



INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



STANDARDS

**OF SPECIALIZED ACCREDITATION OF
HIGHER EDUCATION AGENCIES
EDUCATION PROGRAM BY
5B130100 - «General Medicine» SPECIALTY**

Astana 2014



Independent agency for
accreditation rating

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OF SPECIALIZED ACCREDITATION OF
HIGHER EDUCATION AGENCIES**

**EDUCATION PROGRAM BY
5B130100 - «General Medicine»
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

Main 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 “General Medicine” of medical organizations of education.

This standard is used during the accreditation procedure of educational program in the specialty “General Medicine” 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" and 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.

In addition, in accordance with the international standards of the World Federation for Medical Education on improvement of the quality of basic medical education (WFME, Copenhagen University, 2012) the following terms and definitions in the relevant standards are established (shown in the Guidance on self-assessment of educational program in the specialty "General Medicine").

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;
- **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 carried out on the basis of this standard «The Education System of RK. Standards for specialized accreditation, Standard «Specialized accreditation» General provisions; Standard «Missions and outcomes»; Standard «Educational program»; Standard «Evaluation of students»; Standard «Students»; Standard «Academic staff/Teachers»; Standard «Educational recourses»; Standard «Educational program evaluation»; Standard «Management and administration»; Standard «Continuous improvement». Standards for institutional accreditation of medical education institutions are developed on the basis of International Standards of the World Federation for Medical Education on improvement of quality of basic medical education with introduction of national specifications of the healthcare system and medical education and developed in accordance with the recommendations of international consultants within the framework of realization of the Component C «Medical education and science reform», Project «Technologies transfer and institutional reform in the field of healthcare of the Republic of Kazakhstan» and with amendments of the World Federation for Medical Education to the International standards on improvement of quality of basic medical education (2012).

5.2 The following forms of accreditation are classified:

1) on structure

5.2.1 institutional accreditation;

5.2.2 specialized accreditation;

2) on territorial recognition

5.2.3 national accreditation;

5.2.4 international accreditation.

5.3 Decision on accreditation is made by Accreditation Council.

5.4 The Accreditation Council consists of representatives from MES RK, MH RK, medical education institutions, research organizations, healthcare organizations, professional associations, employees, community, students and international experts.

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 «General Medicine» 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 transparency – 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

1.MISSION AND OUTCOMES

1.1 Mission definition

1.1.1 The medical education institution **must** define *its mission* and make it known to interested parties and **health sector**.

1.1.2 The mission statement **must** describe **its objectives and educational strategy**, allowing to prepare competent medical doctor at the level of **undergraduate medical education**

1.1.3 with an appropriate foundation for further career in any branch of

medicine including all types of medical practice, **administrative medicine** and research in medicine

1.1.4 capable of undertaking the role and functions of doctor **in accordance with established requirements of health sector**

1.1.5 prepared for **postgraduate** education, **including internship, residency, specialization**

1.1.6 with the obligation to learn throughout life, including professional responsibility to support level of knowledge and skills through performance evaluation, audit, research their own practice and recognized activities in *CPD/CME*.

1.1.7 The medical education institution **must** ensure that stated mission includes *health needs of the community*, needs of the health care system and other aspects of *social accountability*.

1.1.8 The medical education institution must have the Development Strategic Plan, corresponding to stated mission, objectives of medical education institution and approved at the consultative and advisory Council of HEI.

1.1.9 The medical education institution must systematically gather, collect and analyze the information about its own activity; assess strengths and weaknesses if HEI (SWOT analysis), on the basis of which the university administration together with the consultative and advisory Council of HEI must define the Policy and develop Strategic and Operational Plan.

1.1.10 The mission and objectives of medical education institution must comply with available resources, medical education institution means, market requirements and their support methods must be defined and the access to information about mission, objectives of medical education institution for the public must be provided (availability of the information in mass media, on the web-site of HEI), mission and objectives of medical education institution are approved at the consultative and advisory Council of HEI.

1.1.11 The medical education institution **should** ensure that the mission includes medical research attainment in the field of biomedical, clinical, behavioral and social sciences.

1.1.12 The medical education institution **should** ensure that the mission includes aspects of global health and reflects major international health needs.

1.2 Participation in formulation of mission

1.2.1 The medical education institution **must** ensure that its *principal interested parties* participate in formulating the mission.

1.2.2 The medical education institution **should** ensure that the stated mission is based on opinion/suggestions of other *relevant interested parties*.

1.3 Institutional autonomy and academic freedom

The medical education institution **must** have *institutional autonomy* to develop and implement policies for which its academic teaching staff and administration are responsible, especially regarding:

1.3.1 development of educational program;

1.3.2 use of the allocated resources necessary for implementation of educational program.

The medical education institution **should** ensure *academic freedom* for its staff and students:

1.3.3 regarding *actual educational program, in which it will be allowed to draw upon different perspectives in description and analysis of medical issues;*

1.3.4 in opportunity to use the results of new research, for improvement of studying of specific subjects/issues without expanding the educational program.

1.4 Educational outcomes

The medical education institution **must** define *intended educational outcomes* that students should exhibit upon graduation in relation to:

1.4.1 their achievements at the basic level regarding knowledge, skills, and attitudes;

1.4.2 appropriate basis for future career in any field of medicine;

1.4.3 their future roles in the field of healthcare;

1.4.4 their subsequent postgraduate training;

1.4.5 their obligation in education throughout their life;

1.4.6 medical and sanitary needs of public health, needs of healthcare system and other aspects of social accountability.

1.4.7 The medical education institution **must** ensure that student performs obligations with respect to doctors, teachers, patients and their relatives according to the Code of Conduct.

The medical education institution **should**:

1.4.8 determine and coordinate connection of educational outcomes, required by graduation, with that to be required in postgraduate education;

1.4.9 determine the results of students engagement in medical research;

1.4.10 draw attention to outcomes, connected with global health.

2. EDUCATIONAL PROGRAM

2.1 Educational program model and educational methods

2.1.1 The medical education institution **must** determine *curriculum model including integrated model, based on subjects, organs systems, clinical problems and diseases, model, based on modules or spiral design.*

2.1.2 The medical education institution **must** determine used *methods of teaching and learning.*

2.1.3 The medical education institution **must** ensure that the educational program develops students skills for learning lifelong

2.1.4 The medical education institution **must** ensure that the educational program is delivered in accordance with *principles of equality.*

2.1.5 The medical education institution **should** use educational program and methods of teaching and learning, *based on contemporary learning principles* that stimulate, prepare and support students and provide formation of responsibility of students for their learning process.

2.2 Scientific method

The medical education institution **must** teach the students throughout the educational program:

2.2.1 principles of scientific method, including analytical and critical thinking methods;

2.2.2 scientific methods of research in medicine;

2.2.3 evidence-based medicine that requires *appropriate competence of teachers and will be mandatory part of educational program and will involve medical students in conduction or participation in small scientific-research projects.*

2.2.4 The medical education institution **should** include in the educational program *the elements of fundamental or applied research works including mandatory or elective analytical and experimental studies, thereby facilitating the participation in scientific development of medicine as professionals and colleagues.*

2.3 Basic biomedical sciences

The medical education institution **must** determine and include following in the educational program:

2.3.1 achievements of *basic biomedical sciences* for formation of understanding of scientific knowledge of the students;

2.3.2 concepts and methods that are fundamental for acquiring and applying clinical scientific knowledge.

The medical education institution **should** in the educational program correct and introduce new achievements of biomedical sciences for:

2.3.4 scientific, technological and clinical developments;

2.3.5 current and anticipated needs of the society and the healthcare system.

2.4 Behavioral and social sciences and medical ethics

The medical education institution **must** determine and incorporate in the educational program the achievements of:

2.4.1 *behavioral sciences*;

2.4.2 *social sciences*;

2.4.3 *medical ethics*;

2.4.4 *medical jurisprudence, that would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding of socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems, as well as knowledge about the national healthcare system and patients' rights, that will enable analysis of health needs of the community, effective communication, clinical decision making and ethical practices.*

The medical education institution **should** in the educational program correct and introduce new achievements of *behavioral and social sciences*, as well as *medical ethics* for:

2.4.5 scientific, technological and clinical developments;

2.4.6 current and anticipated needs of the society and the healthcare system ;

2.4.7 changing demographics and cultural contexts.

2.5 Clinical sciences and skills

The medical education institution **must** in the educational program determine and introduce achievements of *clinical sciences* and ensure that students:

2.5.1 acquire sufficient knowledge and *clinical and professional skills* in order to assume *appropriate responsibility, including events, connected with health promotion, disease prevention and delivering care for patients*;

2.5.2 spend *reasonable part (one third)* of the educational program in *planned contact with patients, including consideration of objective, appropriate quantity and their sufficiency for learning in relevant clinical bases*;

2.5.3 conduct work on health promotion and preventive medicine.

2.5.4 The medical education institution **must** establish certain amount of time for learning of *main clinical subjects, including internal diseases, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics*.

2.5.5 The medical education institution **must** organize clinical education with appropriate attention to *patient safety, including monitor actions performed by students under the conditions of clinical bases*.

The medical education institution **should** in the educational program correct and introduce new achievements of *clinical sciences* for:

2.5.6 scientific, technological and clinical developments;

2.5.7 current and anticipated needs of the society and the healthcare system.

2.5.8 The medical education institution **should** ensure that every student has *early contact with real patients, including his gradual participation in delivery of care for patient, including responsibility in terms of inspection and/or treatment of patient under supervision, that take place in relevant clinical bases*.

2.5.9 The medical education institution **should** structure the different component of learning of *clinical skills* according to specific stage of educational program.

2.6 Educational program structure, composition and duration

2.6.1 The medical education institution **must** describe the content, extent and sequencing of courses and other educational program elements to ensure appropriate coordination between basic biomedical, behavioral and social and clinical subjects.

The medical education institution **should** in the educational program:

2.6.2 ensure *integration in horizontal direction* of associated sciences and subjects;

2.6.3 ensure *integration in vertical direction* of the clinical sciences with basic biomedical and behavioral and social sciences;

2.6.4 provide the possibility of elective content (electives) and determine balance between *compulsory and elective* part of educational program *that includes combination of compulsory elements and electives or special components for choice*;

2.6.5 determine *relationship with complementary medicine that includes non-traditional, traditional or alternative practice*.

2.7 Program management

2.7.1 The medical education institution **must** determine structural subdivision that is responsible for educational program, that under the Management of the academic leadership, that bear responsibility and *has authority* for planning and

implementing the educational program, *including allocation of granted resources for planning and implementing methods of teaching and learning, evaluation of students and evaluation of educational program and learning courses, in order to ensure reaching educational outcomes.*

2.7.2 The medical education institution **must** ensure representation of teachers and students in structural subdivision, responsible for educational programs.

2.7.3 The medical education institution **should** through its structural subdivision, responsible for educational programs plan and implement innovations in the educational program.

2.7.4 The medical education institution **should include** representatives from *other appropriate interested parties*, to composition of structural subdivision of medical education institution, responsible for educational programs, *that include other participants of educational process, representatives from clinical bases, graduates of medical education institutions, specialists of healthcare, involved in educational process or other teachers of university faculties.*

2.8 Communication with medical practice and healthcare system

2.8.1 The medical education institution **must** ensure *operational communication* between educational program and subsequent stages of professional training (internship, specialization, CPD/CME) or practice, which student will start after graduation, *including determination of health problems and determination of required educational results, clear determination and description of elements of the educational program and their relationships at various stages of training and practice, with due regard to local, national, regional and global conditions, as well as feedback to/from healthcare sector and participation of teachers and students in the work of team of specialists while delivering medical care.*

The medical education institution **should** ensure that the structural subdivision that is responsible for educational program:

2.8.2 take into account features of conditions in which graduates will be expected to work and according to it modify the educational program;

2.8.3 considers educational program modification on the basis of feedback with the society and the community as a whole.

3. EVALUATION OF STUDENTS

3.1 Evaluation methods

The medical education institution **must:**

3.1.1 determine, approve and publish *the principles, methods and practices, used for evaluation of students, including number of examinations and other tests, adherence to balance between written and oral examinations, use of evaluation methods, based on criteria and discussions, and special examinations (OSCE or mini clinical examinations)*, as well as determine criteria for establishment of passing points, grades and number of allowed retakes;

3.1.2 ensure that evaluations cover knowledge, skills and attitudes;

3.1.3 use wide range of evaluation methods and formats according to their *"utility evaluation"*, *that includes combination of validity, reliability, impact on*

education, acceptability and efficiency of methods and evaluation format;

3.1.4 ensure that methods and results of evaluations avoid conflicts of interest;

3.1.5 ensure that the process and methods of evaluation are open (available) for expertise from external experts.

The medical education institution **should:**

3.1.6 *document and assess reliability and validity of evaluation methods, that require appropriate process of quality assurance of available evaluation practice;*

3.1.7 incorporate new evaluation methods where appropriate;

3.1.8 use a system for appeal of evaluation results.

3.2 Relationship between evaluation and education

The medical education institution **must use evaluation principles, methods and practices, including students' academic achievements and evaluation of knowledge, skills, professional values of relationship** which:

3.2.1 clearly comparable with the methods of learning, teaching and educational outcomes;

3.2.2 ensure that students achieve educational outcomes;

3.2.3 promote learning;

3.2.4 provide an appropriate balance between formative and summative evaluation in order to manage learning and *assess academic progress* of student, *that requires rules of progression and their relationship to the evaluation process.*

The medical education institution **should:**

3.2.5 *adjust the number and nature of examinations* of various elements of the educational program in order to *promote* acquiring of knowledge and *integrated learning* and *in order to avoid negative impact on learning process and eliminate the need to study too much information and overload* of educational program;

3.2.6 ensure the provision of feedback for students on the basis of evaluation results.

4. STUDENTS

4.1 Admission and selection policy

The medical education institution **must:**

4.1.1 determine and introduce *admission policy*, including *well-established position in the process of selection of students, which includes ground and methods of selection, such as results of learning in high school, other appropriate academic experience, other entrance exams and interviews, evaluation for motivation to become a doctor, including changes in needs, connected with variety of medical practices;*

4.1.2 have *policy* and implement *admission policy* for students with *disabilities in accordance with the applicable laws and legal documents of the country;*

4.1.3 have policy and implement practice of students' transfer from other programs and medical education institutions.

The medical education institution **should**:

4.1.4 establish relationship between students selection and mission of medical education institution, educational program and desired quality of graduates;

4.1.5 periodically consider admission policy, on the basis of existing data from the public and specialists in order to meet *the health needs of the population and society as a whole, including consideration of students admission based on their gender, ethnicity and language, and potential need for special admission policy for students from low-income families and ethnic minorities*;

4.1.6 use system for appeal of admission decisions.

4.2 Students admission

4.2.1 The medical education institution **must** determine number of admitted students in accordance with material and technical opportunities at all stages of education and training, decision-making on students admission imply necessary adjustment of national requirements for medical workforce, in case, when medical education institutions do not control number of admitted students, then it is necessary to demonstrate obligations, by explaining all relationships, drawing attention to consequences of taken decisions (imbalance between students admission and material and technical and academic potential of university).

4.2.2 The medical education institution **should** periodically consider number and nature of admitted students in consultation process with *appropriate interested parties, responsible for planning and development of human resources in healthcare sector, as well with experts and organizations concerned with global aspects of human resources for healthcare (such as insufficient and uneven distribution of human resources of healthcare, migration of doctors, opening of new medical HEI)* and adjusted in order to meet needs of health of the population and society as a whole.

4.3 Counseling and support for students

The medical education institution **must**:

4.3.1 have system of *academic counseling* for its students, *that include questions, related to choice of electives, preparation to residency, planning of professional career, appointment of academic tutor (mentor)* for individual students or small groups of students;

4.3.2 offer program for students' support aimed at *social, financial and personal needs, that include support in connection with social and personal problems and events, health problems and financial issues, availability of medical care, immunization programs and health insurance, as well as financial assistance services in the form of material aid, scholarships and loans*;

4.3.3 allocate resources to support students;

4.3.4 ensure confidentiality concerning counseling and support.

The medical education institution **should** provide counseling that:

4.3.5 is based on monitoring of student progress and aimed at social and personal needs of students including academic support, support for personal problems and situations, health problems, financial issues;

4.3.6 includes counseling and professional career planning.

4.4 Representation of students

4.4.1 The medical education institution **must** determine and introduce *policy for students' representation* and their *appropriate participation* in development, management and evaluation of educational program and other issues concerning students that include *students' self-administration, participation of students' representatives in councils of faculties, university and other relevant bodies, as well as in social activities and local healthcare projects.*

4.4.2 The medical education institution **should** provide *assistance and support for student activities* and student organizations, including *technical and financial support for student organizations.*

5. ACADEMIC STUFF/TEACHERS

5.1 Selection and admission policy for human resources

The medical education institution **must** determine and introduce *selection and admission policy for employees*, that:

5.1.1 determines their category, responsibilities and *balance of academic staff/teachers* of basic biomedical sciences, behavioral and social sciences and clinical sciences for adequate realization of educational program, including appropriate balance between medical and non-medical academic staff, full-time and part-time academic staff and balance between academic and non-academic staff;

5.1.2 contains criteria for scientific, educational and clinical merits of applicants, including appropriate balance between teaching, research and clinical qualifications;

5.1.3 determines and provides monitoring for responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences and clinical sciences.

The medical education institution **should** in its policy for selection and admission of employees take into account criteria such as:

5.1.4 relationship to its mission, *importance of local conditions, including gender, ethnicity, religion, language, and other conditions, regarding medical education institution and educational program;*

5.1.5 *economic opportunities, that take into account institutional conditions for financing of employees and efficient use of resources.*

5.2 Policy for development and activity of employees

The medical education institution must determine and introduce policy for development and activity of employees, that:

5.2.1 allows keeping to *balance between teaching, research and service functions*, that includes establishment of *time for each type of activity, taking into account needs of medical education institution and professional qualifications of teachers;*

5.2.2 ensures *recognition of academic activities*, with appropriate emphasis on teaching, research and clinical qualifications and *it is performed in the form of awards, promotion and/or remuneration;*

5.2.3 ensures, that clinical activity and scientific research are used in

teaching and learning;

5.2.4 ensures *sufficiency of knowledge of each employee of educational program, that includes knowledge about methods of teaching/learning and general content of educational program and other subjects and subject areas with the purpose of fostering cooperation and integration;*

5.2.5 *includes learning, development, support and evaluation for teaching activity that involves all teachers, not only new teachers, and also includes teachers employed by hospitals and clinics.*

The medical education institution **should**:

5.2.6 take into account “teacher-student” ratios depending on various components of educational program;

5.2.7 develop and implement employees promotion policy.

6. EDUCATIONAL RESOURCES

6.1 Material and technical base

The medical education institution **must**:

6.1.1 have sufficient *material and technical base* for teachers and students, to ensure that the educational program can be delivered adequately;

6.1.2 ensure *safe environment* for employees, students, patients and those who care for them, including provision of necessary information and *protection from harmful substances, microorganisms, compliance with safety regulations in laboratory and using equipment.*

6.1.3 The medical education institution **should** improve learning environment of students by regularly updating, expansion and strengthening of material and technical base that should match the development in practice of teaching.

6.2 Resources for clinical training

The medical education institution **must** ensure necessary resources for giving the students adequate clinical experience, including sufficient:

6.2.1 number and categories of patients;

6.2.2 number and categories of *clinical bases, that include hospitals (providing primary, specialized and highly specialized care), ambulatory services (including PHC), primary health care institutions, healthcare centers and other institutions of providing medical care for the population, as well as centers/laboratories of clinical skills, that allow clinical training, taking advantage of clinical bases and provide rotation on major clinical subjects;*

6.2.3 supervision of students’ clinical practice.

6.2.4 The medical education institution **should** *study and assess, adapt and improve resources for clinical training to meet the needs of the population served that will include relevance and quality for clinical training programs with respect to clinical bases, equipment, number and category of patients and clinical practice, observations as a supervisor and administration.*

6.3 Information technologies

6.3.1 The medical education institution **should** determine and introduce policy that is aimed at *efficient use and evaluation of appropriate information and*

communication technologies in educational program.

The medical education institution **should** provide teachers and students with the possibility to use information and communication technologies:

6.3.2 for self-study;

6.3.3 access to information;

6.3.4 managing patients;

6.3.5 works in healthcare system.

6.3.6 The medical education institution **should** provide students' access to appropriate data of patients and healthcare information systems.

6.4 Research in the field of medicine and scientific achievements

The medical education institution **must**:

6.4.1 have *research activity in the field of medicine and scientific achievements* as the basis for the educational program;

6.4.2 determine and introduce policy that promotes the relationship between research and education;

6.4.3 provide information on scientific and research base and priorities in the field of scientific research of medical education institution.

The medical education institution **should** ensure that interaction between scientific research and education:

6.4.4 is taken into account in teaching;

6.4.5 encourages and prepares students to engage in scientific research and their development.

6.5 Expertise in the field of education

The medical education institution **must**:

6.5.1 have access to *expertise in the field of education*, where necessary, and conduct expertise that study processes, practice and problems of medical education and can involve doctors with research experience in medical education, psychologists and sociologists in the field of education that is provided by medical education development department of university or by attracting experts from other national or international institutions.

The medical education institution **must** determine and introduce policy on the use of expertise in the sphere of education:

6.5.2 in development of educational program;

6.5.3 in development of methods for teaching and evaluation of knowledge and skills.

The medical education institution **should**:

6.5.4 demonstrate evidence of use of internal or external expertise in the field of medical education for development of employees potential;

6.5.5 pay due attention to development of *expertise in evaluation of education and in research in medical education as a subject that includes study of theoretical, practical and social issues in medical education*;

6.5.6 promote the aspiration and interests of employees in research in medical education.

6.6 Exchange in the field of education

The medical education institution **must** determine and introduce *policy for*:

6.6.1 national and international collaboration *with other medical universities, schools of public health care, general medicine, dentistry, pharmacy faculties and other faculties of universities;*

6.6.2 *transfer and mutual passing of educational credits that include consideration of limits of educational program scope that can be transferred from other educational institutions and that may be contributed with conclusion of agreements on mutual recognition of elements of the educational program and active coordination of programs between universities and use of transparent system of credits and flexible course requirements.*

The medical education institution **should**:

6.6.3 promote regional and international exchange of employees (academic, administrative and teaching staff) and students by providing adequate resources;

6.6.4 ensure that the exchange is organized in accordance with objectives, taking into account the needs of employees, students, and in compliance with ethical principles.

7. EDUCATIONAL PROGRAM EVALUATION

7.1 Mechanisms for program monitoring and evaluation

The medical education institution **must**

7.1.1 have *program* regarding educational program *for monitoring* of processes and results that includes *routine collection of data on key aspects of educational program in order to ensure that educational process is carried out appropriately, and for identification of any areas requiring interventions, as well as data collection is a part of administrative procedures in connection with admission of students, evaluation of students and completion of education.*

The medical education institution **must** establish and apply mechanisms for evaluation of educational program that:

7.1.2 aimed at educational program and its *main components, including model of educational program, structure, content and duration of educational program and use of compulsory and elective parts (see Standard «Educational program»);*

7.1.3 aimed at student's progress;

7.1.4 identifies and considers *problems that include insufficient achievement of expected learning outcomes, and will imply collection of information on learning outcomes, including on identified shortcomings and problems, and will be used as a feedback for conducting events and plans correcting actions, for improvement of educational programs and curriculum of subjects.*

The medical education institution **should** periodically perform comprehensive evaluation for educational program, aimed at:

7.1.5 *context of educational process that includes organization and resources, learning environment and culture of medical education institution;*

7.1.6 *specific components of educational program that include description of subject and methods of teaching and learning, clinical rotations and methods of evaluation;*

7.1.7 *general outcomes that will be measured by results of national exams on licensing, benchmarking procedure, international exams, career choice and*

performance of postgraduate education results;

7.1.8 its social responsibility.

7.2 Teacher and student feedback

7.2.1 The medical education institution **must** systematically collect, analyze and provide teachers and students with *feedback that includes information about process and product of educational program, as well as include information about malpractice or misconduct of teachers or students with/without legal consequences.*

7.2.2 The medical education institution **should** use feedback results for improvement of educational program.

7.3 Educational achievements of students and graduates

The medical education institution **must** conduct **analyze** of *educational achievements of students and graduates* regarding:

7.3.1 its mission and educational outcomes of educational program *that includes information about average length of study, GPA, pass frequency and failures on exams, cases of successful graduation and dropout, student reports about conditions of learning in their courses, about time spent for studying of interesting areas, including components of choice, as well as interviews with students on repeat courses, and interviews with students who leave training program;*

7.3.2 educational program;

7.3.3. provision with resources.

The medical education institution **should** analyze *educational achievements* of students regarding:

7.3.4 *their prior experience and conditions, including social, economic and cultural conditions;*

7.3.5 level of training at the time of admission in medical education institution.

The medical education institution **should** use analysis of educational achievements of students for provision of feedback for structural subdivisions, responsible for:

7.3.6 selection of students;

7.3.7 planning of educational program;

7.3.8 students' counseling.

7.4 Involvement of interested parties

The medical education institution **must** in its program of monitoring and events on evaluation of educational program involve:

7.4.1 academic staff and students;

7.4.2 its Management and management.

The medical education institution **should** *for other interested parties, including other representatives of academic and administrative staff, representatives of the public, competent authorities of education and health care, professional organizations, as well as those who are responsible for post-graduate education:*

7.4.3 provide access to results of course and educational program evaluation;

- 7.4.4 collect and study feedback from them on clinical practice of graduates;
- 7.4.5 collect and study feedback from them on educational program.

8. MANAGEMENT AND ADMINISTRATION

8.1 Management

8.1.1 The medical education institution **must** determine management structures and functions, including their *relationship with university, if medical education institution is a part or affiliate of the university.*

The medical education institution **should** in its management structures determine *structural subdivisions with establishment of responsibility of each structural subdivision* and include in their composition:

8.1.2 academic staff representatives;

8.1.3 students;

8.1.4 *other interested parties, including representatives of ministries of education and healthcare, healthcare sector and public.*

8.1.5 The medical education institution **should** provide *transparency* for management system and decisions made that *are published in bulletins, posted on website of university, are included in protocols for review and execution.*

8.2 Academic leadership

8.2.1 The medical education institution **must** clearly determine responsibility of *academic leadership* regarding development and management of educational program.

8.2.2 The medical education institution **should** periodically assess for academic leadership regarding reaching its mission and learning outcomes.

8.3 Educational budget and resource allocation

The medical education institution **must**:

8.3.1 have clear responsibilities and powers to ensure resources for educational program, including targeted budget for education;

8.3.2 allocate resources necessary for performance of educational program and distribute educational resources according to their needs.

8.3.3 Financial system of the medical education institution must be based on principals of efficiency, effectiveness, priority, transparency, responsibility, separation and independence of all budget levels.

The medical education institution **should**:

8.3.4 provide sufficient autonomy in allocation of resources, including decent remuneration of teachers in order to achieve learning outcomes;

8.3.5 while allocating resources take into account scientific achievements in the field of medicine and public health problems and their needs.

8.4 Administrative staff and management

The medical education institution **must** have *relevant administrative and academic staff*, including their *number and content in accordance with their qualifications* in order to:

8.4.1 ensure implementation of educational program and related activities;

8.4.2 ensure proper management and resources allocation.

8.4.3 The medical education institution **should** develop and introduce internal

program for management quality provision including consideration of need for improvements, and conduct regular review and analyze of *management*.

8.5 Interaction with healthcare sector

8.5.1 The medical education institution **must** have *constructive interaction* with healthcare sector, with related sectors of public and government healthcare, *including exchange of information, collaboration and organizational initiatives that facilitate provision of qualified doctors in accordance with needs of the society*.

8.5.2 The medical education institution **should** give *official status for cooperation with partners in healthcare sector that includes conclusion of official agreements with definition of content and forms of cooperation and/or conclusion of joint contract and establishment of coordination committee, and conduction of joint events*.

9. CONTINUOUS IMPROVEMENT

The medical education institution **must** as dynamic and socially responsible institution:

9.1.1 initiate procedures for regular review;

9.1.2 review of structure and functions;

9.1.3 allocate resources for continuous improvement.

The medical education institution **should**:

9.1.4 base the process of renewal on prospective studies and analyses and on results of local studying, evaluation and literature on medical education;

9.1.5 ensure that the process of renewal and restructuring leads to revision of its policies and practices in accordance with past experience, present activities and future perspectives; direct the process of renewal to the following issues.

9.1.6 Adaptation of statement on mission and outcomes to scientific, socio-economic and cultural development of the society.

9.1.7 Modification of outcomes of graduating students in accordance with documented needs of environment of post-graduate training, including clinical skills, training in public health issues and participation in process of providing health care for patients in accordance with obligations, which conferred upon graduates after graduation.

9.1.8 Adaptation of model of educational program and methodological approaches in order to ensure that they are relevant and appropriate and takes into account current theories in education, adult education methodology, principles of active learning.

9.1.9 Adjustment of elements of educational program and their relationship in accordance with achievements in biomedical, behavioral, social and clinical sciences, with changes of demographic situation and health/ disease structure of the population and socio-economic and cultural conditions, and adjustment process will ensure inclusion of new relevant knowledge, concepts and methods, and exclusion of obsolete ones.

9.1.10 Development of evaluation principles, behavior methods and number of examinations in accordance with changes in learning outcomes and teaching and

learning methods.

9.1.11 Adaptation of policy for admission of students and methods for students selection taking into account changing expectations and circumstances, human resource needs, changes in system of pre-university education and needs of educational program.

9.1.12 Adaptation of policy for admission and formation of academic staff of employees in accordance with changing needs.

9.1.13 Updating of educational resources according to changing needs, for example, such as students admission, number and profile of academic staff, educational program.

9.1.14 Improvement of monitoring and evaluation process of educational program.

9.1.15 Improvement of organizational structure and management principles for provision of effective activity under changing circumstances and needs, and, over time, to meet the interests of different groups of interested parties.

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