



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

STANDARDS FOR ACCREDITATION OF HIGHER EDUCATION INSTITUTIONS FOR HEALTH PROFESSIONS EDUCATION



ALMATY 2025

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

**STANDARDS FOR ACCREDITATION
OF HIGHER EDUCATION INSTITUTIONS
FOR HEALTH PROFESSIONS EDUCATION**

ALMATY 2025

1. **DEVELOPED** by Non-profit Entity «Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health care».
2. **APPROVED** by the Expert Board of the Nonprofit Organization “Eurasian Center for Accreditation and Quality Assurance in Higher Education and Healthcare,” Minutes No. 1 dated May 15, 2025.
3. In this standard, the Provisions of the Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from May 1, 2025) has been introduced.

These Standards have been developed based on the World Federation for Medical Education (WFME) International Standards for Improving the Quality of Basic Medical Education (2020), the WFME International Standards for Improving the Quality of Postgraduate Education (2023), and the WFME International Standards “Standards for Master’s Programmes in Medicine and Health Care” (2016), the International Standards for PhD Education in Biomedicine and Health Sciences in Europe of the Organization for PhD Education in Biomedicine and Health Sciences of the European System (ORPHEUS), the Association of Medical Schools in Europe (AMSE), and the WFME. They are harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015). The National Qualifications Framework and the institutional needs and priorities of the healthcare system of the Republic of Kazakhstan have been taken into account. These accreditation standards are used by medical institutions of higher and postgraduate education to conduct institutional self-assessment, identify and improve internal quality assurance mechanisms, develop internal documentation, and foster a culture of quality.

These standards may not be reproduced, duplicated, or distributed, in whole or in part, without the permission of the non-profit organization “Eurasian Center for Accreditation and Quality Assurance in Higher Education and Healthcare” (ECAQA).

All rights reserved by the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare (ECAQA) and it is not be fully or partially reproduced, copied and distributed without permission.

CONTENTS

1.	APPLICATION AND USE OF STANDARDS	4
2.	REFERENCE TO REGULATIONS AND LAW	4
3.	TERMS AND DEFINITIONS	6
4.	ABBREVIATION	10
5.	GENERAL PROVISION	11
6.	PURPOSE OF INTRODUCTION OF STANDARDS FOR INSTITUTIONAL ACCREDITATION	12
7.	PRINCIPLES OF QUALITY ASSURANCE AND INSTITUTIONAL ACCREDITATION	12
8.	GENERAL STEPS AND MAIN ELEMENTS IN ACCREDITATION PROCESS	13
9.	DECISION ON ACCREDITATION	15
10.	FELLOW UP ACTIVITIES	16
11.	DEVELOPMENT AND REVISION OF THE ACCREDITATION STANDARDS	17
12.	STANDARDS FOR INSTITUTIONAL ACCREDITATION	17
	STANDARD 1: MISSION AND VALUES	17
	STANDARD 2: EDUCATIONAL PROGRAMMES	19
	STANDARD 3: ASSESSMENT OF STUDENTS	22
	STANDARD 4: STUDENTS	23
	STANDARD 5: ACADEMIC STAFF/FACULTY	25
	STANDARD 6: EDUCATIONAL RESOURCES	26
	STANDARD 7: QUALITY ASSURANCE AND IMPROVEMENT	28
	STANDARD 8: GOVERNANCE AND ADMINISTRATION	30
	ANNEX 1	32
	ANNEX 2	35
	REFERENCE	42

STANDARDS FOR INSTITUTIONAL ACCREDITATION

GENERAL PROVISION

1. Application and Use of Standards

1.1 The Standards define the general provisions and requirements of Standards for Institutional accreditation of HEIs for Health Professions Education

1.2 The Standards is a tool for quality assurance and improvement of Medical Education and Health Professionals training (bachelor's degree students, interns, residents, master's degree students, PhD students, and participants in continuing professional development programmes).

1.3 The Standards should be used for institutional accreditation of the HEIs for Health Professions Education and carrying out external evaluation of internal quality assurance within institutions regardless of their public or private ownership, governmental authority.

1.4 The Standards should be use for Institutional Self-evaluation and develop and improvement of the internal quality assurance system, support the development of the quality culture.

2. Reference to Regulations and Law

The Standard references to the following Laws and Regulations:

2.1 Code of the Republic of Kazakhstan “On Public Health and Healthcare System” dated 7 July 2020 No. 360-VI of the Law of the Republic of Kazakhstan.

2.2 Law of the Republic of Kazakhstan “On Education” dated 27 June 2007 No. 319-III.

2.3 On Approval of the Concept for the Development of Higher Education and Science in the Republic of Kazakhstan for 2023–2029. Resolution of the Government of the Republic of Kazakhstan dated 28 March 2023 No. 248.

2.4 On Approval of the Concept for the Development of Healthcare of the Republic of Kazakhstan until 2026. Resolution of the Government of the Republic of Kazakhstan dated 24 November 2022 No. 945.

2.5 On Approval of the Standard Rules for the Activities of Educational Organisations of the Relevant Types. Order No. 595 of the Ministry of Education and Science of the Republic of Kazakhstan dated 30 October 2018.

2.6 On Approval of the Structure and Rules for Developing a Development Programme for Higher and/or Postgraduate Education Organisations. Order No. 590 of the Ministry of Education and Science of the Republic of Kazakhstan dated 25 October 2018.

2.7 On Approval of the Classifier of Areas of Training for Higher and Postgraduate Education. Order No. 569 of the Minister of Education and Science of the Republic of Kazakhstan dated 13 October 2018.

2.8 Order No. KP ДСМ-305/2020 of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020 “On Approval of the Nomenclature of Specialties and Specialisations in the Field of Healthcare, as well as the Nomenclature and Qualification Characteristics of Healthcare Positions.”

Registered with the Ministry of Justice of the Republic of Kazakhstan on 22 December 2020 under No. 21856.

2.9 On Approval of the Standard Rules for Admission to Education Organisations Implementing Educational Programmes of Higher and Postgraduate Education. Order No. 600 of the Minister of Education and Science of the Republic of Kazakhstan dated 31 October 2018. Registered with the Ministry of Justice of the Republic of Kazakhstan on 31 October 2018 under No. 17650.

2.10 of Education. Order No. 604 of the Minister of Education and Science of the Republic of Kazakhstan dated 31 October 2018. Registered with the Ministry of Justice of the Republic of Kazakhstan on 1 November 2018 under No. 17669.

2.11 On Approval of the State Compulsory Standards of Education for Levels of Education in the Field of Healthcare. Order No. ҚР ДСМ-63 of the Minister of Healthcare of the Republic of Kazakhstan dated 4 July 2022. Registered with the Ministry of Justice of the Republic of Kazakhstan on 5 July 2022 under No. 28716.

2.12vOrder No. 530 of the Minister of Healthcare of the Republic of Kazakhstan dated 17 July 2017 “On Amendments and Additions to Order No. 647 of the Acting Minister of Healthcare and Social Development of the Republic of Kazakhstan dated 31 July 2015 ‘On Approval of the State Compulsory Standards of Education and Standard Curricula for Medical and Pharmaceutical Specialties.’”

2.13 On Approval of the Regulations on Clinical Training Sites, Clinics of Healthcare Education Organisations, University Hospitals, Residency Training Sites and Integrated Academic Medical Centres, and the Requirements Applicable Thereto. Order No. ҚР ДСМ-304/2020 of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on 22 December 2020 under No. 21848.

2.14 Rules for the Organisation of the Educational Process Using Distance Educational Technologies, approved by Order No. 137 of the Minister of Education and Science of the Republic of Kazakhstan dated 20 March 2015 and registered in the State Registration Register of Regulatory Legal Acts under No. 10768.

2.15 On Amendments to Order No. 107 of the Minister of Education and Science of the Republic of Kazakhstan dated 29 January 2016 “On Approval of the Rules for the Organisation and Conduct of Professional Practice and the Rules for Determining Organisations as Practice Bases.” Order No. 521 of the Ministry of Education and Science of the Republic of Kazakhstan dated 29 September 2018.

2.16 On Amendments to Order No. ҚР ДСМ-305/2020 of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020 “On Approval of the Nomenclature of Specialties and Specialisations in the Field of Healthcare, as well as the Nomenclature and Qualification Characteristics of Healthcare Positions.”

2.17 On Amendments and Additions to Order No. ҚР ДСМ-270/2020 of the Minister of Healthcare of the Republic of Kazakhstan dated 15 December 2020 “On Approval of the Rules for the Allocation of the State Educational Order, Admission to Training and Training of Medical Personnel in Residency.” Order

No. 27 of the Minister of Healthcare of the Republic of Kazakhstan dated 21 June 2024. Registered with the Ministry of Justice of the Republic of Kazakhstan on 24 June 2024 under No. 34551.

2.18 On Approval of the Rules for the Certification of Healthcare Specialists, Confirmation of the Validity of Healthcare Specialist Certificates, Including Foreign Specialists, as well as the Conditions for Admission to the Certification of Healthcare Specialists Who Have Received Medical and/or Pharmaceutical Education in the Field of Healthcare Outside the Republic of Kazakhstan. Order No. ҚР ДСМ-274/2020 of the Minister of Healthcare of the Republic of Kazakhstan dated 15 December 2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on 20 December 2020 under No. 21818.

2.19 On Approval of the Requirements for Accreditation Bodies in the Field of Higher and Postgraduate Education and the Rules for Recognition of Accreditation Bodies in the Field of Higher and Postgraduate Education, Including Foreign Accreditation Bodies. Order No. 629 of the Minister of Education and Science of the Republic of Kazakhstan dated 1 November 2016. Registered with the Ministry of Justice of the Republic of Kazakhstan on 19 November 2016 under No. 14438 (as amended by Order No. 177 of the Acting Minister of Science and Higher Education of the Republic of Kazakhstan dated 19 April 2024).

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 01.05.2025):

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

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;

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

International accreditation—external evaluation of the higher education institutions (institutional accreditation) or educational programmes (specialized accreditation) that meet predefined standards (guidelines) and its should be carried out by the national or foreign accrediting agency recognized and listed on Register #1 of the Kazakhstan Ministry of Education and Science;

National accreditation—external evaluation of the higher education institutions (institutional accreditation) or educational programmes (specialized accreditation) that meet predefined standards (guidelines) and its should be carried

out by the national accrediting agency recognized and listed on Register #1 of the Kazakhstan Ministry of Education and Science;

Educational programme accreditation-recognition procedure used in higher education by accreditation agency that confirms the educational programmes compliance with and meet predefined standards (guidelines) in order to provide the evidence about their quality and improvement of the internal quality assurance mechanisms;

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 Medical Education (Revision 2015, 2020, 2024) following definitions related to Standards:

Mission 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 to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.

Postgraduate medical education would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/subspecialist education and other formalised education programmes for defined expert functions.

Life-long learning 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. CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

Encompassing the health needs of the community would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.

Institutional autonomy 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 (cf. 2.1 and 2.6), assessments (cf. 3.1), students admission (cf. 4.1 and 4.2), staff recruitment/selection (cf. 5.1) and employment conditions (cf.5.2), research (cf. 6.4) and resource allocation (cf. 8.3).

Academic freedom would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.

Appropriate student conduct would presuppose a written code of conduct.

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

Other stakeholders 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.

Instructional/ learning methods 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.

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

Elements of original or advanced research would include obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues.

The authority of the curriculum committee would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation

“Assessment utility” is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats.

Assessment principles, methods and practices refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitudes.

Adjustment of number and nature of examinations would include consideration of avoiding negative effects on learning. This would also imply avoiding the need for students to learn and recall excessive amounts of information and curriculum overload.

Encouragement of integrated learning would include consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

The statement on process of selection of students would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.

Policy and practice for admission of disabled students will have to be in accordance with national law and regulations.

Periodically review the admission policy would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

Academic counselling would include questions related to choice of electives, residence preparation and career guidance. Organisation of the counselling would include appointing academic mentors for individual students or small groups of students.

Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

Student representation would include student self governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects (cf. B 2.7.2).

To facilitate student activities would include consideration of providing technical and financial support to student organisations.

Educational expertise would deal with processes, practice and problems of medical education and would include medical doctors with research experience in medical education, educational psychologists and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.

A policy for transfer of educational credits would imply consideration of limits to the proportion of the study programme which can be transferred from other institutions. Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It would also be facilitated by use of a transparent system of credit units and by flexible interpretation of course requirements.

Programme monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.

Programme evaluation 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 from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.

Governance 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.

Academic leadership refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centres as well as chairs of standing committees (e.g. for student selection, curriculum planning and student counselling).

Management 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.

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
HEIs	Higher Education Institutions
MoH	Ministry of Health of the Republic of Kazakhstan
RK	
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 Institutional accreditation of the HEIs for Health Professions Education carried out according to following Standards:

- Standard 1 “Mission and Values”;
- Standard 2 “Educational Programmes”;
- Standard 3 “Assessment of Students”;
- Standard 4 “Students”;
- Standard 5 “Academic Staff/Faculty”;
- Standard 6 “Educational Resources”;
- Standard 7 “Quality Assurance and Improvement”;
- Standard 8 “Governance and Administration”.

5.2 The Institutional Accreditation Standards are based on the World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Basic Medical Education (2020), the WFME Global Standards for Quality Improvement in Postgraduate Medical Education (2023), the WFME Global Standards “Standards for Master’s Degree Programmes in Medicine and Healthcare” (2016), the International Standards for PhD Education in Biomedicine and Health Sciences in Europe developed by the Organisation for PhD Education in Biomedicine and Health Sciences in Europe (ORPHEUS), and the standards of the Association of Medical Schools in Europe (AMSE) and WFME.

The Standards are harmonised with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG, 2015) (Appendix 1).

5.3 A total of 127 standards for the institutional accreditation of medical educational institutions, comprising 92 basic standards and 35 quality improvement standards, as well as 127 annotations to the corresponding standards, which are included in Section 3.

5.4 Standards are specified for each sub-area using two levels of attainment:

- **Basic Standards** are expressed by a “**must**”, this means that the standard in principle must be met by every medical school and fulfillment demonstrated during evaluation of the school.
- **Standards for Quality Development** are expressed by a “**should**”, this means that the standard is in accordance with international consensus about best practice for medical institutions and basic medical education. Fulfillment of - or initiatives to fulfill – some or all of such standards should be documented by HEIs.

Basic standards: 100% must demonstrate full compliance (**fulfilled**).

Quality improvement standards: at least 60% must demonstrate full compliance and no more than 40% may be partially complied. If these requirements are satisfied, the educational organizations/educational programme may be recommended for full accreditation for a period of 5 years. In case of non-

compliance (**not fulfilled**) with the above requirements by the educational organization, the EEC has the right to make recommendations: conditionally accredit, not accredit (non-compliance with one or more accreditation standards is detected).

5.5 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 higher education institution meets certain predefined Standards.

5.6 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 Directors of Departments of the MSciHE RK and MoH RK, Members of Kazakhstan Parliament, Senior Academic Staff of the HEIs for Health Professions Education, National Research Centres, Societies of the Employers, International and National Professional Association, Students.

6. Purpose of introduction of Standards for Institutional accreditation

6. The main purposes for implementation of the institutional 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 to evaluate the HEI and its professional educational programmes in Medicine, Dentistry, Pharmacy, Public Health and Nursing to ensure that a higher education institution meets certain predefined standards.

6.1.4 to promote the quality improvement of health professions education to meet the needs of the changing environment and achieve competitiveness of the national system of higher professional education;

6.1.5 to publish and provide reliable information for society and authorities concerned in higher education and healthcare regarding the HEIs external evaluation outcomes and submit the summary report and formal decision on accreditation.

7. Principles of Quality Assurance and Institutional Accreditation

7.1 Quality assurance and accreditation system based on the following principles:

7.1.1 Voluntariness/Freedom – the accreditation is voluntary process and accrediting agency recognizes the freedom and autonomy of the HEIs and their programmes.

7.1.2 Responsibility –the accreditation process clear defines the responsibility of both accrediting agency and higher education institution; accrediting agency has

strong relationship with main stakeholders: the Public, HEIs, Students, the Professions, Professional Organizations, Government; provides the Standards and Guidelines, appropriate resources of innovation and training reviewers/experts.

7.1.3 Transparency – internal and external evaluation are carried out fairly and transparently providing access to relevant information regarding the accreditation process and procedures, accreditation standards, guidelines for self-study, guidelines for external evaluation that are available for all stakeholders.

7.1.4 Independence - external evaluation, decision making process based on the published standards and procedures taking into consideration the outcomes both the institutional self-study and external review, the reliable information and data, accrediting agency is independent of the third parties (MoH, MoEDSci., HEI's Leadership and Public).

7.1.5 Confidentiality – institutional self-study report' information and other information provided by HEIs and data gained in external review are confidential.

7.1.6 Efficiency – external evaluation focus on content and outcomes that allowed improving internal quality assurance mechanisms, support the development of a quality culture and ensure the link between internal and external quality assurance.

7.1.7 Public information- the decisions on accreditation must be announced and made public, publication of the reports providing the basis for the decisions, or a summary of the reports, should also be considered and posted on the accrediting agency's web-site.

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, training of staff/faculty on conducting the institutional self-study;

8.1.3 Planning and conducting the institutional self-study; submitting Institutional Self-study Report (in Kazakh, Russian and English) to the accrediting agency;

8.1.4 Consideration the Institutional Self-study Report by the Members of EEC's accrediting agency before the site-visit;

8.1.5 The external expert commission carries out the external evaluation and develops the draft of the Report and conclusions that is presented to the administrative and academic staff.

8.1.6 Submission of the final External Evaluation Report with recommendations 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 Accreditation Council;

8.1.8 Publication of a summary of the External Evaluation Report and decision on accreditation and post them on accrediting agency's web-site;

8.1.9 follow-up procedures to verify the remedial action taken by the medical education organisation based on the recommendations contained in the EEC report.

8.2 The procedure of institutional accreditation is conducted in accordance with the Law of the Republic of Kazakhstan "On Education" from July 27, 2007 № 319-III at the expense of financial resources of medical educational organisations at the application of the organisation.

8.3 During the self-assessment period, the accrediting body provides consulting services to the medical education institution solely within the framework of the accreditation process, including the conduct of training seminars in an in-person and/or online format, subject to prior agreement on the date and time with the institution being accredited;

8.4 After finishing the procedure of self-evaluation the medical educational organisation sends 6 copies of the Self-evaluation report in three languages (Kazakh, Russian, English) to the accreditation body not later than 2 months before the proposed visit of the EEC. All copies of the reports must be signed by the Head of the medical educational organisation.

8.5 The reports are thoroughly reviewed by all members of the EEC before the site-visit to the medical education organisation.

8.6 The terms of EEC visit to the medical educational organisation are determined by the accreditation body and spend 2-4 days;

8.7 The composition of the EEC is formed from the database of experts nominated and certified by the accreditation body, as well as recommended by HEIs, scientific organisations/centres, professional associations, public associations and employers.

8.8 The regulation of EEC activity in the medical educational organisation is carried out according to the Standard and Guidelines for external evaluation during the site-visit, approved by the accreditation body.

8.9 The EEC report shall be submitted by experts to the accreditation body not later than 14 (fourteen) calendar days after completion of the EEC site-visit. The report with recommendations is then sent by the accreditation body to the medical education organisation for review and correction of factual mistakes. 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 Accreditation Council decision is based on the self-evaluation report of the medical education organisation, the EEC final report.

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 a period of 3 years (for new HEIs or faculties);
- 3) Conditional accreditation- will be reviewed after 1 year to check fulfillment of the conditions;
- 4) Denial or
- 5) withdrawal of accreditation.

9.2 A decision to grant full accreditation for a period of 5 years is made if the educational institution demonstrates full compliance with at least 100% of the basic standards and at least 60% of the improvement standards. There are no instances of noncompliance with accreditation standards.

9.3 A decision for a period of 3 (three) years is made with respect to new medical schools or faculties that have been in operation for less than 3 years. This decision is made if more than 80% of the basic accreditation standards are met, and up to 20% demonstrate partial compliance that is not critical and can be addressed by the educational institution in the shortest possible time (up to one year), which will be reflected in the report as part of post-accreditation monitoring. Furthermore, the expert opinion of the EEC contains no comments, and there are no non-conformities with the accreditation standards.

9.4 A decision to grant conditional accreditation for a period of 1 (one) year, subject to a repeat external evaluation by the same accrediting body, is made if: more than 21% of the basic standards and more than 41% of the improvement standards have been partially met, or at least one of the 8 standards has not been met, and the severity of the issues is reflected in the final report of the External Expert Commission (EEC) and in the rationale for the decision on conditional accreditation. In this case, the educational institution must, within the year following the date of the decision, implement corrective measures based on the recommendations (comments) of the EEC, prepare a self-assessment report on the educational program under the new Accreditation Contract, and submit the self-assessment report to the accrediting agency that made the decision on conditional accreditation in accordance with the requirements of paragraph 8.4 of these accreditation standards. The terms and conditions for the accreditation of the educational program are specified in the newly drafted and concluded Accreditation Contract.

9.5 A decision to deny accreditation shall be made if the majority of the Standards are not met, indicating the seriousness of the deficiencies and issues that require several years to remedy. An educational institution shall be entitled to initiate the accreditation procedure no earlier than one year after the adoption of a negative decision on institutional accreditation.

9.6 A decision to withdraw the institutional accreditation certificate of an educational institution during its validity period shall be made in the following cases:

9.6.1 suspension by the authorised body in the field of education of the licence for educational activities of the medical educational institution;

9.6.2 withdrawal by the authorised body in the field of education of the general licence for educational activities of the medical educational institution;

9.6.3 failure to comply with the post-accreditation monitoring requirements (Section 10 of this document);

9.6.4 systematic violations of the anti-corruption policy by the medical educational institution in relation to its employees, teaching staff and students, supported by documentary evidence and the official disclosure of such facts by the relevant authorised and supervisory bodies.

9.7 The decision to withdraw the institutional accreditation certificate shall be formalised in the minutes of the Accreditation Council and officially communicated by letter to the Head of the educational institution, followed by written notification to the authorised body in the field of education.

9.8 The decision to withdraw the institutional accreditation certificate shall result in the exclusion of the educational institution from the Register of Accredited Educational Institutions of the Unified Register of Higher Education (URHE) of the Ministry of Science and Higher Education of the Republic of Kazakhstan (MSHERK), as well as from the Register of Accredited Educational Institutions of the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare (ECAQA). This may result in the annulment of all accreditation outcomes previously achieved and shall entail the requirement to undergo all stages of the accreditation process again.

10. Fellow up activities

10.1 Accredited HEIs are monitored by the accrediting agency throughout the duration of the accreditation term.

10.2 The accreditation body conducts post-accreditation monitoring (PAM) without concluding additional contracts with the educational organisation during the whole period of validity of the certificate of institutional accreditation.

10.3 Post-accreditation monitoring of the educational organisation is conducted as follows:

10.3.1 submitting to the accreditation body a plan of improvement actions based on the recommendations of the EEC for the period of validity of the Certificate of Institutional Accreditation. The plan is provided within 30 (thirty) calendar days after the educational organisation receives a decision on accreditation;

10.3.2 The HEIs should submit the brief progress report annually to shed light on how the institution has addressed the recommendations for improvement that made by the External Evaluation Commission. 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 visit to the educational organisation by an expert and a representative of the accreditation body to assess the implementation of the EEC recommendations in case of accreditation of a new medical school or faculty. The visit is carried out 1.5 years after the issuance of the Certificate of Accreditation and, as a rule, takes 1-2 days. The feasibility and date of the visit is agreed with the educational organisation.

10.4 The HEIs must inform accrediting agency of any substantive changes in scope of activities of the institution, including the educational programmes changes.

10.5 The accrediting agency will consider complaints about the quality of accredited HEIs and the accrediting agency will conduct initial evaluation and it would be arranged the site-visit.

10.6 The accreditation body has the right to suspend the Certificate of Institutional Accreditation if the educational organisation violates the requirements of paragraphs 10.3, 10.4 of these Standards. In this case, the decision to suspend the validity of the Certificate of Institutional Accreditation is made for the period until the violations of PAM requirements are eliminated. This decision is formalised by the order of the Director General of the accreditation body and the notification letter is sent to the educational organisation.

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 Revised Standards adopted by the accrediting agency, approved by the Experts Board and signed by Director General will be issued as a new version of Standards and published on its web-site.

11.6 Accreditation standards are reviewed every 5 years.

12. STANDARDS FOR INSTITUTIONAL ACCREDITATION

Standard 1. MISSION AND VALUES

1.1 Definition of the Mission

1.1.1 The medical education institution shall define its mission and vision, encompassing its values, priorities and objectives, achievements in medical research and global health, public health challenges, the needs of the healthcare delivery system, and other aspects of social responsibility. These shall enable the institution to prepare competent healthcare professionals in accordance with

established requirements of the healthcare sector, with a commitment to lifelong learning.

1.1.2 The medical education institution shall communicate its mission to its stakeholders and the healthcare sector.

1.1.3 The medical education institution shall define and describe its strategic objectives, values, educational objectives, research activities, and relationships with the healthcare system and society, including its connection with healthcare delivery. The strategic development plan, approved by the Advisory and Consultative Council, shall be consistent with the stated mission, reflect the institution's vision, and contribute to the achievement of the intended learning outcomes.

1.1.4 The medical education institution shall systematically collect, maintain and analyse information on its key areas of activity, including education, clinical activities, research, human resource development, facilities and infrastructure, and other relevant areas. It shall conduct an assessment of its strengths and weaknesses (SWOT analysis), on the basis of which the management, together with the Advisory and Consultative Council, shall determine policies and develop strategic and operational plans.

1.1.5 The mission and objectives shall take into account national priorities and perspectives in medical education and research, as well as regional development.

1.1.6 In its planning, the medical education institution shall take into account the key resources required to support all major areas of activity and shall make necessary changes where appropriate. The institution shall ensure public access to information on the mission and objectives of the educational programmes it implements, including through the media and the institution's website.

1.1.7 The medical education institution shall have a process for the periodic review and revision of its mission, including the introduction of amendments and additions, in accordance with contemporary scientific, socio-economic and cultural developments in society.

1.2 Participation in the Formulation of the Mission

1.2.1 The medical education institution shall determine the extent to which key stakeholders are involved and consulted in the development of its mission.

1.2.2 The medical education institution should ensure that its stated mission reflects the views and input of other relevant stakeholders.

1.3 Institutional Autonomy and Academic Freedom

1.3.1 The medical education institution shall have institutional autonomy to develop and implement its policies, for which academic staff, faculty, and administration are responsible, including the development of educational programmes and the allocation and use of educational resources.

1.3.2 The medical education institution should ensure academic freedom for its staff and students in relation to the planning, development, and implementation

of educational programmes. This should include the opportunity to consider diverse perspectives in the description and analysis of healthcare-related issues, as well as to incorporate findings from new scientific research to enhance the content of specific disciplines without expanding the scope of the educational programmes.

Standard 2. EDUCATIONAL PROGRAMMES

2.1 Learning Outcomes

2.1.1 The medical education institution shall define the learning outcomes that students are expected to achieve upon completion of the educational programmes, with regard to:

- their achievements at the relevant levels of education in terms of knowledge, skills, and attitudes;
- an appropriate foundation for their future careers in any area of healthcare;
- their future roles in the healthcare sector;
- their commitment to lifelong learning;
- the needs of the healthcare system and the health of society, as well as other aspects of social responsibility.

2.1.2 The medical education institution shall ensure that the expected learning outcomes are aligned with its stated mission.

2.1.3 The medical education institution shall review and analyse the alignment of the expected learning outcomes with educational and professional standards established by national regulatory (competent) authorities or government requirements, as well as with the requirements of employers and the values and standards established by the professional community.

2.1.4 The medical education institution shall ensure that students fulfil their responsibilities and obligations towards other students, physicians, teachers, patients, and their relatives, in accordance with the Code of Conduct (Code of Ethics).

2.1.5 The medical education institution should define and coordinate the continuity of learning outcomes across the relevant levels of education.

2.1.6 The medical education institution should ensure the involvement of stakeholders in the development of learning outcomes.

2.2 Organisation, Structure, and Content of Educational Programmes

2.2.1 In developing its educational programmes, the medical education institution shall ensure:

- alignment of the objectives of the educational programmes with the institutional strategy and the presence of clearly defined expected learning outcomes (ESG G 1.2);
- participation of students and other stakeholders in the development of educational programmes;
- that the results of external reviews and quality assurance audits of the implementation of educational programmes are taken into account;

- continuous progress, personal growth, and development of students throughout the educational programmes;
- compliance with clearly defined student workloads (e.g., in ECTS);
- provision of opportunities for students to undertake practical training or internships where required.

2.2.2 The medical education institution should provide students with both academic knowledge and the necessary competencies and skills that may contribute to their personal development and be applicable to their future careers (ESG G 1.2).

2.2.3 The medical education institution should ensure that its educational programmes develop students' capacity for lifelong learning.

2.2.4 The medical education institution shall ensure the application of student-centred learning in order to encourage and support students' responsibility for their own learning process and foster a culture of lifelong learning.

2.2.5 The medical education institution shall plan and conduct clinical training with due regard to patient safety, which requires supervision of procedures performed by students in clinical teaching and practice settings.

2.2.6 The medical education institution shall ensure that education and training are provided in accordance with the principles of equality.

2.2.7 The medical education institution shall ensure that the qualification awarded upon completion of the educational programmes is clearly defined and communicated to students and corresponds to a specified level of the National Qualifications Framework for higher professional education and, consequently, to the qualifications framework of the European Higher Education Area (EQF). The qualification shall be accompanied by the issuance of diplomas, certificates, or other official documents attesting to the qualification, which are recognised and accepted by relevant national and international competent authorities (ESG II 1.2).

2.3 Scientific Method

2.3.1 The medical education institution shall ensure that its educational programmes include the teaching of the principles of scientific methodology, including methods of analytical and critical thinking, scientific research methods in healthcare, and evidence-based medicine. This shall require appropriate competence among teaching staff and shall constitute a mandatory component of the educational programmes. Students shall be engaged in conducting or participating in small-scale research projects, and the learning outcomes of such activities shall be defined.

2.3.2 The medical education institution should incorporate elements of basic or applied research into its educational programmes, including mandatory or elective analytical and experimental research activities, thereby promoting students' participation in healthcare-related research as professionals and colleagues.

2.4 Educational Technologies, Teaching Methods, and Practical Training

2.4.1 The medical education institution shall employ appropriate educational technologies, teaching methods, and practical training to ensure that students achieve the expected learning outcomes of the educational programmes.

2.4.2 The medical education institution shall employ teaching and learning methods, including virtual learning methods (digital, distance, and electronic learning) and simulation-based training, that stimulate, prepare, and support students and foster their responsibility for their own learning process.

2.4.3 The medical education institution shall provide education and training based on the principles of quality assurance and academic integrity, including the implementation of an anti-plagiarism policy (ESG II Part 1.3).

2.4.4 The medical education institution should regularly adapt its teaching and learning methods to changing conditions (ESG II Part 1.5) and the requirements of healthcare practice.

2.5 Programme Management

2.5.1 The medical education institution shall have academic leadership responsible for the educational process and shall designate a structural unit responsible for the educational programmes, with the authority to plan and implement the educational programmes in order to ensure the achievement of the learning outcomes. The structural unit responsible for the educational programmes shall include representation from teaching staff and students.

2.5.2 The medical education institution should, through the structural unit responsible for the educational programmes, plan and implement innovations in the educational process and include representatives of relevant stakeholders in its membership (ESG II Part 1.2), including other participants in the educational process, representatives of clinical training sites, pharmaceutical manufacturers, graduates of medical education institutions, and healthcare professionals involved in the teaching and learning process.

2.5.3 The medical education institution should regularly review and modify its educational programmes and incorporate new developments in biomedical and clinical sciences, behavioural sciences, social sciences, medical ethics, and medical law, as well as current and anticipated needs of society and the healthcare system.

2.5.4 The medical education institution should have established processes for the development, review, approval, and formal adoption of educational programmes (ESG G 1.2).

2.6 Relationship with Medical Practice and the Healthcare System

2.6.1 The medical education institution shall ensure an operational link between its educational programmes and the subsequent stages of professional training or practice that graduates will undertake upon completion of their education.

2.6.2 The medical education institution should ensure that the structural units responsible for the educational programmes analyse the environment in which graduates are expected to work and modify the educational programmes

accordingly. Such modifications should be based on feedback from the public and society as a whole.

Standard 3. ASSESSMENT OF STUDENTS

3.1 Assessment Policy and System

3.1.1 The medical education institution shall define, develop, approve, implement, and publish the policy, principles, methods, and practices used for the assessment of students at all levels of education and participants in continuing professional development (CPD) programmes. This shall include examination requirements and passing scores, the number of permitted attempts, and shall ensure that assessment covers knowledge, skills, and attitudes.

3.1.2 The medical education institution shall ensure that assessment methods and outcomes take conflicts of interest into account, that the assessment process is transparent and accessible for review by external experts, and that an appeals system for assessment results is in place (ESG II Part 1.3).

3.1.3 The medical education institution shall document and evaluate the reliability and validity of assessment methods. This shall require an appropriate quality assurance process for assessment practices. The institution shall also implement new assessment methods when necessary and involve external examiners in order to enhance the fairness, quality, and transparency of the assessment process.

3.1.4 Through a unified (centralised) management system, the medical education institution shall ensure that its assessment policy is implemented through the use of a range of appropriate assessment methods that are aligned with the learning outcomes and the teaching and learning methods.

3.1.5 The medical education institution shall ensure that the assessment policy is communicated to all stakeholders.

3.2 Assessment that Facilitates and Supports Learning (Formative Assessment)

3.2.1 The medical education institution shall have a system of formative assessment that regularly provides students with constructive feedback identifying their strengths and weaknesses and helping them consolidate the knowledge they have acquired (ESG II Part 1.3).

3.2.2 The medical education institution should have a mechanism for regulating the number and nature of examinations for components of the educational programmes in order to facilitate knowledge acquisition and integrated learning. It should ensure an appropriate balance between formative (ongoing) and summative (interim/final) assessment in order to guide learning and assess students' academic progress.

3.3 Assessment that Supports Decision-Making (Summative Assessment)

3.3.1 The medical education institution shall develop and implement a system of summative assessment applicable to the assessment of learning outcomes upon

completion of a course of study. The system shall provide information on assessment results, students' progression to the next year or stage of study, and completion of their education.

3.3.2 The medical education institution shall employ assessment methods that provide reliable and valid quantitative data on assessment outcomes.

3.4 Quality Assurance

3.4.1 The medical education institution shall employ mechanisms to ensure the quality of assessment procedures and methods.

3.4.2 The medical education institution shall ensure that information on students' assessment results is used to improve the effectiveness of teaching staff, courses, and the educational institution as a whole.

3.4.3 The medical education institution should regularly review each type of assessment, as well as the assessment system as a whole, and use assessment results and feedback from stakeholders to continuously improve the quality of assessment methods, the assessment system, courses, and educational programmes (ESG II Part 1.3).

Standard 4. STUDENTS

4.1 Admission and Selection Policy

4.1.1 The medical education institution shall define and implement an admissions policy that is formally published and specifies the objectives, principles, requirements, selection and admission criteria for students at all levels of education and participants in continuing professional development (CPD) programmes. The policy shall include the rationale for and methods of selection, such as secondary school learning outcomes, other relevant academic experience, entrance examinations and interviews, and assessment of motivation to become a physician, including consideration of changing needs associated with the diversity of clinical practice.

4.1.2 The medical education institution should consider the following issues, which are important in developing its policy for the selection and admission of students:

- the stages of the student admission and selection process;
- the ratio between the number of students admitted (including international students) and the existing material, technical, and human resources available at all stages of education, as well as the available infrastructure required to ensure appropriate education and training;
- compliance with the principles of equality and diversity in the student body (ESG II Part 1.4);
- mechanisms for admission and confirmation of enrolment;
- mechanisms for submitting and handling complaints;
- rules governing re-application, deferral of admission, and the transfer of students from other educational programmes and medical schools within the country and from countries of the near and wider international region.

4.1.3 The medical education institution shall have a policy and implement practices for the admission of students with disabilities in accordance with the applicable laws and regulatory requirements of the country.

4.1.4 The medical education institution shall have a policy and implement practices for the transfer of students from other educational programmes and medical education institutions.

4.1.5 The medical education institution should periodically review its admissions policy, as well as the number and composition of admitted students, in consultation with relevant stakeholders, and make adjustments to meet the healthcare needs of the population and society as a whole. This should also include consideration of the gender, ethnic background, and language of applicants, as well as the potential need for specific admission policies for students from low-income families and national minorities.

4.1.6 The medical education institution shall have a system for appealing admission decisions (ESG II Part 1.4).

4.2 Student Counselling and Support

4.2.1 The medical education institution shall provide students with accessible and confidential academic, social, psychological, and financial support, as well as counselling on academic planning and career development and assistance with employment (ESG II Part 1.4).

4.2.2 The medical education institution shall provide students with support in developing academic skills and assist students with disabilities with regard to financial aid and career planning.

4.2.3 The medical education institution shall ensure the operation of a service providing emergency assistance to students and staff in cases of personal psychological trauma or critical situations.

4.2.4 The medical education institution shall establish and implement a process for identifying students who require academic or personal counselling and support. It shall publish information about such services and ensure their accessibility to students while maintaining confidentiality.

4.2.5 The medical education institution shall determine how student support and counselling services are to be developed, with the participation of representatives of the student community, and shall allocate resources to support students.

4.2.6 The medical education institution shall have a formally published policy on the recognition of qualifications and provide support to international graduates, ensuring equal opportunities for them.

4.2.7 The medical education institution shall provide students with documents certifying the qualification they have obtained, including the learning outcomes achieved, the content and status of the education received, and the successful completion of the programme (ESG G 1.4).

4.2.8 The medical education institution shall formally publish and regularly review its policy on student funding and remuneration of residents for their participation in the provision of healthcare services.

Standard 5. ACADEMIC STAFF/FACULTY

5.1 Staff Selection and Recruitment Policy

5.1.1 The medical education institution shall determine the required number and composition of academic staff necessary for the implementation of its educational programmes, taking into account the number and composition of students and the teaching and learning methods employed.

5.1.2 The medical education institution shall establish a policy for the composition of academic staff that includes:

- the number, level, and qualifications of academic staff (teaching staff) and research supervisors required for educational activities, taking into account the planned number of students;
- the distribution of academic staff according to their qualifications, academic and/or research degrees, and professional and teaching experience;
- an appropriate balance between medical and non-medical teaching staff, full-time and part-time staff, and between academic and non-academic staff;
- criteria relating to the research, teaching, and clinical merits of candidates, including an appropriate balance among teaching, research, and clinical activities.

5.1.3 In its policy for the selection and recruitment of staff, the medical education institution shall take into account such criteria as alignment with the mission and the specific characteristics of the local context, including gender, nationality, religion, language, and other conditions relevant to the educational programme, as well as economic considerations.

5.1.4 The medical education institution should employ mechanisms for recruiting mentors and appointing mentors and research supervisors for students, where applicable.

5.1.5 The medical education institution shall have an appropriate number of technical and administrative staff and researchers to support its core activities (ESG II Part 1.5).

5.2 Academic Activities and Professional Ethics of Teaching Staff

5.2.1 The medical education institution shall define, approve, and publish its requirements concerning academic ethics, professional conduct, and the responsibilities of academic staff in conducting research and clinical activities.

5.2.2 The medical education institution shall define and implement a policy for staff activities and professional development that:

- ensures due recognition of academic activities through awards, promotion, and/or remuneration;
- ensures that clinical activities and research are integrated into teaching and learning;

- ensures that each teacher has sufficient knowledge of the content of the educational programmes, teaching and learning methods, methods of assessing knowledge and skills, and the content of other related disciplines, thereby promoting collaboration and integration;
- includes the training, development, support, and performance evaluation of teaching staff, including newly recruited staff and teachers involved in teaching from clinical settings.

5.2.3 The medical education institution should take into account appropriate student-to-teacher ratios depending on the level of education and the different components of the educational programmes.

5.2.4 The medical education institution should develop a system for monitoring and improving the performance of teaching staff (ESG II Part 1.5) and mentors.

5.3 Continuing Professional Development of Academic Staff

5.3.1 The medical education institution shall implement a policy for the continuing professional development and career advancement of its teaching staff and mentors.

5.3.2 The medical education institution shall develop and publish a clear description of how it supports and organises the academic and professional development of each staff member.

5.3.3 The medical education institution should develop, conduct periodically, and appropriately document the performance evaluation of teaching staff and clinical mentors.

Standard 6. EDUCATIONAL RESOURCES

6.1 Physical Infrastructure for Teaching and Learning

6.1.1 The medical education institution shall have adequate physical infrastructure and facilities to properly support the educational process and all key areas of its activities, including appropriate accommodation, recreational, and catering facilities for students.

6.1.2 The medical education institution shall provide a safe environment for staff, students, patients, and their relatives, including the provision of necessary information and protection from hazardous substances and microorganisms, compliance of facilities with sanitary and hygiene standards and regulations, and adherence to laboratory safety requirements and safety rules when using equipment, in accordance with the legislation of the country.

6.1.3 The medical education institution should improve the learning environment through quality monitoring and the regular renewal, expansion, and modification of physical facilities and equipment, as well as the library's educational resources, in accordance with developments in teaching practice and research.

6.2 Resources for Clinical and Practical Training

6.2.1 The medical education institution shall have appropriate and sufficient resources, including primary, secondary, and tertiary healthcare clinical training sites, laboratories, and public health organisations, to ensure that students receive the necessary clinical and practical training and adequate clinical experience. This shall include a sufficient number and appropriate range of patients, adequate resources for clinical training, and supervision of students' clinical practice.

6.2.2 The medical education institution shall have a properly equipped simulation centre and use it as an integrated component of clinical training, including training involving standardised patients and/or other high-technology equipment and techniques.

6.2.3 The medical education institution should review and evaluate, adapt, and improve its resources for practical and clinical training to ensure that they meet the needs of the population receiving healthcare services.

6.3 Medical Research and Scientific Developments

6.3.1 The medical education institution shall use healthcare research and scientific developments as a basis for its educational programmes.

6.3.2 The medical education institution shall define and implement a policy promoting the integration of research and education and shall ensure that research findings are incorporated into teaching.

6.3.3 The medical education institution should encourage and prepare students to participate in healthcare research and scientific development activities.

6.3.4 The medical education institution should provide information on its research infrastructure and priority areas of research.

6.4 Information Resources

6.4.1 The medical education institution shall define and implement a policy aimed at the effective and ethical use and evaluation of appropriate information and communication technologies.

6.4.2 The medical education institution shall ensure adequate access to electronic and printed information resources for students and teaching staff in support of its mission, including access to online resources and printed library resources. It shall also evaluate these resources in relation to the objectives of the educational programmes, teaching, and research activities.

6.4.3 The medical education institution shall provide teaching staff and students with opportunities to use existing and emerging information and communication technologies for:

- self-directed learning;
- access to information;
- patient care;
- working within healthcare delivery systems;
- optimising students' access to relevant patient data and healthcare information systems (ESG II Part 1.6).

6.5 Educational Expertise

6.5.1 The medical education institution shall have access to educational expertise where necessary and appropriate and shall encourage the interest and commitment of its staff and teaching personnel to conduct research in education.

6.5.2 The medical education institution shall define and implement a policy for the use of educational expertise and educational research in the development of educational programmes, teaching methods, and methods for assessing knowledge and skills.

6.5.3 The medical education institution shall take into account existing expertise in educational assessment and evaluation, as well as research in medical education as an independent academic discipline.

6.6 Educational Exchange

6.6.1 The medical education institution shall define and implement a policy for:

- cooperation at national and international levels with other educational institutions, including the mobility of students, academic and administrative staff, and researchers;
- the transfer and recognition of educational credits, which may be taken into account when students transfer from other educational institutions. This may be facilitated by agreements on the mutual recognition of components of educational programmes, active coordination of programmes between medical schools, the use of a transparent credit system, and flexible course requirements.

6.6.2 The medical education institution should facilitate regional and international exchange of staff, including academic and administrative staff and researchers, by providing appropriate resources.

6.6.3 The medical education institution shall ensure that academic exchange is properly organised, taking into account the needs of staff, teaching personnel, and students and in accordance with ethical principles.

Standard 7. QUALITY ASSURANCE AND IMPROVEMENT

7.1 Quality Assurance System

7.1.1 The medical education institution shall have implemented a quality assurance system covering its educational, administrative, and research activities and shall have prepared an official written document describing the quality assurance system (ESG S1.1).

7.1.2 The medical education institution shall define and develop the objectives, role, structure, and governance of the quality assurance system, including a clear definition of what the medical education institution considers to constitute appropriate quality in its planning and implementation practices.

7.1.3 The medical education institution shall develop and implement a framework and decision-making and change-management processes as part of its quality assurance system (ESG II Part 1.1).

7.2 Quality Monitoring and Evaluation Mechanisms

7.2.1 The medical education institution shall have a programme for the regular monitoring of teaching and learning processes and outcomes and shall establish and implement mechanisms for the evaluation of educational programmes, including:

- the main components of the educational programmes;
- students' academic progress;
- the identification and consideration of issues affecting students' achievement of the expected learning outcomes through the systematic collection of relevant information;
- the use of feedback to develop corrective action plans and implement measures to improve the educational programmes.

7.2.2 The medical education institution shall periodically conduct a comprehensive evaluation of its educational programmes, focusing on:

- the context of the educational process, including the organisation and learning environment, resources, and institutional culture;
- specific components of the educational programmes, including course descriptions, teaching and learning methods, clinical rotations, and assessment methods;
- the final learning outcomes, which shall be measured using the results of national examinations, independent assessments of knowledge, benchmarking procedures, international examinations, career choices, and outcomes of postgraduate training;
- its social responsibility.

7.2.3 As a dynamic and socially responsible organisation, the medical education institution should initiate regular self-evaluation procedures and allocate resources for continuous improvement, including the review of its organisational and staffing structures and the updating of the educational objectives and strategic plan in response to changes in the needs of healthcare practice, new regulatory and legal requirements, and changes in society.

7.2.4 The medical education institution should base the process of programme renewal on prospective studies and analyses, the results of its own experience and evaluation (ESG II Part 1.10), and a review of the literature on medical education.

7.2.5 The medical education institution shall ensure that it collects, analyses, and uses relevant information for the effective management of its educational activities and other areas of its operations (ESG S1.7).

7.3 Feedback from Teaching Staff and Students

7.3.1 The medical education institution shall systematically collect, analyse, and respond to feedback from teaching staff and students and shall use the results of such feedback to improve its educational programmes.

7.3.2 The medical education institution should provide international graduates with a procedure that enables them to provide feedback on educational programmes, raise concerns, and receive appropriate support.

7.4 Educational Achievements of Students and Graduates

7.4.1 The medical education institution shall analyse the educational achievements of students and graduates in relation to the mission of the medical education institution, the objectives of the educational programmes, the expected learning outcomes, and the available resources.

7.4.2 The medical education institution should analyse students' educational achievements in relation to their prior educational experience and their level of preparation (qualifications) at the time of admission to the medical education institution.

7.4.3 The medical education institution should use the analysis of students' educational achievements to provide feedback to the structural units responsible for student selection, educational programme planning, and student counselling.

7.5 Stakeholder Involvement

7.5.1 The medical education institution shall involve key stakeholders in its quality monitoring programme and activities for evaluating the quality of education (ESG S1.1).

7.5.2 The medical education institution should, for other stakeholders, including representatives of the public, competent authorities responsible for education and healthcare, professional organisations, and persons responsible for postgraduate education:

- provide access to the results of evaluations of courses and educational programmes;
- collect and analyse feedback on clinical and practical training, including feedback on the clinical practice of graduates;
- collect and analyse their feedback on the quality of educational programmes (ESG G1.1).

Standard 8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.1.1 The medical education institution shall define a governance structure for education, clinical training, research activities, and resource allocation that is transparent and accessible to all stakeholders, aligned with the mission and functions of the educational institution, and ensures its institutional stability.

8.1.2 The medical education institution shall define, within its governance structure, structural units and advisory and consultative bodies (committees and councils) and shall include representatives of key and other stakeholders in their membership, in particular representatives of the healthcare sector and the professional community.

8.1.3 The medical education institution shall ensure transparency of its governance system and decision-making processes. Decisions shall be published in

bulletins, posted on the website, and recorded in minutes that are available for review and implementation.

8.1.4 The medical education institution should periodically publish and update information about its activities, including information on its educational programmes. Such information shall be clear, accurate, objective, up-to-date, and accessible.

8.1.5 The medical education institution shall define its governance and decision-making model, as well as the structure of its units, including their composition, responsibilities, and lines of accountability.

8.1.6 The medical education institution should periodically evaluate its academic leadership in relation to the achievement of its mission and learning outcomes.

8.1.7 The medical education institution shall have a risk management procedure.

8.2 Representation of Students and Academic Staff

8.2.1 The medical education institution shall have policies, procedures, and mechanisms for the involvement and participation of students and teaching staff in governance and administration, where appropriate, as well as processes for consulting with them.

8.2.2 The medical education institution shall identify and determine opportunities for students and teaching staff to participate in, or provide input on, the processes of planning and implementing educational programmes, student assessment, and quality evaluation activities.

8.2.3 The medical education institution should encourage and facilitate the activities of students and student organisations.

8.3 Administration

8.3.1 The medical education institution shall have appropriate and adequate administrative support to achieve its objectives in teaching, learning, research, and clinical activities.

8.3.2 The medical education institution shall develop and implement a policy and process for regular evaluation to ensure the adequacy and effectiveness of administrative staff and budgetary support for all activities and operational functions, with the aim of ensuring quality and continuous improvement (ESG II Part 1.9).

8.4 Budget for Education and Resource Allocation

8.4.1 The medical education institution shall have clearly defined responsibilities and authority for ensuring that all areas of activity are provided with adequate resources, including a dedicated budget for education.

8.4.2 The funding system of the medical education institution shall be based on the principles of efficiency, effectiveness, prioritisation, transparency,

accountability, delineation of responsibilities, and autonomy at all budgetary levels.

8.4.3 The medical education institution shall allocate the resources necessary for the implementation of educational programmes and shall distribute educational resources in accordance with learning needs.

8.4.4 The medical education institution shall have sufficient autonomy to allocate resources in accordance with established priorities, including providing appropriate remuneration for teaching staff in the context of students' achievement of the expected learning outcomes.

8.4.5 In allocating resources to its various areas of activity, the medical education institution should take into account scientific achievements and developments, as well as healthcare needs and challenges.

8.5 Interaction with the Healthcare Sector

8.5.1 The medical education institution shall maintain constructive interaction with the healthcare sector, related sectors, society, and government, including information exchange, cooperation, and the implementation of joint initiatives that contribute to providing society with qualified healthcare professionals in accordance with its needs.

8.5.2 The medical education institution shall define the formal status of cooperation and the participation of staff, students, and partners in the healthcare sector. Such cooperation shall include the conclusion of formal agreements defining the scope and forms of cooperation and/or joint contracts, the establishment of a coordinating committee, and the organisation of joint activities.

EURASIAN CENTRE FOR ACCREDITATION AND QUALITY ASSURANCE IN HIGHER EDUCATION AND HEALTHCARE (ECAQA)

Standards for institutional accreditation of the Higher Education Institutions for Health Professions Education specification in compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG/Part I) and the World Federation for Medical Education Global Standards for Quality Improvement in Basic Medical Education 2020 and institutional needs and national Health Care System priorities.

WFME BME 2020 Standards	Full	Partial	Indirect	Gaps
1. Mission and Values (1.1)	-	1.1 → ESG 1.1, 1.9	-	-
2. Curriculum (2.1–2.4)	ESG 1.2, 1.3, 1.9	2.1, 2.2, 2.4	2.3 content specifics	
3. Assessment (3.1–3.4)	ESG 1.3	3.1, 3.2, 3.3	3.4 → ESG 1.7	-
4. Students (4.1–4.2)	ESG 1.4	4.1, 4.2	-	-
5. Academic Staff (5.1–5.3)	ESG 1.5	5.1, 5.3	-	5.2 conduct (BME-specific)
6. Educational Resources (6.1–6.3)	ESG 1.6	6.1, 6.2, 6.3	-	6.2 clinical (BME-specific)
7. Quality Assurance (7.1)	ESG 1.1, 1.9, 1.10	-	-	-
8. Governance & Administration (8.1–8.3)	ESG 1.7	8.1, 8.2, 8.3	8.2 student representative	-

KEY FINDINGS AND ACCREDITATION AGENCY IMPLICATIONS

ECAQA Standards based on the WFME 2020	ESG 2015	Areas of Alignment	WFME Specific Requirements ESG Requirements
I. Areas of Strong Alignment (Full Correspondence)			
2.1 Curriculum outcomes	ESG 1.2	Both require outcome-defined programme design aligned with mission and national qualifications frameworks	
2.4 Educational methods	ESG 1.3	Both require a range of student-active methods aligned to outcomes, adaptable to context	
3.1 Assessment policy	ESG 1.3	Both require a transparent, multi-method assessment policy linked to learning outcomes	

4.1 Student admission	ESG 1.4	Both require publicly available, transparent, equitable admission policies	
4.2 Student support	ESG 1.6	Both require accessible, multi-domain student support services	
6.3 Information resources	ESG 1.6	Both require adequate, accessible, equity-oriented information resources	
7.1 Quality assurance system	ESG 1.1, 1.9, 1.10	Comprehensive internal QA with external dimension - the most closely aligned domain	
8.2 Student and staff representation	ESG 1.1, 1.3	Both require participatory governance including students as internal QA stakeholders	
II. Areas of Partial Alignment (Significant Overlap)			
1.1 Mission	ESG 1.1	Both require a publicly embedded institutional statement;	WFME centre's identity and values ESG centres QA commitment
2.2 Curriculum structure	ESG 1.2	WFME is more specific to medical education – requiring documentation of the principles behind curriculum architecture (e.g. integrated vs. discipline-based; pre-clinical/clinical phasing)	WFME requires documented curriculum architecture rationale - more specific. ESG requires design processes
3.2 Formative assessment	ESG 1.3	Both require formative feedback	WFME adds mandatory remediation linked to feedback a medical safety requirement
3.3 Summative assessment	ESG 1.3	Both require high-stakes assessment	WFME adds psychometric validity and reliability requirements absent

			from ESG ESG covers summative assessment for progression
5.1–5.3 Academic staff	ESG 1.5	Both require qualified staff and CPD	WFME adds staffing adequacy ratios and funded CPD policy; ESG adds transparent recruitment processes
III. Medical-Education-Specific Standards with No ESG Parallel (Gaps)			
6.2 Clinical training resources	No ESG Part 1 equivalent exists	-	Skills laboratories, simulated patients, placement diversity, clinical site governance, supervisor engagement - entirely WFME-specific.
2.3 Curriculum content domains	ESG 1.9's 'latest research' requirement captures currency but not content structure	-	The three mandatory content domains (biomedical sciences, clinical sciences, behavioural/social sciences) are health-profession-specific
5.2 Academic staff performance and conduct	-	-	Codes of professional conduct for academic and clinical teaching staff are medical-education-specific

ANNEX 2

MAPPING OF WFME GLOBAL STANDARDS FOR QUALITY IMPROVEMENT IN POSTGRADUATE MEDICAL EDUCATION (2023) AGAINST ESG 2015 PART 1

The 2023 WFME Global Standards for Quality Improvement in Postgraduate Medical Education (PGME) are organized into eight areas: 1. Mission and Values; 2. Curriculum; 3. Assessment; 4. Postgraduate Doctors; 5. Teachers and Clinical Supervisors; 6. Education and Training Resources; 7. Quality Improvement; 8. Governance & Administration.

The ESG 2015 Part 1 (Standards and Guidelines for Internal Quality Assurance) contains ten standards: 1. Policy for Quality Assurance; 2. Design and Approval of Programmes; 3. Student-Centred Learning, Teaching and Assessment; 4. Student Admission, Progression, Recognition and Certification; 5. Teaching Staff; 6. Learning Resources and Student Support; 7. Information Management; 8. Public Information; 9. On-going Monitoring and Periodic Review of Programmes; 10. Cyclical External Quality Assurance.

Because WFME PGME 2023 adopts a principles-based approach rather than prescriptive requirements, the mapping below identifies areas of substantial equivalence rather than exact one-to-one correspondence.

The ECAQA updated Standards for accreditation in PGME address new components of the 2023 WFME Global Standards for Quality Improvement in PGME:

Standard 2. Curriculum: 2.2 Intended Learning Outcomes; 2.7 Opportunities for Higher Degrees and Research;

Standard 3. Assessment: 3.4 Quality Assurance of the Assessment System, the assessment system addresses issues of patient safety and the increasing independence of the postgraduate doctor;

Standard 4. Postgraduate Doctors: 4.3 International Medical Graduates; 4.5 Postgraduate Doctor Safety; 4.6 Postgraduate Doctor Remuneration and Fees; 4.7 Postgraduate Doctor Health and Welfare;

Standard 5. Teachers and Clinical Supervisors: 5.1 Teacher and Clinical Supervisor Establishment; 5.3 Continuing Professional Development for Teaching and Clinical Supervisory Staff;

Standard 6. Education And Training Resources: 6.2 Work-Based Postgraduate Medical Education;

Standard 7. Quality Improvement: 7.1 The Quality Improvement System;

Standard 8. Governance And Administration: 8.2 Shared Governance: Define the roles and responsibilities of each and the relationships between them, including accountability and reporting, and involvement in quality improvement processes

The ECAQA Standards for Accreditation of Postgraduate Medical Education programme Specification is aligned the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG2015/Part I) and the World Federation for Medical Education Global Standards for Quality Improvement in Postgraduate Medical Education (2023) and National Health Care System Priorities and Needs.

WFME PGME 2023 Standard	ESG 2015 Part 1 Standard(s)	Degree of Alignment	Conclusion
1. Mission and Values	1.1 Policy for Quality Assurance; 1.2 Design and Approval of Programmes	High	Both require clear mission, educational objectives, stakeholder engagement, and quality commitment.
2. Curriculum	1.2 Design and Approval of Programmes; 1.3 Student-Centred Learning, Teaching and Assessment	Very High	Curriculum outcomes, programme design, competency framework and learning processes strongly correspond.
3. Assessment	1.3 Student-Centred Learning, Teaching and Assessment; 1.4 Student Admission, Progression, Recognition and Certification	Very High	Assessment validity, reliability, fairness and progression requirements are common.

4. Postgraduate Doctors	1.4 Student Admission, Progression, Recognition and Certification; 1.6 Learning Resources and Student Support	High	Covers selection, support, welfare, representation and progression.
5. Teachers and Clinical Supervisors	1.5 Teaching Staff	Very High	Direct correspondence regarding qualifications, development, evaluation and support of educators.
6. Education and Training Resources	1.6 Learning Resources and Student Support	Very High	Clinical learning environment, facilities, educational technologies and support services.
7. Quality Improvement	1.1 Policy for Quality Assurance; 1.7 Information Management; 1.9 Monitoring and Periodic Review 1.10 Cyclical External Quality Assurance	Very High	Continuous quality improvement is central to both frameworks.
8. Governance and Administration	1.1 Policy for Quality Assurance; 1.7 Information Management; 1.8 Public Information 1.10 Cyclical External Quality Assurance	High	Governance, accountability, transparency and decision-making structures.

**MAPPING THE ECAQA STANDARDS BASED ON THE WFME PGME STANDARDS
2023 AND ESG2015 (PART1)**

ECAQA Standards based on the WFME PGME Standards 2023	Corresponding ESG Standards	MAPPING		Gap Analysis/ Observation/ WFME Strengths
		WFME Requirement	ESG Equivalent	
1. Mission and Values	ESG 1.1 Policy for Quality Assurance <i>Quality culture</i> <i>Strategic objectives</i> <i>Stakeholder involvement</i> <i>Accountability mechanisms</i> ESG 1.2 Design and Approval of Programmes <i>Programme objectives</i> <i>Intended learning outcomes</i> <i>Alignment with societal needs</i>	Mission statement Educational values Social accountability Outcome orientation	QA policy and strategic direction Institutional quality culture Stakeholder engagement Programme design requirements	Additional WFME Strengths WFME explicitly addresses: • Social accountability* • Global Health • Mission statement in alignment with Mission of the HEI
2. Curriculum	ESG 1.2 Design and Approval of Programmes ESG 1.3 Student-Centred Learning, Teaching and Assessment	Competency-based curriculum Educational methods Clinical training Programme structure Alignment with healthcare needs	Intended learning outcomes Student-centred learning Learning opportunities Programme design Relevance of programme	WFME is significantly stronger regarding: • Clinical workplace learning • Specialty-specific competencies • Patient safety • Professional identity formation These aspects are only indirectly addressed by ESG.

3. Assessment	ESG 1.3 <i>Fair assessment</i> <i>Transparent criteria</i> ESG 1.4 <i>Progression and certification</i>	Assessment system Workplace-based assessment Feedback mechanisms Certification	Assessment regulations Student-centred assessment Fair and transparent assessment Recognition and certification	WFME provides considerably more detailed expectations regarding: • Entrustable Professional Activities (EPAs) • Workplace-based assessment • Clinical competence assessment • Specialty board examinations
4. Postgraduate Doctors	ESG 1.4 <i>Admission</i> <i>Progression</i> <i>Certification</i> ESG 1.6 <i>Student support</i>	Selection processes Training pathways Trainee support Wellbeing and welfare Representation	Admission Progression Student support Student services Student participation	Additional WFME Strengths WFME explicitly addresses: • Resident wellbeing • Duty hours • Clinical workload balance • Occupational safety These are largely absent from ESG
5. Teachers and Clinical Supervisors	ESG 1.5 Teaching Staff	Faculty selection Clinical supervision Faculty development Performance review	Staff recruitment Teaching competence Professional development Staff evaluation	Alignment Level- Very High This is one of the strongest equivalencies between both frameworks
6. Education and Training Resources	ESG 1.6 Learning Resources and Student Support	Clinical facilities Educational technologies Libraries Support services Clinical learning environment	Learning resources Student support Learning environment	Additional WFME Requirements WFME specifically requires: • Adequate patient mix • Clinical case exposure • Training hospitals • Simulation facilities ESG remains more

				generic
7. Quality Improvement	ESG 1.1 <i>Internal quality assurance</i> ESG 1.7 <i>Information management</i> ESG 1.9 <i>Programme review</i>	Continuous quality improvement Programme evaluation Data collection Stakeholder feedback Action planning	Internal QA Programme review Information management Monitoring systems Quality enhancement	Alignment Level - Excellent This area demonstrates the greatest philosophical convergence between WFME and ESG
8. Governance and Administration	ESG 1.1 <i>QA governance</i> ESG 1.7 <i>Information management</i> ESG 1.8 <i>Public information</i>	Governance structure Decision-making Accountability Information systems Transparency	Institutional governance QA responsibilities Information management Public information	Alignment Level- Very High
8. Governance and Administration 8.2 Shared Governance 7. Quality Improvement	ESG 1.10 Cyclical External Quality Assurance	WFME promotes external review and accreditation and identification the role and responsibilities of external partnership body in QA	ESG 1.10. is a separate standard	

* Global Consensus on Social Accountability of Medical Schools WHO/WFME December, 2010

<https://healthsocialaccountability.sites.olt.ubc.ca/files/2011/06/11-06-07-GCSA-English-pdf-style.pdf>

The WFME Standards in Quality Improvement in PGME are not fully covered by ESG2015. The WFME contains substantial medical education-specific requirements absent from ESG: **Clinical Training Environment:** *Patient exposure, Clinical responsibility, Workplace learning;* **Professionalism:** *Ethics, Professional identity, Social accountability;* **Patient Safety:** *Safety culture, Quality of Healthcare, Clinical governance;* **Clinical Supervision:** *Supervision structures, Entrustment, Progressive responsibility;* **Resident Wellbeing:** *Duty hours, Fatigue Management, Occupational Health.*

These elements are highly relevant for accreditation of residency and postgraduate specialty training programmes.

ESG provides a generic higher education quality assurance framework, whereas WFME extends ESG principles into the specific context of postgraduate medical training by adding requirements

related to clinical learning environments, patient safety, supervision, professionalism, healthcare system responsiveness, and resident wellbeing. Consequently, an accreditation framework based on WFME PGME 2023 can be considered substantially ESG-compliant, while also satisfying the profession-specific expectations required for postgraduate medical specialist training.

ESCAQA

REFERENCES

1. International standards in medical education: assessment and accreditation of medical schools'--educational programmes. A WFME position paper. The Executive Council, The World Federation for Medical Education. Med Educ. 1998 Sep; 32(5):549-58.
2. International recognition of basic medical education programmes. Karle H, Executive Council, World Federation for Medical Education. Med Educ. 2008 Jan; 42(1):12-17.
3. Basic Medical Education. WFME Global Standards for Quality Improvement. World Federation of Medical Education (WFME); New edition 2020.
4. Postgraduate Medical Education. WFME Global Standards for Quality Improvement. World Federation for Medical Education (WFME); New edition. 2023.
5. WFME Global Standards for Quality Improvement in Medical Education. European Specifications. The World Federation for Medical Education (WFME) and The Association of Medical Schools in Europe (AMSE); 2007 (<http://wfme.org/standards/european-specifications/21-europeanspecifications-english/file>, accessed 19 December 2016).
6. WHO-WFME Guidelines for Accreditation of basic medical education. Geneva/Copenhagen: WFME, 2005 (<http://wfme.org/accreditation/whowfme-policy/28-2-who-wfme-guidelines-for-accreditation-of-basic-medical-education-english/file>, accessed 20 November 2016).
7. Promotion of Accreditation of Basic Medical Education. A Programme within the Framework of the WHO/WFME Strategic Partnership to Improve Medical Education. WFME Office: The Panum Institute, Faculty of Health Sciences University of Copenhagen; November 2005 (<http://wfme.org/accreditation/whowfme-policy/30-1-promotion-of-accreditation-of-basic-medical-education-who-wfme-strategic-partnership/file>).