



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

**STANDARDS
FOR INSTITUTIONAL ACCREDITATION OF MEDICAL EDUCATIONAL
INSTITUTIONS OF POSTGRADUATE EDUCATION AND CONTINUING
PROFESSIONAL DEVELOPMENT**



GENERAL PROVISIONS

Almaty 2023

**Eurasian Center for Accreditation and Quality Assurance
in Higher Education and Healthcare**

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EDUCATIONAL INSTITUTIONS OF POSTGRADUATE EDUCATION
AND CONTINUING PROFESSIONAL DEVELOPMENT**

General provisions

Almaty – 2023

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

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This Standard implements the norms of the Law of the Republic of Uzbekistan dated September 23, 2020 No ZRU-637 "On Education".

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These Standards have been developed on the basis of the Global Standards of the World Federation for Medical Education for Improving the Quality of Postgraduate Medical Education, the Standards for Improving the Quality of Continuing Professional Development of Physicians, the Standards for the Organization of PhD Programs in Biomedicine and Clinical Medicine in the European Region (ORPHEUS), the Association of European Medical Schools (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 health care system of the state.

The standards are used by medical educational institutions and organizations implementing postgraduate education and continuing professional development programs to conduct external assessment of the quality of education and institutional self-assessment, identify and improve internal quality assurance mechanisms, develop internal documentation and develop a quality culture.

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GENERAL PROVISION

1 Applications

1.1 This accreditation standard defines the main provisions and requirements for medical educational institutions postgraduate education and continuing professional development.

1.2 This standard applies as a quality assurance tool postgraduate education and continuing professional development in the field of healthcare.

1.3 This standard is applied when conducting institutional accreditation and external assessment of the quality of postgraduate education and continuing professional development in the field of healthcare, regardless of the status, organizational and legal form, forms of ownership and departmental subordination of a medical educational institution.

1.4 This International Standard is used by the education institutions to conduct institutional self-assessment, identify and improve internal quality assurance mechanisms, develop internal documentation, and develop a quality culture.

1.5. This standard is used by the accreditation agency to conduct an external assessment of the quality of organizations of postgraduate education and continuing professional development and also to make a decision on their institutional accreditation.

2 Regulatory references

This standard refers to the following legislative and regulatory documents:

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

2.2 Resolution of the President of the Republic of Uzbekistan "On measures for the further development of the higher education system" dated April 20, 2017 No PP-2909 (Appendix No 1 to the Decree of the President of the Republic of Uzbekistan dated April 20, 2017 No PP-2909 *Set of Measures for the cardinal improvement of the higher education system for the period 2017 - 2021*).

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

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

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

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

2.7 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated 22.05.2017 No 304. On measures to further improve the system of postgraduate education. <https://lex.uz/docs/3213407#3214763>

2.8 Resolution of the Cabinet of Ministers of the Republic of Uzbekistan "On approval of the regulation on the procedure for admission, transfer, reinstatement and expulsion of students in higher educational institutions", No393 dated June 20, 2017.

2.9 Decree of the President of the Republic of Uzbekistan dated April 7, 2020 No PP-4666 "On measures to introduce a completely new system of training and continuous professional development of personnel in the medical and sanitary sphere"

3. Terms and Definitions

3.1 In this standard, the terms and definitions from the Law of the Republic of Uzbekistan dated September 23, 2020 No ZRU-637 "On Education" are used:

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

2) *State educational institution* is an institution established by state authorities and management bodies on the basis of state-owned property, providing education in accordance with state educational standards and state educational requirements;

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

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

5) *Qualification* is the level of knowledge, skills, and competencies that characterize the person's preparedness to perform a certain type of professional activity, confirmed by the relevant educational document;

6) *Specialty* is the name of a specific type of professional training, which ends with the assignment of a qualification;

7) *Non-state educational organization* is a legal entity that provides educational services on the basis of a license for the right to provide educational

services in accordance with state educational standards, state educational requirements and curricula;

8) *Education* is a systematic process aimed at providing students with deep theoretical knowledge, skills and practical skills, as well as the formation of general and professional knowledge, skills and abilities, the development of abilities;

9) *Accreditation bodies* are legal entities that develop standards (regulations) and accredit an educational organization/educational institution on the basis of standards (regulations) developed by them;

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

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

12) *Doctoral studies* are a form of postgraduate/postgraduate education in the specialty of scientific and scientific-pedagogical personnel of the highest qualification, organized at HEU or NRU for applicants for the degree of Doctor of Science (DSc) for in-depth study of the specialty and their conduct of scientific research in order to prepare and defend a doctoral dissertation off-the-job;

13) *Doctor of Philosophy (PhD)* is the highest academic degree awarded to individuals who have mastered the professional doctoral curriculum in the relevant specialty;

14) *Independent competition* is a form of postgraduate education in the specialty of scientific and scientific-pedagogical personnel of the highest qualification, organized at HEU or NRU for applicants for academic degrees of Doctor of Philosophy (PhD) or Doctor of Science (DSc) for in-depth study of the specialty and their conduct of scientific research in order to prepare and defend a doctoral dissertation on the job.

15) *A doctoral dissertation* is a scientific work, which is 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 importance has been solved, or scientifically based technical, economic or technological solutions have been set out, the implementation of which makes a significant contribution to the development of the country's economy.

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

17) *Specialized accreditation* is an assessment of the quality of individual

educational programmes implemented by an educational organization;

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

19) *Master's degree* is a professional curriculum of postgraduate education aimed at training scientific, scientific, pedagogical and managerial personnel with the award of an academic degree "master" in the relevant specialty;

20) *Master's student* is a person studying for a master's degree;

21) *Master's thesis* is a graduation work, which is a generalization of the results of independent scientific research by a master's student of one of the topical problems of a specific specialty of the corresponding branch of science;

22) *Master's degree* is an academic degree awarded to persons who have mastered master's degree programmes and publicly defended a master's thesis.

3.2 In accordance with the International Standards of the World Federation for Medical Education to Improve the Quality of Postgraduate Medical Education and the Standards for Improving the Quality of Continuing Professional Development of Physicians, the Standards of the Organization of PhD Programmes in Biomedicine and Clinical Medicine in the European Region (ORPHEUS), the Association of European Medical Schools (AMSE), harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015), the following terms and definitions are established in the relevant Standards:

Standard 1. Mission and Outcomes

The stated mission includes general and specific issues related to institutional, national, regional and, where appropriate, international health needs. The mission in this document includes a vision for continuous professional development.

Continuing Medical Education (CME) – lifelong learning after basic and postgraduate medical education and all activities that healthcare professionals undertake, formally and informally, to maintain, update, develop and improve their knowledge, skills and attitudes to meet the needs of patients.

Continuing professional development (CPD) is a broader concept than continuing medical education and refers to the continuous development of the multifaceted nature of medical practice, encompassing, in addition to the knowledge and skills of medical practice, broader areas of professionalism (e.g., medical, managerial, social, and personal skills) necessary for quality professional work. Continuing professional development includes all activities that healthcare professionals commit to formally and informally maintaining, updating, and developing and improving their knowledge, skills, and attitudes in response to patient needs.

Individual CDP programmes include individual or formal CDP elements. Individual elements include reading, thinking, discussing with colleagues, and visiting institutions such as medical schools, hospitals, and laboratories.

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

Needs assessment can be based on a formal assessment, whether it is part of the procedure for obtaining a medical license (certification) or not. It involves the use of tests to assess knowledge, skills and attitudes, peer review, systematic review of practice through audit or analysis. Informal assessment will be a more common and equally effective way that is part of daily clinical practice: analysis and study of the practice itself, reflection on one's mistakes or complaints received and feedback, interaction within the team.

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

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

Clinical work organization will include basic management, team building, and leadership skills.

Follow-up training and continuing education courses reinforce learning and provide opportunities to disseminate and share knowledge with other health professionals, leading to appropriate modifications to patient care technologies in practice. In addition, the effectiveness of NPD can be evaluated compared to the initial need or reason for doing so.

Complex and unforeseen situations will include situations where there are high levels of uncertainty and where the paradox is common. Relationships between health care professionals, doctors, and the patients they care for require the ability to recognize in time what is "better" in a given case than "right" in some sense.

Social responsibility will include the willingness and ability to respond to the needs of society, patients and health care, as well as health-related sectors, and will contribute to the national and international development of medicine by improving the competencies of health professionals, improving medical education and medical research.

Practical activity refers to the function of a health care professional in any of his roles.

The health sector is a system of medical care at the public and private levels, and medical research institutions.

Professionalism describes the knowledge, skills, attitudes, values and behaviours of individual health professionals during practical activities, and includes lifelong learning skills, support for competence, information literacy, teamwork and communication skills, ethical behaviour, honesty, integrity, altruism, service to others, adherence to professional codes, fairness and respect for others, including the ability to act as an advocate for the patient and consider patient safety. An understanding of professionalism should reflect ethical protocols approved by the national regulatory authority.

Autonomy in the doctor-patient (health care professional-patient) relationship should ensure informed decision-making by the health care professional in the

interests of patients and society, based on the best available evidence. Autonomy in the training of the health care professional implies that it has an impact on the decision of what to learn and how to learn, plan and implement training activities. It also implies the health care professional's access to knowledge and skills that ensure the needs of patients and the community, and the organization of education, in turn, provides independent and objective sources of knowledge.

The personal development of health professionals in this context has a limitation, and is consistent with providing a safer basis for medical practice and specialty.

Academic freedom is the corresponding freedom of expression, inquiry, research and publication for health care staff and students.

Learning outcomes/competency outcomes include the knowledge, skills and attitudes that a health care professional demonstrates at the end of an educational programme. Learning outcomes can 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 from the combination of theory and practice. The relationship between the knowledge of a health care professional and their practice is not simple and direct.

Competencies in this document refer to the formation of knowledge, skills and thinking that must be demonstrated at the end of the training period by health professionals.

The characteristics and accomplishments that a health care professional must demonstrate upon completion of the CPD programme can be classified in terms of their role as: (a) physician or medical examiner, (b) communicator, (c) team member/worker, (d) leader/manager or administrator, (f) health advocate, (g) scientist and researcher, (h) educator, mentor, and trainer for the training of colleagues, medical students, and other professions in health care, and (d) professional. Other categories may be defined.

Outcomes/competencies relevant to a CDP programme depend on local needs, interests and traditions in a particular medical field, and cover the following:

- patient care, which is a relevant, effective and compassionate health problem, aimed at promoting health, includes ensuring patient safety.

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

- Evaluation and use of new scientific knowledge for continuous updating and improving clinical practice.

- Interpersonal communication skills and communication skills.
- performing the function of an observer, trainer and teacher in relation to colleagues, medical students and other medical workers.
- scientific potential to promote development and research in the chosen field of medicine.
- professionalism, including interest and ability to act as an advocate for the patient and avoid commercialization of medical services.
- Knowledge of public health issues and health policy.

The development of competencies will include the expansion and deepening of existing knowledge and skills, other than activities undertaken to meet broader training needs or objectives.

Clinical data will include the results of diagnostic procedures and treatments, including the results of surgeries, and the incidence of side effects.

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

Appropriate behavior implies a signed Code of Ethics of Conduct.

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

Key stakeholders include individual health professionals, professional associations or organizations, medical scientific societies, medical universities, postgraduate organizations and institutes, employers, relevant NPT organizers, health representatives and government bodies.

Other stakeholders include representatives of other medical professions, patients and their organizations (e.g., consumers of health care services, including patient associations), members of the public, academic and administrative staff, education and health authorities, professional organizations, medical scientific organizations, and those responsible for NDP.

Other authorized bodies will include regional and national authorized bodies in the education system, cultural or religious organizations/groups, private companies, unions and other interest groups that may influence providers of NPD to make decisions in key areas such as programme design and model, (Standards 2.1, 2.4), knowledge and skills assessment (Standard 3.1), recruitment of students and trainees (Standard 4.1, 4.2), selection and admission of teachers (Standard 5.1), working conditions and resource allocation (Standard 8.3).

Standard 2. Educational programmes

The model and structure of the CPD programmes is the specification of the educational programme, including the formulation of the expected learning outcomes (see 1.3), the content/curriculum, the educational experience and the processes of the programme (see 2.2-2.3). In addition, the structure will include a description of the planned teaching and learning methods (see 4.2), assessment methods (see 3.1) and student guidance (see 5.2).

Educational programme – the expected learning outcomes, content, experience and processes of the programme, including a description of the structure of planned teaching and learning methods, assessment methods. The educational programme should define what knowledge, skills and attitudes will be achieved by health professionals.

The integration of practical and theoretical components can be carried out in classes and patient supervision, as well as through independent and active learning.

Teaching and learning methods include lectures, seminars, case-based learning (CBL), training and practice in a clinic with real patients, training in new diagnostic methods or interventional procedures, participation in conferences, use of the Internet and innovative simulation systems and technologies, self-assessment of their clinical practice and knowledge, research projects, as well as the exchange of clinical experience, teaching using web technologies.

Networks will include meetings with colleagues and information exchange, discussions and consultations. They may also include other health professionals and the staff concerned.

Evidence-based medicine is medicine based on evidence-based documents, clinical trials, and approved scientific research results.

The content will cover the following aspects:

- basic biomedical sciences, which include, depending on local and individual needs, anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (bacteriology, parasitology and virology), molecular biology, pathology, pharmacology, 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, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, health care and social medicine, and provides the knowledge, concepts, methods, skills and attitudes needed to understand the socio-economic, demographic and socio-cultural causes, classification and consequences of health problems.

- Integration of basic biomedical, behavioral, social and clinical sciences in the CPD programmes.

The diverse and individual relevant content of the CPD programme is related to the broader or narrower needs of health professionals, depending on their clinical practice, and also reflects personal interest and development, and consideration of national and regional priorities.

Medical ethics are moral issues in medical practice, such as values, rights, and responsibilities related to health care professional behavior and decision-making.

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

Standard 3. Assessment and documentation

Appropriate assessment methods – in addition to traditional examinations, through normative and criteria-based judgments – should include consideration of different methods for self-assessment, the use of personal portfolios or diaries, and special types of assessments, such as peer visits to the workplace, alignment of protocols, and comparison with similar peer results. They will also include a system for detecting and preventing plagiarism.

Monitoring systems in some countries include controls that are legally sound and developed by professional health organizations or licensing bodies. In some countries, the monitoring system also includes requirements for regular re-certification, entailing the development of systems for verification or other types of assessment (e.g., the number of credits required for re-certification). Such systems will include a specification of the required activities or courses on the NDP.

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

The documentation system includes the documentation of the programmes. continuing professional development and upon completion of the programmes by issuing various types of certificates and diplomas.

Standard 4. Postgraduate students and trainees

A provision *on the selection process* includes both the rationale and the methods of selection; and may include a description of the appeal mechanism.

Monitoring of the admission policy will include the improvement of selection criteria to reflect the ability of students (master's students, doctoral students, clinical residents) to be competent and to cover the differences in the required competencies related to the difference in the chosen fields of medicine.

Eligibility criteria may include consideration of balanced recruitment in accordance with gender, ethnicity, and social requirements, including the potential need for a special admissions policy for the least privileged physician groups.

Positions for the provision of medical services under the contract include a trainee, a clinical resident, a specialist.

The types of medical services provided by trainees, clinical residents, undergraduates should be the subject of the contract and the conditions protecting them are included in the contract.

Excellence in patient care means providing health care services in accordance with generally accepted principles, such as those stated by medical scientific societies or national, regional and international health regulatory authorities. It will also include patient care, i.e. patient information and family aspects.

Incentives for an individual health professional imply equal access to CPD programmes.

Academic counseling includes issues related to the choice of an CDP programmes.

The PhD qualification corresponds to the 8th level in the European Qualifications Framework.

Learning motivation and lifelong learning skills can be stimulated at the pre-graduate level of medical education and reinforced at the post-graduate level of medical education.

Recognition as a worthy professional activity includes an increase in one's own professional satisfaction, awards, promotion, encouragement and/or remuneration.

Practice-based learning involves thinking about one's own practice to stimulate learning and improvement. This can be done through a systematic analysis of patients and population data, or through an informal analysis of individual practice.

The CDP programme will include, first of all, representatives of professional associations and organizations, national, regional and international medical scientific societies, medical schools/universities, postgraduate institutes, employers of the healthcare system and others, such as institutions of the health care industry, pharmaceutical and medical industries, IT companies, consumer associations.

Regular consultations **are** consultations at least a few times a month, while the frequency of consultations will vary according to the individual requirements for the PhD student. Consultations should include a discussion of the progress of research and the PhD programme, provide general scientific recommendations, assist in the management of the research project, assist in the identification and initiation of follow-up research, writing a dissertation, and assistance during the preparation of the publication.

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

Other incentives include a system of remuneration for health professionals.

Standard 5. Academic staff

The CDP policy includes all types of CDP, not just the formal CDP programme.

Recognition of the CDP programme will include the establishment of a national accreditation organization.

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

Acceptable standards will relate to areas such as content, methods and evaluation.

Medical schools are educational organizations/educational institutions that provide BME in medicine and are synonymous with a medical school, medical academy, or medical university. A medical school may be a part or affiliate of a

university, or it may be an independent institute of equal caliber. Medical schools include teaching hospitals.

Time for teaching, mentoring, learning, and academic supervision involves a balance between academic and clinical workloads, and requires consideration of coordination and alignment of work schedules.

Periodic assessment of the activities of teachers and mentors includes feedback from listeners, undergraduates, PhD students.

Standard 6. Educational resources

The material and technical base includes: lecture halls, study rooms, educational and scientific laboratories, clinical skills laboratories, rooms for teachers, a library, information technology equipment, recreation facilities (for example, a hall), vehicles, catering, leisure facilities.

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

Stakeholders include management as well as other stakeholders, see clause 1.4.

Scientific learning environment – the quality of the research environment is assessed by analyzing: the publication of research results (number of publications, impact factor, etc.) in the PhD profile of doctoral studies in a medical educational institution/scientific organization; the level of attracting external funding for scientific research; the number of qualified and competent researchers, teachers in a group, faculty, educational institution; national and international cooperation with research groups of medical organizations, universities, research centers.

The policy of effective use of information and communication technologies includes: the use of computers, cellular/mobile phones, tablets, smartphones, internal and external computer networks and other means of information and communication technologies; coordination with library resources and information technology services of the university; general access to all educational resources through an electronic management system, which will be useful for the training of health professionals in evidence-based medicine and lifelong learning through CME and CPE.

The ethical use of information and communication technologies means the confidentiality and privacy of both the healthcare professional and the patient against the background of the introduction of technology in medical education and healthcare. Appropriate safety measures will be included in the policy to promote the safety of healthcare professionals and patients, allowing them to use new technologies.

Collaborating with other health professionals will promote interdisciplinary learning.

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

An internationally recognized journal for publication. These are journals of good quality in the relevant scientific and medical field that are included in PubMed, Science Citation Index, or similar biomedical and medical literature databases.

Medical Research and Grants encompass scientific research in the biomedical, clinical, behavioral, and social sciences. A medical grant means academic qualification in advanced medical sciences and research. The fundamentals of medical research in the continuing professional development programme are provided by research activities at training bases or affiliated institutes, and/or provided by a grant and scientifically competent faculty.

Policy formulation and implementation involves collaboration with management and other stakeholders.

Expertise in the field of education will deal with problems, processes and practices in medical education and includes health care professionals, educators, educational psychologists and sociologists with experience in medical education. Expertise in the field of education can be carried out by the unit responsible for the educational process of the institute (university) or by another national or international organization.

Freedom of movement indicates the optional nature of training in alternative bases, for example, training exchange outside the country.

Visiting other institutions implies cooperation and exchange of experience.

Promoting the provision and mutual recognition of continuing professional development programmes include the establishment of a cross-border continuing professional development programme.

Standard 7. Evaluation of the PGME and CPD programmes

Programme evaluation is the process of systematic collection of information to study the effectiveness and adequacy of an educational programme. It involves the use of reliable and reliable methods of data collection and analysis in order to confirm the quality of the educational programme or the main aspects of the programme in relation to the mission, the expected final results of training. The involvement of external experts, as well as experts in medical education and authorized bodies in the evaluation of the educational programme will contribute to the improvement of the quality of PGME and CPD.

Identified challenges will include insufficient implementation of established learning outcomes, conducting research and learning about the achievement of established learning outcomes, identifying gaps and problems. All of this can be used as feedback to implement necessary interventions and corrective action plans, programme development and improvement, which requires the creation of a safe and supportive learning environment and feedback from teachers and DLT learners

The programme is monitored to ensure appropriate training and to identify relevant areas for improvement. Data collection is part of the administrative

procedures for the recruitment of health professionals, the evaluation and completion of the programme.

Consideration of the use of expertise data will further expand the evidence base for the quality of education. This will facilitate the monitoring of available resources, learning outcomes and benefits received by the individual health professional.

Feedback includes planned interactions between health professionals and educators to provide the tools needed to improve competency development.

Systems for regular feedback can be data on the planning, execution and final results of CPD for a specific cohort of health professionals.

Key stakeholders will include individual health professionals and representatives of the CPD.

Other interested parties, see para. 1.4.

Standard 8. Government and administration

Health-related entities are institutions and regulatory bodies involved in health promotion and disease prevention.

Governance is the action and/or management structure of a medical educational institution. Governance is concerned with policy formulation, the processes of establishing overall institutional and programmatic policies, and the monitoring of policy implementation. Institutional and program policies typically encompass decisions about the mission of a medical educational institution, the educational programme, the policy of admission of students, the selection and admission of staff, and decision-making on the interaction and relationship with the medical practice and the health sector, and other external relations.

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

Academic leadership is employees in the management and management of structural units, responsible for making decisions on academic issues in teaching and learning, in conducting research and providing services in the health care system. They include the rector, vice-rectors, deans, heads of departments, heads of structural divisions, heads of research institutes and centers, as well as chairmen of standing commissions (planning educational programmes and consulting health professionals).

Leadership and management include medical associations, medical societies and other professional organizations. Many other organizations/educational institutions also implement PGME and CPD programmes, although not directly related to the medical profession, e.g., for-profit medical companies, pharmaceutical/medical-technical manufacturers, consumer and consumer organizations, and non-profit organizations. Formal PGME and CPD programmes,

which are traditionally conducted by educators, will be provided and supported by institutions such as medical schools/universities or postgraduate institutes, professional organizations, national and international scientific organizations, local or national health authorities, and pharmaceutical/medical-technical companies.

The budgeting system will depend on the budget practice in the country.

Good governance means that there is sufficient description, evaluation and documentation of the PGME and CPD programmes and their organization, and will depend on effective interaction between the individual health professional and the representative of the PGME and CPD.

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

Standard 9. Continuous improvement

Outlook studies include research and study to collect, obtain and process data and evidence on the experience of a particular country with best practices in VEP and NDP.

4. Notations and abbreviations

This standard uses abbreviations:

AC – Accreditation Council

AMP – administrative and managerial personnel

WHO – World Health Organization

HEI – Higher Education Institution

WFME – World Federation for Medical Education (WFME)

EEC – External Expert Commission

SESHME – State Educational Standard of Higher Medical Education

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

MEI – Medical Educational Institution

CPD - Continuing Professional Development

CME – Continuing Medical Education

OSCE – Objective Structured Clinical Examination

OSPE - Objective Structured Practical Exam

EP – Educational Programme

PGME - Postgraduate medical education

PHC – primary health care

RUz – Republic of Uzbekistan

EB – Expert Board

ESG - European Standards and Guidelines for Quality Assurance in Higher

Education

AMSE – Association of Medical Schools in Europe

ORPHEUS – Organization for PhD Education in Biomedicine and Clinical Sciences in the European System

WHO – World Health Organization

PhD – Doctor of Philosophy

5. General Provisions

5.1 Institutional accreditation of medical educational institution (organizations) and organizations implementing postgraduate education programmes and academic staff is carried out in accordance with the main provisions and requirements of these standards, taking into account the levels of their achievement and includes:

Standard 1 "Mission and outcomes";

Standard 2 "Educational programmes";

Standard 3 "Assessment and documentation";

Standard 4 "Postgraduate students and trainees";

Standard 5 "Academic staff";

Standard 6 "Educational resources";

Standard 7 "Evaluation of the PGME and CPD programmes";

Standard 8 "Government and administration";

Standard 9 "Continuous renewal".

5.2 Institutional Accreditation Standards medical educational institutions and include the standards of two levels of achievement: basic standard and quality improvement standard.

– *The basic standard* is expressed by the verb "must" and means that the standard must be met by every medical educational institution, and the fulfillment must be demonstrated in the external evaluation of the medical educational institution.

– *A quality improvement standard* is expressed by the verb "should" and means that the standard is in line with the international consensus on the best practices of medical education institutions. The implementation of these standards will vary depending on the stage and development of postgraduate and NPT programs, resources, educational policies, and other local conditions that affect relevance and priorities. The implementation of these standards or initiatives to meet some or all of the standards must be documented by medical educational institutions.

5.3 The standards include **124 standards, including 91 basic standards and 33 improvement standards**, as well as 80 annotations to the relevant standards, which are included in section 3.

5.4 The decision on accreditation is made by the Accreditation Council on the basis of the results of the external assessment of the medical educational institution submitted by the EEC of the accreditation agency for compliance with the requirements of these standards of institutional accreditation.

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

6. Main objectives of implementation of institutional accreditation standards

6.1 Objectives:

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

6.1.2 Assistance in the development of a culture of quality, which is supported by students and trainees, academic staff, management and administration Medical Educational Institution;

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

6.1.4 To promote continuous improvement of the quality of the educational process and the provision of resources in accordance with the requirements of rapidly changing conditions and needs of the labor market, and to achieve the competitiveness of the national system of PGME and CPD;

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

7. Principles of quality assurance and performance institutional accreditations

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

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

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

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

7.1.4 *Independence* - External assessment, decision-making on accreditation is carried out on the basis of reliable information and the results of external expert

assessment, regardless of third parties (authorized and state bodies, administration) Medical Educational Institution and public opinion);

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

7.1.6 *Privacy* - Information provided and data from the institutional self-assessment report and information obtained during the external evaluation Medical Educational Institution are strictly confidential;

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

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 Provision medical educational institution application, brief characteristics and description of educational activities to the accreditation agency;

8.1.2 Signing of a bilateral agreement between the accreditation agency and the medical educational institution on the conduct of institutional accreditation with an indication of the cost of the procedure and the terms of implementation;

8.1.3 the procedure for institutional self-assessment in accordance with the criteria and requirements of this standard and the submission of a self-assessment report to the accreditation agency;

8.1.4 Review and review of the report on institutional self-assessment of the medical educational institution in the accreditation agency;

8.1.5 External Evaluation Procedure – site visit of an educational institution by an external expert commission (EEC) in order to assess its activities, and subsequently to draw up a report and recommendations for the Accreditation Council;

8.1.6 Preparation of materials on the results of the EEC visit (final report of the EEC) and their submission to the Accreditation Council;

8.1.7 Consideration of the issue of accreditation of medical educational institution and the adoption of the final decision by the Accreditation Council of the accreditation agency on the basis of the materials provided and the recommendations of the EEC;

8.1.8 Publication of the Summary Report on institutional accreditation of medical educational institution on the website of the accreditation agency in case of a positive decision;

8.1.9. follow-up procedures to verify the elimination of observations made by the medical educational institution based on the recommendations contained in the EEC report.

8.2 During the period of self-assessment, the accreditation agency shall provide consulting services to the medical educational institution, including the

holding of a training seminar, by prior agreement.

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

8.4 Reports are carefully reviewed by all members of the expert panel prior to visiting a medical educational institution;

8.5 The terms of attendance of the EEC of a medical educational institution are determined by the accreditation agency and are 2-4 days.

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

8.7 The regulations of the EEC are carried out in accordance with the standards and guidelines for external assessment approved by the accreditation agency.

8.8 The final report on the results of the external evaluation of the educational institution shall be submitted by experts to the accreditation agency no later than 14 (fourteen) working days after the completion of the EEC visit. The final report must contain an assessment of the implementation of the standard rules for the activities of organizations of postgraduate and CPD education and academic staff, current state educational standards and regulations in the field of education and healthcare, accreditation standards, as well as recommendations for improving the activities of the educational institution. After that, the report with recommendations is sent by the accreditation agency to the educational institution.

Educational Institution for familiarization and correction of factual errors. For this purpose, 7 (seven) calendar days are provided. After that, the report is sent to the accreditation agency and members of the EEC for the preparation of the final version of the report within 7 (seven) calendar days. The final report of the EEC is sent to the Accreditation Council for 3 weeks before the meeting.

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

8.10 The Accreditation council shall make a decision on the basis of the institutional self-assessment report, the final report of the external expert commission and the presentation of the results of the external evaluation by the

chairman of the external expert commission.

9. Making a decision on accreditation

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

- 1) be accredited for a period of 5 (five) years;
- 2) accredit for a period of 3 (three) years;
- 3) conditionally accredit for 1 (one) year;
- 4) refuse accreditation;
- 5) to revoke the accreditation certificate.

9.2 The decision on the accreditation of a medical educational institution 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% can be partially met. If these requirements are met, the educational institution may be recommended for full accreditation for a period of 5 years.

9.3 The decision on accreditation for a period of 3 (three) years is made in relation to a medical educational institution, the duration of which is less than 2 years and 11 months and, according to the results of the expert assessment, all basic standards of institutional accreditation are 100% met, at the same time there is a partial compliance with the implementation of 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 second external assessment by the accreditation agency with which the contract was originally concluded is made if at least 1 of the 9 Accreditation Standards is not met, and the seriousness of the problems is reflected in the EEC report and in the justification of the accreditation decision.

At the same time, the educational institution shall, within the year following the date of the decision, carry out corrective measures on the recommendations (remarks) of the EEC, draw up a report on institutional self-assessment within the framework of the new Accreditation Contract and submit the self-assessment report to the accreditation agency that made the decision on conditional accreditation in accordance with the requirements of clause 8.3 of these accreditation standards. The terms and conditions of institutional accreditation shall be prescribed in the newly drawn up and concluded Accreditation Contract.

9.5 The decision to refuse accreditation is made if most of the standards are not met (does not comply), which means the seriousness of shortcomings and problems that require several years to eliminate. A medical educational institution has the right to start the accreditation procedure no earlier than one year after the adoption of a negative decision on accreditation.

9.6. The decision to revoke the certificate of institutional accreditation during the period of its 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 systemic violations of the anti-corruption policy by an educational institution in relation to its employees, teachers and students with documentary evidence and disclosure of such facts by the relevant authorized and regulatory bodies.

9.6.3 suspension of the license for educational activities of an educational institution by the authorized body in the field of education;

9.6.4 Revocation by the authorized body in the field of education of the general license for educational activities of an educational institution.

9.7 The decision to revoke the certificate of institutional accreditation is formalized by the minutes of the Accreditation council and sent by an official letter to the first head of the medical educational institution of the PGME and CPD with subsequent written informing of the authorized body in the field of education.

9.8. The decision to revoke the certificate of institutional accreditation leads to the cancellation of all previously achieved accreditation results and entails the obligation to re-go through all stages of the accreditation process.

9.9 After a positive decision on institutional accreditation is made, the accreditation agency sends to the educational institution an official letter with the results of the decision of the Accreditation council and the original certificate of accreditation for the established period.

9.9 The decision on institutional accreditation shall be sent to the authorized bodies in the field of education and health care and posted on the website of the accreditation agency;

9.10 In case of making a decision on conditional accreditation, an educational institution has the right to appeal the decision of the Accreditation council in accordance with the appeal procedure established by the accreditation agency (the appeal is submitted within the next 7 (seven) working days from the date of receipt by the educational organization of a written notification of the decision of the Accreditation council).

9.11 The educational institution undergoes re-accreditation at the end of the established accreditation period to confirm the status of an accredited institution and must send an application to the accreditation body no later than 12 months before the expiration of the certificate of institutional accreditation.

10. Post-accreditation monitoring

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

10.2 The accreditation body shall conduct post-accreditation monitoring (PAM) without concluding additional contracts with the educational institution during the entire period of validity of the certificate of institutional accreditation.

10.3 Post-accreditation monitoring of an educational institution is carried out by:

10.3.1 submission to the accreditation agency of an improvement action plan based on the recommendations of the EEC for the period of validity of the certificate of institutional accreditation. The plan shall be submitted within 30 (thirty) calendar days after the receipt by the medical educational institution of a positive decision on institutional accreditation;

10.3.2 timely submission of annual reports on the implementation of the improvement plan based on the recommendation of the EEC with appropriate documentary evidence of implementation (high-quality copies and/or electronic versions of documents). The report is sent to the accreditation agency without additional notifications or official requests from it, and the approximate date for the submission of the next report is the calendar date of issue of the certificate of institutional accreditation.

10.4 A medical educational institution shall inform the accreditation agency of any significant changes in educational activities that have occurred during the period of the PAM.

10.5 The accreditation body has the right to send a commission of experts to the educational institution to consider complaints received regarding the quality of education and/or improper implementation of educational programmes.

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

11. Procedure for making amendments and additions to accreditation standards

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

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

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

11.4 The Expert board of the accreditation agency shall study proposals and comments on their validity and expediency.

11.5 Amendments and additions to the current standard of institutional accreditation are considered and approved by the Expert board of the accreditation agency in a new edition with amendments to the current standard.

11.6 Standards are reviewed at least once every five years.

12. STANDARDS FOR INSTITUTIONAL ACCREDITATION OF MEDICAL EDUCATIONAL INSTITUTIONS OF POSTGRADUATE EDUCATION AND CONTINUING PROFESSIONAL DEVELOPMENT

Standard 1. MISSION AND OUTCOMES

1.1 Mission

A medical educational institution **must**:

1.1.1 **define its mission** based on the study and assessment of the needs of practical health care, science and society; general professional needs in order to study, develop and consider new areas of competence of health professionals and scientists; the results of discussions on the needs of postgraduate students and trainees.

1.1.2 communicate its **mission to stakeholders** and *the health sector*¹.

1.1.3 to develop a **strategic development plan** and follow its directions, maintaining a balance between general and specific activities. The main aspects of social responsibility should be taken into account in the activities of the institution.

1.1.4 A medical educational institution **should** ensure that its mission and strategic objectives encourage and support postgraduate students and trainees **in their efforts to improve their professional practice** and contribute to the formation of a commitment to improve the conditions for effective postgraduate education and continuing professional development.

1.2 Professionalism and professional autonomy

1.2.1 A medical educational institution **must** contribute to ***the development of professionalism*** of students and practicing doctors **so that they can act in the interests of their patients and society**.

1.2.2 A medical educational institution **must** ensure that **the postgraduate training process and CPD** enhance the capacity of postgraduate students and trainees to independently (autonomously) plan and choose the forms of training and CPD programmes for the benefit of their patients and society, and to ensure academic freedom, *which includes appropriate freedom of expression, freedom of choice and the right to publish*.

1.2.3 A medical educational institution **should** ensure cooperation and interaction with the government or *other authorized bodies*, but maintain its appropriate independence from them, which should be determined in accordance with the principles of National regulatory documents.

1.3 Learning outcomes

1.3.1 The medical educational institution **must** determine the expected ***final results as a result of the educational programmes***, which are aimed at the formation and development of the competencies of postgraduate students and trainees, corresponding to individual needs, future careers in the chosen field of

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

medicine and science, meet the need for continuous self-study throughout life and are based on clinical (practical) and scientific data.

1.3.2 A medical educational institution **must** guarantee and inform the public about educational programmes and expected final outcomes of learning.

1.3.3 A medical educational institution **should** ensure continuity between the learning outcomes of undergraduate and postgraduate medical education programmes and the CPD.

1.4 Participation in the formulation of the mission and final results of training

1.4.1 The medical education institution **must** ensure that *the primary stakeholders are involved in the development of the mission and learning outcomes of the PGME and CPD programmes.*

1.4.2 The medical educational institution **should** formulate a mission and determine the final results of the PGME and CPD programmes and development, taking into account **proposals from other stakeholders**, *which are representatives of other medical specialties, patients, society, organizations and authorized health authorities, professional organizations/associations and medical scientific societies.*

Standard 2. EDUCATIONAL PROGRAMMES

2.1 Model of educational programmes

2.1.1 The medical educational institution **must** determine the **model of PGME programmes** based on the established final results of training and qualifications of the graduate and **organize the consistency and transparency of training.**

2.1.2 The medical educational institution **must** ensure that the content of PGME programmes complies with **the requirements of state educational standards and standard curricula** (if applicable) and ensure the breadth and depth of training of students in accordance with the name of the programmes and specialties.

2.1.3 The medical educational institution **must** define the **objectives of the PGME programmes**, including the integration of practical and theoretical components, *didactic exercises and observation of patient care practices, including contact hours and methods of independent and active learning*, aspects of medical ethics/bioethics, scientific components.

2.1.4 **The qualifications** resulting from the completion of the PGME programmes **must** be clearly defined, explained and correspond to a certain level of the national qualifications framework in medical education and therefore to the Qualifications Framework in the European Higher Education Area. (ESG 1.2)

2.1.5 The medical educational institution **must** ensure that CPD programmes is carried out in accordance with the **current policy of the state and professional organizations** in the field of health care on the recognition of training activities for continuing professional development. Provide a structure of

the educational programmes that meets the requirements of regulatory legal acts.
(ESG 1.2)

2.1.6 The medical educational institution **should** ensure that **the programmes are implemented in cooperation** with professional associations, partner organisations, non-governmental international organisations, and that the programmes themselves are regularly evaluated by them, including non-formal training.

2.1.7 The medical educational institution **must**:

- implement programmes based on **the principles of quality**,
- ensure **compliance with ethical aspects** in the implementation of educational programmes (Code of ethics),
- to ensure that training is conducted in accordance with the **principles** of equality in relation to gender, culture and religion and to prepare graduates for appropriate relationships with patients.

2.1.8 The medical education institution **should** encourage postgraduate students and trainees **to interact** with their peers through **educational networks**, where appropriate, share experiences and benefit from collaborative learning.

2.2 Scientific method

2.2.1 The medical educational institution **must** introduce the principles of scientific methodology, **scientific methods of research in medicine, evidence-based medicine into educational programmes through wide access to relevant clinical/practical experience**, to updated reliable data and evidence, **and the results of scientific research, where it is considered reasonable and necessary**.

2.2.2 The medical institution **should** improve the organization and practice of teaching with respect to the formation and development **of critical evaluation skills** among students and trainees as new data and evidence become available.

2.3 Teaching and learning methods

2.3.1 The medical educational institution **must** provide **diversity and individual approaches to teaching** in order to promote the development of postgraduate students' own clinical and/or scientific practices so that they can take responsibility for their professional development and learning in the future

2.3.2 The medical educational institution **must** provide training with particular attention to **patient safety and autonomy**.

2.3.3 The medical education institution **should** ensure that postgraduate students develop knowledge, skills and professional attitudes **appropriate to the different roles of the physician**, such as medical practitioner 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 A medical educational institution **must** demonstrate the approved **practice of describing the general structure, composition and duration of**

PGME programmes, defining a mandatory component and components of choice, integration of practice and theory.

2.4.2 The medical educational institution **must** take into account **the requirements of national legislation** and provide an adequate representation of how local, national or regional health systems are oriented to the needs of providing medical care to the population.

2.4.3 The medical educational institution **must** ensure the **diversity and individuality of the content of CPD programmes**, so that they meet **the needs and wishes of individual** postgraduate students and contribute to:

- development of **practical competencies** of health care professionals;
- improvement **of theoretical knowledge, attitudes and communication skills** related to the organization and implementation of practical activities / teaching / research or administration;
- **addressing gaps** in knowledge and skills, professional attitudes and behaviours, and management abilities identified in the certification of trainees or the evaluation of health care delivery, or through individual analysis of one's own practice (clinical) or through observation in practice and the implementation of an individual training plan;
- to make justifications and conclusions **in complex and unpredictable situations**.

2.4.4 A medical educational institution **must** adjust and **change the content of the CDP programmes** in accordance with the changing conditions and needs of the medical care system and taking into account the opinion of employers.

2.5 Organization of training

The medical educational institution **must**:

2.5.1 define **the responsibilities and authority** *for organizing, coordinating, managing and evaluating each training base*, clinical base and learning process therein.

2.5.2 plan training **at training bases to gain appropriate access to various aspects of the chosen field of medicine**, and have access to the resources necessary to plan and implement training methods and innovations in educational programmes, assessment of postgraduate students and trainees.

2.5.3 Ensure adequate representation of staff, postgraduate students and trainees and **other relevant stakeholders** in the planning of educational programmes.

2.6 The process of developing educational programmes

2.6.1 The medical educational institution **must** describe **the process of developing educational programmes**, including a needs assessment and content analysis, a review of the academic field, including a wide range of literature data, appropriate selection of content, and practical issues of teaching, communication, and tuition fees (where defined).

2.6.2 The medical education institution **must** describe what **recommendations** were made to **stakeholders** during the development and writing of educational programmes.

2.7 Procedure for approval of educational programmes

2.7.1 The medical educational institution **must** 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 program and available authority for approval.

2.7.2 The medical educational institution **should** develop and implement a **system for quality control of clinical sites** and other **educational resources**, material and technical equipment, including visits to training bases or other established procedures.

Standard 3. EVALUATION AND DOCUMENTATION

3.1 Assessment methods

3.1.1 The medical educational institution **must** identify, 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 attitude of** postgraduate students to patients and the future profession, promotes integrated training and involvement in practical clinical work, provides interprofessional training. *The assessment policy should include an anti-plagiarism system.*

3.1.2 The medical educational institution **must** formulate, document and implement good **assessment practices** that allow for a comprehensive assessment of the educational achievements of students and regularly update them in accordance with the basic **requirements of the country's regulatory legal acts** in the field of continuing professional development.

3.1.3 The medical educational institution **must** develop, define and publish **methods for self-assessment, the use of personal training portfolios.**

3.1.4 The medical educational institution **must** study and document **the reliability, validity and fairness of assessment methods** and introduce **new assessment methods** if necessary.

3.1.5 The medical educational institution **must** use a **system of appeal of evaluation results** based on the principles of fairness and through compliance with the legal process.

3.1.6 The medical educational institution **must** facilitate the use of **external examiners.**

3.1.7 The medical educational institution **must** ensure that timely, specific, constructive and fair **feedback is provided to postgraduate students and trainees** based on the results of an assessment of their knowledge and skills.

3.2 DOCUMENTATION

3.2.1 The medical educational institution **must** develop and implement a **system of documentation* of the educational process and records**

management (including electronic) in the state and other languages, where applicable, which are systematic and transparent and have a **procedure for storing and disposing of documents**.

**The documentation system includes regulatory (plans, reports, regulations, contracts, statements, transcript) and educational and methodological documentation (curriculum, syllabu and so on), assessment tools (checklists, statements), certificates, certificates.*

3.2.2 A medical educational institution **must** create, where appropriate, **personal educational portfolios** that can be shared and discussed with postgraduate students and trainees.

3.2.3 The medical educational institution **must** use **feedback** on the relevance and quality of **educational programmes** for their further improvement, planning and implementation.

3.2.4 The medical educational institution **should** ensure that documentation supports actual training and is based on **competency enhancement** rather than formal training.

Standard 4. POSTGRADUATE STUDENTS AND TRAINEES

4.1 Admission Policy and Selection

4.1.1 The medical educational institution **must** formulate and implement **an admission policy for PGME programmes**, which includes the **criteria** and **process** for selecting applicants, including those with **disabilities**, demonstrates the **relationship** between the mission of educational programmes and the selection of the applicants, and takes into account **specific abilities applicants** in order to improve the result of the learning process in the chosen specialty, **complies with national legislation**, takes into account the **safety of** postgraduate students.

4.1.2 The medical educational education institution **must** define and implement a **policy for the admission** of trainees, including a clearly defined *statement on the selection process for trainees*, including those with disabilities, which includes the level of qualifications, suitability for the applied specialty, experience/seniority, other relevant professional and/or academic experience, employer recommendations, motivation assessments, including changes in needs related to diversity of practice and the need to provide high-quality health care.

4.1.3 The medical educational institution **must** guarantee **the transparency of the selection procedure** and **equal** access to postgraduate education and CPD.

4.1.4 The medical educational institution **must** include representatives of professional associations and student organizations in the process of developing an admission policy.

4.1.5 The medical educational institution **must** develop an **appeal procedure** for the decision of the admission committee.

4.1.6 A medical education institution **should** develop and implement a **transfer policy for postgraduate students** from other national or international programmes and document it accordingly.

4.1.7 A medical educational institution **should** have mechanisms for **periodically reviewing admission and selection policies, the number of**

postgraduate students, based on relevant social and professional data, human resource needs, changes in basic medical education, taking into account the consultation with stakeholders, in order to meet the health needs.

4.1.8 A medical educational institution **should** ensure that the continuing professional development programme is recognized as a worthy professional activity.

4.2 Number of postgraduate students and trainees

4.2.1 The medical education institution **must** determine **the number of** postgraduate students and trainees that is appropriate for clinical/practical training opportunities, clinical mentoring capacity, other available institutional resources, and national and regional human resource needs in accordance with the selected field of medicine.

4.2.2 The medical education institution **must** review and adapt **the number of admitted** postgraduate students and trainees, taking into account consultations with stakeholders, available information on the number of qualified candidates, available information on national and international labor markets, unpredictability of the exact need for health professionals in various fields of medicine.

4.3 Support and counselling

4.3.1 The medical educational institution **must** have a system **of academic counseling for** postgraduate students and trainees based on the results of monitoring of learning progress, including unintentional incidents.

4.3.2 The medical educational institution **must** provide social, financial, and personal support to postgraduate students, guaranteeing confidentiality, and allocate appropriate resources for this purpose.

4.3.3 The medical educational institution **must** provide support for **career guidance** and **career planning**.

4.3.4 A medical educational institution **should** provide support in the event of an occupational crisis and **involve student organizations** in solving their problem situations.

4.4 Representation of postgraduate students and trainees

4.4.1 The medical educational institution **should** develop and implement a policy for the **representation of** postgraduate students and trainees and their due participation in the formulation of the mission and final results of training, in the development of educational programmes, planning working conditions, evaluating and managing the programmes, in making decisions about the processes, conditions and rules of education.

4.5 Learning strategies

4.5.1 The medical educational institution **must** develop the ability of each individual postgraduate students and trainees to systematically plan, execute and document practice-based learning in response to specific learning needs.

4.5.2 The medical educational institution **should** encourage the use **of**

distance technologies in education.

4.6 Working conditions

4.6.1 The medical educational institution **must** ensure that the working and employment conditions of trainees in the implementation of practical activities **are provided with protected time** and other resources, and allow training in special circumstances in accordance with the individual educational programme and taking into account previous experience in the provision of medical care.

4.6.2 The medical educational institution **must** have **an approved policy for financing** postgraduate students both through scholarships and by providing opportunities for work outside of academic hours, the use of a system of motivation for postgraduate students and trainees and other ways of financing.

4.6.3 The medical educational institution **must** ensure the participation of postgraduate students in all medical activities of clinical sites, including the inclusion of house call obligations related to the educational programmes.

4.6.4 The medical educational institution **must**:

- provide postgraduate students **with additional (including distance) training**, where applicable, in case of forced breaks in training, for example, during pregnancy, childbirth, parental leave, long-term illness, military service or business trips.

- to guarantee that **the quality of training according to the individual programme** and the total duration of training is not less than that of students who have completed the full education programme.

4.6.5 A medical educational institution **should** introduce a system of encouragement for postgraduate students and trainees.

Standard 5. ACADEMIC STAFF

5.1 Recruitment and Faculty Selection Policy

5.1.1 The medical educational institution **must** develop, approve and implement a **policy for the recruitment, admission and motivation of faculty and clinical mentors** that defines the required **academic experience and qualifications** of the practitioner in the relevant fields of medicine, criteria for scientific, educational, pedagogical and clinical achievement, and includes a **balance between teaching**, research and medical care; determines the **responsibilities and duties of employees**; takes into account the **ratio of faculty to** postgraduate students, sufficient for effective teaching and learning and monitoring of academic and professional achievements of postgraduate students.

5.1.2 The medical educational institution, when developing and implementing a personnel policy, **must** determine **the responsibility of clinical teachers and mentors** in the high-quality implementation of PGME and CPD programmes in **compliance with the principles of ethics and academic honesty**.

5.1.3 The medical educational institution **should take into account** its financial and economic capabilities **in its policy for the selection and admission**

of employees, which take into account the institutional conditions for financing employees and the efficient use of resources.

5.2 Commitment and development of faculties

5.2.1 The medical educational institution **must** ensure that teachers **have sufficient time** for teaching, mentoring, training and scientific supervision.

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

5.2.3 The medical educational institution **must** guarantee **periodic evaluation** of the activities of teachers, mentors and supervisors.

5.2.4 The medical educational institution **should** develop and implement a **policy for the recognition of teachers, mentors and supervisors** that evaluates and recognizes academic and scientific activities and includes material and non-material remuneration.

5.2.5 The medical educational institution **should** guarantee compliance with the requirements and standards established by the state in educational activities by its employees and teachers.

Standard 6. EDUCATIONAL RESOURCES

6.1 Material and technical base

6.1.1 The medical educational institution **must** have a **sufficient and appropriate material and technical base** to ensure the adequate implementation of educational programmes, including **equipped classrooms** and laboratories, **access to equipment** for the development of knowledge, training in communication and practical skills.

6.1.2 The medical educational institution **must** provide **a safe environment** for employees, students, students, researchers and patients, including the provision of necessary information and *protection from harmful substances, microorganisms, compliance with safety rules in the laboratory and when using equipment.*

6.1.3 The medical educational institution **should** have **mechanisms** for regular **assessment and updating of material and technical** facilities and equipment for their compliance with the goals and objectives of educational programmes and quality assurance in postgraduate education and CPD.

6.2 Learning bases

6.2.1 The medical educational institution **must**:

- Identify and validate **clinical bases** for training and ensure that postgraduate students and trainees have access to **sufficient** numbers of patients and **information about patients** with a variety of disabilities to achieve learning objectives, including the use of **outpatient and inpatient care** and on-call facilities.

- to ensure that **the conditions at clinical (practical) and research facilities** and the material and technical base contribute to the effective

implementation of educational programmes.

6.2.2 The medical educational institution **should** maintain formal and informal collaboration with stakeholders to expand clinical (practical) and research facilities for training.

6.2.3 The medical educational institution **should** have a **practice of regular updating** of facilities and equipment at clinical bases and other educational resources in accordance with the changing needs for PGME and CPD programmes, taking into account the number of postgraduate students and trainees, the number and profile of teachers, the curriculum and modern principles of education.

6.3 Information technology

6.3.1 The medical educational institution **must** provide postgraduate students and trainees, teachers, mentors and researchers with access to the latest professional **literature** and **international sources**.

6.3.2 The medical educational institution **must** provide all participants in the educational process with access to **web resources** or other **electronic learning tools**.

6.3.3 The medical educational institution **must** effectively and ethically use **information and communication technologies** as an integrated part of training and encourage postgraduate students and trainees to be **competent in the use of information and communication technologies for self-study**, communication with colleagues, access to relevant patient data and health information systems, patient/practice management, and research.

6.3.4 The medical educational institution **should** use elements of **distance learning methods** where applicable, while observing **ethics**.

6.4 Formalized types of education

6.4.1 The medical educational institution, in cooperation with stakeholders, **must** develop approaches and ensure the **participation of** postgraduate students and trainees **in regional, national and international educational programmes**, conferences, **scientific meetings**, **participation** in research and organizational activities, and other formalized types of PGME and CPD.

6.4.2 The medical educational institution **should** provide postgraduate students and trainees with the opportunity to plan and participate in **special educational activities**, such as advanced training, to increase their level of competence.

6.5 Medical research and scientific advances

6.5.1 The medical educational institution **must** have an appropriate **research base** and determine **priority areas in the field of scientific research**.

6.5.2 The medical educational institution **must** participate in national and **international scientific activities** to improve the quality of continuing professional development.

6.5.3 The medical educational institution **must** ensure that students **acquire knowledge** and **are able to apply the scientific foundations and methodology of**

scientific research in the chosen field of medicine, as well as ensure appropriate integration and balance between training and research.

6.5.4 A medical educational institution **should** involve students in **medical research**, including research in basic biomedical, clinical, behavioral, and social sciences, and **provide appropriate time in postgraduate programmes** for research, providing postgraduate students with access to appropriate equipment at the training bases.

6.6 Expertise in the field of education

6.6.1 The medical educational institution **must** develop and implement a policy for conducting **an expertise* in the field of education** and **use the results** in the planning, implementation and evaluation of PGME and CPD programmes.

**Expertise as a stage of educational monitoring technology allows us to draw conclusions about the quality of innovative changes in postgraduate education and CPD, as well as the processes and phenomena that led to these innovative changes.*

6.6.2 The medical educational institution **should** have **mechanisms in place to motivate and develop the interest** of staff and faculty in conducting research in the field of PGME and CPD.

6.7 Training in other institutions

6.7.1 The medical educational institution **must** have a developed and approved **academic policy for teaching at alternative institutions** within or outside the country that is accessible and effective.

6.7.2 The medical educational institution **must** establish **a system for the transfer and crediting of learning outcomes** between educational institutions and the use of academic credits.

6.7.3 The medical educational institution **should** develop **formal and informal relations** with relevant national and international educational institutions in order to facilitate regional and international **exchange of teachers, postgraduate students and trainees** through the conclusion of **agreements or contracts** and the provision of appropriate **resources**.

Standard 7. EVALUATION OF THE PGME AND CPD PROGRAMMES

7.1 Monitoring and evaluation mechanisms

7.1.1 The medical educational institution **must** identify and implement **mechanisms for evaluating educational programmes** and **conduct it** taking into account the mission, expected learning outcomes, completed research, the content and process of implementation of PGVE and CPD programmes, the policy of admission and the recruitment of postgraduate students and trainees, the qualifications of teachers, teaching methods, assessment of knowledge and skills, sufficiency and quality of educational resources, quality of documentation, progress of postgraduate students, as well as regarding the **needs of the health**

care system, medical education and science, identified problems and shortcomings.

7.1.2 The medical educational institution **must** monitor educational programmes, ensuring **transparency of the process** and **results**, **active participation of** postgraduate students and trainees, ensuring that the relevant results of the assessment will be **aimed at improving educational programmes**.

7.1.3 The medical education institution **should** collect, analyze, and use **relevant information** to **effectively manage** its CPD programmes and other activities that directly affect continuing professional development (ESG S1.7).

7.2 Feedback

The medical educational institution **must**:

7.2.1 To ensure the **development of a system** for receiving regular feedback from postgraduate students and trainees and faculty and to ensure that **feedback** is systematically requested, analyzed, and measures are taken on the constructive feedback received from participants in the educational process.

7.2.2 Ensure that the organizers of the educational process on an ongoing basis request information from postgraduate students and trainees **about the results of their professional activities and needs for training and research**.

7.2.3 Ensure that feedback is communicated **to stakeholders, including** those responsible for admissions and curriculum planning.

7.3. Stakeholder engagement

7.3.1 The medical educational institution **must** involve key stakeholders ***in monitoring and evaluation of the programme.***

7.3.2 The medical educational institution **should** provide other interested parties ***with*** access to the results of the evaluation of educational programmes; seek their feedback on the results of the work of its graduates and students; seek their feedback on educational programmes.

Standard 8. GOVERNMENT AND ADMINISTRATION

8.1 Management

8.1.1 The medical educational institution **must** develop **an organizational structure** and have **a management system for all areas, including PGME and CPD**, which provides documentation on the quality of training, practice and research of postgraduate students and trainees, monitors the final results of their training and the comparability of results in order to inform the main and other stakeholders.

8.1.2 The medical education institution **must** establish **a mechanism for authorizing its organizational structure** in consultation with the relevant authorized bodies and on the basis of agreed state and/or regional requirements and criteria.

8.1.3 The medical educational institution **must** **document the completion of studies** by awarding **degrees to graduates, issuing diplomas, certificates**, or other **official certificates** of proficiency that will be sought after by national and

international authorized bodies.

8.2 Academic leadership

8.2.1 The medical educational institution **must** define **the responsibilities and responsibilities of management** and employees and guarantee **transparency in management and decision-making**.

8.2.2 The medical educational institution **must** demonstrate **proper leadership**, organization and implementation of educational programmes through the functioning of an internal quality assurance **system** that covers educational, administrative and research activities.

8.2.3 The medical education institution **should** conduct **periodic evaluations of management and staff** with respect to mission achievement and expected learning outcomes.

8.3 Allocation of budget and resources for education

8.3.1 The medical educational institution **must** have a unit and define a clear range of its duties, responsibilities and powers to **manage the institution's budget**, including the **target budget** for training, with an appropriate annual **business plan** and **financial statements demonstrating the allocation of educational resources in accordance with the needs and covering all types of costs for the implementation and development of the PGME and CDP**.

8.3.2 The medical educational institution **must** **manage the budget** in order to maintain **obligations to teachers and students**, their responsibility to provide medical care to the population, carry out scientific research and introduce innovations into the educational programmes.

8.3.3 The medical educational institution **should** have a **system of paid services** as part of the implementation of continuing professional development programmes (where applicable), so that it ensures the independence of postgraduate students choosing a particular educational programme.

8.4 Administration

8.4.1 The medical educational institution **must** have an appropriate **administrative staff**, including **an academic leader**, who is appropriately supported by a staffed and qualified management structure for the implementation of educational programmes, effective management, and resource allocation.

8.4.2 The medical educational institution **should** develop, approve and implement a **quality management system**, including regular **internal and external reviews and audits**, including those that ensure educational processes in PGME and CPD.

8.4.3 The medical educational institution **should** conduct **regular assessments of 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 institution **must** follow the recommendations of the National Competent Authorities which establish the number and list of recognised medical specialties and other functions of the medical experts for whom PGME and CPD programmes are being developed.

Standard 9. CONTINUOUS RENEWAL

The medical educational institution **must**:

9.1 demonstrate **the procedures for updating the organizational structure**, content, final results/competencies, assessment methods and educational environment, taking into account changes in the needs of practical health care and science, new regulatory documents, and transformations in society.

9.2 have and use **mechanisms for detecting and eliminating documented shortcomings** in their activities.

9.3 to **improve the learning environment** by regularly updating, expanding and upgrading the infrastructure and equipment for the development of practical skills, with a view to keeping pace with developments in postgraduate education and the CPD.

9.4 allocate **financial resources** for continuous renewal.

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

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