



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

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INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



WORLD FEDERATION FOR
MEDICAL EDUCATION

STANDARDS

OF PROGRAM ACCREDITATION
OF HIGHER EDUCATION ORGANIZATIONS

EDUCATIONAL PROGRAMME FOR THE SPECIALTY
560004 - "Dentistry"



Astana 2016



Independent agency for
accreditation and rating

**STANDARDS
OF PROGRAM ACCREDITATION
OF HIGHER EDUCATION ORGANIZATIONS
EDUCATIONAL PROGRAMME FOR THE SPECIALTY
560004 - “Dentistry”
GENERAL PROVISIONS**

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 PROGRAM ACCREDITATION

General provisions

1 Applicable scope

This standard determines the regulatory requirements to the general provisions of standards of the program accreditation of the educational program on the specialty **560004 - “Dentistry”** of medical educational organizations.

This standard is used during the accreditation procedure of educational program on the specialty **560004 – “Dentistry”** of a medical educational organization regardless of its status, legal corporate form, institutional subordination and form of ownership.

This standard may also be used:

- a) by a medical educational organization for the internal self-assessment and external evaluation of the educational program;
- 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 of Medical Education to improve the quality of basic medical education (WFME, University of Copenhagen, 2012), North American model of accreditation of educational programs in dentistry.

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

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 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;

3.3 Program accreditation - a procedure for assessing the compliance of individual programs of an educational organization with certain criteria and standards;

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

3.5 Educational program - educational content of a specific level, direction or specialty;

3.6 Competencies - written statements describing the level of knowledge, skills and values, which are acquired by students who have completed the educational program;

3.7 Competence - the integrated ability of a person to independently apply various elements of knowledge and skills in a certain situation (educational, personal and professional);

3.8 Quality of education - compliance of the level of knowledge of students and graduates with the requirements of the State Educational Standards and the additional requirements established by the university;

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

3.10 Procedure - an established way to carry out an activity or a process;

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

4 Designations and abbreviations

In this standard, abbreviations are used in accordance with the regulatory documents specified in item 2.

In addition, the following designations and abbreviations are used in this standard:

- 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.

5 General provisions

5.1 Program accreditation is carried out on the basis of this standard “Standard “Program Accreditation” General provisions; standard “Mission, model of an educational program and final outcomes”; standard “Evaluation of students”; standard “Students”; standard “Academic staff/Teachers”; standard “Educational Resources”; standard “Evaluation of an educational program”; standard “Management and Administration”.

5.2 Standards are comprehensive and reflect the process of implementation of an educational program in the specialty 560004 “Dentistry”, applicable to all institutions that offer dental education programs.

5.3 Methods for achieving standards may vary depending on the mission, the size of the institution, the type of ownership and resources. Academic freedom of an educational institution allows considerable flexibility in structuring its educational program, which allows achieving compliance with standards.

5.4 Standards of program accreditation of the educational program “Dentistry” of medical educational organization are developed on the basis of the International Standards of the World Federation of Medical Education (Copenhagen, 2012) on improving the quality of basic medical education and North American model of accreditation of educational programs on dentistry, with the introduction of national features of the healthcare and medical education of the Kyrgyz Republic.

5.5 There are the following forms of accreditation:

1) by structure

5.5.1. institutional accreditation;

5.5.2 program accreditation;

2) by territorial recognition

5.5.3 national accreditation;

5.5.4 international accreditation.

5.6 The decision on accreditation is made by the Accreditation Council.

5.7 The Accreditation Council is composed of representatives from the MES KR, MH KR, medical educational organizations, scientific organizations, health organizations, professional associations, employers, the public, students and international experts.

6 The main objectives of implementing program accreditation standards

Quality assessment in educational programs is the basis of accreditation standards and includes the following objectives:

6.1 The main objectives of the implementation of standards of program 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 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, medical educational organizations, scientific organizations;

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

6.1.5 accounting and protection of the interests of the 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 the accreditation of the educational program on the specialty “Dentistry” of a medical educational organization;

6.1.8 In addition to the above, the accreditation standards of dental education programs are designed to fulfill the following objectives:

- protection of public welfare and public health;
- facilitation of the development of an educational environment conducive to innovation and continuous improvement;
- providing institutional support and guidance for the development of educational programs;
- providing students with confidence that the educational program will achieve its goals.

7 Principles for the formation of program accreditation standards

7.1 The presented standards for ensuring the quality of educational programs of higher professional education are based on the following principles:

7.1.1 voluntariness - the procedure for the accreditation of educational programs 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 administrations and public opinion) and the obtained results;

7.1.4 responsibility of medical institutions of education - primary responsibility for the quality of higher education rests with medical educational organizations;

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

7.2 The external evaluation is conducted independently from third parties (state bodies, medical institutions of education and public organizations).

7.3 Information awareness of the country public and abroad about accredited educational programs is carried out in the mass media, incl. the presentation of the information on the website of the accreditation body.

8 Stages and procedures for the implementation of program accreditation

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

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

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

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

8.5 Conducting self-assessment by 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 the educational programs 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 expertise by the external expert commission of the agency;
- to postpone accreditation due to the inability to carry out the program 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, 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 the case of continuing accreditation, IAAR will coordinate with a medical educational organization the timing of program 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, the university creates conditions for the work of the EEC in accordance with the Service Agreement and:

- 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 EEP work in accordance with the EEP visit programme;
- provides the requested information;
- organizes photo and video shoot of the EEC work;
- prepares a video for the meeting of the Accreditation Council of IAAR containing a brief description of the medical educational organization and information on the visit of the external expert commission.

8.10 At the end of the visit, the external expert commission prepares a report on the evaluation of educational programs and a presentation on the progress of the EEC visit.

8.11. The report contains a description of the EEC visit, a brief assessment of the compliance of educational programs 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 information on the status of the educational program 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 program accreditation of the Accreditation Council is the EEC report on the evaluation of educational programs and the report on the self-evaluation of educational programs of educational organizations.

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

8.15 The exclusive competence of the Accreditation Council of IAAR includes making decisions on accreditation or refusal to accredit the educational program of a higher educational institution. The composition of the Accreditation Council is determined in accordance with the Regulations on its activities. 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 the accreditation of the educational program for a period of **5 years** and with the successful completion of post-accreditation monitoring of the educational program, the educational organization is entitled to apply for re-accreditation. In case of re-accreditation of the educational program and with positive results, the educational organization has the right to apply for a period of **7 years**.

8.16 IAAR sends an official letter with the results of the decision and a certificate of program accreditation of educational programs signed by the Director of IAAR to the educational organization. Next, the decision on the accreditation of

the EP is sent to the MES KR and is posted on the IAAR website. Also the report of the external expert commission is posted on the website.

After receiving a certificate of accreditation of the educational program, the organization of education places 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 members of the external expert commission, the educational organization may 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 an external expert commission (hereinafter - Plan), which is signed by the head and sealed by IAAR, and also Service Agreement is concluded 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 and (or) 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 EP is carried out as follows:

Validity of the 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

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

- temporarily suspend the accreditation status of the educational program;
- withdraw the accreditation of the educational program of the educational organization, which may entail the cancellation of all previously achieved accreditation results.

9.5 In case of failure 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 educational organization.

10 Procedure for introducing amendments and additions to accreditation standards

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

10.2 Amendments and additions to the standard are made by Independent Agency for Accreditation and Rating.

10.3 In the event of initiating amendments and additions to the current standard by educational organizations and other interested organizations, proposals and comments are sent to Independent Agency for Accreditation and Rating.

10.4 Independent Agency for Accreditation and Rating studies and examines the proposals and comments received from the initiators for their validity and appropriateness.

10.5 Amendments and additions to the current accreditation standard after their endorsement are approved by an order of the Director of Independent Agency for Accreditation and Rating in a new edition with amendments or in the form of a brochure-leaflet to the valid standard.

STANDARDS OF ACCREDITATION

11 STANDARD “MISSION, MODEL OF THE EDUCATIONAL PROGRAM AND FINAL OUTCOMES”

11.1 Mission statement

11.1.1 Medical educational organization **shall** determine the mission and bring it to the attention of the stakeholders and the healthcare sector.

11.1.2 The mission statement **shall** contain objectives and an educational strategy that will allow to train a qualified doctor at the level of undergraduate education.

11.1.3 The structure that responsible for the implementation of the educational program **shall** have a strategic development plan that complies with the stated mission, objectives of a medical educational organization, including tasks to improve the quality of dental education, develop dental science and clinical practice, and approved by the advisory council of the medical education organization/university.

11.1.4 The structural unit that responsible for the implementation of the educational program **shall** systematically collect, accumulate and analyze information about its activities; conduct an assessment of strengths and weaknesses (SWOT analysis), on the basis of which the management of the medical education organization, together with the advisory council, should determine policy and

develop strategic and tactical plans.

11.1.5 Medical educational organization **should** ensure the implementation of the educational program in dentistry in terms of adherence to the humanistic culture of the learning environment, by:

- ensuring cooperation, mutual respect, harmonious relations between administrative staff, employees, teachers, students, graduates;
- maintaining and cultivating professionalism and ethical behavior, promoting open communication, showing leadership among teachers, students and staff.

11.1.6 Medical educational organization **should** ensure that the update process is aimed at adapting the position of the mission and the final results of training in accordance with the scientific, socio-economic and cultural development of society.

11.2. Participation in the mission formulation

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

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

11.3 Institutional autonomy and academic freedom

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

11.3.1 development of an educational program;

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

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

11.3.3 in relation to the existing educational program, in which will be allowed to rely on different points of view in the description and analysis of questions on medicine;

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

11.4 Final learning outcomes

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

11.4.1 **their achievements** at a basic level in terms of knowledge, skills and attitudes;

11.4.2 an appropriate basis for a future career in any field of dentistry;

11.4.3 their future roles in the healthcare sector;

11.4.4 their subsequent postgraduate training;

11.4.5 their commitment to lifelong learning;

11.4.6 medical and sanitary needs of public health, healthcare system needs and other aspects of social responsibility.

11.4.7 Medical educational organization **shall** determine the level of competence required for the graduate to begin practice of general dentistry.

11.4.8 Medical educational organization **shall** ensure that a student fulfills obligations regarding doctors, teachers, patients and their relatives in accordance with the Code of Conduct/Code of Honor.

Medical educational organization **should**:

11.4.9 identify and coordinate the interconnection of the final learning outcomes required on completion with those that required in postgraduate studies;

11.4.10 determine the results of the involvement of students in conducting research in the field of dentistry.

11.4.11 Medical educational organization **should** modify the final learning outcomes of graduates 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 university graduation.

11.5 Model of the educational program, teaching methods and structure

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

11.5.2 Medical educational organization **shall** define the objectives of the educational program on "Dentistry", which are aimed at achieving the final outcomes of education.

11.5.3 Medical educational organization **shall** ensure that the educational program develops the ability of students for lifelong learning.

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

11.5.5 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 interconnection between general education, basic biomedical and major subjects.

11.5.6 Before the start of each course of study, medical educational organization **shall** provide students with information on the goals, objectives and requirements for each course of the educational program, including course content, assessment method (s).

In the educational program medical educational organization **should**:

11.5.7 provide horizontal and vertical integration of related sciences and disciplines;

11.5.8 provide the possibility of electoral content (elective disciplines) 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 optionally;

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

11.6 Scientific method

11.6.1 Throughout the entire training program, medical educational organization **shall** teach students the principles of the scientific methodology of research in dentistry; evidence-based medicine, which require the appropriate competence of teachers and will be a mandatory part of the educational program.

11.6.2 Medical educational organization **shall** use teaching methods based on modern principles of education, which stimulate and support students, ensure their responsibility for the process of their education.

11.6.3 Medical educational organization **should** apply teaching methods aimed at developing students' critical thinking, skills in solving problematic issues related to their future profession.

11.6.4 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 the scientific development of medicine as professionals and colleagues.

11.7 General educational disciplines, medical ethics and medical jurisprudence

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

11.7.1 social disciplines;

11.7.2 behavioral disciplines;

11.7.3 medical ethics;

11.7.4 medical jurisprudence,

which will provide the knowledge and skills necessary to understand the socio-economic, demographic and cultural causes of the spread and consequences of oral diseases and maxillofacial system.

11.7.5 Graduates of the educational program on "Dentistry" **shall** be competent in the area of application of the principles of ethical decisions and professional responsibility, contributing to the implementation of a patient-oriented approach and contributing to the improvement of patient oral health.

11.7.6 Medical educational organization **should** adjust and introduce new achievements of general educational disciplines for scientific, technological and clinical developments, current and expected needs of society and the health care system, as well as changing demographic and cultural conditions in the educational program.

11.8 Basic biomedical disciplines

11.8.1 Medical educational organization **shall** in the educational program define and include the achievements of basic biomedical disciplines that teach anatomical and physiological features of the maxillofacial system and its biological interconnection with other human organs and systems as the basis of clinical scientific knowledge and practice.

11.8.2 Medical educational organization **should** adjust and introduce new achievements of basic biomedical disciplines in the educational program for a better understanding of the etiology, epidemiology, pathogenesis, clinic, differential

diagnosis, treatment and prevention of diseases of the oral cavity and maxillofacial system.

11.9 Major subjects

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

11.9.1 acquire sufficient knowledge, clinical and professional skills in the field of dentistry.

11.9.2 Medical educational organization **shall** ensure that graduates of the educational program are competent to provide oral care as part of general dentistry at all stages of a patient's life;

11.9.3 Medical educational organization **shall** ensure that students spend at least one-third of the program in scheduled contact with patients, provided with the appropriate number of patients in clinical sites.

11.9.4 Medical educational organization **shall** establish a certain amount of time for basic clinical disciplines training, including internal diseases, general surgery, infectious diseases, phthisiology, ophthalmology, neurology, psychiatry, otorhinolaryngology, dermatovenereology, obstetrics and gynecology, children's diseases, allowing student to form knowledge and skills in the area of related disciplines and their interconnection with diseases of the dental system of children and adults.

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

11.9.6 Medical educational organization **should** adjust and introduce in the educational program new achievements of major disciplines for scientific, technological and clinical developments, as well as current and expected needs of the society and the healthcare system.

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

11.9.8 Medical educational organization **should** structure the various components of clinical skills in accordance with the specific stage of the training program (training in an outpatient clinic/clinic, hospital, surgical clinic).

12 STANDARD “EVALUATION OF STUDENTS”

12.1 Evaluation methods

Medical educational organization **shall**:

12.1.1 identify, approve and publish the principles, methods and practice used to assess students, including:

- number of examinations and other tests;
- balance between written and oral examinations;
- use of criteria-based assessment and reasoning methods;

- special examinations (OSCE or mini-clinical exam), as well as to determine the criteria for determining the passing scores, grades and the number of allowed retakes.

12.1.2 ensure that assessment covers knowledge, skills and attitudes.

12.1.3 use a wide range of assessment methods and formats, which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness.

12.1.4 ensure that assessment methods and results avoid conflicts of interest.

12.1.5 ensure that the evaluation process and methods are open to expertise by external experts.

Medical educational organization **should**:

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

12.1.7 introduce new assessment methods in accordance with the need;

12.1.8 use the system to appeal the results of the evaluation.

12.2 The interconnection between assessment and study process

Medical educational organization **shall** use the principles of evaluation, which:

12.2.1 is clearly comparable with teaching methods, teaching and learning outcomes;

12.2.2 ensure that students achieve final learning outcomes;

12.2.3 encourage learning;

12.2.4 provide an appropriate balance between formative and summative assessment to manage study process and evaluate student academic progress, which requires the establishment of the rules for assessing progress and their relation to the evaluation process.

Medical educational organization **should**:

12.2.5 regulate the number and nature of examinations during the implementation of the educational program. The purpose of this is to facilitate the acquisition of knowledge, integrated learning, as well as the elimination of the negative impact on the learning process and overload of the educational program;

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

13 STANDARD “STUDENTS”

13.1 Admission and selection policy

13.1.1 Medical educational organization **shall** define and implement an admission policy, including a clearly established position on the student selection process. The provision includes justification and methods of selection, such as secondary school results, other relevant academic experience, other entrance examinations and interviews, assessment of motivation to be a doctor, including changes in needs related to diversity of medical practice.

13.1.2 Medical educational organization **shall** have a policy and introduce the

practice of admission of students with disabilities in accordance with the laws, legal and regulatory documents of the country in force.

13.1.3 Medical educational organization **shall** have a policy and implement the practice of transferring students from other programs and medical educational organizations.

Medical educational organization **should**:

13.1.4 establish a connection between the selection of students and the mission of the medical educational organization, the educational program and the expected quality of graduates;

13.1.5 periodically review admission policy:

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

- taking into account changing expectations and circumstances, needs for human resources, changes in the system of pre-university education and the needs of the educational program.

13.1.6 use the system of admission appeal.

13.2 Student recruitment

13.2.1 Medical educational organization **shall** determine the number of students enrolled in accordance with the material and technical resources and capabilities at all stages of education and training. The decision to recruit students implies the need to regulate national requirements for human resources of healthcare.

In case when medical education organizations do not control the number of students being recruited, they should demonstrate their obligations by explaining all the relations, paying attention to the consequences of the decisions made (imbalance between enrollment and material and technical, academic potential of medical educational organization/university).

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

13.3 Student counseling and support

Medical educational organization **shall**:

13.3.1 have a system of academic counseling for its students (advisers), which includes issues related to the selection of elective disciplines, preparation for residency training, career planning, the appointment of academic mentors (tutors, supervisors) for individual students or small groups of students;

13.3.2 offer a student support program that addresses social, financial and personal needs, including support for social and personal events, health and financial issues, access to healthcare, immunization programs and health insurance, as well as financial assistance services in the form of material assistance,

scholarships and credits;

13.3.3 allocate resources to support students;

13.3.4 ensure confidentiality regarding counseling and support;

13.3.5 Medical educational organization **should** provide counseling that:

- based on monitoring student progress and addressing students' social and personal needs, including academic support, support for personal problems and situations, health problems, financial issues;
- includes counseling and career planning.

13.4 Representation of students

13.4.1 Medical educational organization **shall** define and implement a policy of students' representation and their participation in the development, management and evaluation of the educational program, as well as other issues relevant to students. Students' representation includes student self-government, participation of students in faculty and university councils, other relevant bodies, in public activities and local healthcare projects.

13.4.2 Medical educational organization **should** provide assistance and support to student activities, student organizations, including the provision of technical and financial support.

13.5 Graduates

13.5.1 In medical educational organization there **shall** be a system for studying employment, demand, career support and continuous professional improvement of graduates.

13.5.2 Data obtained using this system **shall** be used to further improvement of the educational program.

14 STANDARD “ACADEMIC STAFF/TEACHERS”

14.1 Recruitment and recruitment policy

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

14.1.1 determines their category, responsibility and balance of academic staff/teachers of general education, basic biomedical and major subjects for the 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;

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

14.1.3 defines and monitors the responsibilities of academic staff/teachers in general education, basic biomedical and major subjects.

14.1.4 Medical educational organization **shall** provide the educational program with a sufficient number of teachers and staff to meet the stated goals and objectives.

14.1.5 The educational program **shall** be provided by teachers who have the right to teach and study in the specialty 560004 “Dentistry” and/or have clinical experience in all areas of dentistry included in the program.

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

14.1.6 related to its mission, the importance of local conditions, including gender, nationality, religion, language and other conditions related to a medical educational organization and an educational program;

14.1.7 economic opportunities that take into account the institutional environment for financing employees and efficient use of resources;

14.1.8 Medical educational organization **should** adapt recruitment policy and academic staff to meet changing needs.

14.2 Development policy and staff activity

Medical educational organization **shall** determine and implement the policy of the activities and development of employees, which:

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

14.2.2 guarantees recognition of the merit of 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;

14.2.3 ensures that clinical activities and research are used in teaching and learning;

14.2.4 guarantees the adequacy of knowledge by each employee of the educational program, which includes knowledge of teaching/learning methods and the general content of the educational program in the specialty “Dentistry” and other disciplines, and subject areas in order to stimulate cooperation and integration;

14.2.5 includes training, development, support of teachers' activities, which involves all teachers, not only newly recruited, but also teachers drawn from hospitals, clinics, dental centers (including private ones).

14.2.6 Medical educational organization **shall** demonstrate the process of continuous development of employees and teachers, implementing the educational program in the specialty 560004 “Dentistry”, including:

- carrying out and participation in activities for the development of educational and teaching activities;
- participation in regional and national education meetings;
- mentoring the development of new teachers in this professional direction;
- scientific productivity;
- maintaining existing, and development of new and/or developing clinical skills.

14.2.7 Medical educational organization **should** apply an assessment process that provides an objective measurement of the performance of each teacher’s activity.

Medical educational organization **should**:

14.2.8 consider the ratio of “teacher-student” depending on the various components of the educational program;

14.2.9 develop and implement a policy to promote and motivate employees.

15 STANDARD "EDUCATIONAL RESOURCES"

15.1 Material and technical base

Medical educational organization **shall**:

15.1.1 have a sufficient material and technical base for teachers and students to ensure the adequate fulfillment of the goals and objectives of the educational program in the specialty 560004 "Dentistry";

15.1.2 provide a safe environment for staff, students, patients, and includes provision of necessary information and protection from harmful substances, microorganisms, in compliance with safety regulations in the laboratory and in the use of equipment;

15.1.3 provide students with professional literature relevant to the content of the educational program in dentistry;

15.1.4 Medical educational organization **should** improve the learning environment of students by regular updating, expanding and strengthening the material and technical base, in accordance with changing needs, such as admission of students, the number and profile of academic staff, and the educational program.

15.2 Clinical training resources

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

15.2.1 number and category of patients of dental profile;

15.2.2 number and categories of clinical sites, which include polyclinics, dental centers, clinics and hospitals, provided with necessary dental tools, equipped with modern dental facilities and operating rooms, as well as centers/laboratories of practical skills that allow to conduct pre-clinical and clinical training, using the capabilities of clinical bases and provide rotation on the main major subjects;

15.2.3 observation of clinical practice of students.

15.2.4 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, observation as a supervisor and administration.

15.3 Information technology

15.3.1 Medical educational organization **shall** define and implement a policy that is aimed at the effective use and evaluation of relevant information and communication technologies in the educational program.

Medical educational organization **should** provide opportunities for teachers and students to use information and communication technologies:

15.3.2 for self-study;

15.3.3 access to information;

15.3.4 management of patients;

15.3.5 work in the healthcare system.

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

15.4 Research in the field of medicine and scientific achievements

Medical educational organization **shall**:

15.4.1 carry out research activities in the field of medicine and have scientific achievements as the basis for the educational program;

15.4.2 identify and implement policy that promote the correlation between research and education;

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

15.4.4 Medical educational organization **should** ensure that the interconnection between research and education is taken into account in teaching, encourages and prepares students to participate in research in the field of medicine and its development.

15.5 Expert expertise in the field of education

Medical educational organization **shall**:

15.5.1 have access to educational expertise, where necessary, and conduct an expert examination that studies the processes, practices and problems of medical education and can involve doctors with experience in research of medical education, psychologists and sociologists in the field of education, which is provided by the medical education development department of 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:

15.5.2 in the development of an educational program;

15.5.3 in the development of teaching methods and assessment of knowledge and skills.

Medical educational organization **should**:

15.5.4 provide evidence of the use of internal or external expertise in medical education field to develop the potential of employees;

15.5.5 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;

15.5.6 promote the aspiration and interests of staff in conducting research in medical education.

15.6 Exchange in the field of education

Medical educational organization **shall** define and implement a policy for:

15.6.1 cooperation at national and international levels with other medical universities, schools of public healthcare and other university departments;

15.6.2 transfer and mutual offset of educational loans, which includes consideration of the 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 elements of the educational program, and active coordination of programs between universities and the use of a transparent system of credit units and flexible demands of the courses.

Medical educational organization **should**:

15.6.3 facilitate regional and international staff exchange (academic, administrative and teaching staff) and students with appropriate resources;

15.6.4 ensure that the 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”

16.1 Mechanisms for program monitoring and evaluation

16.1.1 Medical educational organization **shall** have a program for monitoring processes and results, including routine data collection on key aspects of the educational program. The purpose of monitoring is to ensure the quality of the educational process, identify areas that require intervention.

Medical educational organization **shall** establish and apply mechanisms for the academic program assessment that:

16.1.2 are directed to the educational program and its main components, including the model of the educational program, the structure, content and duration of the academic program, the use of compulsory and elective components;

16.1.3 aimed at the student's progress;

16.1.4 identify and address problems that include insufficient achievement of expected learning outcomes of education for corrective actions to improve the educational program and curriculum of disciplines.

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

16.1.5 the context of the educational process, which includes the organization and resources, the learning environment and the culture of medical education organization;

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

16.1.7 overall outcomes that will be measured by the results of external independent assessment, benchmarking procedure, career choice and results of postgraduate study;

16.1.8 its social responsibility.

16.2 Teacher and student feedback

16.2.1 Medical educational organization **shall** systematically collect, analyze and provide feedback to the teachers and students, which includes information on the process and products of the educational program, and also includes information about unfair practices or inappropriate behavior of teachers or students and legal consequences.

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

16.3 Academic achievements of students and graduates

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

16.3.1 its mission and learning outcomes of the educational program, which includes information on the average duration of studies, grades, the frequency of passing and failures in examinations, cases of successful completion and failure, reports of students on the conditions of teaching in completed courses, the time spent to study areas of interest, including optional components, as well as interviews with students of repeated courses, and interviews with students who leave the educational program;

16.3.2 educational program;

16.3.3 provision of resources.

16.3.4 Medical educational organization **should** analyze academic achievements of students regarding their previous experience and conditions, including social, economic, cultural conditions, as well as the level of training at the time of admission to medical educational organization.

16.3.5 Medical educational organization **should** use the analysis of students' educational achievements to provide feedback to the structural units responsible for the selection of students, planning of the educational program, consulting students.

16.4 Involvement of stakeholders

16.4.1 Medical educational organization **should**, in its monitoring program and evaluation activities of the educational program, involve the teaching staff and students, its administration and management.

16.4.2 Medical educational organization **should** involve other stakeholders in the evaluation process, including representatives of academic and administrative staff, members of the public, authorized education and healthcare bodies, and professional organizations.

Medical educational organization **should**:

16.4.3 provide access to the evaluation results of the educational program;

16.4.4 collect and study feedback from graduates on clinical practice;

16.4.5 collect and study feedback from graduates on the educational program.

17. STANDARD “MANAGEMENT AND ADMINISTRATION”

17.1 Program management

17.1.1 Medical educational organization **shall** determine the structural unit responsible for the educational programs, which, under the direction of the academic management, is responsible and has the authority to plan and implement the educational program. Also it includes management of allocated resources for the planning and implementation of teaching and learning methods, student assessment and evaluation of the educational program and courses of study, in order to ensure the achievement of the final learning outcomes.

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

17.1.3 The structural unit responsible for educational programs **should** ensure the transparency of the management system and the decisions made, which are published in bulletins, posted on the website of the university, included in the protocols for familiarization and execution.

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

17.1.5 Medical educational organization **should** include representatives from other relevant stakeholders in the structure of the medical educational organization who are responsible for educational programs, including other participants of the educational process, representatives from clinical sites, graduates of medical education organizations, healthcare professionals, involved in the learning process or other teachers of the university faculty.

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

17.1.6 takes into account the particular conditions in which graduates will have to work and modifies the educational program accordingly;

17.1.7 considers the modification of the educational program based on feedback from the public and society as a whole.

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

17.2 Academic management

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

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

17.3 Training budget and resource allocation

Medical educational organization **should**:

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

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

17.3.3 The system of financing 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**:

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

17.3.5 in the allocation of resources, to take into account scientific achievements in the field of medicine and the problems of public health and their needs.

17.4 Administrative staff and management

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

17.4.1 ensure the implementation of the educational program and relevant types of activities;

17.4.2 guarantee proper management and allocation of resources.

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

17.5 Interaction with the healthcare sector

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

17.5.2 Medical educational organization **shall** provide an operational connection between the educational program and the subsequent stages of training (internship, specialization, CDP/CME) or practice, to which students will enter upon completion of study.

17.5.3 Medical educational organization **should** give the 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 and/or concluding a joint contract and establishment of a coordinating committee, and conduction of joint activities.

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