

STANDARDS FOR INSTITUTIONAL ACCREDITATION OF HIGHER AND POSTGRADUATE MEDICAL EDUCATION ORGANISATIONS



KEY PROVISIONS

Almaty - 2021

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

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AND POSTGRADUATE MEDICAL EDUCATION ORGANISATIONS**

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Almaty, 2021

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These Standards are developed based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (2015), the World Federation for Medical Education's International Standards for improving the quality of basic medical education (revised 2015), in accordance with institutional needs and the priorities of practical healthcare. The accreditation standards are applied by medical education organisations for conducting institutional self-assessment, identifying and improving internal quality assurance mechanisms, developing internal documentation, and fostering a culture of quality.

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STANDARDS FOR INSTITUTIONAL ACCREDITATION

General Provisions

1 Application and Use of Standards

1.1 The Standards of Institutional Accreditation for medical higher and postgraduate education organisations (hereinafter - accreditation standards) encompass key provisions and requirements for medical higher and postgraduate education organisations (hereinafter - educational organisation).

1.2 The standards serve as a quality assurance tool for higher and postgraduate Medical Education and Health Professionals training.

1.3 The standards apply to institutional accreditation of educational organisations and external assessment of institutional quality assurance systems, regardless of their status, organisational and legal form, ownership type, or departmental subordination.

1.4 The standards are used by educational organisations for conducting institutional self-assessment, identifying and improving internal quality assurance mechanisms, developing internal documentation, and fostering a culture of quality.

2 Reference to Regulations and Law

The standard references the following legislative and regulatory documents:

2.1 Law of the Republic of Kazakhstan "On Education" dated June 27, 2007, No. 319-III (with amendments and additions as of January 3, 2021).

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

2.3 Decree of the President of the Republic of Uzbekistan dated May 6, 2019, No. PP-4310 "On Measures for Further Development of the Medical and Pharmaceutical Education and Science System".

2.4 The Health System Development Concept of the Republic of Uzbekistan for 2019-2025.

2.5 Order of the Minister of Education and Science of the Republic of Kazakhstan dated November 1, 2016, No. 629, "On the Approval of the Rules for Recognition of Accreditation Bodies, Including Foreign Ones, and the Formation of a Register of Recognized Accreditation Bodies, Accredited Educational Organisations, and Educational Programmes".

3 Terms and definitions

3.1 The following terms and definitions are used in this standard based on the Law of the Republic of Kazakhstan "On Education" dated July 27, 2007, No. 319-III (with amendments and additions as of January 3, 2021) and the Law of the Republic of Uzbekistan "On Education" dated September 23, 2020, No. LRU-637:

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

2) Accreditation of educational organisations - a procedure by which an

accreditation body recognizes that educational services meet established accreditation standards (guidelines), aiming to provide objective information on their quality and confirm the presence of effective quality improvement mechanisms;

3) **Accreditation of educational programmes** - a procedure by which an accreditation body recognizes that educational programmes (specialties) meet established accreditation standards (guidelines), aiming to provide objective information on their quality and confirm the presence of effective quality improvement mechanisms;

4) **Institutional accreditation** - a process in which an accreditation body evaluates the quality of an educational organisation's alignment with the declared status and established standards of the accreditation body;

5) **Specialised accreditation** - quality assessment of individual educational programmes implemented by an educational organisation;

6) **Accreditation standards** (guidelines) - documents of an accreditation body that establish requirements for the accreditation procedure;

7) **State accreditation** - a process by which the state recognizes that public educational institutions and organisations, as well as private educational organisations, meet state educational standards, state educational requirements, and educational programmes, and grants the right to issue educational credentials to their graduates;

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

9) **State educational requirements** - mandatory requirements concerning the structure, content, and conditions of education, as well as the physical, personal, intellectual, scientific, and professional qualities of learners;

10) **Bachelor's degree** - fundamental higher education providing advanced knowledge, skills, and abilities in one area of higher education, with a study duration of at least three years;

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

12) **Postgraduate education** - training of research and academic personnel with academic degrees through basic doctoral studies, doctoral studies, and independent research, providing in-depth study of a specialty and conducting research to prepare and defend a doctoral dissertation;

13) **Education system monitoring** - includes studying and observing the state of education, changes in education outcomes, conditions created for educational activities, analyzing information on the learner population, and making management decisions.

In accordance with the International Standards of the World Federation for Medical Education for the improvement of basic and postgraduate medical education (revised 2015), the following terms and definitions are established in the relevant Standards:

14) *Administrative Staff* (Standard 8/8.5) – employees in leadership and management of structural units responsible for administrative support, including policy development and implementation; the roles vary depending on the organisational structure and include the head and administrative staff, deans of faculties, heads of financial management, staff in budgeting and accounting departments, admissions office staff, and heads of planning departments, human resources, and information technology.

15) *Academic Leadership* (Standard 8/8.2) – employees in leadership and management of structural units responsible for decision-making on academic matters in teaching, learning, research, and healthcare services. This includes the rector, vice-rectors, deans, heads of departments, directors of research institutes and centres, and chairs of standing committees (for student selection, educational programme planning, and student advising).

16) *Academic Freedom* (Standard 1) – the right to freely express opinions, make enquiries, conduct research, and publish findings for both staff and students.

17) *Applicant Qualifications* (Standard 5) – evaluated based on official qualifications, professional experience, research achievements, teaching experience, and peer recognition.

18) *Primary Stakeholders* (Standard 1) – include the rector, members of faculty councils, Academic Council, Methodological Council, representatives of the teaching staff and students, university administration, and authorised bodies.

19) *Other Stakeholders* (Standard 1) – include representatives of other medical professions, patients and their organisations, public representatives, academic and administrative staff, authorised educational and healthcare bodies, professional organisations, medical research organisations, and those responsible for postgraduate education.

20) *Graduate Achievement Evaluation* (Standard 7) – includes information on national independent exam results, career choices, postgraduate training, and clinical practice outcomes to prevent programme uniformity risks and to provide a basis for improving postgraduate training programmes.

21) *Institutional Autonomy* (Standard 1) – appropriate independence from government and other organisations (regional and local authorities, religious communities, private partnerships, professional, trade union, and other interest groups) to make decisions in key areas such as curriculum development (Standards 2.1 and 2.6), knowledge assessment (Standard 3.1), student admission (Standards 4.1 and 4.2), staff recruitment (Standard 5.1), working conditions (Standard 5.2), research (Standard 6.4), and resource allocation (Standard 8.3).

22) *Information Support* (Standard 4) – includes internal regulations, working hours of all services, directory of contacts, details of administrators and teaching staff, tuition payment information, course information, staff email addresses, clear learning outcome assessment criteria, educational policy information, available reference materials such as course syllabi for students, and catalogues of elective disciplines.

23) *Learning Outcomes or Competencies* (Standard 1) – comprise the

knowledge, skills, and attitudes that students must demonstrate upon completion of their studies.

Learning outcomes in medicine and medical practice should be defined by the medical education organisation and include documented knowledge and understanding of: (a) basic biomedical sciences, (b) behavioural and social sciences, including public health and social medicine, (c) medical ethics, human rights, and relevant medical jurisprudence, (d) clinical sciences, including clinical skills related to diagnostic procedures, practical procedures, communication skills, treatment and disease prevention, health promotion, rehabilitation, clinical reasoning and problem-solving, and (e) lifelong learning ability and professionalism in various physician roles and in relation to the medical profession. Graduates' characteristics and achievements at the end of training may classify the doctor as, for instance: (a) a practising physician, (b) a physician with effective communication skills, (c) a teacher, (d) a manager, (e) a professional, and (f) a researcher.

24) *Any Field of Medicine* (Standard 1) – refers to all types of medical practice, administrative medicine, and medical research.

25) *Material and Technical Resources* (Standard 6) – include lecture halls, study rooms, educational and research laboratories, clinical skills labs, staff rooms, libraries, information technology resources, student recreational facilities such as adequate learning spaces, rest areas, transportation, student dining, dormitories, storage lockers, sports facilities, and recreational spaces.

26) *Management* (Standard 8) – refers to actions and/or structures associated with implementing institutional and programme policies, including financial and organisational involvement and the actual distribution and use of resources within the medical education institution. Policy implementation involves the mission, educational programme, student admission policy, staff recruitment and selection, and external relations.

27) *Teaching and Learning Methods* (Standard 2) – include lectures, small group learning (TBL), problem-based learning (PBL), case-based learning (CBL), practical and laboratory classes, bedside teaching, clinical training with real patients, clinical skills training in simulation centres (SBL), primary healthcare training, and web-based teaching.

28) *Medical Ethics* (Standard 2) – issues of morality in medical practice, such as values, rights, and responsibilities related to physician conduct and decision-making.

29) *Medical Jurisprudence* (Standard 2) – laws and other regulatory legal acts governing healthcare systems and the practice of medical specialties, including regulations on the manufacture and use of medicines and medical technologies (equipment, tools, etc.).

30) *Assessment Methods* (Standard 3) – include consideration of the balance between formative and summative assessments, the number of exams and other tests, the balance between written and oral exams, judgements based on relevant standards and criteria, and conducting specialised exams such as Objective

Structured Clinical Examination (OSCE).

31) *Mission* (Standard 1) provides a comprehensive foundation that should link all other aspects of the educational institution and its programmes. The mission includes general and specific issues related to institutional, national, regional, and global policies and the vision of the educational organisation.

32) *Continuous Medical Education/Continuous Professional Development* (Standard 1) – lifelong learning beyond basic and postgraduate medical education and all activities that physicians undertake, formally and informally, to maintain, update, develop, and improve their knowledge, skills, and attitudes in response to patient needs. CPD is a broader concept than CME and encompasses ongoing development of knowledge and skills in medical practice.

33) *Educational Programme* (Standard 2) - the expected learning outcomes, content, experience, and processes of the programme, including a description of the structure of planned teaching and learning methods and assessment methods. The educational programme should specify the knowledge, skills, and attitudes students will achieve.

34) *Lifelong Learning* (Standard 1) is the professional responsibility to continuously develop knowledge and skills through activity assessments, audits, analysis of clinical practice, or recognised CPD/CME programmes.

35) *Educational Programme Evaluation* (Standard 7) - the systematic process of collecting information to study the effectiveness and adequacy of the medical educational organisation and its educational programme. It includes using reliable and valid data collection and analysis methods to confirm the quality of the programme or its key aspects, in line with the mission and curriculum objectives, including learning outcomes. Engaging experts in the programme evaluation can contribute to improving the quality of medical education in the university.

36) *Policy for Staff Selection and Recruitment* (Standard 5) - ensuring a sufficient number of highly qualified scholars in biomedical, behavioural, and social sciences, as well as clinicians for programme delivery, and an adequate number of high-level researchers in relevant disciplines or research areas.

37) *Policy for Effective Use of Information and Communication Technologies* (Standard 6) includes:

- the use of computers, internal and external computer networks, and other information and communication technology tools;
- coordination with library resources and the university IT services;
- open access to all educational resources via an electronic management system that supports student training in evidence-based medicine and lifelong learning through CME and CPD.

38) *Authority of the Unit Responsible for Educational Programmes* (Standard 2) includes:

- prioritising the interests of individual units and disciplines;
- controlling the educational programme within the existing regulations and guidelines established by governing bodies of the university or state authorized bodies.

39) *Principle of Equality* (Standard 2) – fair treatment of students regardless of gender, nationality, religion, socioeconomic status, and consideration of physical abilities.

40) *Public Health Issues* (Standard 1) - engagement with the local community in healthcare and related sectors, as well as incorporating public health issues into the curriculum.

41) *Professional Skills* (Standard 2) - skills in patient management, teamwork, leadership, and interprofessional training.

42) *Healthcare Sector* (Standards 1 and 8) - the system of medical care at both public and private levels and medical research organisations.

43) *Support Services* (Standard 4) are designed to meet students' educational, personal, and career needs: dormitories, cafeterias, medical centres, sports facilities, computer centres, libraries, and employment and career support services.

44) *Healthcare-Related Structures* (Standard 8) – organisations and regulatory bodies concerned with health promotion and disease prevention.

45) *Promotion of Integrated Learning* (Standard 3) includes the use of integrated assessment in evaluating knowledge in specific disciplines and subject areas.

46) *Social Responsibility* (Standard 1):

- the willingness and ability to respond to the needs of society, patients, the healthcare system, and healthcare-related sectors;
- contributing to medical advancement at the national and international levels through implementing a competency-based approach in healthcare, medical education, and research;
- should be based on its own principles, respecting university autonomy.

47) *Governance* (Standard 8) – the structure or action of governance within the medical educational organisation. Governance relates to policy formation, the process of setting institutional and programme-wide policies, and overseeing policy implementation. Institutional and programme policies generally cover decisions on the educational institution's mission, curriculum, student admission policy, staff recruitment and selection, and decision-making regarding external relationships with medical practice and the healthcare sector.

4 Abbreviations

The following abbreviations are used in this standard:

AC – Accreditation Council

AMSP – Administrative and Managerial Staff

WHO – World Health Organization

WFME – World Federation for Medical Education

HEI – Higher Education Institution

EEC – External Expert Commission

SESME – State Educational Standard of Medical Education

ECAQA – Eurasian Centre for Accreditation and Quality Assurance in

Higher Education and Health Care
CPD – Continuous Professional Development
CME – Continuous Medical Education
OSCE – Objective Structured Clinical Examination
EP – Educational Programme
PHC – Primary Healthcare
RK – Republic of Kazakhstan
RUz – Republic of Uzbekistan
MI – Mass Media
EB – Expert Board
ESG - European Standards and Guidelines for Quality Assurance in Higher Education

5 General provision

5.1 Institutional accreditation of educational organisations is conducted in line with the core provisions and requirements of these standards, taking into account their levels of achievement and includes:

Standard 1 «Mission and Outcomes»;
Standard 2 «Educational programmes»;
Standard 3 «Assessment of Students»;
Standard 4 «Students»;
Standard 5 «Academic staff/faculty»;
Standard 6 «Educational resources»;
Standard 7 «Educational programme evaluation»;
Standard 8 «Governance and administration»;
Standard 9 «Continuous renewal».

5.2. The standards for institutional accreditation are based on the International Standards of the World Federation for Medical Education (WFME) for the improvement of quality in basic medical education (Revised 2015), and certain provisions from the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (Revised 2015) (Appendix 1).

5.3. The standards for institutional accreditation, developed based on the WFME International Standards for the improvement of higher and postgraduate medical education, include standards at two levels of achievement: basic standard and quality improvement standard.

Basic standards, expressed with the verb “*must*”, implies that the standard must be met by each educational organisation and demonstrated during external evaluation of the medical education organisation.

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

5.4 The standards for institutional accreditation include 106 basic standards and 90 quality improvement standards, along with 127 annotations to the relevant standards, as presented in Section 3.

5.5 The accreditation decision is made by the Accreditation Council, based on the results of the external institutional assessment of the educational organisation's compliance with these accreditation standards, as presented by the ECAQA's External Expert Commission (EEC).

5.6 The Accreditation Council is established in accordance with WHO/WFME Guidelines on the accreditation of medical education and includes representatives from authorised bodies in the fields of education and health, academic and medical education organisations, professional associations, employers, the public, students, and international experts.

6 Main Objectives of Implementing Institutional Accreditation Standards

6.1 The main objectives of implementing institutional accreditation standards are:

6.1.1 To establish a system of internal and external quality assurance at the institutional and national level, aligned with principles of best international practices in quality assurance for higher and postgraduate education.

6.1.2 To foster a culture of quality supported by students, academic staff, management, and administration within the educational organisation.

6.1.3 To conduct external evaluations for compliance with accreditation standards and ensure the quality of educational programmes in medicine, dentistry, pharmacy, public health, and nursing.

6.1.4 To promote continuous improvement of educational programmes and resource provision in response to rapidly changing conditions and labour market needs, contributing to the competitiveness of the national higher and postgraduate education system.

6.1.5 To protect the interests of the state, society, and consumer rights by providing reliable information to the public and authorised bodies in education and healthcare about the results of an educational organisation's accreditation.

7 Principles of Quality Assurance and Institutional Accreditation

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

7.1.1 Voluntariness – the accreditation procedure is conducted on a voluntary basis, recognising the institutional autonomy of the educational organisation.

7.1.2. Responsibility – the accreditation process clearly defines responsibility and relationships with all stakeholders (universities, students, professional organisations and healthcare specialists, the state), supported by agreed standards and guidelines, necessary resources, and innovations for the development of the accreditation system, maintained by competent experts.

7.1.3 Transparency – internal and external evaluations are conducted openly and transparently, providing access to information about the process, procedures, accreditation standards, self-assessment, and external evaluation guidelines for all stakeholders.

7.1.4 Independence – external evaluation and accreditation decisions are made based on reliable information and the results of external expert evaluation, independently of third parties (authorised and government bodies, educational organisation administration, and public opinion).

7.1.5 Objectivity – external evaluation is carried out using clearly established accreditation criteria and standards, taking into account institutional and programme-specific characteristics, with accreditation decisions based on external evaluation results and recommendations of the EEC.

7.1.6 Confidentiality – information and data from the institutional self-assessment report, as well as information obtained during the external evaluation of the educational organisation, are strictly confidential.

7.1.7 Effectiveness – external evaluation is result-oriented, aimed at improving the internal environment and institutional mechanisms for quality assurance, fostering a culture of quality, and ensuring the link between internal and external quality assurance mechanisms.

8 Stages and Main Elements of the Institutional Accreditation Process

8.1 Accreditation process includes the following main elements:

8.1.1 The educational organisation submits an application and a brief overview of its activities to the accreditation body.

8.1.2 A bilateral agreement is signed between the accreditation body and the educational organisation for conducting institutional accreditation, specifying the costs and timelines of the procedure, which should be no less than six months.

8.1.3 The educational organisation conducts a self-assessment in line with the criteria and requirements of this standard and submits the self-assessment report to the accreditation body.

8.1.4 The self-assessment report is reviewed and examined by the accreditation body.

8.1.5 External assessment procedure – the External Expert Commission (EEC) visits the educational organisation. The composition of the EEC is announced to the management of the accredited educational organisation in advance. The EEC conducts an external evaluation, compiles a report, and makes recommendations for improvement to the educational organisation, as well as recommendations for the accreditation period to the Accreditation Council.

8.1.6 The EEC prepares a final report following its assessment and submits it, along with relevant appendices, to the Accreditation Council.

8.1.7 The Accreditation Council of the accreditation body reviews the case for institutional accreditation and makes a final decision based on the provided materials and EEC recommendations.

8.1.8 A summary report on the institutional accreditation of the educational organisation is published on the accreditation body's website if a positive decision

is reached.

8.1.9 Follow-up procedures to verify the educational organisation's actions to address the comments and recommendations in the EEC report.

8.2 International institutional accreditation is voluntary and funded by the educational organisations based on their applications.

8.3 During the institutional self-assessment period, the accreditation body provides consulting services to the educational organisation, including a 12-hour training seminar (offline and/or online) scheduled in advance with the organisation.

8.4 Upon completing the institutional self-assessment, the educational organisation submits its self-assessment report to the ECAQA at info@ecaqa.org in Russian (or another language agreed upon with the accreditation body) no later than two months before the EEC's planned visit. ECAQA staff conduct an initial technical review and provide feedback on the report's readiness for external expert evaluation. If there are significant deficiencies in the format and content, the accreditation body will notify the educational organisation within two weeks, requesting corrections within seven working days. The revised report is sent to the ECAQA in three languages (state, Russian, and English) along with an official cover letter signed by the head of the educational organisation.

8.5 The self-assessment report is sent to the EEC members, who review it thoroughly before visiting the educational organisation. A review is provided to the organisation for corrective action, following which the EEC visits to verify the validity of the self-assessment results. If significant content issues or non-compliance with accreditation standards are noted, or if the reviewer's opinion indicates substantial revision is needed, the date of the external assessment may be rescheduled.

8.6 The EEC visit duration to the educational organisation is determined by the accreditation body, averaging three to four days. The accreditation body develops the visit programme, which is agreed upon with the head of the educational organisation.

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

8.8 The EEC's work within the educational organisation is carried out in accordance with the standards and guidelines for external evaluation and the site visit programme (see item 8.6).

8.9 The EEC's final report is submitted to the accreditation body no later than seven working days after the visit. The report must include an evaluation of compliance with the accreditation standards and recommendations for the educational organisation. The report, with recommendations, is then sent by the accreditation body to the educational organisation to develop a corrective action plan during the post-accreditation monitoring period.

8.10 The Accreditation Council makes a decision based on the educational

organisation's self-assessment report, the EEC's final report, and the accreditation body's recommendations after analysing the above documents. The EEC's report and the accreditation body's recommendations are mandatory for the Accreditation Council's decision-making.

9. Decision on accreditation

9.1. The Accreditation Council makes the following accreditation decisions:

- 1) Full accreditation- the duration of full accreditation is 5 years;
- 2) Conditional accreditation – accredited conditionally for one year with a repeat visit to the educational organisation;
- 3) Denial of accreditation;
- 4) Denial or withdrawal of accreditation (during post-accreditation monitoring).

9.2 The decision for full accreditation for the maximum period is made if all institutional accreditation standards are met, and the educational organisation enters the next stage – post-accreditation monitoring.

9.3 A decision on conditional accreditation for a period of one (1) year, with the condition of a repeat external evaluation by the same accreditation body, is made if the majority of standards are only partially met or if at least one of the nine standards is not met, with the severity of issues reflected in the final report of the EEC and in the rationale for the conditional accreditation decision. During the year following the decision date, the educational organisation conducts corrective measures according to the recommendations (remarks) of the EEC, prepares a report on institutional self-assessment within the framework of a new Accreditation Agreement, and submits the self-assessment report to the accrediting body that issued the conditional accreditation decision, in accordance with the requirements of clause 8.4 of these accreditation standards. The terms and conditions for conducting institutional accreditation are specified in the newly drawn-up and signed Accreditation Agreement.

9.4. A denial decision is made if most standards are not met, indicating significant shortcomings and issues requiring several years for rectification. The educational organisation may not begin the accreditation process again for one year after the negative accreditation decision.

9.5. The decision to withdrawal the institutional accreditation certificate during its validity period is made in the following cases:

9.5.1 Suspension by the authorised educational body of the educational organisation's license;

9.5.2 Withdrawal by the authorised educational body of the educational organisation's general educational license;

9.5.3 Documented evidence of systemic violations of anti-corruption policies by the educational organisation in relation to its staff, faculty, or students, as confirmed by authorised regulatory bodies.

9.6. The decision to withdrawal the institutional accreditation certificate is documented by the Accreditation Council's minutes and an official letter addressed

to the head of the educational organisation, followed by written notification to the authorised education authority.

9.7. The decision to withdrawal the certificate of institutional accreditation nullifies all previous accreditation results, and the organisation must go through the entire accreditation process again.

9.8 Following a positive accreditation decision, the accreditation body sends an official letter with the decision results and the original institutional accreditation certificate for a period of five (5) years to the educational organisation.

9.9 The decision on the accreditation of an educational programme is published on the accreditation body's website.

9.10 In the case of a conditional accreditation decision, the educational organisation has the right to appeal in accordance with the appeal procedures established by the accreditation body.

9.11 Medical educational organisation undergo re-accreditation upon the expiration of the accreditation period to confirm their accredited status and must submit an application to the accreditation body 7-10 months before the certificate's expiration.

10. Post-Accreditation Monitoring

10.1 Post-Accreditation Monitoring (PAM) is an integral component and an important stage of the institutional accreditation process for an educational organisation and must be strictly adhered to by the accredited organisation throughout the validity of the accreditation certificate.

10.2 The accreditation body conducts post-accreditation monitoring (PAM) without additional agreements with the educational organisation for the entire duration of the institutional accreditation certificate.

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

10.3.1 Submission to the accreditation body of an improvement plan based on the External Expert Commission's (EEC) recommendations for the duration of the institutional accreditation certificate. The plan should be submitted within 30 (thirty) calendar days of receiving a positive accreditation decision;

10.3.2 Timely submission of annual reports on the implementation of the improvement plan based on the EEC's recommendations, including appropriate documentary evidence (high-quality copies and/or electronic versions of documents). The report should be sent to the accreditation body without additional notifications or formal requests. The indicative date for submission of the next report is the calendar date of the issuance of the institutional accreditation certificate.

10.4 The educational organisation must inform the accreditation body of any significant changes in its activities, including changes in management and educational programmes, occurring during the PAM period.

10.5 The accreditation body reserves the right to send an expert commission to the educational organisation to review any complaints regarding the quality of

education and/or improper implementation of educational programmes.

10.6 The accreditation body reserves the right to suspend the institutional accreditation certificate if the educational organisation breaches the requirements of clauses 10.3 or 10.4 of these Standards. The decision to suspend the institutional accreditation certificate is taken until the violations of the PAM requirements are rectified. This decision is formalised by an order from the Director General of the accreditation body, and a notification letter is sent to the educational organisation.

11. Procedure for Making Amendments and Additions to the Accreditation Standards

11.1 Amendments and additions are made to the existing accreditation standards to ensure their further improvement.

11.2 The accreditation body is responsible for making amendments and additions to the standards.

11.3 Should any interested parties propose amendments or additions to the existing standards, their proposals and comments should be submitted to the accreditation body.

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

11.5 Amendments and additions to the existing accreditation standards for a medical educational organisation, once approved, are formalised by an order from the Director General of the accreditation body, issuing a revised edition of the standards with the approved amendments.

12. ACCREDITATION STANDARDS

Standard 1. Mission and learning outcomes

1.1 Mission Definition

1.1.1 A medical educational organisation **must** define its *mission, vision, and strategic goal*, and communicate these to relevant stakeholders and the *healthcare sector*¹.

1.1.2 The mission statement must encompass objectives and an educational strategy that align with national educational standards, enabling the preparation of competent healthcare professionals:

- at the undergraduate level in medicine, including internships, pharmacy, and nursing education;
- with a suitable foundation for a career *in any healthcare field*;
- capable of fulfilling the functions of specialists in the fields provided by the university, as required by the healthcare sector;
- prepared for postgraduate education;
- committed to *lifelong learning*.

¹ далее курсивом обозначен текст, разъяснение которому дано в разделе 3 «Термины и определения»

1.1.3 The development of the mission **should** consider *public health issues*, the needs of the healthcare system, pharmaceutical services, and other aspects of *social responsibility*.

The medical educational organisation **must**:

1.1.4 ensure that the mission includes advancements *in medical and pharmaceutical research as well as global health aspects*.

1.1.5 have a strategic development plan approved by an advisory council that aligns with the stated mission, reflects institutional vision, and supports the achievement of learning outcomes.

1.1.6 systematically collect, accumulate, and analyse information on core activities (education, clinical practice, research, human resource development, infrastructure, etc.); conduct a strengths and weaknesses assessment (SWOT analysis) based on which the administration, together with the advisory council, should establish policies and develop strategic and tactical plans.

1.1.7 The mission and objectives **must** consider national perspectives in higher and medical education, science, and regional development.

1.1.8 When planning, the medical educational organisation **must** consider the main resources that support core activities and implement changes if needed. The organisation **must** also ensure public access to information on the mission and objectives of the educational programmes (through media, the university's website, etc.).

1.2 Institutional Autonomy and Academic Freedom

1.2.1 A medical educational organisation **must** have *institutional autonomy* to develop and implement quality assurance policies, with responsibility resting on faculty and administration, particularly concerning curriculum development and the use of allocated resources essential for implementing educational programmes.

1.2.2 The medical educational organisation **should** ensure academic freedom for staff and students to update curricula and incorporate new research findings into specific subjects without expanding the curriculum.

1.3 Learning Outcomes

1.3.1 The medical educational organisation **must** define the expected *learning outcomes* that students must demonstrate upon completion of the programme, including:

- achievements in basic knowledge, skills, and attitudes;
- a suitable foundation for future careers in any field of medicine;
- readiness for roles in the healthcare sector;
- preparation for postgraduate training;
- commitment to lifelong learning;
- addressing public health needs, healthcare system requirements, and other aspects of social responsibility.

1.3.2 The medical educational organisation **must** ensure that students fulfill obligations toward doctors, teachers, patients, and their relatives in accordance with the Code of Conduct.

1.3.3 The medical educational organisation **should** involve stakeholders in

the development of student learning outcomes.

1.3.4 The medical educational organisation **should**:

- define and align learning outcomes required at completion with those needed in postgraduate education;
- engage students in medical and pharmaceutical research and identify the learning outcomes of such activities;
- incorporate the link between learning outcomes and their impact on global health within educational programmes.

1.3.5 The educational programmes of the medical educational organisation **should** be designed to meet the set goals, including the expected learning outcomes (ESG 1.2).

1.4 Participation in Formulating the Mission

1.4.1 The medical educational organisation **must** ensure that *key stakeholders* participate in developing its mission.

1.4.2 The medical educational organisation **should** ensure that the mission is based on the opinions/suggestions of other *relevant stakeholders*.

Standard 2. EDUCATIONAL PROGRAMMES

2.1 Educational Programme Model

2.1.1 A medical educational organisation **must**:

- define an overall curriculum;
- establish *teaching and learning methods based on modern educational principles* that motivate, prepare, and support students, fostering their responsibility for their learning process;
- ensure that educational programmes are implemented according to the *principles of equity*.

2.1.2 The medical educational organisation **should** ensure that its educational programmes develop students' abilities for lifelong learning.

2.1.3 The qualification awarded upon completion of the educational programme must be clearly defined and explained, and **must** align with the specified level in the National Qualification Framework in medical education and, consequently, the European Higher Education Area Qualification Framework. (ESG 1.2)

2.1.4 The medical educational organisation **should** provide students with both academic knowledge and the necessary skills, which can influence their personal development and be applied in their future careers (ESG G 1.2).

2.1.5 In developing its programmes, the medical educational organisation **should** ensure:

- alignment of programme goals with the institutional strategy and clearly defined expected learning outcomes;
- involvement of student representatives in programme development;
- consideration of external assessments and monitoring reviews of the educational process;

- continuous advancement, personal growth, and development of the student during the programme;
- a clearly defined student workload (e.g., in ECTS);
- provision of placements for practical training where necessary;
- formal approval of the programme by individuals or bodies not involved in its development or teaching (ESG G 1.2).

2.2 Scientific Method

2.2.1 Throughout the programme, a medical educational organisation **must** teach students the principles of scientific methodology, including methods of analytical and critical thinking, medical and pharmaceutical research methods, and evidence-based medicine, requiring relevant *faculty competence and forming a compulsory part of educational programmes. It should involve students in conducting or participating in small-scale research projects.*

2.2.2 The medical educational organisation **should** incorporate elements of *fundamental or applied research into educational programmes, including compulsory or elective analytical and experimental research, thereby fostering students' participation in medical and pharmaceutical research as professionals and colleagues.*

2.3 Structure, Content, and Duration of Programmes

2.3.1 A medical educational organisation **must** describe the content, scope, and sequence of courses and other elements of the curriculum to ensure consistency across subjects.

2.3.2 In educational programmes, the medical educational organisation **should** ensure the horizontal integration of related sciences and disciplines, offer options for elective content (electives, optional components), and define the balance between the mandatory and elective parts of the educational programme, including a combination of compulsory elements and electives or specialised optional components.

2.4 Programme Management

A medical educational organisation **must**:

2.4.1 have an overall academic leadership responsible for the educational process and define a structural unit responsible for educational programmes, which is *empowered* to plan and implement educational programmes to ensure achievement of the learning outcomes and includes representation from faculty and students in the unit responsible for educational programmes.

2.4.2 Through the structural unit responsible for educational programmes, the medical educational organisation **should** plan and implement innovations in the educational process and include representatives from *relevant stakeholders, such as other educational participants, clinical base representatives, pharmaceutical manufacturers, medical educational institution alumni, and healthcare and pharmacy professionals involved in the teaching process.*

2.4.3 The medical educational organisation **should** have processes for the development, approval, and authorisation of its programmes (ESG G1.2).

2.5 Link to Medical and Pharmaceutical Practice and Healthcare

System

2.5.1 The medical educational organisation **must** establish an operational link between educational programmes and subsequent stages of professional training (internship, postgraduate studies, specialisation, CPD/CME) or practice that students will enter upon graduation. Professional training should include identifying *health problems and learning outcomes required*, clear identification and description of educational programme elements and their relationships at different stages of training and practice, with appropriate consideration of local, national, regional, and global conditions, as well as feedback to/from the healthcare sector, participation of faculty and students in the work of the healthcare and pharmaceutical care team.

2.5.2 The medical educational organisation **should** ensure that the structural units responsible for educational programmes periodically modify the programmes to reflect the changing conditions in which graduates will work and modify educational programmes based on feedback from the public and society at large.

Standard 3. STUDENT ASSESSMENT

3.1 Assessment Methods

3.1.1 A medical educational organisation **must**:

- establish, approve, and publish *the principles, methods, and practices used for student assessment, including the number of exams and other tests, maintaining a balance between written and oral exams, employing criterion-referenced and reasoning-based assessments, and using specific examinations (such as OSCEs or Mini-CEX) as well as defining the criteria for pass marks, grading, and the number of permitted re-sits;*
- ensure that assessments cover knowledge, skills, and attitudes;
- use a broad range of assessment methods and approaches based on *"utility evaluation," which includes a combination of validity, reliability, impact on learning, acceptability, and effectiveness of the methods and formats of assessment;*
- employ external examiners to enhance fairness, quality, and transparency in the assessment process;
- ensure that assessment methods and results avoid conflicts of interest;
- ensure that the assessment process and methods are open and available for review by external experts.

3.1.2 The medical educational organisation **should** *document and evaluate the reliability and validity of assessment methods, requiring a quality assurance process for existing assessment practices;* implement new assessment methods as needed; use procedures for responding to student complaints and a system for appealing assessment outcomes.

3.2 Relationship Between Assessment and Learning

3.2.1 A medical educational organisation **must** *apply assessment principles, methods, and practices that encompass students' academic achievements and*

assess knowledge, skills, professional values, and attitudes, which:

- are clearly aligned with the methods of teaching, learning, and the intended learning outcomes;
- ensure that students achieve the intended learning outcomes;
- promote learning;
- provide an appropriate balance between formative and summative assessment to guide learning and *evaluate students' academic progress, requiring established rules for assessing progress and their relation to the assessment process.*

3.2.2 The medical educational organisation **should:**

- *regulate the number and nature of examinations to promote knowledge acquisition and integrated learning, avoiding negative effects on the learning process and eliminating the need for students to memorise excessive amounts of information;*
- ensure feedback is provided to students based on assessment results.

Standard 4. STUDENTS

4.1 Admissions Policy and Selection

A medical educational organisation **must:**

4.1.1 define and implement *an admissions policy, including a clearly established procedure for student selection, which encompasses the rationale and selection methods, such as high school academic performance, other relevant academic experience, additional entrance exams and interviews, evaluation of motivation to become a professional in medicine and pharmacy, and consideration of changes in the needs related to diversity in relevant practice;*

4.1.2 have a *policy and implement practices for the admission of students with disabilities in accordance with current national laws and regulations;*

4.1.3 have a policy and implement practices for the transfer of students from other programmes and medical educational organisations.

The medical educational organisation **should:**

4.1.4 establish the relationship between quantitative and qualitative student selection and the mission of the medical educational organisation, as well as the desired quality of graduates;

4.1.5 periodically review the admissions policy based on relevant data from the public and professionals, and utilise a system for appeals regarding admissions decisions.

4.2 Student Enrolment

4.2.1 A medical educational organisation **must** define the number of students admitted at all stages of training and education in accordance with logistical resources and national healthcare workforce requirements.

4.2.2 The medical educational organisation should periodically:

- determine the number and profile of admitted students in consultation with *relevant stakeholders responsible for workforce planning and development in the*

healthcare and pharmacy sectors, as well as with experts and organisations on global health workforce issues (such as healthcare workforce shortages and disparities, physician migration, and the opening of new medical educational institutions); and

- regulate student numbers to meet the health needs of the population and society as a whole.

4.3 Student Counselling and Support

A medical educational organisation **must**:

4.3.1 *have an academic counselling system for students, which includes issues related to elective choices, preparation for residency and postgraduate studies, career planning, and assigning tutors and academic mentors for individual students or small student groups;*

4.3.2 *offer a student support programme addressing social, financial, and personal needs;*

4.3.3 *allocate resources for student support and ensure confidentiality in counselling and support services.*

4.3.4 The medical educational organisation **should** provide counselling based on student progress monitoring, including career counselling and planning. A system for monitoring graduate employability, demand, career support, and continuous professional development **must** be used to further enhance educational programmes.

4.3.5 The medical educational organisation **should** provide students with documents certifying their qualifications, including attained learning outcomes, as well as the context, content, and status of the education received, and proof of its completion (ESG G 1.4).

4.4 Student Representation

4.4.1 A medical educational organisation **must** define and implement *a policy for student representation and their appropriate involvement* in the development, management, and evaluation of educational programmes, and in other matters relevant to students. The policy should include *student self-governance, the participation of student representatives in advisory bodies, faculty councils, and other relevant bodies, as well as engagement in public activities and local healthcare projects.*

4.4.2 The medical educational organisation **should** *facilitate and support student activities and student organisations, including providing technical and financial support to student organisations.*

Standard 5. ACADEMIC STAFF/FACULTY

5.1 Selection and Recruitment Policy

5.1.1 A medical educational organisation **must** define and implement a *staff selection and recruitment policy in compliance with national legislation, which:*

– defines staff categories, responsibilities, and the *balance of academic staff/faculty* across fundamental biomedical, behavioural, social, and clinical

(specialty) disciplines to adequately support the educational process, including an appropriate ratio between medical and non-medical faculty, full-time and part-time faculty, and a balance between academic and non-academic staff;

- includes criteria based on scientific, pedagogical, and professional qualifications of applicants, with an appropriate balance between teaching, research, and clinical qualifications;

- defines and ensures monitoring of the responsibilities of academic staff/faculty across all disciplines.

5.1.2 In its staff selection and recruitment policy, the medical educational organisation **should** consider criteria such as:

- alignment with its mission, importance of local conditions, including gender, nationality, religion, language, and other factors relevant to the medical educational organisation;

- economic capabilities, which take into account institutional conditions for staff funding and effective resource utilisation.

5.2 Staff Development Policy and Activities

5.2.1 A medical educational organisation **must** define and implement a policy for staff activities and development that:

- maintains a *balance between teaching, research, and service responsibilities, including time allocation for each activity according to the needs of the medical educational organisation and the professional qualifications of faculty*;

- ensures *appropriate recognition of academic work*, with an emphasis on teaching, research, and clinical qualifications, *through awards, promotion, and/or compensation*;

- ensures that clinical activities and research are integrated into teaching and learning;

- ensures *that each faculty member has sufficient knowledge of teaching/learning methods, the overall curriculum content in which they are involved, and other disciplines to foster collaboration and integration*;

- includes *a continuous system for professional development, support, and evaluation of faculty performance, including newly hired staff and faculty drawn from hospitals, clinics, and industries*.

The medical educational organisation **should**:

5.2.2 consider the “faculty-to-student” ratio at various levels of training;

5.2.3 develop and implement a staff promotion policy.

Standard 6. EDUCATIONAL RESOURCES

6.1 Material and technical base

The medical educational organisation **must**:

6.1.1 maintain adequate *material and technical base* for faculty and students, ensuring the proper implementation of the educational process and all core

activities, including suitable areas for rest and dining;

6.1.2 provide *a safe environment for faculty, students, and patients, including access to necessary information and protection from harmful substances and microorganisms, ensuring that facilities comply with hygiene standards, safety regulations, and laboratory protocols in accordance with national legislation;*

6.1.3 The medical educational organisation **should** improve the learning environment for students through regular updating, expansion and strengthening of the material and technical base, which should correspond to the development of teaching practice.

6.2 Resources for Clinical Training and Practice

6.2.1 The medical educational organization **must** ensure that students have access to essential resources for acquiring practical skills in their chosen specialty and for gaining adequate clinical experience, including sufficient numbers and types of patients, as well as a variety of clinical settings. *Clinical sites* should support clinical training, provide rotations across major clinical disciplines, and supervise student practice, including clinical practice.

6.2.2 The medical educational organisation **should** *continuously assess, adapt, and enhance resources for clinical practice and training to meet the needs of the served population.*

6.3 Information Technology and Library Resources

6.3.1 The medical educational organisation **must** establish and implement a policy focused on the *effective use and evaluation of relevant library resources and information and communication technologies* in the educational process.

6.3.2 The medical educational organisation **must** provide students and faculty, including individuals with disabilities, with access to web-based professional and scientific literature databases and other electronic media resources.

6.3.3 The medical educational organisation **should** offer faculty and students opportunities to utilize information and communication technologies for:

- self-directed learning,
- information access,
- patient care and access to relevant patient data and healthcare information systems,
- working within the healthcare system.

6.4 Medical Research and Scientific Achievements

The medical educational organization **must**:

6.4.1 engage in *medical and/or pharmaceutical research activities and scientific achievements* as a basis for quality educational implementation;

6.4.2 define and implement a policy that promotes the integration of scientific research with education;

6.4.3 provide information on the research infrastructure and priority areas of scientific research within the medical educational organization.

6.4.4 The medical educational organisation **should** ensure that the link between scientific research and education:

- is integrated into teaching,
- encourages and prepares students to participate in and advance medical and/or pharmaceutical research.

6.5 Educational Expertise

6.5.1 The medical educational organisation **must**:

have access *to educational expertise* as needed and conduct reviews that examine processes, practices, and issues in medical and pharmaceutical education.

6.5.2 The medical educational organisation **must** define and implement a policy on utilizing expertise in the development of educational programmes, teaching methods, and methods for assessing knowledge and skills.

The medical educational organization **should**:

6.5.3 establish a unit responsible for educational development, which may include healthcare professionals with research experience in education, as well as educational psychologists and sociologists, and involve staff from other national and international institutions;

6.5.4 provide evidence of the use of internal or external educational expertise to build the capacity of faculty and staff;

6.5.5 encourage and support staff interest in and commitment to conducting research in education.

6.6 Exchange in the field of education

6.6.1 The medical educational organisation **must** define and implement *a policy to*:

- foster collaboration at national and international levels *with other medical universities, schools of public health, dental, pharmacy, nursing faculties, and other university departments*;
- *facilitate credit transfer and recognition, using a transparent credit system and flexible course requirements.*

The medical educational organisation **should**:

6.6.2 promote regional and international exchanges of staff (academic, administrative, and faculty) and students, providing appropriate resources;

6.6.3 ensure that exchanges are organised in alignment with the organization's goals, considering the needs of staff and students and adhering to ethical principles.

Standard 7. EDUCATIONAL PROGRAMME EVALUATION

7.1 Mechanisms for Programme Monitoring and Evaluation

7.1.1 The medical educational organisation **must** develop and implement *a system for evaluating educational programmes that ensures the effective implementation of the educational process at all levels of training and identifies any areas in need of improvement.*

7.1.2 The medical educational organisation **must** establish and apply mechanisms for evaluating educational programmes that:

- focus on the *core components* of the educational programmes (*see the "Educational Programmes" Standard*),
- track student progress;
- identify and address *issues such as insufficient achievement of expected learning outcomes by collecting relevant information, using feedback to implement corrective actions and improvement plans for educational programmes.*

7.1.3 The medical educational organisation **must** ensure that relevant evaluation results contribute to the improvement of the educational programme.

7.1.4 The medical educational organisation **should** periodically conduct a comprehensive evaluation of its educational programmes, aimed at:

- *on the context of the educational process, which includes the organisation and resources, the learning environment, and the culture of the medical education institution;*
- *on the specific components of the educational programmes, which include the description of disciplines, teaching and learning methods, clinical rotations, and assessment methods;*
- *on the overall outcomes, which will be measured by the results of national licensing exams, benchmarking procedures, international exams, career choices, and postgraduate training outcomes;*
- *on its social responsibility.*

7.1.5 The medical educational organisation **should** ensure it collects, analyzes, and utilizes relevant information for effective management of its programmes and other activities (ESG S1.7).

7.2 Faculty and Student Feedback

7.2.1 The medical educational organisation **must** implement a system to monitor the educational process, which includes feedback from faculty and students. Feedback should cover *various aspects of the educational process and include information on any misconduct or inappropriate behavior by faculty or students, including any legal implications.*

7.2.2 The medical educational organisation **should** use feedback results to improve the educational process.

7.3 Student and Graduate Academic Achievement

7.3.1 The medical educational organisation **must analyze** *student academic achievements and graduate employment*, linking these to the organisation's mission, attainment of learning outcomes, and the availability of educational resources.

7.3.2 The medical educational organisation **should** analyze student achievements in relation to:

- *their previous academic background, preparedness upon admission, and learning environment conditions, including social, economic, and cultural factors;*
- *their level of preparation at the time of admission to the medical educational organisation.*

7.3.3 The medical educational organisation **should** use the analysis of

student academic achievements to provide feedback to departments responsible for student selection, educational planning, and student advising.

7.4 Stakeholder Engagement

7.4.1 The medical educational organisation **must** involve key stakeholders in its programme monitoring and educational programme evaluation activities.

7.4.2 The medical educational organisation **should**, *for other stakeholders, including other academic and administrative staff, public representatives, authorized educational and health authorities, professional organisations, and those responsible for postgraduate education:*

- provide access to the results of educational programme evaluations,
- gather and consider feedback on practical training, including clinical practice of graduates,
- collect feedback on the curriculum.

Standard 8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.1.1 The medical education organisation **must** define governance structures and functions, including their *relationship with the university, if the medical education organisation is a faculty or branch of a university.*

8.1.2 The medical education organisation **should**, within its governance structures:

- *define structural divisions with specified responsibilities for each, and*
- *include in these structures academic departments, faculty, students, and other stakeholders (representatives of authorised bodies in education and health, the healthcare sector, and the medical community).*

8.1.3 The medical education organisation **should** ensure transparency in its governance and decision-making system, with *information published in bulletins, on its website, and included in records for awareness and implementation.*

8.2 Academic Leadership

8.2.1 The medical education organisation **must** clearly define the responsibility of *academic leadership* regarding the development and management of the educational process;

8.2.2 The medical education organisation **should** periodically evaluate its academic leadership in relation to achieving its mission and intended learning outcomes.

8.3 Education Budget and Resource Allocation

The medical education organisation **must**:

8.3.1 have a clear scope of duties and authorities for resource allocation to support the educational process, including a targeted education budget;

8.3.2 allocate resources required for the implementation of educational programmes and distribute educational resources in alignment with needs;

8.3.3 The financing system of the medical education organisation **must** be based on the principles of efficiency, effectiveness, priority-setting, transparency,

accountability, delineation, and autonomy at all budget levels.

The medical education organisation **should**:

8.3.4 demonstrate sufficient autonomy in resource allocation, including fair remuneration of faculty concerning student achievement of intended learning outcomes;

8.3.5 consider the achievements of various organisational divisions when allocating resources.

8.4 Administrative Staff and Management

8.4.1 The medical education organisation **must** have *adequate administrative and academic staff, with a sufficient number and qualifications*, to ensure the implementation of educational programmes and related activities, as well as proper management and resource distribution.

8.4.2 The medical education organisation **should** develop and implement an internal quality assurance policy for management across all key areas, including addressing improvement needs and conducting regular review and assessment of management practices.

8.4.3 The medical education organisation **should** publish a quality assurance policy reflecting its institutional vision and strategy, linked to the institution's strategic management (ESG S1.1).

8.4.4 Quality assurance policy development and implementation **should** involve internal stakeholders through appropriate structures and processes, with input from external stakeholders (ESG S1.1).

8.4.5 The quality assurance policy **should** ensure effectiveness and integrate science, education, and practice, taking into account both the national and intra-institutional context (ESG G1.1).

8.4.6 The medical education organisation **should** ensure that the quality assurance policy supports:

- The organisation's quality assurance system;
- Departments, schools, faculties, other divisions, and university leadership, staff, and students in fulfilling their quality assurance responsibilities;
- Processes that ensure academic integrity and freedom;
- Processes that prevent intolerance and discrimination against students and faculty;
- The involvement of external stakeholders in quality assurance (ESG G1.1).

8.4.7 The medical education organisation **should** ensure that the quality assurance policy applies to any activity carried out by subcontractors or partners (ESG G1.1).

8.4.8 Quality assurance policy **should** be translated into practical activity through a variety of internal quality assurance processes and procedures that involve all units within the medical education institution. How this policy is implemented, monitored, and reviewed should be determined at the level of the institution itself. (ESG G1.1)

8.5 Collaboration with the Healthcare Sector

8.5.1 The medical education organisation **must** maintain *constructive interaction* with the healthcare sector, related industries, professional and public organisations, and bodies authorised in education and healthcare, *which includes information exchange, collaboration, and initiatives that support the provision of qualified healthcare professionals to meet societal needs*.

8.5.2 The medical education organisation **should** formalise cooperation with healthcare sector partners by establishing official agreements that define the scope and forms of collaboration and by organising joint activities.

8.5.3 The medical education organisation **should** periodically publish and update information about its activities, including educational programmes, ensuring it is clear, accurate, objective, current, and accessible.

Standard 9: CONTINUOUS RENEWAL

9.1 As a dynamic and socially responsible institution, the medical education organisation **must**:

- initiate procedures for regular review of all areas of its activity;
- review its organisational and staffing structure, updating the objectives of its strategic plan and functions to reflect the evolving needs of practical healthcare and pharmacy, new regulatory requirements, and societal changes;
- allocate resources to ensure continuous improvement across all areas of its activity.

The medical education institution **should**:

9.2 base the updating process on prospective research and analysis, as well as on the results of its own study and assessment, along with literature on medical, pharmaceutical, and nursing education;

9.3 ensure that the process of updating and restructuring leads to a revision of policies and practices in line with past experience, current activities, and future perspectives.

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

The Standards for Institutional Accreditation of Higher Professional Education (ECAQA Standards) in the field of healthcare have been developed based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG/Part I) and the World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Basic Medical Education. The standards have been modified to align with the national and institutional needs and priorities of the healthcare system of the Republic of Kazakhstan.

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG/Part I) <i>Part 1: Standards and guidelines for internal quality assurance</i>	World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Basic Medical Education	ECAQA's Standards for Institutional Accreditation /National Specifications
STANDARD: 1.1 Policy for quality assurance	STANDARD 8. 8. Governance and Administration	STANDARD 8. 8. Governance and Administration
ESG Standard 1.1	8.4 Administration and Management Q8.4	8.4 Administration and Management 8.4.3 8.4.4
ESG Standard 1.1 GUIDELINES	8.1 Governance Q8.1.1 Q 8.1.2	8.4 Administration and Management 8.4.5 8.4.6 8.4.7 8.4.8
	STANDARD 1. 1. Mission and Outcomes	STANDARD 1. 1. Mission and Outcomes
	1.1 Mission B 1.1.1 B1.1.2 B 1.1.8	1.1 Mission 1.1.5 1.1.6 1.1.7 1.1.8
STANDARD: 1.2 Design and approval of programmes	STANDARD 2. 2. Educational Programme	STANDARD 2. 2. Educational Programmes
ESG Standard 1.2	2.7 Programme Management B 2.7.1	2.4 Programme Management 2.4.3
	2.1 Framework of the Programme No requirements for NQF and	2.1 Framework of the Programme 2.1.3 (NQF; EQF)

	EQF	
	STANDARD 1. 1. Mission and Outcomes	STANDARD 1. 1. Mission and Outcomes
ESG Standard 1.2	1.3 Educational outcomes B 1.3.1	1.3 Educational outcomes 1.3.5
ESG Standard 1.2 GUIDELINES	2.7 Programme Management B2.7.1 B2.7.2 Q2.7.1 Q 2.7.2	2.4 Programme Management 2.4.1 2.4.2
	STANDARD 6. 6. Educational Resources	STANDARD 6. 6. Educational Resources
ESG Standard 1.2 GUIDELINES	6.5 Educational Expertise B 6.5.1 B 6.5.2 B6.5.3 Q6.5.1	6.5 Educational Expertise 6.5.1 6.5.2 6.5.3
	STANDARD 3. 3. Assessment of Students	STANDARD 3. 3. Assessment of Students
ESG Standard 1.2 GUIDELINES	3.2 Relation between Assessment and Learning B 3.2.2 B 3.2.3 B 3.2.4	3.2 Relation between Assessment and Learning 3.2.1 3.2.2
	STANDARD 2. 2. Educational Programme	STANDARD 2. 2. Educational Programmes
ESG Standard 1.2 GUIDELINES	2.5 Clinical Sciences and Skills B 2.5.2 B 2.5.3 B 2.5.4	2.1 Framework of the Programme 2.1.3 2.1.4 2.1.5
STANDARD: 1.3 Student-centred learning, teaching and assessment	STANDARD 2. 2. Educational Programme	STANDARD 2. 2. Educational Programme
ESG Standard 1.3	2.1 Framework of the Programme B 2.1.2	2.1 Framework of the Programme 2.1.2
	STANDARD 3. 3. Assessment of Students	STANDARD 3. 3. Assessment of Students
ESG Standard 1.3	3.2 Relation between Assessment and Learning B 3.2.1 B 3.2.3 Q 3.2.1	3.2 Relation between Assessment and Learning 3.2.1 3.2.2
	STANDARD 2. 2. Educational Programme	STANDARD 2. 2. Educational Programme
ESG Standard 1.3 GUIDELINES	2.1 Framework of the Programme	2.1 Framework of the Programme

	B 2.1.2	2.1.2
	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.3 GUIDELINES	7.1 Mechanisms for programme monitoring and evaluation B 7.1.1 B.7.1.2 B 7.1.4 Q 7.1.1	7.1 Mechanisms for programme monitoring and evaluation 7.1.1 7.1.2 7.1.4
	7.2 Teacher and Student Feedback B 7.2.1	7.2 Teacher and Student Feedback 7.2.1
	STANDARD 4. 4. Students	STANDARD 4. 4. Students
ESG Standard 1.3 GUIDELINES	4.3 Student Counselling and Support B 4.3.1 B 4.3.4 Q 4.3.1 Q 4.3.2	4.3 Student Counselling and Support 4.3.1 4.3.3 4.3.4
	STANDARD 3. 3. Assessment of Students	STANDARD 3. 3. Assessment of Students
ESG Standard 1.3 GUIDELINES	3.1 Assessment Methods B 3.1.1 B 3.1.2 Q3.1.3 B 3.1.4 B 3.1.6 B 3.2.2	3.1 Assessment Methods 3.1.1 3.1.2
	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.3 GUIDELINES	7.2 Teacher and Student Feedback B 7.2.1 Q 7.2.1	7.2 Teacher and Student Feedback 7.2.1 7.2.2
STANDARD: 1.4 Student admission, progression, recognition and certification	STANDARD 4. 4. Students	STANDARD 4. 4. Students
ESG Standard 1.4	4.1 Admission policy and selection B 4.1.1 B 4.1.2 Q 4.1.1 Q 4.1.2 Q 4.1.3	4.1 Admission policy and selection 4.1.1 4.1.2 4.1.4 4.1.5
	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.4	7.3 Performance of Students and Graduates	7.3 Performance of Students and Graduates

	B 7.3.1	7.3.1
	STANDARD 6. 6. Educational Resources	STANDARD 6. 6. Educational Resources
ESG Standard 1.4 GUIDELINES	6.6 Educational Exchanges B 6.6.1 Q 6.6.1 Q 6.6.2	6.6 Educational Exchanges 6.6.1 6.6.2 6.6.3
	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
	7.1 Mechanisms for programme monitoring and evaluation B 7.1.3 B 7.1.4	7.1 Mechanisms for programme monitoring and evaluation 7.1.2
	STANDARD 4. 4. Students	STANDARD 4. 4. Students
ESG Standard 1.4 GUIDELINES	4.3 Student Counselling and Support No requirement regarding the Documentation explaining the qualification gained	4.3 Student Counselling and Support 4.3.5
STANDARD: 1.5 Teaching staff	STANDARD 5. 5. Academic Staff/Faculty	STANDARD 5. 5. Academic Staff/Faculty
ESG Standard 1.5 and Guidelines	5.1 Recruitment and Selection Policy B 5.1.1 B 5.1.2 B 5.1.3 Q 5.1.21 Q 5.1.2	5.1 Recruitment and Selection Policy 5.1.1 5.1.2
ESG Standard 1.5 and Guidelines	5.2 Staff activity and staff development B 5.2.1 B 5.2.5 Q 5.2.2	5.2 Staff activity and staff development 5.2.1 5.2.3
STANDARD: 1.6 Learning resources and student support	STANDARD 8. 8. Governance and Administration	STANDARD 8. 8. Governance and Administration
ESG Standard 1.6 and Guidelines	8.3 Educational budget and resource allocation B 8.3.1 B 8.3.2 Q 8.3.1 Q 8.3.2	8.3 Educational budget and resource allocation 8.3.1 8.3.2 8.3.3 8.3.4
ESG Standard 1.6 and Guidelines	STANDARD 6. 6. Educational Resources 6.1 Physical Facilities	STANDARD 6. 6. Educational Resources 6.1 Physical Facilities

	B 6.1.1 Q 6.1.1	6.1.1 6.1.3
	6.2 Clinical training resources B 6.2.2 Q 6.2.1	6.2 Clinical training resources 6.2.1 6.2.2
	6.3 Information Technology B 6.3.1 Q 6.3.2 Q 6.3.4	6.3 Information Technology 6.3.1 6.3.3
STANDARD: 1.7 Information management	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.7 and Guidelines	7.1 Mechanisms for programme monitoring and evaluation B 7.1.1 B 7.1.2 B 7.1.3	7.1 Mechanisms for programme monitoring and evaluation 7.1.1 7.1.2 7.1.4 7.1.5
STANDARD: 1.8 Public information	STANDARD 8. 8. Governance and Administration	STANDARD 8. 8. Governance and Administration
ESG Standard 1.8 and Guidelines	8.5 Interaction with Health Sector B 8.5.1 Q 8.5.1	8.5 Interaction with Health Sector 8.5.1 8.5.2 8.5.3
	STANDARD 2. 2. Educational Programme	STANDARD 2. 2. Educational Programme
ESG Standard 1.8 and Guidelines	2.5 Linkage with medical practice and the health sector Q 2.8.1 Q 2.8..2	2.5 Linkage with medical practice and the health sector 2.5.2
STANDARD: 1.9 On-going monitoring and periodic review of programmes	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.9 and Guidelines	7.1 Mechanisms for programme monitoring and evaluation B 7.1.1 B 7.1.2 B 7.1.3	7.1 Mechanisms for programme monitoring and evaluation 7.1.1 7.1.2 7.1.4
STANDARD: 1.10 Cyclical external quality assurance	STANDARD 7. 7. Programme Evaluation	STANDARD 7. 7. Programme Evaluation
ESG Standard 1.10 and Guidelines	7.4 Involvement of Stakeholders B 7.4.1	7.4 Involvement of Stakeholders

	Q 7.4.1 Q 7.4.2 Q 7.4.3	7.4.1 7.4.2

WFME Basic standard - B

WFME Quality development standard - Q

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