ECAQA

Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care

STANDARDS FOR PROGRAMME ACCREDITATION OF BASIC MEDICAL EDUCATION "GENERAL MEDICINE"

ALMATY 2021

EURASIAN CENTRE FOR ACCREDITATION AND QUALITY ASSURANCE IN HIGHER EDUCATION AND HEALTH CARE

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1. **DEVELOPED** by Non-profit Entity “Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health care”.
2. **APPROVED** by the ECAQA Experts Board in № 2 by June 18, 2021 and **INTRODUCED** by the Order #22/1 June 23, 2021 of the Director General, Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health care.

3. In this standard, the Provisions of the Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from June 11. 2021) has been introduced.

The Standards for programme accreditation based on the World Federation for Medical Education Global Standards for Quality Improvement in Basic Medical Education (Revision 2020) with specification according to institutional needs and national health care system priorities.

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STANDARDS FOR PROGRAMME ACCREDITATION OF BASIC MEDICAL EDUCATION "GENERAL MEDICINE"

GENERAL PROVISION

1. Application and Use of Standards

1.1 The Standards define the general provisions and requirements of Standards for educational programme accreditation of the HEIs.

1.2 The Standards is a tool for quality assurance in Basic Medical Education and training of healthcare professionals.

1.3 The Standards should be used for programme accreditation of Basic Medical Education in "General Medicine" (bachelor's degree and residency training) and carrying out the external evaluation of educational programme regardless of status, or legal form, forms of ownership and departmental subordination of the HEI.

1.3 The Standards should be used for the educational programme self-evaluation (report), as well as defining and improvement of internal quality assurance instruments, development and improvement of internal documentation and of the quality culture within HEIs.

2. Reference to Regulations and Law

The Standard references to the following Laws and Regulations:

1. The Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from June 11, 2021)

2. The Code of the Republic of Kazakhstan № 193-IV, Article 175 (with amendments dated September 18, 2009) "On nation's health and healthcare system" dated September from 18, 2009.

3. On approval of the state program on education and science development in the Republic of Kazakhstan fro 2020-2025. Governmental decree № 988 of the Republic of Kazakhstan from December 27, 2019.

4. On approval of the state program on education and science development in the Republic of Kazakhstan fro 2020-2025. Governmental decree № 982 of the Republic of Kazakhstan from December 26, 2019.

5. On approval of the Standard Rules for the activities of educational organisations of the respective types. Order No. 595 of the Ministry of Education and Science of the Republic of Kazakhstan from October 30, 2018.

6. On approval of the structure and rules for educational programme development at the higher and postgraduate education institutions. The Ministry of Education and Science of the Republic of Kazakhstan Order № 590 from October 25, 2018.

7. On approval of the Classifier for training programmes for staff with higher and postgraduate education. Order No. 569 of the Ministry of Education and Science of the Republic of Kazakhstan from October 13, 2018.

8. On approval of the Standard Rules for admission at higher and postgraduate education institutions. Order No. 600 of the Ministry of Education and Science of the Republic of Kazakhstan from October 31, 2018. It was registered with the Ministry of Justice of the Republic of Kazakhstan on October 31, 2018 No. 17650.

9. The Ministry of Education and Science of the Republic

of Kazakhstan Order No. 604 on approval of state compulsory educational standards for all levels of education from October 31, 2018. It was registered with the Ministry of Justice of the Republic of Kazakhstan on November 1, 2018 No. 17669.

10. The Republic of Kazakhstan Ministry of Health and Social Development Order №647 from July 31, 2015 "On approval of the State Compulsory Standards for Education and Programme of Medical and Pharmaceutical Education".

11. On approval of provisions and the requirements for them on clinical sites institutional clinical sites, HEI hospital, residency programme ssites, integrated academic and medical centre. The Order № RK MoH-304/2020 of the Ministry of Healthcare of the Republic of Kazakhstan of December 21, 2020. It was registered in the Ministry of Justice of the Republic of Kazakhstan № 21848 dated December 22, 2020.

12. The Ministry of Education and Science of the Republic of Kazakhstan Order № 137 registered in the state Register of legal acts № 10768 on "Institutional rules for distance educational technologies" from March 20, 2015.

13. The Ministry of Education and Science of the Republic of Kazakhstan Order № 521 "on approval of the rules for organisation internship and defining the internship sites" from September 29, 2018, with amendments by Order № 107 from January 29, 2016.

14. The amendments on the Ministry of Education and Science of the Republic of Kazakhstan Order № 50 "on approval of classification of educational institutions" from February 22, 2013.

15. On approval of the Rules for the recognition of accrediting agencies, including foreign ones, and the formation of registers of recognized accrediting agencies, accredited educational institutions and programmes. The Minister of Education and Science of the Republic of Kazakhstan Order No. 629 from November 1, 2016.

16. On approval of the Rules for the recognition of accrediting agencies, including foreign ones, and the formation of registers of recognized accrediting agencies, accredited educational institutions and programmes. Order No. 629 of the Minister of Education and Science of the Republic of Kazakhstan dated November 1, 2016 (with amendments of the Ministry of Education and Science of the Republic of Kazakhstan Order No. 531 from October 4, 2018).

3. Terms and Definitions

The Terms and Definitions are used to clarify, amplify expressions in the Standards and refer to the Law of the Republic of Kazakhstan «On Education» July 27, 2007, #319-III (with Amendments from July 11, 2021):

1) Accrediting agencies – legal entities that develop set of Standards (Guidelines) and accredit of the HEIs that as the institutions meet predefined quality Standards (Guidelines);

2) Accreditation of Higher Education Institutions–recognition procedure used in higher education by accreditation agency that confirms the Education, Research and Service compliance with and meet predefined standards (guidelines) in order to provide

the evidence about their quality and improvement of the internal quality assurance mechanisms;

3) Educational programme accreditation–recognition procedure by accreditation agency that confirms the programme (specialty) compliance with defined standards (guidelines) in order to provide he evidence about their quality and improvement of the internal quality assurance mechanisms;

4) Institutional accreditation– external evaluation by the accrediting agency and its formal and independent decision indicating that a higher education institution meets certain predefined standards of accrediting agency and current status as the HEI;

5) Specialised accreditation–evaluation of individual educational programmes implemented by the educational organization;

6) Standards (Guidelines) for accreditation– external evaluation of the quality assurance of educational programmes that offered by the higher education institution

According to the WFME Global Standards for Quality Improvement of Basic Medical Education (Revision 2015, New Standards 2020) following definitions related to Standards:

7) Administrative staff (Standard 8.5) - staff in the leadership and management of structural units responsible for administrative support on policy formulation and implementation; depends on the organizational structure of the administration. The administrative staff includes head of administrative department and staff, deans, head of financial leadership, budget planning and accounting offices staff, admission committee and heads of department for educational planning, human resources and information technology.

8) Academic leadership (Standard 8.2) - staff in the leadership and management of structural units responsible for decision-making on academic issues in teaching and learning, research and providing services in the healthcare system.

9) Academic freedom (Standard 1.2) would include appropriate freedom of expression, freedom of inquiry, freedom in research conduct and publication for staff and students.

10) The basic biomedical sciences (Standard 2.3) - include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.

11) Balance of academic staff (Standard 5.1) would include staff with joint responsibilities in the basic biomedical, the behavioral and social and clinical sciences in the HEI and health care facilities, and teachers with dual appointments.

12) Balance between medical and non-medical staff (Standard 5.1) would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.

13) Merit (Standard 1.4.2) would be measured by formal qualifications, professional experience, research output, teaching awards and peer recognition.

14) Other stakeholders (Standard 1.4.2) would include representatives of other health professions, patients, the community and public (e.g. users of the health care

delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

Principal stakeholders (Standard 1.4.1) would include the rector, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.

15) Institutional autonomy (Standard 1.2) would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private cooperations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum.

16) Horizontal (Standard 2.3.2) integration would be integrating basic sciences such as anatomy, biochemistry and physiology or integrating disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology.

17) Vertical (Standard 2.3.2) integration would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.

18) Information support (Standard 4.3) - internal regulations, working hours of all services, telephone directory, data of administrators and faculty, payment procedure, information about educational courses, faculty e-mail, clearly established criteria for evaluation of learning outcomes, as well as information on the main policy in the educational process, available information materials: work programs, syllabi, the handbook on educational programmes, a list of elective disciplines.

19) Medical research and scholarship (Standard 5.2) encompasses scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff.

20) Clinical disciplines/sciences (Standard 2.4):

- core clinical disciplines includes internal diseases, surgery, pediatrics, obstetrics and gynecology, psychiatry, and family medicine;
- the clinical sciences - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology& obstetrics, internal medicine (with subspecialities), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, otorhinolaryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialities) and venereology (sexually transmitted diseases), clinical genetics, pediatric surgery, infectious diseases, resuscitation and intensive care, traumatology and orthopedics, phthisiology, outpatient therapy, forensic medicine, occupational diseases, oriental medicine, clinical pharmacology, dentistry.

21) Clinical skills (Standard 2.4) include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.

22) Learning outcomes or competencies (Standard 1.3) include the knowledge, skills and attitudes that students must demonstrate at the end of the learning process.

Educational outcomes in medicine or medical practice should be specified by the medical school and include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioural and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake lifelong learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorised in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.

23) Any branch of medicine (Standard 1.1) refers to all types of medical practice, administrative medicine and medical research.

24) Physical facilities include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, on-call accommodation, personal storage lockers, sports and recreational facilities.

25) Management (Standard 8.4) means the act and/or the structure concerned primarily with the implementation of the institutional and programme policies including the economic and organisational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and programme policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations.

26) Instructional/learning methods (Standard 2.1) would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practicals, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.

27) Remote teaching methods (Standard 2.8.2) - (digital, distance, e-learning), which are technically well developed, actively used and supported, can be considered and interpreted as an alternative or complementary approach to learning in appropriate circumstances, including emergency situations in society.

28) Medical ethics (Standard 2) deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision making.

29) Medical jurisprudence (Standard 2.4) deals with the laws and other regulations of the healthcare delivery system, of the profession and medical practice, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.).

30) Assessment Methods (Standard 3.1) - include maintaining a balance between formative and summative assessments, the number of exams and other tests, a balance between written and oral examinations, using judgments based on relevant standards

and criteria; conducting specific examinations, such as an objective structured clinical examination (OSCE).

31) Mission (Standard 1.1) provides the overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant o institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.

32) Continuing medical education/continuing professional development (Standard 1.1) - continuing lifelong learning after basic and postgraduate medical education and all activities that physicians perform, formally and informally, to maintain, update, develop and improve their knowledge, skills and attitudes in response to the needs of patients. CPD is broader than CME and includes the continuous development of knowledge and skills in medical practice.

33) Curriculum (Standard 2) is expected learning outcomes, content (syllabus), experience and program processes, including a description of the structure of the planned teaching and learning methods, assessment methods. The curriculum should define knowledge, skills and attitudes that should be achieved by students.

34) Feedback (Standard 3.2.1) is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

35) Life-long learning (Standard 1.1.2) is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD)/continuing medical education (CME) activities.

36) The operational linkage (Standard 2.10.1) implies identifying health problems and defining required (learning) outcomes. This requires clear definition and description of the elements of the educational programmes (curricula) and their interrelations in the various stages of training and practice, paying attention to the local, national, regional and global context. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team. Operational linkage also implies constructive dialogue with potential employers of the graduates as basis for career guidance and professional development.

37) Measures of performance of cohorts of graduates (Standard 7.1) would include information on results at national license examinations, career choice, postgraduate performance and clinical practice, and would, while avoiding the risk of programme uniformity, provide a basis for postgraduate curriculum improvement.

38) Programme evaluation (Standard 7) is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers tp programme evaluation will facilitate quality improvement of medical education at the institution.

39) Assessment to summarize learning outcomes (summative assessment) (Standard 3.3.2) and decision-making is essential for the accountability of the medical school. They are also important to protect patients. Final grades should be fair for students and assess all areas of student competence. These assessments must meet quality standards in order to achieve the stated objectives.

40) Behavioural and social sciences (Standard 2.3) - include biostatistics, communal hygiene, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical social studies, public health and social medicine.

41) Behavioural and social sciences, and medical ethics (Standard 2.3) provide the knowledge, concepts, methods, skills and attitudes necessary to understand the social, economical, demographic and cultural determinants of the causes, spread and consequences of health problems.

42) The staff recruitment and selection policy (Standard 5.1) would include ensuring a sufficient number of highly qualified scientists basic biomedical, behavioural and social sciences and clinical physicians to deliver the curriculum and a sufficient number of high-quality researchers in relevant disciplines or subjects.

43) An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a physician. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

44) Effective information and communication technology application policy (Standard 6.3) include:

- the use of computers, internal and external computer networks and other means of information and communication technologies;
- coordination with the library resources and information technology services of the university;
- general access to all educational resources through an electronic management system, which will be useful for training students in evidence-based medicine and lifelong learning through CME and CPD.

45) The structural unit authority (Standard 2.4) responsible for training programmes include:

- domination over the interests of individual divisions and disciplines;
- control over the educational programme within the framework of existing rules and regulations approved by the governing bodies of the university or state authorized bodies.

46) Principles of equality (Standard 2.1.1) mean equal treatment of students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.

47) Public health issues (Standard 1.1.4) - interaction with the local community in healthcare and related health sectors, as well as the inclusion of public health problems in the educational programme.

48) Professional skills (Standard 2) would include patient management skills, team-work/team leadership skills and inter-professional training.

49) Early patient contact (Standard 2.4) would partly take place in basic medical care settings and would primarily include history taking, physical examination and communication.

50) Health sector (Standard 1.1.1) would include the health care delivery system, whether public or private, and medical research institutions.

51) Services (Standard 4.3) are aimed at meeting the educational, personal and career needs of students: accommodation, canteens, medical centres, gyms, computer centres, libraries, as well as services for effective employment and career development.

52) The health-related sector (Standard 8.1.3) includes institutions and regulating bodies with implications for health promotion and disease prevention.

53) Encouragement of integrated learning (Standard 3.2.2) includes using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

54) Social accountability (Standard 1.1.3):

- is the willingness and ability to respond to the needs of society, of patients and the health and health related sectors;
- is the contribution to the national and international development of medicine by fostering competencies in health care, medical education and medical research;
- is based on the school's own principles and in respect of the autonomy of universities.

55) Governance (Standard 8.1) means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and programme policies and also with control of the implementation of the policies. The institutional and programme policies would normally encompass decisions on the mission of the medical school, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.

4. Abbreviation

The following abbreviations are used in the Standards:

AC	Accreditation Council
CPD	Continuing Professional Development
EB	Expert Board
ECAQA	the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare
EEC	External Expert Commission
ESG	Standards for accreditation the Higher Education Institutions for Health Professions Education based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area

EQA	External Quality Assurance
HEIs	Higher Education Institutions
IQA	Internal Quality Assurance
MoH RK	Ministry of Health of the Republic of Kazakhstan
MoEDSc	Ministry of Education and Science of the Republic of Kazakhstan
WFME	World Federation for Medical Education
WHO	World Health Organization

5. General Provision

5.1 Programme accreditation on "General Medicine" is carried out according to the main provision and requirements of following Standards considering the levels of their achievement and includes:

1. MISSIONS AND VALIES;
2. CURRICULUM;
3. ASSESSMENT;
4. STUDENTS;
5. ACADEMIC STAFF;
6. EDUCATIONAL RECOURSES;
7. QUALITY ASSURANCE;
8. GOVERNANCE AND ADMINISTRATION;
9. CONTINUOUS RENEWAL

5.2 Standards for accreditation on General Medicine undergraduate programme revised and based on the WFME Global Standards for Quality Improvement in Basic Medical Education (new edition standards 2020, revised second edition 2015) and harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (**ESG** 2015).

5.3 The Standards address the elements of the educational programme which encompasses: the totality of all processes and activities that the medical school offers or enables, to facilitate student learning, wellbeing, and achievement.

5.4 The revised ECAQA Standards for accreditation undergraduate medical education that based on the new edition WFME Global Standards for Quality Improvement in Basic Medical Education (2020). The new version of the WFME Standards are modified by using the principle-based approach that allows to meet the different needs of local regulatory agencies and medical schools whatever their resources, context, purposes, and stages of development.

5.5 Standards are used for accreditation of new educational programmes, medical schools, educational institutions considering the established or updated regulatory systems.[13]

5.6 The ECAQA Standards use the term “medical school” that means the same “faculty of medicine” at the higher and/or postgraduate educational institutions in Kazakhstan.

5.7 The decision on accreditation is awarded by ECAQA’s Accreditation Council according to the External Evaluation Report of the EEC containing recommendations regarding the decision on accreditation and including the evidence about the medical school/medical faculty meets predefined Standards.

5.8 The ECAQA’s Accreditation Council includes all main groups of stakeholders and based on recommendations of the WHO/WFME Guidelines for Accreditation of Basic Medical Education. The Members of the Accreditation Council are represented by the member of Kazakhstan Parliament, Ministry of Health, national research centres, professional associations, employers, students’ organisations and international experts.

6. Purpose of introduction of Standards for Programme accreditation

6. The main purposes for implementation of the programme accreditation are following:

6.1.1 to implement internal quality assurance within institution and develop the national external quality assurance system that harmonized with principles of good international practice for quality assurance in higher education;

6.1.2 to support and encourage the development of a quality culture that is embraced by students, academic staff/faculty, institutional leadership and management.

6.1.3 external evaluation of programme for compliance with the requirements of accreditation standards and quality assurance;

6.1.4 to promote the quality improvement of medical education to meet the needs of the changing environment and labour market requirements, and achieve competitiveness of the national higher education system;

6.1.5 state, society and consumer rights advocacy by providing reliable information to the public and authorized bodies in education and health care on the results of programme accreditation.

7. Principles of Quality Assurance and Accreditation

7.1 Quality assurance and accreditation system of higher education institutions based on the following principles:

7.1.1 Voluntariness/Freedom – institutional/programmatic accreditation is voluntary, peer–review process of quality assurance, and QAA recognizes the academic freedom and institutional autonomy of higher education institutions.

7.1.2 Responsibility – clearly defined responsibility of QAA and higher education institutions, and the involvement of principal stakeholders (HEI, students, employer organizations and healthcare professionals, government), ensured by agreed standards and guidelines and appropriate resources for innovation and training reviewers/experts.

7.1.3 Transparency – self–assessment and external evaluation process are carried out fairly and transparently, providing access to relevant information on process and procedures, accreditation standards and external evaluation to all stakeholders.

7.1.4 Independence – the external evaluation and decision–making process based on the reliable data and external evaluation results, regardless of third parties (authorized and state bodies, administration of a HEI and public opinion).

7.1.5 Objectivity - external evaluation using clearly established criteria and standards for accreditation, considering programme features and decision-making on accreditation based on the results of an external evaluation and EEC recommendations;

7.1.6 Confidentiality – information and report on self–evaluation of an educational programme and the data received during the external evaluation of the educational programme are strictly confidential.

7.1.7 Efficiency – external evaluation is focused on improving internal quality assurance mechanisms, support the development of a quality culture and ensure the link between IQA and EQA

8. General steps and main elements in accreditation process

8.1 Accreditation process includes the following main elements:

8.1.1 Submission of the application and the summary and education database of the higher education institution to the accrediting agency;

8.1.2 Signing the Agreement between higher educational institution and accrediting agency that included terms of payment and conditions for performance which must be at least 6 months;

8.1.3 Planning and conducting the Educational Programme self-evaluation in accordance with the accreditation Standards; submitting Educational Programme Self-evaluation Report (in Kazakh, Russian and English) to the accrediting agency;

8.1.4 Consideration the Educational Programme Self-evaluation Report by the Members of EEC's accrediting agency before the site-visit;

8.1.5 External evaluation - is site-visit to a medical school by an external expert commission, which evaluates the educational programme, draws up a report and recommendations for the Accreditation Council.

8.1.6 Submission of the final External Evaluation Report with recommendations on accreditation and areas for improvement to the accrediting agency and the Accreditation Council;

8.1.7 Decision on accreditation consideration of the final Report and recommendations of the External Expert Commission by the Accreditation Council.

8.1.8 Publication full Report of External Evaluation and decision on accreditation and post them on accrediting agency's web-site.

8.1.9 Subsequent procedures for reviewing the elimination of comments made by HEI on the basis of the EEC recommendations;

8.2 Programme accreditation is conducted in accordance with the Law "On Education" No. 319-III of the Republic of Kazakhstan from July 27, 2007 (with amendments and additions from July 11, 2021) at the expense of the financial resources of a HEI at the request of the organization;

8.3 During the self-assessment period, the accreditation body provides training seminars to explain the accreditation procedure and accreditation standards with a total duration of 6 hours in offline and / or online format, by prior agreement of the date and time with the accredited organisation;

8.4 By completion of self-assessment, the medical school sends to the accreditation agency 3 copies of the self-assessment report in three languages (Kazakh, Russian, English) with a cover letter on the official letterhead of the educational organization no later than 2 months before the intended EEC site-visit. All copies of reports must be signed by the first head of the medical school;

8.5 The reports are carefully reviewed by all members of the expert commission before the site-visit. Then EEC conducts site-visit to assess the reliability of the results of programme self-assessment;

8.6 The terms of site-visit are determined by the accreditation agency and ranges between 2 to 4 days;

8.7 The EEC is formed from the expert's database nominated and certified by the accreditation agency, as well as recommended by medical school, research organizations / centers, professional associations, public associations and employers.

8.8 The regulations of EEC activities are carried out in accordance with the standards and guidelines for external evaluation during the site-visit of a medical school, approved by the accreditation agency. Evaluation of new educational programmes is carried out in accordance with the requirements of the ECAQA Guidelines on external evaluation of new educational programmes;

8.9 The final report on the programme evaluation results is submitted by experts to the accreditation agency no later than 14 (fourteen) calendar days after the EEC site-visit. The final report must contain an assessment of implementation of standard rules for higher and postgraduate education institution activities, State Educational Standards and accreditation standards, as well as recommendations for improving the educational programme. Subsequently, the report with the recommendations is sent by the accreditation agency to the medical school for review and development of a corrective action plan based on the EEC recommendations during the period of post-accreditation monitoring;

The EEC report with recommendations is sent by the accreditation body to the education institution for review and correction of factual mistakes. For this purpose, 7 (seven) calendar days are given. After that the EEC report is sent to the accreditation body and members of the EEC for preparation of the final version of the report within 7 (seven) calendar days.

The EEC final report is sent to the Accreditation Council two weeks before the meeting. The EEC final report and the EEC recommendations are the basis for the Corrective Action Plan based during the period of post-accreditation monitoring.

8.10 The decision-making by the Accreditation Council is carried out on the basis of the programme self-assessment report, the final report and the EEC recommendations.

9. Decision on accreditation

9.1 Decisions on accreditation based on the fulfillment or lack of fulfillment of the Standards.

Categories of accreditation decisions:

1) Full accreditation- the duration of full accreditation is 5 years;

2) Accreditation for 3 years (regarding the new educational programmes)

3) Conditional accreditation- will be reviewed after 1 year to check fulfillment of the conditions;

4) Denial of accreditation.

5) Withdrawal of accreditation certificate

9.2 Full accreditation for the maximum period of 5 years must be conferred if all Standards are fulfilled, and medical school proceeds to the post-accreditation monitoring process.

9.3 Accreditation for 3 years is conferred to the new educational programmes which starts in the current academic year and / or there is no graduation of students. This decision is made if all accreditation standards are met and the expert report does not contain comments, subsequently medical school proceeds to the post-accreditation monitoring process.

9.4 Conditional accreditation, meaning that accreditation is conferred for the entire period stated but with conditions, to be reviewed after 1 year to check fulfillment of the conditions. Conditional accreditation can be used in cases where a few Standards are only partly fulfilled or in cases where more Standards are not fulfilled. The seriousness of the problem is to be reflected in the specification of conditions. Moreover, the medical school during the year following the date of the decision undertakes corrective measures based on the EEC recommendations (comments), draws up a self-assessment report for the educational programme under the new Accreditation Agreement and submits the self-assessment report to the accreditation agency that made a decision on conditional accreditation in accordance with the requirements of clause 8.4 of these accreditation standards. The terms and conditions for the programme accreditation are prescribed in the newly drawn up and concluded Accreditation Agreement.

9.5 Denial of accreditation must be the decision, if many Standards are not fulfilled, signifying severe deficiency in the quality of the programme that cannot be remedied within a few years. The medical school has the right to start the accreditation procedure no earlier than one year after a denial on the programme accreditation.

9.6 Withdrawal of accreditation certificate is conferred under these circumstances:

9.6.1 suspension of programme license and/or medical school license by the authorized body in education;

9.6.2 violation of the post-accreditation monitoring conditions (section 10);

9.6.3 systemic violations of the anti-corruption policy by the medical school in relation to its staff, faculty and students with documentary confirmation and announcement of such facts by the relevant authorized and regulatory bodies.

9.7 The decision on withdrawal of the accreditation certificate of the educational programme is confirmed by the minutes of the Accreditation Council, and an official letter is sent to the name of the first head of the medical school with subsequent written notification of the authorized body.

9.8 If the decision on accreditation will be denial or withdrawal of accreditation the higher education institution will be excluded or not listed at the Bologna Process

Register and Academic Mobility of the Ministry of Education and Science of the Republic of Kazakhstan.

9.9 After the decision on the programme accreditation, the accreditation body sends to the medical school an official letter with the results of the Accreditation Council decision and the original certificate of accreditation.

9.10 The accrediting agency's decision on accreditation of medical school and its educational programmes is sent to the Bologna Process and Academic Mobility Center of the MoES RK to be listed on the #3 Register of accredited educational programmes and posted on the website of the accreditation body.

9.11 In case of Conditional Accreditation the medical school has the right to appeal against the decision of the Accreditation Council in accordance with the published procedure for appeals that is available on the agency's website.

9.12 Medical school should submit the application for re-accreditation by the end of the accreditation period to confirm its accredited status and must send an application to the accreditation body no late than 12 (twelve) months before the expiration of the programme accreditation certificate.

10. Follow up activities

10.1 Post-accreditation monitoring (PAM) is an integral part and an important stage in the programme accreditation and must be strictly conducted during the duration of accreditation certificate.

10.2 The accreditation agency conducts post-accreditation monitoring without concluding additional agreements during the duration of accreditation certificate.

10.3 Post-accreditation monitoring is conducted through:

10.3.1 submission to the accreditation agency of the programme action plan based on the EEC recommendations for improvement during the duration of accreditation certificate. The plan is provided within 30 (thirty) calendar days after medical school receives a decision to accredit educational programme;

10.3.2 periodic submission of brief progress report annually to shed light on how the medical school has addressed the External Evaluation Commission's recommendations for improvement (high quality hardcopies and/or e-documents). The report is sent to the accreditation agency without additional notifications or formal requests from it. The report is sent annually to the accreditation body by 20 December each year, starting from the year following the accreditation decision.

10.3.3 a site-visit to the medical school that is conducted by an expert and a representative of the accreditation agency to assess the EEC recommendations for improvement. The site-visit is carried out 1.5 years after the issuance of accreditation certificate and lasts 1-2 days. The date of the site-visit is agreed with the medical school.

10.4 The medical school must inform accrediting agency of any substantive changes in scope of activities of the institution, including the educational programme changes.

10.5 The accrediting agency has the rights to consider complaints about the quality of accredited medical school and the accrediting agency conducts initial evaluation and it would be arranged the site-visit.

10.6 The accreditation agency has the right to suspend the accreditation certificate if the medical school violates the requirements of clauses 10.3, 10.4 of these Standards. Moreover, the decision to suspend the certificate is made until the elimination of violations of the PAM requirements. This decision is formalized by the order of the general director of the accreditation agency and a notification letter is sent to the medical school.

11. Development and revision of the accreditation standards

11.1 Amendments for accreditation standard are addressed for its further improvement.

11.2 Amendments to accreditation standard are proposed by the accrediting agency.

11.3 In case of amendments' initiation to the standard by main stakeholders, they address their suggestions and remarks to the accreditation agency.

11.4 Accrediting agency consider all suggestions and remarks related to accreditation standards for their validity and appropriateness.

11.5 Amendments to the Standards for Accreditation after their confirmation are approved by the order of the General Director of the accreditation agency in a new edition with changes to the current standard.

11.6 The Standard of accreditation is reviewed every 5 years.

12. STANDARDS FOR PROGRAMME ACCREDITATION "GENERAL MEDICINE"

Standard 1. MISSION AND VALUES

1.1 Stating the mission

1.1.1 The medical school has a public statement that sets out its value, priorities, and goals**.**

1.1.2 The medical school briefly and concisely describes the its purpose, values, educational goals, research functions, and relationships with the healthcare service, communities

1.1.3 The medical school states its educational programme's mission and makes it known to stakeholders and the health sector it serves. The programme mission and vision should comply with the medical school's mission and vision.

1.1.4 The medical school outlines in its educational programme's mission the aims and the educational strategy resulting in a medical doctor

- competent at a basic level (including residency programme);
- with an appropriate foundation for future career in any branch of medicine;
- capable of undertaking the roles of doctors as defined by the health sector;
- prepared and ready for postgraduate medical education;
- committed to life-long learning.

1.1.5 The medical school ensures that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

1.1.6 The medical school ensures that the mission encompasses medical research attainment and aspects of global health.

1.1.7 The medical school describes how the mission statement defines and affects the curriculum and quality assurance.

1.2 Participation in Formulation of Mission

1.2.1 The medical school indicates the extent to which the mission statement has been developed in consultation with principal stakeholders;

1.2.2 The medical school ensures that the formulation of its mission is based also on input from other stakeholders.

1.3 Institutional Autonomy and Academic Freedom

1.3.1 The medical school has institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum and use of the allocated resources necessary for implementation of the curriculum.

1.3.2 The medical school ensures academic freedom for its staff and students:

- in addressing the actual curriculum planning, development and implementation, at the same time, it is possible to rely on different perspectives in the description and analysis of health issues,
- in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Standard 2. CURRICULUM

2.1 Intended curriculum outcomes

2.1.1 The medical school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

2.1.2 The medical school's intended curriculum outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a doctor;

2.1.3 The medical school considers whether the defined outcomes align with its mission;

2.1.4 The medical school reviews and analyses how the defined outcomes map on to relevant national regulatory standards or government and employer requirements;

2.1.5 The medical school analyses whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment);

2.1.6 The medical school considers how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course;

2.1.7 The medical school ensures that the educational programme has a clearly formulated set of intended learning outcomes, conductive to the development of competences in public health and which are responsive to changing environment, health needs and demands of populations.

2.1.8 The medical school ensures appropriate student conduct with respect to fellow students, physicians, faculty members, other health care personnel, patients and their relatives.

2.1.9 The medical school should

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training;
- specify intended outcomes of student engagement in medical research.

2.2 Curriculum organisation and structure

2.2.1 The medical school has developed and documented the overall organisation of the curriculum, outcomes (knowledge, skills, professional values and attitude), disciplines, service and clinical preparation including the principles underlying the curriculum model employed and the relationships among the component disciplines.

2.2.2 The medical school describes the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural ans social and clinical subjects.

2.2.3 The medical school in the curriculum ensures horizontal integration of associated sciences and vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences, and allow optional (elective) content and define the balance between the core and optional content as part of the educational programme and describes the interface with complementary medicine.

2.2.4 The medical school ensures that the qualification resulting from a programme isclearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area. (**ESG 1.2)**

2.2.5 The medical school's programmes provides students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers. (**ESG G 1.2)**

2.2.6 The medical school's programme should be

- designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- designed so that they enable constant promotion, smooth student progression;
- defined the expected student workload, e.g. in ECTS;
- included well-structured placement opportunities where appropriate;
- and it is subject to a formal institutional approval process. (**ESG G 1.2)**

2.2.7 The medical school ensures that learning and teaching are student-centred with students encouraged and supported in taking responsibility for self-directed learning in order to encourage a culture of life-long learning.

2.2.8 The medical school ensures that the curriculum is delivered in accordance with principles of equality.

2.3 Curriculum content

2.3.1 The medical school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.

2.3.2 The medical school's curriculum content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioral and social sciences.

2.3.3 The medical school' curriculum contents in all domains are sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation.

2.3.4 The medical school's curriculum content includes the principal domains:

- Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science;
- Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation;
- Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics;

2.3.5 The medical school's curriculum content also includes:

- Health systems science which includes population health and local healthcare delivery systems;
- Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines;

2.4 Basic Biomedical Sciences

2.4.1 The medical school identifies and incorporates in the curriculum the contributions of the basic biomedical sciences to create understanding of scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science;

2.4.2 The medical school should in the curriculum adjust and modify the contributions of the biomedical sciences to the

- scientific, technological and clinical developments;
- current and anticipated needs of the society and the health care system.

2.5 Clinical Sciences and Skills

2.5.1 The medical school identifies and incorporates in the curriculum the contributions of the clinical sciences to ensure that students

- acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation;
- spend a reasonable part of the programme in planned contact with patients in relevant clinical settings;
- have experience in health promotion and preventive medicine;
- spend sufficient time in contacts with appropriate number of patients to study at the clinical sites, including internal medicine, surgery, psychiatry, family medicine, obstetrics and gynecology, pediatrics.

2.5.2 The medical school organises clinical training with appropriate attention to patient safety that would require supervision of clinical activities conducted by students.

2.5.3 The medical school should in the curriculum adjust and modify the contributions of the clinical sciences to the

- scientific, technological and clinical developments;
- current and anticipated needs of the society and the health care system.

2.5.4 The medical school ensures that every student has early patient contact gradually including participation in patient care, including consistent involvement in the medical care to the patient, responsibility for the examination and / or treatment of the patient under the supervision of a faculty at appropriate clinical sites.

2.5.5 The medical school has a structure the different components of clinical skills training according to the stage of the study programme.

2.6 Scientific Method

2.6.1 The medical school throughout the curriculum teach:

- the principles of scientific method, including analytical and critical thinking;
- medical research methods;
- evidence-based medicine, which require the appropriate faculty competence and will be a mandatory part of the educational programme and will involve students in small research projects.
- elements of original or advanced research as optional component, including mandatory or elective analytical and experimental research, thereby facilitating the participation of students and faculty in the scientific development of healthcare as professionals and colleagues.

2.7 Behavioural and Social Sciences, Medical Ethics and Jurisprudence

2.7.1 The medical school identifies and incorporates in the curriculum the contributions of the: behavioural sciences, social sciences, medical ethics, medical jurisprudence that would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.

2.8 Educational technology, instructional methods and experiences

2.8.1 The medical school employs a range of educational technologies, instructional and experiences **methods with quality, academic integrity, and anti-plagiarism policies** to ensure that students achieve the intended outcomes of the curriculum.

2.8.2 The medical school uses instructional/learning methods, including virtual learning methods (digital, distance, electronic), that stimulate, prepare and support students to take responsibility for their learning process (2.1.2 WFME).

2.9 Programme Management

2.9.1 The medical school has a curriculum committee, which has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes and in its curriculum committee ensure representation of staff and students.

2.9.2 The medical school has a structural unit that has authority to plan and implement innovations in the educational programme and ensures in its structural unit representatives of other stakeholders.

2.9.3 The medical school has a process and procedure for the programme development and approval (**ESG G1.2).**

2.10 Linkage with medical practice and the health sector

2.10.1 The medical school ensures operational linkage between the educational programme (curriculum) and the subsequent stages of education or practice after graduation (residency prorgamme, CPD).

2.10.2 The medical school should ensure that the curriculum committee

- explores the environment in which graduates will be expected to work, and modifies the programme accordingly;
- considers programme modification in response to opinions in the community and society.

Standard 3. ASSESSMENT

3.1 Assessment policy and system

3.1.1 The medical school developed and implemented a policy that describes its assessment practices.

3.1.2 The medical school defined, stated and published the policy, principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes and ensures that assessments cover knowledge, skills and attitudes;

3.1.3 The medical school ensures that methods and results of assessments avoid conflicts of interest and that assessments are open to scrutiny by external expertise, uses a system of appeal of assessment results.

3.1.4 The medical school should evaluate and document the reliability and validity of assessment methods, incorporate new assessment methods where appropriate and encourage the use of external examiners to increase the fairness, quality and transparency of the assessment process.

3.1.5 The medical school has a centralized system for ensuring that the policy is realized through multiple, coordinated assessments that are aligned with its curriculum outcomes and instructional methods.

3.1.6 The medical school ensures that its assessment policy is shared with all stakeholders

3.2 Assessment in support of learning (formative assessment)

3.2.1 The medical school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses, and helps them to consolidate their learning.

3.2.2 The medical school should adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning, and provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

3.3 Assessment in support of decision-making

3.3.1 The medical school has in place a system of assessment that informs decisions on progression and graduation.

3.3.2 The medical school has in place these summative assessments that are appropriate to measuring course outcomes.

3.3.3 The medical school has assessments that are well-designed, producing reliable and valid scores.

3.4 Quality control

3.4.1 The medical school has mechanisms in place to assure the quality of its assessment methods.

3.4.2 The medical school ensures that assessment data are used to improve the performance of academic staff, courses, and the institution.

3.4.3 The medical school should review its individual assessments regularly, as well as the whole assessment system and use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessment methods, the assessment system, the course and the curriculum.

Standard 4. STUDENTS

4.1 Selection and admission policy

4.1.1 The medical school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

4.1.2 The medical school should consider the following admissions issues that are important in developing the admission policy:

- the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately;
- equality and diversity issues
- policies for re-application, deferred entry, and transfer from other schools or courses, national international programmes and institutions;

4.1.3 The medical school should periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society, which also considers students admission based on gender, ethnicity and language, and the potential need for special admission policies for students from low-income families and national minorities.

4.1.4 The medical school should clarify where selection and admissions procedures are governed by national policy and indicate how these rules are applied locally. Where the medical school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context.

4.1.5 The medical school has a clear statement on the process of selection of students and should consider:

- rationale and selection methods, such as high school learning outcomes, other releant academic experience, entrance exams and interviews, assessment of motivation to become a doctor, including changes in needs related to a variety of clinical practice;
- requirements for selection, stages in the process of selection, mechanisms for making offers, mechanisms for making and accepting complaints.

4.1.6 The medical school has a policy and implement a practice for admission of students with special needs, in accordance with applicable state laws and regulations.

4.1.7 The medical school should periodically review the admission policy, based on relevant data from the public and professional community in order to meet the health needs of the population and society as a whole.

4.1.8 The medical school has a system for appeal of admission decisions.

4.2 Student counseling and support

4.2.1 The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

4.2.2 The medical school offers student support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning.

4.2.3 The medical school considers what emergency support services are available in the event of personal trauma or crisis.

4.2.4 The medical school specifies process to identify students in need of academic or personal counselling and support.

4.2.5 The medical school considers how such services will be publicised, offered, and accessed in a confidential manner.

4.2.6 The medical school considers how to develop support services in consultation with students' representatives and allocates resources for student support.

4.2.7 The medical school should provide academic counselling that is based on monitoring of student progress and includes career guidance and planning.

4.2.8 The medical school provides to students the documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed. **(ESG G 1.4)**

Standard 5. ACADEMIC STAFF

5.1 Academic staff establishment policy

5.1.1 The medical school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

5.1.2 The medical school determining academic staff establishment policy involves considering:

- the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
- the distribution of academic staff by grade and experience, academic and/or scientific degree, service and teaching experience;
- the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff;
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions.

5.1.3 The medical school in its policy for staff recruitment and selection take into account criteria such as relationship to its mission, including significant local issues and economic considerations.

5.2. Academic staff performance and conduct

5.2.1 The medical school has specified and communicated its expectations for the performance and conduct of academic staff.

5.2.2 The medical school has developed a clear statement describing the responsibilities of academic staff for teaching, research, and service.

5.2.3 The medical school has developed a code of academic conduct in relation to these responsibilities for teaching, research, and service.

5.2.4 The medical school should formulate and implement a staff activity and development policy which

- ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications;
- ensure that clinical service functions and research are used in teaching and learning;
- ensure sufficient knowledge by individual staff members of the total curriculum, on teaching / learning methods, assessment of knowledge and skills, and the content of other related disciplines which fosters cooperation and integration;
- include teacher training, development, support and appraisal of faculty members including newly recruited ones, attracted from clinics.

5.2.5 The medical school should take into account teacher-student ratios relevant to the various curricular components and should design and implement a staff promotion policy.

5.3 Continuing professional development for academic staff

5.3.1 The medical school implements a stated policy on the continuing professional development of its academic staff.

5.3.2 The medical school develops and publicises a clear description of how the school supports and manages the academic and professional development of each member of staff.

Standard 6. EDUCATIONAL RESOURCES

6.1 Physical Facilities for teaching and learning

6.1.1 The medical school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

6.1.2 The medical school ensures that a learning environment, which is safe for staff, students, patients and their relatives, and provides necessary information and protection against harmful substances, microorganisms, and compliance with safety regulations in the laboratory and while using equipment.

6.1.3 The medical school should improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.

6.2 Clinical training resources

6.2.1 The medical school has appropriate and sufficient resources to ensure that students receive the required clinical training.

6.2.2 The medical school ensures that the necessary resources for giving the students adequate clinical experience, including sufficient number and categories of patients, clinical training facilities and supervision of their clinical practice.

6.2.3 The medical school should evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

6.3 Medical Research and Scholarship

6.3.1 The medical school uses medical research and scholarship as a basis for the educational curriculum.

6.3.2 The medical school has formulated and implemented a policy that fosters the relationship between medical research and education.

6.3.3 The medical school ensures that interaction between medical research and education influences current teaching, encourages and prepares students to engage in medical research and development.

6.3.4 The medical school describes the research facilities and priorities at the school.

6.4 Information resources

6.4.1 The medical school has formulated and implemented a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.

6.4.2 The medical school provides adequate access to electronic and hardcopy information resources to support the school's mission and curriculum.

6.4.3 The medical school considers the school's provision of access to information resources for students and academic staff, including online and physical library resources as well as evaluates these facilities in relation to the school's mission and curriculum in learning, teaching, and research.

6.4.4 The medical school should enable teachers and students to use existing and exploit appropriate new information and communication technology for

- independent learning;
- accessing information;
- managing patients;
- working in health care delivery systems;
- optimise student access to relevant patient data and health care information systems.

6.5 Educational Expertise

6.5.1 The medical school has access to educational expertise where required.

6.5.2 The medical school has formulated and implemented a policy on the use of educational expertise in curriculum development and development of teaching and assessment methods.

6.5.3 The medical school has paid attention to current expertise in educational evaluation and in research in the discipline of medical education.

6.5.4 The medical school allows staff to pursue educational research interest.

6.6 Educational Exchanges

6.6.1 The medical school has formulated and implemented a policy for

- national and international collaboration with other educational institutions, including academic and administrative staff, researchers, student mobility;

- transfer of educational credits, which can be taken into account when transferring a student from other HEI and which can be facilitated by the agreements on the mutual recognition of programme elements, active coordination of programs between medical schools, the use of a transparent system of credit units and flexible course requirements.

6.6.2 The medical school has facilitated regional and international exchange of staff (academic, administrative, researchers) and students by providing appropriate resources.

6.6.3 The medical school ensures that exchange is purposefully organised, taking into account the needs of staff (academic, administrative, researchers) and students, and respecting ethical principles.

Standard 7. QUALITY ASSURANCE PROGRAMM

7.1 The Quality Assurance system

7.1.1 The medical school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

7.1.2 The medical school has developed the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices.

7.1.3 The medical school has designed and applied a decision-making and change management structure and process, as part of quality assurance.

7.1.4 The medical school has prepared a written document that sets out the quality assurance system.

7.2 Mechanisms for programme monitoring and evaluation

7.2.1 The medical school has a programme of routine curriculum monitoring of processes and outcomes.

7.2.2 The medical school has established and apples a mechanism for programme evaluation that

- addresses the curriculum and its main components, which include the model, structure, content, duration and use of the соку and elective parts of the programьу (see the Standard "Educational programьу").

-addresses student progress;

- identifies and addresses concerns in achieving learning outcomes by students through the collection of information about them;

- using feedback to develop action plan and take measures to improve the educational programme.

7.2.3 The medical school periodically evaluates the programme by comprehensively addressing

- the context of the educational process, which includes organisatoon of training, learning environment, resources and institutional culture.

- the specific components of the curriculum, which include description of courses, instructional methods, clinical rotation and assessment methods.

- the long-term acquired outcomes, which will be measured by the results of national examinations, independent assessment of knowledge, benchmarking procedure, international exams, career choice and postgraduate study results;

- its social accountability.

7.2.4 The medical school ensures that they collect, analyse and use relevant information for the effective management of the programme and other activities. **(ESG S1.7)**

7.3 Teacher and Student Feedback

7.3.1 The medical school ensures that systematically seek, analyse and respond to teacher and student feedback and use feedback results for programme development.

7.4 Performance of Students and Graduates

7.4.1 The medical school analyses performance of cohorts of students and graduates in relation to mission and intended educational outcomes, curriculum and provision of resources.

7.4.2 The medical school should analyse performance of cohorts of students and graduates in relation to student background and conditions**,** entrance qualifications.

7.4.3 The medical school should use the analysis of student performance to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

7.5 Involvement of Stakeholders

7.5.1 The medical school should in its programme monitoring and evaluation activities involve its principal stakeholders.

7.5.2 The medical school should for other stakeholders, including representatives of the public, authorized bodies in education and healthcare, professional organizations, as well as individuals responsible for postgraduate education:

- allow access to results of course and programme evaluation;

- seek their feedback on the clinical training, as well as on performance of graduates;

- seek their feedback on the curriculum quality.

Standard 8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.1.1 The medical school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school’s mission and functions, and ensures stability of the institution.

8.1.2 The medical school has defined its governance structures and advisory bodies, and included representatives of key and other stakeholders, in particular representatives of the health sector and the professional community.

8.1.3 The medical school ensures the transparency of the work of governance and its decisions that would be obtained by newsletters, web-information or disclosure of minutes.

8.1.4 The medical school has described the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines.

8.1.5 The medical school ensures that the school has a risk management procedure.

8.2 Student and academic staff representation

8.2.1 The medical school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

8.2.2 The medical school has considered how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them.

8.2.3 The medical school has defined mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

8.2.4 The medical school should encourage and facilitate student activities and student organisations.

8.3 Administration

8.3.1 The medical school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

8.3.2 The medical school has developed a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

8.4 Educational budget and resource allocation

8.4.1 The medical school has a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

8.4.2 The medical school allocates the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

8.4.3 The medical school has autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

8.4.4 The medical school should in distribution of resources take into account the developments in medical sciences and the health needs of the society.

8.5 Interaction with Health Sector

8.5.1 The medical school has constructive interaction with the health and health related sectors of society and government, including the exchange of information, cooperation and the implementation of initiatives that contribute to the provision of the society with qualified physicians in accordance with its needs.

8.5.2 The medical school has formalised its collaboration, including engagement of staff and students, with partners in the health sector, which includes the conclusion of formal agreements with the definition of the content and forms of cooperation and /

or the conclusion of a joint contract, the creation of coordination committee, conducting joint events.

Standard 9. CONTINUOUS RENEWAL

9.1 The medical school as a dynamic and socially accountable institution

- initiates procedures for regularly self-reviewing and allocates resources for continuous renewal, updating the formal structure of institution, learning objectives, strategic plan, taking into account changes in the healthcare needs, new regulatory documents and transformations in society;

9.2 The medical school should base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical and pharmaceutical education literature.

9.3 The medical school should ensure that the process of renewal on the main aspects of the programmer implementation, contributing to its modernization.

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