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INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



WORLD FEDERATION FOR
MEDICAL EDUCATION

SANDARDS

OF INSTITUTIONAL ACCREDITATION OF MEDICAL
EDUCATIONAL ORGANIZATIONS



Astana 2016

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

**SANDARDS
of institutional accreditation of medical educational organizations**

Astana city, 2016

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 October 17, 2016 no. 39-16-1-OD.

3. This standard implements the norms of the Law of the Kyrgyz Republic “On Education” as of April 30, 2003 No. 92.

4. INITIALLY INTRODUCED

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STANDARDS OF INSTITUTIONAL ACCREDITATION OF MEDICAL EDUCATIONAL ORGANIZATIONS GENERAL PROVISIONS

1. Applicable scope

1.1 This standard determines the regulatory requirements to the general provisions of the standards of institutional accreditation of medical educational organizations.

1.2 This standard is used during institutional accreditation procedure of a medical educational organization regardless of its status, legal corporate form, forms of ownership and departmental subordination.

1.3 This standard may also be used:

- a) by medical educational organizations for internal and external evaluation of their activity;
- b) for the development of relevant regulatory documentation.

2. Regulatory references

This standard contains references to the following regulatory documents:

2.1. The Law of the Kyrgyz Republic “On Education” as of April 30, 2003, No. 92.

2.2 The concept of development of education in the Kyrgyz Republic until 2020, approved by decree of the Government of the Kyrgyz Republic as of March 23, 2012 No. 201.

2.3 The strategy for the development of education in the Kyrgyz Republic for 2012–2020, approved by decree of the Government of the Kyrgyz Republic as of March 23, 2012 No. 201.

2.4 Resolution of the Government of the Kyrgyz Republic as of September 29, 2015 No. 670 “On approval of acts on independent accreditation in the education system of the Kyrgyz Republic”.

3. Terms and definitions

This standard applies the terms and definitions in accordance with the Laws of the Kyrgyz Republic “On Education”, International standards of the World Federation for Medical Education to improve the quality of basic medical education (Copenhagen, 2012).

In addition to these, the following definitions are established in these standards:

3.1 Accreditation: a procedure by an accreditation agency to evaluate the quality level of an educational organization as a whole or its individual educational programs, during which it is recognized that the educational organization or

educational program meets certain criteria and standards;

3.2 Institutional accreditation: the procedure for recognition by an accreditation agency of compliance with the quality level of an educational organization as a whole to certain criteria, standards and its status;

3.3 Accreditation agency - a non-governmental, non-profit organization registered in accordance with the procedure established by law, the main purpose of which is the accreditation of educational organizations and educational programs;

3.4 Standards (regulations) of accreditation - documents of accreditation body, establishing requirements to the accreditation procedure;

4. Designations and abbreviations

The following designations and abbreviations are used in these standards:

- HEI - higher education institution;
- MH KR – Ministry of Health of the Kyrgyz Republic;
- MES KR – Ministry of Education and Science of the Kyrgyz Republic;
- KR – Kyrgyz Republic;
- CPD - continuous professional development;
- CME - continuous medical education;
- SRI– scientific research institute;
- OSCE – objective structured clinical examination;
- TS – teaching staff;
- MM – mass media;
- SED –state educational standard.
- SWOT-analysis - analysis of strengths and weaknesses, problems and opportunities of the organization, abbreviation of English words: S (strengths) - strengths, W (weaknesses) - weaknesses, O (opportunities) - favorable opportunities, T (threats) - threats;
- CSIH - Canadian Society for International Health.

5. General provisions

5.1 Institutional accreditation of medical educational organizations is carried out on the basis of this standard: General provisions; “Mission and final outcomes”; “Educational program”; “Evaluation of students”; “Students”; “Teaching staff/teachers”; “Educational resources”; “Evaluation of an educational program”; “Management and administration”; “Continuous improvement”. The standards of institutional accreditation of medical education organizations have been developed on the basis of the International Standards of the World Federation for Medical Education to improve the quality of basic medical education with the introduction of national features of healthcare and medical education and revised in accordance with the recommendations of the international consultants of the Canadian Society for International Health (CSIH).

5.2 There are the following forms of accreditation:

1) by structure

5.2.1 institutional accreditation;

5.2.2 program accreditation;

2) by territorial recognition

5.2.3 national accreditation;

5.2.4 international accreditation.

5.3 The decision on accreditation is made by the IAAR Accreditation Council.

5.4 The Accreditation Council consists of representatives from the MES KR, MH KR, medical educational organizations, scientific organizations, healthcare organizations, employers, the public, students.

6 Main objectives of implementing the standards of institutional accreditation

6.1 The main objectives of the implementation of standards of institutional accreditation are:

6.1.1 introduction of the accreditation model, harmonized with international practice of quality assurance of education;

6.1.2 assessment of the quality of medical educational organization activity, vocational and educational programs to improve the competitiveness of the national higher education system;

6.1.3 encouragement of the development of quality of culture in higher education institutions;

6.1.4 promotion of development and continuous improvement of the quality of medical educational organization activity in accordance with the requirements of a rapidly changing external environment;

6.1.5 accounting and protection of the interests of society and the rights of consumers by providing reliable information about the quality of educational programs;

6.1.6 use of innovations and research;

6.1.7 public announcement and distribution of information on the results of institutional accreditation of a medical educational organization;

7. Principles for the formation of the standards for institutional accreditation of medical educational organizations

7.1 The presented standards for ensuring the quality of higher education are based on the following principles of institutional accreditation:

7.1.1 voluntariness - the procedure for accreditation of universities is carried out on a voluntary basis;

7.1.2 honesty and transparency - internal and external evaluation is conducted in an extremely honest and transparent manner, ensuring the availability

of information for all participants in the ongoing accreditation process;

7.1.3 objectivity and independence - internal and external evaluation is carried out objectively, regardless of third parties (state bodies, university administration and public opinion) and the results obtained;

7.1.4 responsibility of medical education organizations - the main responsibility for the quality of higher education rests with medical education organizations;

7.1.5 confidentiality - information provided by higher education institutions is used by the accreditation body in confidence;

8. Stages and procedures for the implementation of institutional accreditation

8.1 University applies for institutional accreditation with attached copies of constitutive and authorization documents.

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

8.3 The decision of IAAR to start the institutional accreditation procedure of the university. Conclusion of an agreement between the agency and the university on accreditation.

8.4 The management of the medical educational organization and IAAR organizes training to clarify the criteria and procedure of institutional accreditation to internal experts of the medical educational organization at special seminars on the theory, methodology and technology of the institutional accreditation process.

8.5 Conducting self-assessment by a medical educational organization in accordance with the requirements established by IAAR, and sending a self-assessment report (in Russian and English) to IAAR in electronic version and in the amount of 1 copy on paper for each language.

8.6 Based on the analysis of the report on self-assessment of the university, IAAR is entitled to make the following decisions:

- to develop recommendations on the need to refine self-assessment materials;
- to conduct an external expert evaluation;
- to postpone accreditation deadlines due to the inability to carry out the institutional accreditation procedure because of inconsistency of the self-assessment report with the criteria of these standards.

8.7 In case of continuing accreditation, IAAR forms an external expert commission (hereinafter - EEC), which is approved by the Director of IAAR to conduct an assessment of the university. It includes representatives of academic community, employers and students of the Kyrgyz Republic, as well as foreign experts.

8.8 In case of continuing accreditation, IAAR coordinates with a medical educational organization the timing of institutional accreditation and the Visit program of the EEC.

8.9 The duration of the visit of the commission is 3-5 days. During the visit, a medical educational organization creates conditions for the work of the EEC in accordance with the Service Agreement:

- provides an electronic and paper version of the self-assessment report for each member of the commission;
- provides the necessary office equipment to the members of the EEC;
- organizes an inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of the EEC work in accordance with the EEC visit program;
- provides the requested information;
- organizes photo and video shoot of the EEC work;
- at the end of the visit prepares a video about the work of the EEC confirming the conduct of planned activities;
- presents a presentation containing information about the activity of the university.

8.10 At the end of the visit, the external expert commission prepares a report on the evaluation of the university and a presentation on the progress of the EEC visit. The educational organization for the AC meeting prepares a video containing a brief description of the educational organization and information on the visit of the EEC.

8.11 The report contains a description of the visit of the EEC, a brief assessment of the compliance of the university activity in the context of the criteria of IAAR standards, recommendations to the university for improving performance and quality assurance, recommendations to the Accreditation Council. Recommendations to the Accreditation Council contain a recommendation on the status of the university (to accredit/not to accredit) and the recommended period of accreditation.

8.12 The EEC report, including recommendations, is developed by the EEC members collectively.

8.13 The basis for the decision making on institutional accreditation of the Accreditation Council is the EEC report on the evaluation of the university and the report on self-evaluation of educational organization performance.

8.14 The representative of the EEC speaks to the Accreditation Council on the results of the visit of the EEC. If there is an objective reason, the Director of IAAR appoints a member of the EEC to participate with the report at the meeting of the Accreditation Council. The replacement of the Chairman of the EEC is executed by the order of the Director of IAAR.

8.15 The exclusive competence of the Accreditation Council of IAAR includes decision making on accreditation or refusal to accredit the medical educational organization. The composition of the Accreditation Council is determined in accordance with the Regulations on its activity. The meeting is held in the presence of a quorum. The Accreditation Council has the right to make an informed decision that does not comply with the recommendations of the external expert commission.

Accreditation Council makes decisions

- to accredit:

- 1 year – in compliance with the criteria as a whole, but with some drawbacks and opportunities for improvement;

- 3 years - with positive results in general, but with some minor drawbacks and opportunities for improvement;

- 5 years - with positive results in general.

- not to accredit.

Upon the expiration of accreditation for a period of **5 years** and with the successful completion of post-accreditation monitoring, the medical educational organization is entitled to apply for re-accreditation. In case of re-accreditation procedure and with positive results, the medical educational organization has the right to obtain a period of **7 years**.

8.16 When the Accreditation Council makes a positive decision, IAAR sends an official letter with the results of the decision and a certificate of institutional accreditation of the university signed by the Director of IAAR to the educational organization. Further, the decision on the accreditation of the university is sent to the MES KR and is posted on the IAAR website. Also on the website there is a report of the external expert commission.

After receiving the certificate of accreditation the educational program posts the self-assessment report on its website.

8.17. In case if the Accreditation Council makes a negative decision, IAAR sends a letter to the educational organization with the decision made.

8.18. The educational organization in the prescribed manner in accordance with the Service Agreement and the Regulation on the Commission for the Review of Appeals and Complaints may appeal to IAAR on the decision of the Accreditation Council. In case of doubt about the competence of the external expert commission and representatives of the Agency, or a gross violation committed by the members of the external expert commission, the educational organization might send a complaint to IAAR.

9. Follow-up procedures

9.1 In case of a positive decision made by the Accreditation Council of IAAR, the educational organization provides IAAR with a Plan of measures to improve and refine quality in the framework of recommendations of the external expert commission (hereinafter - Plan), which is signed by the head and sealed, and also concludes Service Agreement with IAAR. The Agreement and Plan are the basis for post-accreditation monitoring.

9.2 In accordance with the Regulations on the procedure for post-accreditation monitoring of educational organizations/educational programs, accredited educational organizations shall prepare interim reports in accordance with the Plan. Interim reports are sent to IAAR before the expected date of post-accreditation monitoring.

9.3 Post-accreditation monitoring of the university performance is carried out as follows:

Duration of accreditation certificate	3 years	5 years	7 years
Interim report submission frequency	Once in 1.5 years	Twice every two years	Three times every two years
Visit	Once	Twice	Three times

9.4 In the event of non-compliance with the Plan and the requirements put forward by IAAR in relation to the university, as well as the lack of information about changes made in the educational organization, the Accreditation Council has the right to take one of the following decisions:

- temporarily suspend institutional accreditation of the university;
- withdraw university accreditation, which may entail the cancellation of all previously achieved accreditation results.

9.5 In case of refusal of the educational organization to conduct post-accreditation monitoring, expressed in not signing the Service Agreement with IAAR, according to item 9.4 the Accreditation Council of IAAR has the right to decide on the termination and revocation of the accreditation status.

9.6 In case of early termination and revocation of accreditation, the educational organization has no right to apply for accreditation to IAAR within one year from the date of the decision to revoke the accreditation of the university.

10. STANDARD “MISSION AND FINAL OUTCOMES”

The standard “Mission and final outcomes” defines the requirements for defining a mission, participation of stakeholders in the formulation of a mission, institutional autonomy and academic freedom, and final learning outcomes.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012) and in addition to them in the standard “Mission and final outcomes” the following terms and definitions are established:

10.1 Academic freedom includes appropriate freedom of expression, freedom to conduct research and publish for employees and students.

10.2 Mission provides a comprehensive framework with which all other aspects of an educational organization and its educational programs shall be connected, and include general and specific issues related to institutional, national, regional and global policies and the vision of the educational organization.

10.3 Institutional autonomy includes appropriate independence from government and other organizations (regional and local authorities, religious communities, private organizations of joint activities, professional, trade union and

other groups of interests) in order to be able to make decisions in key areas such as development of an educational program (Standard 2, paragraph 2.2.1 and 2.2.6), assessment of knowledge (Standard 3, paragraph 3.3.1), admission of students (Standard 4, paragraph 4.4.1 and 4.4.2), selection and admission of employees (Standard 5, paragraph 5.5.1) and working conditions, research (Standard 6, paragraph 6.4.4) and resource allocation (Standard 8, paragraph 8.8.3).

10.4 Final learning outcomes, learning outcomes or competencies include knowledge, skills and attitudes that students have to demonstrate at the end of the training period. Final outcomes in medicine and medical practice have to be determined by the medical educational organization and include documented knowledge and understanding of: (a) basic biomedical sciences, (b) behavioral and social sciences, including public health and social medicine, (c) medical ethics, human rights and medical jurisprudence relevant to medical practice, (d) clinical sciences, including clinical skills in relation to diagnostic procedures, practical procedures, communication skills, treatment and prevention of diseases, health promotion, rehabilitation, clinical reasoning and problem solving, and (e) the ability to learn throughout life and demonstrate professionalism in relation to the different roles of a doctor, as well as in relation to a medical profession. Characteristics and achievements of students necessary after completion of training can be, for example, classified as a doctor: (a) scientist, (b) practicing physician, (c) doctor with effective communication skills, (d) teacher (e) manager and as (e) a professional.

10.5 Key stakeholders include the rector, faculty council members, the Academic Council, the Methodological Council, representatives from teachers and students, leaders and university administration, the Ministry of Health, the Ministry of Education and Science.

10.6 Lifelong learning: it is a professional responsibility to continually develop knowledge and skills through performance evaluation, auditing, analysis of clinical practice or recognized continuous professional development programs (CPD)/continuous medical education (CME). CPD includes all activities that doctors perform, both formal and informal, to maintain, update, develop and improve their knowledge, skills and attitudes in response to patients' needs. CPD is a broader concept than CME, and includes the continuous development of knowledge and skills in medical practice.

10.7 Public health problems: it means engaging with the local community, especially in healthcare and related healthcare sectors, and incorporating public health issues into the educational program.

10.8 Relevant stakeholders include other representatives of academic and administrative staff, public representatives, authorized education and health authorities, professional organizations, medical research organizations, and those responsible for postgraduate education.

10.9 Healthcare sector includes a system of providing medical care, both public and private, and medical research institutions.

10.10 Social responsibility includes the willingness and ability to respond to

society needs, patients and the healthcare system and related healthcare sectors and to contribute to the development of medicine at the national and international levels through the introduction of a competence approach in the healthcare system, medical education and research, and have to be based on its own principles and taking into account the autonomy of the university.

Assessment criteria

10.2 Mission statement

10.2.1 Medical educational organization **shall** define its mission and bring it to the attention of stakeholders and the healthcare sector.

A mission statement **shall** contain objectives and an educational strategy to prepare a doctor:

10.2.2 who is competent at a basic level;

10.2.3 with an appropriate basis for further career in any field of medicine, including all types of medical practice, administrative medicine and medical research;

10.2.4 who is able to perform the role and function of a doctor in accordance with the requirements of the healthcare sector;

10.2.5 prepared for postgraduate education, including residency, specialization;

10.2.6 with a commitment to lifelong learning, including a professional responsibility to support the level of knowledge and skills through performance assessment, auditing, learning from own practice and recognized activities in CPD/CME.

10.2.7 Medical educational organization **shall** ensure that the stated mission includes *problems of public health*, needs of the system of providing medical care and other aspects of *social responsibility*.

10.2.8 Medical educational organization **shall** have a strategic development plan that corresponds to the stated mission, the objectives of the medical educational organization and approved by the consultative and advisory council of the university.

10.2.9 Medical educational organization **shall** systematically collect, accumulate and analyze information about its activities; to assess strengths and weaknesses of the university (SWOT-analysis), on the basis of which the rectorate together with the consultative and advisory council of the university shall determine policy and develop strategic and tactical plans.

10.2.10 The mission and objectives of the medical educational organization **shall** correspond to the available resources, market requirements. The ways to support them shall be defined. Access to information about the mission, the objectives of the medical educational organization for the public (availability of information in the media, on the university website) should be provided. The mission and objectives of the medical educational organization are approved at the consultative and advisory council of the university.

10.2.11 Medical educational organization **should** ensure that the mission includes achievements of medical research in biomedical, clinical, behavioral and social sciences.

10.2.12 Medical educational organization **should** guarantee that the mission includes aspects of global health and reflects main problems of global health.

10.3 Participation in mission formulation

10.3.1 Medical educational organization **shall** ensure that *key stakeholders* are involved in the development of the mission.

10.3.2 Medical educational organization **should** guarantee that the stated mission is based on the opinions/suggestions of other *relevant stakeholders*.

10.4 Institutional autonomy and academic freedom

Medical educational organization **shall** have institutional autonomy for the development and implementation of a policy that teaching staff and administration are responsible for, especially in relation to:

10.4.1 development of an educational program;

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

Medical educational organization **should** guarantee academic freedom to its employees and students:

10.4.3 in relation to *the current educational program, in which it is allowed to rely on different points of view in the description and analysis of questions on medicine;*

10.4.4 in ability to use the results of new research to improve the study of specific disciplines/issues without expanding the educational program.

10.5 Final learning outcomes

Medical educational organization **shall** determine expected learning outcomes that students have to show upon completion, regarding:

10.5.1 their achievements at a basic level in terms of knowledge, skills and professional values, and attitudes;

10.5.2 an appropriate basis for a future career in any branch of medicine;

10.5.3 their future roles in the healthcare sector;

10.5.4 their subsequent postgraduate training;

10.5.5 their commitments to lifelong learning;

10.5.6 medical and sanitary health needs of society, needs of a healthcare system and other aspects of social responsibility;

10.5.7 Medical educational organization **shall** guarantee that a student fulfills his/her obligations towards doctors, teachers, patients and their relatives in accordance with the Code of Conduct.

Medical educational organization **should:**

10.5.8 identify and coordinate the connection of final learning outcomes required upon completion with those required in postgraduate training;

10.5.9 determine the results of involvement of students in conducting research in medicine;

10.5.10 pay attention to final outcomes associated with global health.

11. STANDARD “EDUCATIONAL PROGRAMS”

The standard “Educational programs” contains the requirements for defining the model of the educational program and teaching methods, scientific methods, requirements for basic biomedical sciences, behavioral and social sciences and medical ethics, clinical sciences and clinical skills, the structure of the educational program, content and duration, program management, links to medical practice and a healthcare care system.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

11.1 Basic biomedical sciences include anatomy, histology, biochemistry, biophysics, physiology, pathology, molecular biology, cell biology, genetics, microbiology (including bacteriology, parasitology and virology), immunology, pharmacology.

11.2 Horizontal integration (parallel) includes, for example, integration of basic sciences such as anatomy, biochemistry and physiology, or the integration of disciplines of internal medicine and surgery, such as medical and surgical gastroenterology or nephrology and urology.

11.3 Vertical integration (consistent) includes, for example, integration of metabolic disorders and biochemistry or cardiology and physiology of the cardiovascular system.

11.4 Clinical sciences include anaesthesiology, obstetrics and gynecology, internal diseases (subspecialties), geriatrics, dermatology and venereology (sexually transmitted diseases), radiation diagnosis, emergency medical care, general medical practice/family medicine, laboratory medicine, neurology, neurological surgery, oncology and radiation therapy, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, physiotherapy, rehabilitative medicine and psychiatry, surgical diseases (subspecialties), clinical genetics, pediatric surgery, infectious diseases, resuscitation and intensive care, traumatology and orthopedics, phthiology, outpatient therapy, forensic medicine, professional diseases, oriental medicine, clinical pharmacology, dentistry.

11.5 Clinical skills include collection of anamnesis, physical examination, communication skills, procedures and research, emergency medical care, prescribing medicine and treatment.

11.6 Teaching and learning methods include lectures, training in small groups, problem-oriented learning, case-based learning, practical and laboratory

classes, “bedside” education, training in a clinic with the participation of a real patient, training in clinical skills in educational and clinical centers, training in the conditions of primary medical and sanitary care, teaching with the use of web - technologies.

11.7 Medical ethics include moral issues in medical practice, such as values, rights and obligations related to the behavior of a doctor and decision making.

11.8 Medical jurisprudence includes laws and other regulatory legal acts of a healthcare system, professions and medical practice, including the rules of production and use of medicines and medical technologies (devices, tools, etc.).

11.9 Educational program includes expected learning outcomes, content, experience and processes of the program, including a description of the structure of planned teaching and learning methods, as well as assessment methods, and what knowledge, skills and attitudes will be achieved by students.

11.10 Main clinical disciplines include internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry and general practice/family medicine.

11.11 Behavioral and social sciences include biostatistics, community hygiene, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public healthcare, and social medicine.

11.12 Behavioral and social sciences, medical ethics provide knowledge, concepts, methods, skills, and attitudes needed to understand socio-economic, demographic and cultural determinants of the causes, distribution and consequences of medical problems.

11.13 Professional skills include patient management, teamwork skills, leadership and interprofessional skills.

11.14 Authorities of the structural unit responsible for the curriculum include primacy over the interests of individual departments and disciplines, and control over the educational program within the framework of existing rules and regulations approved by governing bodies of the university or governmental authorized bodies.

11.15 The principle of equality means equal treatment of students, regardless of gender, nationality, religion, socio-economic status and physical abilities.

11.16 Early contact with real patients includes training and contact with patients in part at healthcare organizations at the medical care provision level, and primarily includes a collection of anamnesis, physical examination and communication skills.

Assessment criteria

11.2 Model of an educational program and teaching methods

11.2.1 Medical educational organization **shall** determine *the model of the educational program including an integrated model based on disciplines, organ systems, clinical problems and diseases, a model based on modules or a spiral design.*

11.2.2 Medical educational organization **shall** determine *the methods of teaching and learning.*

11.2.3 Medical educational organization **shall** ensure that the educational program develops the ability of students to learn throughout life.

11.2.4 Medical educational organization **shall** guarantee that the educational program is implemented in accordance with *the principles of equality*.

11.2.5 Medical educational organization **shall** use the educational program and methods of teaching and learning, *based on modern principles of education*, which stimulate, prepare and support students and ensure the formation of students' responsibility for their learning process.

11.3 Scientific method

Throughout the entire program of study, medical educational organization **shall** teach students:

11.3.1 principles of scientific methodology, including methods of analytical and critical thinking;

11.3.2 scientific research methods in medicine;

11.3.3 evidence-based medicine, which requires *the appropriate competence of teachers and will be a mandatory part of the educational program and involve medical students in conducting or participating in small research projects*.

11.3.4 Medical educational organization **should** include in the educational program *elements of basic or applied research that include compulsory or elective analytical and experimental research, thereby facilitating participation in scientific development of medicine as professionals and colleagues*.

11.4 Basic biomedical sciences

Medical educational organization **shall** define and include in the educational program:

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

11.4.2 concepts and methods that are fundamental to the acquisition and application of clinical scientific knowledge.

In the educational program medical educational organization **should** adjust and introduce new achievements of biomedical sciences for:

11.4.3 scientific, technological and clinical developments;

11.4.4 current and expected needs of society and health care system.

11.5 Behavioral and social sciences and medical ethics

Medical educational organization **shall** determine and include in the educational program the achievements of:

11.5.1 *behavioral sciences*;

11.5.2 *social sciences*;

11.5.3 *medical ethics*;

11.5.4 *medical jurisprudence*

which will provide knowledge, concepts, methods, skills and attitudes necessary to understand socio-economic, demographic and cultural conditions of

the causes, distribution and consequences of medical health problems, as well as knowledge about national health system and patient rights, which will contribute to the analysis of public health problems, effective communication, clinical decision making and ethical practice.

In the educational program medical educational organization **should** adjust and introduce new achievements of *behavioral and social sciences*, as well as *medical ethics* regarding:

- 11.5.5 scientific, technological and clinical developments;
- 11.5.6 current and expected needs of society and healthcare system;
- 11.5.7 changing demographic and cultural conditions.

11.6 Clinical sciences and skills

Medical educational organization **shall** in the educational program define and implement the achievements of clinical sciences and ensure that students:

11.6.1 acquire sufficient knowledge and *clinical and professional skills* in order to take *appropriate responsibilities, including activities related to health promotion, disease prevention and patient care.*

11.6.2 conduct *a reasonable part (one third) of the program in planned contacts with patients, including consideration of the appropriate number of objectives, and their adequacy for training in relevant clinical bases;*

11.6.3 carry out work on health promotion and prevention;

11.6.4 Medical educational organization **shall** establish a certain amount of time for training of *main clinical disciplines, including internal diseases, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, pediatrics.*

11.6.5 Medical educational organization **shall** organize clinical training with appropriate attention to *patient safety, including monitoring the activities performed by the student in the clinic conditions.*

Medical educational organization in the educational program **should** correct and introduce new achievements of clinical sciences regarding:

- 11.6.6 scientific, technological and clinical developments;
- 11.6.7 current and expected needs of society and a healthcare system.

11.6.8 Medical educational organization **shall** guarantee that each student has *early contact with real patients, including his/her gradual participation in assisting a patient, including responsibility for examining and/or treating a patient under supervision, which is carried out in appropriate clinical bases.*

11.6.9 Medical educational organization **shall** structure various components of clinical skills in accordance with the specific stage of the training program.

11.7 Structure of the educational program, content and duration

11.7.1 Medical educational organization **shall** give a description of the content, scope and sequence of courses and other elements of the educational program in order to ensure compliance with the appropriate ration between basic biomedical, behavioral, social and clinical disciplines.

Medical educational organization **should** in the educational program:

11.7.2 provide *horizontal integration* of related sciences and disciplines;

11.7.3 provide *vertical integration* of clinical sciences with basic biomedical, behavioral and social sciences;

11.7.4 provide the possibility of electoral content (electives) and determine the balance between the *mandatory and elective* part of the educational program, *including a combination of mandatory elements and electives or special components of choice*;

11.7.5 determine *interconnection with complementary medicine, including nontraditional, traditional or alternative practice*.

11.8 Program management

11.8.1 Medical educational organization **shall** determine the structural unit responsible for educational programs, which, under the direction of the academic leadership, is responsible and *has the authority* to plan and implement the educational program, *including the allocation of given resources for planning and implementing teaching and learning methods, assessing students and evaluating the educational program and training courses, in order* to ensure the achievement of final learning outcomes.

11.8.2 Medical educational organization **shall** guarantee representation from teachers and students in the structural unit responsible for educational programs.

11.8.3 Medical educational organization **shall**, through the structural unit responsible for educational programs, plan and implement innovations in the educational program.

11.8.4 Medical educational organization **shall** include representatives from *other relevant stakeholders* in the composition of the structural unit of the medical educational organization responsible for educational programs. *These programs include other participants of educational process, representatives from clinical sites, graduates of medical education organizations, healthcare professionals involved in the training process or other university faculty teachers*.

11.9 Connection with medical practice and a healthcare system

11.9.1 Medical educational organization **shall** provide an operational connection between the educational program and the subsequent stages of vocational training (residency, specialization, CPD/CME) or practice that students will begin upon graduation, *including the definition of health problems and the definition of required learning outcomes, a clear definition and description of the elements of educational programs and their correlation at various stages of training and practice, with due regard to local, national, regional and global conditions, as well as feedback from the healthcare sector and participation of teachers and students in teamwork of specialists in provision of medical care*.

Medical educational organization **should** guarantee that the structural unit responsible for the educational program:

11.9.2 takes into account the particular conditions in which graduates will

have to work and accordingly modify the educational program;

11.9.3 considers a modification of the educational program based on public feedback.

12. STANDARD “EVALUATION OF STUDENTS”

The standard “Evaluation of students” contains the requirements for assessment methods used to evaluate student learning achievements, interconnection between assessment and training.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

12.1 Assessment methods include the use of external examiners to improve fairness, quality, and transparency of the assessment process;

12.2 Promoting integrated learning includes the use of integrated assessment when conducting knowledge assessment of individual disciplines and subject areas.

Assessment criteria

12.2 Evaluation methods

Medical educational organization **shall**:

12.2.1 determine, approve and publish *the principles, methods and practice used to assess students, including the number of examinations and other tests, the balance between written and oral examinations, the use of assessment methods based on criteria and reasoning, and special examinations (OSKE or Mini-Clinical Examination)*, as well as define the criteria for determining passing scores, grades and the number of allowed retakes;

12.2.2 ensure that assessment covers knowledge, skills, professional values and attitudes.

12.2.3 use a wide range of assessment methods and formats depending on their *“utility assessment”*, which includes a combination of validity, reliability, impact on training, acceptability and effectiveness of methods and format of assessment;

12.2.4 guarantee that assessment methods and results avoid conflicts of interest;

12.2.5 guarantee that the evaluation process and methods are open (accessible) for study by external experts.

Medical educational organization **should**:

12.2.6 *document and evaluate reliability and validity of evaluation methods, which requires an appropriate process to ensure the quality of existing evaluation practice*;

12.2.7 introduce new assessment methods in accordance with the need;

12.2.8 use the system to appeal the results of evaluation.

12.3 Interconnection between assessment and learning

Medical educational organization **shall use the principles, methods and practice of assessment, including educational achievements of students and assessment of knowledge, skills, professional values of relations that:**

12.3.1 are clearly comparable with teaching and learning methods and learning outcomes;

12.3.2 guarantee that students achieve final learning outcomes;

12.3.3 promote learning;

12.3.4 provide an appropriate balance between formative and summative assessment to manage learning and *evaluate student's academic progress, which requires establishment of the rules of the assessing progress and their attitudes to the assessment process.*

Medical educational organization **should:**

12.3.5 *regulate the number and nature of examinations of various elements of the educational program in order to facilitate acquisition of knowledge and integrated learning in order to avoid negative impact on the learning process, and eliminate the need to study excessive information and overload of the educational program;*

12.3.6 guarantee the provision of feedback to students based on the results of assessment.

13. STANDAR “STUDENTS”

The standards “Students” contain the requirements for the policy of enrollment and selection of students, the number and contingent of enrolled students, support services and consultation of students, the policy of representation of students.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

13.1 Informational support: clearly defined internal regulations, the mode of operation of all services, a telephone directory, names and degrees of administrators and teaching staff, the procedure of tuition fees, information on educational courses, e-mail addresses of teaching staff, clearly and precisely defined requirements for assessing learning outcomes, as well as information about the main policy in the educational process, accessible information materials (educational and methodical complexes of disciplines) for students, availability of reference books on educational programs, including the catalog of elective educational programs available for students;

13.2 Service departments: availability of service departments for students operating to meet their educational, personal and career needs: dormitories, canteens, medical centers, sports halls, computer centers, libraries, and the availability of services for effective work on employment and career growth.

Assessment criteria

13.2 Admission and selection policy

Medical educational organization **shall**:

13.2.1 define and implement *enrollment policy, including a clearly defined provision for the student selection process, which includes rationale and selection methods, such as secondary school learning outcomes, other relevant academic experience, other entrance examinations and interviews, assessment of motivation to become a doctor, including changes in needs related to a variety of medical practice*;

13.2.2 have a policy and introduce the practice of admission of students with disabilities in accordance with applicable laws and regulatory documents of the Kyrgyz Republic;

13.2.3 have a policy and introduce the practice of transferring students from other programs and medical educational organizations;

Medical educational organization **shall**:

13.2.4 establish relations between the selection of students and the mission of the medical educational organization, the educational program and the expected quality of graduates;

13.2.5 periodically review the admission policy, based on relevant data from the public and professionals, in order to meet *health needs of population and society as a whole, including consideration of enrollment of students taking into account their gender, ethnicity and language, and the potential need for a special admission policy for students from low income families and national minorities*;

13.2.6 use the system to appeal decisions on admission.

13.3 Students' enrollment

13.3.1 Medical educational organization **shall** determine the number of enrolled students in accordance with material and technical capabilities at all stages of education and training. Making decisions on recruitment of students implies the need to regulate national requirements for human resources of healthcare, in case when medical educational organizations do not control the number of students being enrolled, they should demonstrate their obligations by explaining all interconnections, paying attention to the consequences of the decisions made (imbalance between selection of students and material and technical, academic potential of the university).

13.3.2 Medical educational organization **should** periodically review the number and contingent of enrolled students in the consultation process with *relevant stakeholders responsible for planning and developing human resources in healthcare sector, as well as with experts and organizations on global aspects of*

human resources of healthcare (such as insufficient and uneven distribution of human resources of healthcare, migration of doctors, opening of new medical universities) and regulate in order to meet health needs of population and society in general.

13.4 Student consultation and support

Medical educational organization **shall**:

13.4.1 have a system of *academic consultation for their students, which includes issues related to the choice of electoral, preparation for residency, career planning, appointment of academic supervisors (mentors) for individual students or small groups of students;*

13.4.2 offer a student support program aimed at *social, financial and personal needs, which includes support related to social and personal problems and events, health and financial issues, access to medical care, immunization programs, medical insurance, and financial assistance services in forms of material assistance, scholarships and loans;*

13.4.3 allocate resources to support students;

13.4.4 ensure confidentiality regarding consultation and support.

Medical educational organization **shall** provide consultation that:

13.4.5 based on monitoring of student progress and addressing students' social and personal needs, including academic support, support for personal problems and situations, health problems, financial issues;

13.4.6 include consultation and career planning.

13.5 Representation of students

13.5.1 Medical educational organization **shall** determine and implement *the policy of student representation and their participation in the development, management and evaluation of the educational program, and other issues related to students, which includes student self-government, participation of representatives of students in faculty councils, universities and other relevant bodies, as well as in community activity and local healthcare projects.*

13.5.2 Medical educational organization **shall** provide *assistance and support to student activity and student organizations, including provision of technical and financial support to student organizations.*

14. STANDARD “TEACHING STAFF/TEACHER”

The standard “Teaching staff/teachers” contains the requirements for the policy of selection and admission of employees, activity and development policy of employees.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

14.1 The balance of academic staff/teachers includes the ratio of workers with a shared responsibility in basic, behavioral, social and clinical sciences at the university and in the clinic, teachers with additional functions in accordance with the positions held;

14.2 The balance between medical and non-medical personnel implies a sufficient medical orientation for the qualifications of non-medical personnel;

14.3 Advantages of applicants: measured on the basis of criteria such as official qualifications, professional experience, research results, teaching experience, recognition from colleagues;

14.4 The policy of selection and admission of employees includes provision of an appropriate number of highly qualified scientists in the field of basic biomedical, behavioral and social sciences, clinicians for the implementation of the educational program and a sufficient number of high-level researchers in relevant disciplines or areas of study;

14.5 Service functions include fulfillment of clinical responsibilities in provision of medical care, administration and management.

Assessment criteria

14.2 Selection and recruitment policy

Medical educational organization **shall** determine and implement *a policy of selection and admission of employees*, which:

14.2.1 determines their category, responsibility and the balance of teaching staff/teachers of basic biomedical sciences, behavioral and social sciences, clinical sciences for adequate implementation of the educational program, including the proper correlation between medical and non-medical teachers, teachers working full-time and part-time and the balance between academic and non-academic staff;

14.2.2 contains criteria on the scientific, pedagogical and clinical merits of applicants, including the proper correlation between pedagogical, scientific and clinical qualifications;

14.2.3 identifies and monitors the responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences, clinical sciences;

Medical educational organization **should** in its policy on selection and admission of employees consider such criteria as:

14.2.4 *attitudes to its mission, importance of local conditions, including gender, nationality, religion, language and other conditions relating to the medical educational organization and educational program;*

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

14.3 Development policy and employee performance

Medical educational organization **shall** determine and implement a policy of development and employee performance which:

14.3.1 allows to maintain *the balance* between *teaching, scientific and service functions*, which includes the establishment of *time for each activity, taking into account needs of the medical educational organization and professional qualifications of teachers*;

14.3.2 guarantees *recognition of its academic activity*, with a corresponding emphasis on pedagogical, research and clinical qualifications and *is carried out in the form of awards, promotion and/or remuneration*;

14.3.3 ensures that clinical activity and research is used in teaching and learning;

14.3.4 guarantees *sufficient knowledge by each employee of the educational program*, which includes *knowledge of teaching/learning methods and general content of the educational program and other disciplines, and subject areas in order to stimulate cooperation and integration*;

14.3.5 includes *training, development, support and evaluation of teachers, which involves all teachers, not only newly recruited, but also teachers drawn from hospitals and clinics*.

Medical educational organization **shall**:

14.3.6 consider the teacher-student ratio depending on the various components of the educational program.

Medical educational organization **should**:

14.3.7 develop and implement the policy for the promotion and career growth of employees.

15. STANDARD “EDUCATIONAL RESOURCES”

The standards “Educational resources” contain the requirements for the material and technical base of the university, resources for clinical training, the effective use of information and communication technologies, a research base and conduct of research, expertise in the sphere of education, exchange in educational sphere.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

15.1 Research in the field of medicine and achievements include scientific research in the field of biomedical, clinical, behavioral and social sciences. Achievements mean academic knowledge and skills in the field of the latest advances in medicine, and the basis of the educational program for scientific research will be provided by research activity in the medical educational organization or branches and research-competent teachers.

15.2 Material and technical base includes lecture halls, classrooms, educational and scientific laboratories, clinical skills laboratories, rooms for

teachers, libraries, information technologies and facilities, conditions for students' rest, such as adequate classrooms, a rest hall, vehicles, catering for students, dormitories, boxes for storage of personal belongings of students, sports facilities, rooms for leisure.

15.3 The policy of effective use of information and communication technologies includes the use of computers, internal and external computer networks and other means of information and communication technologies; coordination with library resources and information technology services of the university; shared access to all educational resources through an electronic management system that will be useful for training students in evidence-based medicine and lifelong learning through continuous medical education and continuous professional development.

Assessment criteria

15.2 Material and technical base

Medical educational organization **shall**:

15.2.1 have a sufficient material and technical base for teachers and students to ensure adequate implementation of the educational program;

15.2.2 provide *a safe environment* for staff, students, patients and those who look after them, including providing the necessary information and *protection from harmful substances, microorganisms, compliance with safety regulations in the laboratory and in the use of equipment*.

15.2.3 Medical educational organization **shall** improve the learning environment of students through regular updating, expansion and strengthening of material and technical base, which have to be consistent with the development in the practice of teaching.

15.3 Resources for clinical training

Medical educational organization **shall** provide the necessary resources for students to acquire adequate clinical experience, including sufficient:

15.3.1 number and categories of patients;

15.3.2 number and categories of *clinical sites, which include clinics (primary, specialized and highly specialized medical care), outpatient services (including primary medical care), primary medical care facilities, healthcare centers and other facilities of provision of medical care for population, and also clinical skills centers/laboratories that allow to conduct clinical training, using the capabilities of clinical bases and to provide rotation in the main clinical disciplines;*

15.3.3 observation of clinical practice of students.

15.3.4 Medical educational organization **should** *study and evaluate*, adapt and improve resources for clinical training to meet the needs of the population served, which will include *relevance and quality for clinical training programs regarding clinical sites, equipment, number and category of patients and clinical practice, supervision as a mentor and administration*.

15.4 Information technology

15.4.1 Medical educational organization **shall** determine and implement the policy that aims at *the effective use and evaluation of relevant information and communication technologies in the educational program*.

Medical educational organization **shall** provide teachers and students with opportunities to use information and communication technologies:

15.4.2 for self-study;

15.4.3 access to information;

15.4.4 management of patients;

15.4.5 healthcare work.

15.4.6 Medical educational organization **should** ensure that students have access to relevant patient data and healthcare information systems.

15.5 Research in the field of medicine and scientific achievements

Medical educational organization **shall**:

15.5.1 conduct *research in the field of medicine* and have *scientific achievements* as a basis for the educational program;

15.5.2 identify and implement a policy that promotes interconnection between research and education;

15.5.3 provide information on the research base and priority areas in the field of scientific research of the medical education organization.

Medical educational organization **should** ensure that interconnection between research and education:

15.5.4 is taken into account in teaching;

15.5.5 encourages and prepares students to participate in medical research and development.

15.6 Expertise in a medical sphere

Medical educational organization **shall**:

15.6.1 have access to educational expertise, where necessary, and conduct an examination that studies the processes, practice and problems of medical education and can involve doctors with experience in research in medical education, psychologists and sociologists in the field of education, which is provided by the department of medical education development of the university or by bringing in experts from other national and international institutions.

Medical educational organization **shall** determine and implement a policy on the use of expertise in the field of education:

15.6.2 in the development of an educational program;

15.6.3 in the development of teaching methods, assessment of knowledge and skills.

Medical educational organization **should**:

15.6.4 present evidence of the use of internal or external expertise in medical education to develop the potential of employees;

15.6.5 pay due attention to the development of *expertise in educational*

evaluation and research in medical education as a discipline, including the study of theoretical, practical and social issues in medical education;

15.6.6 promote aspirations and interests of staff in conducting research in medical education.

15.7 Exchange in educational sphere

Medical educational organization **shall** identify and implement *the policy for:*

15.7.1 cooperation at the national and international levels *with other medical universities, public healthcare schools, faculties of dentistry, pharmacy and other university faculties;*

15.7.2 *transfer and mutual offset of educational loans, which includes consideration of the volume limits of the educational program, which can be transferred from other educational organizations and which can be facilitated by the conclusion of agreements on mutual recognition of educational program elements and active coordination of programs between universities and the use of a transparent system of credit units and flexible course requirements.*

Medical educational organization **should:**

15.7.3 promote regional and international exchange of staff (academic, administrative and teaching staff) and students by providing appropriate resources;

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

16. STANDARD “EVALUATION OF AN EDUCATIONAL PROGRAM”

The standard “Evaluation of an educational program” contains the requirements for mechanisms of monitoring and evaluating the educational program, feedback from teachers and students, student performance, involvement of stakeholders in the study and improvement of the educational program.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

16.1 Measurement of graduates' educational achievements includes information about clinical practice after graduation, career choice and career growth.

16.2 Evaluation of an educational program is a process of systematically collecting information to study the effectiveness and adequacy of a medical educational organization and its educational program. It will include the use of reliable and authentic data collection and analysis methods to confirm the quality of an educational program or basic aspects of a program in relation to the mission and disciplines of educational programs, as well as final learning outcomes.

Involvement of experts in medical education will contribute to further expansion of experience to improve the quality of medical education at the university.

16.3 Monitoring of an educational program includes data collection on key aspects of the educational program in order to ensure that the educational process is carried out appropriately and to identify any areas that require interventions. Data collection is a part of the administrative procedures related to student enrollment, student assessment and study completion.

Assessment criteria

16.2 Mechanisms for monitoring and program evaluation

16.2.1 Medical educational organization **shall** have a program to monitor the educational program, processes and results, including regular data collection on key aspects of the educational program in order to ensure that the educational process is carried out appropriately and to identify any areas requiring interventions, as well as data collection is a part of the administrative procedures in connection with admission of students, student assessment and study completion.

Medical educational organization **should** establish and apply mechanisms for evaluating the educational program, which:

16.2.2 are focused on the educational program and its *main components, including the model of the educational program, structure, content and duration of the educational program, and the use of mandatory and elective parts (Standard “Educational program”)*;

16.2.3 are focused on student progress;

16.2.4 *identify and consider problems, including insufficient achievement of expected learning outcomes and involve the collection of information on final learning outcomes. They identify deficiencies and problems and used as feedback in conducting activities and corrective action plans to improve the educational program and training discipline programs.*

Medical educational organization **should** periodically conduct comprehensive evaluation of the educational program aimed:

16.2.5 *at the context of the educational process, which includes organization and resources, learning environment and culture of the medical educational organization;*

16.2.6 *at special components of the educational program, which include a description of the discipline methods of teaching and learning, clinical rotations and assessment methods;*

16.2.7 *at general final outcomes that will be measured by national examination results, benchmarking procedures, international examinations, career choices and postgraduate studies;*

16.2.8 at its social responsibility.

16.3 Teacher and student feedback

16.3.1 Medical educational organization **shall** systematically collect, analyze and provide teachers and students with *feedback that includes information about*

the process and products of the educational program, as well as include information about unfair practices or improper behavior of teachers or students with and/or legal consequences.

16.3.2 Medical educational organization **should** use feedback results to improve the educational program.

16.4 Academic achievements of students and graduates

Medical educational organization **shall** analyze *educational achievements of students and graduates* in relation to:

16.4.1 its mission and final learning outcomes of the educational program, *which includes information on the average duration of training, grades, the frequency of passing and failures in examinations, cases of successful completion and exclusion, students' reports on the conditions of training in completed courses, the time spent to study areas of interest, including optional components, as well as interviews with students studying at repeated courses, and interviews with students who are leaving the educational program;*

16.4.2 an educational program;

16.4.3 resource allocation.

Medical educational organization **should** analyze *educational achievements* of students regarding:

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

16.4.5 the level of training at the time of admission to the medical educational organization.

Medical educational organization **should** use the analysis of students' educational achievements to provide feedback to the structural units responsible for:

16.4.6 student selection;

16.4.7 planning of an educational program;

16.4.8 student consultation.

16.5 Stakeholder involvement

Medical educational organization in its program of monitoring and evaluation of the educational program **shall** involve:

16.5.1 teaching staff and students;

16.5.2 its administration and management.

Medical educational organization **should** *for other stakeholders, including other representatives of teaching and administrative staff, public representatives, authorized bodies in the field of education and health, professional organizations, as well as those responsible for post-graduate education:*

16.5.3 provide access to the evaluation results of the course and educational program;

16.5.4 demonstrate feedback from them on clinical practice of graduates;

16.5.5 demonstrate feedback from them on the

educational program.

17. STANDARD “MANAGEMENT AND ADMINISTRATION”

The standards “Management and administration” contain the requirements for management, academic leadership, budget for training and resource allocation, administrative staff and management, and interaction with the healthcare sector.

In this standard, terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education”, International Standards of the World Federation for Medical Education on improving the quality of basic medical education (WFME, University of Copenhagen, 2012).

In addition to them, the following terms and definitions are defined in this standard:

17.1 Administrative staff refers to positions held and persons in the leadership and management of structural units responsible for administrative support on policy formulation and implementation of a policy and plans. It depends on the organizational structure of the administration, including the head and staff of the administration, financial management heads, budget departments planning and accounting employees, employees of the selection commission, managers and employees of planning departments, human resources information technology.

17.2 Academic leadership refers to the positions held and persons in the leadership and management of structural units responsible for decision making on academic issues in teaching and learning, in conducting research and providing services in the healthcare system, in administration and management. It includes the rector, vice-rectors, deans, heads of departments, heads of structural units, course leaders, heads of research institutions and centers, as well as Chairmen of committees (for students’ selection, planning education programs and student consultation).

17.3 Management means an action and/or a structure associated primarily with the implementation of institutional and program policies, including economic and organizational participation, i.e. the actual distribution and use of resources in the medical educational organization. The implementation of institutional and program policies implies the implementation of policies and plans regarding the mission, educational program, student enrollment policy, selection and admission of employees and external relations.

17.4 The healthcare sector includes a system of state or private medical care provision, medical research institutes and organizations.

17.5 Structures related to the healthcare sector include institutions and regulatory bodies connected with health promotion and disease prevention.

17.6 Management refers to an action and/or a management structure of a medical educational organization. Management mainly concerns policy formation, processes for setting common institutional and program policies, and also monitoring the implementation of policies. Institutional and program policies typically cover decisions about the mission of the medical educational

organization, the educational program, student enrollment policy, selection and admission of employees, and decision making on issues of interaction and communication with medical practice and the healthcare sector, as well as other external relations.

Assessment criteria

17.2 Management

17.2.1 Medical educational organization **shall** determine the management structures and functions, including their *interactions with the university, if the medical educational organization is a part or a branch of the university.*

Medical educational organization **shall** in its management structures determine *structural units with establishment of the responsibility of each structural unit* and include in their composition:

17.2.2 representatives of academic staff;

17.2.3 students;

17.2.4 *other stakeholders including representatives of the Ministry of Education and Health, the healthcare sector and the public.*

17.2.5 Medical educational organization **shall** ensure *transparency of the management system and decisions, which are published in bulletins, posted on the website of the university, included in the protocols for review and execution.*

17.3 Academic leadership

17.3.1 Medical educational organization **shall** clearly define the responsibility of *academic leadership* in the development and management of the educational program.

17.3.2 Medical educational organization **should** periodically evaluate academic leadership regarding the achievement of its mission and final learning outcomes.

17.4 Budget for training and resource allocation

Medical educational organization **shall**:

17.4.1 have a clear set of responsibilities and authority for providing the educational program with resources, including a targeted budget for training;

17.4.2 allocate resources necessary for the implementation of the educational program and allocate educational resources in accordance with their needs.

17.4.3 The system of financing the medical educational organization shall be based on the principles of efficiency, effectiveness, priority, transparency, responsibility, differentiation and independence of all levels of budgets.

Medical educational organization **should**:

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

17.4.5 in allocation of resources, take into account scientific advances in medicine and problems of public health and their needs.

17.5 Administrative staff and management

Medical educational organization **shall** have *appropriate administrative and academic staff, including their number and composition in accordance with the qualifications* in order to:

17.5.1 ensure the implementation of the educational program and relevant activities;

17.5.2 guarantee proper management and allocation of resources;

17.5.3 Medical educational organization **shall** develop and implement an internal quality assurance management program, including consideration of needs for improvement, and conduct regular *management review and analysis*.

17.6 Interaction with the healthcare sector

17.6.1 Medical educational organization **shall** have *a constructive interaction with the healthcare sector, with related healthcare sectors of society and government, including exchange of information, cooperation and initiatives of the organization, which helps to provide qualified doctors in accordance with the needs of society*.

17.6.2 Medical educational organization **shall** give *an official status to cooperation with partners in the healthcare sector, which includes the conclusion of formal agreements with the definition of the content and forms of cooperation, the conclusion of a joint contract, the creation of a coordinating committee and conduct of joint activities*.

18. STANDARD “CONTINUOUS IMPROVEMENT”

The standard “Continuous improvement” contains the requirements for the update process and continuous improvement.

Assessment criteria

Medical educational organization **shall** as a dynamic and socially responsible institution:

18.2.1 initiate procedures for regular review;

18.2.2 review the structure and functions;

18.2.3 allocate resources for continuous improvement.

Medical educational organization **should:**

18.2.4 base the update process on prospective research, analyzes and on the results of own study and evaluation, medical educational literature;

18.2.5 ensure that the process of renewal and restructuring leads to a revision of its policy and practice in accordance with previous experience, current performance and future prospects, and guides the process of renewal to the following questions:

18.2.6 Adaptation of the regulations of the mission and final outcomes to scientific, socio-economic and cultural development of society;

18.2.7 Modification of the graduates' final learning outcomes in accordance

with the documented needs of the postgraduate training environment, including clinical skills, training in public health issues and participation in the process of providing medical care to patients in accordance with the responsibilities that are assigned to graduates after graduation.

18.2.8 Adaptation of the educational program model and methodological approaches to ensure that they are relevant and appropriate and that they take into account modern theories in education, the methodology of adult education, the principles of active learning;

18.2.9 Adjustment of the elements of the educational program and their interconnection in accordance with achievements in biomedical, behavioral, social and clinical sciences, with changes in the demographic situation and the state of health/morbidity structure of population and socio-economic, cultural conditions. The adjustment process shall ensure the inclusion of new relevant knowledge, concepts, methods and exclude outdated ones.

18.2.10 Development of assessment principles and methods and the number of examinations in accordance with the changes in final learning outcomes and methods of teaching and learning;

18.2.11 Adaptation of the student recruitment policy and student selection methods to meet changing expectations and circumstances, human resource requirements, changes in the pre-university education system and the needs of the educational program;

18.2.12 Adaptation of the recruitment policy and the formation of academic staff in accordance with changing needs;

18.2.13 Updating educational resources to meet changing needs, such as enrollment, number and profile of academic staff, an educational program;

18.2.14 Improving the process of monitoring and evaluating the educational program;

18.2.15 Improving the organizational structure and management principles to ensure effective operations in changing circumstances and needs, and, in the long term, to meet the interests of various groups of stakeholders.

19. Procedure of making amendments and additions to the accreditation standard

19.1 Amendments and additions are made to the current accreditation standard in order to further improve it.

19.2 Amendments and additions to the standard are carried out by IAAR.

19.3 In case of initiation of amendments and additions to the existing standards by educational organizations and other stakeholders, proposals and comments are sent to IAAR.

19.4 IAAR conducts an examination of received proposals and comments on their validity and expediency in the prescribed manner.

19.5 Amendments and additions to the current accreditation standard after their approval are confirmed by the order of the Director of IAAR in a new edition with changes or in the form of a booklet-insert to the current standard.

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