



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



WORLD FEDERATION FOR
MEDICAL EDUCATION

STANDARDS

OF THE PROGRAM ACCREDITATION
OF THE HIGHER EDUCATION ORGANIZATIONS

EDUCATIONAL PROGRAMME FOR THE SPECIALTY

560003 “Preventive medicine”



Astana 2016

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING



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OF THE HIGHER EDUCATION ORGANIZATIONS
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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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CONTENT

GENERAL PROVISIONS	4
STANDARD 1 “MISSION, MODEL AND FINAL OUTCOMES OF THE EDUCATIONAL ORGANIZATION”	11
STANDARD 2 “EVALUATION OF STUDENTS”	14
STANDARD 3 “STUDENTS”	15
STANDARD 4 “ACADEMIC STAFF/TEACHERS”	17
STANDARD 5 “EDUCATIONAL RESOURCES”	18
STANDARD 6 “EVALUATION OF THE EDUCATIONAL PROGRAM” ..	20
STANDARD 7 “MANAGEMENT AND ADMINISTRATION”	22
BIBLIOGRAPHY	26

STANDARDS

Standards of program accreditation of educational programs in the speciality 56003 “Preventive healthcare”

GENERAL PROVISIONS

1 Applicable scope

This standard defines the regulatory requirements for the general provisions of the program accreditation standards of the educational program of medical educational organizations in the specialty 560003 “Preventive care”.

This standard is applied when conducting the procedure of accreditation of the educational program in the specialty 560003 “Preventive care” of a medical educational organization, regardless of its status, organizational and legal form, forms of ownership and departmental subordination.

This standard can also be used:

- a) medical educational organizations for internal self-assessment and external evaluation of the educational program;
- б) 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 (WFME, University of Copenhagen, 2012), the following terms and definitions are established in the relevant 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 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 accreditation 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 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.

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: Standards of program accreditation; Standard “Program accreditation”; General provisions; Standard “Mission, model and final outcomes of the educational

program”; Standard “Evaluation of students”; Standard “Students”; Standard “Academic staff/teachers”; Standard “Educational Resources”; Standard “Evaluation of the educational program”; Standard “Management and administration”.

5.2 Standards for program accreditation of medical educational organizations have been developed on the basis of the International Standards of the World Federation for Medical Education on improving the quality of basic medical education with the introduction of national peculiarities of the healthcare and medical education systems and have been developed in accordance with the recommendations of international consultants.

5.3 There are the following forms of accreditation:

5.3.1. by structure:

5.3.1.1 institutional accreditation;

5.3.1.2 program accreditation;

5.3.2 by territorial recognition

5.3.2.1 national accreditation;

5.3.2.2 international accreditation.

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

5.5 The Accreditation Council consists of representatives from the MES KR, MH KR, medical educational organizations, scientific organizations, institutions of the state sanitary and epidemiological service, professional associations, employers, the public, students and international experts.

6 The main objectives of implementing the standards of program accreditation

The main objectives of the implementation of standards of program accreditation are:

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

6.2 assessment of the quality of vocational and educational programs to improve the competitiveness of national higher education system;

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

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

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

6.6 use of innovations and research;

6.7 public announcement and distribution of information on the results of the accreditation of “Preventive medicine” speciality of medical educational organizations.

7 Principles for the formation of standards of program accreditation

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 administration and public opinion) and the obtained results;

7.1.4 responsibility of medical educational organizations - 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 educational organizations 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 attached copies of constitutive and authorized documents.

8.2 Consideration by IAAR of the application of a 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 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 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 evaluation 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 the academic community, employers and students of the Kyrgyz Republic, as well as foreign experts.

8.8 In the case of continuing accreditation, IAAR coordinates 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:

- 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 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 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 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 a 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 the 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 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.

STANDARD 1 “MISSION, MODEL AND FINAL OUTCOMES OF THE EDUCATIONAL ORGANIZATION”

1.1 Mission statement

1.1.1 The mission and objectives of the medical educational organization **shall** be clearly defined, consistent with the available resources and capabilities of the medical educational organization, and the requirements of the market.

1.1.2 The mission statement **shall** contain objectives and an educational strategy to prepare a competent specialist at the undergraduate medical educational level.

1.1.3 The strategic plan for the development of the educational program **shall** comply with the stated mission, objectives of the medical educational organization, and be approved by the consultative and advisory council of the faculty/university.

1.1.4 Medical educational organization **shall**:

- bring the mission of the educational program to the attention of stakeholders, the healthcare sector, state sanitary and epidemiological service institutions and the relevant services of the medical executive authorities;
- provide access to information about the mission, objectives of the medical educational organization for the public (availability of information in the media, on the university website).

1.1.5 The final outcomes of the educational program **shall** include problems of sanitary and epidemiological welfare of the population, public health, hygienic regulation and expertise, environmental problems and other aspects of social responsibility.

1.1.6 Medical educational organization **shall** ensure that the main stakeholders, interested in the educational program, are involved in the development of the mission.

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

1.1.8 Medical educational organization **should** direct the process of updating to adapt the position of the mission and the final outcomes to scientific, socio-economic and cultural development of society.

1.2 Institutional autonomy and academic freedom

1.2.1 Medical educational organization **shall** have institutional autonomy in relation to:

- educational program development;
- use of allocated resources necessary for the implementation of the educational program.

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

- in relation to the existing educational program, which will be allowed to rely on different points of view in the description and analysis of issues of sanitary and epidemiological welfare and environmental problems;

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

1.3 Model of an educational program

1.3.1 The medical educational organization **shall** define a model of an educational program based on disciplines and/or an integrated model aimed at solving system-problem tasks of sanitary and epidemiological supervision.

1.3.2 Medical educational organization **shall** determine used methods of teaching and learning.

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

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

1.3.5 Medical educational organization **should** use an educational program and methods of teaching and learning based on modern principles of education, which stimulate, prepare and support students and ensure that students are responsible for their learning process.

1.3.6 Throughout the entire training program, medical educational organization **shall** teach students:

- principles of scientific methodology, including methods of analytical and critical thinking;
- scientific research methods;
- evidence-based medicine.

1.3.7 Medical educational organization **should** include in the educational program elements of basic and/or applied research.

1.4 General science, medical ethics and jurisprudence

1.4.1 Medical educational organization **shall** determine and include in the educational program the achievements of behavioral and social sciences, medical ethics and jurisprudence, for the holistic development of a modern, knowledgeable and fully developed personality.

Medical educational organization **should** adjust in the educational program and introduce new achievements of general education for:

1.4.2 scientific, technological and preventive medical developments;

1.4.3 current and expected needs of society and healthcare system;

1.4.4 ensuring that changing demographic and cultural conditions comply.

1.5 Basic biomedical sciences

In the educational program medical educational organization **shall** determine and include the achievements of basic biomedical sciences for the formation of:

1.5.1 students' understanding of the fundamentals of scientific concepts and methods;

1.5.2 students' ability to use them in practice.

Medical educational organization **should** adjust and introduce new

achievements of biomedical sciences for:

1.5.3 scientific, technological and preventive medical developments;

1.5.4 current and expected needs of society and the healthcare system.

1.5.5 Medical educational organization **shall** establish a certain amount of time for training basic biomedical disciplines, including medical biology, genetics, radiobiology; biological chemistry, anatomy, physiology, histology, pathological physiology and anatomy, pharmacology, microbiology (including clinical and sanitary), general and radiation hygiene, infectious and occupational diseases, communication skills, introduction to clinical medicine, biostatistics, basics of evidence-based medicine, basics of marketing and management, public health and healthcare, epidemiology (with the basics of disinfection).

1.6 Major subjects and skills

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

1.6.1 acquire sufficient knowledge and professional skills to make management decisions in the implementation of sanitary and hygienic supervision, investigation and assessment of the sanitary and epidemiological welfare of environmental inhabitants and professional activities;

1.6.2 promote healthy lifestyle among population.

1.6.3 Medical educational organization **shall** establish a certain amount of time for training the main major subjects, including community hygiene, food hygiene, child and adolescent hygiene, and occupational health.

1.6.4 Medical educational organization **should** structure the various components of practical skills training in accordance with the specific stage of the training program.

1.7 Structure of the educational program, content and duration

1.7.1 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 correlation between the basic biomedical, behavioral and social and major disciplines.

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

- provide horizontal integration of related sciences and disciplines;
- provide integration of the vertical major subjects with the basic biomedical, behavioral and social sciences;
- 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 optionally.

1.8 Final learning outcomes

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

1.8.1 their achievements at a basic level in relation to knowledge, skills and attitudes for the following activities: sanitary and hygienic, anti-epidemic, control and regulatory, organizational and managerial, information-analytical, accounting and statistical, as well as research, teaching and sanitary educational;

1.8.2 an appropriate basis for future careers in state sanitary and epidemiological institutions and relevant services of medical executive bodies;

1.8.3 their future roles in health, education or science sector;

1.8.4 their subsequent postgraduate training;

1.8.5 their commitment to lifelong learning.

1.8.6 Medical educational organization **shall** ensure that a student fulfills obligations in relation to teachers, doctors, specialists of the state sanitary and epidemiological service, children's preschool, educational, medical and preventive institutions, industrial and agricultural enterprises, specialists of other relevant services of medical executive bodies, in accordance with the Code of Conduct/Honor .

Medical educational organization **should**:

- determine and coordinate the connection of final learning outcomes required upon completion of the educational program with those required in postgraduate studies;

- determine the results of students' involvement in research in healthcare.

1.8.7 Medical educational organization **shall** guide the process of continuous improvement to the following questions:

- modification of 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 duties that are assigned to graduates after graduation;

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

- adjustment of the elements of the educational program and their interrelation in accordance with achievements in biomedical, behavioral, social and clinical sciences, with changes in a demographic situation, health status/morbidity structure of population, socio-economic and cultural conditions. This adjustment process will ensure the inclusion of new relevant knowledge, concepts and methods, and elimination of obsolete.

STANDARD 2 “EVALUATION OF STUDENTS”

2.1 Evaluation methods

Medical educational organization **shall**:

2.1.1 determine, approve and publish the principles, methods and practices 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 (based on OSPE – objective structured practical examination), as well as to determine the criteria for minimum passing scores/grades and the number of allowed retakes;

2.1.2 ensure that assessment covers knowledge, skills and attitudes;

2.1.3 use a wide range of assessment methods and forms, which includes a combination of validity, reliability, impact on learning, acceptability and effectiveness;

2.1.4 ensure that the methods and results of the assessment exclude conflicts of interest;

2.1.5 ensure that the assessment process and methods are open (accessible) for the expertise by external experts.

Medical educational organization **should:**

2.1.6 document and evaluate the reliability and validity of assessment methods, which requires an appropriate quality assurance procedure;

2.1.7 introduce new assessment methods in accordance with the need;

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

2.2 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, attitudes, which:

2.2.1 clearly comparable with teaching and learning methods and learning outcomes;

2.2.2 encourage learning;

2.2.3 ensure that students achieve final learning outcomes;

2.2.4 provide an appropriate balance between formative and summative assessment in order to manage learning and evaluate student's academic progress.

Medical educational organization **should:**

2.2.5 regulate the number and nature of examinations of the various elements of the educational program in order to facilitate acquisition of knowledge and integrated learning;

2.2.6 avoid negative impact on the learning process with excessive information and overload of the educational program;

2.2.7 guarantee the provision of feedback to learners based on the results of assessment;

2.2.8 develop principles of assessment, the number of examinations and methods of their conduct in accordance with changes in final results of study process, teaching and learning methods.

STANDARD 3 “STUDENTS”

3.1 Admission and selection policy

Medical educational organization **shall:**

3.1.1 define and implement a policy of selection and admission of students based on secondary school results in accordance with the Model Admission Rules,

taking into account other relevant academic experience, other entrance examinations, interviews and testing, evaluation of motivation to become a health care professional, including changes in the needs related to diversity of professional activity;

3.1.2 have a policy and introduce the practice of admission of students with disabilities in accordance with applicable laws and regulatory documents of the country;

3.1.3 have a policy and introduce the practice of transferring students from other programs and medical education institutions.

Medical educational organization **should**:

3.1.4 establish relations between selection of students and the mission of the medical educational organization, the educational program and established quality of graduate training;

3.1.5 periodically review the admission policy based on relevant data from the public and specialists in order to meet the health needs of population and society as a whole;

3.1.6 define enrollment of students taking into account their gender, ethnic origin and language;

3.1.7 have a special enrollment policy for students from low-income families and national minorities;

3.1.8 use the system to appeal decisions on admission.

3.2 Student selection

3.2.1 Medical educational organization **shall** determine the number of students admitted to the educational program in accordance with the material and technical capabilities at all stages of education and training.

3.2.2 Medical education organization **should** periodically review the number and contingent of students enrolled in the educational program in consultation with relevant stakeholders responsible for planning and developing human resources in the health sector, and be adjusted to meet the health needs of population and society as a whole.

3.2.3 For the purpose of continuous improvement, medical educational organization **shall** adapt recruitment policy of students and the methods of selecting students to meet changing expectations and circumstances, human resource requirements, changes in the pre-university education system and the needs of the educational program.

3.3 Counseling and student support

Medical educational organization **shall**:

3.3.1 have a system of academic counseling for their students, which includes issues related to the choice of electives, career planning, appointment of academic mentors (mentors) for individual students or small groups of students;

3.3.2 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 and

medical insurance, as well as financial assistance services in forms of material assistance, scholarships and loans;

3.3.3 allocate resources to support students;

3.3.4 ensure confidentiality regarding counseling and support.

3.3.5 Medical educational organization **should** provide counseling that is based on monitoring student progress and addresses the social and personal needs of students, including academic support, support for personal problems and situations, health problems, financial issues, counseling and career planning.

3.4 Representation of students

3.4.1 Medical educational organization **shall** determine and implement the policy of representation of students and their respective participation in the design, management and evaluation of the educational program and other issues related to students (student government, participation of students in advisory and other relevant bodies, in public activities, local projects on health care).

3.4.2 Medical educational organization **should** promote and support student activities and student organizations, including provision of technical and financial support to student organizations.

3.5 Graduates

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

3.5.2 Medical educational organization **should** use the obtained data using this system to further improve the educational program.

STANDARD 4 “ACADEMIC STAFF/TEACHERS”

4.1 Selection and recruitment policy

4.1.1 Medical educational organization **shall** determine and implement a policy of selection and recruitment of academic staff, taking into account the balance of teachers of general education, basic biomedical and major subjects, for adequate implementation of the educational program.

4.1.2 Medical educational organization **shall** identify and monitor the responsibilities of academic staff/teachers of basic biomedical sciences, behavioral and social sciences, hygiene and epidemiology.

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

4.1.3 relation to its mission, significance of local conditions, language and other conditions related to the medical educational organization and educational program;

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

4.1.5 Medical educational organization with the aim of continuous improvement **should** adapt recruitment policy and formation of academic staff in

accordance with changing needs.

4.2 Development policy and employee performance

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

4.2.1 allows to maintain a balance between teaching, scientific and service functions, which include setting time for each activity, taking into account the specifics of the educational program and professional qualifications of teachers;

4.2.2 guarantees the recognition of deservedly academic activities of employees in the form of awards, promotion and/or material remuneration;

4.2.3 ensures that professional activity and research are used in teaching and learning;

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

4.2.5 includes training, development, evaluation and support of the entire academic staff/teachers, including involved specialists from the sanitary and epidemiological service institutions.

Medical educational organization **should**:

4.2.6 take into account the ratio of "teacher-student" depending on the various components of the educational program;

4.2.7 develop and implement employee promotion policy;

4.2.8 organize a system of professional training and/or staff development for teaching in a new information and educational environment.

STANDARD 5 “EDUCATIONAL RESOURCES”

5.1 Material and technical base

Medical educational organization **shall**:

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

5.1.2 provide a safe environment for staff and students, including providing the necessary information and protection from harmful substances, microorganisms, compliance with safety regulations in the laboratory and in the use of equipment.

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

5.2 Training resources

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

5.2.1 number and categories of bases, which include institutions of state

sanitary and epidemiological service and relevant services of medical executive authorities (sanitary-epidemiological and disinfection stations, preventive medical institutions), research institutions of hygienic, epidemiological, microbiological profile, centers of healthy lifestyle, medical educational organizations and other institutions.

5.2.2 Medical educational organization **should** study and evaluate, adapt and improve resources for professional sanitary-hygienic and anti-epidemic training of graduates in order to meet the needs of the population served.

5.3 Information technology

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

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

- for self-study;
- access to information;
- work in healthcare system.

5.3.3 Medical educational organization **shall** carry out information support of the educational program at the expense of free access to library collections and information bases of educational, methodical and scientific literature.

5.3.4 Medical educational organizations **should** ensure that students have access to relevant data from health information systems.

5.4 Healthcare research and scientific achievements

Medical educational organization **shall**:

5.4.1 have research activity in the field of healthcare and scientific achievements as the basis for the educational program;

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

5.4.3 provide information on research base and priority areas in the field of scientific research of a medical education organization;

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

5.4.4 is taken into account in teaching;

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

5.5 Expertise in the field of education

Medical educational organization **shall**:

5.5.1 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 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:

5.5.2 in the development of an educational program;

5.5.3 in the development of teaching methods and assessing knowledge and skills.

Medical educational organization **should**:

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

5.5.5 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;

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

5.6 Exchange in education sphere

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

5.6.1 cooperation at the national and international levels with other medical university, public health schools, faculties;

5.6.2 transfer and mutual offset of educational loans.

Medical educational organization **should**:

5.6.3 promote and ensure appropriate regional and international staff exchanges (academic, administrative and teaching staff) and trainees;

5.6.4 ensure that the exchange is organized in accordance with the objectives of the educational program, based on the needs of staff and students, in compliance with ethical principles.

5.7 Medical educational organization in the framework of continuous improvement **should** update educational resources in accordance with changing needs, such as enrollment of students, the number and profile of academic staff, the educational program.

STANDARD 6 “EVALUATION OF THE EDUCATIONAL PROGRAM”

6.1 Mechanisms for monitoring and evaluating the program

6.1.1 Medical educational organization **shall** have a program for an educational program to monitor processes and results, including routine 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 in connection with the admission of students, assessment of students and completion of training.

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

6.1.2 are focused on the educational program and its main components,

including the model of the educational program, the structure, content and duration of the educational program, and the use of mandatory and elective parts;

6.1.3 are focused on student progress;

6.1.4 identify and consider problems that include the lack of achievement of the expected learning outcomes, and involve gathering information about the learning outcomes, including the identified deficiencies and problems, and are used as feedback for activities and corrective action plans to improve educational curriculum and curriculum disciplines.

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

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

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

6.1.7 general outcomes, which will be measured by the results of national examinations and external independent assessment, benchmarking procedure, international examinations, career choice and the results of postgraduate training of graduates;

6.1.8 on its social responsibility.

6.2 Teacher and student feedback

6.2.1 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, and also include information about unfair practices or improper behavior of teachers or students with and/or legal consequences.

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

6.3 Learning achievements of students and graduates

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

6.3.1 its mission and learning outcomes of the educational program, which includes information on the average duration of study process, grades, the frequency of passing and failures in exams, cases of successful completion and expulsion, reports of students 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, and interviews with students who are leaving the training program;

6.3.2 educational programs;

6.3.3 resource endowment.

6.3.4 Medical educational organization **should** analyze educational achievements of students regarding their previous experience and level of training

at the time of admission.

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

- student selection;
- planing of an educational program;
- student counseling.

6.4 Involvement of stakeholders

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

- students;
- teaching staff;
- administrative and managerial staff.

Medical educational organization **should**:

6.4.2 provide access to the results of evaluation of the course and educational program for other stakeholders (representatives of academic and administrative staff, members of the public, authorized education and health authorities, professional organizations, as well as those responsible for post-graduate education);

6.4.3 collect and study feedback from them on:

- educational program;
- professional activities of graduates.

6.5 Medical educational organization **shall** carry out monitoring and evaluation processes of the educational program for continuous improvement.

STANDARD 7 “MANAGEMENT AND ADMINISTRATION”

7.1 Administration

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

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

7.1.2 representatives of academic staff;

7.1.3 students;

7.1.4 other stakeholders including representatives of the Ministry of Education and the Ministry of Health, health sector and the public.

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

7.1.6 With the aim of continuous improvement, medical educational organization **shall** improve the organizational structure and management principles

to ensure effective operations in the face of changing circumstances and needs, and, in the long term, to meet the interests of various stakeholder groups.

7.2 Program management

7.2.1 Medical educational organization **shall** determine the structural unit responsible for educational programs, which, under the direction of the academic administration, is responsible and has the authority to plan and implement the educational program, including the allocation of provided resources to ensure the achievement of final learning outcomes.

7.2.2 Medical educational organization **shall** guarantee representation from teachers and students in the deliberative body of the structural unit responsible for educational programs.

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

7.2.4 Medical educational organization **should** include representatives from other relevant stakeholders, the consultative body of the structural unit of the medical educational organization responsible for educational programs, including other participants in the educational process, graduates of medical educational organizations, health professionals and other representatives involved in the training process.

Medical educational organization with the aim of continuous improvement **should:**

7.2.5 base the update process on prospective studies and analyzes the results of its own study and evaluation, and medical education literature;

7.2.6 ensure that the process of renewal and restructuring leads to a revision of its policy and practices in accordance with previous experience, current activity and future prospects.

7.3 Connection with sanitary and epidemiological practice and healthcare system

7.3.1 Medical educational organization **shall** provide an operational connection between the educational program and the subsequent stages of vocational training (internship, specialization, continuous professional development) or a practice that students will begin upon graduation.

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

7.3.2 take into account the particular conditions in which graduates have to work and accordingly modify the educational program

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

7.3.4 The educational program **shall** provide practical training required by SES (educational, training and production, industrial), including the organization, content, places of training, control and guidance of practice.

7.3.5 Medical educational organization **should** provide students with practical

training at specialized enterprises, in institutions of the healthcare system or other organizations.

7.3.6 Medical educational organization **should** envisage a form of final control practices (differentiated credit) with the involvement of representatives of the base of practice.

7.4 Academic management

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

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

7.5 Training budget and resource allocation

Medical educational organization **shall**:

7.5.1 have a clear set of responsibilities and authorities for providing the educational program with resources, including a targeted training budget.

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

7.5.3 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**:

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

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

7.6 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:

7.6.1 ensure the implementation of the educational program and relevant activity;

7.6.2 guarantee proper management and allocation of resources.

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

7.7 Interaction with healthcare sector

7.7.1 Medical educational organization **shall** have a constructive interaction with the healthcare sector, with adjacent healthcare sectors of society and government, including the exchange of information, cooperation and initiatives of the organization, which helps to ensure qualified doctors in accordance with the

needs of society.

7.7.2 Medical educational organization **should** give an official status to the cooperation with partners in the healthcare sector. It includes the conclusion of formal agreements with the definition of the content and forms of cooperation and/or the conclusion of a joint contract and establishment of a coordinating committee, and joint activities.

7.8 As a dynamic and socially responsible institution, medical educational organization **shall** initiate procedures for a regular review and revision of the structure and functions, and allocate resources for continuous improvement.

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