

**STANDARDS FOR ACCREDITATION OF EDUCATIONAL
PROGRAMMES OF BASIC MEDICAL EDUCATION
(Bachelor's Specialties)**



General provision

Almaty 2021 г.

**Eurasian Center for Accreditation and Quality Assurance in Higher
Education and Health Care**

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PROGRAMMES OF BASIC MEDICAL EDUCATION
(Bachelor's Specialties)**

GENERAL PROVISION

Almaty, 2021

DEVELOPED by the Non-Profit Institution "**Eurasian Center for Accreditation and Quality Assurance in Higher Education and Healthcare**"

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This Standard implements the provisions of the Law of the Republic of Kazakhstan "On Education" dated 27.07.2007 No 319-III (as amended as of 03.01.2021) and the Law of the Republic of Uzbekistan dated September 23, 2020 No ZRU-637 "On Education".

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These Standards have been developed on the basis of the Global Standards of the World Federation for Medical Education for Improving the Quality of Basic Medical Education (2015, 2020), the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015), in accordance with the institutional needs and priorities of the country's health care system. The Standards are used by medical education organizations to conduct self-assessment of the educational programme, identify and improve internal quality assurance mechanisms, develop internal documentation and develop a quality culture.

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STANDARDS FOR ACCREDITATION OF EDUCATIONAL PROGRAMMES OF BASIC MEDICAL EDUCATION (Bachelor's Specialties)

General provisions

1. Scope of application

1.1 This standard defines the main provisions and requirements of the standards for the accreditation of educational programmes in the specialties of the Bachelor of medical educational organizations (hereinafter referred to as the accreditation standards).

1.2 This standard applies as a tool for ensuring the quality of higher medical education and training of health care professionals in the Republic of Uzbekistan in such areas as:

- General Medicine;
- Pediatrics;
- Dentistry;
- Therapeutic prevention;
- Nursing.

1.3 This standard is applied when conducting accreditation of educational programmes of higher education in the field of health care and external assessment of the education quality assurance system, regardless of the status, organizational and legal form, forms of ownership and departmental subordination of the medical educational organization.

1.4 This standard is used by medical educational institutions to conduct specialized (programmatic) self-assessment and write a self-assessment report, identify and improve internal quality assurance mechanisms, develop and improve internal documentation and develop a quality culture.

2. Regulatory references

This standard refers to the following legislative and regulatory documents:

2.1 Law of the Republic of Kazakhstan "On Education" dated June 27, 2007 No 319-III (with amendments and additions as of 03.01.2023).

2.2 Law of the Republic of Uzbekistan dated 29.08.1997 No. 464-I "On Education"

Draft Law of the Republic of Uzbekistan "On Education" (New Edition) dated 29.08.2019 (Chapter 8. Article 55. Attestation and State Accreditation of Educational Organizations, Article 56. Conducting Internal Certification of Educational Organizations, as well as Articles 57. and Article 58.);

2.3 Law of the Republic of Uzbekistan dated September 23, 2020 No ZRU-637 "On Education".

2.4 Resolution of the President of the Republic of Uzbekistan "On measures for the further development of the higher education system" dated April 20, 2017 No PP-2909 (Appendix No 1 to the Decree of the President of the Republic of

Uzbekistan dated April 20, 2017 No PP-2909 *Set of Measures for the cardinal improvement of the higher education system for the period 2017 - 2021*).

2.5 Resolution of the P resident of the Republic of Uzbekistan "On measures to further reform the system of medical education in the Republic of Uzbekistan" dated May 5, 2017 No PP-2956;

2.6 Decree of the President of the Republic of Uzbekistan dated 06.05.2019 No PP-4310 "On measures for further development of the system of medical and pharmaceutical education and science". (Appendix No 1 to the Decree of the President of the Republic of Uzbekistan dated May 6, 2019 No PP-4310 *Plan of practical measures for the further development of the system of medical and pharmaceutical education and science*; Appendix No 2 to the Decree of the President of the Republic of Uzbekistan dated May 6, 2019 No PP-4310 *Indicators for assessing the quality of the development of medical and pharmaceutical education and science until 2025*)

2.7 The Concept for the Development of the Health System of the Republic of Uzbekistan for 2019-2025 was approved by the Decree of the President of the Republic of Uzbekistan "On Comprehensive Measures to Radically Improve the Health System of the Republic of Uzbekistan" dated December 7, 2018.

2.8 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan "On Measures to Further Improve the Training of Medical Personnel" dated September 27, 2017 No 769 (Appendix No 2 to the Resolution of the Cabinet of Ministers dated September 27, 2017 No 769 *Structure of Curricula for Bachelor's Degree of Medical Higher Education (Field of Education "Healthcare")*, Appendix No 2a to the Resolution of the Cabinet of Ministers dated September 27, 2017 No 769 *Structure of Curricula for Master's Specialties of Medical Higher Education (Field of Education "Healthcare")*).

2.9 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan "On Approval of the Regulation on the Procedure for Admission, Transfer, Reinstatement and Expulsion of Students in Higher Educational Institutions", No393 dated June 20, 2017

2.10 On approval of the Rules for the recognition of accreditation bodies, including foreign ones, and the formation of a register of recognized accreditation bodies, accredited educational organizations and educational programs. Order of the Minister of Education and Science of the Republic of Kazakhstan dated November 1, 2016 No 629.

2. Terms and Definitions

This standard uses terms and definitions from the Law of the Republic of Kazakhstan "On Education" dated 27.07.2007 No 319-III (as amended as of 03.01.2023) and the Law of the Republic of Uzbekistan dated September 23, 2020 No ZRU-637 "On Education":

1) **Accreditation bodies** are legal entities that develop standards (regulations) and carry out accreditation of educational organizations on the basis of standards (regulations) developed by them;

2) **Accreditation of educational organizations** is a procedure for recognizing the compliance of educational services with the established standards (regulations) of accreditation by an accreditation body in order to provide objective

information about their quality and confirm the availability of effective mechanisms for its improvement;

3) **Accreditation of educational programmes** is the procedure for recognizing the compliance of educational programs (specialty) with the established standards (regulations) of accreditation by the accreditation body in order to provide objective information about their quality and confirm the availability of effective mechanisms for its improvement;

4) **Institutional accreditation** is the process of assessing the quality of an educational organization by an accreditation body for compliance with the declared status and established standards of the accreditation body;

5) **Specialized accreditation** is an assessment of the quality of individual educational programs implemented by an educational organization;

6) **Accreditation standards (regulations)** are documents of the accreditation body that establish requirements for the accreditation procedure;

7) **State accreditation** is the process of state recognition of the compliance of the activities of state educational institutions and organizations, non-state educational organizations (hereinafter referred to as educational organizations) with state educational standards, state educational requirements and curricula, as well as granting the right to issue educational documents to their graduates;

8) **State educational standards** are a set of requirements for the content and quality of education established by the state;

9) **State educational requirements** are mandatory requirements for the structure, content and conditions for the implementation of education, as well as for the physical, personal, intellectual, scientific and professional qualities of students;

10) **Bachelor's degree** is a basic higher education that provides in-depth knowledge, skills and abilities in one of the areas of higher education, with a duration of study of at least three years;

11) **Master's degree** - higher education in a specific specialty on the basis of the corresponding bachelor's degree with a duration of study of at least one year;

12) **Postgraduate education** provides training of scientific and scientific-pedagogical personnel with a scientific degree on the basis of basic doctoral studies, doctoral studies and independent research, providing for in-depth study of the specialty and conducting scientific research in order to prepare and defend a doctoral dissertation;

13) **Monitoring** in the education system includes the study and observation of the state of education, the dynamics of changes in the results of education, the conditions created for the implementation of educational activities, as well as the analysis of information about the contingent of students and the adoption of management decisions.

In accordance with the International Standards of the World Federation for Medical Education for Improving the Quality of Basic Medical Education

(2015 revision, 2020 version), the following terms and definitions are established in the relevant Standards:

14) *Administrative staff* (Standard 8.5) - employees in the management and management of structural units, responsible for administrative support for the formation of policy and the implementation of policies and plans; depends on the organizational structure of the administration, includes the head and staff of the administration, deans of faculties, heads of financial management, employees of the budget planning and accounting departments, admissions officers and heads of the departments of planning the educational process, human resources and information technology.

15) *Academic leadership* (Standard 8.2) – employees in the management and management of structural units, responsible for making decisions on academic issues in teaching and learning, in conducting research and providing services in the health care system. They include the rector, vice-rectors, deans, heads of departments, heads of structural units, heads of research institutes and centers, as well as chairmen of standing commissions (for the selection of students, planning of educational programs and advising students).

16) *Academic freedom* (Standard 1.2) – appropriate freedom of expression, inquiry, freedom of research and publication for staff and students.

17) *Basic biomedical sciences* (Standard 2.3) include anatomy, histology, biochemistry, biophysics, physiology, pathology, molecular biology, cell biology, genetics, microbiology (including bacteriology, parasitology and virology), immunology, pharmacology.

18) *Academic Staff Balance* (Standard 5.1) - the ratio of employees with joint responsibility in basic, behavioral and social, and clinical sciences in the university and in the clinic, teachers with additional functions in accordance with the positions held.

19) *The balance between medical and non-medical employees* (Standard 5.1) is a sufficient medical orientation of the qualification of personnel with non-medical education.

20) *The merits of applicants* (Standard 5.1) are evaluated on the basis of official qualifications, professional experience, results of research activities, teaching experience, recognition by colleagues.

21) *Other stakeholders* (Standard 1.4.2) - include representatives of other medical specialties, patients and their organizations, members of the public, academic and administrative staff, authorized bodies for education and health, professional organizations, medical scientific organizations, as well as persons responsible for postgraduate education.

The main stakeholders (Standard 1.4.1) include the Rector, members of the Faculty Council, the Academic Council, the Methodological Council, representatives of the teaching staff and students, the university administration, authorized bodies;

22) *Institutional autonomy* (Standard 1.2) – appropriate independence from government and other organizations (regional and local authorities, religious

communities, private cooperative organizations, professional, trade union and other interest groups) to be able to make decisions in key areas such as the development of an educational program.

23) *Horizontal integration* (Standard 2.3.2) includes, for example, the integration of basic sciences such as anatomy, biochemistry and physiology, or the integration of disciplines of internal medicine and surgery, such as medical and surgical gastroenterology or nephrology and urology.

24) *Vertical integration* (Standard 2.3.3) includes, for example, the integration of metabolic disorders and biochemistry or cardiology and cardiovascular physiology.

25) *Information support* (Standard 4.3) - internal regulations, working hours of all services, telephone directory, data of administrators and teaching staff, tuition payment procedure, information about educational courses, e-mail addresses of teachers, clearly established criteria for assessing learning outcomes, as well as information about the main policy in the educational process, available information materials: work programs, syllabuses for students, availability of reference books on educational programs, catalog of elective disciplines.

26) *Medical Research and Achievement* (Standard 5.2) includes scientific research in the biomedical, clinical, behavioral and social sciences, achievements meaning academic knowledge and skills in the field of the latest advances in medicine, and the basis of the research curriculum will be provided by research activities within the medical educational organization itself or affiliates and by research-competent faculty.

27) *Clinical disciplines/sciences* (Standard 2.4):

- *Core clinical disciplines* include Internal Medicine, Surgery, Paediatrics, Obstetrics and Gynecology, Psychiatry and General Medical Practice/Family Medicine;

- *Clinical sciences* include anesthesiology, obstetrics and gynecology, internal medicine (subspecialties), geriatrics, dermatology and venereology (sexually transmitted diseases), radiology, emergency medicine, general medical practice/family medicine, laboratory medicine, neurology, neurosurgery, oncology and radiation therapy, ophthalmology, orthopedic surgery, otorhinolaryngology, pediatrics, physiotherapy and rehabilitation medicine and psychiatry, surgical diseases (subspecialties), 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.

28) *Clinical skills* (Standard 2.4) include medical history, physical examination, communication skills, procedures and examinations, emergency medical care, prescribing and prescribing medications, and treatment.

29) *Learning outcomes or competencies* (Standard 1.3) include the knowledge, skills and attitudes that students are expected to demonstrate at the end of the learning period.

Outcomes in medicine and medical practice should be determined by the

health education organization and will include documented knowledge and understanding of: (a) basic biomedical sciences, (b) behavioral and social sciences, including public health and social medicine, (c) medical ethics, human rights, and medical jurisprudence relevant to medical practice, (d) clinical sciences, including clinical skills as applied to diagnostic procedures, practical procedures, communication skills, disease treatment and prevention, health promotion, rehabilitation, clinical rationale, and problem solving, and (e) the ability to be lifelong learners and demonstrate professionalism in relation to the various roles of the physician, as well as in relation to the medical profession. The characteristics and accomplishments of students required upon completion of the training may, for example, be classified as a physician: (a) a medical practitioner, (b) a physician with effective communication skills, (c) a faculty member, (d) a manager, (e) a professional, and (f) a researcher.

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

31) *Material and technical facilities* (Standard 6.1) include: lecture halls, study rooms, educational and scientific laboratories, clinical skills laboratories, rooms for teachers, libraries, information technology and facilities, conditions for student recreation, such as adequate study rooms, recreation hall, vehicles, catering for students, dormitories, boxes for storing personal belongings of students, sports facilities, leisure facilities.

32) *Management* (Standard 8.4) means an action and/or structure related to the implementation of institutional and program policies, including economic and organizational participation, actual allocation and use of resources in a medical educational organization. Implementation of institutional and program policies, involves the implementation of policies and plans regarding the mission, educational program, student admission policy, selection and admission of employees and external relations.

33) *Teaching and learning methods* (Standard 2.1) include lectures, small group learning (TBL), problem-based learning (PBL), case-based learning (CBL), hands-on and laboratory exercises, bedside training, real-patient clinic training, clinical skills training in clinical training centers (SBL), primary care education, and web-based teaching.

34) *Virtual learning methods* (Standard 2.8.2). (digital, distance, e-learning) that are technically well designed, actively used and maintained, can be considered and interpreted as an alternative or complementary approach to learning in appropriate circumstances, including societal emergencies.

35) *Medical ethics* (Standard 2) – moral issues in medical practice, such as values, rights, and responsibilities related to physician behavior and decision-making.

36) *Medical jurisprudence* (Standard 2.4) is the laws and other regulatory legal acts of the health care system and the provision of medical care, specialties and medical practice, including the rules for the production and use of medicines and medical technologies (devices, tools, etc.).

37) *Assessment methods* (Standard 3.1) - include consideration of the balance between formative and summative assessments, the number of examinations and other tests, the balance between written and oral examinations, the use of judgements based on appropriate standards and criteria, and the conduct of specific examinations, such as the Objective Structured Clinical Examination (OSCE).

38) *The mission statement* (Standard 1.1) provides a comprehensive framework against which all other aspects of an educational institution and its educational programmes should be linked. The mission includes general and specific issues related to institutional, national, regional and global policies and the vision of the educational institution.

39) *Continuing Medical Education (CME)/Continuing Professional Development (CPD)* (Standard 1.1) – 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 a broader concept than CME and includes the continuous development of knowledge and skills in medical practice.

40) *Educational programme* (Standard 2) – the expected learning outcomes, content, experience and processes of the programme, including a description of the structure of the planned teaching and learning methods, assessment methods. The EP should define what knowledge, skills and attitudes will be achieved by the students.

41) *Feedback* (Standard 3.2.1) is one of the most important factors in academic achievement. Students should be assessed on time and regularly during their studies and clinical practice so that they are provided with feedback that supports their learning. This includes identifying underachieving students early and taking appropriate measures to address the failure.

42) *Lifelong learning* (Standard 1.1.2) is a professional responsibility to continuously develop one's knowledge and skills through performance assessment, audit, review of one's clinical practice or recognized continuing professional development (CPD)/continuing medical education (CME) programs.

43) *Operational Communication* (Standard 2.10.1) – involves the identification of public health problems and the determination of the necessary learning outcomes, and also requires a clear definition and description of the components of the educational programme and their relationship at different stages of learning and practice, taking into account the local, national, regional and global context. This will include effective feedback from and from the health sector and the participation of teachers and students in the teamwork of health professionals.

44) *Graduate Achievement Assessment* (Standard 7.1) – includes information on national independent examination results, career choices and postgraduate outcomes, and clinical practice to avoid the risk of uniformity of programmes and to provide a basis for improving postgraduate programmes.

45) *Evaluation of an educational programme* (Standard 7) is the process of

systematic collection of information to study the effectiveness and adequacy of a medical educational organization and its educational program. It involves the use of reliable and reliable methods of data collection and analysis in order to confirm the quality of an educational program or the main aspects of the program in relation to the mission and curricula of disciplines, including the final results of training.

46) *Assessments for summing up learning* (Summative Assessment) (Standard 3.3.2) and decision-making are essential to the accountability of a medical school. They are also important for patient protection. Final assessments should be fair to students, and as methods for final assessment, collectively should assess all areas of competence of students. These assessments should meet quality standards in order to achieve these objectives.

47) *Behavioral and Social Sciences* (Standard 2.3) include Biostatistics, Community Hygiene, Epidemiology, Global Health, Hygiene, Medical Anthropology, Medical Psychology, Medical Sociology, Public Health, and Social Medicine.

48) *Behavioral and social sciences and medical ethics* (Standard 2.3) provide the knowledge, concepts, methods, skills, and attitudes needed to understand the socioeconomic, demographic, and cultural conditioning of the causes, prevalence, and consequences of medical problems.

49) *Staff Selection and Recruitment Policy* (Standard 5.1) – Ensuring an appropriate number of highly qualified biomedical, behavioral, and social science scientists and clinicians to implement the educational program and a sufficient number of high-caliber researchers in relevant disciplines or fields of study.

50) *A centrally systemed assessment policy* (Standard 3.1.5) that supports the implementation of this policy involves the use of multiple summative (summative) and formative (intermediate) assessment methods that promote the acquisition of knowledge, clinical skills, and behaviors necessary for a physician. The policy and system should be appropriate to the mission of the medical school, the specifics of the specific learning outcomes established, the resources available, and the context.

51) *The Policy for the Effective Use of Information and Communication Technologies* (Standard 6.3) includes:

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

52) *The powers of the structural unit* (Standard 2.4) responsible for training programs include:

- primacy over the interests of individual departments 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.

53) *Principle of equality* (Standard 2.1.1) - equal treatment of students regardless of gender, nationality, religion, socio-economic status and taking into account physical abilities.

54) *Public health problems* (Standard 1.1.4) - interaction with the local community in the field of health care and related health sectors, as well as the inclusion of public health problems in the educational programme.

55) *Professional Skills* (Standard 2) – Patient management, teamwork, leadership, and interprofessional training skills.

56) *Early contact with real patients* (Standard 2.4) - training and contact with patients in health care organizations at the primary health care level, including first medical history, physical examination and communication skills.

57) *The health sector* (Standards 1.1.1) is a system of health care delivery at the public and private levels, and medical research institutions.

58) *Services* (Standard 4.3) are aimed at meeting the educational, personal and career needs of students: dormitories, canteens, medical centers, gyms, computer centers, libraries, as well as services for effective work on employment and career growth.

59) *Health-related entities* (Standard 8.1.3) are institutions and regulatory bodies relevant to health promotion and disease prevention.

60) *Promoting integrated learning* (Standard 3.2.2) includes the use of integrated assessment when assessing knowledge of individual disciplines and subject areas.

61) *Social responsibility* (Standard 1.1.3):

- willingness and ability to respond to the needs of society, patients, the health system and related health sectors;
- contributing to the development of medicine at the national and international levels through the introduction of a competency-based approach in the health care system, medical education and research;
- should be based on its own principles and taking into account the autonomy of the university.

62) *Governance* (Standard 8.1) is the action and/or governance structure of a medical educational institution. Governance is concerned with policy making, the processes of establishing overall institutional and programme policies, and monitoring policy implementation. Institutional and programme policies generally cover decisions on the mission of a medical educational institution, the educational programme, the policy of admission of students, the selection and admission of staff, and decision-making on interaction and communication with the medical practice and the health sector, as well as other external relations.

4. Notations and abbreviations

This standard uses abbreviations:

AC – Accreditation Council

AUP – administrative and managerial personnel

WHO – World Health Organization
HEI – Higher Education Institution
WFME – World Federation for Medical Education (WFME)
EEC – External Expert Commission
SESHME – State Educational Standard of Higher Medical Education
ECAQA – Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care
CPD – Continuing Professional Development
CME – Continuing Medical Education
OSCE – Objective Structured Clinical Examination
OSPE - Objective Structured Practical Exam
EP - Educational Programme
AS – academic/teaching staff
PHC – primary health care
RK – Republic of Kazakhstan
RUz – Republic of Uzbekistan
Mass media – mass media
EB – Expert Board
ESG - European Standards and Guidelines for Quality Assurance in Higher Education

5. General Provisions

5.1 Accreditation of educational programmes of bachelor's specialties of medical educational organizations is carried out in accordance with the basic provisions and requirements of these accreditation standards, taking into account the levels of their achievement and includes:

Standard 1 "Mission and Values";
Standard 2 "Educational Programme";
Standard 3 "Student Evaluation";
Standard 4 "Students";
Standard 5 "Academic Staff";
Standard 6 "Educational Resources";
Standard 7 "Quality Assurance";
Standard 8 "Government and Administration";
Standard 9 "Continuous Renewal".

5.2. Accreditation standards are based on the Global Standards of the World Federation for Medical Education (WFME) for Improving the Quality of Basic Medical Education (Revision 2015, 2020 version) and harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015).

5.3. The standards consider the components of the educational programme, including the totality of all processes and activities that a medical school (medical educational organization/institution) organizes or offers in order to contribute to

the learning, well-being and educational achievements of students.¹³

5.4 Accreditation standards have been developed on the basis of the WFME Standards for Improving the Quality of Basic Medical Education, revised in 2020. The new version of the WFME standards has been modified and is based on principles that allow meeting the needs of national regulatory (authorized) bodies and medical educational organizations, regardless of their resources, specifics, goals and level of development.

5.5 Standards can be used for accreditation of new educational programmes, medical schools and existing medical educational organizations, taking into account the established and updated regulatory (regulatory) systems.¹³

5.6 The Standards use the definition of "school of medicine" or "medical school", which means the Faculty of Medicine of a medical educational organization.

5.5 The decision on accreditation is made by the Accreditation Council on the basis of the results of the assessment of the educational programme submitted by the ECAQA external expert commission for compliance with the requirements of these accreditation standards.

5.6 The Accreditation Council is formed in accordance with the WHO/WFME Guidelines for Accreditation of Medical Education and includes representatives of authorized bodies, educational and scientific organizations, professional associations, employers, the public, students and international experts.

6. Main objectives of the implementation of accreditation standards

6.1 The main objectives of the implementation of accreditation standards are:

6.1.1 implementation of a system of internal and external quality assurance at the institutional and national levels, harmonized with the principles of the best international practice in quality assurance of higher professional education;

6.1.2 assistance in the development of a quality culture, which is supported by students, academic staff, management and administration of a medical educational institution;

6.1.3 external assessment for compliance with the requirements of accreditation standards and quality assurance of the educational programme in the field of medicine;

6.1.4 To contribute to the continuous improvement of the quality of the accredited educational programme and the provision of resources in accordance with the requirements of the rapidly changing conditions and needs of the labor market, and to achieve the competitiveness of the national system of higher professional education;

6.1.5 protection of the interests of the state, society and consumer rights by providing reliable information to the public and authorized bodies in the field of education and health care on the results of accreditation of the educational programme of an educational organization.

7. Principles of Quality Assurance and Performance specialized Accreditations

7.1 Quality assurance of higher professional education and external evaluation are based on the following principles:

7.1.1 *Voluntariness* – the accreditation procedure is carried out on a voluntary basis and recognition of the institutional autonomy of the medical educational organization;

7.1.2. *Liability* - the accreditation process clearly defines responsibilities and relationships, interactions with all stakeholders (university, students, professional organizations and health professionals, the state), is provided by agreed standards and guidelines, the necessary resources and innovations for the development of the accreditation system, and is supported by competent experts;

7.1.3 *Transparency* - Internal and external evaluations are conducted in an open and transparent manner, providing access to information on the process and procedures, program accreditation standards, self-evaluation and external evaluation guidelines for all stakeholders;

7.1.4 *Independence* - external assessment, decision-making on accreditation is carried out on the basis of reliable information and the results of external expert assessment, regardless of third parties (authorized and state bodies, administration of a medical organization, education and public opinion);

7.1.5 *Objectivity* - conducting an external assessment using clearly established criteria and standards for accreditation, taking into account programme specifics, and making a decision on accreditation based on the results of the external assessment and recommendations of the EEC;

7.1.6 *Privacy* - the information provided and the data of the specialized self-assessment report and the information obtained during the external evaluation of the educational programme are strictly confidential;

7.1.7 *Efficiency* - External evaluation is focused on the final result, which contributes to the improvement of the internal environment and quality assurance mechanisms of the educational programme, the development of a quality culture and ensures the relationship between internal and external quality assurance mechanisms.

8. Stages and main elements of the specialized accreditation process

8.1 The accreditation process includes the following main elements and stages:

8.1.1 submission by the medical educational organization of an application and a brief description of the educational programme to the accreditation agency;

8.1.2 signing of a bilateral Contract between the accreditation agency and the medical educational organization on the accreditation of the educational programme, indicating the cost of the procedure and the terms of implementation, which should be at least 6 months;

8.1.3 the procedure for self-assessment of the educational programme in accordance with the criteria and requirements of this standard and the submission

of a self-assessment report to the accreditation agency;

8.1.4 Consideration and review of the report on the self-assessment of the educational programme in the accreditation agency;

8.1.5 External evaluation procedure - a visit to the educational organization by an external expert commission (EEC), the composition of which is provided to the management of the accredited educational organization in advance, in order to exclude a conflict of interest, and which conducts an external assessment of the educational programme, draws up a report and recommendations for improvement for the educational organization and recommendations for the period of accreditation for the Accreditation Council;

8.1.6 Preparation of the final report of the EEC and its submission to the Accreditation Council;

8.1.7 consideration of the issue of accreditation of the educational programme and the adoption of a final decision by the Accreditation Council of the accreditation agency on the basis of the external evaluation report and additional materials and recommendations of the EEC;

8.1.8 Publication of a full report on the accreditation of the educational programme on the website of the accreditation agency in case of a positive decision;

8.1.9 follow-up procedures for post-accreditation monitoring based on the recommendations contained in the EEC report;

8.2 The procedure of specialized (programmatic) accreditation is voluntary and is carried out at the expense of financial resources of medical educational organizations at the request of the organization itself;

8.3 During the period of self-assessment, the accreditation agency shall provide consulting services to the medical educational organization (HEI), including training seminars with a total duration of 6 hours in offline and/or online formats, upon prior Contract of the date and time with the accredited organization

8.4 Upon completion of the self-assessment procedure of the educational programme, no later than 2 months before the expected site visit of the EEC, the medical educational institution sends *to the ECAQA* e-mail info@ecaqa.org a self-assessment report in Russian (or another language, having previously agreed with the accreditation agency) for the initial technical examination by ECAQA staff and the conclusion on the readiness of the report for submission to external experts. In In case of significant shortcomings in the design and content of the self-assessment report and/or its annexes, the accreditation agency shall, no later than 2 weeks from the date of receipt of the report, send an expert opinion on the results of the initial examination to the educational institution for correction. The educational institution shall be given up to 7 working days for this. The corrected self-assessment report shall be sent to ECAQA in three languages (state, Russian, English) with a cover letter on the official letterhead of the educational organization.

8.5 The self-assessment report is sent to the EEC members, and they carefully study it before visiting the educational organization. The review of the

report is submitted to the educational organization for corrective actions, after which the EEC visits to assess the reliability of the results of the self-assessment of the educational programme;

8.6 The terms of the site visit to the EEC of an educational organization are determined by the accreditation agency and are on average 2-4 days, for this purpose the accreditation agency draws up a program of the site visit and coordinates it with the first head of the educational organization;

8.7 The EEC composition is formed from a database of experts nominated and certified by the accreditation agency, as well as recommended by universities, scientific organizations/centers, professional associations, public associations and employers, student associations and organizations.

8.8 The regulations of the EEC in an educational organization are carried out in accordance with the standard and guidelines for external assessment when visiting an educational organization, approved by the accreditation agency and the program of the site visit (see clause 8.6).

The evaluation of new educational programmes is carried out in accordance with the requirements of the ECAQA External Evaluation Guidelines for New Education Programmes;

8.9 The final report on the results of the external evaluation of the educational programme shall be submitted by experts to the accreditation agency no later than 14 (fourteen) calendar days after the completion of the EEC visit. The final report must contain an assessment of the implementation (compliance) of the accreditation standards, as well as recommendations for improving the educational programme. After that, the report with recommendations is sent by the accreditation body to the educational organization for review and correction of factual errors. For this purpose, 7 (seven) calendar days are provided. After that, the report is sent to the accreditation agency and members of the EEC for the preparation of the final version of the report within 7 (seven) calendar days. The final report of the EEC is sent to the Accreditation Council two weeks before the meeting.

The EEC Final Report and the EEC recommendations are the basis for the development of a plan of corrective measures based on the EEC recommendations during the period of post-accreditation monitoring.

8.10 The decision of the Accreditation Council is made on the basis of the report on the self-assessment of the educational programme, the final report on the external evaluation of the educational programme and the recommendations of the EEC.

9. Making a decision on accreditation

9.1. The Accreditation Council makes the following decisions on accreditation:

- 1) full accreditation - accredit for a period of 5 years;
- 2) accreditation for a period of 3 years (in relation to new educational programmes);

- 3) conditional accreditation - to be accredited conditionally for 1 year with repeated attendance at the educational organization;
- 4) refusal of accreditation (not to accredit);
- 5) revocation of the accreditation certificate (during the period of post-accreditation monitoring).

9.2 Decision on full accreditation on Period 5 years agreed, if all accreditation standards are met, and the educational organization moves on to the next stage - post-accreditation monitoring.

9.3 A decision for a period of 3 (three) years is made in relation to new educational programmes, the implementation of which has begun in the current academic year and/or there is no graduation of students. This decision is made if all accreditation standards are met, the external assessment of the educational programme and the expert opinion do not contain comments. In this case, the medical educational organization moves to the next stage - post-accreditation monitoring.

9.4 The decision on conditional accreditation for a period of 1 (one) year, subject to a repeated external assessment by the same accreditation agency, is made if most of the standards are partially fulfilled or at least one of the 9 standards is not met, and the seriousness of the problems is reflected in the final report of the EEC and in the justification of the decision on conditional accreditation. At the same time, the educational organization, during the year following the date of the decision, takes corrective measures on the recommendations (comments) of the EEC, draws up a report on the self-assessment of the educational programme within the framework of the new Accreditation Contract and submits a self-assessment report to the accreditation agency that made the decision on conditional accreditation in accordance with the requirements of clause 8.4 of these accreditation standards. The terms and conditions of accreditation of an educational programme are prescribed in the newly drawn up and concluded Accreditation Contract.

9.4. The decision to refuse accreditation is made if most of the standards are not met, which means the seriousness of shortcomings and problems that require several years to eliminate. An educational organization has the right to start the accreditation procedure no earlier than one year after a negative decision on the accreditation of an educational programme is made.

9.5. The decision to revoke the certificate of accreditation of an educational programme during the period of its validity is made in the following cases:

9.5.1 suspension by the authorized agency in the field of education of the license of an educational programme and/or a license for educational activities of an educational organization;

9.5.2 revocation by the authorized body in the field of education of the general license for educational activities of an educational organization;

9.5.3 violation of the conditions of post-accreditation monitoring (Section 10 of these Standards);

9.5.4 systemic violations of the anti-corruption policy by an educational organization in relation to its employees, teachers and students with documentary evidence and disclosure of such facts by the relevant authorized and regulatory bodies.

9.6. The decision to revoke the certificate of accreditation of an educational programme is formalized in the minutes of the Accreditation Council and sent in an official letter to the first head of the educational organization with subsequent written informing of the authorized body in the field of education.

9.7. The decision to revoke the certificate of accreditation of an educational programme leads to the cancellation of all previously achieved accreditation results and will entail the obligation to re-pass all stages of the accreditation process.

9.8 After making a positive decision on the accreditation of an educational programme, the accreditation agency sends an official letter to the educational organization with the results of the decision of the Accreditation Council and the original certificate of accreditation.

9.9 The decision on the accreditation of the degree programme is posted on the website of the accreditation agency and to international Registers (EQAR, APQR) and UHEP MoScHE RK (<https://epvo.kz/#/>).

9.10 In case of making a decision on conditional accreditation, the educational organization has the right to appeal the decision of the Accreditation Council in accordance with the appeal procedure established by the accreditation agency.

9.11 An educational programme undergoes re-accreditation at the end of the established accreditation period to confirm the status of accredited and must send an application to the accreditation agency 12 (twelve) months before the expiration of the certificate of accreditation of the educational programme.

10. Post-accreditation monitoring

10.1 Post-accreditation monitoring (PAM) is an integral component and an important stage of accreditation of an educational programme and must be strictly carried out by the educational organization during the validity period of the accreditation certificate.

10.2 The accreditation agency conducts post-accreditation monitoring without concluding additional Contract with the educational organization during the entire period of validity of the certificate of accreditation of the educational programme.

10.3 Post-accreditation monitoring of the educational programme is carried out by:

10.3.1 submission to the accreditation agency of an action plan to improve the educational programme based on the recommendations of the EEC for the period of validity of the certificate of its accreditation. The plan shall be submitted within 30 (thirty) calendar days after the educational organization receives a positive decision on the accreditation of the educational programme;

10.3.2 timely submission of annual reports on the implementation of the improvement plan based on the recommendation of the EEC with appropriate documentary evidence of implementation (high-quality copies and/or electronic versions of documents). The report is sent to the accreditation agency without additional notifications or official requests from it, the report is sent annually to the accreditation agency annually by December 20 starting from the next year after the decision on accreditation is made.

10.3.3 A visit to the educational organization of an accreditation expert and a representative of the accreditation agency to assess the implementation of the EEC recommendations in case of accreditation of a new educational programme. The visit is carried out 1.5 years after the issuance of the accreditation certificate and, as a rule, lasts 1-2 days. The date of the visit is agreed with the educational organization.

10.4 The medical educational organization must inform the accreditation agency of any significant changes in the structure and content of the accredited educational programme that occurred during the period of the PAM.

10.5 The accreditation agency has the right to send a commission of experts to the educational organization to consider complaints received regarding the quality of education and/or improper implementation of the accredited educational programme.

10.6 The accreditation agency has the right to suspend the certificate of accreditation of an educational programme if the educational organization violates the requirements of paragraphs 10.3, 10.4 of these Standards. At the same time, the decision to suspend the certificate of accreditation of an educational programme is made for the period until the elimination of violations of the requirements of the PAM. This decision is formalized by the order of the Director General of the accreditation agency and a notification letter is sent to the medical educational organization.

11. Procedure for Making Amendments and Additions to Accreditation Standards

11.1 Changes and additions are made to the current accreditation standard in order to further improve it.

11.2 Amendments and additions to the standard are made by the accreditation agency.

11.3 In case of initiation of changes and additions to the current standard by interested parties, proposals and comments are sent to the accreditation agency.

11.4 The accreditation body examines proposals and comments on their validity and expediency.

11.5 Amendments and additions to the current standard of accreditation of an educational organization after their approval are approved by the order of the Director General of the accreditation agency in a new edition with amendments to the current standard.

11.6 The standard shall be reviewed at least once every five years.

12. STANDARDS FOR ACCREDITATION OF EDUCATIONAL

Standard 1. MISSION AND VALUES

1.1 Mission Statement

1.1.1 A medical school has **its officially published mission**, which includes values, priorities, and goals.

1.1.2 A medical school briefly and clearly describes its **strategic goals, values, educational goals, research activities** and relationships with the health care system and society, and its relationship to the provision of health care.

1.1.3 The medical school formulates the ***mission of the educational programme*** and **communicates it to stakeholders and the health sector¹**. The mission and vision of the educational programme should be consistent with the mission and vision of the educational organization.

1.1.4 The **mission statement contains goals and an educational strategy** to prepare a competent physician in the relevant field:

- at the pre-diploma level;
- with an appropriate foundation for a further career *in any field of healthcare*;
- capable of performing the functions of a specialist doctor in accordance with the established requirements of the health sector.
- prepared for postgraduate education;
- with a commitment *to lifelong learning*.

1.1.5 The medical school ensures that **the stated mission includes public health issues**, the needs of the health care delivery system, and other **aspects of social responsibility, the achievements of scientific research in medicine, and aspects of global health**.

1.1.6 The medical school describes how the stated mission defines and influences the educational programme and quality assurance.

1.2 Participation in the formulation of the mission of the educational programme

1.2.1 The School of Medicine has determined the extent to which **key stakeholders are involved and consulted** in the development of the mission and that the stated mission is based on the views and suggestions of other **relevant stakeholders**.

1.3 Institutional Autonomy and Academic Freedom

1.3.1 The medical school has ***institutional autonomy*** to develop and implement its policies, for which academic staff, faculty, and administration are responsible, especially with regard to the development of the educational

¹ further, italics indicate the text explained in Section 3 "Terms and Definitions"

programme and the use of the allocated resources necessary for the implementation of the educational programme.

1.3.2. Medical school **guarantees academic freedom to its staff and students**

- in relation to the planning, development and implementation of this educational programme, while it is possible to rely on different points of view in the description and analysis of health issues,

- in the possibility of using the results of new scientific research to improve the content of specific disciplines without expanding the educational programme.

Standard 2. EDUCATIONAL PROGRAMME

2.1 Final outcomes of the educational programme

2.1.1 The medical school has defined **the learning outcomes** that students are expected to achieve upon completion of the educational programme, as well as **the expected learning outcomes for each component of the course of study**, while these are **clearly and concisely described and presented** in relation to the expected values, behaviors, skills, knowledge, and willingness to be a physician.

2.1.2 The medical school ensures that **the expected learning outcomes of the educational programme are in line** with the stated **mission** of the educational organization.

2.1.3 The medical school examines and analyzes how the expected learning outcomes **meet the standards set by national regulatory (authorized) bodies** or the requirements of the government and employers.

2.1.4 A medical school **analyzes** specific learning outcomes, **including the knowledge, skills, and behaviors** that students need to achieve **upon completion of each component or part of a course** of study. These learning outcomes of an educational programme can be expressed in a variety of ways that must be measurable (can be assessed).

2.1.5 The medical school ensures that the educational programme contains **clearly articulated expected learning outcomes** that contribute to the development of competencies in **public health**, and that include knowledge and ability to respond to environmental change, health needs, and the needs of the population.

2.1.6 The medical school ensures that the student **fulfills his/her responsibilities and obligations** towards other students, doctors, teachers, patients and their relatives in accordance with **the Code of Conduct (Ethics)**.

2.1.7 The medical school should identify and **coordinate the relationship between the learning outcomes** required upon completion and those required in **postgraduate study**; determine the outcomes of **student involvement in** medical and health research.

2.2 Organization and structure of the educational programme

2.2.1 The medical school has developed and documented the content,

outcomes (knowledge, skills, professional values, and attitudes), disciplines, practical and clinical training, including **the principles of the educational programme model used**, and the relationship between the academic disciplines of the educational programme components.

2.2.2 The medical school describes **the content, scope, and sequence of cycles** and other elements of the educational programme to ensure that an appropriate balance is maintained between the core biomedical, behavioral, social, and clinical disciplines.

2.2.3 The medical school in its educational programme is:

- provides **horizontal integration** of related disciplines;
- ensures **vertical integration** of clinical disciplines with basic biomedical, behavioral and social disciplines;
- provides students with elective components and determines the **balance between the compulsory and elective parts of the educational programme, including a combination of compulsory components and electives or special elective components**;
- defines the **relationship with complementary medicine, including non-traditional, traditional or alternative practices**.

2.2.4 The medical school ensures that the **qualifications** obtained as a result of mastering the educational programme **are clearly defined and explained to students and correspond to a certain level of the National Qualifications Framework** in Higher Professional Education, and therefore the qualifications framework in the **European Higher Education Area (EQF)**. (**ESG 1.2**).

2.2.5 The medical school ensures that the educational programme provides students with both academic knowledge and **the necessary skills and abilities that can affect their personal development** and can be applied to their future careers (**ESG G 1.2**).

2.2.6 When developing an educational programme, the medical school provides:

- compliance of **the educational programme goals with the institutional strategy** and the presence of clear learning outcomes;
- **participation of students and other stakeholders in the development of the programme**;
- that the **results of external examinations and control checks of the quality of the implementation of the educational programme** are taken into account;
- continuous **promotion, personal growth and development of the student** in the process of mastering the programme;
- **fulfillment of the workload of students defined in the programme** (for example, in ECTS);
- provision of **a place for practical training** (where necessary);
- the process of official approval of **the educational programme** (**ESG**

G 1.2)

2.2.7 The medical school ensures the application of **student-centered learning** to encourage and support students' responsibility for their learning process and lifelong learning culture (**ESG 1.3**)

2.2.8 Medical School argues that the educational programme is implemented in accordance with the *c principles of equality*.

2.3 Content of the educational programme

2.3.1 A medical school can justify the inclusion in the educational programme of **components** that are necessary to prepare students **for the role of competent interns** and their subsequent **postgraduate training** (specialization).

2.3.2 The medical school ensures that the content of the educational programme **includes at least three main areas: basic biomedical sciences, clinical sciences and skills, and behavioral and social sciences**. At the same time, the content is **sufficient to achieve the expected learning outcomes** and successfully transition to the next stage of clinical training or practice upon completion of training.

2.3.3 **The content of the medical school educational programme may also include:**

- **scientific knowledge of the health system**, which includes the study of the health of the population, the national health system and the system of medical care;
- **humanities and arts**, which may include psychology, philosophy, history, and art.

2.4 Basic biomedical sciences

2.4.1 The School of Medicine **has identified and incorporated the *basic biomedical sciences into the curriculum*** to provide students with an understanding of the fundamentals of scientific knowledge, concepts, and methods that are fundamental to the acquisition and application of clinical scientific knowledge.

2.4.2 The medical school ***should*** adjust and introduce new achievements of biomedical sciences in the educational programme for:

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

2.5 Clinical sciences

2.5.1 The medical school **has identified and implemented advances in *clinical science*** in its educational programme to ensure that students:

- acquire sufficient knowledge, clinical and *professional skills* to assume *responsibility after completing the training*;
- have practical experience in strengthening *public health, disease prevention*;
- spend sufficient time in *contact with patients corresponding to the profile*,

sufficient in number for training at the main clinical bases, including internal medicine, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.

2.5.2 The medical school **plans and conducts clinical training with appropriate attention to patient safety**, which requires the supervision of the student's procedures in the setting of clinical training and practice facilities.

2.5.3 The medical school **should revise and modify** the educational programme **and introduce new advances in clinical sciences**, scientific, technological and clinical developments, current and expected needs of society and the health care system.

2.5.4 The School *of Medicine should* ensure that each student has **early contact with real patients**, including consistent involvement in the provision of medical care to the patient, responsibility for the examination and/or treatment of the patient under the supervision of a faculty member **at appropriate clinical facilities**.

2.5.5 The medical school has defined the **structure of the various components of clinical skills training** according to the specific stage of the educational programme.

2.6 The scientific method

2.6.1 The medical school throughout the program of study **teaches students:**

- **principles of scientific methodology**, including the development of analytical and critical thinking;
- **scientific methods of research** in medicine;
- **evidence-based medicine**, which require *the appropriate competence of teachers and will be an obligatory part of the educational programme and will involve students in conducting or participating in small research projects.*
- **elements of basic or applied research** as an elective component, including *compulsory or elective analytical and experimental research, thereby facilitating the participation of students and teachers in the scientific development of health care as professionals and colleagues.*

2.7 Behavioral and social sciences and medical ethics

2.7.1 The medical school identifies and includes in the educational programme **the achievements of: behavioral sciences, social sciences, medical ethics and medical jurisprudence**, which will provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socio-economic, demographic and cultural conditions of the causes, prevalence and consequences of medical health problems, as well as knowledge of the national health system and the rights of the patient, which will contribute to the analysis of public health problems, effective communication, professional (clinical) decision-making and ethical practice.

2.8 Educational technologies, teaching methods and practical training

2.8.1 The medical school uses educational technology, teaching methods, and practical training in compliance with the **principles of quality, academic integrity, and anti-plagiarism policies**. to ensure that students achieve the expected learning outcomes in the educational programme.

2.8.2 The medical school uses *virtual learning methods* (digital, distance, e-learning) that stimulate, prepare and support students, and ensure that students are responsible for their learning.

2.9 Management of the educational programme

2.9.1 A medical school has an **advisory body** (e.g., an educational program committee) that has the **authority to plan and implement the educational programme**, determine the expected learning outcomes, and ensure the **representation** of faculty and students in its membership.

2.9.2 The School of Medicine has a **business unit** that has the authority to **plan and implement innovations in the education programme** and ensures that the unit includes **representatives** from *relevant stakeholders*.

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

2.10 Relationship to medical practice and health system

2.10.1 The medical school provides *an operational link* between the educational programme and **the subsequent stages of professional training** (residency, continuing professional development) or practice, which the student will begin upon completion of training.

2.10.2 The medical school should ensure that **the structural unit** responsible for the educational programme:

- **studies the environment** in which graduates will work, and modifies the educational programme accordingly;
- modifies **the educational programme** based on **feedback** from the public and society as a whole.

Standard 3. STUDENT EVALUATION

3.1 Policy and evaluation system

3.1.1 The medical school **developed, approved, implemented and published the policy**, which describes **principles, methods and practices** used for **Student Grades**, including exam and passing score criteria, the number of retakes allowed, and ensures that the assessment covers knowledge, skills, and relationships.

3.1.2 The medical school ensures that **assessment methods and results** take into account **Conflict of interest**, the evaluation process is **open** and **available for examination** by external experts and is used by **appeal system** assessment results.

3.1.3 The medical school should

- **document and assess** *the reliability and validity of valuation methods, which will require an appropriate quality assurance process for assessment practices,* and

- **introduce new valuation methods**, when necessary,

- **involve external examiners** to improve the fairness, quality and transparency of the assessment process.

3.1.4 The medical school, through **a unified (centralized) management system**, ensures that the evaluation policy is implemented through the application **of a variety of appropriate assessment methods that are consistent with the final results and teaching** and learning methods.

3.1.5 The medical school ensures that the evaluation policy **is communicated to all stakeholders**.

3.2 Assessment that promotes and supports learning (formative assessment)

3.2.1 The medical school has a grading system, regularly providing students with **constructive feedback** that identifies their strengths and weaknesses and helps to consolidate (consolidate) the knowledge gained.

3.2.2 The medical school *should regulate the number and nature of examinations* for the components of the educational programme in order to *promote* knowledge acquisition and *integrated learning*; ensure an appropriate **balance between formative (summative) and summative (intermediate/midterm) assessment** in order to guide learning and assess *the student's* academic progress.

3.3 Assessment that contributes to decision-making (summative assessment)

3.3.1 The School of Medicine has developed and implemented an assessment system that provides **information on the results of the assessment and the progress of students to the next year of study**.

3.3.2 The medical school has developed and implemented the principles of **final assessment (summative assessment)**, which is applicable to the evaluation of the final results at the end of the training course.

3.3.3 The medical school applies assessment methods that provide **reliable and valid quantitative data** on the results of the assessment.

3.4 Quality control

3.4.1 The medical school applies **mechanisms**, providing **quality of the procedure and assessment methods**.

3.4.2 The medical school ensures that **information about the results of student assessment is used to improve the effectiveness of teachers, courses of study** and the organization of education in general.

3.4.3 The medical school *should regularly review each type of assessment*, as well as **the assessment system** as a whole, and use evaluation results and feedback from stakeholders to continuously improve the quality of assessment

methods, the assessment system, courses of study, and the educational programme.

Standard 4. STUDENTS

4.1 Selection and Admission Policy

4.1.1 The medical school has a ***policy*** that is officially **published** and **contains the objectives, principles, criteria, and processes for the selection and admission of students.**

4.1.2. The medical school should consider the following issues that are important in the development of admissions policy:

- the ratio between **the number of admitted students** (including foreign students) and the existing **material and technical and human resources** at all stages of education, the available infrastructure to ensure their proper education,
- compliance with **the principle of equality** and difference in the number of students admitted,
- **rules for re-applying, postponement of deadlines for admission, and rules for transferring students** from other educational programmes, medical schools within the country and from countries near and far abroad.

4.1.3 The medical school should **periodically review the number and contingent of students admitted** in consultation with *relevant stakeholders*, and regulate to meet the *health needs of the public and society at large*, which also *considers the recruitment of students taking into account their gender, ethnicity, and language, and the potential need for special admissions policies for students from low-income families and national minorities.*

4.1.4 The medical school should in the event that:

- Selection and admission procedures are governed by national policies, give **Explanation of how these rules applied at the local level;**
- Medical School Establishes **their own policies and selection and admission process**, to explain their relationship with the stated mission, the expected learning outcomes, relevant regulatory requirements, and the local context.

4.1.5. The medical school has an established ***student selection process*** that includes:

- *rationale and selection methods, such as high school outcomes, other relevant academic experience, entrance examinations and interviews, assessment of motivation to become a doctor, including changes in needs related to the diversity of clinical practice;*
- The following criteria for the student selection process should be considered: requirements for selection, stages of the student selection process, mechanisms for admission and confirmation of enrollment, mechanisms for filing and receiving complaints.

4.1.6 The School of Medicine has a ***policy and has implemented the***

practice of admitting students with disabilities, in accordance with the applicable laws and regulations of the country.

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

4.1.8. The medical school uses **a system to appeal** admissions decisions.

4.2 Advising and supporting students

4.2.1 The medical school provides students (including those with special needs) with academic, social, psychological, and financial **support** that is **accessible and confidential**, as well as **providing career development counseling**.

4.2.2 The medical school provides **a service to provide emergency assistance to students and staff** in the event of personal psychological trauma or a critical situation.

4.2.3 The School of Medicine **has identified and implements a process for identifying students** in need of academic or in-person counseling and support, and ensures that **such services are available** to students in **a confidential manner**.

4.2.4 The medical school determines how to **develop support and counseling services with student community representatives** and allocates **resources** to support students.

4.2.5 The medical school should **provide counseling** that is based on monitoring the student's progress and include **professional career planning**.

4.2.6 The medical school provides students with **documentation to prove the qualifications they have acquired**, including the learning outcomes achieved, the content and status of the education received, and the successful completion of studies (**ESG G 1.4**)

Standard 5. ACADEMIC STAFF

5.1 Academic staff formation policy

5.1.1 The medical school forms **the necessary number and composition of the academic staff** for the implementation of the educational programme, taking into account the number and contingent of students and teaching and learning methods.

5.1.2 The medical school determined **academic staff formation policy**, which includes:

- **number, level and qualifications** academic staff (teachers) necessary for the implementation of the educational programmes, taking into account the planned number of students;
- **the distribution of academic staff** according to their qualifications, academic and/or academic degree, and professional and pedagogical experience;
- **Balance between medical and non-medical teachers** working full-time and part-time between academic and non-academic staff;

– **criteria for the scientific, pedagogical and clinical merits** of the applicants, including the balance between pedagogical, scientific and clinical activities.

5.1.3 The medical school in its policy on the selection and admission of employees takes into account such criteria as **the attitude to the mission** of the school, **the specifics of the local conditions, which include gender, nationality, religion, language and other** conditions related to the educational programme and economic opportunities.

5.2 Academic Activities and Professional Ethics of Teachers

5.2.1 The medical school has defined and approved its **requirements for the academic activities and professional conduct** of its faculty, and has developed a **regulation** that clearly describes **the responsibilities of academic staff** for teaching, research, and clinical activities.

5.2.2 Medical School developed **Code of Ethics** employees regarding their responsibilities in teaching, research and clinical activities.

5.2.3 A medical school should identify and implement **a policy for the promotion and development of employees** that:

- guarantees recognition of academic activities and is carried out in the form of awards, promotions and/or remuneration;
- ensures that clinical activities and research are used in teaching and learning;
- ensures that *each teacher has sufficient knowledge of the content of the educational programme as a whole, about teaching/learning methods, assessment of knowledge and skills, and the content of other related disciplines, which promotes cooperation and integration;*
- *includes training, development, support and evaluation of teachers, including new recruits, as well as teachers recruited from clinics.*

5.2.4 Medical School should take into account **"teacher-student" ratio** depending on the various components of the educational programme.

5.3 Continuous professional development of academic staff

5.3.1 The medical school has implemented a **policy for the continuing professional development** of its faculty, and has developed and published a clear description of how the school **supports and organizes** the academic and professional development of each staff member.

Standard 6. EDUCATIONAL RESOURCES

6.1 Material and technical base for teaching and learning

6.1.1 The medical school has **sufficient material and technical base** to

properly ensure the implementation of the educational programme.

6.1.2 The medical school ensures that the **learning environment is safe for staff, students, patients, and their relatives**, and provides the necessary information and *protection from harmful substances, microorganisms, and safety practices in the laboratory and in the use of equipment*.

6.1.3 The medical school should improve the learning environment for students **through regular updating, expansion and modification of the material and technical base**, which should be consistent with the development of the teaching practice within the framework of the educational programme.

6.2 Resources for Clinical Training

6.2.1 The medical school **has appropriate and sufficient resources** to ensure that students have received the necessary **clinical training**, acquired adequate **clinical experience**, including sufficient numbers and categories of patients, resources for clinical training, and supervision of their clinical practice.

6.2.2 The medical school should **study and evaluate, adapt and improve resources for clinical training** to meet the needs of the population receiving care.

6.3 Medical research and scientific achievements

6.3.1 The medical school uses *medical research activities and scientific achievements* as the basis for an educational programme.

6.3.2 The medical school has identified and Implemented **policies that promote interconnectedness** between research and education, and this is taken into account **in teaching**; encourages and prepares students to participate in scientific research in the field of medicine and scientific development.

6.3.3 The medical school **provides information on its research base and research priorities**.

6.4 Information Resources

6.4.1 The medical school has identified and implemented **policies** that aim to effectively *and ethically use and evaluate appropriate information and communication technologies*

6.4.2 The medical school shall provide students and faculty with **adequate access** to electronic and print information resources, including **online and print library resources**, and shall also evaluate these resources in terms of mission and educational programme in learning, teaching, and research activities.

6.4.3 The medical school provides faculty and students with opportunities **to use existing and new information and communication technologies to: self-study**; access to information; manage patients; work in the system of medical care; optimize student access to relevant patient data and the information system of medical care.

6.5 Expertise in the field of education

6.5.1 The medical school shall take into account existing **experience in**

educational evaluation and evaluation, and shall have access to educational expertise where necessary and required.

6.5.2 The School of Medicine has defined and implemented **a policy on the use of educational expertise and research for the development of an educational programme**, the development of teaching methods and methods for assessing knowledge and skills.

6.5.3 The medical school promotes the desire and interest of staff and faculty to **conduct research in the field of education**

6.6 Educational Exchange

6.6.1 The medical school has defined and implemented *policies* for:

- **cooperation at the national and international levels** *with other faculties of universities, including the mobility of students and academic and administrative staff, researchers;*

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

6.6.2 The medical school promotes **regional and international exchange of staff and students** by providing appropriate **resources**.

6.6.3 The medical school ensures that **academic exchange is properly organized**, taking into account the needs of staff, students, and in compliance with **ethical principles**.

Standard 7. QUALITY ASSURANCE

7.1 Quality Assurance System

7.1.1 The medical school **has implemented a quality assurance system** that covers the educational, administrative, and research areas of the school.

7.1.2 The medical school has defined and developed the **objectives, role, structure, and management of the quality assurance system**, including what the school considers to be appropriate quality in its planning and implementation practices.

7.1.3 The medical school **has developed and implemented a structure and process for decision-making and change management** as part of the quality assurance system.

7.1.4 The medical school has produced **a formal written document** that describes the quality assurance system.

7.2 programme monitoring and evaluation mechanisms

7.2.1 The medical school has a program for **regular monitoring of the processes and outcomes of the educational programme**, and has established and

implemented **mechanisms** for evaluating the educational programme, including:

- *the main components* of the educational programme, which include *the model, structure, content, duration and use of the compulsory and elective parts of the programme (see the Standard "Educational Programme")*.
- the student's academic progress;
- identification and consideration of *problems in the achievement of expected learning outcomes by students through the collection of information about them*;
- *Using feedback to develop corrective action plans and implement activities to improve the educational programme.*

7.2.2 The medical school conducts **a comprehensive evaluation of the educational programme** in a comprehensive manner aimed at:

- **the context** of the educational process, which includes *the organization and environment of learning, resources and culture of the organization*;
- **into specific components of the educational programme**, which include *descriptions of disciplines, teaching and learning methods, clinical rotations and assessment methods*.
- **final learning outcomes**, which will be measured by the results of *national examinations, independent assessment, benchmarking, international examinations, career choices and postgraduate outcomes*;
- **on their social responsibility**.

7.2.3 The medical school ensures that it **collects, analyses and uses relevant information to effectively manage** the educational programme and other areas of its activities (**ESG S1.7**)

7.3 Feedback from the teacher and the student

7.3.1 The medical school systematically **collects, analyzes, and responds to feedback from faculty and students**, and uses the results of the feedback to **improve** the educational programme.

7.4 Educational achievements of students and graduates

7.4.1 The medical school analyzes **the educational achievements of students and graduates in relation to the mission** of the educational programme and **the expected learning outcomes** and the provision of **resources**.

7.4.2 The medical school should **analyze the educational achievements of** students in relation to their *previous experience*, level of training (qualifications) at the time of admission to medical school and use **the results of the analysis** to provide **feedback to the structural units** responsible for the selection of students, planning of the educational programme and advising students.

7.5 Stakeholder Engagement

7.5.1 The School of medicine **involves** key stakeholders in its monitoring program **and evaluation activities of the educational programme**.

7.5.2 The medical school should **for other stakeholders**, including *members of the public, education and health authorities, professional organizations, and those responsible for postgraduate education*:

- provide **access to the results** of the evaluation of courses and educational programmes;
- **collect and study feedback on clinical training**, including on the clinical practice of graduates
- collect and study feedback from them **on the quality of the** educational programme.

Standard 8. MANAGEMENT AND ADMINISTRATION

8.1 Controls

8.1.1 The medical school has defined a **governance structure for education, clinical training, research and resource allocation** that is **transparent and accessible** to all stakeholders, **consistent with the** mission and functions of the school, and ensures its **institutional stability**.

8.1.2 The medical school in its management structure **has defined structural units and advisory bodies** (committees, councils), including their composition, responsibilities and accountability, and has introduced representatives of the main and other stakeholders (*representatives of the health sector and the professional community*) *into their composition*.

8.1.3 The medical school has defined a **model of leadership and decision-making**, guarantees their **transparency**, by *publishing them in bulletins, posting on the website, including them in protocols for review and execution*.

8.1.4 The medical school ensures that the school has a **risk management procedure in place**.

8.2 Student and academic staff representation

8.2.1 The medical school:

- has policies **and procedures for involving students and academic staff** in key aspects of management and educational activities;
- defined **mechanisms for student participation and the involvement of faculty in management and administration**, where appropriate.

8.2.2 The medical school shall consider, determine **opportunities for students and faculty to participate in, or comment on, the planning, implementation of the educational programme, student evaluation, and quality assessment activities**.

8.2.3 The medical school should encourage and facilitate the activities of **students and student organizations**.

8.3 Administration

8.3.1 The medical school has developed a **policy and evaluation process** to ensure that administrative, staffing, and financial support **is sufficient and**

effective for all of the school's activities and operations to achieve its teaching, learning, and research goals.

8.4 Training budget and resource allocation

8.4.1 The medical school has **a clear range of responsibilities and authority** to provide the educational programme with **resources, including a dedicated tuition budget**.

8.4.2 The medical school **allocates the resources** necessary for the implementation of the educational programme and **allocates** educational resources in accordance with the needs of training, takes into account achievements and scientific developments, needs and problems in health care.

8.4.3 The medical school has sufficient **autonomy in the targeted allocation of resources**, including **adequate remuneration of faculty** in the context of students' achievement of expected learning outcomes.

8.5 Interaction with the health sector

8.5.1 The medical school has *a constructive interaction* with the **health sector**, related industries, society and government, including information exchange, cooperation and implementation of initiatives, *which contributes to the provision of qualified doctors* to society in accordance with its needs.

8.5.2 The medical school has defined the *official status of cooperation, the participation of staff and students, partners in the health sector, which includes the conclusion of formal agreements defining the content and forms of cooperation and/or the conclusion of a joint contract, the creation of a coordination committee, the holding of joint events*.

Standard 9. CONTINUOUS RENAWAL

9.1 The medical school, as a **dynamic and socially responsible organization**, should initiate **procedures for regular self-examination** and **allocate resources for continuous improvement** aimed at revising the organizational and staff structure, updating the educational goals and objectives of the strategic plan, taking into account changes in the needs of practical health care, new regulatory documents, and transformations in society.

9.2 The medical school should base the updating process **on prospective studies** and the results of the evaluation of the educational programme, data from the current literature on medical and pharmaceutical education.

9.3 The medical school should direct the renewal process **to the main aspects of the implementation of the educational programme** that contribute to its modernization.

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