



INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING

STANDARDS

**OF SPECIALIZED ACCREDITATION OF
HIGHER EDUCATION AGENCIES
EDUCATION PROGRAM BY
5B130200 – “DENTISTRY” SPECIALTY**

Astana 2014



Independent agency for
accreditation rating

**STANDARDS
OF SPECIALIZED ACCREDITATION OF
HIGHER EDUCATION AGENCIES**

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5B130200 – “DENTISTRY” SPECIALTY**

GENERAL PROVISIONS

Foreword

1 DEVELOPED AND INTRODUCED by the Non-Profit Institution "Independent Agency For Accreditation and Rating."

2 APPROVED AND PUT INTO EFFECT by the order of the Director of the Non-Profit Institution "Independent Agency for Accreditation and Rating" as of June 12, 2014 no. 23-14-OD (as amended and supplemented by the Order of the Director as of February 15, 2017 no. 8-17-OD).

3 This Standard implements provisions of the Law of the Republic of Kazakhstan "On Education" as of July 27, 2007 no. 319-III.

4 INITIALLY INTRODUCED

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Standards are developed taking into consideration the recommendations of the Ministry of Health and Ministry of Education and Sciences of the Republic of Kazakhstan.

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STANDARDS OF SPECILIZED ACCREDITATION

General provisions

1. Applicable scope

This standard determines the statutory requirements to the main provisions of standards of the specialized accreditation of the educational program in the specialty 5B130200 - "Dentistry" of medical organizations of education.

This standard is used during the accreditation procedure of educational program in the specialty 5B130200 - "Dentistry" of medical organization regardless of their status, legal corporate form, institutional subordination and form of ownership.

This standard may also be used by:

- a) medical organizations of education for internal evaluation and external assessment of educational program;
- b) to develop correspondent internal regulatory documents.

2. Regulatory References

This standard contains references to the following regulatory documents:

2.1 The Code of the Republic of Kazakhstan "On public health and health care system" dated on September 18, 2009 No 193-IV.

2.2 The Law of the Republic of Kazakhstan "On Technical Regulation" as of November 9, 2004 no. 603.

2.3 The Law of the Republic of Kazakhstan "On Education" as of June 27, 2007 no. 319-III.

2.4 The Law of the Republic of Kazakhstan "On accreditation of the conformity assessment" as of July 5, 2008 no. 61-IV.

2.5 Decree of the President of Kazakhstan as of March 1, 2016 no. 205 "On approval of the State Program on the Development of Education and Science of the Republic of Kazakhstan for 2016-2019".

2.6 The State program of development of health care of the Republic of Kazakhstan of "Densaulyk" for 2016 - 2019, approved by the Presidential Decree of the Republic of Kazakhstan of January 15, 2016 No. 176.

2.7 Governmental decree of the Republic of Kazakhstan as of August 23, 2012 no. 1080 "On approval of the state compulsory standards of education of the correspondent levels of education."

2.8 Order of the Minister of Education and Science of the Republic of Kazakhstan as of April 20, 2011 no. 152 "On approval of the Rules for organization of the educational process based on the credit technology of learning."

2.9 Order of the Minister of Education and Science on November 1, 2016 no. 629 "On approval of Recognition rules of the accreditation bodies, including

foreign, and the formation of the register of recognized accreditation bodies, accredited educational organizations and educational programs."

3. Terms and Definitions

This standard applies the terms and definitions in accordance with the Laws of the Republic of Kazakhstan "On Education" as of July 27, 2017 no. 319-III, the Republic of Kazakhstan Governmental Decree as of August 23, 2012 no. 1080 "On approval of the state compulsory standards of education of the correspondent levels of education"; International standards of the World Federation of Medical Education to improve the quality of basic medical education (WFME, University of Copenhagen, 2012), North American model of accreditation of educational programs in dentistry.

In addition this standard uses the following definitions:

3.1 Accreditation of educational organizations - the recognition procedure of accreditation bodies of the compliance of educational services to the established accreditation standards in order to provide objective information about their quality and to confirm the availability of effective mechanisms for quality increase.

3.2 Accreditation bodies - legal entities that develop standards (regulations) and accredit educational organizations based on the developed standards (regulations);

3.3 Institutional accreditation - the quality evaluation process of the educational organization by the accreditation body for the compliance of the former to the stated status and standards established by accreditation body.

3.4 International accreditation - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national or foreign accreditation body, entered in the Register 1;

3.5 National Accreditation - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national accreditation body, entered in the Register 1;

3.6 Specialized Accreditation - quality assessment of individual educational programs implemented by the organization of education;

3.7 Standards (regulations) of accreditation - documents of accrediting body, establishing requirements to the accreditation procedure.

3.8 The educational program - a single set of basic characteristics of education, which includes objectives, outcomes and content of training, the organization of the educational process, means and methods of their implementation, the criteria for assessing learning outcomes.

3.9 Competence - written statements describing the level of knowledge, skills and values acquired by students who have completed an educational program.

3.10 Competence - the level of the required knowledge, skills and values possessed by the student and can be used in the process of self-practice after the completion of the training program.

3.11 Student/resident - a person studying in the educational organization, implementing the educational program of technical and vocational, post-secondary and higher education.

3.12 The quality of education - level of knowledge of students and graduates complying with the requirements of the State Compulsory Educational Standards and additional requirements established by the university;

3.13 Mission - a brief description of the key characteristics of the institution of higher education, philosophy and psychology of educational organization;

3.14 Procedure - specified way to carry out activities or processes;

3.15 Efficiency - the ratio between the result achieved and the resources used.

4. Designations and abbreviations

This standard uses abbreviations in accordance with the paragraph 2 of the regulatory documents.

Furthermore, this standard uses the following designations and abbreviations:

- **HEI** – Higher Educational Institution;
- **MOH** - Ministry of Health of the Republic of Kazakhstan;
- **MES** - Ministry of Education and Science of the Republic of Kazakhstan;
- **CPD** – Continuous professional development;
- **CME** – Continuous medical education;
- **RSI** - Research and Science Institute;
- **OSCE** - Objective Structured Clinical Examination
- **TS** – Teaching staff;
- **MM** – Mass-media;

SWOT-analysis - analysis of strengths and weaknesses, challenges and opportunities of organization, the abbreviation of the English language words: S - strengths, W - weaknesses, O - opportunities, T - threat.

5. General provisions

5.1 Specialized accreditation is performed on the basis of this standard “Education system of the Republic of Kazakhstan. Standards of specialized accreditation. “Specialized accreditation. General provisions” standard; “Mission, model of education program and final results” standard; “Students evaluation” standard; “Students” standard; “Academic staff/Teachers” standard; “Educational resources” standard; “Appraisal of education program” standard; “Management and administration” standard.

5.2 The standards are comprehensive and reflect the process of implementation of education program by 051302 – “Dentistry” specialty, applicable to all institutions offering the programs of dental education.

5.3 Methods for attainment the standards may vary depending on the mission,

institution size, ownership type and resources. Academic freedom of educational institution admits the significant flexibility in structuring of education program thereof, which promotes the standards conformation.

5.4 The standards of specialized accreditation of “Dentistry” education program for medical education institutions are developed on the basis of International standards of the World Medical Education Federation (Copenhagen, 2012) for improvement of base medical education quality and North American model for accreditation of dentistry education programs with introduction of national peculiarities of public health system and medical education of the Republic of Kazakhstan.

5.5 The following accreditation forms are distinguished:

1) by the structure

5.5.1 institutional accreditation;

5.5.2 specialized accreditation;

2) by territorial recognition

5.5.3 national accreditation;

5.5.4 international accreditation.

5.6 Decision for accreditation is made by the Accreditation Council

5.7 The representatives of the MES RoK, MPH RoK, medical education institutions, scientific organizations, public health organizations, professional federations, employers, community, students and international experts form part of Accreditation Council.

6. Main objectives of specialized accreditation standards implementation

Quality assessment in education programs is a basis of accreditation standards and incorporates the objectives:

6.1 Major objectives of designated accreditation standards implementation are:

6.1.1 implementation of accreditation model, harmonizable with international practice of education quality assurance;

6.1.2 assessment of professional and education programs quality for improving competitiveness of the national system of higher education;

6.1.3 encouragement of quality culture evolution in the higher educational institutions, medical educational institutions, scientific organizations;

6.1.4 assistance to improvement and continuous upgrading of education programs of medical educational organizations in compliance with the requirements of rapidly changing environment;

6.1.5 consideration and protection of public interests and consumer rights by provision of authentic information on the quality of education programs;

6.1.6 use of innovations and scientific investigations;

6.1.7 public announcement and distribution of information on accreditation results for education program by “Dentistry” specialization of the medical education institutions.

6.1.8 In addition to above mentioned the accreditation standards for dental

education programs are designed for accomplishment of the following goals:

- Protection of social well-being and health of communities;
- Assistance to development of education environment conducive to innovations and permanent improvement;
- Ensuring of institutional accompaniment and guidance for education programs development;
- Provision the confidence to the students in that education program will attain the desired goals.

7. Principles of specialized accreditation standards establishing

7.1 Presented standards for quality assurance for education programs of higher vocational education are based on the following principles:

7.1.1 voluntariness – procedure of education programs accreditation is performed on a voluntary basis;

7.1.2 honesty and transparence – internal and external assessment are performed maximally honestly and transparently, information accessibility for all participants of performed accreditation process;

7.1.3 objectivity and independence – internal and external assessment are performed reasonably, independent from the third parties (government agencies, HEI administration and public opinion) and obtained results;

7.1.4 responsibility of medical educational organizations – primary responsibility for higher education quality is attached to medical educational organizations

7.1.5 confidentiality – information submitted by HEI is applied by the accreditation agency confidentially;

7.2 External assessment is performed independently from the third parties (government agencies, medical educational organizations and public organizations).

7.3 Public information countrywide and abroad on accredited education programs is performed in mass media, incl. provision of information on web-site of accreditation agency.

8. Stages and procedures of specialized accreditation performance

8.1 The procedure for the specialized accreditation begins with the filing of the medical educational institution of an application for the specialized accreditation. The application includes a copy of the state license, the annex to the license for the legal grounds of educational activity, a brief description of the correspondent educational institution's activity.

8.2 Consideration by IAAR of the application submitted by educational organization.

8.3 IAAR decision to start the procedure for the specialized accreditation. An agreement between the agency and the medical educational organization to conduct the specialized accreditation is concluded.

8.4 Management the medical educational organization and IAAR organize training for internal experts to explain the criteria and procedures for the specialized accreditation of organization at the special seminars on the theory, methodology and techniques of the specialized accreditation.

8.5 Medical organizations of education conduct self-assessment according to the requirements established by IAAR, and submit self-assessment report (in Kazakh, Russian and English languages) to IAAR in e-format and 1 copy on paper in each of the languages.

8.6 On the basis of self-assessment report of educational organization IAAR has the right to make the following decisions:

- to develop recommendations on the need to refine materials of self-assessment report;
- to conduct an external peer review;
- to postpone the accreditation term due to the inability to conduct the specialized accreditation procedure due to the inconsistency of the self-assessment report to the criteria of these standards.

8.7 In the event accreditation continues IAAR generates external expert panel, which shall be approved by the IAAR director to assess the educational organization. The number of experts is determined depending on the review volume and quantity of educational programs. The structure of the external expert panel includes representatives of the academic community, stakeholders in Kazakhstan, including employers, students, and foreign / international experts.

8.8 In the event accreditation continues IAAR agrees with the medical educational organization on the dates for the specialized accreditation and program for the external expert panel's visit.

8.9 The duration of the external expert panel's visit accounts for 3-5 days. During the visit, the organization of education creates working conditions for the external expert panel under the Service Agreement:

- provides for each member of the Panel an electronic and paper version of the self-assessment report;
- provides the necessary office equipment in consultation with the IAAR representative and based on the number of external expert panel members;
- organizes the inspection of infrastructure and resources, meetings, questionnaires, interviews and other forms of external expert panel's work in accordance with the visit program of the external expert panel;
- provides information requested;
- organizes photo and video recording of the external expert panel's work;
- prepares a video clip for the IAAR Accreditation council meeting containing a brief description of the educational organization and information on the external expert panel visit.

8.10 At the end of the visit external expert panel is preparing a report on the evaluation of medical organization of education and a presentation on the progress of the visit of the external expert panel.

8.11 The report contains a description of the external expert panel's visit, a brief assessment of the educational organization, recommendations to the

organization for performance improvement and quality assurance, the recommendation to the Accreditation Council. Recommendations to the Accreditation Council provide information on the status of the educational organization and recommended accreditation period.

8.12 The report of the external expert panel, including the recommendations is prepared by members of the external expert panel collectively.

8.13 The external expert panel's report on the evaluation of educational organization and the self-assessment report of educational organization serve as the basis for the Accreditation Council's decision on the specialized accreditation.

8.14 The Chairman of the external expert panel presents to the Accreditation Council outcomes of the external expert panel's visit. If there are objective reasons IAAR director appoints a member of the external expert panel to attend a meeting of Accreditation Council and present a report. Replacement of the Chairman of external expert panel is made by the order of IAAR Director.

8.15 The exclusive competence of the IAAR Accreditation Council includes decision-making on accreditation or refusal of accreditation of educational organization. The composition of the Accreditation Council is determined in accordance with the Regulations of its activities. The meeting is held if a quorum is present. Accreditation Council shall have the right to make a grounded decision not complaint with the recommendations of the external expert panel.

Accreditation Council makes decision:

- on accreditation:

- 1 year - in the event of compliance with the criteria as a whole, but with some shortcomings and opportunities for improvement;
- 3 years - with positive results in general, but with some minor shortcomings and opportunities for improvement;
- 5 years - with positive results in general.

- on non-accreditation.

On expiry of the accreditation period of **5 years** and successful completion of the post accreditation monitoring the educational organization shall be entitled to apply for a re-accreditation. In the case of re-accreditation and its positive results, the organization of education has the right to apply for the period of **7 years**.

8.16 In the event of positive decision on accreditation the Accreditation Council of IAAR sends an official letter to the education organization with the results of the accreditation and a certificate of the specialized accreditation of the educational program, signed by the IAAR Director. The decision on accreditation of educational organization the Agency sends to the MES for inclusion in the Register of accredited educational institutions (Register 3) and publishes the information on the IAAR website. The report of external expert panel is also published on the website.

After receiving the certificate of accreditation the educational organization publishes a self-assessment report on its website.

8.17 In the event of the Accreditation Council's negative decision on accreditation the IAAR sends a letter to the organization of education indicating the adopted decision.

8.18 The organization of education in the prescribed manner under the Service Agreement and the Regulations of the Commission on Appeals and complaints may send to IAAR an appeal against the decision of the Accreditation Council. In case of doubts in the competence of the external expert panel and representatives of the Agency, or gross violations committed by members of the external expert panel, the organization of education may file a complaint to IAAR.

9. Follow-up procedures

9.1 In the event of positive accreditation decision of the IAAR Accreditation Council, the educational organization submits to IAAR an Action Plan on the quality improvement within the framework of the external expert panel recommendations (hereinafter - the Plan), which is signed and sealed by the chief executive officer, an organization enters into a Service Agreement with IAAR. An agreement and Plan are the basis for the post accreditation monitoring.

9.2 In accordance with the Regulations on the post accreditation monitoring procedure of educational organizations / educational programs, accredited education institutions should prepare interim reports under the Plan. Interim reports are sent to the IAAR before the expected date of post accreditation monitoring.

9.3 Post accreditation monitoring of medical institutions of education is conducted as follows:

Duration of the accreditation term	3 years	5 years	7 years
Periodicity of interim reports	One time in 1,5 years	two times in two years	three times in two years
Visit	once	twice	3 times

9.4 In the event of failure to implement the Plan and the requirements put forward by the IAAR in relation to the medical college, as well as lack of awareness of the changes carried out in the educational organization the Accreditation Council shall have the right to adopt the following decisions:

- to temporarily suspend the effectiveness of the specialized accreditation of the educational program;
- to revoke accreditation of the educational organization by excluding it from the Registry 3, which may result in the cancellation of all earlier achieved results of accreditation.

9.5 In the event of waiver of the educational organization from the post accreditation monitoring through the failure to sign the Service Agreement with IAAR, under the paragraph 9.4 IAAR Accreditation Council may decide to terminate and withdraw accreditation status.

9.6 In the event of early termination and withdrawal of accreditation the educational organizations are not allowed to submit an application for accreditation to IAAR within one year after the decision to revoke the accreditation of educational organization.

10. Procedure for introduction of amendments and additions to designated accreditation standards

10.1 Amendments and additions are introduced to the current accreditation standard for the purpose of further improvement thereof.

10.2 Introduction of amendments and additions to the standard is performed by Independent agency for accreditation and rating.

10.3 In case of initiating of amendments and additions to current standard by educational organizations and other interested organizations the suggestions and remarks are to be sent by them to the Independent agency for accreditation and rating.

10.4 Independent Agency for Accreditation and Rating studies and carries out examination of suggestions and remarks obtained from initiators with respect to justification and expediency.

10.5 Amendments and additions to the current accreditation standard after acceptance thereof are approved by the Order of the Independent Agency for Accreditation and Rating Director redrafted as amended or in the form of brochure-insert to the effective standard.

ACCREDITATION STANDARDS

11. MISSION, MODEL OF EDUCATION PROGRAM AND FINAL RESULTS

11.1 Determination of a Mission

11.1.1 Medical educational institution **shall** determine its Mission and inform the parties concerned and health care sector about it.

11.1.2 The Mission statement **shall** contain objectives and educational strategy allowing preparing the competent doctor at the level of pre-graduate education.

11.1.3 The structure in charge of education program implementation **shall** have the strategic development plan consistent with the declared Mission, objectives of medical education institution, including the tasks for dental education upgrading, development of dental science and clinical practice and approved at the advisory and consultative council of medical education institution/HEI.

11.1.4 Structural subdivision in charge of education program implementation **shall** systematically gather, collect and analyze information on its activity; perform the evaluation of strengths and weaknesses (SWOT-analysis), on the basis of which the management of medical education organization in liaison with advisory and consultative council shall define the policy and develop the strategic and tactic plan.

11.1.5 Medical education institution **should** ensure the implementation of education program for dentistry under the conditions of adherence to humanistic culture of learning environment by way of:

- Provision of cooperation, mutual respect, harmonious relations between the administrative staff, employees, teachers, students, graduates;

- Support and culturing of professionalism and ethical conduct, promotion of open communication, leadership demonstration among the teachers, students and employees.

11.1.6 Medical education institution **should** ensure that renewal process is aimed at adaptation of provision on the Mission and final learning results according to scientific, social and economic and cultural society evolution.

11.2. Participation in Mission formulation

11.2.1 Medical education institution **shall** ensure that the principal interested parties take part in the Mission development.

11.2.2 Medical education institution **shall** ensure that the declared Mission is based on opinion/suggestion of other relevant interested parties.

11.3 Institutional autonomy and academic freedom

Medical education institution **shall** have the institutional autonomy for elaboration and implementation of policy which the academic teaching staff and administration are responsible for, particularly in regard to:

11.3.1 Education program development;

11.3.2 use of dedicated resources needed for education program implementation.

Medical education institution **should** ensure the academic freedom to employees and students thereof:

11.3.3 In regard to the current education program wherein it would be acceptable to rest upon variety of opinions in description and analysis of medicine questions.

11.3.4 in feasibility of using the new investigations results for improvement of study of specific disciplines/issues with no extension of education program.

11.4 Final results of learning

Medical education institutions **should** determine the expected final results of learning which **the students shall demonstrate after completion in regard to:**

11.4.1 **Their** achievements at the base level regarding knowledge, skills and relations;

11.4.2 Relevant basis for the future career in any area of dentistry;

11.4.3 Their future roles in the public health sector;

11.4.4 Their subsequent post-graduate preparation;

11.4.5 Their obligations to learning throughout their life;

11.4.6 Medical and sanitary requirements of society health, requirements of the public health service system and other aspects of social responsibility.

11.4.7 Medical education institution **shall** define the level of competence needed for alumnus to start the work experience for general dentistry.

11.4.8 Medical education institution **shall** ensure that the student fulfills the obligations regarding doctors, teachers, patients and their relatives according to the Code of conduct/Code of honor.

Medical education institution **should:**

11.4.9 Determine and coordinate the relation of final results of learning required upon completion with those required in the post-graduate studies.

11.4.10 Define the results of students engagement to carrying out of researches in the area of dentistry.

11.4.11 Medical education institution **should** perform the modification of final results of graduates learning according to documented requirements of post-graduate preparation environment including the clinical skills, preparation for the questions of public health and engagement to the process of delivery of health care to the patients according to duties assigned to graduates upon HEI graduation.

11.5 Education program model, teaching methods and structure

11.5.1 Medical education institution **shall** define the education program model including the integrated model based on disciplines, organ system, clinical issues and diseases, modules or spiral design.

11.5.2 Medical education institution **shall** define the objectives of education program for the “Dentistry” aimed to achievement of final results of learning.

11.5.3 Medical education institution **shall** ensure that education program develops the students capacity to study throughout the whole life.

11.5.4 Medical education institution **shall** ensure that education program is implemented according to principle of equality.

11.5.5 Medical education institution **shall** give a description of content, volume and sequence of courses and other elements of education program in order to ensure the observance of relevant relation between the general education, base, biomedical and core curriculum.

11.5.6 Medical education institution **shall** prior to the start of each curriculum provide the students with information on objectives, tasks and requirements for each course of education program including the academic content, assessment method (s).

Medical education institution in the education program **should**:

11.5.7 provide the integration in horizontal and vertical direction of allied sciences and disciplines.

11.5.8 offer opportunities of elective content (elective disciplines) and define the balance between the mandatory and elective part of education program including the combination of mandatory elements and electives or special components at option.

11.5.9 determine the interrelation with complementary medicine including the non-traditional, traditional or alternative practice.

11.6 Scientific method

11.6.1 Medical education institution **shall** throughout the whole education program teach to the students the principles of scientific research methodology in dentistry; evidentiary medicine which require the relevant competence of teachers and will be the mandatory part of education program.

11.6.2 Medical education institution **shall** use the teaching methods based on up-to-date teaching principles which inspire and support the students, provide the formation of their responsibility for education process.

11.6.3 Medical education institution **should** apply the teaching methods

intended to development of the students critical thinking, skills for solution of topical issues associated with the future profession.

11.6.4 Medical education institution **should** include to education program the elements of fundamental or application study including the mandatory or elective analytical and experimental investigations, having promoting hence the participation in academic development of medicine as skilled practitioners and colleagues.

11.7 Educational disciplines, medical ethics and medical jurisprudence

Medical education institution **shall** define and include to education program the achievements of:

- 11.7.1 social disciplines;
- 11.7.2 behavioral disciplines;
- 11.7.3 medical ethics;
- 11.7.4 medical jurisprudence,

which will ensure the knowledge and skills needed for understanding of social and economic, demographic and cultural reasons for dissemination and consequences of mouth cavity and dento-facial system diseases.

11.7.5 Graduates of education program in “Dentistry” **shall be** adequate in the area of application of ethical decisions principles and professional liability conducive to implementation of patient-oriented approach and contributory to the gaining in health of patient mouth cavity.

11.7.6 Medical education institution **should** in education program adjust and introduce the new achievements of general education disciplines for scientific, technologic and clinical developments, current and anticipated requirements of society and health care system as well as alternating demographic and cultural conditions.

11.8 Primary biomedical disciplines

11.8.1 Medical education institution in education program **shall** determine and incorporate the achievements of primary biomedical disciplines, which give instruction in anatomy-physiological distinctions of dent-facial system and its biological interrelation with other human organs and systems as a basis for clinical scientific knowledge and practical activity.

11.8.2 Medical education institutions **should** in education program adjust and introduce new achievements of primary biomedical disciplines for the better understanding by the students of etiology, epidemiology, pathogenesis, clinic findings, differential diagnosis, curing and prevention of mouth cavity and dento-facial system diseases.

11.9 Core curriculum

Medical education institution **shall** in education program determine and implement the achievements of core curriculum and ensure that students:

11.9.1 gain sufficient knowledge, clinical and performance skills in the area of dentistry.

11.9.2 Medical education institutions **shall** ensure that education program graduates are adequate in provision of oral care within the framework of general dentistry at all stages of patient life.

11.9.3 Medical education institutions **shall** ensure that students conduct no less

than one third of program in the scheduled patient communication, provided with relevant number of patients on clinical bases.

11.9.4 Medical education institutions **shall** establish the certain amount of time for learning of primary clinical disciplines, including medical diseases, general surgery, infective diseases, phthysiology, ophthalmology, neurology, psychiatrics, otorhinolaryngology, dermatovenerology, obstetrics & gynecology, infantine diseases enabling students to shape skills and expertise in the area of allied disciplines and interrelation thereof with the dentition diseases in children and adults.

11.9.5 Medical education institution **shall** arrange the clinical learning with appropriate attention to patient protecting including the surveillance over activities performed by the student under clinical bases.

11.9.6 Medical education institution **should** in education program adjust and introduce new achievements of core curriculum for scientific, technologic and clinical developments as well as current and expected requirements of society and public health system.

11.9.7 Medical education institution **should** ensure that every student has previous contact with real patients including his gradual engagement in patient's care management inclusive responsibility in a part of checkup and/or treatment of patient under the care which is conducted in relevant clinical bases.

11.9.8 Medical education institution **should** structure the various components to teaching of clinical skills according to specific stages of curriculum (training in ambulatory/out-patient department, in-patient clinic, surgery clinic).

12. STUDENTS EVALUATION

12.1 Methods of evaluation

Medical education organization **shall**

12.1.1 Define, approve and publish the principles, methods and practice used for students evaluation, including:

- Number of exams and other tests,
- Observation of balance between the written and oral examination,
- Use of evaluation methods based on criteria and inferences,
- special-purpose examination (OSCE or mini clinical exam),

as well as determine the criteria for establishment of pass grades, scores and number of permitted retakes.

12.1.2 ensure that evaluation covers knowledge, skills and relations.

12.1.3 apply the wide range of evaluation methods and formats which include the combination of validity, reliability, impact on learning, accessibility and effectiveness.

12.1.4 ensure that evaluation methods and results avoid conflict of interests.

12.1.5 ensure that evaluation methods process and methods are open for expert review on the part of external experts.

Medical education institution **should:**

12.1.6 document and assess the reliability and validity of evaluation methods that requires the relevant quality assurance process of current evaluation practice;

12.1.7 implement the new evaluation methods according to requirement;

12.1.8 Apply the system for appeal of evaluation results.

12.2 Interrelation between evaluation and learning

Medical education institution **shall** apply the principles of evaluation, which:

12.2.1 Clearly comparable to methods of learning, teaching and final results of learning;

12.2.2 Ensure that students achieve the final results of learning;

12.2.3 Promotes the learning;

12.2.4 Ensure the relevant balance between formative and summative evaluation to manage learning and evaluate the student's academic progress that requires the establishment of regulations for progress evaluation and their attitude towards evaluation process.

Medical education institution **should**:

12.2.5 regulate the quality and character of examinations during implementation of education program. The purpose is assistance to acquiring of knowledge, integrated learning as well as exception of adverse effect to learning process and workload of education program.

12.2.6 ensure the provision of feedback to students based on evaluation results.

13. STUDENTS

13.1 Policy of admission and selection

13.1.1 Medical education institution **should** define and implement the admission policy including the clearly established position for the process of students selection. Position includes the substantiation and methods of selection such as learning outcomes in the secondary school, other relevant academic experience, other entrance exams and placement testing, evaluation of motivation to be a doctor, including changes in requirements associated to variety of medical practice.

13.1.2 Medical educational institution **shall** have the policy and implement the practice of students admission with limited capacity according to effective statutes and normative legal documents.

13.1.3 Medical education institution **shall** have the policy and implement the practice of students transfer from other programs and medical education institutions.

Medical education institution **should**:

13.1.4 Establish relations between the students selection and Mission of medical education institution, education program and desired quality of graduates.

13.1.5 Revise the admission policy at regular times:

- on basis of relevant data from the community and specialists with a view to meet the needs of public health an society in whole including the consideration of students admission with account of their gender, ethnic origin and language and potential necessity for special admission policy for students from needy families and

national minorities.

- with due account for alternating expectations and circumstances of requirements in human resources, changes in the system of pre-university education and requirements of education program

13.1.6 Apply the system for appeal of decision upon admission. **13.2**

Students admission

13.2.1 Medical education institution **shall** define the number of students admitted according to materials and equipment and opportunities at all stages of learning and preparation. Decision making on student admission calls for regulation of national requirements to health manpower resources.

In case where the medical education institutions failure to control the number of student admitted then it needs to demonstrate own obligations by explanation of all interrelations paying attention to consequences of decisions made (misbalance between the students admission and material and technical and academic potential of medical education institution/HEI).

13.2.2 Medical education organization **should** periodically revise the number and contingent of students admitted in the process of review sessions with appropriate interested parties in charge of planning and development of staff resources in the health care sector, with experts and organizations for global aspects of human resources of public health service.

13.3 Students consulting and support

Medical education institution **shall**:

13.3.1 have a system of academic consulting of students (advisers) thereof which includes the questions connected to selection of elective disciplines, preparation to the residency, planning of employment career, assignment of academic conveyors of knowledge (tutors, mentors) for individual students or small groups of students.

13.3.2 offer the program of students support designed to social, financial and personal needs including the support due to social and personal events, health problems and financial matters, access to medical aid, program for immunization and medical insurance, as well as services of financial assistance in the form of welfare assistance, scholarships and credits.

13.3.3 allocate resources for student support.

13.3.4 ensure confidentiality regarding consulting and support.

13.3.5 Medical education institution **should** provide the consulting, which:

– Is based on the student progress monitoring and aimed to social and personal students needs, including the academic support, support regarding personal concerns and situations, health problems, financial issues;

– Includes the consulting and planning of employment career.

13.4 Students representation

13.4.1 Medical education institution **shall** define and implement the policy of students representation and engagement thereof in development, management and assessment of education program as well as other issues related to the students. Students representation includes the student self-governance, students participation in the Faculty senate, HEI, other appropriate authorities, in public activity and local

projects for public health service.

13.4.2 Medical education institution **shall** render assistance and support for student activity, student organizations, including provision of technical and financial aid.

13.5 Graduates

13.5.1 The system for search of employment, being in demand, career accompaniment and continuing professional improvement of graduates **shall** exist in the medical education institution.

13.5.2 Data obtained by applying this system **shall** be used for further improvement of education program.

14. ACADEMIC STAFF/TEACHERS

14.1 Policy for personnel selection and recruitment

Medical education institution **shall** determine and implement the policy for personnel selection and recruitment, which:

14.1.1 defines its category, responsibility and a balance of academic staff/teachers of general education basic biomedical and core curriculum for appropriate implementation of education program, including the suitable relation between the teachers of medical and non-medical profile working on complete and partial rate and balance between the academic and nonacademic employees.

14.1.2 contain criteria by scientific, pedagogic and clinical advantages of applicants, including the suitable relation between pedagogic, scientific and clinical qualification.

14.1.3 defines and ensures the monitoring of responsibility for academic staff/teachers of general education basic biomedical and core curriculum.

14.1.4 Medical education institution **shall** provide the education program with a fair number of teachers and employees in order to conform with stated goal and tasks.

14.1.5 Education program **shall be** provided with the teachers entitled to teaching and training by the 051302 “Dentistry” specialty and/or possess the clinical experience in all areas of dentistry, included to the program.

Medical education institution in its policy for employees selection and recruitment **should** take into account such criteria as:

14.1.6 attitude towards mission thereof, significance of local conditions including the gender, nationality, religion, language and other conditions associated with medical education institution and education program

14.1.7 Economic opportunities which consider the institutional conditions for employees financing and efficient resource utilization

14.1.8 Medical education institution **should** adapt the policy for recruitment and academic staff of employees according to variable requirements.

14.2 Development policy and employees activity

Medical education institution **shall** determine and implement the policy for staff activity and development, which:

14.2.1 allows for striking a balance between the teaching, scientific and

service functions including the fixing the time for each type of activity take into consideration the requirements of medical education institutions and vocational qualification of teachers.

14.2.2 ensures the worthily recognition of academic activity with appropriate emphasis on pedagogic, research and clinical qualification and performed in the form of reward, job promotion and/or remuneration.

14.2.3 ensures the clinical activity and scientific researches are applied in teaching and learning.

14.2.4 ensures the sufficiency of knowledge by each employee of education program which includes the knowledge on teaching/learning methods and general content of education program by “Dentistry” specialty and other disciplines and subject areas towards incitation for cooperation and integration

14.2.5 includes the training, development, support of teachers activity engaging all teachers, not only newly employed but also the teachers engaged from hospitals, clinics, dental centers (incl. private).

14.2.6 Medical education institution **shall** demonstrate the process of continuous development of employees and teaches performing the implementation of education program by 5B130200 – “Dentistry”, which includes:

- Carrying out and participation in activities for development of educational and teaching activities;
- Participation in regional and national meetings concerning education;
- Mentoring for development of new teachers in this professional assignment;
- Scientific productivity;
- Support of existing and development of new and/or forward-going clinical skills.

14.2.7 Medical education institution **shall** apply the evaluation proves permitting the objective measurement of each teacher performance results.

Medical education institution **should:**

14.2.8 Take account of “teacher-student” interrelation depending on various components of education program.

14.2.9 Develop and implement the policy for employees promotion and motivating.

15. EDUCATION RESOURCES

15.1 Material and technical basis

Medical education institution **shall:**

15.1.1 have adequate material and technical basis for teachers and students enabling provision of adequate performance of tasks and objectives of education program by 5B130200 – “Dentistry” specialty.

15.1.2 provide the safe environment for employees, students, patients and including provision of required information and protection against harmful substances, microorganisms, safe handling in the laboratory and during employment of equipment.

15.1.3 provide the students with professional literature conforming to

education program content in dentistry.

15.1.4 Medical education institution **should** improve the students learning environment by regular renewal of extension and strengthening of material and technical basis according to variable requirements as for instance students admission, number and profile of academic employees, education program.

15.2 Resources for clinical medical education

Medical education institution **shall** provide the requisite resources for acquitting by the students of adequate clinical experience, including the sufficient:

15.2.1 number and category of patients of dental profile.

15.2.2 number and category of clinical bases, which include the outpatient department, dental centers, clinics and hospitals provided with requisite dental instruments, equipped with up-to-date dental units and operating suites as well as centers, laboratories of practical skills which enable performing the preclinical and clinical teaching exploiting opportunities of clinical bases and provide the rotation by basic core curriculum.

15.2.3 monitoring over students clinical practice.

15.2.4 Medical education institution **should** examine and assess, adapt and improve resources for clinical medical education in order to conformance to requirements of served population, that will include the accordance and quality for programs of clinical medical education regarding clinical bases, equipment, number and categories of patients and clinical practice, surveillance as a supervisor and administration.

15.3 Information technology

15.3.1 Medical education institution **shall** define and implement the policy designed to effective use an assessment of appropriate information and communication technologies in education program.

Medical education institution **should** afford opportunities to teachers and students for use of information and communicative technology:

15.3.2 For self-tuition;

15.3.3 access to information;

15.3.4 Case management;

15.3.5 Work in the health care system.

15.3.6 Medical education institution **should** provide the student access to relevant patient data and information systems of public health service.

15.4 Researches in the area of medicine and scientific achievements

Medical education institution **shall**:

15.4.1 perform the research activity in the area of medicine and have the science achievements as a framework for education program.

15.4.2 define and implement the policy conducive to interrelation between the research investigations and education.

15.4.3 provide information on research and development base and promising directions in the area of research activities of medical education institution.

15.4.4 Medical education institution **shall** ensure that interrelation between the scientific research and education is considered in teaching, encourages and prepares students to participation in research investigations in the area of medicine

and development thereof.

15.5 Expert review in the area of education

Medical education institution **shall**:

15.5.1 have access to expert review in the area of education where appropriate and carry out examination exploring the processes, practice and problems of medical education and may engage doctors with experience of pursue of research in medical education, psychologists and sociologists in the area of education which is assured by department of medical education development or engagement of experts from other national and global institutions.

Medical education institution **shall** define and implement the policy for use of expert review in the area of education:

15.5.2 in development of education program.

15.5.3 in development of teaching methods and evaluation of knowledge and skills.

Medical education institution **should**:

15.5.4 submit evidence of use of internal or external expertise in the area of medical education for development of employees potential .

15.5.5 pay due attention to expertise development in the area of education and investigations in medical education as discipline including the study of theoretical, practical and social issues in medical education.

15.5.6 assist the employees aspirations and interests in the pursuance of research in medical education.

15.6 Exchange in the area of education

Medical education institution **shall** define and implement the policy for:

15.6.1 cooperation on the national and international level with other medical HEI, schools of public health care and other university faculties

15.6.2 transfer and offset of education credits that includes the consideration of education program volumes limits which may be transferred from other education institutions and to which the conclusion of agreement on mutual recognition of education program elements and active coordination of programs between the HEIs and use of transparent system of credit units and flexible course requirements may promote

Medical education institution **should**:

15.6.3 assist the regional and international exchange of employees (academic, administrative and teaching staff) and students having provided with appropriate resources.

15.6.4 Ensure the exchange is arranged according to objectives, taking into account the needs of employees, students and in compliance with ethical principles.

16. EVALUATION OF THE EDUCATIONAL PROGRAM

16.1 Mechanisms for monitoring and evaluation of program

16.1.1 Medical education institution **shall** have the program for monitoring of processes and results, including the routine acquisition of data on key aspects of education program. Objectives of monitoring is assurance of education process

quality, detection of areas requiring the intervention.

Medical education institution **shall** establish and apply the mechanisms for education program evaluation, which:

16.1.2 Focused on education program and its principal components including the model of education program, structure, content and duration of education program, use of mandatory and elective parts.

16.1.3 Focused on the student progress.

16.1.4 Detect and consider problems which include the insufficient achievement of expected final learning results for carrying out of remedial measures with a view of improvement of education program and disciplines syllabuses.

Medical education institution **should** periodically perform the overall assessment of education program of education program focused on:

16.1.5 Context of education program which includes the institution and resources, learning environment and culture of medical education institution.

16.1.6 Special components of education institution, which include the description of disciplines and methods of teaching and learning, clinical rotations and evaluation method.

16.1.7 General final results which will be measured by the results of external independent appraisal, benchmarking procedure, choice of career and post-graduate studies results.

16.1.8 Own social responsibility.

16.2 Feedback of teacher and student

16.2.1 Medical education institution **shall** systematically collect, analyze and submit to the teachers and students the feedback which includes the information on process and production of education program as well as include the information on abusive practice or bad behavior of teachers or students and legal effect.

16.2.2 Medical education institution **should** apply the feedback results for education program improvement.

16.3 Educational achievements of students and graduates

Medical education institution **should** perform the **analysis** of educational achievements of students and graduates regarding:

16.3.1 own mission and final results of learning for education program which includes the information on average duration of teaching, performance grades, frequency of retakes and failures, cases of successful completion and expel, students reports on learning environment at courses completed, time spent for learning of areas of interests including the components at option, as well as interview with students on repeated courses and interview with students leaving the education program.

16.3.2 education program.

16.3.3. resource endowment.

16.3.4 Medical education institution **should** analyze the students education achievements regarding their previous experience and conditions including the social, economic, cultural conditions as well as attainment level as of the moment of admission to medical education institution.

16.3.6 Medical education institution **should** apply the analysis of students

education achievements, for provision of feedback to the structural subdivisions in charge of selection of students, planning of education program, students consulting.

16.4 Engagement of interested parties

16.4.1 Medical education institution **shall** in its monitoring program and activities for assessment of education program engage the teaching staff and students, its administration and governance.

16.4.2 Medical education institution **should** engage to the assessment process the other interested parties including the representatives of academic and administrative employees, members of the public, authorized bodies for education and public health care, professional organizations.

Medical education institutions **should**:

16.4.3 afford access to results of education program assessment;

16.4.4 collect and explore the feedback from graduates by clinical practice;

16.4.5 collect and explore the feedback from graduates by education program.

17. MANAGEMENT AND ADMINISTRATION standard

17.1 Program management

17.1.1 Medical education institutions **should** determine the structural subdivision in charge of education programs which is under the authority of academic management holds responsibility and has powers for planning and implementation of education program, including the allocation of dedicated resources for planning, and implementation of teaching and learning methods, students evaluation and assessment of education program and curriculum so as to provide the achievement of final learning results.

17.1.2 Medical education institution **shall** ensure the representation from teachers and students in the structural subdivision in charge of education programs.

17.1.3 Structural subdivision in charge of education program **should** ensure the transparency of system of governance and accepted decisions published in bulletin, posted on HEI website, incorporated to protocols for familiarization and performance.

17.1.4 Medical education institution **should** through the structural subdivision in charge of education programs plan and implement the innovations to education program.

17.1.5 Medical education institution **should** include the representatives from other relevant interested parties to composition of structural subdivision of medical education institution in charge of education program including other participants of education process, representatives from clinical bases, medical education institutions graduates, health professionals, engaged to learning process or other teachers of university faculties.

Medical education institution **should** ensure that structural subdivision in charge of educational program:

17.1.6 takes account of features of conditions where the graduates are destined to work in and accordingly modify the education program.

17.1.7 considers the modification of education program on the basis feedback

with community and society as a whole.

17.1.8 Medical education institution **should** periodically perform the evaluation of academic governance regarding the achievement of own Mission and final learning results.

17.2 Academic leadership

17.2.1 Medical education institution should **clearly** define the responsibility of academic governance in regard to development and governance of education program

17.2.2 Medical education institution **should** periodically perform the evaluation of academic governance in regard to achievement of Mission thereof and final Learning results

17.3 Budget for learning and resources assignment

Medical education institution **should**

17.3.1 have the clear scope of responsibility and powers for provision of education program with resources including the target budget for learning.

17.3.2 allocate resources needed for performance of education program and distribute the learning resources according to requirements thereof.

17.3.3 The system of medical education institution financing shall be based on the principles of effectiveness, productivity, priority ranking, transparency, responsibility, delimitation and independence of all budget levels.

Medical education institution **should:**

17.3.4 afford the sufficient autonomy in resources allocation, including the worthily remuneration of teachers in accordance with final learning results achievement;

17.3.5 during resources allocation take into account the scientific achievements in the area of medicine and society health aspect and requirements.

17.4 Administrative staff and management

Medical education institution **should** have the relevant administrative and academic staff including the number and composition in accordance with qualification in order to:

17.4.1 provide the implementation of education program and relevant types of activity;

17.4.2 ensure the proper governance and allocation of resources.

17.4.3 Medical education institution **should** develop and implement the internal program for management quality assurance including consideration of requirements for improvement and perform the regular management review and analysis.

17.5 Compatibility with health care sector

17.5.1 Medical education institution **shall** have the structural interaction with health care sector with allied health care sector of society and government including the information sharing, cooperation and initiatives of institutions, which promotes the provision with experienced doctors according to society requirements.

17.5.2 Medical education institution **shall** ensure the operational connection between the education program and subsequent stages of vocational preparation

(internship, specialization, CPD/CME) or practice, which the student will proceed to upon the learning completion.

17.5.3 Medical education institution should instill the official status to cooperation with the partners in the public health sector including the conclusion of formal agreement with determination of content and forms of cooperation and/or conclusion of joint contract and establishment of coordination committee and carrying out of joint arrangements.

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