



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

**STANDARDS FOR INSTITUTIONAL ACCREDITATION
OF MEDICAL ORGANIZATIONS OF POSTGRADUATE AND
ADDITIONAL EDUCATION (CONTINUING PROFESSIONAL
DEVELOPMENT)**



General Provisions

Almaty 2022 г.

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DEVELOPED by the Non-Profit Institution “Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare” (ECAQA).

APPROVED by the Expert Board of the Non-Profit Institution “Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare” No. 1 dated 07.02.2017 and put into effect by Order of the Director General No. 5 dated 17.02.2017.

This standard implements the provisions of the Law of the Republic of Kazakhstan “On Education” dated 27.07.2007 No. 319-III (as amended and supplemented as of 03.01.2022).

2nd edition dated 09.11.2022, Minutes No.3 of the Expert Council of the ECAQA.

These Standards have been developed on the basis of the International Standards of the World Federation for Medical Education for Quality Improvement in Postgraduate Medical Education, Standards for Quality Improvement in Continuing Professional Development of Medical Doctors (2015 revision), Standards for the Organization of PhD Programmes in Biomedicine and Health Sciences in the European Region (ORPHEUS), the Association of Medical Schools in Europe (AMSE), harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) in accordance with the institutional needs and priorities of the healthcare system of the Republic of Kazakhstan.

The Standards are applied by medical education organizations and organizations implementing additional education programmes for conducting external quality assessment of education and institutional self-assessment, identifying and improving internal quality assurance mechanisms, developing internal documentation and fostering a quality culture.

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TABLE OF CONTENTS

1	Scope of Application	4
2	Regulatory References	4
3	Terms and Definitions	6
4	Abbreviations and Acronyms	19
5	General Provisions	20
6	Main Objectives of Implementing the Institutional Accreditation Standards	21
7	Principles of Quality Assurance and Conduct of Institutional Accreditation	22
8	Stages and Main Elements of the Institutional Accreditation Process	23
9	Accreditation Decision-Making	25
10	Post-Accreditation Monitoring	26
11	Procedure for Introducing Amendments and Additions to the Institutional Accreditation Standards	27
12	INSTITUTIONAL ACCREDITATION STANDARDS	28
	Standard 1. Mission and Learning Outcomes	28
	Standard 2. Educational Programmes	29
	Standard 3. Competency Assessment and Documentation	32
	Standard 4. Learners and Trainees	33
	Standard 5. Academic Staff	35
	Standard 6. Educational Resources	36
	Standard 7. Evaluation of Educational Programmes	38
	Standard 8. Governance and Administration	39
	Standard 9. Continuous Improvement	41
	Bibliography	42

GENERAL PROVISIONS

1 Scope

1.1 This accreditation standard defines the basic provisions and requirements for medical organizations providing postgraduate and continuing education (continuous professional development).

1.2 This standard is applied as a tool for ensuring the quality of postgraduate and continuing education (continuous professional education) in the field of healthcare.

1.3 This standard is applied in conducting institutional accreditation and external quality assessment of postgraduate and continuing education (continuous professional education) in the field of healthcare, regardless of the status, organizational and legal form, form of ownership, and departmental affiliation of the medical education and science organization.

1.4 This standard is applied by medical education organizations to conduct institutional self-assessment, identify and improve internal quality assurance mechanisms, develop internal documentation, and foster a quality culture.

1.5. This standard is applied by the accreditation body to conduct an external quality assessment of postgraduate and continuing education (continuous professional education) organizations and also to make decisions on their institutional accreditation.

2. Regulatory References

This Standard makes reference to the following legislative and regulatory legal acts:

2.1 Code of the Republic of Kazakhstan “On People’s Health and the Healthcare System” dated July 7, 2020, No. 360-VI ZRK.

2.2 Law of the Republic of Kazakhstan “On Education” dated June 27, 2007, No. 319-III (as amended and supplemented as of January 3, 2022).

2.3 Order of the Minister of Health of the Republic of Kazakhstan dated December 21, 2020, No. КР ДСМ-305/2020 “On Approval of the Nomenclature of Specialties and Specializations in the Field of Healthcare, the Nomenclature and Qualification Characteristics of Healthcare Worker Positions.” Registered with the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020, No. 21856.

2.4 “On Approval of the Classifier of Areas of Training for Personnel with Higher and Postgraduate Education.” Order of the Minister of Education and Science of the Republic of Kazakhstan dated October 13, 2018, No. 569.

2.5 “On Approval of the Standard Rules for the Activities of Educational Organizations of Relevant Types.” Order of the Minister of Education and Science of the Republic of Kazakhstan dated October 30, 2018, No. 595.

2.6 “On Approval of the Rules for Additional and Non-Formal Education of Healthcare Professionals, Qualification Requirements for Organizations Implementing Educational Programs of Additional and Non-Formal Education in the Field of Healthcare, as well as the Rules for Recognition of Learning Outcomes

Obtained by Healthcare Professionals through Additional and Non-Formal Education.” Order of the Minister of Health of the Republic of Kazakhstan dated December 21, 2020, No. KP ДCM-303/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020, No. 21847.

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

2.8 Order of the Minister of Health of the Republic of Kazakhstan dated February 21, 2020, No. KP ДCM-12/2020 “On Amendments to Order No. 647 of the Acting Minister of Health and Social Development of the Republic of Kazakhstan dated July 31, 2015 ‘On Approval of the State Compulsory Educational Standards and Standard Professional Curricula for Medical and Pharmaceutical Specialties.’”

2.9 Order of the Minister of Education and Science of the Republic of Kazakhstan dated November 29, 2007, No. 583 “On Approval of the Rules for the Organization and Implementation of Educational and Methodological Work.”

2.10 Rules for the Organization 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 March 20, 2015, registered in the State Registration Register of Regulatory Legal Acts under No. 10768.

2.11 “On Approval of the Standard Rules for Admission to Educational Organizations Implementing Educational Programs of Higher and Postgraduate Education.” Order of the Minister of Education and Science of the Republic of Kazakhstan dated October 31, 2018, No. 600. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 31, 2018, No. 17650.

2.12 Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020, No. KP ДCM-218/2020 “On Approval of the List of Specialties and Specializations Subject to Certification of Healthcare Professionals.”

2.13 Order of the Minister of Science and Higher Education of the Republic of Kazakhstan dated October 12, 2022, No. 106 “On Approval of the Rules for Maintaining the Register of Educational Programs Implemented by Organizations of Higher and/or Postgraduate Education, as well as the Grounds for Inclusion of Educational Programs in and Exclusion of Educational Programs from the Register.”

2.14 Order of the Minister of Health of the Republic of Kazakhstan dated December 11, 2020, No. KP ДCM-249/2020 “On Approval of the Rules for Assessment of Knowledge and Skills of Students, Assessment of Professional Readiness of Graduates of Educational Programs in the Field of Healthcare, and Healthcare Professionals.”

2.15 Order of the Minister of Health of the Republic of Kazakhstan dated December 15, 2020, No. KP ДCM-274/2020 “On Approval of the Rules for

6) Doctor of Philosophy (PhD) - the highest academic degree awarded to persons who have completed a professional doctoral educational program in the relevant specialty;

7) Doctoral dissertation – a scientific work representing an independent study in which theoretical provisions have been developed, the totality of which can be qualified as a new scientific achievement, or a scientific problem of important socio-cultural or economic significance has been solved, or scientifically based technical, economic or technological solutions have been presented, the implementation of which makes a significant contribution to the development of the country's economy.

8) Institutional accreditation – a process of evaluating the quality of an educational organization by an accreditation body for compliance with the declared status and established standards of the accreditation body;

9) International accreditation – a process of evaluating the quality of the activities of educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with standards for ensuring the quality of education, conducted by a national or foreign accreditation body included in Register 1;

10) National accreditation – a process of evaluating the quality of the activities of educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with standards for ensuring the quality of education, conducted by a national accreditation body included in Register 1;

11) Specialized accreditation – assessment of the quality of individual educational programs implemented by an educational organization;

12) Accreditation standards (regulations) – documents of the accreditation body establishing requirements for the accreditation procedure;

13) Master's degree program - a professional postgraduate educational program aimed at training scientific, scientific-pedagogical and managerial personnel with the award of the academic degree of «Master» in the relevant specialty;

14) Master's student - a person studying in a master's degree program;

15) Master's thesis - a graduation paper representing a generalization of the results of an independent scientific study by a master's student of one of the current problems of a specific specialty in the relevant field of science;

16) Master - an academic degree awarded to persons who have completed master's degree educational programs and publicly defended their master's thesis.

17) Medical organization means (or includes) medical educational organizations, scientific organizations, and healthcare organizations implementing additional education programs (continuous professional development).

18) Medical services – actions of healthcare entities having a preventive, diagnostic, therapeutic, rehabilitative or palliative focus in relation to a specific person;

19) Scientific and pedagogical master's degree program - implementation of professional postgraduate educational programs for training scientific and

pedagogical personnel for the system of higher, postgraduate education and the scientific sphere, possessing advanced scientific and pedagogical training;

20) Continuous professional development - an educational process aimed at maintaining and developing the professional qualification level of personnel to meet patients' needs;

21) Medical organizations of postgraduate education include higher educational institutions, institutes, research centers, national scientific centers implementing postgraduate training programs for healthcare specialists);

22) Residency - a form of obtaining advanced postgraduate medical education in clinical specialties (mandatory for all clinical specialties since 2014);

23) Resident - a specialist mastering residency educational programs.

24) Certification cycle – a professional development cycle for participants with higher and secondary (technical and vocational) medical education who seek to be awarded a qualification category;

25) Seminar, training (master class) – forms of theoretical or practical professional development for personnel;

26) Credit unit in the system of continuous professional development of a specialist – a unified conventional unit for measuring the extent of a specialist's participation in activities contributing to continuous professional development over a certain period of professional activity

27) Cumulative credit unit system – a system for the cumulative accounting of an applicant's participation in continuous professional development activities over the past five years.

28) Discipline program (syllabus) - an educational program for a participant, including a description of the discipline being studied, its goals, objectives, brief content, topics and duration of each class (classroom and extracurricular), instructor requirements, assessment criteria and rules, and a list of literature, approved by the organization implementing additional education;

29) Working educational program - a program developed and approved by the organization implementing additional education programs, based on the mandatory component of the standard educational program, detailing the content of the programs of the mandatory component and the elective component;

30) Working curriculum - a document developed and approved by the organization implementing additional education programs, based on the standard curriculum for the specialty.

3.2 In accordance with the World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Postgraduate Medical Education (2015 Revision), the WFME Global Standards for Quality Improvement in Continuing Professional Development of Medical Doctors (2015 Revision), the Standards for PhD Education in Biomedicine and Health Sciences in the European System developed by the Organisation for PhD Education in Biomedicine and Health Sciences in the European System (ORPHEUS) and the Association of Medical Schools in Europe (AMSE),

harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015), the following terms and the following terms and definitions set out in the relevant Standards:

Standard 1. Mission and Outcomes

The mission provides a comprehensive framework to which all aspects of educational activities should be related. The stated mission includes general and specific issues related to institutional, national, regional and, where appropriate, international healthcare needs. In this document, the mission includes a vision of continuing professional development.

Continuing Medical Education (CME) is defined as lifelong learning following basic and postgraduate medical education and encompasses all activities undertaken by healthcare professionals, formally and informally, to maintain, update, develop and improve their knowledge, skills and attitudes in response to patients' needs.

Continuing Professional Development (CPD) is a broader concept than continuing medical education and refers to the continuing development of the multifaceted nature of medical practice. In addition to knowledge and skills related to medical practice, it encompasses broader areas of professionalism (e.g. medical, managerial, social and personal skills) required for high-quality professional performance. CPD includes all activities that healthcare professionals undertake, formally and informally, to maintain, update, develop and improve their knowledge, skills and attitudes in response to patients' needs.

CPD programmes include individual or formal CPD components. Individual components include reading, reflection, discussions with colleagues, and visits to institutions such as medical schools, hospitals and laboratories.

CPD providers may be independent entities or may form part of an organization, such as a ministry of health, a professional body or a medical school.

Needs assessment may be based on a formal assessment, regardless of whether it forms part of the procedure for obtaining a medical licence (certification). It may involve the use of tests to assess knowledge, skills and attitudes, expert assessment, systematic review of practice through audit or analysis. Informal assessment is a more common and equally effective approach that forms part of daily clinical practice and may include reviewing current practice, reflecting on errors or complaints received, obtaining feedback, and interaction within the team.

Professional training will prepare healthcare professionals for unforeseen situations in future practice, help them use broad knowledge and skills, as well as fill gaps that existed in previous professional (clinical) practice.

Reflection and discussion may take place with a colleague or with a mentor/advisor, which will identify and clarify educational needs.

The organization of clinical work will include basic management skills, team building and leadership.

The sequence of training reinforces learning and opens opportunities for the dissemination and exchange of knowledge with other healthcare professionals,

which leads to beneficial changes in methodologies for providing patient care in practice.

Complex and unforeseen situations will include situations where high levels of uncertainty arise and where paradox is common. Relationships between healthcare professionals, physicians and the patients they provide medical care to require the ability to recognize in a timely manner what is «better» in each particular case, rather than what is «right» in some sense.

Social responsibility will include the willingness and ability to respond to the needs of society, patients and healthcare, as well as sectors related to healthcare, and will also contribute to the national and international development of medicine by improving the competencies of healthcare professionals, advancing medical education and medical research. Social responsibility is sometimes used as a synonym for social obligations. In matters not dependent on the profession, this will still demonstrate social responsibility through advocacy and explanation of relationships and taking into account the consequences of policies.

Practical activity relates to the function of a healthcare professional in any of their roles.

The healthcare sector - a system for providing medical care at the public and private levels, and medical research institutions.

Professionalism describes the knowledge, skills, attitudes, values and behavior of individual healthcare professionals during practical activity, and includes lifelong learning skills, maintaining competence, information literacy, teamwork and communication skills, ethical behavior, honesty, integrity, altruism, service to others, compliance with professional codes, fairness and respect for others, including the ability to act as an advocate for the patient and take patient safety into account. The understanding of professionalism should reflect ethical protocols approved by the national regulatory body.

Autonomy in the doctor-patient (healthcare professional-patient) relationship should ensure informed decision-making by the healthcare professional in the interests of patients and society, based on the best available evidence. Autonomy in healthcare professional education implies that they consciously decide what to study and how to study it, plan and implement educational activities. It also implies access for the healthcare professional to knowledge and skills that ensure the needs of patients and society are met, while the educational organization, in turn, provides independent and objective sources of knowledge. At the same time, a healthcare professional (doctor) who acts independently should take into account the existing guidelines for providing patient care.

Personal development of healthcare professionals in this context is aimed at ensuring a safer foundation for medical practice and the profession.

Academic freedom - the corresponding freedom of expression of opinions, requests, freedom to conduct research and publish for employees and healthcare professionals in training.

Learning outcomes/competencies include the knowledge, skills and attitudes that a healthcare professional demonstrates at the end of training under a CPD programme. Final outcomes may be intended or acquired. Expected learning

outcomes are often used to formulate educational/training objectives.

Knowledge will include conceptual (theoretical) and practical knowledge; practical mastery is formed through the combination of theory and practice. The relationship between a healthcare professional's knowledge and their practice is not simple and direct. New knowledge is not always applied in practice.

Competencies in this document refer to the development of knowledge, skills and thinking that should be demonstrated by healthcare professionals at the end of the training period.

The characteristics and achievements that a healthcare professional should demonstrate after completing a CPD programme may be classified in terms of their role as: (a) physician or medical expert, (b) communicator, (c) colleague/team member, (d) leader/manager or administrator, (e) health advocate, (f) scholar and researcher, (g) teacher, mentor and trainer for educating colleagues, medical students and other healthcare professions, as well as (g) professional. Other categories may also be defined.

Learning outcomes/competencies relevant to a CPD programme depend on local needs, interests and traditions in a particular area of medicine, and cover the following:

- patient care that is appropriate, effective and compassionate to the health problem, aimed at promoting health, and includes ensuring patient safety.

- medical knowledge and understanding in such areas as (a) basic biomedical sciences, (b) behavioural and social sciences, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, and (d) clinical sciences, including clinical skills related to diagnostic procedures, practical procedures, communication skills, treatment (including palliative care) and disease prevention, health promotion and rehabilitation. This also includes clinical reasoning and problem-solving, as well as skills in healthcare professional (doctor)-patient relationships with an emphasis on compassion and humanism.

- assessment and use of new scientific knowledge for continuous updating and improvement of clinical practice.

- interpersonal and communication skills.

- performing the role of observer, trainer and teacher in relation to colleagues, medical students and other healthcare professionals.

- scientific capacity to contribute to development and research in the chosen field of medicine.

- professionalism, including an interest in and ability to act as a patient advocate and avoid commercialization of medical services.

- knowledge of public health issues and health policy.

Competency development will include expanding and deepening existing knowledge and skills, in addition to activities undertaken to meet broader learning needs or objectives.

Clinical data will include the results of diagnostic procedures and treatment, including surgical outcomes and the frequency of adverse effects.

Discipline / specialty-specific components – knowledge, skills, thinking in the chosen field of medicine, specialization or expert work.

Appropriate behaviour implies a signed Code of Ethics and Conduct.

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

Potential (primary) stakeholders include individual healthcare professionals, professional associations or organizations, medical scientific societies, medical universities, postgraduate education organizations and institutes, employers, relevant CPD providers, healthcare representatives and government authorities.

Other stakeholders include representatives of other medical specialties, patients and their organizations (e.g., consumers of healthcare services, including patient associations), members of the public, academic and administrative staff, authorized education and health authorities, professional organizations, medical scientific organizations, as well as persons responsible for CPD.

Standard 2. Educational Programmes

Model and structure of the CPD programme — the specification of the educational programme, including the formulation of intended learning outcomes (see 1.3), content/curriculum, educational experience and programme processes (see 2.2–2.3). In addition, the structure includes a description of the planned teaching and learning methods (see 4.2), assessment methods (see 3.1), and guidance for learners (see 5.2).

Educational programme — the expected learning outcomes, content, educational experience and programme processes, including a description of the structure of planned teaching and learning methods and assessment methods. The educational programme shall specify the knowledge, skills and attitudes to be acquired by healthcare professionals.

The integration of practical and theoretical components may be achieved through classroom activities and patient care, as well as through self-directed and active learning.

Teaching and learning methods include lectures, seminars, small-group teaching (TBL), problem-based learning (PBL), case-based learning (CBL), practical and laboratory sessions, bedside teaching, clinical training involving real patients, clinical skills training in simulation-based learning centres (SBL), and web-based teaching.

Networks shall include meetings with colleagues and the exchange of information, discussions and consultations. They may also involve other healthcare professionals and relevant staff.

Evidence-based medicine is medicine based on documented evidence, clinical trials and research findings.

Content shall cover the following aspects:

- Basic biomedical sciences, including, depending on local and individual needs, anatomy, biochemistry, biophysics, cell biology, genetics, immunology,

microbiology (bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.

Clinical sciences, including selected clinical or laboratory disciplines and other relevant clinical/laboratory disciplines.

Behavioural and social sciences, including, depending on local and individual needs, biostatistics, public health, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, healthcare and social medicine. These sciences provide the knowledge, concepts, methods, skills and attitudes necessary to understand the socioeconomic, demographic and sociocultural causes, classification and consequences of health problems.

Integration of basic biomedical, behavioural, social and clinical sciences within the CPD programme.

The diverse and individually tailored design of CPD programme content is related to the broader or more specific needs of healthcare professionals, depending on the type of practice. It also allows for personal interests and professional development, as well as consideration of national and regional priorities.

Medical ethics — issues of morality in medical practice, such as values, rights and responsibilities related to the conduct of healthcare professionals and decision-making.

Medical jurisprudence — laws and other regulatory legal acts governing the healthcare system and the provision of healthcare services, medical specialties and medical practice, including regulations governing the manufacture and use of medicinal products and medical technologies (devices, instruments, etc.).

Standard 3. Competency Assessment and Documentation

Appropriate assessment methods - in addition to traditional examinations, using normative and criterion-based judgments – should include consideration of various methods for self-assessment, the use of personal learning portfolios or journals, and special types of assessments, such as peer visits to the workplace, protocol concordance and comparison with similar results of colleagues. They will also include a system for detecting and preventing plagiarism.

Monitoring systems in some countries include control mechanisms that are legally sound and developed by professional medical organizations or licensing bodies. In some countries, the monitoring system also includes requirements for regular recertification, entailing the development of systems for verification or other types of assessment (e.g., the number of credits required for recertification). Such systems will include specification of the required CPD activities.

The formative assessment method will include various types of self-assessment.

The documentation system includes documentation of the continuing professional development program and, upon completion of the program, the issuance of various types of certificates and diplomas.

Standard 4. Learners and trainees

The statement on the selection process shall include both the rationale and the selection methods and may include a description of the appeals mechanism.

Monitoring of the admission policy shall include improvement of the selection criteria to reflect the ability of residents to achieve competence and to address differences in the competencies required depending on the medical fields selected.

Selection criteria may include consideration of a balanced intake in accordance with gender, ethnic and social requirements, including the potential need for specific admission policies targeting groups of less privileged physicians.

Positions involving the provision of healthcare services under a contract include trainees, residents, clinical residents and specialists.

The **types of healthcare services** provided by trainees/residents shall be specified in the contract, and provisions protecting the resident shall be included in the contract.

High quality of patient care means the provision of healthcare services in accordance with generally accepted principles established, for example, by medical scientific societies or national, regional and international healthcare regulatory authorities. It shall also include patient care, i.e. informing patients and addressing family-related aspects.

Incentives for individual healthcare professionals imply equal access to CPD programmes.

Academic counselling includes matters related to the selection of a CPD programme.

The PhD qualification corresponds to Level 8 of the European Qualifications Framework.

Motivation for learning and lifelong learning skills may be fostered at the undergraduate level of medical education and reinforced at the postgraduate level of medical education.

Recognition as worthwhile professional activity includes increased personal satisfaction with professional activities, awards, promotion, incentives and/or remuneration.

Practice-based learning involves reflection on one's own practice in order to stimulate learning and improvement. This may be conducted through systematic analysis of patient and population data or through informal analysis of individual practice.

The CPD programme shall involve, first and foremost, representatives of professional associations and organizations, national, regional and international medical scientific societies, medical schools/universities, postgraduate institutes, healthcare employers and other stakeholders, such as healthcare institutions, pharmaceutical and medical industries, IT companies and consumer associations.

Regular consultations shall take place at least several times a month; however, the frequency of consultations shall vary according to the individual requirements of the PhD doctoral student. Consultations shall include discussion of the progress of the research and the PhD programme, provision of general

scientific guidance, assistance in managing the research project, assistance in identifying and initiating subsequent research, support in writing the dissertation, and assistance during the preparation of publications.

Participation in planning and implementation shall be ensured through participation in working groups or committees responsible for programme planning at the local or national level. This includes participation in matters related to the mission, outcomes, educational programme model, assessment methods, programme evaluation and governance.

Other types of incentives include remuneration and reward systems for healthcare professionals.

Standard 5. Academic Staff

The CPD policy includes all types of CPD, not only the formal CPD programme.

Recognition of the CPD programme will include the establishment of a national accreditation organisation.

Conflict of interest means undue influence on CPD policy, including inappropriate advertising activities.

Permissible standards will cover areas such as content, methods and performance assessment.

Medical schools are educational organisations providing basic (undergraduate) medical education programmes and are synonymous with a medical faculty, medical college, medical academy or medical university. A medical school may be part of or a branch of a university or may be an independent institution of equal status. Medical schools include teaching hospitals.

Time for teaching, mentoring, training and academic supervision implies a balance between academic and clinical workload and requires consideration of the coordination and consistency of the work schedule.

Periodic evaluation of the performance of teachers and mentors includes feedback from students, master's students, and PhD students.

Standard 6. Educational Resources

Infrastructure and facilities include lecture halls, classrooms, teaching and research laboratories, clinical skills laboratories, faculty offices, a library, information technology equipment, recreational facilities (e.g. lounges), transportation facilities, catering facilities, and leisure facilities.

Training sites include hospitals providing appropriate levels of primary, secondary and tertiary care, with relevant clinical and diagnostic departments; laboratories; outpatient services (including primary care); clinics; primary healthcare facilities; medical centres; hospices; and other healthcare treatment and diagnostic facilities. Clinical training also includes the use of practical skills training centres.

Stakeholders include management as well as other relevant stakeholders; see Section 1.4.

Research-based learning environment — the quality of the research environment is assessed through an analysis of:

- publication of research results (number of publications, impact factor, etc.) relevant to the PhD programme in a medical educational organization/research organization;
- the level of external funding obtained for conducting scientific research;
- the number of qualified and competent researchers and academic staff within the research group, department or educational institution;
- national and international cooperation with research groups at healthcare organizations, universities and research centres.

Policy for the effective use of information and communication technologies includes the use of computers, cellular/mobile phones, tablets, smartphones, internal and external computer networks, and other information and communication technologies; coordination with library resources and the university's information technology services; and shared access to all educational resources through an electronic management system that supports the education of healthcare professionals in evidence-based medicine and lifelong learning through continuing medical education (CME) and continuing professional development (CPD).

Ethical use of information and communication technologies means ensuring confidentiality and privacy for both healthcare professionals and patients in the context of the implementation of technologies in medical education and healthcare. Appropriate security measures shall be incorporated into policies promoting the safety of healthcare professionals and patients and enabling them to use new technologies.

Collaboration with other healthcare professionals shall contribute to interprofessional learning.

Formal continuing professional development programmes include attendance at courses or lectures, e-learning, institutional, national and international conferences, participation in research activities, and organizational activities.

Internationally recognized journals for publication are high-quality journals in the relevant scientific and medical fields that are indexed in PubMed, the Science Citation Index, or similar databases of biomedical and medical literature.

Medical research and grants cover scientific research in the biomedical, clinical, behavioural and social sciences. A **medical grant** refers to obtaining an academic qualification in advanced medical sciences and research. The foundations of medical research within the CPD programme are provided through research activities at training sites or affiliated institutes and/or through grants and scientifically competent academic staff. The inclusion of medical research in the CPD programme promotes the study of scientific research methods and evidence-based medicine.

Formulation and implementation of policy implies collaboration with management and other stakeholders.

Educational expertise concerns issues, processes and practices in medical education and includes healthcare professionals, educators, educational psychologists and sociologists with experience in medical education. Educational expertise may be provided by a unit responsible for the educational process within an institute (university) or by another national or international organization.

Freedom of movement refers to the voluntary nature of training at alternative sites, such as participation in educational exchanges outside the country.

Visits to other institutions imply cooperation and exchange of experience.

Facilitation of the provision and mutual recognition of CPD programmes includes the establishment of cross-border CPD programmes.

Standard 7. Evaluation of educational programmes

Programme evaluation is the process of systematically collecting information to study the effectiveness and adequacy of the medical education organization and its educational programme. It includes the use of reliable and valid methods for collecting and analysing data in order to confirm the quality of the educational programme or key aspects of the programme in relation to the mission and curricula of disciplines, including the final learning outcomes. Involving experts in the evaluation of the educational programme will contribute to improving the quality of CPD and CME.

The identified problems will include insufficient achievement of the established learning outcomes, conducting research and studying information on the achievement of the established learning outcomes, identifying deficiencies and problems. All of this can be used as feedback for the purpose of implementing necessary interventions and corrective action plans, programme development and improvement, which requires creating a safe and supportive learning environment and feedback from CPD educators and learners

Programme monitoring is conducted to ensure appropriate training and to identify relevant areas in need of improvement. Data collection is part of administrative procedures related to the admission of healthcare professionals to training, programme assessment and completion.

Considering the involvement of expert assessment data will contribute to further expanding the evidence base for the quality of education. This will facilitate monitoring of available resources, final learning outcomes and the benefits received by the individual healthcare professional.

Feedback includes planned interaction between healthcare professionals and educators in order to provide the means necessary to improve competency development.

Systems for regular feedback may include data on the planning, implementation and final outcomes of CME for a specific cohort of healthcare professionals.

The main stakeholders will include individual healthcare professionals and CME representatives.

Other stakeholders, see p.1.4.

Standard 8. Governance and Administration

Structures related to the health sector - institutions and regulatory bodies concerned with health promotion and disease prevention.

Governance - the action and/or structure for governing a medical education institution. Governance concerns policy formulation, processes for establishing overall institutional and programmatic policy, as well as oversight of policy implementation. Institutional and programmatic policies generally cover decisions on the mission of the medical education institution, the educational program, student admission policy, staff selection and recruitment, and decision-making on interaction and liaison with medical practice and the health sector, as well as other external relations.

Management - means the action and/or structure related to the implementation of institutional and programmatic policies, including economic and organizational involvement, the actual allocation and use of resources in the medical education institution. Implementation of institutional and programmatic policies implies putting into practice policies and plans regarding the mission, educational program, student admission policy, staff selection and recruitment, and external relations.

Academic leadership – staff in leadership and management of structural units, responsible for decision-making on academic matters in teaching and learning, conducting scientific research, and providing services within the health system. Includes rectors, vice-rectors, deans, heads of departments, heads of structural units, heads of research institutes and centers, as well as chairs of standing committees (educational program planning and advising health professionals).

Leadership and management include medical associations, medical societies and other professional organizations. Many other organizations also implement CME and CPD programs, although they are not directly related to the medical profession, for example, commercial medical companies, pharmaceutical/medical technology manufacturers, consumers and consumer organizations, as well as non-profit CPD organizations. Official CME and CPD programs, traditionally conducted by faculty, will be provided and supported by such institutions as medical schools / universities or postgraduate education institutes, professional organizations, national and international scientific organizations, local or national health authorities, as well as pharmaceutical/medical technology companies.

The budgeting system will depend on budgeting practices in the country.

Good governance means adequate description, evaluation and documentation of CME and CPD programmes and their organization, and depends on effective interaction between individual healthcare professionals and CME and CPD providers.

Administrative staff— employees involved in the management and administration of structural units who are responsible for providing administrative support for policy development and implementation of policies and plans. The composition of administrative staff depends on the organizational structure of the

administration and includes the head and administrative staff, deans of faculties, heads of financial departments, staff of budget planning and accounting departments, admissions committee staff, and heads of departments responsible for academic planning, human resources and information technology.

Standard 9. Continuous renewal

Prospective studies include research and studies aimed at collecting, obtaining and processing data and evidence on the experience of a particular country demonstrating best practices in CME and CPD.

4. Abbreviations and Acronyms

The following abbreviations and acronyms are used in this Standard:

AC – Accreditation Council

АУП – Administrative and Management Personnel

ВУЗ – Higher Education Institution

ВЭК – External Expert Commission

ИТ – Information Technology (IT)

ГОСО – State Compulsory Educational Standard

ГСДО – State Standard for Additional Education

ЕЦА – Eurasian Centre for Accreditation and Quality Assurance in Education and Healthcare

МЗ РК – Ministry of Health of the Republic of Kazakhstan

МОН РК – Ministry of Education and Science of the Republic of Kazakhstan

МОО – Medical Education Organization

МТБ – Material and Technical Facilities

НИР – Research Work

НПА – Regulatory Legal Acts

НПР – Continuing Professional Development (CPD)

НМО – Continuing Medical Education (CME)

ОДО – Additional Education Organization

ОСКЭ – Objective Structured Clinical Examination (OSCE)

ОП – Educational Programme

ПДО – Postgraduate Medical Education (PGME)

ППС – Academic and Teaching Staff

РК – Republic of Kazakhstan

РУП – Working Curriculum

СМИ – Mass Media

ТУП – Standard Curriculum

ТУПЛ – Standard Study Plan

ЭС – Expert Council

AMSE – Association of Medical Schools in Europe

ORPHEUS – Organisation for PhD Education in Biomedicine and Health Sciences in the European System

WFME – World Federation for Medical Education

WHO – World Health Organization

5. General Provisions

5.1 In accordance with paragraphs 2 and 5 of Article 36 of the Law of the Republic of Kazakhstan dated July 27, 2007 No. 319-III “On Education” (as amended and supplemented as of 03.01.2022):

Postgraduate education is provided through master’s, residency and doctoral programs at higher and (or) postgraduate education organizations, research organizations in accordance with their main areas of activity and areas of personnel training, as well as by sending Bolashak International Scholarship recipients to study at leading foreign higher and (or) postgraduate education organizations on a full-time basis in accordance with the list of specialties approved annually in accordance with the procedure established by the legislation of the Republic of Kazakhstan.

Postgraduate medical and pharmaceutical education includes residency, master's degree programmes and doctoral (PhD) programmes.

Residency provides training for resident physicians in clinical specialties with the aim of acquiring or changing the professional qualification of a physician in the relevant specialty. The rules for the training of medical personnel in residency are approved by the authorized body in the field of healthcare.

5.2 In accordance with the Code of the Republic of Kazakhstan “On People’s Health and the Healthcare System” dated July 7, 2020, No. 360-VI ZRK (as amended and supplemented as of June 24, 2021) (SECTION 4. Educational and Scientific Activities in the Field of Healthcare. Chapter 25. Educational Activities in the Field of Healthcare, Article 221. Specific Features of Educational Activities in the Field of Healthcare, Paragraph 6):

- “Additional education is provided by educational and scientific organizations implementing additional education programmes and having undergone institutional accreditation by accreditation bodies included in the register of recognized accreditation bodies”;
- “Additional education in medical specialties and non-formal education of healthcare workers are provided by organizations of higher and/or postgraduate education, national and scientific centres, research institutes, higher medical colleges, on the basis of accredited clinical sites, clinics of healthcare education organizations, and university hospitals.”

5.3 Institutional accreditation of medical education organizations and organizations implementing postgraduate and additional education programmes shall be conducted in accordance with the main provisions and requirements of these Standards, taking into account the levels of achievement, and shall include:

- Standard 1 “Mission and Outcomes”;
- Standard 2 “Educational Programmes”;
- Standard 3 “Competency Assessment and Documentation”;
- Standard 4 “Learners and Trainees”;
- Standard 5 “Academic Staff”;

- Standard 6 “Educational Resources”;
- Standard 7 “Evaluation of Educational Programmes”;
- Standard 8 “Governance and Administration”;
- Standard 9 “Continuous Renewal”.

5.4 The Standards for institutional accreditation of medical organizations providing postgraduate and additional education and conducting research include two levels of achievement: the Basic Standard and the Quality Improvement Standard.

The *Basic Standard* is expressed using the verb “shall” and means that the Standard shall be met by every medical education organization, and compliance shall be demonstrated during the external evaluation of the medical education and research organization.

The *Quality Improvement Standard* is expressed using the verb “should” and means that the Standard is consistent with the international consensus on best practices for medical education organizations. Compliance with these Standards will vary depending on the stage and development of postgraduate and additional education programmes, their resources, educational policies and other local conditions affecting their relevance and priorities. Compliance with these Standards, or initiatives aimed at meeting some or all of the Standards, shall be documented by medical education and research organizations.

5.6 The Standards comprise **124 Standards**, including **91 Basic Standards** and **33 Quality Improvement Standards**, as well as **80 annotations** to the relevant Standards, which are included in Section 3.

5.7 The accreditation decision shall be made by the **Accreditation Council** on the basis of the results of the external evaluation of the medical education organization presented by the External Expert Commission (EEC) of the accreditation body, with regard to the organization’s compliance with the requirements of these institutional accreditation Standards.

5.6 The Accreditation Council is established in accordance with the WHO/WFME Guidelines for Accreditation of Medical Education and includes representatives of authorized bodies in the fields of education and healthcare, educational organizations, research organizations, professional associations, employers, the public, learners and international experts.

6. Main objectives of implementing institutional accreditation standards

6.1 Objectives:

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

6.1.2 promotion of the development of a quality culture supported by postgraduate education learners and participants in continuing professional development programs, academic staff, management and administrative staff of the medical organization for additional education and science;

6.1.3 external assessment of compliance with the requirements of institutional accreditation standards and institutional quality assurance;

6.1.4 promotion of continuous improvement of the quality of the educational process and resource provision in accordance with the requirements of rapidly changing conditions and labor market needs, and achievement of competitiveness of the national system of postgraduate and continuing professional education;

6.1.5 protection of the interests of the state, society and consumer rights by providing reliable information to the public and authorized bodies in the fields of education and healthcare on the results of accreditation of the postgraduate and continuing professional education organization.

7. Principles of Quality Assurance and Conducting Institutional Accreditation

7.1 Quality assurance and external evaluation are based on the following principles:

7.1.1 *voluntariness* – the accreditation procedure is conducted on a voluntary basis and in recognition of the institutional autonomy of the medical education organization;

7.1.2 *responsibility* - the accreditation process clearly defines the responsibilities and relationships, interactions with all stakeholders (HEI, healthcare professionals, professional organizations and healthcare professionals, the state), is ensured by agreed standards and guidelines, the necessary resources and innovations for the development of the accreditation system, and is supported by competent experts;

7.1.3 *transparency* - internal and external evaluation is conducted openly and transparently, ensuring access to information on the process and procedures, accreditation standards, guidelines for conducting self-assessment and external evaluation for all stakeholders;

7.1.4 *independence* - external evaluation and the accreditation decision are conducted on the basis of reliable information and the results obtained from external expert evaluation, independently of third parties (authorized and government bodies, the administration of the medical education organization and public opinion);

7.1.5 *objectivity* - conducting external evaluation using clearly established criteria and standards of institutional accreditation, taking into account institutional characteristics, and making the accreditation decision based on the results of the external evaluation and the recommendations of the EEC;

7.1.6 *confidentiality* - the information and data provided in the institutional self-assessment report and the information obtained during the external evaluation of the medical education organization are strictly confidential;

7.1.7 *effectiveness* - external evaluation is focused on the final result, which contributes to improving the internal environment and mechanisms for ensuring the quality of education, developing a quality culture, and ensures the interrelationship between internal and external quality assurance mechanisms.

8. Stages and Main Elements of the Institutional Accreditation Process

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

8.1.1 submission by the medical organization providing postgraduate and additional education of an application, a brief description of the organization, and a description of its educational activities to the accreditation body;

8.1.2 signing of a bilateral agreement between the accreditation body and the medical organization providing postgraduate and additional education on conducting institutional accreditation, specifying the cost of the procedure and the implementation timeframe;

8.1.3 conducting an institutional self-evaluation in accordance with the criteria and requirements of this Standard and submission of the self-evaluation report to the accreditation body;

8.1.4 review and evaluation of the self-evaluation report of the postgraduate and additional education organization by the accreditation body;

8.1.5 external evaluation procedure — a visit to the medical organization providing postgraduate and additional education by an External Expert Commission (EEC) for the purpose of evaluating its activities, followed by the preparation of a report and recommendations for the Accreditation Council;

8.1.6 preparation of materials based on the results of the EEC's work (EEC Final Report) and submission thereof to the Accreditation Council;

8.1.7 consideration of the accreditation of the medical organization providing postgraduate and additional education and adoption of the final accreditation decision by the Accreditation Council of the accreditation body on the basis of the submitted materials and recommendations of the EEC;

8.1.8 publication of a summary report on the institutional accreditation of the medical organization providing postgraduate and additional education on the accreditation body's website in the event of a positive decision;

8.1.9 follow-up procedures to verify the elimination of deficiencies identified in accordance with the recommendations contained in the EEC report and actions taken by the medical organization providing postgraduate and additional education.

8.2 The institutional accreditation procedure shall be conducted in accordance with the Law of the Republic of Kazakhstan “On Education” dated July 27, 2007, No. 319-III (as amended and supplemented as of January 3, 2022), and shall be financed by the medical education organization upon its application.

8.3 During the self-evaluation period, the accreditation body shall provide the medical education organization with consulting services, including the provision of a training seminar, subject to prior agreement.

8.4 Upon completion of the self-evaluation procedure, the medical education organization shall submit to the accreditation body, no later than one month prior to the planned EEC visit, three copies of the institutional self-evaluation report in three languages (Kazakh, Russian and English). All copies of the reports shall be signed by the head of the medical education organization.

8.5 The reports shall be thoroughly reviewed by all members of the expert

group prior to the visit to the medical education organization. The reviews of the reports shall be provided to the medical education organization for the implementation of corrective actions. Upon completion of such actions, the EEC shall conduct a visit to assess the reliability of the results of the institutional self-evaluation.

8.6 The dates of the EEC visit to the medical education organization shall be determined by the accreditation body and shall be 2–4 days in duration.

8.7 The EEC shall be composed from a database of experts nominated and certified by the accreditation body, as well as experts recommended by medical education organizations, research organizations/centres, professional associations, public associations and employers.

8.8 The EEC shall conduct its work at the medical education organization in accordance with the standards and guidelines for external evaluation approved by the accreditation body.

8.9 The Final Report on the results of the external evaluation of the educational organization shall be submitted by the experts to the accreditation body no later than 14 (fourteen) working days after completion of the EEC visit.

The Final Report shall include, as a mandatory component, an assessment of compliance with the applicable Standard Rules for the Activities of Postgraduate and Additional Education Organizations, the current state educational standards and regulatory legal acts in the fields of education and healthcare, and the accreditation standards. It shall also include recommendations for improving the activities of the educational organization and its programme.

Following this, the accreditation body shall send the report with recommendations to the educational organization for review and correction of factual errors. The educational organization shall be given 7 (seven) calendar days for this purpose.

The report shall then be returned to the accreditation body and the members of the EEC for preparation of the final version of the report within 7 (seven) calendar days.

The EEC Final Report shall be submitted to the Accreditation Council two weeks prior to its meeting.

The EEC Final Report and the EEC recommendations shall serve as the basis for developing a corrective action plan addressing the EEC recommendations during the post-accreditation monitoring period.

8.10 The Accreditation Council shall make its decision on the basis of the institutional self-evaluation report, the Final Report of the External Expert Commission, and the presentation of the results of the external evaluation by the Chair of the External Expert Commission.

9. Decision on Accreditation

9.1. The Accreditation Council makes the following accreditation decisions:

- 1) accredit for a period of 5 (five) years;
- 2) accredit for a period of 3 (three) years;

- 3) conditionally accredit for 1 (one) year;
- 4) deny accreditation;
- 5) withdraw the accreditation certificate.

9.2 The decision to accredit an educational organization for a period of 5 (five) years is made as follows. Basic standards: at least 100% must demonstrate full compliance. Quality improvement standards: at least 60% must demonstrate full compliance and no more than 40% may be partially fulfilled. Upon meeting these requirements, the educational organization may be recommended for full accreditation for a period of 5 years.

9.3 The decision to accredit for a period of 3 (three) years is made with respect to an educational organization whose duration of operation is less than 2 years and 11 months and, based on the results of the expert assessment, 100% of all basic standards of institutional accreditation have been fulfilled, while there is partial compliance with no more than 40% of the improvement standards.

9.4 The decision on conditional accreditation for a period of 1 year with the issuance of a certificate subject to a repeat external evaluation by the accreditation body with which the agreement was initially concluded is made if at least 1 of the 9 Accreditation Standards has not been fulfilled, and the seriousness of the problems is reflected in the EEC report and in the justification for the accreditation decision.

At the same time, during the year following the date of the decision, the educational organization carries out corrective measures based on the recommendations (comments) of the EEC, prepares an institutional self-assessment report within the framework of a new Accreditation Agreement and submits the self-assessment report to the accreditation body that made the decision on conditional accreditation in accordance with the requirements of clause 9.4 of these accreditation standards. The terms and conditions for conducting institutional accreditation are specified in the newly drafted and concluded Accreditation Agreement.

9.5 The decision to deny accreditation is made if the majority of the standards are not fulfilled (not compliant), which indicates the seriousness of the deficiencies and problems that require several years to remedy. The educational organization has the right to initiate the accreditation procedure no earlier than one year after the negative accreditation decision is made.

9.6 A decision to withdraw the Institutional Accreditation Certificate during its period of validity shall be made in the following cases:

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

9.6.2 systematic violations of the anti-corruption policy by the educational organization with respect to its employees, academic staff and participants, supported by documentary evidence and officially reported by the relevant authorized and supervisory bodies;

9.6.3 suspension by the authorized body in the field of education of the educational organization's license to conduct educational activities;

9.6.4 revocation by the authorized body in the field of education of the educational organization's general license to conduct educational activities.

9.7 The decision to withdraw the Institutional Accreditation Certificate shall be documented in the minutes of the Accreditation Council and sent by official letter to the head of the organization providing additional and non-formal education, followed by written notification to the authorized body in the field of education.

9.8 The decision to withdraw the Institutional Accreditation Certificate shall result in the exclusion of the educational organization from Register 2 of the authorized body in the field of education of the Republic of Kazakhstan, which may result in the annulment of all accreditation outcomes previously achieved and shall entail the obligation to undergo all stages of the accreditation process again.

9.9 Following a positive decision on institutional accreditation, the accreditation body shall send the educational organization an official letter communicating the decision of the Accreditation Council and the original Accreditation Certificate valid for the established accreditation period.

9.9 The decision on institutional accreditation shall be submitted to the Centre for Bologna Process and Academic Mobility of the authorized body in the field of education of the Republic of Kazakhstan for inclusion in Register 2 (Accredited Educational Organizations) and shall be published on the accreditation body's website.

9.10 In the event of a decision granting conditional accreditation, the educational organization shall have the right to appeal the decision of the Accreditation Council in accordance with the appeal procedure established by the accreditation body. The appeal shall be submitted within 7 (seven) working days from the date on which the educational organization receives written notification of the decision of the Accreditation Council.

9.11 The educational organization shall undergo re-accreditation upon completion of the established accreditation period in order to confirm its accredited status and shall submit an application to the accreditation body no later than 12 months prior to the expiration of the Institutional Accreditation Certificate.

10. Post-Accreditation Monitoring

10.1 Post-accreditation monitoring (PAM) is an integral component and an important stage of institutional accreditation and shall be strictly complied with by the educational organization throughout the validity period of the Accreditation Certificate.

10.2 The accreditation body shall conduct post-accreditation monitoring (PAM) throughout the entire validity period of the Institutional Accreditation Certificate without concluding any additional agreements with the educational organization.

10.3 Post-accreditation monitoring of the educational organization shall be conducted through:

10.3.1 submission to the accreditation body of an improvement action plan based on the recommendations of the EEC for the validity period of the

Institutional Accreditation Certificate. The plan shall be submitted within 30 (thirty) calendar days after the educational organization receives a positive decision on institutional accreditation;

10.3.2 timely submission of annual reports on the implementation of the improvement plan based on the recommendations of the EEC, together with relevant documentary evidence of implementation (high-quality copies and/or electronic versions of documents). The report shall be submitted to the accreditation body without any additional notifications or formal requests from the accreditation body. The indicative submission date for each subsequent report shall be the calendar date on which the Institutional Accreditation Certificate was issued.

10.4 The educational organization shall inform the accreditation body of any significant changes in its educational activities that occur during the PAM period.

10.5 The accreditation body shall have the right to appoint an expert commission to the educational organization to review complaints received concerning the quality of education and/or improper implementation of educational programmes.

10.6 The accreditation body shall have the right to suspend the validity of the Institutional Accreditation Certificate if the educational organization fails to comply with the requirements of Clauses 10.3 and 10.4 of these Standards.

The decision to suspend the validity of the Institutional Accreditation Certificate shall remain in effect until the violations of the PAM requirements have been remedied. This decision shall be formalized by an order of the Director General of the accreditation body, and a notification letter shall be sent to the educational organization.

11. Procedure for Introducing Amendments and Additions to Accreditation Standards

11.1 Amendments and additions are introduced into the current institutional accreditation standard for the purpose of its further improvement.

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

11.3. In the event that interested parties initiate amendments and additions to the current standard, proposals and comments shall be submitted to the accreditation body.

11.4 The accreditation body reviews the proposals and comments for their validity and appropriateness.

11.5 Amendments and additions to the current institutional accreditation standard, after their approval, are approved by an order of the Director General of the accreditation body in a new edition incorporating amendments to the current standard.

12. STANDARDS FOR INSTITUTIONAL ACCREDITATION

Standard 1. MISSION AND END RESULTS

1.1 Mission

The medical education organization must:

1.1.1 define its mission based on the study and assessment of the needs of practical healthcare, science and society; general professional needs, in order to study, develop and consider new areas of competence of healthcare and science professionals; and the results of discussions of learners' needs.

1.1.2 communicate its mission to stakeholders and the healthcare sector.

1.1.3 develop a strategic development plan and follow its directions, maintaining a balance between general and specific types of activities. The organization's activities must take into account the main aspects of social responsibility.

1.1.4 The organization should ensure that the mission and strategic goals encourage and support learners and trainees in striving to improve their professional practice and contribute to the formation of commitments to improving conditions for effective postgraduate education and continuing professional development.

1.2 Professionalism and Professional Autonomy

1.2.1 The medical education organization shall include the development of professionalism in the training of learners and participants and shall ensure adherence to the objectives of enhancing their professional and personal development.

1.2.2 The medical education organization should ensure appropriate independence from the government and other authorities in decision-making in such key areas as the development of educational programmes, selection and admission of learners and participants, selection/recruitment of academic staff, terms of employment, and allocation of resources.

1.2.3 The medical education organization should ensure academic freedom for learners and participants, which shall include appropriate freedom of expression, freedom to make inquiries and publish, and shall ensure that its core activities strengthen and enhance the capacity of learners and participants to act independently in planning and selecting their educational programmes in the interests of their patients and society as a whole.

1.3 Learning Outcomes

1.3.1 The medical education organization shall define the intended learning outcomes as the outcomes of educational programmes aimed at developing and enhancing the competencies of learners and participants, in accordance with their individual needs and future careers in their chosen fields of medicine and science, meeting the need for continuous self-directed lifelong learning, and based on clinical (practical) and scientific evidence.

1.3.2 The medical education organization shall ensure that the public is informed about its educational programmes and intended learning outcomes.

1.3.3 The medical education organization should ensure continuity between the learning outcomes of basic and postgraduate medical education programmes and additional education programmes.

1.4 Participation in the Formulation of the Mission and Learning Outcomes

1.4.1 The medical education organization shall ensure that key stakeholders participate in the development of the mission and learning outcomes of CME and CPD programmes.

1.4.2 The medical education organization should formulate the mission and define the learning outcomes of CME and CPD programmes, taking into account input from other stakeholders, including representatives of other medical specialties, patients, society, healthcare organizations and authorized healthcare authorities, professional organizations/associations, and medical scientific societies.

Standard 2. EDUCATIONAL PROGRAMMES

2.1 Educational Programme Model

2.1.1 The medical education organization shall define the model of continuing education programmes (CEP) based on the established learning outcomes and graduate qualifications and organize systematic and transparent learning.

2.1.2 The medical education organization shall ensure that the content of CEP educational programmes complies with the requirements of state educational standards and standard curricula (if applicable) and ensure the breadth and depth of learners' training in accordance with the programme title and specialties.

2.1.3 The medical education organization shall define the objectives of CEP educational programmes, include the integration of practical and theoretical components, didactic sessions and observation of the practice of providing patient care, including contact hours and methods of independent and active learning, aspects of medical ethics/bioethics, and scientific components.

2.1.4 The qualifications obtained as a result of completing CEP educational programmes shall be clearly defined, explained and correspond to a defined level of the national qualifications framework in medical education and, consequently, the Qualifications Framework in the European Higher Education Area. (ESG 1.2)

2.1.5 The medical education organization shall guarantee that training in continuing professional development (CPD) programmes is conducted in accordance with the current policy of the state and professional healthcare organizations on the recognition of continuing professional development training activities. Provide an educational programme structure that complies with the requirements of regulatory legal acts. (ESG 1.2)

2.1.6 The medical education organization should guarantee that programmes are implemented in cooperation with professional associations, partner organizations, and international non-governmental organizations, and that

the programmes themselves are regularly evaluated by them, including informal learning.

2.1.7 The medical education organization shall:

- implement programmes based on quality principles,
- ensure compliance with ethical aspects in the implementation of educational programmes (code of ethics),
- guarantee that training is conducted in accordance with the principles of equality with regard to gender, cultural and religious characteristics and prepare graduates for appropriate interactions with patients.

2.1.8 The medical education organization should encourage interaction between learners and participants and their colleagues through educational networks, where necessary, to share experience and benefit from collaborative learning.

2.2 Scientific Method

2.2.1 The medical education organization must incorporate the principles of scientific methodology, scientific research methods in medicine, and evidence-based medicine into educational programs through broad access to relevant clinical/practical experience, updated reliable data and evidence, and the results of scientific research, where this is considered justified and necessary.

2.2.2 The medical education organization should improve the organization and practice of education with regard to developing and enhancing the critical appraisal skills of learners and trainees as new data and evidence emerge.

2.3 Methods of Learning and Teaching

2.3.1 The medical education organization must ensure diversity and individualized approaches in education to promote the development of learners' and trainees' own clinical and(or) scientific practice, so that they can take responsibility for their professional development and learning in the future.

2.3.2 The medical education organization must organize education, paying particular attention to patient safety and autonomy.

2.3.3 The medical education organization should ensure the development in learners of knowledge, skills, and professional attitudes corresponding to the various roles of a physician, such as a practicing physician or medical expert, communicator, collaborator and team member, leader/ manager or administrator, advocate for the interests and health of the patient, scientist/researcher.

2.4 Programme Structure, Content and Duration

2.4.1 The medical education organization shall demonstrate an approved practice for describing the overall structure, composition and duration of postgraduate medical education (PGME) programmes, defining the compulsory component and elective components, and integrating practical and theoretical components.

2.4.2 The medical education organization shall take into account the requirements of national legislation and provide an adequate description of how

local, national or regional healthcare systems are oriented towards the healthcare needs of the population.

2.4.3 The medical education organization shall ensure diversity and individualization of the content of CPD educational programmes so that they meet the needs and preferences of individual participants and contribute to:

- development of the practical competencies of healthcare professionals;
- improvement of theoretical knowledge, attitudes and communication skills related to the organization and implementation of professional practice, teaching, research or administration;
- addressing gaps in knowledge and skills, professional attitudes and behaviour, and management abilities identified during the certification of participants, assessment of healthcare delivery, individual analysis of one's own clinical practice, observation in practice, or implementation of an individual learning plan;
- making reasoned judgments and conclusions in complex and unpredictable situations.

2.4.4 The medical education organization shall adjust and modify the content of CPD programmes in accordance with changing conditions and needs of the healthcare delivery system and taking into account the views of employers.

2.5 Organization of Training

The medical education organization shall:

2.5.1 define the responsibilities and authorities for the organization, coordination, management and evaluation of each training site, clinical training site and the educational process conducted at these sites;

2.5.2 plan training at training sites to ensure appropriate access to various aspects of the selected field of medicine and access to the resources required for planning and implementing teaching methods and innovations in educational programmes, as well as for the assessment of learners;

2.5.3 ensure appropriate representation of staff, learners and participants, as well as other relevant stakeholders, in the planning of educational programmes.

2.6 Educational Programme Development Process

2.6.1 The medical education organization shall describe the process for developing educational programmes, including needs assessment and content analysis, a review of the academic field based on a broad range of literature and other relevant evidence, appropriate content selection, and practical considerations related to learning, communication and the cost of education (where applicable).

2.6.2 The medical education organization shall describe the recommendations provided to stakeholders during the development and drafting of educational programmes.

2.7 Educational Programme Approval Procedure

2.7.1 The medical education organization shall document that all educational programmes, including training at clinical sites, are approved by the authorized body on the basis of clearly established criteria, evaluation of the educational

programme, and the authority vested in the approving body.

2.7.2 The medical education organization should develop and implement a quality control system for clinical sites and other educational resources and material and technical facilities, including visits to training sites or other established procedures.

Standard 3. COMPETENCY ASSESSMENT AND DOCUMENTATION

3.1 Assessment Methods

3.1.1 The medical education organization must define, properly document and publish an assessment policy that includes the principles, objectives, methods and practices of assessment, including independent assessment, and also covers the knowledge, skills, professional behavior and attitudes of postgraduate education (PDE) learners toward patients and their future profession, promotes integrated learning and engagement in practical clinical work, and ensures interprofessional education. The assessment policy must include an anti-plagiarism system.

3.1.2 The medical education organization must formulate, document and implement appropriate assessment practices that allow for a comprehensive assessment of learners' educational achievements and regularly update them in accordance with the main requirements of the country's regulatory legal acts in the field of additional and non-formal education.

3.1.3 The medical education organization must develop, define and publish methods for self-assessment and the use of personal learning portfolios.

3.1.4 The medical education organization must study and document the reliability, validity and fairness of assessment methods and implement new assessment methods when necessary.

3.1.5 The medical education organization must use an appeals system for assessment results based on the principles of fairness and through compliance with due process.

3.1.6 The medical education organization must promote the involvement of external examiners.

3.1.7 The medical education organization must guarantee the provision of timely, specific, constructive and fair feedback to learners and trainees based on the results of the assessment of their knowledge and skills.

3.2 Documentation

3.2.1 The medical education organization shall develop and implement a system for documenting* the educational process and records management, including electronic records, in the state and other applicable languages, where appropriate. The system shall be systematic and transparent and shall include procedures for the retention and disposal of documents.

**The documentation system includes regulatory and administrative documentation (plans, reports, regulations, agreements, applications, transcripts), educational and methodological documentation (work programmes, working curricula, syllabi, logs), assessment tools (checklists, assessment sheets),*

certificates and credentials.

3.2.2 The medical education organization shall establish, where necessary, individual educational portfolios that may be shared and discussed with learners and participants.

3.2.3 The medical education organization shall use feedback on the relevance and quality of educational programmes for their further improvement, planning and implementation.

3.2.4 The medical education organization should ensure that documentation provides evidence of actual learning and is based on the improvement of competencies rather than on formal participation in training.

Standard 4. LEARNERS AND TRAINEES

4.1 Admission and Selection Policy

4.1.1 The medical education organization shall formulate and implement an admission policy for PGME programmes that includes the criteria and process for selecting applicants, including applicants with disabilities; demonstrates the relationship between the mission, educational programmes and the selection of PGME learners; takes into account the specific abilities of applicants with the aim of improving learning outcomes in the selected specialty; complies with national legislation; and ensures learner safety.

4.1.2 The medical education organization shall define and implement an admission policy for participants in CPD programmes, including clearly established provisions governing the participant selection process, including participants with disabilities. The selection criteria shall include the level of qualification, relevance to the declared specialty, professional experience/service record, other relevant professional and/or academic experience, employer recommendations, and assessment of motivation, including changes in needs related to the diversity of practice and the need to provide high-quality healthcare.

4.1.3 The medical education organization shall ensure transparency of the selection procedure and equal access to postgraduate and additional education.

4.1.4 The medical education organization shall include representatives of professional associations and organizations and learner representatives in the process of developing the admission policy.

4.1.5 The medical education organization shall develop an appeals procedure regarding decisions of the Admissions Committee.

4.1.6 The medical education organization shall develop and implement a policy for the transfer of learners from other national or international programmes and shall document such transfers accordingly.

4.1.7 The medical education organization should have mechanisms for the periodic review of the admission and selection policy and the number of learners, based on relevant social and professional data, human resource needs, and changes in basic medical education, taking into account consultations with stakeholders, in order to meet healthcare needs.

4.1.8 The medical education organization should ensure that participation in a continuing professional development programme is recognized as worthwhile professional activity.

4.2 Number of learners and trainees

4.2.1 The medical education organization must determine the number of learners and trainees that corresponds to the capacity for clinical/practical training, the potential for clinical mentorship, other available resources of the education organization, and national and regional human resource needs in accordance with the selected area of medicine.

4.2.2 The medical education organization must review and adapt the number of admitted learners and trainees, taking into account consultations with stakeholders, available information on the number of qualified candidates, available information on national and international labor markets, and the unpredictability of the exact need for healthcare professionals in various areas of medicine.

4.3 Support and counseling

4.3.1 The medical education organization must have a system of academic counseling for learners and trainees based on the results of monitoring learning progress, including unintended incidents.

4.3.2 The medical education organization must provide support to learners in continuing professional education, focused on social, financial and personal needs, guaranteeing confidentiality, and allocate appropriate resources for this purpose.

4.3.3 The medical education organization must provide support in professional orientation and career planning.

4.3.4 The medical education organization should provide support in the event of a professional crisis and involve learner organizations in resolving their problematic situations.

4.4 Representation of Learners and trainees

4.4.1 The medical education organization shall develop and implement a policy on the representation of learners and participants and their appropriate participation in the formulation of the mission and learning outcomes, development of educational programmes, planning of working conditions, evaluation of educational programmes, management of educational programmes, and decision-making regarding educational and training processes, conditions and rules.

4.5 Learning Strategies

4.5.1 The medical education organization shall develop the ability of each individual learner and participant to systematically plan, undertake and document practice-based learning in response to identified learning needs.

4.5.2 The medical education organization should promote the use of distance learning technologies.

4.6 Working Conditions

4.6.1 The medical education organization shall ensure that the working and employment conditions of CPD participants engaged in professional practice provide protected time and other necessary resources, and shall permit learning under special circumstances in accordance with the individual training programme and taking into account previous experience in healthcare delivery.

4.6.2 The medical education organization shall have an approved policy for financing learners, including through the provision of scholarships, opportunities for employment outside study hours, learner incentive schemes, and other funding mechanisms.

4.6.3 The medical education organization shall ensure the participation of learners in all medical activities at clinical sites, including on-call and home-visit duties relevant to the educational programme.

4.6.4 The medical education organization shall:

- provide learners with additional training, including distance learning where applicable, during unavoidable interruptions in training, such as pregnancy, childbirth, parental leave, prolonged illness, military service or official assignment;
- ensure that the quality of training under an individual programme and the overall duration of training are not less than those provided to learners who have completed the full training programme.

4.6.5 The medical education organization should implement a system of incentives for PGME learners and CPD participants.

Standard 5. Academic Staff

5.1 Academic Staff Recruitment and Selection Policy

5.1.1 The medical education organization shall develop, approve and implement a policy for the recruitment, hiring and motivation of faculty and clinical mentors, which defines the required academic experience and qualifications of practicing specialists in the relevant fields of medicine, criteria for scientific-educational, pedagogical and clinical achievements; includes a balance between teaching, scientific research and the provision of medical care; defines the responsibilities and duties of employees; takes into account the faculty-to-PDO learner ratio, sufficient for effective teaching and learning and monitoring the academic and professional achievements of learners.

5.1.2 The medical education organization, when developing and implementing its personnel policy, shall define the responsibility of clinical faculty and mentors for the quality implementation of PDO and NPR programs in compliance with the principles of ethics and academic integrity.

5.1.3 The medical education organization should, in its policy on the selection and hiring of employees, take into account its financial and economic capabilities, which consider the institutional conditions for financing employees and the effective use of resources.

5.2 Academic Staff Responsibilities and Development

5.2.1 The medical education organization shall guarantee that faculty have sufficient time for teaching, mentoring, training and scientific supervision.

5.2.2 The medical education organization shall develop and implement a program for the development of professional, pedagogical and scientific competencies of faculty, mentors and scientific supervisors, which is carried out on an ongoing basis and contributes to their retention in the educational organization.

5.2.3 The medical education organization shall guarantee periodic evaluation of the activities of faculty, mentors and scientific supervisors.

5.2.4 The medical education organization should develop and apply a policy for recognizing faculty, mentors and scientific supervisors, which evaluates and duly recognizes academic and scientific activities and includes material and non-material rewards.

5.2.5 The medical education organization should guarantee compliance by its employees and faculty with the requirements and standards established by the state in educational activities.

Standard 6. EDUCATIONAL RESOURCES

6.1 Material and Technical Resources

6.1.1 The medical education organization must have sufficient and appropriate material and technical resources to ensure adequate implementation of educational programs, including equipped classrooms and laboratories, access to equipment for developing knowledge and training in communication and practical skills.

6.1.2 The medical education organization must ensure a safe environment for staff, learners, trainees, researchers and patients, including the provision of necessary information and protection from hazardous substances, microorganisms, compliance with laboratory safety rules and rules for the use of equipment.

6.1.3 The medical education organization should have mechanisms for regular assessment and updating of material and technical resources and equipment to ensure their compliance with the goals and objectives of educational programs and quality assurance in postgraduate and continuing education.

6.2 Training Bases

6.2.1 The medical education organization must:

- identify and approve clinical training bases and ensure access for learners and trainees to a sufficient number of patients and patient information on various problems to achieve learning objectives, including the use of outpatient and inpatient care and on-call duties.

- guarantee that the conditions at clinical (practical) and research bases and the material and technical resources contribute to the effective implementation of educational programs.

6.2.2 The medical education organization should maintain formal and informal cooperation with stakeholders in order to expand clinical (practical) and research bases for training.

6.2.3 The medical education organization should have a practice of regularly updating equipment and facilities at clinical bases and other educational resources in accordance with changing needs in postgraduate medical education and continuing professional development programs, taking into account the number of learners and trainees, the number and profile of teaching staff, the training program and modern principles of education.

6.3 Information Technology

6.3.1 The medical education organization shall provide learners, participants, academic staff, mentors and researchers with access to the latest professional literature and international sources.

6.3.2 The medical education organization shall provide all participants in the educational process with access to web-based resources or other electronic learning tools.

6.3.3 The medical education organization shall use information and communication technologies effectively and ethically as an integrated part of education and shall encourage learners and participants to develop competence in the use of information and communication technologies for self-directed learning, communication with colleagues, access to relevant patient data and healthcare information systems, patient/practice management, and conducting research.

6.3.4 The medical education organization should use elements of distance learning methods, where applicable, while ensuring compliance with ethical requirements.

6.4 Formalized Learning Activities

6.4.1 The medical education organization, in cooperation with stakeholders, shall develop approaches and ensure the participation of learners and participants in regional, national and international educational programmes, conferences, scientific meetings, research and organizational activities, and other formalized forms of postgraduate and additional education.

6.4.2 The medical education organization should provide learners and participants with opportunities to plan and participate in special educational activities, such as advanced training aimed at enhancing their level of competence.

6.5 Medical Research and Scientific Achievements

6.5.1 The medical education organization shall have an appropriate research infrastructure and shall identify priority areas for scientific research.

6.5.1 The medical education organization shall participate in national and international scientific activities aimed at improving the quality of continuing professional development.

6.5.2 The medical education organization shall ensure that learners acquire knowledge of, and are able to apply, the scientific foundations and methodology of research in their chosen field of medicine, and shall ensure an appropriate integration and balance between training and research.

6.5.3 The medical education organization should involve learners in medical research, including research in the basic biomedical, clinical, behavioural and social sciences, and should provide adequate time within postgraduate education programmes for conducting research, as well as access to appropriate equipment at training sites.

6.6 Educational Expertise

6.6.1 The medical education organization shall develop and implement a policy for conducting educational expertise* and using its results in the planning, implementation and evaluation of PGME and CPD educational programmes.

*Educational expertise, as a stage of the educational monitoring process, enables conclusions to be drawn regarding the quality of innovative changes in postgraduate education and CPD, as well as the processes and phenomena that have led to such innovative changes.

6.6.2 The medical education organization should have mechanisms for motivating staff and academic staff and fostering their interest in conducting research in the fields of postgraduate education and CPD.

6.7 Training at other institutions

6.7.1 The medical education organization must have a developed and approved academic policy for training in alternative organizations within or outside the country that is accessible and effective.

6.7.2 The medical education organization must establish a system for the transfer and mutual recognition of learning outcomes between educational organizations and the use of academic credits.

6.7.3 The medical education organization should develop formal and informal relationships with relevant national and international educational and scientific organizations to facilitate regional and international exchange of teaching staff, learners and trainees, by concluding agreements or contracts and providing the relevant resources.

Standard 7. EVALUATION OF EDUCATIONAL PROGRAMMES

7.1 Monitoring and evaluation mechanisms

7.1.1 The medical education organization must define and implement mechanisms for evaluating educational programmes and conduct it taking into account the mission, expected final learning outcomes, completed research, content and implementation process of continuing professional education (CPE) and continuing professional development (CPD) programmes, the policy for admission of learners and recruitment of trainees, qualifications of teaching staff, teaching methods, assessment of knowledge and skills, adequacy and quality of educational resources, quality of documentation, learners' progress, as well as the needs of the healthcare system, medical education and science, identified problems and deficiencies.

7.1.2 The medical education organization must monitor educational programmes, ensuring transparency of the process and results, active participation

of learners and trainees, guaranteeing that the relevant evaluation results will be used to improve educational programmes.

7.1.3 The medical education organization should collect, analyze and use relevant information for the effective management of CPD programmes and other areas of its activities that directly affect continuing and non-formal education (ESG S1.7).

7.2 Feedback

The medical education organization shall:

7.2.1 Ensure the development of a system for obtaining regular feedback from learners and educational process organizers, and ensure that feedback is systematically solicited and analyzed, and that appropriate action is taken in response to constructive feedback received from participants in the educational process.

7.2.2 Ensure that educational process organizers regularly obtain information from learners and participants regarding the outcomes of their professional practice and their needs for further education and research.

7.2.3 Ensure that information on the results of feedback is provided to stakeholders, including those responsible for learner admission and educational programme planning.

7.3 Involvement of Stakeholders

7.3.1 The medical education organization shall involve the principal stakeholders in its programme monitoring and evaluation activities.

7.3.2 The medical education organization should, with regard to other stakeholders, provide access to the results of educational programme evaluation; seek their feedback on the performance of its graduates and participants; and seek their feedback on educational programmes.

Standard 8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.1.1 The medical education organization shall develop an organizational structure and have a governance system covering all areas of activity, including PGME and CPD, which ensures documentation of the quality of education, practice and research conducted by learners and participants, monitors their learning outcomes, and assesses the comparability of outcomes in order to inform the principal and other stakeholders.

8.1.2 The organization shall establish a mechanism for authorizing its organizational structure through consultation with the relevant authorized bodies and on the basis of agreed national and/or regional requirements and criteria.

8.1.3 The medical education organization shall document the completion of education by awarding degrees to graduates and issuing diplomas, certificates or other official evidence of qualifications that are recognized by national and international authorized bodies.

8.2 Academic Leadership

8.2.1 The medical education organization must define the responsibilities and duties of management and staff and ensure transparency of governance and decision-making.

8.2.2 The organization must demonstrate proper leadership, organization and implementation of educational programs through the functioning of an internal quality assurance system that covers educational, administrative and research areas of activity.

8.2.3 The medical education organization should conduct periodic evaluation of management and staff with regard to the achievement of the mission and expected learning outcomes.

8.3 Allocation of Budget and Resources for Education

8.3.1 The medical education organization must have a unit and define a clear scope of its duties, responsibilities and authority for managing the organization's budget, including a dedicated training budget, with an appropriate annual business plan and financial reporting demonstrating the allocation of educational resources in accordance with needs and coverage of all types of expenses for the implementation and development of CPD and CPD research.

8.3.2 The medical education organization must manage the budget to support commitments to faculty and learners, their responsibility for providing medical care to the population, conducting research and introducing innovations into the training program.

8.3.3 The medical education organization should have a fee-based services system within the implementation of continuing professional development programs (where applicable), so that it ensures the independence of learners in choosing a particular training program.

8.4 Administration

8.4.1 The medical education organization must have an appropriate administrative staff, including an academic leader, which is adequately supported by a properly staffed and qualified management structure for the implementation of educational programs, effective management and resource allocation.

8.4.2 The medical education organization should develop, approve and implement a quality management system, including regular internal and external reviews and audits, including those ensuring educational processes in postgraduate and continuing professional education.

8.4.3 The medical education organization should regularly evaluate the administration and management of the educational process in order to ensure quality and improvement.

8.5 Requirements and regulations

8.5.1 The medical education organization must follow the recommendations of national authorized bodies that establish the number and list of recognized medical specialties, and other functions of medical experts, for whose training

postgraduate and continuing education programs are developed.

Standard 9. CONTINUOUS RENEWAL

The medical education organization shall:

9.1 demonstrate procedures for updating the organizational structure, content, learning outcomes/competencies, assessment methods and educational environment, taking into account changes in the needs of healthcare practice and science, new regulatory and legal documentation, and transformations in society.

9.2 have and use mechanisms for identifying and addressing documented deficiencies in its activities.

9.3 improve the learning environment through regular updating, expansion and strengthening of the material and technical infrastructure and equipment for the acquisition of practical skills, with the aim of keeping pace with the development of postgraduate, additional and non-formal education.

9.4 allocate financial resources for continuous improvement.

9.5 base the continuous improvement process on thematic analysis and data from current literature in the field of education.

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