-type: none"> - critical analysis and ability to solve problems, transfer of new technologies to practice and industry, synthesis of new ideas; - systematic understanding of the subject area on the research topic and masterful knowledge of research methods in their professional field; - ability to analyze data, design and perform original scientific research in the context of existing academic papers at a level that deserves publication in international peer-reviewed publications; - ability to conduct scientific discussion, communicate with reviewers, the wider academic community and society in general in the field of professional competence; - the ability to disseminate and promote new knowledge in an academic and professional context, and to introduce technological, social, and cultural achievements into society. 				
11	4	2.4	the doctoral/ aspirantura programme is aimed at further development of leadership, scientific leadership, project management, presentation and transfer of knowledge				
12	5	2.5	the expected results of doctoral/ aspirantura studies in Biomedicine and health care are based on professional orientation, but should generally coincide with the results of doctoral/ aspirantura studies in other fields of science.				
Total							
		3.	Standard 3. "POLICY AND CRITERIA FOR SELECTING APPLICANTS"				
			A medical educational organisation must :				
13	1	3.1	have a policy and procedures for selecting candidates for the doctoral/ aspirantura programme based on the principle of transparent (open) competition;				
14	2	3.2	accept applicants based on their previous level of education, corresponding to the master's level or doctor's certificate;				

15	3	3.3	have approved policies, mechanisms, and methods for evaluating: <ul style="list-style-type: none"> - quality and realism of the scientific project that the applicant plans to perform; - the possibility of obtaining new scientific results that will be sufficient to write a thesis of the established quality during the period provided for by the programme; - the degree of novelty and creativity of the research project; - qualification of scientific consultants/managers. 				
16	4	3.4	ensure that the programme is implemented with an adequate level of resources required to complete and complete the research work.				
			Medical education organisations <i>should</i> :				
17	5	3.5	during the selection process, evaluate the academic performance and research potential of the applicant.				
18	6	3.6	provide a process in which research projects are reviewed by a group of independent experts/reviewers in the form of a review of the written version of the project description or based on an assessment of the verbal presentation of the project.				
19	7	3.7	provide additional time to complete the programme in cases where the candidate needs additional funding and simultaneously performs the duties of a doctor or teacher.				
Total							
		4.	Standard 4. «TRAINING PROGRAMME"'				
			A medical educational organisation must :				
20	1	4.1	implement training programmes based on original research, courses, and other activities that involve the formation of analytical and critical thinking.				
21	2	4.2	ensure that educational programmes are carried out in accordance with the standards and requirements for quality control of education, and research is conducted under advisor/scientific advisors supervision.				
22	3	4.3	ensure that educational programmes develop students' knowledge and skills in the field of research ethics and rules of proper conduct when conducting scientific research.				
23	4	4.4	implement training programmes that are clearly structured with a time limit (the duration of the programme is equivalent to 3-4 years of training on a permanent basis).				
24	5	4.5	develop a programme that includes training courses with a total duration of about 6 months (~ 30 ECTS credits) and the implementation of scientific research.				
25	6	4.6	provide an opportunity for students to complete part of their research/programme in another institution, including in other countries.				
26	7	4.7	ensure that doctoral/aspirantura education programmes that are carried out in parallel with clinical or other professional training have the same/equal time for research and training that is provided for standard/other doctoral/aspirantura programmes.				

27	8	4.8	ensure that students ' progress and achievements are continuously evaluated throughout the entire training period.				
			Medical education organisations should:				
28	9	4.9	provide for the possibility of doctoral students/aspirants taking appropriate educational courses in another organisation or acquiring other experience.				
29	10	4.10	provide for leave at the place of work from clinical duties to complete training courses for doctoral students/aspirants who work as clinicians when different types of activity coincide.				
30	11	4.11	provide confidential advice to students regarding the educational programme, scientific advice, and personal issues.				
31	12	4.12	have a Committee/Council to review the thesis work and research results to assess the student's progress and achievements.				
32	13	4.13	ensure that student representatives interact with school/faculty/University management regarding the management, and evaluation of doctoral/aspirantura programmes. The participation of students and their organisations should be encouraged to strengthen the programme.				
33	14	4.14	have an appeal mechanism that allows students to challenge decisions related to the educational programme and the defense of a thesis.				
Total							
			Standard 5. "SCIENTIFIC GUIDANCE"				
			A medical educational organisation must:				
34	1	5.1	ensure that each doctoral student/aspirants has a scientific advisor/consultant and, if necessary, a co-advisor to cover all aspects of the programme.				
35	2	5.2	ensure that the number of doctoral students/aspirants per advisor is compatible with the advisor's workload.				
36	3	5.3	have evidence that scientific advisors have scientific qualifications and are active scientists in the relevant field.				
37	4	5.4	have evidence that scientific advisors regularly consult their doctoral students/aspirants.				
38	5	5.5	have mechanisms (courses, seminars) aimed at training scientific advisors and potential advisors.				
39	6	5.6	<i>have a policy governing the relationship between the scientific adviser and the doctoral student/aspirants, based on the principles of mutual respect, planned and agreed shared responsibility, and the contribution of both to the implementation of the scientific research.</i>				
			Medical education organisations should:				
40	7	5.7	<i>define the responsibilities of each advisor and have a documented policy for defining the rights and responsibilities of all scientific advisors.</i>				
41	8	5.8	<i>ensure that scientific supervisors have ample opportunity to introduce the doctoral student / aspirants into the scientific community.</i>				
42	9	5.9	<i>ensure that research advisors have the opportunity to help and assist in the career development of doctoral students/aspirants.</i>				

43	10	5.10	consider the possibility of concluding contracts describing the management process, responsibility, which is signed by the advisor, doctoral student/aspirant and the administration of the educational organisation or faculty/school.				
44	11	5.11	ensure, when approving research advisors, that the chief advisor has at least experience advising doctoral students/aspirants and/or formal training as a advisor.				
45	12	5.12	provide that research advisors can act as co-advisors of doctoral students from other educational organisations, both domestically and internationally.				
Total							
		6	Standard 6. «THESIS»				
			A medical educational organisation must :				
46	1	6.1	ensure that the doctoral thesis is the basis for evaluating the acquisition of skills by the doctoral student/aspirant to conduct independent, original and scientifically-based research and to critically evaluate the results of scientific research in this area.				
47	2	6.2	determine the period of study of doctoral/aspirantura studies, focused on 3-4 years, which should result in publications, recommended by the Higher Attestation Commission and in internationally recognized peer-reviewed publications.				
48	3	6.3	ensure that the thesis meets the basic requirements for research and includes a complete review of the literature on relevant topics, the purpose and objectives of the research, the methodological apparatus, reliable results, discussion, conclusions and further prospects of the research.				
49	4	6.4	however, if the thesis is presented in other formats, such as a single monograph, the evaluation committee must ensure that the scientific contribution is equivalent to the thesis (if this is acceptable in the country according to state requirements).				
50	5	6.5	establish requirements that a doctoral/ candidates thesis in clinical medicine must meet the same standards as other theses in other fields.				
			The medical organisation that should provide the following:				
51	6	6.6	to encourage international recognition, writing and defending theses in English, if this does not contradict national standards. Abstracts of theses should be published in English.				
52	7	6.7	co-author statements should document that the doctoral student has made a significant and independent contribution to the publication in joint publications.				
53	8	6.8	theses should be published on the website of the educational organisation in a protected format. If the copyright legislation does not allow publishing theses on the site, the abstract of the thesis should be publicly available.				
54	9	6.9	web-site should contain a short abstract of the thesis in the local language.				
Total							
		7.	Standard 7. "EVALUATION OF THE THESIS"				

			A medical educational organisation must:				
55	1	7.1	provide the process of evaluating the thesis work by reviewing the thesis and public defense with the presentation of the results of the thesis research in the form of a presentation;				
56	2	7.2	ensure that the degree of doctor/ candidate of science is awarded based on the decision of the evaluation committee of the organisation of education, which evaluated the thesis and verbal defense of the thesis in accordance with the requirements described in standard 6;				
57	3	7.3	ensure that the evaluation committee consists of scientists who are actively conducting research that is not related to the research of a doctoral student/aspirant or a conflict of interest. At least two of the members of the evaluation committee must be representatives of other organisations;				
58	4	7.4	ensure that academic advisors do not participate in the work of the evaluation committee to avoid conflicts of interest;				
59	5	7.5	guarantee that in the case of a negative decision on the thesis submitted in writing, the doctoral student/aspirant has the right to revise the thesis, in the case of a negative decision on the oral defense – there is the right to change it. In some cases, the evaluation committee may reject the thesis without the right to re-defend it.				
			Medical education organisations should:				
60	6	7.6	ensure that the oral defense of a thesis is an open, public procedure;				
61	7	7.7	have an internationalisation policy, including at least one representative from another country on the evaluation committee;				
62	8	7.8	evaluate the competencies during the defense that the doctoral student received during their doctoral/aspirantura studies.				
Total							
		8.	Standard 8. "STRUCTURE AND MANAGEMENT OF THE SCHOOL"				
			A medical educational organisation must:				
63	1	8.1	have sufficient resources for the proper implementation of doctoral/aspirantura programmes. The organisation's resources should provide: - admission of doctoral students - organisation of training in the doctoral/aspirantura programme - completion of the thesis work - scientific guidance for doctoral students/aspirants - advising doctoral students/aspirants - consideration, reviewing and evaluation of the thesis - award of a degree - operating costs - expenses for participation in training courses and international scientific conferences - payment for doctoral/aspirantura studies in institutions where it is practiced.				

			- resources also include the doctoral student's/aspirant's scholarship / salary, but the amount of payment may vary.				
64	2	8.2	<p>have information support that meets the goals and objectives of the doctoral/aspirantura programme:</p> <ul style="list-style-type: none"> - the library must contain the necessary materials for training - educational, technical, scientific and reference literature, various medical periodicals, etc.; - doctoral students/aspirants should have timely and free access to library resources. - the library must have basic technical equipment to support daily activities: fax machines, copiers, computers, printers available for public use, and a telephone with voice mail or an answering machine. - the library must have an informational website. The website may contain the following elements: links, interlibrary exchange forms, full-text electronic journal articles, and a feedback form. - doctoral students/aspirants should use computer classes and terminals with access to information resources (local network, Internet); 				
65	3	8.3	regularly monitor library resources, study and implement strategies to meet the current and future needs of doctoral students/aspirants.				
66	4	8.4	should monitor the availability and adequate use of information resources by doctoral students/aspirants.				
			Medical organisations should :				
67	5	8.5	provide procedures for regularly reviewing and updating the structure, function, and quality of doctoral/aspirantura programmes, including feedback from the scientific advisor and doctoral student/aspirant				
68	6	8.6	<p>open and continuously update the section on doctoral programmes on your website, in local and English, containing the following information:</p> <ul style="list-style-type: none"> - structure and staff of the Department of doctoral/aspirantura studies, responsibilities of the head and employees of the Department; - admission policy, including clear rules about the doctoral/aspirants selection process; - list of doctoral/aspirantura programmes; - structure, duration and content of doctoral/aspirantura programmes; - criteria for the appointment of a advisor with a description of the characteristics, responsibilities and qualifications of the advisor; - methods used for evaluating doctoral students/aspirants; - criteria for the preparation and writing of the thesis; - description of the thesis defense procedure; - description of the Thesis Council (position, composition, meeting plan); - quality assurance programme and regular evaluation of the doctoral/aspirantura programme; - information about doctoral students/aspirants, including the year of study. 				

<i>Total</i>				
IN TOTAL				

Table "Conclusion of the internal self-assessment committee" is assessed for each criterion as follows:

- **"Strong"** is characterized by a high level of indicators of the programme accreditation standard. This position of the standard serves as an example of good practice for dissemination among other MEO.
- **"Satisfactory"** is determined by the average level of indicators of the programme accreditation standard.
- **"Suggests improvement"** is characterized by a low level of indicators of the programme accreditation standard.
- **"Unsatisfactory"** means that the indicators of the MEO do not meet the standard of programme accreditation.

Appendices should include tables, general information about the medical educational organisation, information about the accredited educational programme (cluster of programmes), achievements of educational programmes, and a list of materials and documentary evidence submitted for consideration by an external expert group during a visit to the educational organisation.

Appendices consist of several types: necessary and additional, documents on the quality assurance system, and basic statistical data. The types of appendices to the self-assessment report are listed below.

➤ **Necessary attachments:**

1. Documents on the organisation of the educational process:

- Rules for teaching and conducting exams.
- Admission rules.
- National diploma and diploma supplement.
- Appendix to the diploma indicating the subjects studied and ECTS.
- Regulations on the organisation and conduct of practices.

2. Documents regulating the content of the educational process:

- Requirements for the development of an educational programme, work and/or curriculum.
- Plans for the implementation of the educational programme.

➤ **Additional attachments:**

- Qualification profiles of the teaching staff.
- Work plan for the entire period of the training programme (goal/implementation).
- Description of the existing and future cooperation agreements (documents on cooperation).
- Document on the formation of the academic staff.

- Decision on previous accreditation, report of the external expert panel, certificate of accreditation, letter from the accreditation agency on the implementation of obligations and recommendations (if applicable).
- Regulatory documents (list of orders of the Ministry of education, etc.).

Documents on the quality assurance system:

- Results of assessment surveys on the workload of doctoral students/aspirants and teachers.
- Doctoral students/aspirants questionnaires (for example, a survey of first-year students at the end of the first semester).
- Students' assessment of the content of training and teaching.
- Information about employment of graduates.

Statistical data (must be transparent, understandable, accessible, verifiable, and verified):

- Data on the current number of students as of the date of the self-assessment report.
The results of the exam/s.
- The total number of applicants, the number of accepted students, the number of graduates and the percentage of deductions.
- The number (as a percentage) of international students.
- Gender ratio.

**Part II
STANDARDS
INTERNATIONAL PROGRAMME ACCREDITATION GENERAL
PROVISIONS**

1. Scope of application

This standard defines the regulatory requirements for the main provisions of the international programme accreditation standards for postgraduate medical education.

This standard is applied when conducting the accreditation procedure for the postgraduate medical education programme of a medical educational organisation, regardless of its status, organisational and legal form, ownership and departmental subordination.

This standard can also be used:

- a) medical educational organisations for internal self-assessment and external evaluation of the educational programme;
- b) to develop appropriate regulatory documentation.

2. Normative references

This standard uses references to the following normative documents:

2.1 WFME international standards for improving the quality of education (basic medical education) (Denmark, 2003)

2.2 WHO/WFMO guidelines for accreditation of postgraduate medical education (Geneva, Copenhagen, 2005)

2.3 International standards of the world Federation of Medical Education for improving the quality of postgraduate medical education (WFMO, University of Copenhagen, 2012)

2.4 International standards of the world Federation of Medical Education for improving the quality of postgraduate medical education (WFMO, University of Copenhagen, revised version 2014)

2.5 WFME international standards for improving the quality of education (postgraduate medical education) (2015);

2.6 Best practices in Ph. D. training ORPHEUS/AMSE (2016)

2.7 ORPHEUS–AMSE–WFME STANDARD for Ph. D. training in Biomedicine and health (2012)

3. Terms and definitions

The following terms and definitions are used in this standard:

3.1 *Accreditation of educational organisation* – the procedure for recognition by the accreditation body of compliance of educational services with the established standards (regulations) of accreditation in order to provide objective information about their quality and confirm the existence of effective mechanisms to improve it;

3.2 *Accreditation bodies*- are legal entities that develop standards (regulations) and conduct accreditation of educational organisations based on the standards (regulations) they have developed);

3.3 *Institutional accreditation*- is the process of evaluating the quality of an educational organisation by an accreditation body for compliance with the declared status and established standards of the accreditation body;

3.4 *Medical education organisation* – an educational organisation that provides an educational programme in the field of medicine and is synonymous with the faculty of medicine, medical college, medical academy, or medical university. A medical education organisation can be a part or branch of a University, or an independent institution.

3.5 *International accreditation* - the process of evaluating the quality of educational organisations (institutional accreditation) and individual educational programmes (programme accreditation) for compliance with standards for ensuring the quality of education, conducted by a foreign accreditation body;

3.6 *Programme accreditation* – assessment of the quality of individual educational programmes implemented by an educational organisation;

3.7 *Accreditation standards (regulations)* – documents of the accreditation

body that establish requirements for the accreditation procedure.

3.8 *Postgraduate medical education* – a certain level/phase of education, including various formalized training programmes, where students are trained in specialties after receiving their main (basic) qualification. Upon completion of a formal postgraduate programme, a degree, diploma, or certificate is usually awarded.

4. Designations and abbreviations

This standard uses abbreviations in accordance with the regulations specified in paragraph 2.

The following designations and abbreviations are used in this standard:

MEO – medical education organisation;

UNIVERSITY – higher education institution;

ABH – authorized body in the field of healthcare;

ABE – authorized body in the field of education;

IAAR – independent Agency for accreditation and rating

CPD – continuous professional development

CME – continuing medical education

OSCE – objective structured clinical examination

TS – teaching staff;

MM – mass media;

SWOT analysis – analysis of strengths and weaknesses, threats and opportunities of the organisation, abbreviation of English words: S (strengths) - strengths, W (weaknesses) - weaknesses, O (opportunities) – opportunities, T (threats) – threats.

5. General provisions

5.1 Main objectives of introducing international standards for programme accreditation:

- implementation of an accreditation model that is harmonized with the international practice of ensuring the quality of education;

- assessment of the quality of professional and educational programmes to improve the competitiveness of the higher postgraduate education system;

- encouraging the development of a quality culture in medical educational institutions

- promoting the improvement and continuous improvement of the quality of educational programmes of medical educational institutions in accordance with the requirements of a rapidly changing external environment;

- taking into account and protecting the interests of society and the rights of consumers by providing reliable information about the quality of educational programmes;

- use of innovation and research;

- public announcement and dissemination of information about the results of

accreditation of the educational programme of postgraduate medical education of medical educational organisations.

5.2 Structure of the standards

The document defines the following set of international standards for postgraduate medical education in accordance with the International Standards of the World Federation of Medical Education for improving the quality of postgraduate medical education and the additions made by the World Federation of Medical Education to International Standards for improving the quality of postgraduate medical education (2014, 2015, 2017) , including 8 standards out of 68 criteria, which are interconnected.

Standards - extensive components along the structure and process of postgraduate medical education and training

International programme accreditation is based on this document, which consists of the following standards: "*RESEARCH ENVIRONMENT*" standard; "*Training results*" standard; "*Policy and criteria for selecting applicants*" standard; "*Training programme*" standard; "*Scientific guidance*" standard; "*Thesis*" standard; "*Thesis evaluation*" standard; "*School structure and management*" standard;

Sub - standards- are specific aspects of the standard that correspond to performance indicators.

Criteria are developed for each sub-standard using two levels of achievement:

Basic criterion is a criterion that is mandatory for compliance, and its implementation must be demonstrated and proven during the evaluation of the training programme. *Basic criteria are expressed as "must"*.

Quality improvement criterion- is one that is consistent with international consensus on best practice in postgraduate medical education. The implementation of these criteria or initiatives to adopt them have been or will be made by the organisation, and must be presented and documented. *Quality improvement criteria are expressed as "should"*.

Recommendations for criteria descriptions, definitions, and explanations are used to clarify terms and expressions in criteria and are aimed at improving the quality of report writing.

6. STANDARD 1. "RESEARCH ENVIRONMENT"

Evaluation criterion

A medical educational organisation **must**:

1.1 have appropriate conditions for conducting scientific research, including for doctoral students/aspirants to carry out independent educational and research work;

1.2 have resources (facilities, equipment, classrooms, laboratories and their equipment, etc.) that meet the requirements for scientific projects, i.e. must be up-to-date and adequate to the goals and objectives of the doctoral/asantura programme;

1.3 ensure that scientific research is carried out in accordance with international ethical standards and approved by the relevant competent Ethics committee;

1.4 provide students with opportunities to complete a fragment of the programme in another institution, including abroad.

Medical education organisations *should*:

1.5 ensure high quality of doctoral/asantura programmes, have cooperation with other educational organisations, laboratories, research centers and / or institutes;

1.6 develop joint (dual) educational programmes that provide for the possibility of obtaining joint scientific degrees.

1.7 The medical education organisation should ensure that the mission includes the achievements of medical research in the field of biomedical, clinical, behavioral and social sciences.

Recommendations for describing criteria:

- ✓ You should describe the research environment and the conditions created for the implementation of the doctoral/asantura programme.
- ✓ Provide data on the number of competent researchers in the group, scientific divisions in the organisation structure.
- ✓ Provide data on the publication, publishing, and research activity of the organisation's employees in the doctoral/asantura programme profile over the past 3 years.
- ✓ What is the level of attracting external funding for research?
- ✓ You should describe the research base and ongoing research programmes in the organisation.
- ✓ List the research centers, laboratories, research departments, their main capabilities and functions.
- ✓ Give a brief description of additional research bases, laboratories, centers where the doctoral student/asantur conducts research and what sections of research work are performed?
- ✓ Briefly describe the organisation's activities to determine whether research meets the requirements of scientific ethics.
- ✓ How are doctoral students/asanturs trained in bioethics?
- ✓ How are international ethical standards observed when planning and conducting research?
- ✓ Where, how and who discusses the compliance of the thesis work with international ethical standards?
- ✓ Describe the experience of the educational organisation interacting with other organisations (educational, scientific), creating (joint) dual educational programmes with other educational organisations, and/or the steps taken to create such programmes.

Definitions and explanations:

- The research environment is a prerequisite for the quality of the doctoral/aspirantura programme. The research environment can be evaluated at different levels, but the next two stages are of primary importance: the level of the organisation and the level of the advisor's group.

- Quality indicators for the organisation's research environment include:

- Quantitative: number of researchers, number of advisors and students, number of technical staff, number of doctoral/aspirants degrees science awarded, publications (PubMed, SCI, etc.) and their impact factor.;

- Quality: laboratories, computer facilities, libraries and online access to journals, financial resources, relations with industry, technology transfer office, focus on scientific ethics, clinical and laboratory practice, student support tools, editorial and statistical assistance services, collective activities and the level of internationalisation.

- Quality indicators for the research environment of the advisor's group include:

- Quantitative: allocated time for consulting, for writing publications, publications with national or international co-authors, number of doctoral students/aspirants, group size, number of international and national co-advisors or consultants,

- Qualitative: research activities of the group and the methods used, financial support, description of international and national networks and infrastructures (for example, ESFRI, NENS, EMTRAIN), industry relations, magazine clubs, weekly group meetings, measures for "career development", social activities of the group.

- An effective research environment consists of a strong expert level of a research advisor, a high - tech research resource base (laboratories, centers, clinics), and cooperation with leading medical research organisations and institutions in the near and far abroad, including TOP-500 universities.

- Research and advances in medicine include research in the biomedical, clinical, behavioral, and social sciences.

- Achievements mean academic knowledge and skills in the field of the latest achievements in medicine, and the basis of the research curriculum will be provided by research activities in the medical educational organisation itself or branches by teachers who are competent in research.

- The Declaration of Helsinki, developed by the world medical Association, is a set of ethical Principles for the medical community regarding human experimentation, most recently revised in 2013 (WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects. 2013). The Declaration extends the principles first formulated in [the Nuremberg code](#) and applies these ideas directly to clinical research work. [Informed consent](#) is the central document of ethical research.

- **Directive 2010/63/EU** of the European Parliament and of the Council dated 22.09.2010 on the protection of animals used for scientific purposes. The Directive sets out means and measures for the protection of animals used for training and scientific applications. The Directive sets out rules for replacing or reducing the level of use of animals for scientific purposes, regulates the breeding, maintenance, care and use of such animals in experiments; origin, breeding, branding, conditions of keeping, killing of animals; actions of breeders, suppliers and end-buyers; evaluation and authorisation of scientific and educational programmes containing the use of animals as experimental material.

- **Oviedo Convention (bioethics)** on the protection of human rights and dignity in relation to the application of biology and medicine: Convention on human rights and Biomedicine (ETS N164).

STANDARD 2. "TRAINING RESULTS"

Evaluation criterion

Medical education organisations **must** ensure that:

2.1 educational programme of the doctoral/aspirantura programme will provide applicants with the knowledge and skills to become competent researchers who are able to conduct responsible, independent and original scientific research in accordance with the principles of best practice in research practice.

2.2 the content and results of the educational programme take into account the interests and preferences of doctoral students/aspirants regarding further career development, including outside of an academic or clinical institution.

2.3 the content and results of the educational programme are aimed at acquiring such competencies as:

- critical analysis and ability to solve problems, transfer of new technologies to practice and industry, synthesis of new ideas;

- systematic understanding of the subject area on the research topic and masterful knowledge of research methods in their professional field;

- ability to analyze data, design and perform original scientific research in the context of existing academic papers at a level that deserves publication in international peer-reviewed publications;

- ability to conduct scientific discussion, communicate with reviewers, the wider academic community and society in general in the field of professional competence;

- the ability to disseminate and promote new knowledge in an academic and professional context, and to introduce technological, social, and cultural achievements into society.

2.4 the doctoral/aspirantura programme is aimed at further development of leadership, scientific leadership, project management, presentation and transfer of knowledge;

2.5 the expected results of doctoral/aspirantura studies in Biomedicine and health care are based on professional orientation, but should generally coincide with the results of doctoral studies in other fields of science.

Recommendations for describing criteria:

- ✓ Describe the general expected competencies of graduates, where and how each competence relates to the final learning outcomes and their measurement.
- ✓ Describe what statistics are collected and analyzed about the academic achievements of doctoral students/aspirants, and how they are used in relation to the mission and final results of study, the educational programme, and resource availability.
- ✓ What mechanisms for the formation of the above-mentioned competencies exist in the organisation of education?
- ✓ What category of teachers is involved in this process?
- ✓ What are the structural divisions that form the above-mentioned competencies?
- ✓ How are these competencies evaluated?
- ✓ How is this documented, analyzed, and corrected?
- ✓ How do learning outcomes affect the ability of doctoral/aspirantura graduates to develop further careers?
- ✓ How can learning outcomes affect the health of the country as a whole?

Definitions and explanations:

The competencies that doctoral students/aspirants should have include the following:

- demonstrating a systematic understanding of the field of study and mastering the skills and research methods associated with the field;
- demonstrate the ability to create scientific research, design, implement and adapt the original research process with scientific integrity at a high level, the results of which deserve an international peer-reviewed publication;
- the doctoral student/aspirant can communicate with their peers, the wider scientific community, and society at large within their competencies;
- the ability to disseminate and promote new knowledge in an academic and professional context, and to introduce technological, social, and cultural achievements into society.
- Additional competencies include leadership, the ability to control the work of others, project management, and the ability to teach.
- The Doctorate/candidate degree corresponds to level 8 in the European qualifications framework.

STANDARD 3. "POLICY AND CRITERIA FOR SELECTING APPLICANTS"

Evaluation criterion

A medical educational organisation **must**:

3.1 have a policy and procedures for selecting candidates for the doctoral/aspirantura programme based on the principle of transparent (open) competition;

3.2 accept applicants based on their previous level of education, corresponding to the master's level or doctor's certificate;

3.3 have approved policies, mechanisms, and methods for evaluating:

- quality and realism of the scientific project that the applicant plans to perform;

- the possibility of obtaining new scientific results that will be sufficient to write a thesis of the established quality during the period provided for by the programme;

- the degree of novelty and creativity of the research project;

- qualification of scientific consultants/managers.

3.4 ensure that the programme is implemented with an adequate level of resources required to complete and complete the research work.

Medical education organisations **should**:

3.5 during the selection process, evaluate the academic performance and research potential of the applicant.

3.6 provide a process in which research projects are reviewed by a group of independent experts in the form of a review of the written version of the project description or based on an assessment of the verbal presentation of the project.

3.7 provide additional time to complete the programme in cases where the candidate needs additional funding and simultaneously performs the duties of a doctor or teacher.

Recommendations for describing criteria:

- ✓ Describe the admission policy for doctoral students/aspirants (requirements, conditions, documentation) and what legal framework it is based on.
- ✓ Are there any additional requirements at the institutional or state level?
- ✓ Which body/structure is responsible for the selection and admission policy of doctoral students/aspirants, and what are its powers?
- ✓ Describe the policy and academic (if there are non-academic) criteria that are set for admission to the doctoral/aspirantura programme of the educational organisation?
- ✓ Describe the policy and practice of accepting doctoral students/aspirants with disabilities in accordance with the current laws and regulations of the country?
- ✓ How often is the admission policy reviewed? How is information from the public and professionals collected and taken into account in order to meet the health needs of the population and society as a whole?
- ✓ Whether the admission policy defines conditions for admission of doctoral students/aspirants from low-income families and national minorities.

- ✓ Describe the system for appealing admission decisions.
- ✓ Describe the criteria that are used to make decisions by individual responsible persons or groups for the admission of doctoral students/aspirants to the educational organisation.
- ✓ What are the requirements for the previous level of study and what are the results of training doctoral students/aspirants in a medical University before entering the doctoral programme?
- ✓ Provide data on the number of accepted doctoral students/aspirants in the programme who did not complete their studies by the deadline.
- ✓ How do the methods used to select doctoral students/aspirants allow us to check their suitability and ability to research in various fields of medicine?
- ✓ To what extent do they meet the social obligations and health needs of the population?
- ✓ What is the procedure for evaluating the quality of a research project planned by a doctoral student/aspirant?
- ✓ What is the basis for choosing the topic of a doctoral thesis?
- ✓ What is the procedure for external evaluation of a doctoral student's/aspirant's research work at the approval stage?
- ✓ How and by whom is the discussion of the choice of research topic, the procedure for approving the topic carried out?
- ✓ How is the composition of independent experts formed?
- ✓ Are there any requirements for a written project description or presentation?
- ✓ The degree of participation of the doctoral student/aspirant in determining the topic of the doctoral thesis.
- ✓ What works precede the beginning of research on the topic of the thesis?
- ✓ Mechanisms for meeting deadlines for research and thesis preparation?
- ✓ How is the degree of innovation and creativity of research performed by a doctoral student/aspirant analyzed?
- ✓ Precedents for granting additional time to complete a training programme and, on what basis? Provide information indicating the specific names of doctoral students/aspirants, thesis topics, research advisors, and deadlines for completing the programme.

Definitions and explanations:

- According to the Bologna process, the doctoral/aspirantura programme follows the master's programme of 1-2 years and 3-4 years of bachelor's and specialty degree.
- Countries that have only 4 years of training, including master's and bachelor's/specialty programmes, must supplement the level of education with additional qualifications.
 - Some countries do not follow the Bologna process. In this case, other research or work experience that matches the applicant's master's level can be used in the admission criteria.
 - The ability to approve a study and appoint advisors after enrollment should be considered in the doctoral/aspirantura's model, where doctoral students/aspirants spend limited time defining and developing the study, often in conjunction with a pilot study before starting the main study. This should not reduce the 3-4 years allocated for the main study.

- Admission criteria may include documentation of proven research competence, such as through research programmes and published documents, achievements in previous research, and clinical experience for doctoral students/aspirants in clinical medicine.

- Organisations' admission of their own students should not hinder the admission of students from other organisations.

- Resources (internal or external) include infrastructure for research, running costs, course costs, the cost of attending relevant international scientific meetings, and registration fees, where applicable.

- Sufficient laboratory, information and office space should be available for the doctoral student/aspirant.

- Resources also include the scholarship / salary for the doctoral student/aspirant, as well as the way the payment is made

Standard 4. «TRAINING PROGRAMME»

Evaluation criterion

A medical educational organisation **must**:

4.1 implement training programmes based on original research, courses, and other activities that involve the formation of analytical and critical thinking.

4.2 ensure that educational programmes are carried out in accordance with the standards and requirements for quality control of education, and research is conducted under scientific advisor supervision.

4.3 ensure that educational programmes develop students' knowledge and skills in the field of research ethics and rules of proper conduct when conducting research.

4.4 implement training programmes that are clearly structured with a time limit (the duration of the programme is equivalent to 3-4 years of training on a permanent basis).

4.5 develop a programme that includes training courses with a total duration of about 6 months (~ 30 ECTS credits) and the implementation of scientific research.

4.6 provide an opportunity for students to complete part of their research/programme in another institution, including in other countries.

4.7 ensure that doctoral/aspirantura education programmes that are carried out in parallel with clinical or other professional training have the same/equal time for research and training that is provided for standard/other doctoral/aspirantura programmes.

4.8 ensure that students' progress and achievements are continuously evaluated throughout the entire training period.

Medical education organisations **should**:

4.9 provide for the possibility of doctoral students/aspirants taking appropriate educational courses in another organisation or acquiring other experience.

4.10 provide for leave at the place of work from clinical duties to complete training courses for doctoral students/aspirants who work as clinicians when different types of activity coincide.

4.11 provide confidential advice to students regarding the educational programme, scientific advice, and personal issues.

4.12 have a Committee/Council to review the thesis work and research results to assess the student's progress and achievements.

4.13 ensure that student representatives interact with school/faculty/University management regarding the design, management, and evaluation of doctoral/aspirantura programmes. The participation of students and their organisations should be encouraged to strengthen the programme.

4.14 have an appeal mechanism that allows students to challenge decisions related to the educational programme and the defense of a thesis.

Recommendations for describing criteria:

- ✓ Describe what components the educational programme consists of and on the basis of which regulatory documents it was created.
- ✓ Describe each component in detail in relation to the competencies that students develop as a result of studying individual disciplines and performing original scientific research.
- ✓ What disciplines and courses form competencies aimed at developing analytical and critical thinking?
- ✓ How are doctoral students/aspirants trained in bioethics?
- ✓ How are international ethical standards observed when planning and conducting research?
- ✓ Where, how and who discusses the compliance of the thesis work with international ethical standards?
- ✓ Describe the procedure for the examination of scientific research carried out under the doctoral/aspirantura programme, what documentation is used by the local ethics Panel in its work?
- ✓ What are the mechanisms for achieving internationalisation of doctoral/aspirantura programmes?
- ✓ What are the criteria for selecting foreign institutions for doctoral/aspirants training?
- ✓ Describe in which medical and scientific organisations doctoral students were trained during the last 3 years, in which areas of training, indicating the duration of training.
- ✓ How is the effectiveness of doctoral students'/aspirants' education monitored in other educational institutions included in the doctoral/aspirantura programme?
- ✓ How are doctoral students/aspirants consulted on various issues related to professional, scientific activities, and personal issues? How is the confidentiality of this process ensured?
- ✓ Does the educational organisation have a representation of doctoral students/aspirants, what are their functions and powers? How can they influence the strengthening of educational processes and how do they interact with the organisation's administration?
- ✓ Does the educational organisation have an appeal practice? Provide documents that support this process and provide examples of appeals, if any, observed in the organisation over the past 3 years.

Definitions and explanations:

- The time limit for training in the educational programme for a period of 3-4 years, subject to full employment, provides:
 - guarantee that at the stage of project development, the limit of scientific research is sufficient and necessary to complete the thesis. The time limit prevents the doctor's degree. Candidate of science requirements from being overstated, which increase with the duration of the work.
 - motivates doctoral students/aspirants to focus on completing the programme and completing the research project in a timely manner.
 - facilitates structured monitoring and planning of continuous training of scientific personnel for the institution.
- Mandatory training courses should include: courses on bioethics, safety of working with experimental animals (if this is provided for by scientific research), research methodology and statistics. In addition, the programme should include elective courses – elective subjects that can help doctoral students/aspirants complete their research.
- Transfer skills training courses should include training in the presentation of research results (orally, as a poster or publication) to academic and non-academic audiences, teaching methods at the University, training in linguistic skills, project management, writing a grant application, critical evaluation of scientific literature, management of technical and scientific personnel, professional development and collaboration.
- Courses aimed at acquiring transfer skills play an important role both in the preparation of doctoral students who will continue to work in the academic environment, and for those who plan to develop a career in other areas of society.
- Medical education can be combined with a doctoral/aspirantura programme, provided that a structured study plan is created in the combination of bachelor's/doctoral degree or master's/doctoral degree. The specific choice depends on national traditions and requirements.

Standard 5. "SCIENTIFIC GUIDANCE"

Evaluation criterion

A medical educational organisation **must:**

5.1 ensure that each doctoral student/aspirant has a scientific advisor/consultant and, if necessary, a co-advisor to cover all aspects of the programme.

5.2 ensure that the number of doctoral students/aspirants per advisor is compatible with the advisor's workload.

5.3 have evidence that advisors have scientific qualifications and are active scientists in the relevant field.

5.4 have evidence that advisors regularly consult their doctoral students/aspirants.

5.5 have mechanisms (courses, seminars) aimed at training scientific advisors and potential advisors.

5.6 have a policy governing the relationship between the scientific adviser and the doctoral student/aspirant, based on the principles of mutual respect, planned and agreed shared responsibility, and the contribution of both to the implementation of the research.

Medical education organisations *should*:

5.7 define the responsibilities of each advisor and have a documented policy for defining the rights and responsibilities of all advisors.

5.8 ensure that research advisors have broad local and international scientific networks to be able to introduce a doctoral student/aspirant to the scientific community.

5.9 ensure that research advisors have the opportunity to help and assist in the career development of doctoral students/aspirants.

5.10 consider the possibility of concluding contracts describing the management process, responsibility, which is signed by the scientific advisor, doctoral student and the administration of the educational organisation or faculty/school.

5.11 ensure, when approving research advisors, that the chief advisor has at least experience advising doctoral students/aspirants and/or formal training as a advisor.

5.12 provide that research advisors can act as co-advisors of doctoral students/aspirants from other educational organisations, both domestically and internationally.

Recommendations for describing criteria:

- ✓ Describe the procedure for appointing research advisors. co-advisors for doctoral students/aspirants.
- ✓ What national requirements exist in the country for determining scientific advisors? The qualification of teachers must be confirmed by the corresponding academic degree or academic title.
- ✓ Does the educational organisation have established criteria, such as official qualifications, professional experience, research results, teaching experience, recognition from colleagues, etc. for selecting candidates for positions of scientific advisors?
- ✓ Is the qualification and potential of teachers determined in accordance with the direction of the educational programme being implemented and the level of their positions? How is this procedure implemented?
- ✓ What is the policy of the education organisation to ensure that the profile of the teaching staff corresponds to the range and balance of teachers of the disciplines included in the educational programme of the doctoral/aspirantura programme?
- ✓ What are the approved documents in the organisation of education that set out the duties and responsibilities of the scientific consultant of a doctoral student/aspirant?
- ✓ How many doctoral students/aspirant can one advisor advise?
- ✓ How is the performance of the duties of a scientific consultant in relation to a doctoral student/aspirant and the organisation of education monitored?
- ✓ What is the degree of participation of the doctoral consultant in the preparation of the thesis (writing a thesis, research practice, publications, presentations)?

- ✓ How is the planning and implementation of consulting support for doctoral students/aspirants carried out?
- ✓ What is the policy of the medical education organisation regarding the proper recognition and remuneration of scientific consultants?
- ✓ Are there any additional institutional or government policies or regulations in this area?
- ✓ What mechanisms are in place to develop and support the capacity of scientific consultants and evaluate their performance?
- ✓ What training programmes for scientific consultants are available? Attach a training programme for scientific consultants and a capacity development plan in the form of a table.
- ✓ Please provide information about who is the co-advisor of doctoral students/aspirants from other organisations and how this process is regulated.

Definitions and explanations:

- A scientifically qualified advisor means that he or she has at least a PhD degree or the equivalent of a candidate of science and is an active scientist whose research results are published in international peer-reviewed journals.
- The term "regular consultation" implies at least several meetings per month, but the frequency may vary over the course of the programme according to the needs of each individual doctoral student/aspirant.
- During the consultation, you can discuss progress in the implementation of research and development of the educational programme, general scientific questions, advice on the implementation and further development of research, assistance in preparing scientific publications, writing a thesis.
- Online courses can be organized for research advisors that inform them about the conditions of the doctoral/asantura programme, the rights and responsibilities of research advisors.

STANDARD 6. «THESIS»

Evaluation criterion

A medical educational organisation **must:**

6.1 ensure that the doctoral/candidate thesis is the basis for evaluating the acquisition of skills by the doctoral student/aspirant to conduct independent, original and scientifically-based research and to critically evaluate the results of scientific research in this area.

6.2 determine the period of doctoral/asantura studies, focused on 3-4 years, which should result in publications recommended by the Higher Attestation Commission in internationally recognized peer-reviewed publications.

6.3 ensure that the thesis meets the basic requirements for research and includes a complete review of the literature on relevant topics, the purpose and objectives of the research, the methodological apparatus, reliable results, discussion, conclusions and further prospects of the research.

6.4 however, if the thesis is presented in other formats, such as a single monograph, the evaluation committee must ensure that the scientific contribution is equivalent to the thesis (if this is acceptable in the country according to state requirements).

6.5 establish requirements that a doctoral/candidate thesis in clinical medicine must meet the same standards as other theses in other fields.

The medical organisation that *should* provide the following:

6.6 to encourage international recognition, writing and defending theses in English, if this does not contradict national standards. Abstracts of theses should be published in English.

6.7 co-author statements should document that the doctoral student/aspirant has made a significant and independent contribution to the publication in joint publications.

6.8 theses should be published on the website of the educational organisation in a protected format. If the copyright legislation does not allow publishing theses on the site, the abstract of the thesis should be publicly available.

6.9 web-site should contain a short abstract of the thesis in the local language.

Recommendations for describing criteria:

- ✓ Describe the requirements for theses at the level of the educational organisation
- ✓ Describe the procedure for evaluating theses
- ✓ What national requirements exist in the country for thesis research and theses?
- ✓ What period is defined for the thesis work?
- ✓ List the topics of theses defended in the last 3 years.
- ✓ List the topics of theses that are currently being researched in specialties/areas by year (in the form of a table).
- ✓ Describe (if available) the practice of presenting a thesis in other formats, such as a single monograph.
- ✓ How is the evaluation of theses submitted in other formats?
- ✓ Does the country have general requirements for theses regardless of the specialty (medical, non-medical)?
- ✓ What legal documents regulate the requirements?
- ✓ To what extent do theses in medical fields meet the generally accepted requirements for theses in other fields?
- ✓ What legal documents describe the requirements for the language of writing theses?
- ✓ Whether in the organisation of education in their theses on the English language?
- ✓ What thesis research is currently being conducted that is planned to be written and defended in English?
- ✓ How does the evaluation committee conduct the defense if there are theses in English? Are there additional requirements for the protection procedure?
- ✓ Does the educational organisation have requirements for publishing an abstract in English?
- ✓ The authorship of scientific results should be clearly defined, which excludes the use of the same publication in more than one thesis and protects the copyright of the doctoral student/aspirant. How is this process provided in the organisation of education?

- ✓ Describe the procedure for placing thesis documents on the site. What are the requirements for the protection of these materials in the country and how are they provided by the educational organisation?
- ✓ In what languages are the documents of the thesis work published on the website of the educational organisation?

Definitions and explanations:

- Internationally recognized journals are journals of high quality in a particular field of science that are included in the PubMed, Science Citation Index, or similar biomedical and medical science databases. The quality of a thesis is often evaluated by the impact factor of journals.

- Since the doctoral student/aspirant is the main performer of their own research and has a significant contribution to each published fragment, they must be the first author of at least one article on the topic of the thesis.

- By the equivalent of at least three full-fledged publications, it means that some articles may be in the form of manuscripts that have the same significance as the published article.

- Some organisations require at least one paper to be published in an international journal (sometimes with an additional requirement for an impact factor above a certain level).

- Some organisations recognize that if the results of a doctoral student's/aspirant's research are published in particularly high-ranking journals, the work may be considered dissertable even if there are fewer than three articles in total.

- The recommendation to publish research results in English is based on the fact that this language is most widely used in the biomedical and medical scientific literature, and thus is best suited for the development of internationalisation.

STANDARD 7. "EVALUATION OF THE THESIS"

Evaluation criterion

A medical educational organisation **must:**

7.1 provide the process of evaluating the thesis work by reviewing the thesis and public defense with the presentation of the results of the thesis research in the form of a presentation;

7.2 ensure that the degree of doctor/candidate of science is awarded based on the decision of the evaluation committee of the organisation of education, which evaluated the thesis and verbal defense of the thesis in accordance with the requirements described in standard 6;

7.3 ensure that the evaluation committee consists of scientists who are actively conducting research that is not related to the research of a doctoral student/aspirant or a conflict of interest. At least two of the members of the evaluation committee must be representatives of other organisations;

7.4 ensure that academic advisors do not participate in the work of the evaluation committee to avoid conflicts of interest;

7.5 guarantee that in the case of a negative decision on the thesis submitted in writing, the doctoral student has the right to rewrite the thesis, in the case of a negative decision on the oral defense – there is the right to change it. In some cases, the evaluation committee may reject the thesis without the right to re-defend it.

Medical education organisations *should*:

7.6 ensure that the verbal defense of a thesis is an open, public procedure;

7.7 have an internationalisation policy, including at least one representative from another country on the evaluation committee;

7.8 evaluate the competencies during the defense that the doctoral student/aspirant received during their doctoral/aspirantura studies.

Recommendations for describing criteria:

- ✓ Describe the thesis evaluation policy and how the thesis is prepared for defense
- ✓ How is the analysis of the thesis on the subject of willingness to protect?
- ✓ Does the thesis pass the review stages?
- ✓ Who conducts the review? What are the requirements for reviewers?
- ✓ What does the public protection process include?
- ✓ How is the composition of the evaluation committee determined? What are the requirements for its members? Which authorized body approves the composition of the evaluation committee? Submit a document on the composition of the evaluation committee.
- ✓ Does the evaluation committee include representatives of other educational organisations, research centers/institutes, including those from abroad?
- ✓ Describe the protection procedure in detail with examples of recent protections.
- ✓ What is the procedure for obtaining a doctor/candidate of science degree?
- ✓ What procedures are carried out in the event of a negative decision to award the degree of doctor/candidate of science?
- ✓ How is the process of re-protection regulated in the event of a negative decision? How many times can a doctoral student/aspirant go to the re-defense and how is the admission to the re-defense carried out?
- ✓ Describe the procedure for repeated protection, if such cases were observed in the educational organisation.
- ✓ What criteria are used to evaluate the competence of a doctoral student and thesis during the defense?
- ✓ Describe the list of documents submitted for admission to the defense.
- ✓ What documents are issued after the defense?

- ✓ Are defense materials posted on the educational organisation's website? What materials are posted on the educational organisation's website and how long are they publicly available?

Definitions and explanations:

- The format of a specialized thesis council (thesis evaluation committee) differs from institution to institution. This term is used in the context of this document as a group of independent scientists who can make recommendations on the acceptability of the written version of the thesis and verbal defense.
- The term "specialized thesis council" or evaluation committee is not the equivalent of a Panel established by an institution to award prizes and awards.
- To optimize the employment of doctoral students/aspirants, the time interval between submitting a thesis to a specialized thesis council and defending it should be as short as possible.
- Organisations can use modern information technologies for remote participation of some members of the Council in the evaluation and defense of the thesis. This contributes to the development of independent and competent assessment, and provides more opportunities for international expertise.

STANDARD 8. "STRUCTURE AND MANAGEMENT OF THE SCHOOL"

Evaluation criterion

A medical educational organisation **must**:

8.1 have sufficient resources for the proper implementation of doctoral/aspirantura programmes. The organisation's resources should provide:

- admission of doctoral students/aspirants;
- organisation of training in the doctoral/aspirantura programme;
- completion of the thesis work;
- scientific guidance for doctoral students/aspirants;
- advising doctoral students/aspirants;
- consideration, reviewing and evaluation of the thesis;
- award of a degree;
- operating costs;
- expenses for participation in training courses and international scientific conferences;
- payment for doctoral/aspirantura studies in institutions where it is practiced;
- resources also include the doctoral student's scholarship / salary, but the amount of payment may vary.

8.2 have information support that meets the goals and objectives of the doctoral/aspirantura programme:

- the library **must** contain the necessary materials for training - educational, technical, scientific and reference literature, various medical periodicals, etc.;
- doctoral students/aspirants **should** have timely and free access to library resources.

- the library **must** have basic technical equipment to support daily activities: fax machines, copiers, computers, printers available for public use, and a telephone with voice mail or an answering machine.

- the library **must** have an informational website. The website may contain the following elements: links, interlibrary exchange forms, full-text electronic journal articles, and a feedback form.

- doctoral students/aspirants **should** use computer classes and terminals with access to information resources (local network, Internet);

8.3 regularly monitor library resources, study and implement strategies to meet the current and future needs of doctoral students/aspirants.

8.4 **should** monitor the availability and adequate use of information resources by doctoral students/aspirant.

Medical organisations **should**:

8.5 provide procedures for regularly reviewing and updating the structure, function, and quality of doctoral/aspirantura programmes, including feedback from the advisor and doctoral student/aspirant;

8.6 open and continuously update the section on doctoral/aspirantura programmes on your website in local and English, containing the following information:

- structure and staff of the Department of doctoral studies, responsibilities of the head and employees of the Department;
- admission policy, including clear rules about the doctoral selection process;
- list of doctoral/aspirantura programmes;
- structure, duration and content of doctoral/aspirantura programmes;
- criteria for the appointment of a advisor with a description of the characteristics, responsibilities and qualifications of the advisor;
- methods used for evaluating doctoral students/aspirants;
- criteria for the preparation and writing of the thesis;
- description of the thesis defense procedure;
- description of the Thesis Council (position, composition, meeting plan);
- quality assurance programme and regular evaluation of the doctoral/aspirantura programme;
- information about doctoral students/aspirants, including the year of study.

Recommendations for describing criteria:

- | |
|---|
| <ul style="list-style-type: none"> ✓ What resources (equipment, laboratories, classrooms) does it have? ✓ educational organisation and structural division, ✓ carrying out the implementation of the programmeme of doctoral studies? ✓ Describe the resource potential of the Department where doctoral students/aspirants are trained. ✓ How are doctoral students/aspirants provided with the necessary equipment for research? |
|---|

- ✓ How does the medical education organisation adapt and improve the use of the material and technical base for conducting clinical research, including training laboratories and affiliated institutions, taking into account changing needs?
- ✓ How is the good practice of implementing the doctoral/aspirantura programme in accordance with the needs?
- ✓ What mechanisms exist for providing feedback from doctoral students/aspirants and teachers about the available material and technical base and analyzing the needs for educational resources?
- ✓ What mechanisms are used to update and strengthen the material and technical base and ensure their compliance with modern technologies in training?
- ✓ What are the plans to improve the material and technical base in accordance with the identified needs and priorities?
- ✓ Describe the existing policy regarding the use of information and communication technologies in the training programme?
- ✓ Is there any institutional or public policy regarding information and communication technologies?
- ✓ How is the relevant information and communication technologies used in the educational programme evaluated?
- ✓ Describe the library infrastructure and Internet access required to provide electronic access to health information resources.
- ✓ How to access modern and high-quality information resources to support the educational programme (access to the bibliographic databases MEDLINE, EMBASE, etc., access to e-books and reference materials, access to electronic journals).
- ✓ Provide a list of materials required for doctoral/aspirantura studies - educational, technical, scientific and reference literature, various medical periodicals, etc., purchased by a medical educational organisation and a scientific organisation over the past 3 years. Specify literature in a foreign language.
- ✓ Give a description of the basic technical equipment to support the daily activities of the library.
- ✓ Provide information about the library's website, its structure, and opportunities for doctoral students/aspirants and teachers.
- ✓ Are there special training programmes for teachers and doctoral students/aspirants on the use of information and communication technologies?
- ✓ What is the mechanism for monitoring library resources, and how are deficiencies corrected?
- ✓ Provide information about computer classes and terminals with access to information resources (local network, Internet).
- ✓ What information support for doctoral students/aspirants and teachers is practiced in the organisation of education?

Definitions and explanations:

- The format of the organisation of a doctoral school depends on the structure of the organisation, as well as national legislation and requirements.
- The content and structure of the programme can be determined by the heads of higher education institutions, the administration of the institution, the programme manager, doctoral students/aspirants, representatives of the administration of the

faculty and department, other research institutions, the government and relevant international organisations.

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Recommended sample of the visit programme

AGREED

Rector _____
(title of medical institution of education)

_____ Full name

«__» _____ 201_

APPROVED

Director ,
Non-profit institution “Independent Agency
for Accreditation and Rating”

_____ Zhumagulova A.B.

«__» _____ 201_

VISIT PROGRAMME OF THE EXTERNAL EXPERT PANEL OF IAAR AT _____ *title of medical institution of education*

Date of the visit: _____ 201_

Arrival day: _____ 201_

Departure day: _____ 201_

Accredited EP *(for programme accreditation)*

Cluster 1	EP
	EP
	EP
Cluster 2	EP
	EP
	EP
Cluster 3	EP
	EP
	EP

Date and time	EEP work with target groups	Full name and position of target group members	Venue
«__» _____ 201_			
During the day	Check in of EEP members		Hotel
16.00-18.00	Preliminary meeting of EEP (distribution of responsibilities, discussion of key issues and the visit programme)	<i>IAAR external experts</i>	Hotel
18.00-	Dinner (only EEP members)	<i>IAAR external experts</i>	

19.00			
Day 1: « _ » _____ 201__			
9.00-9.30	Discussion of organisational issues with experts	<i>IAAR external experts</i>	Main building, room for IAAR's EEP
9.30-10.00	Meeting with the head of the institution of education	<i>Manager (Full name)</i>	Room of the Head of the institution of education
10.00-10.30	Meeting with deputy heads of the institution of education (Vice-Rector, Deputy Director, Vice-Presidents)	<i>Position, Full name</i>	Main building, conference-hall
10.30-11.15	Meeting with heads of structural units of the institution of education	<i>Position, Full name (or Appendix no. __)</i>	Main building, conference-hall
11.15-11.30	Coffee break with internal discussions	<i>Only EEP members</i>	EEP room
11.30-12.45	Visual inspection of the institution of education (<i>in the case of Programme accreditation, only entities under the accredited education programme</i>)	<i>Position, Full name</i>	Based on itinerary
13.00-14.00	Lunch (only EEP members)	Lunch	
14.00-14.15	EEP work		EEP room
14.15-15.00	Meeting with heads of EP under accreditation	<i>Position, Full name (or Appendix no. __)</i>	Main building, conference-hall
15.00-15.45	Meeting with heads of EP departments under accreditation	<i>Position, Full name (or Appendix no. __)</i>	Main building, conference-hall
15.45-16.00	Coffee break with internal discussions	<i>Only EEP members</i>	
16.00-17.00	Meeting with teachers of EP under accreditation	<i>List of teachers (Appendix no. __)</i>	Cluster 1: lecture theatre no. 1 Cluster 2: lecture theatre no. 2 Cluster 3: lecture theatre no.3
17.00-18.00	Questionnaire survey of teachers (in parallel)	<i>Faculty of EPs under accreditation</i>	Computer rooms no. 513-519
17.00-18.00	EEP work (discussion of the results and summary of the Day 1 outcomes)		EEP room
18.00-19.00	Dinner (only EEP members)		
Day 2: « _ » _____ 201__			

09.00-09.30	EEP work (discussion of organisational issues with experts)		EEP room
09.30-12.30	Meeting with graduating departments of EP (<i>in case of programme accreditation</i>)	<i>Position, Full name</i>	Academic building no. 5 Academic building no. 2
09.30-12.30	Visiting lectures	<i>According to the schedules of EP under accreditation</i>	Academic building no. 2, 5
12.30-13.00	EEP work (exchange of opinions)		EEP room
13.00-14.00	Lunch (only EEP members)	Lunch	
14.00-15.00	Meeting with students	<i>Students of EP under accreditation (Appendix no. __)</i>	Cluster 1: lecture theatre no. 1 Cluster 2: lecture theatre no. 2 Cluster 3: lecture theatre no.3
15.00-16.00	Questionnaire survey of students (in parallel)	<i>Students of EP under accreditation</i>	Computer rooms no. 513-519
15.00-16.00	Meeting with employers	<i>Representatives of state and financial institutions, managers of industrial enterprises and organisations (Appendix no. __)</i>	Lecture theatre no. 1
16.00-16.30	Coffee break with internal discussions	<i>Only EEP members</i>	EEP room
16.30-17.00	Meeting with graduates of EP	Graduates - representatives for each EP (Appendix no. __)	Lecture theatre no. 1
17.00-18.00	EEP Work (discussion of the estimated parameters of the profile, discussion of the results and summary of the Day 2 outcomes)	<i>Only EEP members</i>	EEP room
18.00-19.00	Dinner (only EEP members)		
Day 3: « __ » _____ 201__			
09.00-09.30	EEP work (discussion of organisational issues)		EEP room
09.30-12.30	Visiting on-the-job training venues, branches of departments (clinical bases, educational and clinical centers)	<i>Full name, on-the-job training venues</i>	<i>Appendix №__</i>
12.30-13.00	EEP work (collective discussion and preparation of an oral preliminary review of the EEP visit outcomes)		EEP room

13.00-14.00	Lunch (only EEP members)	<i>Lunch</i>	
14.00-16.30	EEP work		EEP room
16.30-17.00	Final meeting of the EEP with the institution's management	<i>Heads of the higher education institution and structural units</i>	Main building, conference-hall
18.00-19.00	Dinner (only EEP members)		
Based on schedule	<i>Departure of the EEP members</i>		
«<u> </u>» <u> </u> 201<u> </u>			
Based on schedule	<i>Departure of the EEP members</i>		

Title page sample

Title of the medical institution of education

Faculty
Department

APPROVED
Rector
_____ Full name

signature
«_____» _____ 20__
seal

SELF-ASSESSMENT REPORT

**on programme accreditation
or
on the cluster of education programmes
"Programme title"**

City, year

Responsibilities of the IAAR Coordinator in the framework of the international accreditation procedure

Before the visit:

- to provide regulatory and methodological materials on the organisation and conduct of self-assessment of medical institution of education, developed by IAAR;
- to liaise with the medical institution of education and participate in meetings on the accreditation procedure;
- to advise the medical institution of education on the accreditation procedure, including on self-assessment and the preparation of a self-assessment report;
- to carry out a technical proof of the self-assessment report for completeness and applicability (if important omissions are found, request the missing materials from the medical institution's of education coordinator);
- to instruct external experts on international accreditation requirements.
- to provide external experts with regulatory and methodological materials (developed by IAAR), defining the activities of an external expert panel.
- to timely provide the necessary information, including a self-assessment report to the EEP members for study and review;
- to send, if necessary, recommendations to the medical institution of education to finalize the self-assessment report based on expert reviews;
- to agree on the time frame of the EEP visit to medical institution of education;
- to organize the visit of EEP (accommodation, meals, transfer, etc.);
- to provide the EEP with an approved visit programme;
- to send the EEP to the medical institution of education to eliminate conflicts of interest 14 calendar days before the visit;
- to act as the main contact person and maintain communication between the EEP, the medical institution of education and IAAR;
- to organize information support for the preliminary meeting of the external expert panel members prior to the visit to medical institution of education.

During the visit:

- to regulate activities of the EEP, provide the necessary guidance materials;
- to create a favorable psychological climate for the EEP work;
- to control the integrity of the accreditation process and ensure compliance with the requirements of IAAR.

After the visit:

- to send the draft EEP report to the medical institution of education in order to prevent actual inaccuracies in the report's content;
- to ensure timely transfer of materials to the Accreditation Council's (hereinafter – AC) Secretary;
- to send the EEP report to the medical institution of education after the decision of the AC on the accreditation of the medical institution of education (in case of a positive accreditation decision of the AC to ensure the Action Plan for the implementation of the EEP recommendations is requested);
- to inform members of the EEP on the decision of the AC;
- to ensure receipt of feedback on the accreditation procedure of the medical institution of education (online survey of the members of EEP and the medical institution of education after the decision on accreditation is made).

Direction for interaction with the medical institution of education coordinator

The coordinator is appointed by the head of the medical institution of education. It is not required for the coordinator to be the leader of the working group for the preparation of the programme self-assessment of the medical institution of education.

The coordinator interacts with the IAAR coordinator on planning and organizing a visit to the medical institution of education.

In order to ensure maximum efficiency of the accreditation procedure, the coordinator of the medical institution of education assists in:

- coordinating the process of preparing a self-assessment report of the medical institution of education;
- ensuring timely submission of a self-assessment report to IAAR;
- facilitating timely coordination of the EEP visit programme;
- ensuring that site visits flow according to the visit programme, including the provision of transport;
- ensuring meetings of the EEP members with the target groups of the medical institution of education during the EEP visit;
- arranging approval of the EEP report for actual inaccuracies.

The medical institution of education coordinator contributes to providing the necessary additional information about the medical institution of education at the request of members of the external expert panel.

Roles and responsibilities of the EEP members

Chair's Functions:

- participation in the development of the visit programme to the medical institution of education and responsibility for its implementation, management and coordination of the EEP members work, preparation of the EEP final report with recommendations for improving the quality of the medical institution of education and recommendations for the Accreditation Council;
- interaction with the IAAR coordinator prior to the external assessment on the organisation of the visit and coordination of the programme;
- setting the agenda and holding meetings;
- ensuring the participation of the expert panel members at meetings with various target groups, as well as monitoring the experts' observance of the main objective of the external assessment and a visit to the medical institution of education;
- ensuring a collective discussion by the entire EEP of an assessment table of parameters in accordance with the IAAR international standards;
- holding a final meeting with members of the EEP to coordinate recommendations on accreditation;
- presentation of the results of the visit to the medical institution of education and the main provisions of the EEP report at the meeting of the Accreditation Council. In case of its non-availability for a good reason, the results of the visit to the medical institution of education are presented by one of the EEP members.

Duties of the Chair

Before the visit:

- Get acquainted with the medical institution of education data;
- examine the EP's self-assessment report of the medical institution of education and prepare a review under the IAAR requirements;
- to take part in the development of the EEP programme of the visit;
- formally introduce all EEP members at a preliminary meeting, state the purpose of the visit, discuss the visit programme and the self-assessment report on of the medical institution of education.

During the visit:

- hear the views of the EEP members on the self-assessment procedure of the medical institution of education and identify areas requiring clarification;
- distribute responsibilities between the members of the EEP;
- speak at meetings with target groups;
- hold a final meeting with members of the EEP to agree on recommendations;
- provide an oral review on the outcome of the EEP visit, get others acquaint with a draft general recommendations during the final meeting with the management of the medical institution of education.

After the visit:

- prepare a draft report on the results of the EEP visit and coordinate it with the EEP members;
- send a draft report on the EEP visit outcomes for IAAR review;
- if there are actual inaccuracies identified after the approval of the EEP report with the medical institution of education, make the necessary changes to the EEP report and coordinate them with the EEP members;
- in case of disagreements with the medical institution of education comments on the EEP report, prepare, jointly with the IAAR coordinator, a formal response with a substantiation to the medical institution of education;

- prepare the EEP report for submission to the Accreditation Council.

Functions of an external expert

- assessment of the completeness and reliability of the EP's self-assessment results of the medical institution of education in compliance with the IAAR international standards;
- preparing for each meeting with the target groups of the medical institution of education with the identification of key issues based on the IAAR international standards;
- preparation of a report on the EP's external assessment results of the medical institution of education for compliance with the IAAR international standards;
- development of recommendations for improving the quality of the EP of medical institution of education;
- development of recommendations for the Accreditation Council on accreditation based on the readiness of the medical institution of education for programme accreditation.

Responsibilities of an external expert

Before the visit:

- study all documentation, including the self-assessment report and any other available information (Standards, legal enactments in the field of education, the relevant country of accreditation, websites of IAAR, medical institution of education, etc.);
- liaise with IAAR and the Chairman of the EEP;
- prepare a review (except for employers and students) for compliance with international accreditation standards in compliance with the requirements of IAAR;
- discuss with the IAAR coordinator and the Chair of the visit to the medical institution of education;
- agree with the IAAR coordinator on the details of the visit;
- participate in the preliminary EEP meeting.

During the visit:

- proactively participate in all meetings and discussions, contribute to the EEP work;
- perform duties within the EEP related to assessment;
- inform the IAAR coordinator and the Chair about any doubts and issues arising during the work of the EEP;
- not to interrupt work of the EEP during the entire period of the visit;
- speak at meetings in consultation with the Chair of the EEP;
- document the data;
- provide the Chair of the EEP with the required documentation on the data obtained during the external assessment;
- conduct interviews with target groups;
- attend various types of classes, classrooms, practice base, etc. according to the EEP visit programme;
- participate in the online survey of teachers and students, aiming to identify the degree of satisfaction with the education process;
- receive, through the IAAR coordinator and the Chair, additional information required for the analysis of the EP.

After the visit:

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

Preparation of the External Expert Panel for the visit

The purpose of the visit to the education organisation of the external expert panel of the Independent Agency for Accreditation and Rating is to assess the quality of the EP of medical institution of education on international accreditation standards and to develop recommendations on accreditation for review by the Accreditation Council.

To achieve the goal, the following tasks are defined:

- control of the completeness and reliability of the self-assessment results of the EP of the medical institution of education;
- assessment in accordance with international standards of IAAR, developed on the basis of the WFME/AMSE;
- development of the EEP report on the evaluation outcomes of the EP offered by medical institution of education;
- preparation of recommendations for improving the quality of the EP offered by medical institution of education;
- preparation of recommendations for the Accreditation Council on accreditation in accordance with the level of preparedness of the medical institution of education for programme accreditation.

Materials to be reviewed by the EEP prior to the visit to the medical institution of education

The following methodological and regulatory documentation is sent to the members of the external expert panel:

- Regulatory documents related to the external audit of the EP offered by medical institution of education;
- IAAR Standards and guidelines for international accreditation (based on the WFME/AMSE);
- Self-assessment report submitted in the framework of the accredited EP offered by medical institution of education;
- Information on the composition of the expert panel;
- Visit schedule to the medical institution of education;
- Additional information about the EP offered by medical institution of education (at the request of members of the external expert panel).

Overview of the self-assessment report of the medical institution of education under accreditation

After receiving the self-assessment report (SR) of the EP offered by medical institution of education under accreditation by IAAR, copies of the SR are sent to the expert panel at the latest 6 weeks before the date of the visit.

Each member of the expert panel should carefully study the SR and write a review (except for the employer and the student) according to the IAAR requirements.

Preliminary meeting of EEP

A preliminary meeting is held with the goal of agreeing and distributing the duties of the EEP members, discussing the programme of the visit, and a report on the programme self-assessment to identify key points and issues that require additional information.

A preliminary meeting of the EEP is held according to the programme the day before the visit to the medical institution of education. Only EEP members shall attend the meeting.

At the preliminary meeting the following issues will be reviewed:

- Does the SR provide sufficient information on all aspects indicated in these Guidelines at the level of the medical institution of education?
- What additional information about the EP offered by medical institution of education should be presented?
- Is the specific nature of the EP offered by medical institution of education sufficiently reflected?
- Have the objectives of the EP been achieved?
- Have the governance mechanisms of the EP offered by medical institution of education clearly defined?
- What are the main issues that require special attention during the visit?

The Chair of the external expert panel and its members should discuss the impressions of the information received prior to the visit, in order to identify any additional documentation that they would like to access, it is also recommended to determine the basic structure and strategy of the visit.

Recommendations for planning the work of the EEP

The medical institution of education submits to IAAR and the Chair of the expert panel a preliminary schedule of events planned during the visit.

The plan of activities during the visit should be well drawn up to improve the efficiency of the work schedule. A scheduled meeting should provide an opportunity to cross-check the facts presented in the self-assessment report. The work schedule should include meetings with the management of the medical institution of education and its departments, employees, students, graduates and representatives of professional associations.

While planning a visit, it should be stipulated that the expert panels need sufficient time to hold group meetings, at which members of the expert panel may review the evidence presented, formulate and discuss preliminary conclusions, as well as solve issues on the basic structure and agenda of the next meetings and interviews with key employees and stakeholders of the institution and programmes. The expert group should also have enough time for individual meetings with the staff and students of the institution.

The schedule of visits to the medical institution of education by the expert group for external evaluation should also include information on the participants from the medical institution of education.

In order to maximize the use of the time allotted for the visit, the expert group may be divided into small subgroups for meetings and interviews in the institution.

Meetings and interviews during the visit

During meetings and interviews with representatives of the medical institution of education, the expert group verifies the information provided by the medical institution of education in the EP's self-assessment report. It is expected that scheduled meetings should provide an opportunity for cross-checking of facts.

The results of meetings and interviews serve as the basis for evaluation of the EP of the medical institution of education. To this end, each member of the expert panel receives reference tables with verification criteria.

Meeting with management of departments

The meeting with the management staff aims to obtain general information about the activities of the EP, the policies and mechanisms for quality assurance, and the implementation of regional and national quality assurance requirements.

In the course of the interaction, the parties discuss the participation of all stakeholders (administrative bodies, teachers, students and employers) in defining the learning goals and education development strategies of the medical institution of education.

Meetings with department heads

Interviews with heads of departments aim to discuss issues related to the development and implementation of education programmes and processes that ensure their implementation, as well as research activities and general management. The optimal number of participants in group discussions is from ten to twenty people.

Meetings with students

Students are a valuable source of information, and students' opinions should be compared with the information provided by the teaching staff.

From an interview with students, the expert group receives information on the workload, the level of professional competence of teachers, the systematic nature and consistency of education programmes, the clarity of goals and objectives, the development of curricula, as well as the material resources available for the implementation of the education process.

Interviews with students should be conducted in a favorable atmosphere, at meetings organized for interviews only with students. The optimal number of students to meet is no more than twenty people. Students invited to interviews should be familiarized with the programme reviewed in the framework of accreditation.

It is recommended that candidates for interviews from among students are selected by members of the expert panel.

Meetings with faculty

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

Topics/issues that were previously discussed in meetings with students shall also be raised. The preferred number of participants is 15-25 people.

Meeting with master degree and doctoral students (if applicable)

Interviews with master degree and doctoral students provides information on the extent of continuity and sequence of education levels; the role of research at every level of education; quality and availability of material and technical resources for research.

The expert group should include master degree and doctoral students of different years of study, graduates of the education programme under accreditation (programme clusters).

Meeting with graduates

Graduates are a very important source of information. Opinions of graduates provide information on satisfaction with the level of education, the implementation of expectations in promotion and salary increase, employment opportunities and opportunities for further education.

Interviews should be conducted in the absence of teaching staff so that respondents may express their opinions. The optimal number of group members is up to 25 people. The group should include graduates of this medical institution of education.

Meeting with employers

The key issues to be discussed during meetings with employers are the level of competence of the medical institution of education graduates, the demand for graduates in the regional labor market. The meetings also discuss the problems of cooperation and interaction with the education institution in the field of management, coordination of the content of the education programme and quality assessment.

Teachers should not participate in this meeting. The employer group should include representatives of organisations that regularly hire medical institution's graduates. If possible, employing organisations should not be represented by former medical institution of education students.

The optimal number of group members is 15-25 people.

Summarizing and preparation of recommendations

Taking into the consideration the evaluation table "Parameters of the specialized profile" the summary of outcomes is made on the basis of an individual external assessment collectively.

The evaluation table "Parameters of the specialized profile" is the final document to summarize the work of the EEP.

The evaluation table "Parameters of the specialized profile" allows the EEP to determine the position of the medical institution of education, which is evaluated for each criterion as follows:

- **"Strong"** - characterized by a high level of indicators of programme accreditation standard. This position of the standard provides an example of good practice among other medical institutions of education.
- **"Satisfactory"** is determined by the average level of indicators of the programme accreditation standard.
- **"Suggests improvement"** - characterized by a low level of indicators of the programme accreditation standard.
- **"Unsatisfactory"** means that the medical institution's indicators do not meet the programme accreditation standard.

Based on the collective decision based on the assessment results EEP prepares a report with recommendations on accreditation for the AC and on improving the quality of the medical institution of education.

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

- accredit the medical institution of education and (or) for a term of 1/3/5 years, (in the case of re-accreditation the panel may recommend other terms);
- do not accredit the medical institution of education.

In the case of compliance of the medical institution of education with the IAAR standards, the EEP makes a recommendation for quality improvement.

In the case of non-compliance of the medical institution of education with the IAAR Standards, the EEP recommends that measures be taken to bring the EP in conformity with the IAAR Standards.

The final meeting of the external expert panel members with representatives of the medical institution of education

The Chair of the external expert panel should clearly and concisely present the key issues that are important for the effective implementation of education activities of the medical institution of education, indicate the advantages and disadvantages of the medical institution of education under review, suggest alternative ways to solve the identified problems and recommendations on the action plan aiming to improve the quality of education activities.

It is not recommended to mention the findings of the review. The results of the verification shall not be discussed.

Workplace of external expert panel

At the time of the visit, the medical institution of education should provide a separate workplace for the expert group for panel meetings and review sessions. During the entire visit, only members of the expert panel should have access to the premises.

The premises for the expert panel should be spacious and separated from other rooms, also have a large desk for documents, a table for collegial work, international direct dial phone, a computer with Internet access and a printer.

All documentation related to the external assessment process, including the list of teachers, education programmes, work programmes, student papers, research documents, catalogues, leaflets, etc. must be gathered in the specified workroom.

Memo for drawing up a self-assessment report for an educational organisation

The report should be presented according to the following structure:

Title page with the name of the educational organisation and Accreditation body (1 page).

A statement confirming the accuracy and accuracy of the submitted data, signed by the first head of the educational organisation (Appendix1) (1 page).

Content (with an automatically editable table of contents) **(1 page)**

Profile of the educational organisation (formed in accordance with the requirements of section 6 of this Guide) **(1-2 pages.)**

I Symbols and abbreviations (1-2 pages)

A list of symbols and abbreviations used in the text of the self-assessment report is provided.

II Introduction (1 p.)

The reason for passing the external assessment, the result of the previous accreditation (the Accreditation body, the accreditation standards according to which the external assessment was carried out, and the status of accreditation) in the case of re-accreditation are indicated.

A brief description of the methods used in the development of the self-assessment report of the educational organisation (appointment of a working group, involvement of stakeholders, etc.) is given.

III Presentation of the educational organisation (1-2 pages)

There is a brief history, information about the types of activities of the educational organisation, directions of educational services, with the indication of quantitative data of OP on the levels of education, information about the status of the educational organisation on the national and international educational space.

The uniqueness of the internal quality assurance system functioning in the organisation of education is noted.

IV Previous accreditation (1-5 pages)

A brief description of the results of the previous accreditation with analysis and the degree of implementation of each EEP recommendation is provided. (for the PA, a brief description of the results of the previous accreditation is provided with analysis and the degree of implementation of each EEP recommendation in the EP context)

V Compliance with programme accreditation standards (70-80 pages)

Evidence-based and analytical material developed based on the results of self-assessment of the educational organisation for compliance with the criteria of each standard of programme accreditation is presented. The analysis result of the current state of the EO activities is reflected, and material is provided on the effectiveness of the internal quality assurance system and the effectiveness of its mechanisms in accordance with the criteria of standards.

5.1 Each Standard:

Contains evidence-based and analytical materials on the compliance of educational organisations with the criteria of this standard, thus consistently reflect the results of self-evaluation.

The article provides justification for the positions of the educational organisation (strong, satisfactory, suggests improvement, unsatisfactory) in accordance with the assessment of criteria by the working group on self-assessment of the educational organisation. If the evaluation is "suggests improvement" and "unsatisfactory", the expected measures to strengthen the position are indicated.

At the end of each section, the conclusions of the EO working group on criteria are given, for example, "According to the standard "....." 7 criteria are disclosed, of which 3 have a strong position, 3 – satisfactory and 1 – suggests improvements".

VI SWOT analysis (1-5 pages) (not applicable for PA)

The analysis of strengths and weaknesses, opportunities and threats identified during the EO self-assessment for compliance with the standards of institutional accreditation is provided.

VII conclusion of the self-assessment Panel (7-8 pages)

The evaluation table "Profile Parameters" is given. (section "Self-assessment Panel conclusion") with a mark on compliance of the EO criteria (strong/ satisfactory/suggests improvements/ unsatisfactory) of the evaluation table, considered as conclusions of the self-assessment working group.

Appendixes to the self-assessment report (issued as a separate file in accordance with the requirements of section 2 of this *Guidelines*)