



«АККРЕДИТТЕУ ЖӘНЕ РЕЙТИНГТИҢ
ТӘУЕЛСІЗ АГЕНТТІГІ» КЕМ

НУ «НЕЗАВИСИМОЕ АГЕНТСТВО
АККРЕДИТАЦИИ И РЕЙТИНГА»

INDEPENDENT AGENCY FOR
ACCREDITATION AND RATING



WORLD FEDERATION FOR
MEDICAL EDUCATION

STANDARDS

FOR PRIMARY ACCREDITATION OF
BASIC MEDICAL EDUCATION PROGRAMS



Astana, 2018

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

**STANDARDS
FOR PRIMARY ACCREDITATION OF
BASIC MEDICAL EDUCATION PROGRAMS**

Astana, 2018

FOREWORD

- 1. DEVELOPED AND INTRODUCED** by Non-Profit Institution "Independent Agency for Accreditation and Rating".
- 2. APPROVED AND BROUGHT INTO FORCE BY** the order of the Director of the Non-Profit Institution "Independent Agency for Accreditation and Rating" No. 68-18/1-OD dated May 25, 2018
3. This standard implements the provisions of the Law of the Kyrgyz Republic "On Education" as of April 30, 2003 No. 92.
- 4. HOLDER OF AN ORIGINAL COPY** - Independent Agency for Accreditation and Rating: 010000, Astana city, 2 B. Momyshuly Str.
- 5. FIRST EDITION**

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

CONTENT

INTRODUCTION	4
1. MAIN PROVISIONS	5
2. STANDARD "MISSION AND OUTCOMES"	18
3. STANDARD "EDUCATION PROGRAM"	20
4. STANDARD "STUDENTS ASSESSMENT POLICY"	22
5. STANDARD "STUDENTS"	23
6. STANDARD "ACADEMIC STAFF / TEACHERS"	25
7. STANDARD "LEARNING RESOURCES"	26
8. STANDARD "EVALUATION OF THE EDUCATION PROGRAM"	28
9. STANDARD "PUBLIC AWARENESS AND MANAGEMENT"	28
BIBLIOGRAPHY	30

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

INTRODUCTION

The key benchmarks of these standards are defined based on the objectives set for the education system and stated in the Concept of Education Development in the Kyrgyz Republic until 2020, the Education Development Strategy in the Kyrgyz Republic for 2012–2020, the Government of the Kyrgyz Republic Program for Public Health Protection and Health System Development for 2019-2030 “A healthy person means a prosperous country”.

The harmonious integration of national objectives and European requirements in the standards and criteria of institutional accreditation contributes to the improvement of HEIs activities and increases responsibility for the quality of the education services provided.

The procedure of independent primary program accreditation complies with standards and criteria that are consistent with the content of standards and guidelines for quality assurance in the European Higher Education Area (ESG), that stipulate the formation of a quality culture at a higher level while keeping the best traditions.

The proposed standards take into account the principles of the Bologna process (objectivity, transparency, mobility, public awareness) and are intended to be used as a benchmark model for self-assessment of the education program, and harmonization of the national education quality system in compliance with the requirements of the European Community.

These standards and criteria are harmonized with the Quality Assurance Standards in the European Higher Education Area (ESG, 2015), designed with reference to the main areas of quality assurance:

- responsibility of higher education institutions for the quality of the learning services provided;
- compliance of education with the needs of diverse systems of higher education (in the international education market), other organizations and students;
- focus of the organization of higher education on the development of a quality culture.

The criteria for standards aim to determine the quality level of student-centered education services.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

1. MAIN PROVISIONS

1.1 Scope

1.1.1 This standard defines the regulatory requirements for the main provisions of the standards for primary program accreditation (basic medical education).

1.1.2 This standard is applied when conducting the primary program accreditation procedure (basic medical education) regardless of its status, legal form, ownership and departmental affiliation.

1.1.3 This standard may also be used:

- a) medical institutions of education (basic medical education) for internal self-assessment of basic medical education programs) and external evaluation;
- b) for the development of relevant regulatory documentation.

1.2 Regulatory references

This standard uses references to the following regulatory documents:

1. The Law of the Kyrgyz Republic “On Education” as of April 30, 2003 No. 92.
2. The Concept of education development in the Kyrgyz Republic until 2020, approved by the Government Decree of the Kyrgyz Republic dated March 23, 2012 No. 201.
3. The Strategy for the education development in the Kyrgyz Republic for 2012-2020, approved by the Government of the Kyrgyz Republic dated March 23, 2012 No. 201.
4. The Government Decree of the Kyrgyz Republic as of September 29, 2015 No. 670 “On Approval of Acts on Independent Accreditation in the Educational System of the Kyrgyz Republic”.
5. Standards of program accreditation of postgraduate medical education programs (by residency specialties), approved by order of the director of the non-profit institution "Independent Agency for Accreditation and Rating" No. 21-15-OD dated September 28, 2015.

1.3 Terms and definitions

This standard uses terms and definitions under the Law of the Kyrgyz Republic “On Education” in compliance with the Basic medical education Global Standards of the World Federation of Medical Education for quality improvement (WFME, University of Copenhagen, 2012):

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

- **Primary program accreditation (ex-ante):** an initial assessment of the quality of education programs.

Accreditation of institutions of education - the procedure for recognition by an accreditation body of the compliance of education services with established standards (regulations) of accreditation in order to provide objective information about their quality and confirm the availability of effective mechanisms for its improvement;

- **Accreditation** - quality assessment procedure for an accreditation agency to evaluate institution of education as a whole or its individual study programs to recognize that such organization or education program meets certain criteria and standards.

- Accreditation bodies - legal entities that develop standards (regulations) and conduct accreditation procedures of education institutions based on the standards (regulations) developed;

- The visit of the external expert panel is a generally accepted component of the holistic accreditation process, which includes checking the compliance with the realities of the previously submitted HEI's self-assessment report, assessing the quality and effectiveness of education services provided, interviewing and questioning the stakeholders, and developing recommendations for quality improvement.

- Comprehensive Framework of Qualifications for the European Higher Education Area - a qualifications framework covering three levels of higher and postgraduate education: undergraduate, graduate and doctoral studies, universal Dublin descriptors for each level based on learning outcomes and competencies and a range of credits for the first and second levels.

- The European Credit Transfer and Accumulation System (ECTS) is a student-centered method of planning, describing education programs, recording and recognizing learning outcomes, and monitoring the dynamics of a student's progress along an individual learning path, by determining the complexity of disciplines for all its components.

- Institutional accreditation - the process of quality assessment of institution of education by an accreditation body for compliance with a declared status and established standards of an accreditation body;

- The quality of education programs - the compliance of the level of competencies of students and graduates with the requirements of professional standards and additional requirements established by the organization implementing academic programs.

- Credit learning technology - studies based on the selection and self-planning by students of the sequence of studying disciplines using credit as a unified measure of the volume of student's and teacher's academic work.

- International accreditation - the process of quality assessment of the education organizations' activity (institutional accreditation) and individual

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

education programs (program accreditation) for compliance with standards for quality assurance in education, conducted by a national or foreign accreditation body included in the Register 1;

- Monitoring of education services - collection and analysis of data on the processes and procedures of education activity.

- National accreditation - the process of quality assessment of the education organizations' activity (institutional accreditation) and individual education programs (program accreditation) for compliance with the standards of quality assurance in education, conducted by the national accreditation body entered in the Register 1;

- Education monitoring - systematic observation, analysis, assessment and forecast of the state and dynamics of changes in the results and provisions for the implementation of education processes, the number of students, the network, and rating indicators of the institutions of education achievements.

- Education program - a single set of basic characteristics of education, including goals, results and content of education, organization of the education process, techniques and methods for their implementation, criteria for evaluation of learning outcomes. - learning content of a specific level, specialization area;

- Assessment - a way to determine the degree of achievement of the planned results of education services, the education objectives of the program for decision making and determining the future direction for quality improvement. Interpretation of data and evidence collected during the analysis.

- Self-assessment report - a document developed by HEI on the basis of self-assessment and submitted for review and decision making by an accreditation body.

- Quality assurance policy - the main directions characterizing the key priorities and value focus of the quality assurance development, determined by collective discussion and approved by the management of the organization.

- Post-accreditation monitoring of the organization's activity - monitoring the organization's compliance with the IAAR requirements as set out herein, conducted after the accreditation decision made by the Accreditation Council (hereinafter – AC) and up to the end of the decision's validity period.

- Self-assessment – HEI's self-assessment procedure based on standards and criteria for institutional and/or program accreditation.

- Quality system - a set of procedures of departments and officials in organizations that perform certain functions of quality management following the established rules and accepted methods and ensure that all graduates of the education program comply with the requirements set under the professional standards.

- Program accreditation - quality assessment of individual education programs implemented by institution of education;

- Standards (regulations) of accreditation - documents of the accreditation

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

body that establish requirements for the accreditation procedure.

- Special conditions for education - arrangements including special education curricula and teaching methods, technical and other means.
- The stakeholder - an individual, a group of persons or an organization interested in and/or involved in an activity, decision making in a particular area.
- Student-centered learning is a fundamental principle of the Bologna reforms in higher education, which implies a shift in emphasis in the education process from teaching (as the main role of the teaching staff in the “translation” of knowledge) to learning (as an active education activity of the student).
- Expert assessment - a procedure for obtaining an assessment based on an analysis of the problem under review by the opinions of specialists for the purpose of subsequent decision making.
- Efficiency - the ratio between the result achieved and the resources used.

In addition, in accordance with the Global Standards of the World Federation of Medical Education for quality improvement of medical education, the following terms and definitions are determined in the relevant Standards:

2. Mission and outcomes

Autonomy in the patient-doctor relationship will ensure that in all circumstances doctors will make informed decisions in the interests of their patients and society based on the best evidence available. Autonomy in doctoral studies 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 doctors to meet the needs of their patients and society, and that their knowledge and actions are independent and impartial. Acting independently, existing guidelines should be taken into account.

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; relationship 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; lifelong learning and professional development.

Competent authorities - local and national authorities responsible for basic medical training may be national government agencies, a national council, a university, a competent professional organization.

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

Competences corresponding to basic medical training, at a level depending on the chosen field of medicine, will include the following categories:

- Providing patient care that is appropriate, effective, and compassionate towards health problems and health promotion.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

- Medical knowledge of basic biomedical, clinical, behavioral and social sciences, medical ethics and medical jurisprudence and the use of such knowledge in assisting patients.
- Interpersonal skills and other communication skills that ensure effective communication with individual patients and their families, and teamwork with other health care professionals, the scientific community and the public.
- Evaluation of activities and application of new scientific knowledge for continuous review and improvement of clinical practice.
- Acting as a leader, instructor and teacher in relation to colleagues, students of medical facilities and other medical specialists.
- The scientific potential of a scientist who is able to contribute to the development and scientific research in a chosen field of medicine.
 - Professionalism
 - Ability to act in the best interests of the patient
 - Knowledge of public health and health policy issues, as well as awareness and response to the larger context of the health care system, including, for instance, the organization of health care, partnership with health workers and managers, cost-effective health practices, health economics and resource allocation.
 - Ability to understand the system of medical care, and to identify and implement improvement of system-wide assistance.

The mission provides a comprehensive framework with which all other aspects of the postgraduate medical education program should be connected and should include general and specific issues related to institutional, national, regional and, if necessary, global health needs and a vision of postgraduate medical education.

The main stakeholders are students, directors of education programs, medical scientific societies, clinic administration, government authorities and professional associations or organizations.

Professionalism describes the knowledge, skills, attitudes and behaviors that patients and society expect from each doctor in their professional practice, and includes concepts such as skills for lifelong learning, support for competence, information literacy, ethical behavior, personality integrity, and 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 health and related health sectors and the inclusion of public health problems in the education program.

The health 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 health care professionals, patients, the public, organizations and health care system authorities.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

Social responsibility includes the willingness and ability to respond to the needs of society, patients and the health care system and related health sectors and contribute to the development of medicine at the national and international levels through the introduction of a competency-based approach to the health care system, medical education and research, and should be based on HEI's own principles accounting for the autonomy of the university.

3. Education program

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

Teaching and teaching methods will cover any didactic, practical, demonstration, 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 at a patient's bed, clinical demonstrations, laboratory skills training, online training and clinical practice as a learner 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 the socio-economic, demographic and cultural determinants of the causes, distribution and consequences of medical problems.

4. Students assessment

Assessment methods: include consideration of the balance between formative (intermediate) and summative (final) assessment, the number of exams and other test tasks, the balance of different types of exams (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 exam types, such as an objective structured clinical exam (OSCE), a Mini-clinical exam (MiniCEX), and this includes the system defining and preventing plagiarism.

5. Students

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

Monitoring admission policies includes improving the selection criteria to reflect the ability of students to be competent and to capture differences in the required competencies related to the difference in chosen areas of medicine.

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

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

6. Teachers

Time for teaching and learning implies a balance between the workload of clinical work and requires review of coordination and consistency of work schedule.

Periodic evaluation of teachers' activities includes students' feedback to the teacher.

7. Learning resources

Clinical sites include primary, specialized and highly specialized clinics, outpatient services, primary health care organizations, health centers and other organizations providing medical care to the population, and clinical skills centers / laboratories that allow for clinical training using the capabilities of the relevant clinical sites and provide rotation on the main clinical disciplines.

Physical infrastructure includes: lecture halls, classrooms, education and scientific laboratories, clinical skills laboratories, rooms for teachers, libraries, information technologies and facilities, conditions for students' rest, such as adequate classrooms, a rest hall, vehicles, catering for students, dormitories, boxes for storage of personal belongings of students, sports facilities, leisure rooms.

Inspection in education examines the problems, process and practice of undergraduate medical training, and its assessment, and attracts doctors with experience in medical education, psychologists and sociologists of the education system and can be provided by the education department of HEI or by bringing in another national or international organization.

8. Assessment of education programs

Assessment of education program is the process of systematically collecting information to study the effectiveness and adequacy of the learning program, using monitoring data, feedback and the results of special studies to evaluate the program, as well as using faithful and reliable methods of collecting and analyzing data to confirm the quality of education in relation to missions and established learning outcomes. Evaluation of the program includes information on the duration of training, assessment criteria, examinations pass and failure rates, successful evaluation results and deductions, as well as the time spent by the student in medical fields of particular interest. The involvement of external experts and external organizations/institutions to assess the education program, experts on medical education and evaluation, and bringing regulatory authorities to the process will further improve the quality of education.

Program monitoring includes the regular collection of data on key aspects of the education program in order to ensure proper training and identify areas that requires improvement. Data collection is often part of administrative procedures

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

regarding student enrollment, assessment of knowledge and skills, and completion of an education program.

The problematic areas identified will include insufficient implementation of established learning outcomes, conducting research and studying information on the achievement of established learning outcomes, identifying deficiencies and problems that can be used as feedback to carry out the 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 students.

Feedback will mean students feedback and other information about the processes and products of education programs, will include information about the abuse of official position or inappropriate behavior of the teacher or students with no legal consequences.

Criteria for authorization of training sites will include minimum values of the number of patients 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.

1.4 Notation and abbreviations

This standard uses abbreviations in accordance with the regulatory documents specified in clause 2.

In addition, the following notations and abbreviations are used herein:

HEI - higher education institution;

KR - Kyrgyz Republic;

MoH KR - Ministry of Health of the Kyrgyz Republic;

MES KR - Ministry of Education and Science of the Kyrgyz Republic;

IAAR– Independent Agency for Accreditation and Rating;

AC - Accreditation Council;

CPD - Continuing Professional Development;

CMO - Continuing Medical Education;

EEP – External Expert Panel;

RI - Research Institute;

OSCE - objective structured clinical exam;

Faculty – teaching staff;

MM - mass media;

GOS - state educational standard.

1.5 General provisions

1.5.1 Primary program accreditation of basic medical education programs is performed under this standard, which includes: “Mission and outcomes”, “Education program”, “Student assessment policy”, “Students”, “Academic

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

staff/teachers”, “Learning resources”, “Evaluation of the education program”, “Management and public awareness”.

1.5.2 The standards of primary program accreditation of basic medical education programs (by medical specialties) are based on the Global Standards of the World Federation of Medical Education for quality improvement in medical education (basic higher medical education) with the introduction of national features of the health care and medical education systems.

1.5.3 The following forms of accreditation are distinguished:

1) by structure

5.2.1 institutional accreditation;

5.2.2 program accreditation;

2) on an area basis

5.2.3 national accreditation;

5.2.4 international accreditation.

1.5.4 The accreditation decision is made by the Accreditation Council.

1.6 The main goal and objectives of introducing standards for primary program accreditation

1.6.1 The main purpose of introducing standards for primary program accreditation is to enhance the learning process of HEIs to ensure the quality of specialists training that satisfy modern labor market demands.

1.6.2 The main objectives of standards for primary program accreditation are as follows:

1.6.2.1 implementation of the accreditation model, harmonized with the international practice of quality assurance in education;

1.6.2.2 quality assessment of vocational and education programs to enhance competitiveness of the national system of higher education;

1.6.2.3 linking of the education program, the general strategy and policy of HEI in terms of quality, compliance of the education program (hereinafter – EP) with the laws of the Kyrgyz Republic (Law of the Ministry of Education and Science of the Kyrgyz Republic on education), structural requirements for accreditation of study programs at the level of basic medical education;

1.6.2.4 encouraging the development of a quality culture in higher education institutions;

1.6.2.5 promoting the improvement and continuous quality enhancement of the education programs of medical institutions of education in line with the requirements of a rapidly changing external environment;

1.6.2.6 taking into account and protecting the interests of society and consumer rights by providing reliable information about the quality of education programs;

1.6.2.7 use of innovation and research;

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

1.6.2.8 public announcement and dissemination of information on the results of primary program accreditation of education programs of medical institutions of education.

1.7 Principles of standards development for primary program accreditation

1.7.1 These standards for quality assurance of education programs of higher professional education are based on the following principles:

1.7.1.1 voluntariness - accreditation procedure of education programs is conducted on a voluntary basis;

1.7.1.2 fairness and transparency - internal and external evaluation is carried out extremely honestly and transparently, ensuring the availability of information for all participants in the ongoing accreditation process;

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

1.7.1.4 responsibility of medical education institutions - the main responsibility for the quality of higher education rests with medical institutions of education;

1.7.1.5 confidentiality - information provided by HEIs is used confidentially by the accreditation body;

1.7.2 External evaluation is carried out independently of third parties (state bodies, medical institutions of education and public organizations).

1.7.3 Local and international public awareness about program accreditation and accredited education programs is carried out in the media, including presentation of information on the website of the accreditation body.

1.8 Stages and procedures for primary program accreditation

1.8.1 Filing an institution of education with an application for primary program accreditation with copies of title and authorization documents.

1.8.2 Review by the IAAR of the application by the institution of education.

1.8.3 Adoption of the IAAR's decision to start the procedure of primary program accreditation. Conclusion of an agreement between the agency and the organization of education on the conduct of primary program accreditation.

1.8.4 The leadership of the organization of education and the IAAR organizes training to clarify the criteria and procedure of primary program accreditation to internal experts of the institution of education at special seminars on the theory, methodology and technology of conducting primary program accreditation.

1.8.5 Self-assessment of institution of education under the requirements established by the IAAR, and submission of a self-assessment report (in Russian

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

and English) to the IAAR in e-format and 1 printable copy in each of the languages.

1.8.6 Based on the analysis of the report on the basic medical education program, the IAAR is entitled to make the following decisions:

- develops recommendations on the need to refine the self-assessment materials;
- conduct an external expert evaluation by an external expert panel of the agency;
- postpone the term of accreditation due to the impossibility of carrying out the procedure of primary program accreditation due to the inconsistency of the self-assessment report with the criteria of therein.

1.8.7 In the case of continuing accreditation, the IAAR forms an external expert panel, which is being approved by the IAAR Director for the evaluation of the institution of education. The number of experts is determined depending on the scope of testing and the number of basic medical education programs. It includes representatives of the academic community, interested parties of Kyrgyzstan, including employers, students, and foreign experts.

1.8.8 In case of continuing the accreditation procedure, the IAAR will coordinate with an institution of education the timing of the primary program accreditation and the EEP visit program.

1.8.9 The duration of the panel visit is 3-5 days. During the visit, HEI creates conditions for the work of the EEP in accordance with the Service Agreement:

- submits an electronic and paper version of the self-assessment report for each panel member;
- provides the necessary office equipment in consultation with the representative of the IAAR and the number of panel members;
- organizes an inspection of infrastructure and resources, meetings, questionnaires, interviews and other types of EEP work in accordance with the EEP's visit program;
- provides the requested information;
- organizes photo and video recording of the EEP;
- prepares a video for the meeting of the Accreditation Council of the IAAR containing a brief description of an institution of education and information on the course of the external expert panel visit.

1.8.10 At the end of the visit, the external expert panel prepares a report on the evaluation of education programs of basic medical education and a presentation on the progress of the EEP visit.

1.8.11. The report contains a description of the EEP visit, a brief assessment of the compliance of the education programs of basic medical education in the context of the criteria of the IAAR standards, recommendations to HEI for improvement and quality assurance, recommendations to the Accreditation

This standard cannot be fully or partially reproduced, replicated and distributed
without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

Council. Recommendations to the Accreditation Council contain information on the status of the education program and the recommended period of accreditation.

1.8.12 The EEP report, including recommendations, is developed collectively by the EEP members.

1.8.13 The basis for the decision on primary program accreditation by the Accreditation Council is the external expert panel's evaluation report of basic medical education programs and the institution of education self-assessment report.

1.8.14 The Chair of the external expert panel makes a presentation to the Accreditation Council on the EEP visit outcomes. If there is an objective reason, the director of the IAAR appoints a member of the external expert panel to participate with the report at the meeting of the Accreditation Council. The replacement of the Chair of the external expert panel is executed by order of the IAAR director.

1.8.15 The exclusive competence of the IAAR Accreditation Council includes making decisions on accreditation or refusal to accredit the education program of basic medical education. The composition of the Accreditation Council is determined based on its Regulations. The meeting is held in the presence of a quorum. The Accreditation council has the right to make an informed decision that does not correspond to the external expert panel's recommendations.

The accreditation board makes the following decisions:

- to accredit:
 - for 1 year - subject to the criteria as a whole, but with some shortcomings and opportunities for improvement;
 - for 3 years - with positive results in general, but with some minor flaws and opportunities for improvement;
 - 5 years - with positive results in general.
- do not accredit.

1.8.16 In the event the Accreditation Council makes a positive decision, the IAAR sends a formal letter to institution of education that contains a decision and a certificate of primary program accreditation of education programs of basic medical education, signed by the Director of the IAAR. Further, the decision on the accreditation of the EP is sent to the MES KR and is published on the IAAR website. The external expert panel's report is also posted on the website.

After receiving the certificate of accreditation of the educational program of basic medical education, it places a self-assessment report on its website.

1.8.17 If the Accreditation Council makes a negative decision, the IAAR sends a letter to an institution of education with the correspondent decision made.

1.8.18 The organization of education in the prescribed manner in accordance with the Service Agreement and Regulations of the Commission for the Review of Appeals and Complaints may appeal to the IAAR on the decision of the Accreditation Council. In case of doubts about the competence of the external

This standard cannot be fully or partially reproduced, replicated and distributed
without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

expert panel and representatives of the Agency, or a suspected gross violation committed by members of the external expert panel, an institution of education may send a complaint to the IAAR.

1.9 Follow-up procedures

1.9.1 In case of a positive decision by the Accreditation Council of the IAAR, an institution of education provides the IAAR with a Plan of measures to enhance and improve quality following up the recommendations of the external expert panel (hereinafter - Plan), which is signed by the chief executive officer of an institution, sealed and also concludes the Service Agreement with the IAAR. Such Agreement and Plan are the basis for post-accreditation monitoring.

1.9.2 In accordance with the Regulations on the post-accreditation monitoring procedure of education organizations/education programs, institutions of education that have passed the primary program accreditation of education programs must prepare interim reports according to the Plan. Interim reports are sent to the IAAR before the expected date of post-accreditation monitoring.

1.9.3. Post-accreditation monitoring of education programs taught by institutions of education is carried out as follows:

Accreditation period validity	3 years	5 years
Frequency of interim report and expert visit	1 time in 1.5 years	years 2 times every two years

1.9.4. In case of non-compliance with the Plan and the requirements put forward by the IAAR in relation to the organization of education, as well as the lack of information about the changes carried out by institution of education, the Accreditation Council has the right to take the following decisions:

- temporarily suspend the accreditation status of the education program,
- withdraw the accreditation of the education program taught by institution of education by excluding it from the Register list, which may entail the cancellation of all previously achieved accreditation results.

1.9.5 In case of failure of an institution of education to conduct post-accreditation monitoring, expressed by not signing the Service Agreement with the IAAR, under the Clause no. 1.9.4, the Accreditation Council of the IAAR has the right to decide on termination and revocation of the accreditation status.

1.9.6 In the event of early termination and revocation of accreditation status, an institution of education has no right to apply for accreditation to the IAAR within one year from the date of the decision to revoke the accreditation of an institution of education.

This standard cannot be fully or partially reproduced, replicated and distributed
without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

1.10 The procedure for amending and supplementing the primary accreditation standards

1.10.1 Amendments and additions are made to the current accreditation standard for its further improvement purposes.

1.10.2 Amendments and additions to the standard are made by the IAAR.

1.10.3 In case of initiation of amendments and additions to existing standards by institution of education and other stakeholders, suggestions and comments are sent to the IAAR.

1.10.4 The IAAR examines received proposals and comments on their validity and feasibility in the prescribed manner.

1.10.5 Amendments and additions to the current accreditation standard after their approval are endorsed by the order of the IAAR Director in a new edition with amendments or as a leaflet to the valid standard.

2. STANDARD "MISSION AND OUTCOMES"

2.1 STATEMENT OF MISSION AND OUTCOMES

2.1.1 Medical institution of education should define the mission of its basic medical education program and widely inform the public and the health sector about the declared mission.

2.1.2 Medical institution of education **must** determine the mission of the education program based on review of the health needs of society, the demands of the medical care system and, accordingly, other aspects of social responsibility.

2.1.3 Medical institution of education **must** ensure that the main stakeholders are involved in defining (formulation) of the education program's mission.

2.1.4 Medical institution of education **must** ensure that the mission of the education program is consistent with the mission of the organization and enable to train a competent specialist at the level of basic medical education.

2.1.5 A mission statement **must** contain objectives and an education strategy for training competent specialists at the level of basic medical education.

2.1.6 Mission of the education program:

- **must** correspond to available resources, opportunities and market demands;
- ways to support program implementation **must** be defined;
- access to information about the mission of the education program for the public **must** be provided (availability of information on the HEI's website).

2.1.7 The mission and objectives of the education program **must** be discussed on the advisory boards/commissions of HEI and approved by its advisory board.

2.1.8 Medical institution of education **must** systematically collect, accumulate and analyze information about its activities in preparation for the implementation of the study program; conduct an assessment of strengths and weaknesses (SWOT

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

analysis), on the basis of which the leadership of the medical education institution, together with the advisory council, should determine policies and develop strategic and tactical plans.

2.2 FINAL LEARNING OUTCOMES

2.2.1 Medical institution of education **must** determine learning outcomes that should be achieved by the future learner, as the result of a training program in relation to: achievements at a basic level in relation to knowledge, skills and attitudes; an appropriate basis for a future career in any branch of medicine; future roles in the health sector; subsequent postgraduate training; lifelong learning commitments; public health needs, health system demands and other aspects of social responsibility.

2.2.2 Medical institution of education **must** determine the final learning outcomes for the general and specific for the discipline / specialty components that students need to achieve upon completion of the program.

2.2.3 Medical institution of education **must** determine the end results of training regarding the proper behavior and attitude towards patients and their relatives.

2.2.4 Medical institution of education **must** have mechanisms to ensure proper professional behavior and attitudes among students and in relation to other medical personnel, teachers, other health workers, and to assure compliance with the Code of Conduct.

2.2.5 Medical institution of education **must** inform the public about the established results of the program in the relevant specialties.

2.2.6 Medical institution of education **must** ensure continuity between the learning outcomes of basic and postgraduate medical education.

2.3 PARTICIPATION IN THE FORMULATION OF THE MISSION AND FINAL OUTCOMES

2.3.1 Medical institution of education **must** determine the mechanisms of stakeholder involvement in the formulation of the mission statement and learning outcomes of an education program.

2.3.2 Medical institution of education **must** formulate the mission statement of the education program and determine learning outcomes of the training program taking into account proposals from other stakeholders, i.e. representatives of other medical specialties, patients, society, organizations and authorized health authorities, professional organizations and medical scientific societies.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

3. STANDARD "EDUCATION PROGRAM"

3.1 CONTENT OF THE BASIC MEDICAL EDUCATION PROGRAM

3.1.1 Medical institution of education **must** determine the model of the education program, including an integrated model based on disciplines, organ systems, clinical problems and diseases, a model based on modules or a spiral design.

3.1.2 Medical institution of education must ensure that the content of the program meets the requirements of the State Education Standard of the Kyrgyz Republic and to ensure the scope of training in accordance with the title of the program and the necessary depth of training in the field determined by the specialty.

3.1.3 Medical institution of education must provide a description of the content, volume and sequence of courses and other elements of the education program to ensure an appropriate relationship between the basic biomedical, clinical, behavioral and social disciplines.

3.1.4 Medical institution of education must provide mechanisms to create opportunities for elective content (electives) and determine the balance between the mandatory and elective part of the education program, including a combination of mandatory elements and electives or special components of choice;

3.1.5 Medical institution of education must use appropriate teaching and learning methods and ensure the integration of components in practice and theory, which include didactic classes and experience in assisting the patient as well as independent and active training.

3.1.6 Medical institution of education must ensure that training will be conducted in accordance with the principles of equality.

3.1.7 Medical institution of education **must** use a student-centered approach to learning, which stimulates, prepares and supports students to take responsibility for their own learning process and demonstrate it in their practice.

3.1.8 Medical institution of education **must** provide mechanisms for regular assessment and feedback, informing about the program and the rights and obligations of students, as well as introduce ethical obligations in the program.

3.1.9 Medical institution of education **must** provide mechanisms for increasing the autonomy and responsibility of students regarding their knowledge, skills and experience development.

3.1.10 Medical institution of education **should** recognize gender, cultural and religious features and train students for appropriate relationships with patients.

3.1.11 Medical institution of education **must** organize education programs with due attention to patient safety and autonomy.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

3.2 BASIC BIOMEDICAL SCIENCES, BEHAVIORAL, SOCIAL SCIENCES AND MEDICAL ETHICS

Medical institution of education **must** define and include in the education program:

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

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

3.2.3 Medical institution of education **must** identify and include in the education program achievements that will provide the knowledge, concepts, methods, skills and attitudes required to understand the socio-economic, demographic and cultural conditioning of the causes, distribution and consequences of medical health problems, as well as knowledge about the national health care system and patient rights, which will contribute to the analysis of public health problems, effective communication, clinical decision making and ethical practice by incorporating into education program disciplines in the field of behavioral sciences; social sciences; medical ethics; medical jurisprudence.

3.3 CLINICAL SCIENCES AND SKILLS

3.3.1 Medical institution of education **must** in the education program define and implement the achievements of the clinical sciences and ensure that students acquire sufficient knowledge, clinical and professional skills in order to assume appropriate responsibilities, including activities related to health promotion, disease prevention and patient care;

3.3.2 Medical institution of education **must** provide at least one third of the education program in the planned contacts with patients at clinical sites;

3.3.3 Medical institution of education **must** set a certain amount of time for training in the main clinical disciplines, including internal medicine, surgery, psychiatry, general practice (family medicine), obstetrics and gynecology, pediatrics.

3.4 RESEARCH METHOD

3.4.1 The education program **must** contain disciplines aiming to develop analytical and critical thinking, such as the scientific foundations and methodology of medical research, including clinical research.

3.4.2 Medical institution of education **must** ensure that students learn and know evidence-based medicine, which should be an integral part of the education program.

3.4.3 Medical institution of education **must** ensure the teaching and training of a critical assessment of literature, papers and scientific data, the application of scientific research.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

3.4.4 Medical institution of education **must** provide mechanisms for the organization of clinical education with appropriate attention to patient safety, including monitoring the actions performed by a student in a clinical setting.

3.4.5 Medical institution of education **should** ensure that each student will have early contact with real patients, including his gradual participation in assisting the patient, including responsibility for the examination and / or treatment of the patient under supervision, which will be carried out in appropriate clinical sites.

3.4.6 Medical institution of education **should** structure various components of clinical skills in accordance with the specific stage of the training program.

3.5 PROGRAM MANAGEMENT AND ORGANIZATION OF THE LEARNING PROCESS

3.5.1 Medical institution of education **must** determine the structural unit (s) responsible for the basic education programs and have the authority to plan and implement the education program, including the allocation of resources for the planning and implementation of teaching methods and training, student assessment and evaluation of the education program and training courses to achieve the final learning outcomes.

3.5.2 Medical institution of education **must** stipulate representation of teachers and students in the structures/councils/commissions responsible for education programs.

3.5.3 Medical institution of education **must** guarantee training in the conditions of various clinical sites, which are characterized by the profile of clinics, different categories of patients, the level of medical care (primary care, specialized medical care, and highly specialized medical care), hospitals and dispensaries.

3.5.4 Medical institution of education **should** provide mechanisms for introducing innovations into the education program.

4. STANDARD "STUDENTS ASSESSMENT POLICY"

4.1 EVALUATION METHODS

4.1.1 Medical institution of education **must** formulate and implement students assessment policy, that **includes** principles, objectives, methods and practices for students evaluation, as well as the number of exams and other tests, the balance between written and oral exams, the use of assessment methods based on criteria and reasoning, and special examinations (OSCE or Mini-clinical exam), as well as determine the criteria for defining passing scores, grades and the number of allowed retakes;

4.1.2 Medical institution of education **must** use a set of assessment methods and formats in accordance with their "applicability", which includes a combination

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

of validity, reliability, impact on training, acceptability and effectiveness of assessment methods and formats in relation to the established final learning outcomes.

4.1.3 Medical institution of education **should** study and document the reliability, validity and fairness of assessment methods.

4.1.4 Medical institution of education **should** use the system of appeals for evaluation results based on the principles of equity and through adherence to the legal process.

4.1.5 Medical institution of education **should** ensure that the process and methods of evaluation are transparent (accessible) for inspection by external experts.

4.2 RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING

4.2.1 Medical institution of education **must** use the principles, methods and practices of assessment, which are compatible with the established learning outcomes and teaching methods.

4.2.2 Medical institution of education **must** have mechanisms for providing timely, specific, constructive and fair feedback to students based on the assessment results of their knowledge and skills.

4.2.3 Medical institution of education **should** use the principles, methods and practices of assessment that promote integrated learning and involvement in practical clinical work, the achievement of the final learning outcomes to provide interprofessional training.

5. STANDARD “STUDENTS”

5.1 ADMISSION AND SELECTION POLICY

5.1.1 Medical institution of education **must** determine and implement the admission policy, including the established regulations/rules on the students' selection process, which includes the rationale and methods of selection;

5.1.2 Medical institution of education **must** have a policy and introduce the practice of students admission with disabilities under the laws and regulations of the country;

5.1.3 Medical institution of education **must** have a policy and introduce the practice of students transfer from other programs and medical institutions of education s.

5.1.4 Medical institution of education **must** ensure the transparency of the selection procedure and equality of access to basic education.

5.1.5 Medical institution of education **should** develop an appeal procedure against the decision of the admission office.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

5.2 NUMBER OF STUDENTS

5.2.1 Medical institution of education **must** determine the number of students enrolled based on the logistical and technical capabilities at all stages of education and training, and making decisions on the recruitment of students implies the need to regulate the national requirements for human resources for health, in the case in the case when medical education institutions do not control the number of students being recruited, they should demonstrate their obligations by explaining all the relationships, paying attention to the consequences of the decisions made (imbalance between the recruitment of students and the HEI's physical and academic potential).

5.2.2 Medical institution of education **must** have available information about the health needs of society, which includes consideration of a balanced set in accordance with gender, ethnic and social characteristics of the population, including the potential need for a special policy of recruitment and admission of groups of small nations and students from rural areas.

5.2.3 Medical institution of education **should** determine the number of students by consulting with stakeholders.

5.3 STUDENTS SUPPORT AND CONSULTATION

5.3.1 Medical institution of education **must** have a system of academic counseling of students.

5.3.2 Medical institution of education **must** have student support mechanisms that focus on social, financial and personal needs, allocate appropriate resources for social and personal support.

5.3.3 Medical institution of education **must** ensure confidentiality in relation to counseling and support provided.

5.3.4 Medical institution of education **must** provide the allocation of resources to support students.

5.3.5 Medical institution of education **should** provide support in case of professional crisis and problem situations.

5.4 STUDENTS REPRESENTATIVE OFFICE

5.4.1 Medical institution of education **must** develop and implement students representation policy including in relation to the formulation of the mission statement and the final learning outcomes, participation in the development of a training program, planning working conditions, evaluation of the training program, managing the training program, and other students related issues, which includes student self-government, participation of studentship representatives in faculty councils, HEI's and other relevant bodies, as well as in public work and local health projects.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

6. STANDARD "ACADEMIC STAFF / TEACHERS"

6.1.1 Medical institution of education **must** develop and implement a policy for the recruitment and hiring of teachers, employees, determine their category, responsibility and balance of academic staff/teachers of basic biomedical sciences, behavioral, social and clinical sciences for adequate implementation of the education program, including the proper balance between medical and non-medical teachers, teachers working full-time and part-time and the balance between academic and non-academic their employees;

6.1.2 Medical institution of education **must** in its selection policy take into account the criteria for scientific, pedagogical and clinical advantages of applicants, including the proper ratio between pedagogical, scientific and clinical qualifications;

6.1.3 Medical institution of education **must** define and implement an employee development policy, which allows to observe a balance between teaching, scientific and service functions, which stipulates timing of each activity, taking into account the demands of the medical institution of education and professional qualifications of teachers;

6.1.4 Medical institution of education **must** introduce a policy of employee development, which guarantees a due acknowledgment of academic activities, with a corresponding emphasis on pedagogical, research and clinical qualifications and is performed through awards, promotion and/or remuneration;

6.1.5 Medical institution of education **must** implement a policy of employee development, which guarantees the sufficiency of each employee's knowledge of the education program, i.e. knowledge of teaching/learning methods and the general content of the education program, and other disciplines, as well as subject areas in order to foster cooperation and integration;

6.1.6 Medical institution of education **must** introduce an employee development policy, which stipulates training, development, support and evaluation of teachers, involvement of all teachers, not only newly recruited, but also teachers drawn from hospitals and clinics.

6.1.7 Medical institution of education **should** in the selection of staff/teachers take into account their mission, the importance of local conditions, including gender, nationality, religion, language and other conditions related to the medical institution of education and education program;

6.1.8 Medical institution of education **should** develop and implement policies to promote staff / teachers.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

7. STANDARD "LEARNING RESOURCES"

7.1 PHYSICAL INFRASTRUCTURE AND EQUIPMENT

7.1.1 Medical institution of education **must** have sufficient physical infrastructure for teachers and students, to ensure adequate implementation of the education program;

7.1.2 Medical institution of education **must** provide a safe environment for employees, students, patients and those who care for them, including providing the necessary information and protection from harmful substances, microorganisms, compliance with safety regulations in the laboratory and the use of equipment.

7.1.3 Medical institution of education **must** provide the necessary resources for the acquisition of adequate clinical experience by the student, including the number and categories of clinical sites, which include clinics (for provision of primary, specialized and highly specialized care), outpatient services (including primary health care), institutions' primary health care, health centers and other institutions providing medical care to the population, as well as clinical skills centers / laboratories that conduct clinical training, using capacities of clinical sites and ensure the rotation of the main clinical courses; sufficient number and category of patients; the possibility of monitoring the clinical practice of students.

7.1.4 Medical institution of education **should** improve the learning environment of students by regularly updating, expanding and strengthening physical infrastructure, which should be consistent with the development in teaching practice.

7.2 INFORMATION TECHNOLOGIES

7.2.1 Medical institution of education **must** define and implement policies that aim at the effective use and evaluation of relevant information and communication technologies in the education program.

7.2.2 Medical institution of education **must** provide library resources, including the fund of educational, methodical and scientific literature on general educational, basic and major disciplines on paper and electronic media, periodicals, as well as to ensure access to scientific databases.

7.2.3 Medical institution of education **must** provide access to educational Internet resources, WI-FI coverage within the area of an institution of education;

7.2.4 Medical institution of education **should** provide teachers and students with opportunities to use information and communication technologies for self-study; ensure access to information; case management; allow them to work in the health care system.

7.2.5 Medical institution of education **should** ensure that students have access to relevant patient data and health information systems.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

7.3 RESEARCH IN MEDICINE AND SCIENTIFIC ACHIEVEMENTS

7.3.1 Medical institution of education **must** have research activities in the field of medicine and scientific achievements as the basis for the education program;

7.3.2 Medical institution of education **must** define and implement policies that promote the linkage between research and education;

7.3.3 Medical institution of education should provide information on the research base and priority areas in the field of scientific research of medical institution of education.

7.3.4 Medical institution of education **should** ensure that the relationship between research and education is taken into account in teaching; and encourages as well as trains students to participate in medical research and development.

7.4 EDUCATION INSPECTION

7.4.1 Medical institution of education **must** have access to expertise in the field of education, and conduct an inspection that studies the processes, practices and problems of medical education and may attract doctors with experience in medical education research, psychologists and sociologists in the field of education, which is provided by the department development of medical education at the university or the involvement of experts from other national and international institutions.

7.4.2 Medical institution of education **must** determine and implement a policy on the use of expertise in the field of education:

- in the development of an education program;
- in the development of teaching methods and assessment of knowledge and skills.

7.4.3 Medical institution of education **should** provide evidence of the use of internal or external expertise in the field of medical education to develop the employees' potential;

7.4.4 Medical institution of education **should** pay due attention to the development of expertise in the evaluation of education and in medical education research as a discipline, including the study of theoretical, practical and social issues of medical education;

7.4.5 Medical institution of education **should** promote the aspirations and interests of staff in conducting research in medical education.

7.5 EXCHANGE IN THE FIELD OF EDUCATION

7.5.1 Medical institution of education **must** define and implement policies for cooperation at the national and international levels with other medical HEIs, HEIs' departments;

7.5.2 Medical institution of education **must** have mechanisms for the transfer and netting of credits, which can contribute to the conclusion of agreements on the

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"

mutual recognition of the elements of the education program and the active coordination of programs between HEIs and the use of a transparent system of credit units and flexible course requirements.

7.5.3 Medical institution of education **should** promote regional and international staff exchanges (academic, administrative and teaching staff) and students, providing the appropriate resources;

7.5.4 Medical institution of education **should** ensure that the exchange is organized in accordance with the goals, taking into account the needs of employees, students, and with respect to ethical principles.

8. STANDARD "EVALUATION OF THE EDUCATION PROGRAM"

8.1 Medical institution of education **must** have mechanisms for monitoring the education program, taking into account the mission, the required learning outcomes, the content of the education program, assessment of knowledge and skills, learning resources.

8.2 Medical institution of education **must** evaluate the program regarding the students' admission policy and the demands of the education and healthcare system for medical personnel.

8.3 Medical institution of education **must** ensure the participation of stakeholders in the program evaluation.

8.4 Medical institution of education **should** provide mechanisms to ensure the transparency of the process and the results of the education program evaluation for management and all stakeholders.

9. STANDARD "PUBLIC AWARENESS AND MANAGEMENT"

9.1 Medical institution of education **must** determine the structural unit responsible for education programs and the achievement of final learning outcomes.

9.2 The structural unit responsible for education programs should have the authority to plan and implement an education program, including the allocation of resources for planning and implementing teaching and learning methods, assessment of students, education program and training courses.

9.3 Medical institution of education **must** define the responsibilities and duties of management/staff on basic medical education.

9.4 Medical institution of education **must** have a clear range of responsibilities and authorities for provision of education programs with resources, including a targeted budget, and it should allocate the resources necessary for the implementation and introduction of the training program and allocate education resources correspondent to demands.

This standard cannot be fully or partially reproduced, replicated and distributed
without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

9.5 Medical institution of education **must** publish accurate, objective, relevant information about the specifics of the EP, which should include implemented programs, indicating the expected learning outcomes; information about the possibility of assigning qualifications at the end of the EP; information about teaching, learning, assessment procedures; information about the scores and training opportunities provided by students; information about graduate employment opportunities.

9.6 Medical institution of education **must** provide a variety of ways to disseminate information, including the media, information networks to inform the general public and stakeholders.

9.7 Medical institution of education **must** publish adequate and objective information about the teaching staff of the EP, on cooperation and collaboration with partners in the framework of the EP.

9.8 Medical institution of education **must** demonstrate the reflection on the web-site of information, describing HEI as a whole and in the context of education programs.

9.9 Medical institution of education **should** develop a management quality assurance program, including regular inspections.

9.10 Medical institution of education **should** ensure the transparency of the management system and decisions that are published in bulletins, posted on the HEI's website, included in the protocols for review and execution.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

BIBLIOGRAPHY

- [1] The Law of the Kyrgyz Republic “On Education” dated April 30, 2003 No. 92 (as amended on January 16, 2015 No. 15)
- [2] The Concept for the education development in the Kyrgyz Republic until 2020, approved by the Government Decree of the Kyrgyz Republic dated March 23, 2012 No. 201.
- [3] The Strategy for the Development of Education in the Kyrgyz Republic for 2012–2020, approved by the Government Decree of the Kyrgyz Republic dated March 23, 2012 No. 201.
- [4] Resolution of the Kyrgyz Republic Government as of September 29, 2015 No. 670 “On Approval of Acts on Independent Accreditation in the Education System of the Kyrgyz Republic”.
- [5] Standards and guidelines for quality assurance systems in the European Higher Education Area. European Association for Quality Assurance in Higher Education. Helsinki, Finland 2005. Trans. from English NAC MES RK, Astana. - 2006. - 36 p.
- [6] MacCarrick G. (2011) A practical guide to using the World Federation for Medical Education standards. WFME 2: educational program. Ir. J Med Sci. (2010) 179 (4):489–491. E-Pub 2010 Sep 17 (Received 10.10.2011 from Springer).
- [7] World Federation for Medical Education (2015) Basic Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2017 Revision)
- [8] World Federation for Medical Education (2013) Postgraduate Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2013 Revision)
- [9] WHO/WFME (2005) Guidelines for Accreditation of Basic Medical Education. Geneva/Copenhagen, 2005.
- [10] World Federation for Medical Education (2007) Global Standards for Quality Improvement in Medical Education. European Specifications For Basic and Postgraduate Medical Education and Continuing Professional Development. MEDINE Quality Assurance Task Force, WFME Office, University of Copenhagen, Denmark.
- [11] World Federation for Medical Education (2005) Promotion of Accreditation of Basic Medical Education A Program within the Framework of the WHO/WFME Strategic Partnership to Improve Medical Education. WFME Office, the Panum Institute Faculty of Health Sciences, University of Copenhagen, 2005.
- [12] World Federation for Medical Education (1998) International standards in medical education: assessment and accreditation of medical schools' - educational

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution
"Independent Agency for Accreditation and Rating"

- programs. A WFME position paper. The Executive Council, the World Federation for Medical Education. *Med Educ.* 1998 Sep.; 32(5):549-58.
- [13] World Federation for Medical Education. The Edinburgh Declaration. *Lancet* 1988, 8068, 464.
- [14] World Health Assembly. *WHA Resolution 42.38*. WHO, Geneva.
- [15] World Federation for Medical Education. Proceedings of the World Summit on Medical Education. *Medical Education* 1994, 28, (Suppl.1).
- [16] World Health Assembly. *Reorientation of Medical Education and Medical Practice for Health for All. WHA Resolution 48.8*. WHO, Geneva, 1995.
- [17] The Executive Council, The World Federation for Medical Education. International standards in medical education: assessment and accreditation of medical schools' educational programmes. AWFME position paper. *Medical Education* 1998, 32,549-58.
- [18] WFME Task Force on Defining International Standards in Basic Medical Education, *Report of the Working Party, Copenhagen, 14-16 October 1999*. *Medical Education*, 2000, 34, 665-675.
- [19] World Federation for Medical Education. *Basic Medical Education. WFME Global Standards for Quality Improvement*. WFME Copenhagen 2003 and <http://www.wfme.org>
- [20] Australian Medical Council. Guidelines for the Accreditation of Medical Specialist Education and Training and Professional Development Programs. Australian Medical Council, Canberra, 2001.
- [21] Royal College of Physicians and Surgeons of Canada. Canadian Medical Education Directions for Specialists 2000 Project. Skills for the New Millennium: Report of the Societal Needs Working Group 1996. RCPSC, Ottawa 2002.
- [22] Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS). ABMS/ACGME Core Competencies. 1999.

This standard cannot be fully or partially reproduced, replicated and distributed without no prior permission of non-profit institution "Independent Agency for Accreditation and Rating"