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АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



WORLD FEDERATION FOR
MEDICAL EDUCATION

STANDARDS

OF PROGRAM ACCREDITATION
OF HIGHER EDUCATION ORGANIZATIONS

EDUCATIONAL PROGRAMME FOR THE SPECIALTY
530006 - "Nursing care" (specialty)



Astana 2016

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING



Independent agency for
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**STANDARDS
OF PROGRAM ACCREDITATION
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**EDUCATIONAL PROGRAMME FOR THE SPECIALTY
530006 - “Nursing care” (specialty)**

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 - “Nursing care”** of medical educational organizations.

This standard is used during the accreditation procedure of educational program on the specialty **560004 – “Nursing care”** 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 (as amended on January 16, 2015 No. 15).

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), accreditation model of nursing care education programs.

The following definitions are established:

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 Self-assessment procedure - an internal assessment process conducted by an educational organization on the basis of the standards and criteria of institutional accreditation, the results of which are used to prepare a self-assessment report.

3.9 Student - a person enrolled in an accredited educational program.

3.10 The cumulative results of students: stated level of the achievement of established results by a group of students as a result of the completion of the program. The combined results of students include the percentage of graduates, the percentage of passing the exam for a certificate, the percentage of employment, satisfaction level of employers with graduates. Other expected students' results can be determined in the programs, for example, the percentage of former students continuing education or actively participating in professional organizations.

3.11 The cumulative results of teachers: statements about expected accomplishments of teachers, who will contribute to the achievement of the mission and objectives of the program. The cumulative expected achievements of teachers can reflect the components of the role of teachers in teaching, gaining knowledge, practice and/or services as required by the program and medical educational organization.

3.12 Objectives - the overall goals of the program, consistent with institutional and program missions, reflecting the principles and priorities of the program.

4 Designations and abbreviations

This standard uses abbreviations in accordance with the Laws of the Kyrgyz Republic “On Education”.

The following designations and abbreviations are used in this standard:

- AMA - administrative and management apparatus;
- WFME - World Federation of Medical Education;
- 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;
- IAAR - Non-commercial institution “Independent Agency for Accreditation and Rating”;
- CPD - continuous professional development;
- CME - continuous medical education;
- EP - educational program;
- ICT - information and communication technologies;
- TS - teaching staff;;
- MM - mass media;
- QMS - quality management system;
- EMCD - educational and methodical complex of discipline;
- SWOT-analysis - analysis of strengths and weaknesses, problems and opportunities of the organization, the abbreviation of English words: S - strengths, W - weaknesses, O - favorable opportunities, T - threats.

5 General provisions

5.1 Program accreditation is carried out on the basis of this standard General Provisions; standard “Mission and management”; standard “Educational program”; standard “Effectiveness of the educational program”; standard “Teachers and teaching quality”; standard “Students”; standard “Educational resources”;

5.2 The standards are comprehensive and reflect the process of implementing the educational program in the specialty 530006 - “Nursing care”, applicable to all institutions that offer these educational programs. Accreditation taking into account the best international practice acts as confirmation of compliance with accepted norms of education in the field of nursing care. The expert assessment based on the results of accreditation is the basis for the ongoing or developing self-assessment of the educational program, as well as periodic or summative self-assessment, by means of which the quality of the program, the level of personnel training, the quality of procedures and services are improved.

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

5.4 The standards of program accreditation of the educational program “Nursing care” of medical educational organizations are based on the International Standards of the World Federation of Medical Education (Copenhagen, 2012) to improve the quality of basic medical education and Standards of the Commission for University Education in the specialty “Nursing care” (CCNE, USA , 2009) with the introduction of national characteristics of the system of 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 includes representatives of MES KR, MH KR, medical educational organizations, scientific organizations, public healthcare organizations, professional associations, employers, the public, students and international experts.

6 Main objectives of implementation of program accreditation standards

The main objectives of implementation of program accreditation standards are:

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

6.2 provision of institutional support and guidance for the development of educational programs;

6.3 provision of the compliance of nursing training programs with the expectations placed on the nursing profession in terms of appropriate training of students for professional practice, lifelong learning and postgraduate education;

6.4 promotion of the 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 promotion of the focus of nursing education programs to successful education by improving the quality of teaching, learning and assessment, as well as the quality of knowledge and services provided to society in accordance with the mission of the medical educational organization;

6.6 promotion of the development of an educational environment conducive to innovation and continuous improvement;

6.7 support of the introduction and use of innovative teaching and learning strategies in the educational program and ensuring that the accredited program ensures the application of these technologies to improve the quality and expand the learning opportunities of students;

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

6.9 provision of the active participation of the interested community in the review, formulation and approval of the standards and accreditation policy, and in determining the reliability of the accreditation procedure;

6.10 provision of students with confidence that the educational program will achieve its goals;

6.11 public announcement and distribution of information on the results of accreditation of the educational program in the specialty “Nursing care” of medical educational organizations.

7 Principles of 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 educational organization - primary responsibility for the quality of higher education rests with a medical educational organization;

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 of third parties (state bodies, medical educational organizations and public organizations).

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

8 Stages and procedures of implementation of program accreditation

8.1 Application by the university for program accreditation with copies of constitutive and authorized documents provided.

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 a program accreditation.

8.4 The management of the educational organization and IAAR organizes training to clarify the criteria and procedure of the 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 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 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 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 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 visit of the EEC, 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 the 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 decision making 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 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 the 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 of amendments and additions making in program 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

STANDARD 1 “MISSION AND MANAGEMENT”

11.1 Identification of the mission

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

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

11.1.3 The mission, objectives and expected cumulative results of the educational program **shall** be consistent with the mission, objectives and expected cumulative results of the higher education institution.

11.1.4 The mission statement of the program, the objectives and expected learning outcomes **shall be** available to students.

11.1.5 Medical educational organization **shall** ensure that the main stakeholders are involved in the development of the mission, i.e. it is based on the opinions/suggestions of other relevant stakeholders.

11.1.6 The mission, objectives and expected results of the educational program **shall** be periodically reviewed and, if necessary, processed to reflect:

- professional nursing standards and guidelines;
- needs and expectations of concerned community.

11.2 Management

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

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

11.2.3 Medical educational organization **shall** guarantee the representation of teachers and students in the management of the educational program.

11.2.4 The structural unit 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 educational organization, together with the advisory council, **shall** determine policy and develop strategical and tactical plans.

11.2.5 Medical educational organization **shall** have a strategical development plan that complies with the stated mission, objectives and goals of the educational

program, including objectives for improving the quality of nursing education, developing practice, and approved at the consultative and advisory council meeting of medical educational organization/university.

11.2.6 The documentation and publications **shall** be accurate and reliable. References to proposals, results, status of accreditation/approval of the program, schedule of the educational process, personnel policy and admission policy, grading policy, requirements for the completion of the program for obtaining qualifications, tuition fees shall be accurate and reliable.

11.2.7 The academic policy of the medical organization **shall** be consistent with the training program for specialists with secondary medical education. This policy is aimed at achieving the mission, objectives and expected results of students and is honest, fair, published, revised to improve the quality of the educational program.

11.3 Continuous improvement

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

11.3.2 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 review and execution.

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

11.3.4 Medical educational organization **should** guarantee academic freedom of its employees and students in relation to the current educational program, which will be allowed to rely on different points of view in the description and analysis of questions on medicine.

11.3.5 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.

11.3.6 Medical educational organization **should** ensure the implementation of the educational program on nursing care in the context of commitment to the humanistic culture of the learning environment, by:

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

STANDARD 2 “EDUCATIONAL PROGRAM”

12.1 Objectives and structure of the educational program

12.1.1 The educational program **shall** be developed, implemented and revised in order to achieve the final learning outcomes of the individual student and expected cumulative learning outcomes of students.

12.1.2 The objectives of the educational program **shall** be consistent with the mission and the cumulative learning outcomes of students.

12.1.3 The expected learning outcomes of the individual student **shall** be consistent with the role for which graduates of the program are preparing.

12.1.4 The educational program, as well as the practice of teaching and learning, should take into account the needs and expectations of the particular interested community.

12.1.5 Medical educational organization **shall** determine the model of the educational program, including an integrated model based on disciplines, modules or spiral design.

12.1.6 The educational program **shall** have a logical structure, in which the interconnection between general education, basic biomedical and major subjects, the content, volume and sequence of courses and other elements of the educational program are reflected.

12.1.7 The duration and hours required to complete the educational program **shall** be consistent with the achievements of certain learning outcomes of students and the results of the program, taking into account the medical educational organization policy, national standards and the best practices.

12.1.8 Work curricula plans and curriculum programs **shall** be regularly reviewed in accordance with the objectives and results of the educational program to ensure integrity, rigor and relevance.

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

12.1.10 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.

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

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

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

12.2 Final learning outcomes

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

- their achievements at a basic level in terms of knowledge, skills and

attitudes;

- an appropriate basis for a future career in any field of medicine;
- their future roles in the healthcare sector;
- their subsequent postgraduate training;
- their commitment to lifelong learning;
- medical and sanitary health needs of the society, healthcare system needs and

other aspects of social responsibility.

12.2.2 Medical educational organization **shall** determine the level of competence required for the graduate to begin practice in the healthcare system.

12.2.3 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, and also contribute to the achievement of the expected learning outcomes of the individual student and the total results of students.

12.2.4 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.

12.2.5 Graduates of an educational program **shall** be competent in the application of the principles of ethical decisions and professional responsibility, promoting the implementation of a patient-oriented approach and contributing to the improvement of people's health.

12.2.6 Medical educational organization **shall** provide an operational connection between the educational program and the subsequent stages of vocational training (specialization, CPD / CME) or practice that a student will begin upon graduation.

12.3 Continuous improvement

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

12.3.1 provide horizontal and vertical integration of related sciences and disciplines.

12.3.2 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 of choice.

Medical educational organization **should**:

12.3.3 identify and coordinate the connection of the final learning outcomes required on completion with those required in postgraduate studies.

12.3.4 determine the results of student involvement in research.

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

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

STANDARD 3 “EFFECTIVENESS OF THE EDUCATIONAL PROGRAM”

13.1 Mechanisms for monitoring and evaluation

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

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

13.1.2 directed to the educational program and its main components, including the model of the educational program, the structure, content and duration of the educational program, the use of mandatory and elective parts.

13.1.3 identify and address problems that include an inadequate achievement of expected learning outcomes for taking corrective actions to improve the curriculum and curriculum disciplines.

13.1.4 As part of the educational program, a student assessment plan is defined and implemented, which establishes the fact that graduates achieve the program of expected learning outcomes and evaluates the effectiveness of the program. Data on the cumulative results of students shows the effectiveness of the program in achieving its mission and objectives, as well as the expected results.

13.1.5 The cumulative results of teachers **shall** correspond and contribute to the achievement of the mission and objectives of the educational program and the expected results of students.

13.1.6 The educational program implements a clear and open policy regarding complaints from students, and, if necessary, information obtained from official complaints is used to facilitate continuous improvement of the program.

13.2 Teachers and students feedback

13.2.1 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 practice or inappropriate behavior of teachers or students and legal consequences.

13.2.2 The monitoring system of the educational program **shall** include the determination of the degree of satisfaction with the quality of education of students, graduates and employers. Surveys and other data sources are used to gather information and demonstrate the achievements of graduates. The collected data includes, among other things, the percentage of graduates, the percentage of successfully passed a certificate examination, and the percentage of employment.

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

13.3 Continuous improvement

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

13.3.1 the context of the educational process, which includes the organization and resources, the learning environment and culture of a medical education organization.

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

13.3.3 overall outcomes that will be measured by external independent assessment, benchmarking procedure, career choice and postgraduate learning.

13.3.4 its social responsibility.

13.3.5 Medical educational organization **should** involve other stakeholders in the evaluation process, including members of the public, authorized educational bodies and healthcare authorities, professional associations and organizations.

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

STANDARD 4 “TEACHERS AND TEACHING QUALITY”

14.1 Selection and staff recruitment policy

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

14.1.1 guarantees the qualifications of teachers to the profile of subjects taught.

14.1.2 determines their responsibility and the balance of academic staff/teachers in general education, basic 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.

14.1.3 Medical educational organization **shall** provide the educational program with a sufficient number of full-time faculty and staff to ensure that student learning outcomes and program results are achieved.

14.2 Development policy and employee performance

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 activity, taking into account the needs of the medical educational organization and professional qualifications of teachers.

14.2.2 guarantees recognition of its academic activities, 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 and subject areas in order to stimulate cooperation and integration.

14.2.5 includes training, development, support of teachers, which involves all teachers, not only newly hired, but also teachers drawn from hospitals, clinics, research centers.

14.2.6 Medical educational organization **shall** demonstrate the process of continuous development of staff and teachers involved in the implementation of the educational program.

14.3 Continuous improvement

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

14.3.1 attitude to its mission, the importance of local conditions, including gender, nationality, religion, language and other conditions related to the medical educational organization and educational program.

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

14.3.3 Medical educational organization **should** adapt recruitment policy of academic staff to meet changing needs.

14.3.4 Medical educational organization **should** apply an assessment process that provides an objective measurement of the performance of each teacher.

Medical educational organization **should:**

14.3.5 consider the ratio of “teacher-student” depending on the various components of the educational program.

14.3.6 develop and implement policy to promote and motivate employees.

STANDARD 5 “STUDENTS”

15.1 Student enrollment and selection policy

15.1.1 Medical educational organization **shall** define and implement an admission policy, including a clearly defined provision for the student selection process. This provision includes rationale and selection methods, such as secondary school learning outcomes, other relevant academic experience, other entrance examinations and interviews, motivation assessment, including changes in needs related to a variety of practice.

15.1.2 Medical educational organization **shall** have a policy and introduce the practice of admitting students with disabilities in accordance with the laws and regulations of the country.

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

15.1.4 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.

15.2 Student counseling and support

Medical educational organization **shall**:

15.2.1 have a system of academic counseling for its students, which includes issues related to the choice of elective disciplines, preparation for admission to master degree, career planning, appointment of academic supervisors (tutors, mentors) for individual students or small groups of students.

15.2.2 offer a student support program aimed at social, financial and personal needs, including support related to social and personal events, health and financial problems, access to medical care, immunization programs and medical insurance, as well as financial assistance in the form of material assistance, scholarships and loans.

15.2.3 allocate resources to support students.

15.2.4 ensure confidentiality regarding counseling and support.

15.3 Representation of students

15.3.1 Medical educational organization **shall** determine and implement the policy of representation of students and their participation in the design, management and evaluation of the educational program, as well as other issues related to students. Student representation includes student self-government, participation of students in faculty and university councils, other relevant bodies, public activities and local healthcare projects.

15.4 Graduates

15.4.1 In medical educational organization there **shall** be a system for employment study, demand, career support and continuous professional improvement of graduates of the program.

15.4.2 Data obtained using this system **shall** be used to further improve the educational program.

15.5 Evaluation methods

Medical educational organization **shall**:

15.5.1 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 evaluation methods based on criteria and reasoning,
- special examinations (OSCE or a mini-clinical examination),

and also define criteria for determining passing points, grades and the number of allowed retakes.

15.5.2 ensure that the assessment covers knowledge, skills and attitudes.

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

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

15.5.5 ensure that the evaluation process and methods are open to the external expert expertise.

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

15.5.6 clearly comparable with teaching methods and final learning outcomes;

15.5.7 ensure that students achieve final learning outcomes;

15.5.8 promote learning;

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

15.6 Continuous improvement

Medical educational organization **should**:

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

15.6.2 periodically review admission policy.

15.6.3 use the system to appeal decisions on admission.

15.6.4 Medical educational organization **should** periodically review the number and contingent of students enrolled in process of 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.

15.6.5 In case when medical educational 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, material and technical, academic potential of a medical educational organization/university).

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

15.6.7 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 regarding personal problems and situations, health problems, and financial issues.

STANDARD 6 “EDUCATIONAL RESOURCES”

16.1 Material and technical base

Medical educational organization **shall**:

16.1.1 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, including specialized laboratories, mannequins, simulators, simulation equipment, as well as clinical bases of practical healthcare.

16.1.2 ensure that the educational resources available to students are easily accessible to students and meet their needs.

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

16.1.4 provide students with professional literature with the relevant content of the educational program.

16.2 Information technology

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

Academic support services for the educational program **shall** ensure the implementation of the mission and the achievement of the expected results of students and at least include the following:

16.2.2 computer and technology services;

16.2.3 library services;

16.2.4 support of distance education, if necessary;

16.2.5 consulting services;

16.2.6 career counseling services in health care;

16.2.7 other student support services (for example, literary centers, support services for persons with disabilities) if they are related to the program.

16.3 Exchange in education sphere

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

16.3.1 cooperation at the national and international levels with other medical universities, medical schools, colleges and other university departments aimed at improving the quality of the educational program.

16.3.2 transfer and 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 educational program elements, and active coordination of programs between universities and the use of a transparent system of credit units and flexible requirements of courses.

16.4 Continuous improvement

Medical educational organization **should**:

16.4.1 improve the learning environment of students by regularly updating, expanding and strengthening the material and technical base, in accordance with changing needs, such as student enrollment, number and profile of academic staff, educational program.

16.4.2 study and evaluate, adapt and improve resources for practical training in order to meet the needs of the population served.

16.4.3 provide teachers and students with opportunities to use information and communication technologies for self-study, access to information, work in the healthcare system.

16.4.4 promote regional and international staff exchanges (administrative and teaching staff) and students, by providing appropriate resources.

16.4.5 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.

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