THE STANDARDS FOR ACCREDITATION PROGRAMS FOR POSTGRADUATE MEDICAL EDUCATION (RESIDENCY PROGRAMS)

Astana 2015

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

Independent agency for
accreditation rating

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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 September 28, 2015 no. 21-15-OD (as amended and supplemented by the Order of the Director as of February 15, 2017 no. 8-17-OD).

3 This Standard implements provisions of the Law of the Republic of Kazakhstan "On Education" as of July 27, 2007 no. 319-III.

4 **SECOND EDITION**

Standards are developed taking into consideration the recommendations of the Ministry of Health and Ministry of Education and Sciences of the Republic of Kazakhstan.

CONTENT

ACCREDITATION STANDARDS OF POSTGRADUATE MEDICAL EDUCATION
(RESIDENCY SPECIALTIES)
MAIN PROVISIONS

1. The area of use

This standard determines the statutory requirements to the main provisions of standards of the specialized accreditation of educational programs (residency).

This standard is used during the specialized accreditation procedure (residency) regardless of its status, legal corporate form, institutional subordination and form of ownership.

This standard may also be used by:
a) medical organizations of education (residency) for internal evaluation and external assessment of educational program;
b) to develop correspondent regulatory documentation.

2. Normative References

This standard contains references to the following regulatory documents:

2.1 Decree of the President of Kazakhstan as of March 1, 2016 no. 205 "On approval of the State Program on the Development of Education and Science of the Republic of Kazakhstan for 2016-2019".

2.2 The Law of the Republic of Kazakhstan "On Technical Regulation" as of November 9, 2004 no. 603.

2.3 The Law of the Republic of Kazakhstan "On Education" as of June 27, 2007 no. 319-III.

2.4 The Law of the Republic of Kazakhstan "On accreditation of the conformity assessment" as of July 5, 2008 no. 61-IV.

2.5 Order of the Minister of Education and Science on November 1, 2016 no. 629 "On approval of Recognition rules of the accreditation bodies, including foreign, and the formation of the register of recognized accreditation bodies, accredited educational organizations and educational programs."

2.6 Order of the Acting Minister of the Ministry of Health and Social Development, Republic of Kazakhstan as of July 31, 2015 "On approval of the state compulsory educational standards and model professional studying programs on medical and pharmaceutical specialties".

3. Terms and Definitions

This standard applies the terms and definitions in accordance with the Laws of the Republic of Kazakhstan "On Education" as of July 27, 2017 no. 319-III and determines the following definitions:

3.1 Accreditation of educational organizations - the recognition procedure of accreditation bodies of the compliance of educational services to the established accreditation standards in order to provide objective information about their quality

and to confirm the availability of effective mechanisms for quality increase.

3.2 Accreditation bodies - legal entities that develop standards (regulations) and accredit educational organizations based on the developed standards (regulations);

3.3 Institutional accreditation - the quality evaluation process of the educational organization by the accreditation body for the compliance of the former to the stated status and standards established by accreditation body.

3.4 International accreditation - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national or foreign accreditation body, entered in the Register 1;

3.5 National Accreditation - the process of evaluating the quality of activities by educational organizations (institutional accreditation) and individual educational programs (specialized accreditation) for compliance with the standards of quality assurance, conducted by the national accreditation body, entered in the Register 1;

3.6 Specialized Accreditation - quality assessment of individual educational programs implemented by the organization of education;

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

In addition, in accordance with the international standards of the World Federation for Medical Education on quality improvement of the postgraduate education in medical specialization the following terms and definitions are determined in correspondent Standards:

1. Mission and final outcomes

Autonomy in the patient-doctor relationship will ensure that in all circumstances, doctors will make informed decisions in the best interests of their patients and the community, based on the best available evidence. Autonomy in training of doctors means that they have some influence on the decisions about what to learn and how to plan and carry out their studies. It also implies access to the knowledge and skills required to physicians to meet the needs of their patients and the community, and that their knowledge and actions are independent and impartial. When acting on their own, existing guidelines should be taken into account.

Outcomes in relation to the theory and practice of medicine involves knowledge and understanding of basic, clinical, behavioral and social sciences, including knowledge of the issues of public health, population medicine and medical ethics needed for clinical practice; attitude and professionalism; clinical skills in relation to the identifying diagnosis, the implementation of practical skills, communication skills, treatment and disease prevention, health promotion, rehabilitation, clinical reasoning and problem solving; and the ability for the lifelong learning and professional development.

The competent authorities - local and national authorities responsible for postgraduate medical training, may be the national government agencies, the National Council, the university, a competent professional organization.

Competence may be defined in broad professional terms or as specific knowledge, skills, attitudes or behavior.

Competence, appropriate to post-graduate training at the level depending from

the chosen field of medicine, would include the following categories:

• Providing assistance to patients, which must be appropriate, effective, and compassionate in relation to health and health promotion issues.

• Medical knowledge in the field of basic biomedical, clinical, behavioral and social sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.

• Interpersonal skills and other communication skills that ensure effective communication with individual patients and their families, and team work with other health professionals, the scientific community and the public

• Evaluation of activities and application of new scientific knowledge to continuously review and improve clinical practice

• Function as supervisor, instructor and teacher in relation to colleagues, medical students and other health professionals.

• The scientific potential of scientists capable of contributing to the development and research in the chosen field of medicine.

• Professionalism

• Ability to act in the patients' interests

• Knowledge of public health and issues of health policy, as well as awareness and response to the more ambitious context of the health care system, including, for instance, the organization of health care, partnership with health professionals and managers, the practice of cost-effective health care, health economics and resource allocations

• Ability to understand the health care system, define and improve providing medical aid of a systemic nature.

The mission provides a comprehensive framework, which should be linked to all other aspects of the program of post-graduate medical education and should include general and specific issues relating to the institutional, national, regional and, where appropriate, global health needs and vision of postgraduate medical education.

Lifelong learning is a professional responsibility to continuously develop knowledge and skills through the performance evaluation, audit, analysis of clinical practice or recognized programs of continuous professional development (CPD) / Continuing Medical Education (CME). CPD includes all activities that doctors 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.

Key stakeholders - students / residents, the director of residency programs, medical scientific societies, hospital administrations, government authorities and professional associations or organizations.

Professionalism describes the knowledge, skills, attitudes and behaviors expected by patients and society from every physician in their professional practice, and includes concepts such as skills for the lifelong learning, maintenance of competence, information literacy, ethical behavior, personal integrity, honesty altruism, servicing to others, adherence to professional codes, justice and respect for others.

Public health problems mean interaction with the local community, especially in the field of health and related health care sectors and the inclusion of public health problems in the curriculum.

The health sector includes health care system, both public and private, and medical research institutions.

Relevant stakeholders would include representation of supervisors, instructors, teachers, other health professionals, patients, the public, organizations and public health agencies.

Social responsibility includes the willingness and ability to respond to the demands of society, patients, and health and related health care sector system and contribute to the development of medicine at the national and international levels through the introduction of competence-based approach in the health care system, medical education and research, and should be based on its own principles taking into account the autonomy of the university.

2.   Educational Program

Clinical sciences include the chosen clinical or laboratory disciplines (medical specialty, subspecialty or expert functions), and in addition, other relevant clinical / laboratory disciplines.

Teaching and learning methods will cover any didactic, practical, demonstrative, training under the supervision of a mentor and teaching methods such as lectures, classes in small groups, problem-based learning, training with the analysis of clinical cases, practical exercises, laboratory work, learning at the "bedside of a patient", clinical demonstrations, training of the laboratory skills, field training in the regions, training through the Internet, and clinical externship as a resident or 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 the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes of distribution and consequences of health problems.

3. Assessment of residents

Assessment methods: include consideration of the balance between formative (interim) and summative (final) evaluation, the number of examinations and other tests, various types of examinations balance (written and oral), the use of clinical discussion and analysis, the use of judgments based on relevant norms and criteria, individual portfolio and diaries, special types of examinations, such as the objective structured clinical examination (OSCE), mini-clinical examination (MiniCEX), and methods also include a system of detection and prevention of plagiarism.

4.   Residents

The regulations of the *selection process* include both rationale and methods of selection; and can include a description of a mechanism for appeal.

Monitoring of admission policies would include improvement of selection criteria to reflect the ability of residents to be competent and to cover the variations in required competencies related to the difference in selected areas of medicine.

The selection criteria may include consideration of balanced intake according to gender, ethnic and social requirements, including the potential need for a special admission policy for underprivileged groups of doctors.

Positions on provision of contract health care services include intern, resident, resident physician, specialist.

Types of medical services provided to residents, should be the subject of the contract and conditions that protect the resident, and included in the contract.

5. Teachers

The time for teaching, mentoring and training requires a balance of the clinical work load and requires an examination of the coordination and coherence of the work schedule.

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

6. Educational Resources

Clinical bases include clinics for primary, secondary and tertiary care, outpatient services (including primary health care), primary health care, health centers and other establishments providing medical care to the population, as well as centers / laboratories of clinical skills that allow clinical training, using the capabilities of the respective clinical sites and provide for the rotation of the main clinical disciplines.

Infrastructure (material and technical base) includes: lecture halls, classrooms, teaching and research laboratories, laboratories of clinical skills, rooms for teachers, libraries, information technology and facilities, conditions for students' resting, such as adequate classrooms, a hall for recreation vehicles, catering for students, hostels, drawers for storage of personal belongings of students, sport and leisure facilities.

Educational expertise would deal with problems, processes and practice of postgraduate medical training, its assessment and would include medical doctors with experience in medical education, psychology and sociology of education systems and can be provided by an education unit at the HEI or be acquired from another national or international organization.

7. Evaluation of educational programs

Evaluation of an educational program is a process of systematic collection of information for the study of the effectiveness and adequacy of educational programs using monitoring data, the feedback and the results of special studies to assess the program, as well as through the use of reliable and accurate data collection and analysis in order to confirm the quality of education in relation to the mission and determined final learning outcomes. Evaluation of the program includes information on the duration of learning, evaluation criteria, examinations pass and failure rates, the successful results of the evaluation and deductions, as well as the time spent by residents in the areas of medicine, being of a particular interest. Involvement of external experts for evaluation of educational program and external organizations / institutions, the involvement of experts in the field of medical education and assessment, the regulatory authorities will continue to improve the quality of postgraduate education.

The monitoring of a program 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 the administrative procedures relating to the admission of residents, assessment of knowledge and skills, and the

completion of the educational program.

Identified problem areas will include the insufficient fulfillment of the established learning outcomes, research and study of information on the achievement of the specified learning outcomes, identification of gaps and challenges that can be used as feedback for the purpose of carrying out the necessary intervention and corrective action plans, to develop programs and improvements, which requires the creation of a safe and supportive environment for learning and feedback from teachers and residents.

Feedback would include reports of residents and other information about the processes and products of educational programs as well as information about the malpractice or misconduct of teachers or residents without legal consequences.

Criteria for authorization of training venues would include minimal values of a number of patients, mix of disease entities, clinical and laboratory equipment, library and IT facilities, centers for clinical skills, academic teaching staff and researchers in laboratories.

Designations and abbreviations

This standard uses abbreviations in accordance with the paragraph 2 of the regulatory documents.

Furthermore, this standard uses the following designations and abbreviations:
- **HEI** – Higher Educational Institution;
- **MOH -** Ministry of Health of the Republic of Kazakhstan;
- **MES -** Ministry of Education and Science of the Republic of Kazakhstan;
- **CPD** – Continuous professional development;
- **CME** – Continuous medical education;
- **OSCE** - Objective Structured Clinical Examination
- **TS –** Teaching staff;
- **MM –** Mass-media.

4. General Provisions

4.1 Institutional accreditation is carried out on the basis of the standard "System of Education of the Republic of Kazakhstan. Specialized accreditation standards. Standard "Mission and Outcomes"; Standard " Educational Program"; Standard "Evaluation of residents"; "Residents" standard; Standard "Teachers"; Standard "clinical and educational resources"; Standard "Evaluation of educational programs"; Standard "Management and Administration"; Standard "continuous improvement". Specialized accreditation standards are based on the international standards of the World Federation for Medical Education to improve the quality of postgraduate medical education (Revision 2014.).

4.2 The decision on accreditation is taken by the Council of Accreditation.

4.3 The members of the Accreditation Council include representatives of MES RK, MHSD RK, medical education organizations, research organizations, public health organizations, professional associations, employers, the public, students and international experts.

5. The main objectives of the introduction of specialized accreditation standards

5.1 The main objectives of the implementation of specialized accreditation standards are:

5.1.1 The implementation of the accreditation model harmonized with the international practice of education quality assurance;

5.1.2 The assessment of the quality of professional and educational programs to improve the competitiveness of the national higher education system;

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

5.1.4 contribution to the improvement and continuous improvement of the quality of educational programs of medical education institutions (post-graduate degree) in accordance with the requirements of the rapidly changing environment;

5.1.5 Accounting and protection of the interests of society and the rights of consumers, by providing reliable information about the quality of educational programs;

5.1.6 The use of innovation and research;

5.1.7 public disclosure and dissemination of information on the results of the specialized accreditation of medical education institutions of education (post-graduate education).

6. Principles of formation of specialized accreditation standards

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

6.1.1 voluntary - the procedure of accreditation of educational programs is carried out on a voluntary basis;

6.1.2 The integrity and transparency - internal and external assessment is very fair and transparent, providing access to information for all participants of the

accreditation process;

6.1.3 Objectivity and independence - the internal and external evaluation is carried out objectively, independently from third parties (government agencies, universities, administration and public opinion) and the obtained results;

6.1.4 The responsibility of organizations of medical education - the primary responsibility for quality of the higher education is on the organizations of medical education

6.1.5 Privacy - Information provided by the universities is used by the accrediting body confidentially;

6.2 External evaluation is conducted independently by third parties (government agencies, medical education organizations and NGOs).

6.3 Informing of the public of the country and abroad about the specialized accreditation and accredited educational programs is carried out in the media, including providing information on the accreditation body's website.

7. The stages and procedures for the specialized accreditation

7.1 The procedure for the specialized accreditation (residency) begins with the filing of the medical educational institution of an application for the specialized accreditation (residency). The application includes a copy of the state license, the annex to the license for the legal grounds of educational activity, a brief description of the correspondent educational institution's activity.

7.2 Consideration by IAAR of the application submitted by educational organization.

7.3 IAAR decision to start the procedure for the specialized accreditation. An agreement between the agency and the medical educational organization to conduct the specialized accreditation is concluded.

7.4 Management of the medical educational organization and IAAR organize training for internal experts to explain the criteria and procedures for the specialized accreditation of educational programs (residency) at the special seminars on the theory, methodology and techniques of the specialized accreditation.

7.5 Medical organizations of education conduct self-assessment according to the requirements established by IAAR, and submit self-assessment report (in Kazakh, Russian and English languages) to IAAR in e-format and 1 copy on paper in each of the languages.

7.6 On the basis of self-assessment report of educational organization IAAR has the right to make the following decisions:
- to develop recommendations on the need to refine materials of self-assessment report;
- to conduct an external peer review;
- to postpone the accreditation term due to the inability to conduct the specialized accreditation procedure of educational programs (residency) due to the inconsistency of the self-assessment report to the criteria of these standards.

7.7 In the event accreditation continues IAAR generates external expert panel, which shall be approved by the IAAR director to assess the educational organization.

The number of experts is determined depending on the review volume and quantity of educational programs (residency) of the educational organization. The structure of the external expert panel includes representatives of the academic community, stakeholders in Kazakhstan, including employers, students, and foreign / international experts.

7.8 In the event accreditation continues IAAR agrees with the medical educational organization on the dates for the specialized accreditation and program for the external expert panel's visit.

7.9 The duration of the external expert panel's visit accounts for 3-5 days. During the visit, the organization of education creates working conditions for the external expert panel under the Service Agreement:

- provides for each member of the Panel an electronic and paper version of the self-assessment report;

- provides the necessary office equipment in consultation with the IAAR representative and based on the number of external expert panel members;

- organizes the inspection of infrastructure and resources, meetings, questionnaires, interviews and other forms of external expert panel's work in accordance with the visit program of the external expert panel;

- provides information requested;

- organizes photo and video recording of the external expert panel's work;

- prepares a video clip for the IAAR Accreditation council meeting containing a brief description of the educational organization and information on the external expert panel visit.

7.10 At the end of the visit external expert panel is preparing a report on the evaluation of medical organization of education and a presentation on the progress of the visit of the external expert panel.

7.11 The report contains a description of the external expert panel's visit, a brief assessment of the educational programs (residency), recommendations to the organization for performance improvement and quality assurance, the recommendation to the Accreditation Council. Recommendations to the Accreditation Council provide information on the status of the educational organization and recommended accreditation period.

7.12 The report of the external expert panel, including the recommendations is prepared by members of the external expert panel collectively.

7.13 The external expert panel's report on the evaluation of educational programs (residency) and the self-assessment report of educational programs (residency) serve as the basis for the Accreditation Council's decision on the specialized accreditation (residency).

7.14 The Chairman of the external expert panel presents to the Accreditation Council outcomes of the external expert panel's visit. If there are objective reasons IAAR director appoints a member of the external expert panel to attend a meeting of Accreditation Council and present a report. Replacement of the Chairman of external expert panel is made by the order of IAAR Director.

7.15 The exclusive competence of the IAAR Accreditation Council includes decision-making on accreditation or refusal of accreditation of educational program (residency). The composition of the Accreditation Council is determined in accordance with the Regulations of its activities. The meeting is held if a quorum is present. Accreditation Council shall have the right to make a grounded decision not complaint

with the recommendations of the external expert panel.

Accreditation Council makes decision:

- on accreditation:

- 1 year - in the event of compliance with the criteria as a whole, but with some shortcomings and opportunities for improvement;

- 3 years - with positive results in general, but with some minor shortcomings and opportunities for improvement;

- 5 years - with positive results in general.

- on non-accreditation.

Upon expiry of the **5 year** accreditation period of educational program (residency) and successful completion of the post accreditation monitoring the educational program (residency) an organization of education shall be entitled to apply for a re-accreditation. In the case of re-accreditation of educational program (residency) and its positive results, the organization of education has the right to apply for the period of **7 years**.

7.16 In the event of positive decision on accreditation the Accreditation Council of IAAR sends an official letter to the education organization with the results of the accreditation and a certificate of the specialized accreditation of the educational program (residency), signed by the IAAR Director. The decision on accreditation of educational program (residency) the Agency sends to the MES for inclusion in the Register of accredited educational programs (Register 3) and publishes the information on the IAAR website. The report of external expert panel is also published on the website.

After receiving the certificate of accreditation of the educational program (residency) institution of education publishes a self-assessment report on its website.

7.17 In the event of the Accreditation Council's negative decision on accreditation the IAAR sends a letter to the organization of education indicating the adopted decision.

7.18 The organization of education in the prescribed manner under the Service Agreement and the Regulations of the Commission on Appeals and complaints may send to IAAR an appeal against the decision of the Accreditation Council. In case of doubts in the competence of the external expert panel and representatives of the Agency, or gross violations committed by members of the external expert panel, the organization of education may file a complaint to IAAR.

8. Follow-up procedures

8.1 In the event of positive accreditation decision of the IAAR Accreditation Council, the educational organization submits to IAAR an Action Plan on the quality improvement within the framework of the external expert panel recommendations (hereinafter - the Plan), which is signed and sealed by the chief executive officer, an organization enters into a Service Agreement with IAAR. An agreement and Plan are the basis for the post accreditation monitoring.

8.2 In accordance with the Regulations on the post accreditation monitoring procedure of educational organizations / educational programs, education institutions which completed the specialized accreditation of educational programs (residency) should prepare interim reports under the Plan. Interim reports are sent to the IAAR

before the expected date of post accreditation monitoring.

8.3 Post accreditation monitoring of medical institutions of education is conducted as follows:

Duration of the accreditation term	3 years	5 years	7 years
Periodicity of interim reports	One time in 1,5 years	two times in two years	three times in two years
Visit	once	twice	3 times

8.4 In the event of failure to implement the Plan and the requirements put forward by the IAAR in relation to the medical college, as well as lack of awareness of the changes carried out in the educational organization the Accreditation Council shall have the right to adopt the following decisions:

- to temporarily suspend the effectiveness of the specialized accreditation of the educational program (residency);

- to revoke accreditation of the educational program (residency) by excluding it from the Registry 3, which may result in the cancellation of all earlier achieved results of accreditation.

8.5 In the event of waiver of the educational organization from the post accreditation monitoring through the failure to sign the Service Agreement with IAAR, under the paragraph 8.4 IAAR Accreditation Council may decide to terminate and withdraw accreditation status.

8.6 In the event of early termination and withdrawal of accreditation the educational organizations are not allowed to submit an application for accreditation to IAAR within one year after the decision to revoke the accreditation of educational organization.

9. The procedure for making amendments and additions to the accreditation standards

9.1 Changes and additions are made to the current standard of accreditation in order to further improve it.

9.2 Amendments and additions to the standard is implemented by accreditation body.

9.3 In the case of initiation of changes and additions to the existing standard by education organizations and other interested organizations, suggestions and comments are sent to them in the accreditation body.

9.4 The accreditation body examines and analyzes proposals and comments received from their initiators of on their validity and appropriateness.

9.5 Changes and additions to the current standard of accreditation after the approval are set by the order of the director of accreditation organ in a new version with the changes, or in the form of a brochure-liner to the existing standard.

10. STANDARD "MISSION AND OUTCOMES"
10.1 STATEMENT OF MISSION AND OUTCOMES

10.1.1 Medical Education organization **must** define the mission of the residency program and to inform the general public *and health care sector about the mission statement.*

10.1.2 Medical education organization must define the mission by addressing public health needs, the needs of the health care system and, accordingly, other aspects of social responsibility.

10.1.3 Medical Education organization must identify a training program, comprising both theoretical and practical components, enhancing the practice and the result of such training must be a doctor, competent and able to carry out adequate and appropriate clinical practice in a particular field of medicine, capable of operating at a high professional level, to work independently as well as in a team, if necessary, which is committed and ready to learn throughout life and to the participation in continuing medical education and continuing professional development.

10.1.4 Medical organiation should ensure the improvement of care for patients that is appropriate, effective, safe and compassionate in dealing with health problems, and health promotion, including patient-centered and holistic approach.

10.1.5 Medical education organization must ensure that the residents (students) have adequate working conditions for the support of their own health.

10.1.6 Medical education organization should promote the implementation of relevant innovations in the learning process, allowing the development of more extensive and specific competences than those defined as basic competence.

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

10.1.8 Medical education organisation should encourage residents to their becoming active participants in addressing the social determinants of health.

10.2 PROFESSIONALISM AND PROFESSIONAL AUTONOMY

10.2.1 Medical education should include expertise in education and training of residents and should promote the professional autonomy required for a specialist to act in the best interests of the patient and society.

10.2.2 Medical education organization should ensure proper independence from the government and other bodies in taking action in key areas such as the development of an educational program (see para. 12.1 and 12.6), assessment (see para. 13.1), the selection and admission of residents (see para. 14.1 and 14.2), the choice / selection of teachers (see para. 15.1), and the conditions of employment and the allocation of resources (see para. 18.3).

10.2.3 Medical education should ensure academic freedom, which will include appropriate freedom, freedom of expression, freedom of inquiry, and publication.

10.3 LEARNING OUTCOMES

10.3.1 Medical Education organization must determine learning outcomes, which residents should reach as a result of training program with respect to: their achievements at the postgraduate level of knowledge, skills and mindset; appropriate framework for their future career in the chosen field of medicine; future roles in the healthcare system; commitment and skills for lifelong learning throughout life; need and problem of health of society, the needs of the healthcare system and other aspects of social responsibility; professional conduct.

10.3.2 Medical Education organization must determine learning outcomes for general and specific to the discipline / major components that are required to reach by students by the time of completing the program.

10.3.3 Medical Education organization must determine learning outcomes with respect to proper behavior and attitudes to patients and their relatives, colleagues, trainees, teachers, other health care workers.

10.3.4 Medical Education organization must ensure the proper professional behavior and attitude of residents to colleagues and other medical personnel, patients and their families and the following of the Code of Honor.

10.3.5 Medical Education organization should inform the public about the established outcomes of training program of residency on relevant specialties.

10.3.6 Medical education should ensure continuity between the outcomes of training programs, undergraduate and postgraduate medical education.

10.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

10.4.1 Medical Education organization must define the mission and define learning outcomes of the program, in collaboration with key stakeholders.

10.4.2 Medical education organization should formulate mission and define learning outcomes of the program, taking into account proposals from other interested parties, which are members of other health *professions, patients, society, institutions and authorities,* professional organizations and medical research companies.

11. STANDARD "EDUCATIONAL PROGRAM"

11.1 FRAMEWORK SETTINGS of the program of postgraduate medical education

11.1.1 Medical education organization should define educational framework parameters based on established learning outcomes for the program and qualifications of the graduate resident, to develop them in accordance with the desired result, existing basic medical education and to organize systematic training and transparency.

11.1.2 Medical education organization should ensure that program content corresponds to the requirements of RK SES of residency program and provide the breadth of training in accordance with the name of the program and the required depth of training in the field defined by the major.

11.1.3 Medical Education organization must use practice-oriented training providing direct involvement of residents in providing medical care and responsibility for patient care.

11.1.4 Medical Education organization should use appropriate teaching and learning methods and to ensure the integration of components of the theory and practice, which include didactic lessons and experience to assist the patient as independent and active learning.

11.1.5 Medical Education organization must ensure that the training is conducted in accordance with the principle of equality.

11.1.6 Medical Education organization must use a student-centered approach to learning, which stimulates supports and prepares students to take responsibility for their own learning process and to demonstrate it in their practice.

11.1.7 Medical education organization should guide the resident through mentoring, regular evaluation and feedback, inform about the program and the rights and responsibilities of residents, and include a commitment to ethics issues in the program.

11.1.8 Medical education organization should raise the degree of autonomy and responsibility of residents about their knowledge, skills and development of experience.

11.1.9 Medical education organizations should recognize gender, cultural and religious particularities and prepare residents to the appropriate relationship with patients.

11.2 SCIENTIFIC METHOD

11.2.1 Medical Education organization must implement a scientific basis and methodology of medical research, including clinical research and clinical epidemiology.

11.2.2 Medical Education organization must ensure that the resident can use scientific justification, can study and know the basics of evidence-based medicine through a wide access to relevant clinical / practical experience on the bases of relevant expertise in the chosen field of medicine.

11.2.3 Medical education organization should include teaching and learning critical evaluation of the literature, articles and scientific data, the use of scientific developments.

11.3 PROGRAM CONTENT

11.3.1 Medical education organization should included clinical work and relevant theory or practice of basic biomedical, clinical, behavioural and social sciences, preventive medicine, clinical decision-making, communication skills, medical ethics, public health, medical jurisprudence and forensic medicine, management disciplines, patient safety, the responsibility for one's own health, knowledge of complementary and alternative medicine into the training program

11.3.2 Medical education organization should organize educational programs with due regard to patient's safety and autonomy.

11.3.3 Medical education organization should ensure the development of knowledge, skills and professional attitude corresponding to the different roles of the physician, such as a medical practitioner or a medical expert, communicator, collaborator and member of the team, leader / manager, or administrator, a defender of interests of the patient and health scientist / researcher.

11.3.4 Medical education organization should adjust and modify the contents to changing conditions and needs of the health care system.

11.4 PROGRAM STRUCTURE, CONTENT AND DURATION

11.4.1 Medical education organization must describe the overall structure, composition and duration of the educational program, clearly establish a mandatory component and optional component, integrate practice and theory, take into account the requirements of national legislation and to ensure adequate representation of how the local, national or regional health systems are focused on needs of medical assistance to the population.

11.4.2 Medical education should when deciding on the duration of the program, take into account the required learning outcomes in basic medical education in relation to the chosen field of medicine, the requirements for the implementation of the different roles of certified professionals in the healthcare sector, the possible alternatives for the use of learning based on time parameters.

11.5 ORGANIZATION OF LEARNING

11.5.1 Medical education organization should define the responsibility and authority for the organization, coordination, management and evaluation of each base for training, of clinical base and of educational process.

11.5.2 Medical education organization should ensure clinical training under conditions of multidisciplinary clinics and coordinate training on the basis of these clinics so that residents would acquire adequate training in various aspects of the chosen field of medicine.

Medical education organization must comply with proper representation of employees, residents, and other relevant stakeholders while planning of the educational program.

11.5.3 Medical education organization should ensure that training in a variety of clinical settings, which are characterized by clinics profiles, various categories of patients, of health care levels (primary care, specialized medical care, highly specialized medical care), hospitals and ambulant clinic.

11.5.4 Medical education organization should coordinate numerous training bases for appropriate access to various aspects of the chosen field of medicine.

11.5.5 Medical education organization should have access to the resources needed for the planning and implementation of teaching methods, evaluation of students, innovation of the education program.

11.6 RELATIONSHIP BETWEEN Postgraduate MEDICAL EDUCATION and PROVISION OF MEDICAL AID

11.6.1 Medical Education organization must describe and recognize the role of mentoring in professional development, ensure the integration between education and provision of medical aid (training in the workplace), ensure that training is complementary and is compatible with the requirements of medical assistance.

11.6.2 Medical education organization should effectively organize the use of the opportunities of health care system, for the purposes of training that involves the use of the capabilities of different clinical sites, the problems of patients and clinical problems for training purposes, and at the same time respecting the requirements imposed for provision of medical help.

12. STANDARD "EVALUATION OF RESIDENTS"
12.1 METHODS OF EVALUATION

12.1.1 Medical Education organization should formulate and implement a policy of resident evaluation, it must determine, establish and publish the principles, goals, methods and practices for assessment of the residents, including professional qualification exams and it must ensure that the assessment covers the knowledge, skills and professional behaviours and attitudes.

12.1.2 Medical education organization must use an extra set of evaluation methods and formats in accordance with their "applicability", which includes a combination of validity, reliability, impact on training, suitability and effectiveness of the methods and formats of assessment in respect to specified learning outcomes.

12.1.3 Medical education organization must formulate the criteria for passing examinations or other forms of assessment, including the number of mulligans allowed.

12.1.4 Medical education organizations should study and document the reliability, validity and fairness of assessment methods.

12.1.5 Medical Education organization should use the system appellation of the evaluation results based on the principles of justice and in compliance with the legal process.

12.1.6 Medical education organization should facilitate the involvement of external examiners; introduce new methods of assessment, if necessary.

12.1.7 Medical education organization should keep a record of the different types and stages of learning in an educational journal or protocols

12.2 RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING

12.1.1 Medical Education organization must use the principles, methods and practices of evaluation that are consistent with the established learning outcomes and teaching methods and ensure that the specified learning outcomes are achieved by learners, promote learning, determine the adequacy and compliance of the training.

12.1.2 Medical education organization should ensure the provision of timely, specific, constructive and fair feedback to residents on the basis of the assessment of their knowledge and skills.

12.1.3 Medical Education organization should use the principles, methods and evaluation practices that contribute to the integrated training and involvement in practical clinical work and provide interprofessional education.

13 STANDARD "RESIDENTS"
13.1 ADMISSION AND SELECTION POLICY

13.1.1 Medical Education organization should consider the relationship between the mission and the selection of residents.

13.1.2 Medical education organization should ensure a balance between available capacity and facilities for the preparation and the set of residents.

13.1.3 Medical education organization must formulate and implement policy on the criteria and process of selection of students, including the reception of residents with disabilities, which requires the necessary conditions and equipment in accordance with national laws and regulations, and consider the safety of doctors and patients.

13.1.4 Medical Education organization should formulate and implement a policy of transfer of residents from other national or international programs.

13.1.5 Medical Education organization must ensure a high level of understanding of biomedical sciences achieved at the undergraduate level prior to the post-graduate education.

13.1.6 Medical education organization should ensure the transparency of the selection procedure and equality of access to post-graduate education.

13.1.7 Medical Education, an organization should consider in its selection procedures specific abilities of applicants in order to improve the results of the learning process in the chosen field of medicine.

13.1.8 Medical education organization should develop a procedure for appeal against the decision of the selection committee.

13.1.9 Medical education organization should include associations and organizations of the residents into the policy development process of admission and selection of residents.

13.1.10 Medical education organization should periodically review the admission policy, on the basis of relevant social and professional data to meet public health needs.

13.2 NUMBER OF TRAINEES

13.2.1 Medical education organization must determine the number of residents, which corresponds to the clinical / practical training capabilities, the potential of clinical mentoring and other available resources to national and regional needs of human resources in accordance with the chosen field of medicine, and if medical education does not define their own set of students it is necessary to demonstrate their responsibility, explaining the existing relations with the authorities and paying attention to the consequences of the decisions on the

admission, for example, the imbalance between the set and the existing potential and opportunities of database and resources to prepare.

13.2.2 Medical education organization should have available information on the health needs of society, which includes consideration of balanced admission according to 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 doctors from rural areas.

13.2.3 Medical education organizations should review the number of residents through consultation with stakeholders.

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

13.3 SUPPORT AND CONSULTING RESIDENTS

13.3.1 Medical education organization must have a system of academic advising provided to residents to provide advice to residents based on the results of monitoring progress in the training, including the unintentional incidents.

13.3.2 Medical education organization should provide support to residents, focused on the social, financial and personal needs, to allocate adequate resources for social and personal support.

13.3.3 Medical education organization must ensure the confidentiality of counselling and support, and provide support for vocational guidance and career planning.

13.3.4 Medical education organization should provide support in the case of a professional crisis and involve student organizations (residents) in the solution to their problem situations.

13.4 REPRESENTATION OF RESIDENTS

13.4.1 Medical Education organization should develop and implement a policy of representation of residents and ability to participate in the formulation of the mission and outcomes of training, participation in the development of training programs, planning, working conditions, evaluation of training programs, management training program.

13.4.2 Medical education organizations should encourage the organization of residents to participate in making decisions about the processes, terms and conditions of education and training.

13.5 CONDITIONS OF WORK

13.5.1 Medical Education Organization should conduct a training program in accordance with the paid positions / grants or other means to finance the residents.

13.5.2 Medical Education organization must ensure resident participation in all the medical activities of the clinical sites, including the insertion of the obligation to be called to visit patient's house, related to the training program.

13.5.3 Medical Education organization must determine responsibility and bring up all the information on the participation and conditions of the provision of health care services by residents.

13.5.4 Medical Education organization should provide additional training, in case of the forced breaks in training, on the occasion of pregnancy (including maternity / paternity leave), illness, military service or secondment.

13.5.5. Medical educational organization should ensure that residents participation in the provision of medical services does not dominate and is not excessive.

13.5.6 Medical education organization should take into account the needs of patients, continuity of medical aid and the educational needs of residents in the planning duties and on-call work schedule.

13.5.7 Medical education organization should allow the training under special circumstances, in accordance with an individual program of training and taking into account previous experience in providing medical aid.

13.5.8 Medical education program should ensure that the quality of an individual program of study and the total duration of training is not less than that of the resident, passed a complete training program.

14 STANDARD "TEACHERS"
14.1 RECRUITMENT AND SELECTION POLICY

14.1.1 Medical Education organization should develop and implement a policy of recruitment and admission of teachers, supervisors and mentors, which determines the required experience criteria of scientific and educational, pedagogical and clinical achievements, including the balance between teaching, research activities and professional qualifications of their responsibilities, duties staff and in particular the balance between teaching, research and medical care.

14.1.2 Medical Education organization must, in its selection policy to take into account the mission of the educational program, the educational system needs and the needs of the health care system.

14.1.3 Medical Education, an organization should develop and implement personnel policies define the responsibilities of all doctors as part of their professional duty to participate in postgraduate education based on practice, reward for their participation in postgraduate training, to ensure that teachers are practitioners in their respective fields , to ensure that teachers at sub-specialties are appointed only for a certain period of training in accordance with the specifics of the training program and their qualifications.

14.2 LIABILITIES AND DEVELOPMENT

14.2.1 Medical Education organization must ensure that teachers and residents have enough time to teaching, mentoring and training program to ensure the development of teachers and trainers, to ensure periodic evaluation of teachers and mentors.

14.2.2 Medical education organization should during the development and implementation of personnel policies include in the program development staff and support teachers of their training and further professional development of both professional and educational qualifications; assess and recognize the true academic activities as teachers, mentors; to determine the ratio between the number of teachers who have received the recognition and the number of residents to ensure their personal relationship and monitor the achievements of residents.

15 STANDARD "EDUCATIONAL RESOURCES"
15.1 LOGISTICS AND EQUIPMENT

15.1.1 Medical education organization must provide facilities and opportunities to residents for the 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.

15.1.2 Medical education organizations should regularly evaluate and update the material and technical facilities and equipment for their compliance and quality assurance of postgraduate education.

15.2 CLINIC BASES

15.2.1 Medical Education organization shall select and approve the framework for the preparation and provide access to relevant clinical / practical bases for training, a sufficient number of patients, corresponding to patients and patient information with a variety of issues in order to achieve the learning objectives, including the utilization of both fixed and outpatient care and duty.

15.2.2 Medical education organization should be when choosing a learning environment and a clinical database ensure that the curriculum include issues of health promotion and disease prevention, education profile in other relevant hospitals / institutions and PHC.

15.3 INFORMATION TECHNOLOGIES

15.3.1 Medical Education organization must ensure access to the Web and electronic media and effectively use information and communication technologies, in an ethical manner, as an integrated part of the educational program.

15.3.2 Medical Education organization should promote the use of teachers and students of existing and new information and communication technologies for: self-study, communication with colleagues, access to relevant data and patient health information systems, management of patients, practices and work in the health care systems.

15.4 CLINICAL TEAMS

15.4.1 Medical Education organization must guarantee work experience in a team of colleagues and other health professionals.

15.4.2 Medical education organization should provide training in an interdisciplinary / interprofessional team and develop the ability to work effectively with colleagues and other health professionals.

15.4.3 Medical education organization should promote the development of skills in the management and training of other health professionals.

15.5 MEDICAL RESEARCH AND ACHIEVEMENTS

15.5.1 Medical education organization should ensure that residents receive knowledge and are able to apply scientific basis and methodology of scientific research in the chosen field of medicine and to ensure the proper integration and balance between training and research.

15.5.2 Medical education organization should provide information on the research and development base and the priority areas in the field of scientific research of medical education organization

15.5.3 Medical education organization should encourage the participation of residents in medical research, quality development of health and health systems, which include research in basic biomedical, clinical, behavioral and social sciences.

15.5.4 Medical education organization should provide for the residents of the corresponding time in the training program for research.

15.5.5 Medical education organization should have access to the equipment for research and scientific activities carried out on the bases of learning.

15.6 EXPERTISE IN THE FIELD OF EDUCATION

15.6.1 Medical Education organization should develop and implement a policy on the use of expertise in the field of education with respect to planning, implementation and evaluation of educational programs.

15.6.2 Medical education organization should give due attention and ensure the development of expertise in the evaluation of education and research in the discipline of medical education.

15.6.3 Medical education organization should promote the interests of employees in the conduct of research in education.

15.7 TRAINING IN OTHER INSTITUTIONS

15.7.1 Medical Education organization should develop and implement a policy of accessibility for residents and provide them with training opportunities in alternative institutions inside or outside the country.

15.7.2 Medical Education organization should establish a system for the transfer of learning outcomes through active program coordination between training institutions and the use of academic credit.

15.7.3 Medical education organization should be to promote regional and international exchange of faculty and residents, by providing adequate resources.

15.7.4 Medical education organization should develop relations with relevant national and international authorities in order to facilitate the exchange and the mutual recognition of study components.

16 STANDARD "ASSESSMENT OF EDUCATIONAL PROGRAMMES"

16.1 ARRANGEMENTS FOR MONITORING AND EVALUATION

16.1.1 Medical educational organization should carry out constant monitoring of the educational program, define and implement a mechanism for the evaluation of the program and evaluation of the program carried out in view of the mission, the required learning outcomes, content, educational programs, assessment of knowledge and skills, educational resources.

16.1.2 Medical education organization should carry out an assessment of the program relating to the admission policy and education needs, and the health care system, the process of implementation of educational programs, assessment methods, progress resident of teachers identified problems and weaknesses.

16.1.3 Medical education organization should ensure that relevant evaluation results are aimed at improving the educational program and the participation of stakeholders in the program evaluation.

16.1.4 Medical education organization should ensure the transparency of the process and evaluate the results to management and all stakeholders.

16.2 FEEDBACK FROM TEACHERS AND RESIDENTS

16.2.1 Medical Education organization should study the feedback on the educational program of teachers, residents, employers.

16.2.2 Medical education organizations should be actively involved teachers and residents in the evaluation of the program planning, assessment and use the results to improve the program.

16.3 RESULTS OF RESIDENTS AND QUALIFIED EXPERTS

16.3.1 Medical Education organization must continuously monitor the trained professionals to provide feedback on the clinical practice of qualified professionals from employers to establish and implement a mechanism to assess the programs using the data collected by the results of the clinical practice of qualified professionals.

16.3.2 Medical educational organizations should inform about the results of the evaluation of clinical practice of qualified persons, responsible for the reception of the residents and planning the educational program.

16.4 INVOLVEMENT OF THE INTERESTED SIDES

16.4.1 Medical education organization should involve key stakeholders in the program for monitoring and evaluation of the educational program.

16.4.2. Medical education organization should ensure that interested parties access to the results of the course evaluation and educational programs should be studied and analysed feedback on the results of an independent clinical practice professionals and the feedback on the educational program.

16.5 PROCEDURE FOR APPROVAL OF EDUCATIONAL PROGRAMS

16.5.1 Medical Education organization shall document that all educational programs, including clinical sites, approved by the competent authority on the basis of clearly defined criteria, evaluation of the educational program and the existing authority to award or revoke the recognition of an authorized body of clinical databases and theoretical training courses.

16.5.2 Medical Education organization should develop and implement a system of quality control of clinical databases and other educational resources, material and technical equipment, including a visit to training bases or other established procedures.

17 STANDARD "MANAGEMENT AND ADMINISTRATION"
17.1 MANAGEMENT

17.1.1 Medical Education organization must ensure that the educational program is carried out in accordance with the requirements of regulations in relation to the reception of residents (the selection and the number of tests), process, assessment of knowledge and skills set of learning outcomes.

17.1.2 Medical Education organization must document the completion of training by awarding degrees, issuing of diplomas, certificates or other formal evidence of qualification for use by national and international authorized bodies and shall be responsible for the program to ensure and improve the quality of postgraduate training.

17.1.3 Medical Education organization should ensure transparency in the management and decision-making, compliance with the health needs of the population program and the provision of medical services.

17.2 ACADEMIC LEADERSHIP

17.2.1 Medical Education organization must determine the responsibility and duties of management / staff in postgraduate medical education.

17.2.2 Medical Education organization should assess the management / staff at regular intervals towards the achievement of the mission of postgraduate training programs, the desired end result of the program.

17.3 BUDGET FOR TRAINING AND RESOURCE ALLOCATION

17.3.1 Medical Education organization should define the responsibility and authority to manage the budgets of the educational program.

17.3.2 Medical education organization should have clear responsibilities and powers of enforcement resources, educational programs, including targeted training budget should allocate the necessary resources for the introduction and implementation of training programs and share educational resources with the needs.

17.3.3 Medical Education organization should manage the budget to maintain the commitment of teachers and residents to provide medical care and innovation in the program.

17.4 ADMINISTRATION AND MANAGEMENT

17.4.1 Medical education organization should ensure that adequate administrative and academic staff, staff to support the implementation of the educational program, proper management and allocation of resources.

17.4.2 Medical education organization should develop a quality management program, including regular reviews.

17.4.3 Medical Education organization should ensure that management is carried out regular review to achieve quality improvement.

17.5 REQUIREMENTS AND NORMATIVE REGULATIONS

17.5.1 Medical Education organization must follow the definition of the national competent authorities and the number of recognized medical specialties and other functions of medical experts, which are developed for training post- graduate training program.

17.5.2 Medical education organization should identify and adopt the program of postgraduate medical education in cooperation with all stakeholders.

18 STANDARD "CONTINUOUS IMPROVEMENT"

18.1 Medical education organization in the implementation of the development of postgraduate medical education with the involvement of relevant stakeholders should initiate a regular review and updating process, structure, content, learning outcomes / competences, assessment of knowledge and skills, the program learning environment, documented fix flaws, to allocate resources for the continuous improvement.

18.2 Medical Education organization should

- Base the upgrade process on prospective studies and analyzes, and the results of his own experience and review of the literature on medical education

- To ensure that the process of renewal and restructuring leads to a revision of the policy and practice of postgraduate medical education program in accordance with experience, current activities and future prospects.

18.3 Medical education organizations should be in the upgrade process to pay attention to the following questions:

☐ Adaptation of the mission and outcomes of postgraduate training programs in scientific, socio-economic and cultural development of society,

☐ Modification of the set of learning outcomes after completion of postgraduate training in the chosen field of medicine in accordance with documented needs of the environment apply to recently completed the training of health professionals, changes may include clinical skills, training in the field of public health and participation in patient care, the respective responsibilities assigned upon 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 training programs in residency in accordance with developments in the basic biomedical sciences, clinical, behavioural and social sciences, changes in demographics and the structure of the population on health / illness, as well as socio-economic and cultural conditions, the adjustment It will ensure that new relevant knowledge, concepts and methods are included and outdated are cancelled

☐ Development of principles and valuation methods in accordance with changes in the established results and teaching methods

☐ Adaptation of the resident selection policies, methods of selection and admission of residents to changing expectations and circumstances, human resource needs, changes in basic medical education and curriculum requirements

☐ a set of policy adaptation and development of academic mentors and teachers in accordance with the changing needs in postgraduate education

☐ Upgrading equipment at clinical sites of education and other educational resources to changing needs in postgraduate medical education, that is, the number of residents, the number of teachers and profile training program and contemporary educational principles

☐ Improving the monitoring process of the program and evaluation of the program

☐ Development of the organizational structure, governance and management to address changing circumstances, and postgraduate training needs, and eventually gathering the interests of different stakeholder groups

Bibliography

[1] The Law of the Republic of Kazakhstan "On Education" dated July 27, 2007 № 319-III of RK. (With amendments and additions as of 13.02.2012).

[2] The State Programme for the Development of Education of the Republic of Kazakhstan for 2011- 2020, approved by the Decree of the President of the Republic of Kazakhstan dated December 7, 2010 № 1118.

[3] The State Programme of the Republic of Kazakhstan for Health Development "Salamatty Kazakhstan" for 2011 and 2015 approved by the Decree of the President of the Republic of Kazakhstan dated November 29, 2010 № 1113.

[4] The concept of the development of medical and pharmaceutical education of the Republic of Kazakhstan for 2011-2015, approved by the Government of the Republic of Kazakhstan of August 12, 2011 № 534.

[5] The standards and guidelines for quality assurance systems in the European Higher Education Area. The European Association for Quality Assurance in Higher Education. Helsinki, Finland, 2005. Trans. from English. National 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 (2012) Basic Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2012 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

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 Educatio*n, 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.