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INDEPENDENT AGENCY FOR  
ACCREDITATION AND RATING



WORLD FEDERATION FOR  
MEDICAL EDUCATION

## STANDARDS

OF PROGRAM ACCREDITATION OF  
POSTGRADUATE MEDICAL EDUCATION  
(FOR SPECIALTIES OF RESIDENCY)



Astana 2016

**INDEPENDENT AGENCY FOR ACREDITATION AND RATING**

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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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**STANDARDS  
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GENERAL PROVISIONS**

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**1. Applicable scope**

This standard defines the regulatory requirements to the general provisions of the program accreditation standards (residency).

This standard is applied during the procedure of program accreditation (residency), regardless of its status, legal form, ownership and departmental subordination.

This standard can also be used:

- a) by medical educational organizations (residency) for internal self-assessment of residency programs and external evaluation;
- b) for the development of relevant regulatory documentation.

**2. Regulatory references**

This standard contains references to the following regulatory documents:

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

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

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

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

2.5 Decree of the Government of the Kyrgyz Republic as of July 31, 2007 No. 303 “On Postgraduate Medical Education in the Kyrgyz Republic”.

2.6 “Development Strategy for Postgraduate and Continuing Medical Education in the Kyrgyz Republic for 2014–2020” Order of the Ministry of Health of the Kyrgyz Republic No. 248 of 18.05.15.

**3. Terms and definitions**

In this standard terms and definitions are used in accordance with the Law of the Kyrgyz Republic “On Education” and 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 - non-governmental, non-profit organization registered in the manner prescribed by law, the main purpose of which is accreditation of educational organizations and educational programs;

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

3.4 Standards (regulations) of accreditation - documents of an accreditation body that establish the requirements for accreditation procedure.

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

In addition to them, in accordance with the International Standards of the World Federation for Medical Education to improve the quality of postgraduate medical education, the following terms and definitions are established in the relevant Standards.

### **Mission and final outcomes**

*Autonomy* in the patient-physician relationship will ensure that in all circumstances physicians will make justified decisions in the interests of their patients and society based on the best evidence available. Autonomy, regarding the training of physicians, implies that they have some influence on decisions about what to learn and how to plan and conduct their training. It also implies access to the knowledge and skills necessary for physicians to meet the needs of their patients and society, and that their knowledge and actions are independent and impartial. Acting on their own, existing guidelines should be taken into account.

*Final outcomes* applied to the theory and practice of medicine include knowledge and understanding of the basic, clinical, behavioral and social sciences, including knowledge of public health and population medicine and medical ethics necessary for clinical practice; attitudes and professionalism; clinical skills in relation to diagnosis, the implementation of practical skills, communication skills, treatment and prevention of diseases, health promotion, rehabilitation, clinical thinking, problem solving; and the ability to learn throughout life and professional development.

*Competent authorities* - local and national authorities responsible for postgraduate medical training might be national government agencies, national council, university, competent professional organization.

*Competence* can be defined in a broad professional sense or as special knowledge, skills, attitudes or behavior.

Competencies relevant to postgraduate training, at the level that depends on the chosen field of medicine, will include the following categories:

- Providing medical care for patients, which should be appropriate, effective, and compassionate towards health problems and health promotion.

- Medical knowledge in the field of basic biomedical, clinical, behavioral and social sciences, medical ethics and medical jurisprudence and the application of such knowledge in assisting patients.

- Interpersonal skills and other communication skills that ensure effective exchange of information with individual patients and their families, and teamwork with other healthcare professionals, the scientific community and the public.

- Performance evaluation and application of new scientific knowledge for continuous review and improvement of clinical practice.

- Acting as a supervisor, instructor and teacher in relation to colleagues, medical trainees and other medical professionals.

- Scientific potential of a scientist who can contribute to the development and research in the chosen field of medicine.

- Professionalism.

- Ability to act in the best interests of the patient.

- Knowledge of public healthcare and health policy issues, as well as awareness and response to the larger context of the healthcare system, including, for example, an organization of medical care, partnerships with health workers and managers, cost-effective healthcare practice, healthcare economics and resource allocation.

- Ability to understand the system of medical care, identify and carry out the improvement of system-wide assistance.

*Mission* provides an overall framework with which all other aspects of the postgraduate medical education program shall be connected and include general and specific issues related to institutional, national, regional and, if necessary, global healthcare needs and a vision of postgraduate medical education.

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

*Main stakeholders* - trainees/residents, directors of residency programs, medical research societies, clinic administration, government authorities and professional associations or organizations.

*Professionalism* describes knowledge, skills, attitudes and behavior that patients and society expect from each physician in their professional practice, and includes concepts such as skills for lifelong learning, support of a competence level, information literacy, ethical behavior, personality integrity, honesty, altruism, service to others, loyalty to the professional code, justice and respect for others.

*Public health problems* mean interaction with the local community, especially in the healthcare and adjacent healthcare sectors, and the inclusion of public health problems in the educational program.

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

*Relevant stakeholders* will include representatives from managers, trainers, teachers, other healthcare professionals, patients, the public, organizations and bodies of healthcare system.

*Social responsibility* includes the willingness and ability to respond to the needs of society, patients and healthcare system and adjacent healthcare sectors. Also contribution to the development of medicine at the national and international levels through the introduction of a competency-based approach to healthcare system, medical education and research, and shall be based on its own principles taking into account the autonomy of the university.

### **Educational program**

*Clinical sciences* include selected clinical and laboratory disciplines (medical specialty, sub-specialty, or expert functions), and in addition, other relevant clinical/laboratory disciplines.

*Teaching and teaching methods* will cover any didactic, practical, demonstrative, training under the supervision of a mentor and teaching methods, such as lectures, small group classes, problem-based training, clinical case studies, practical exercises, laboratory work, and learning from “a patient's bed”, clinical demonstrations, laboratory skills training, field training in the regions, online training and clinical practice as a resident or an intern.

*Behavioral and social sciences* — depending on local needs, interests, and traditions — typically include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health, and social medicine and will provide knowledge, concepts, methods, skills and attitudes necessary to understand socio-economic, demographic and cultural determinants of the causes, distribution and consequences of medical problems.

### **Resident evaluation**

*Assessment methods:* include consideration of the balance between formative (intermediate) and summative (final) assessment, the number of examinations and other test tasks, the balance of different types of examinations (written and oral), the use of clinical discussion and analysis, the use of judgments based on relevant standards and criteria, individual portfolio and diaries, special examination types, such as an objective structured clinical examination (OSCE), a Mini-clinical examination (MiniCEX), and this includes the system defining and preventing plagiarism.



## **Residents**

The provision on *the selection process* includes both rationale and selection methods; and might include a description of the appeal mechanism.

*Monitoring of an admission policy will include* improvement of the selection criteria to reflect the ability of residents to be competent and to cover differences in the required competencies related to the difference in chosen areas of medicine.

*Selection criteria* might include consideration of balanced recruitment in accordance with gender, ethnic, and social requirements, including a potential need for a special admission policy for groups of least privileged physicians.

*The positions for the provision of medical services under the contract* include an intern, a resident, a clinical resident, a specialist.

*The types of medical services provided by the residents* shall be a subject to the contract and the conditions protecting residents, which included in the contract.

## **Teachers**

*Time for teaching, coaching, and training* implies a balance between the workload in clinical work and requires consideration of coordination and consistency in work schedule.

*Periodic evaluation of activity of teachers and mentors* includes feedback from residents to teachers.

## **Educational resources**

*Clinical sites* include primary, specialized and highly specialized clinics of providing medical care, outpatient services (including primary medical care), primary healthcare facilities, healthcare centers and other healthcare facilities of providing medical care to the population, as well as clinical skills centers/laboratories that allow clinical training, using the capabilities of the relevant clinical bases and ensure rotation in the main clinical disciplines.

*Material and technical base* include: lecture halls, classrooms, educational and scientific laboratories, clinical skills laboratories, teachers' rooms, libraries, information technologies and facilities, conditions for trainees' rest, such as adequate classrooms, a rest hall, vehicles, catering for trainees, dormitories, boxes for storage of personal belongings of trainees, sports facilities, rooms for leisure.

*Expertise in the field of education* examines the problems, process and practice of postgraduate medical training, and its assessment, and includes physicians with experience in medical education sphere, psychologists and sociologists of the educational system and can be provided by the educational department of the university or by bringing in another national or international organizations.

## **Evaluation of an educational program**

*Evaluation of an educational program* is a process of systematically collecting information to study the effectiveness and adequacy of the educational program, using monitoring data, feedback and the results of special studies to

evaluate the program, as well as using reliable and authentic methods of collecting and analyzing data to confirm the quality of education in relation to the mission and established learning outcomes. Evaluation of the program includes information on the duration of learning, evaluation criteria, the frequency of passing and failures in examinations, successful evaluation results and expulsion, as well as the time spent by the residents in the fields of medicine of particular interest. Involvement of external experts to evaluate the educational program and external organizations/institutes, the involvement of experts in the field of medical education and assessment, regulatory authorities will further improve the quality of postgraduate education.

*Program monitoring* includes the regular collection of data on key aspects of the educational program in order to ensure proper training and identify areas that need improvement. Data collection is often part of administrative procedures regarding admission of residents, the assessment of knowledge and skills, and completion of an educational program.

*Identified problems* will include insufficient implementation of established learning outcomes, conducting research and studying information on the achievement of the established learning outcomes, identifying deficiencies and problems that can be used as feedback to carry out necessary interventions and corrective action plans, program development and improvement, which requires the creation of a safe and supportive learning environment and feedback from teachers and residents.

*Feedback* will include reports of residents and other information about the processes and products of educational programs, as well as information about the abuse of official position or inappropriate behavior of the teacher or residents without legal consequences.

*Authorization criteria for training sites* will include minimum values of patients' number and the diversity of nosological forms, clinical and laboratory equipment, libraries and information technology capacities, clinical skills centers, academic staff of teachers and researchers in laboratories.

#### **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;

OSCE - objective structured clinical examination;

TS – teaching staff;

MM – mass media;

## **5 General provisions**

5.1 Institutional accreditation is carried out on the basis of these standards; Standard “Mission and final outcomes”; Standard “Process of preparation”; Standard “Resident evaluation”; Standard “Residents”; Standard “Teachers”; Standard “Clinical bases and educational resources”; Standard “Evaluation of educational programs”; Standard “Management and administration”; Standard “Continuous improvement”. The standards of program accreditation are based on the International Standards of the World Federation for Medical Education for the improvement of the quality of postgraduate medical education (Revision 2014).

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

5.3 The Accreditation Council consists of representatives from MES KR, MH KR, medical educational organizations, scientific organizations, healthcare organizations, professional associations, employers, public representatives and international experts.

## **6 Main objectives of implementing the standards of program accreditation**

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

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

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

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

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

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

6.1.6 use of innovations and research;

6.1.7 public announcement and distribution of information on the results of accreditation of medical educational organizations (postgraduate education).

## **7 Principles for the formation of standards for program accreditation**

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

7.1.1 voluntariness - the procedure for 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 program accreditation and 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 Application of the university for program accreditation (residency) with attached copies of title and authorization documents.

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

8.3 Decision of IAAR to start program accreditation procedure (residency). Conclusion of an agreement between the agency and the university on program accreditation.

8.4 Administration of an educational organization and IAAR organizes training to explain the criteria and procedures for program accreditation (residency) to internal experts of the medical educational organization at special seminars on the theory, methodology and technology of program accreditation.

8.5 Conducting self-assessment by the medical educational organization in accordance with the requirements established by IAAR, and sending a self-assessment report (in Russian and English) to IAAR in an electronic version and in the number 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 of 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 continuation of accreditation, IAAR forms an external expert commission, which is approved by the Director of IAAR to conduct an assessment of the university. It includes representatives of academic community, employers and trainees of the Kyrgyz Republic, as well as foreign experts.

8.8 In case of continuation of accreditation, IAAR coordinates with the medical educational organization the deadlines of program accreditation (residency) and the EEC visit program.

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

- provides an electronic and paper version of the self-assessment report for each member of the commission;
- provides necessary office equipment to the members of the EEC;
- organizes an inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of EEC work in accordance with the EEC visit program;
- provides the requested information;
- organizes photo shoot 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 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 information on the status of the educational program and the recommended period of accreditation.

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

8.13 The basis for the decision making on program accreditation (residency) of the Accreditation Council is the EEC report on the evaluation of educational programs and the report on self-evaluation of educational programs of an educational organization.

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 accreditation of the educational program (residency) for a period of **5 years** and with 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 (residency) 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 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 educational organization posts 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 might appeal to IAAR on the decision of the Accreditation Council. In case of doubt about the competence of the external expert commission and representatives of the Agency, or a gross violation committed by the members of the external expert commission, the educational organization might send a complaint to IAAR.

## **9 Follow-up procedures**

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

9.2 In accordance with the Regulation on the procedure for post-accreditation monitoring of educational organizations/educational programs, educational organizations that have passed program accreditation of educational programs shall

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

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

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 the accreditation body.

10.4 The accreditation body 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 the accreditation body in a new edition with amendments or in the form of a brochure-leaflet to the valid standard.

## **11. STANDARD “MISSION AND FINAL OUTCOMES”**

### **11.1 STATEMENT OF MISSION AND FINAL OUTCOMES**

11.1.1 Medical educational organization shall define the mission of the residency program and inform the public and *the healthcare sector about the declared mission.*

11.1.2 Medical educational organization **shall** define the mission based on a consideration of health needs of society, needs of medical care system and, accordingly, other aspects of social responsibility.

11.1.3 Medical educational organization **shall** determine a training program that contains both theoretical and practical components, reinforcing the practice and the result of such training shall be a physician who is competent and capable of carrying out proper and relevant clinical practice in a specific area of medicine, capable of working at a high professional level, working singly and independently, as well as in a team, if necessary, who is committed and ready for lifelong learning and participation in continuous medical education and continuous professional development.

11.1.4 Medical educational organization **shall** provide improved patient care that is appropriate, effective, compassionate and safe in dealing with health problems and promoting health, including a patient-centered and holistic approach.

11.1.5 Medical educational organization **shall** ensure that residents (trainee) have appropriate working conditions to support their own health.

11.1.6 Medical educational organization **should** promote the introduction of relevant innovations in learning process, allowing the development of broader and more specific competencies than those defined as basic competences.

11.1.7 Medical educational organization **should** encourage residents in becoming scientists/researchers in their chosen fields of medicine, *including deeper and/or wider participation in the development of the discipline, including academic development and improvement of education and research in medicine.*

11.1.8 Medical educational organization **should** assist residents in becoming active participants in addressing the social determinants of health.

### **11.2 PROFESSIONALISM AND PROFESSIONAL AUTONOMY**

11.2.1 Medical educational organization **shall** include professionalism in education and training of residents and promote a professional autonomy necessary for a specialist to act in the best interests of patient and society.

11.2.2 Medical educational organization **should** ensure proper independence from the government and other bodies *in making decisions in key areas such as the development of an educational program (12.1 and 12.6), assessment (13.1), selection and admission of residents (14.1 and 14.2), selection of teachers ( 15.1), employment conditions and resource allocation (see 18.3).*

11.2.3 *Medical educational organization should guarantee academic freedom, which will include adequate freedom of expression, freedom of request and publication.*



### **11.3 FINAL LEARNING OUTCOMES**

11.3.1 Medical educational organization **shall** determine final learning outcomes that residents should achieve as the result of a training program in relation to: their postgraduate achievement in knowledge, skills and thinking; an appropriate basis for their future career in a chosen field of medicine; future roles in healthcare system; commitment and skills in lifelong learning; needs and problems of public health, needs of healthcare system and other aspects of social responsibility; professional behavior.

11.3.2 Medical educational organization **shall** determine final learning outcomes of general and specific components for the discipline/specialty that trainees need to achieve upon completion of the program.

11.3.3 Medical educational organization **shall** determine final learning outcomes regarding proper behavior and attitude towards patients and their relatives, fellow trainees, teachers, other healthcare workers.

11.3.4 Medical educational organization **shall** ensure proper professional behavior and attitude of the residents to colleagues and other medical personnel, patients and their relatives, as well as adherence to the Code of Honor.

11.3.5 Medical educational organization **shall** inform the public about established final learning outcomes of a residency program in relevant specialties.

11.3.6 Medical educational organization **should** guarantee continuity between final learning outcomes of programs of basic and postgraduate medical education.

### **11.4 PARTICIPATION IN FORMULATION OF THE MISSION AND FINAL OUTCOMES**

11.4.1 Medical educational organization **shall** define the mission and determine final learning outcomes of a program in collaboration with key stakeholders.

11.4.2 Medical educational organization **should** formulate the mission and determine final learning outcomes of a program taking into account proposals from other stakeholders, *which are representatives of other medical specialties, patients, society, organizations and authorized healthcare authorities, professional organizations and medical scientific societies.*

## **12. STANDARD “EDUCATIONAL PROGRAM”**

### **12.1 WORKING PARAMETERS OF POSTGRADUATE MEDICAL EDUCATION PROGRAM**

12.1.1 Medical educational organization **shall** determine the educational framework parameters based on established final learning outcomes of this program and the qualifications of a graduate resident, develop them in accordance with the required results of existing basic medical education and organize the systematic and transparent training.

12.1.2 Medical educational organization **shall ensure** that the content of the residency program meets the requirements of the SES of the Kyrgyz Republic and to ensure the breadth of training in accordance with the name of the program and the necessary depth of training in the area determined by the specialty.

12.1.3 Medical educational organization **shall** use practice-oriented training ensuring personal participation of residents in the provision of medical care and patient care responsibility.

12.1.4 Medical educational organization **shall** use appropriate teaching and learning methods and ensure the integration of components in practice and theory, which include didactic classes and experience in assisting patient as well as independent and active training.

12.1.5 Medical educational organization **shall** ensure that training is conducted in accordance with the principles of equality.

12.1.6 Medical educational organization **shall** use a trainee-centered approach in teaching that encourages, prepares and supports trainees to take responsibility for their own learning process and demonstrate in their practice.

12.1.7 Medical educational organization **shall** guide residents with help of mentoring, regular evaluation and feedback, inform about the program, the rights and duties of residents, and include ethical obligations in the program.

12.1.8 Medical educational organization **should** increase the degree of independence and responsibility of residents regarding their knowledge, skills and experience.

12.1.9 Medical educational organization **should** recognize gender, cultural, and religious particularities and prepare resident to appropriate relationships with patients.

## **12.2 SCIENTIFIC METHOD**

12.2.1 Medical educational organization **shall** introduce scientific foundations and methodology of medical research, including clinical research and clinical epidemiology.

12.2.2 Medical educational organization **shall** ensure that a resident is able to use scientific studies, learns and knows the basics of evidence-based medicine through wide access to relevant clinical/practical experience on the bases of the relevant profile in the chosen field of medicine.

12.2.3 Medical educational organization **should** include teaching and training of critical evaluation of literature, articles and scientific data, application of scientific research.

## **12.3 PROGRAM CONTENT**

12.3.1 Medical educational organization **shall** include in the preparation of the program clinical work and relevant theory or practice of basic biomedical, clinical, behavioral and social sciences, preventive medicine, clinical decision making, communication skills, medical ethics, public healthcare, medical jurisprudence and forensic medicine, managerial disciplines, patient safety, responsibility for own health, knowledge of complementary and alternative medicine.

12.3.2 Medical educational organization **shall** organize educational programs with due attention to patient safety and autonomy.

12.3.3 Medical educational organization **should** ensure the development of knowledge, skills and professional attitudes corresponding to the different roles of a physician, such as a practice physician or a medical expert, communicator, employee and team member, leader/manager or administrator, defender of patient's interests and health, scientist/researcher.

12.3.4 Medical educational organization **should** correct and change the content to the changing conditions and needs of the system of medical care.

## **12.4 PROGRAM STRUCTURE, CONTENT AND DURATION**

12.4.1 Medical educational organization **shall** describe the overall structure, composition and duration of the educational program, clearly establish the mandatory component and the component of choice, integrate practice and theory, take into account the requirements of national legislation and ensure that local, national or regional health systems are adequately focused on the needs of providing medical care to population.

12.4.2 Medical educational organization **should**, when deciding on the duration of the program, consider required final outcomes of basic medical education regarding the chosen field of medicine, the requirements for performing different roles of certified specialists in the healthcare sector, and possible alternatives for using time-based training.

## **12.5 TRAINING ORGANIZATION**

12.5.1 Medical educational organization **shall** determine the responsibility and authority for the organization, coordination, management and evaluation of each base for training, clinical base and educational process.

12.5.2 Medical educational organization **should** guarantee clinical education in multidisciplinary clinics and coordinate training on the basis of these clinics in order to provide residents with adequate training in various aspects of the chosen field of medicine.

Medical educational organization **shall** observe when planning an educational program proper representation of staff, residents and other relevant stakeholders.

12.5.3 Medical educational organization **should** guarantee training in the conditions of various clinical bases, which are characterized by the profile of clinics, various categories of patients, level of medical care (primary care, specialized medical care, highly specialized medical care), hospitals and dispensaries.

12.5.4 Medical educational organization **should** coordinate the numerous training bases for obtaining appropriate access to various aspects of the chosen field of medicine.

12.5.5 Medical educational organization **should** have access to the resources necessary for the planning and implementation of training methods, assessment of trainees, innovations of the training program.

## **12.6 INTERCONNECTION BETWEEN POSTGRADUATE MEDICAL EDUCATION AND PROVIDING MEDICAL CARE**

12.6.1 Medical educational organization **shall** describe and recognize the role of mentoring in professional development, ensure the integration between training and medical care (on-the-job training), ensure that training is complementary and consistent with the requirements on providing medical care.

12.6.2 Medical educational organization **should** effectively organize the use of the capabilities of healthcare system or provision of medical care for educational purposes, which involves using the capabilities of various clinical bases, patient problems and clinical problems for educational purposes, and at the same time complying with the requirements for providing medical care.

## **13. STANDARD “RESIDENT EVALUATION”**

### **13.1 EVALUATION METHODS**

13.1.1 Medical educational organization **shall** formulate and implement a resident assessment policy; **shall** determine, establish and publish the principles, objectives, methods and practice for evaluating residents, including specialist qualification examinations, and ensure that the assessment covers knowledge, skills and professional behavior and attitude.

13.1.2 Medical educational organization **shall** use an additional set of assessment methods and formats in accordance with their “applicability”, which includes a combination of validity, reliability, impact on training, acceptability and effectiveness of assessment methods in relation to established final learning outcomes.

13.1.3 Medical educational organization **shall** formulate criteria for passing examinations or other types of assessment, including the number of allowed retakes.

13.1.4 Medical educational organization **shall** study and document the reliability, validity and fairness of assessment methods.

13.1.5 Medical educational organization **should** use the system of appeal of the results of assessment based on the principles of equity and through adherence to the legal process.

13.1.6 Medical educational organization **should** promote involvement of external examiners, introduce new assessment methods, if necessary.

13.1.7 Medical educational organization **should** keep a record of different types and stages of training in an educational journal or protocols.

### **13.2 INTERCONNECTION BETWEEN ASSESSMENT AND EDUCATION**

13.2.1 Medical educational organization **shall** use principles, methods and practices of assessment, which are compatible with established final learning outcomes and teaching methods, ensure that established learning outcomes are achieved by trainees, promote learning, determine the adequacy and relevance of training.

13.2.2 Medical educational organization **shall** ensure provision of timely, specific, constructive and fair feedback to residents on the basis of the results of the assessment of their knowledge and skills.

13.2.3 Medical educational organization **should** use principles, methods and practices of evaluation, which promote integrated learning and involvement in practical clinical work, provide interprofessional training.

## **14. STANDARD “RESIDENTS”**

### **14.1 ADMISSION AND SELECTION POLICY**

14.1.1 Medical educational organization **shall** consider the interconnection between the mission and the selection of residents.

14.1.2 Medical educational organization **shall** ensure the balance between the available potential and training opportunities and the recruitment of residents.

14.1.3 Medical educational organization **shall** formulate and implement a policy on the criteria and the selection process of trainees, including admission of residents with disabilities that require necessary conditions and equipment in accordance with national laws and regulations, and take into account the safety of physicians and patients.

14.1.4 Medical educational organization **shall** formulate and implement a policy of transfer of residents from other national or international programs.

14.1.5 Medical educational organization **shall** guarantee a high level of understanding of biomedical sciences, achieved at the undergraduate level before the beginning of postgraduate education.

14.1.6 Medical educational organization **shall** guarantee transparency of the selection procedure and equality of access to postgraduate education.

14.1.7 Medical educational organization **should** consider in the framework of its selection procedure the specific abilities of applicants in order to improve the result of the learning process in the chosen field of medicine.

14.1.8 Medical educational organization **should** develop an appeal procedure in relation to the decision of the admission committee.

14.1.9 Medical educational organization **should** include associations and organizations of residents in the development of admission policy and selection of residents.

14.1.10 Medical educational organization **should** periodically review admission policy, based on relevant social and professional data, to meet the needs of public health.

### **14.2 NUMBER OF TRAINEES**

14.2.1 Medical educational organization **shall** establish the number of residents, which corresponds to the possibilities of clinical/practical training, the potential of clinical mentoring and other available resources, national and regional needs of human resources in accordance with the chosen field of medicine. If a medical educational organization does not determine its own selection of trainees, then it should demonstrate its responsibility by explaining the existing relations

with the authorities and pay attention to the consequences of decisions on admission, for example, the imbalance between selection and the existing potential and opportunities of bases and resources for training.

14.2.2 Medical educational organization **shall** have accessible information about health needs of society, which includes consideration of balanced selection in accordance with gender, ethnic and social characteristics of population, including a potential need for a special policy of recruitment and admission of their groups of small nations and physicians from rural areas.

14.2.3 Medical educational organization **should** review the number of residents by consulting with stakeholders.

14.2.4 Medical educational organization **should** adapt the number of residents, **taking into account** the available information on the number of qualified candidates, available information on national and international labor markets, unpredictability of the exact needs of health professionals in various fields of medicine.

### **14.3 SUPPORT AND CONSULTING OF RESIDENTS**

14.3.1 Medical educational organization **shall** have a system of academic consulting of residents, provide advice to residents, taking into account the results of monitoring progress in training, including unintentional incidents.

14.3.2 Medical educational organization **shall** provide support to residents, focused on social, financial and personal needs, and allocate appropriate resources for social and personal support.

14.3.3 Medical educational organization **shall** guarantee confidentiality with regard to consulting and support provided and provide support for career guidance and career planning.

14.3.4 Medical educational organization **should** provide support in the event of a professional crisis and involve trainee organizations (residents) in solving their problem situations.

### **14.4 REPRESENTATION OF RESIDENTS**

14.4.1 Medical educational organization **shall** develop and implement a policy on the representation of residents in the formulation of the mission and final learning outcomes, participation in the development of a training program, planning working conditions, evaluating a training program, managing a training program.

14.4.2 Medical educational organization **should** encourage resident organizations to participate in making decisions about the processes, conditions and rules of education and training.

### **14.5 WORKING CONDITIONS**

14.5.1 Medical educational organization **shall** conduct a training program in accordance with paid posts/scholarships or other ways to finance residents.

14.5.2 Medical educational organization **shall** ensure the participation of residents in all medical activities of clinical sites, including obligations of home calls related to the program of training.

14.5.3 Medical educational organization **shall** determine the responsibility and bring to the public the information about the participation and conditions of the provisions of medical services by residents.

14.5.4 Medical educational organization **shall** provide additional training, with forced breaks in training, on the occasion of pregnancy (including pregnancy and maternity/paternity leave), illness, military service or additional duty.

14.5.5. Medical educational organization **should guarantee** that participation of residents in provision of medical services do not dominate and are not excessive.

14.5.6 Medical educational organization **should** take into account needs of patients, continuity of providing medical care and educational needs of residents in the planning of duty and work schedule on call.

14.5.7 Medical educational organization **should** allow to study under special circumstances in accordance with the individual training program and taking into account previous experience in providing medical care.

14.5.8 Medical educational organization **should** ensure that the quality of training in an individual program and the total duration of training are not less than that of residents who have completed a full training program.

## **15. STANDARDS “TEACHERS”**

### **15.1 RECRUITMENT AND SELECTION POLICY**

15.1.1 Medical educational organization **shall** develop and implement a policy of recruitment and admission of teachers, managers and mentors, which determines the required experience, criteria for scientific and educational, pedagogical and clinical achievements, including the balance between teaching, scientific activities and specialist qualifications, their responsibilities, duties of employees and, in particular, the balance between teaching, research and medical care.

15.1.2 Medical educational organization **shall** in its selection policy take into account the mission of the educational program, needs of educational system and needs of medical care system.

15.1.3 Medical educational organization **should** determine the responsibility of all physicians as part of their professional duties to participate in practice-based postgraduate education, reward their participation in postgraduate training of specialists, ensure that teachers are practitioners in relevant areas, guarantee that teachers in sub-specialties are appointed only for a certain period of study in accordance with the specifics of the training program and their qualifications.

### **15.2 OBLIGATIONS AND DEVELOPMENT**

15.2.1 Medical educational organization **shall** ensure that teachers and residents have enough time for teaching, mentoring and training, to provide a

program for the development of teachers and mentors, to guarantee periodic evaluation of teachers and mentors' activity.

15.2.2 In the development and implementation of personnel policy, medical educational organization **should** include in the development program for staff and teachers' support their training and further professional development of both professional and pedagogical qualifications; evaluate and recognize academic activity of teachers, mentors; determine the ratio between the number of teachers who have received recognition and the number of residents, ensuring their individual relationships and monitoring of residents' achievements.

## **16. STANDARD "EDUCATIONAL RESOURCES"**

### **16.1 MATERIAL AND TECHNICAL SUPPLY AND EQUIPMENT**

16.1.1 Medical educational organization **shall** provide residents with a base and opportunities for practical and theoretical training, access to the latest professional literature and sources, adequate information and communication technologies and equipment for teaching practical skills, a safe environment for self-directed learning.

16.1.2 Medical educational organization **should** regularly evaluate and update the material and technical supply and equipment for their compliance and quality assurance of postgraduate education.

### **16.2 CLINICAL BASES**

16.2.1 Medical educational organization **shall** select and approve bases for training and provide access to appropriate clinical/practical bases for training, a sufficient number of patients and information about patients with various problems to achieve the objectives of training, including the use of both inpatient and outpatient care and duty.

16.2.2 Medical educational organization **should**, when choosing a learning environment and a clinical base, include in the training program health promotion and disease prevention issues, training in other relevant to the profile clinics/institutes and primary healthcare.

### **16.3 INFORMATION TECHNOLOGY**

16.3.1 Medical educational organization **shall** guarantee access to web and electronic media and effectively use information and communication technologies, while respecting ethics, as an integrated part of the educational program.

16.3.2 Medical educational organization **should** promote the use of existing and new information and communication technologies by teachers and trainees for: self-study, communication with colleagues, access to relevant patient data and healthcare information systems, patient management, practice and work in systems of providing medical care.



## **16.4 CLINICAL TEAMS**

16.4.1 Medical educational organization **shall** guarantee experience in a team work of colleagues and other healthcare professionals.

16.4.2 Medical educational organization **should** provide training in an interdisciplinary/interprofessional team and develop the ability to work effectively with colleagues and other healthcare professionals.

16.4.3 Medical educational organization **should** promote the development of skills in management and training of other healthcare professionals.

## **16.5 MEDICAL RESEARCH AND ACHIEVEMENTS**

16.5.1 Medical educational organization **shall** ensure that residents receive knowledge and are able to apply scientific foundations and methodology of scientific research in the chosen field of medicine and guarantee appropriate integration and balance between training and research.

16.5.2 Medical educational organization **shall** provide information about research base and priority areas in the field of scientific research of a medical educational organization.

16.5.3 Medical educational organization **should** encourage participation of residents in medical research, development of quality of health and the healthcare system, which include research in basic biomedical, clinical, behavioral and social sciences.

16.5.4 Medical educational organization **should** provide residents with the appropriate time in the training program for research.

16.5.5 Medical educational organization **should** provide access to the equipment for research and ongoing scientific activities in training bases.

## **16.6 EXERTISE IN THE FIELD OF EDUCATION**

16.6.1 Medical educational organization **shall** develop and implement a policy on the use of expertise in the field of education regarding planning, implementation and evaluation of the educational program.

16.6.2 Medical educational organization **should** pay due attention and ensure development of expertise in evaluation of education and research in the discipline of medical education.

16.6.3 Medical educational organization **should** contribute to the development of the interests of employees in research of education.

## **16.7 PREPARATION IN OTHER INSTITUTIONS**

16.7.1 Medical educational organization **shall** develop and implement a policy of accessibility for residents and provide them with training opportunities in alternative institutions inside or outside the country.

16.7.2 Medical educational organization **shall** create a system for the transfer and mutual offsetting of learning outcomes through the active coordination of programs between training institutions and use of academic credits.

16.7.3 Medical educational organization **should** promote regional and international exchange of teachers and residents, by providing appropriate resources.

16.7.4 Medical educational organization **should** develop relations with relevant national and international bodies in order to facilitate exchange and mutual recognition of learning elements.

## **17. STANDARD “EVALUATION OF AN EDUCATIONAL PROGRAM”**

### **17.1 MECHANISMS FOR MONITORING AND EVALUATION**

17.1.1 Medical educational organization **shall** constantly monitor the educational program, define and implement a mechanism to evaluate the program, and conduct program assessment taking into account the mission, required final learning outcomes, the content of the educational program, assessment of knowledge, skills and educational resources.

17.1.2 Medical educational organization **should** evaluate the program regarding admission policy, needs of education and healthcare system, process of implementing the educational program, assessment methods, progress of residents, teachers' qualifications, identified problems and drawbacks.

17.1.3 Medical educational organization **shall** ensure that relevant assessment results are aimed at improving the educational program and participation of stakeholders in the evaluation of the program.

17.1.4 Medical educational organization **should** ensure transparency of the evaluation process and assessment results for management and all stakeholders.

### **17.2 FEEDBACK FROM TEACHERS AND RESIDENTS**

17.2.1 Medical educational organization **shall** study feedback on the educational program from teachers, residents, employers.

17.2.2 Medical educational organization **should** actively involve teachers and residents in planning program evaluation, and using evaluation results to improve the program.

### **17.3 RESULTS OF RESIDENTS AND QUALIFIED SPECIALISTS**

17.3.1 Medical educational organization **shall** constantly monitor qualified specialists, provide feedback on clinical practice of qualified specialists from employers, establish and apply a mechanism for evaluating the program, using the collected data on the results of clinical practice of qualified specialists.

17.3.2 Medical educational organization **should** inform qualified specialists responsible for admission of residents and educational program planning about the results of evaluation of clinical practice.

### **17.4 INVOLVEMENT OF STAKEHOLDERS**

17.4.1 Medical educational organization **shall** involve key stakeholders in the program to monitor and evaluate the educational program.

17.4.2. Medical educational organization **should** ensure that stakeholders have access to the results of the course evaluation and the educational program; they **should** study and analyze the results of feedback on independent clinical practice of specialists and feedback on the educational program.

## **17.5 APPROVAL OF EDUCATIONAL PROGRAMS**

17.5.1 Medical educational organization **shall** document that all educational programs, including clinical bases, are approved by the authorized body based on clearly established criteria, evaluation of the educational program and the authority to award or withdraw recognition by the authorized body of clinical bases or theoretical training courses.

17.5.2 Medical educational organization **should** develop and implement a quality control system for clinical bases and other educational resources, material and technical equipment, including visits to training bases or other established procedures.

## **18. STANDARD “MANAGEMENT AND ADMINISTRATION”**

### **18.1 MANAGEMENT**

18.1.1 Medical educational organization **shall** guarantee that the educational program is conducted in accordance with the requirements of the regulations on admission of residents (selection criteria and number), process, assessment of knowledge and skills, established learning outcomes.

18.1.2 Medical educational organization **shall** document the completion of training by awarding degrees, issuing diplomas, certificates or other official qualification certificates for use by national and international authorities and **shall** be responsible for programs to ensure and improve the quality of postgraduate training.

18.1.3 Medical educational organization **should** guarantee transparency of management and decision-making, program's compliance with public health needs and provision of medical services.

### **18.2 ACADEMIC LEADERSHIP**

18.2.1 Medical educational organization **shall** determine the responsibilities and duties of management/staff for postgraduate medical education.

18.2.2 Medical educational organization **should** evaluate management/staff at regular intervals in relation to the achievement of the mission of the postgraduate training program and required final outcomes of the program.

### **18.3 BUDGET FOR TRAINING AND RESOURCE ALLOCATION**

18.3.1 Medical educational organization **shall** determine the responsibility and authority for managing the budgets of the educational program.

18.3.2 Medical educational organization **shall** have clear responsibilities and authorities for providing educational programs with resources, including a targeted training budget, **shall** allocate the resources necessary to implement and actualize

the training program and distribute educational resources in accordance with the needs.

18.3.3 Medical educational organization **should** manage the budget to support commitments of teachers and residents in providing medical care and innovations in the program.

## **18.4 ADMINISTRATION AND MANAGEMENT**

18.4.1 Medical educational organization **shall** guarantee availability of appropriate administrative and academic staff, employees to support the implementation of the educational program, proper management and resource allocation.

18.4.2 Medical educational organization **should** develop a program of management quality assurance, including regular reviews.

18.4.3 Medical educational organization **should** ensure that there is a regular management review to achieve quality improvement.

## **18.5 REQUIREMENTS AND REGULATIONS**

18.5.1 Medical educational organization **shall** follow the definition of national authorized bodies of the number and recognized medical specialties and other functions of medical experts, for the training of which postgraduate training programs are being developed.

18.5.2 Medical educational organization **should** define and approve postgraduate medical education programs in collaboration with all stakeholders.

## **19. STANDARD “CONTINUOUS IMPROVEMENT”**

19.1 Medical educational organization in implementing the development of postgraduate medical education with involvement of relevant stakeholders **shall** initiate procedures for regular review and update of the process, structure, content, learning outcomes/competencies, knowledge and skills assessment, program learning environment and **shall** documentarily correct deficiencies, allocate resources for continuous improvement.

19.2 Medical educational organization **should:**

- base the update process on prospective studies and analyzes, on the results of own experience and study of the literature on medical education;
- ensure that the renewal and restructuring process leads to a revision of the policy and practice of the postgraduate medical education program in accordance with past experience, current activities and future perspectives.

19.3 Medical educational organization **should** in the process of updating to pay attention to the following questions:

- Adaptation of the mission and the results of postgraduate training programs in the scientific, socio-economic and cultural development of society.
- Modification of established learning outcomes after completing postgraduate education in a chosen field of medicine in accordance with the documented needs of the environment apply to recently completed healthcare

professionals, amendments might include clinical skills, public healthcare training and participation in patient care, relevant responsibilities assigned to completion of the program.

- Adaptation of educational approaches and teaching methods to ensure their relevance and appropriateness.

- Adjustment of the structure, content and duration of residency training programs in accordance with achievements in basic biomedical sciences, clinical, behavioral and social sciences, changes in the demographic situation and population structure regarding health/illness issues, as well as socio-economic and cultural conditions, this adjustment will guarantee that new relevant knowledge, concepts and methods are included, and obsolete ones are canceled.

- Development of principles and methods of assessment in accordance with changes in established results and methods of training.

- Adaptation of the selection policy of residents, methods of selection and admission of residents to changing expectations and circumstances, human resource needs, changes in basic medical education and curriculum requirements.

- Adaptation of recruitment policy and development of academic mentors and teachers in accordance with changing needs in postgraduate education.

- Upgrading equipment at clinical training bases and other educational resources to changing needs in postgraduate medical education, that is, the number of residents, the number and profile of teachers, the curriculum and modern teaching principles.

- Improvement of the program of monitoring process and program evaluation.

- Development of an organizational structure, administration and management to overcome changing circumstances, and needs of postgraduate training, and over time, gathering interests of various groups of stakeholders.

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