



INDEPENDENT AGENCY FOR  
ACCREDITATION AND RATING

# REPORT

**on the results of the work of the external expert  
commission by the assessment of the standards  
requirements compliance with specialized accreditation of  
the residency specialties:**

**6R111400 - Dermatovenereology, including children's**

**6R113700 - Ophthalmology, including children's**

**At Republican State Enterprise on the Right of Economic  
Use «Semei State Medical University»**

**30.05-01.06.2017.**

**INDEPENDENT AGENCY OF ACCREDITATION AND RATING  
EXTERNAL EXPERT COMMISSION**

*Addressed to the Accreditation Board  
IAAR*



Independent agency for  
accreditation and rating

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**Semei, 2017**

In accordance with the order of the Independent Agency of Accreditation and Rating No. 33-17-OD-dated May 16, 2017, at RSE on REU "Semey State Medical University", an external expert commission assessed the compliance of educational activities with the standards of specialized accreditation of IAAR of RESIDENT educational programs:

**6R111400 - Dermatovenereology, including children's**

**6R113700 - Ophthalmology, including children's**

The report of the external expert commission (EEC) contains an assessment of educational programs by the criteria of IAAR, recommendations of EEC for further activities improvement.

**Composition of EEC:**

1. The chairman of the commission - Beissebaeva Ulzhan Tursunkulovna, deputy director of the academic activity department. Kazakh National Medical University named after S.D. Asfendiyarov (Almaty);
2. Foreign expert - Guseynov Emile Suleiman ogly, ophthalmologist, PhD doctor, National Ophthalmology Center of Z. Aliyeva (Baku, Azerbaijan);
3. Expert - Dzhumataeva Zaure Asylkhanovna, scientific secretary, doctor of medical sciences, associate professor of ophthalmology course of Kazakh-Russian Medical University (Almaty);
4. Employers - Mukazhanova Aizhan Kumarkanovna, director of the East Kazakhstan branch of the National Center for Occupational Health and Occupational Diseases, Ministry of Health of the Republic of Kazakhstan (Ust-Kamenogorsk);
5. The employer - Sitkazinov Aidar Kinzhitayevich, Municipal State-Owned Public Enterprise "Polyclinic No. 2, Pavlodar" (Pavlodar);
6. Student - Zhaparkhanova Rosa Bulatovna, master student of Innovative Eurasian University (Pavlodar);
7. Student - Erlan Marzhan Erlanzyzy, master student of East Kazakhstan State Technical University (Ust-Kamenogorsk);
8. The observer from the Agency - Zhakenova Alena Satbekovna, Head of Medical Projects (Astana)

## CONTENT

I. PRESENTATION of RSE on REU «SEMEI STATE MEDICAL UNIVERSITY» .....	4
II. ANALYSIS OF THE REPORTS ON THE SPECIALIZED SELF-ASSESSMENT .....	5
III. DESCRIPTION OF EEC VISITS to residency specialties: 6R111400 - Dermatovenereology, including children's; 6R113700 - Ophthalmology, including children's.....	6
IV. CONFORMING TO THE STANDARDS OF SPECIALIZED ACCREDITATION of the educational program for the resident specialties .....	8
Standard 1: "Mission and deliverables" .....	8
Standard 2. "Educational program" .....	10
Standard 3. "Assessment of residents" .....	12
Standard 4. "Residents" .....	13
Standard 6. "Educational resources" .....	14
Standard 7. "Evaluation of educational programs." .....	15
Standard 8 "Management and administration" .....	15
Standard 9 "Continuous improvement" .....	17
IV. RECOMMENDATIONS of Semey State Medical University in the specialties 6R111400 - Dermatovenereology, including children's, 6R113700 - Ophthalmology, including children's.....	20
PARAMETERS OF THE SPECIALIZED PROFILE of Semey State Medical University, residency specialty 6R111400 "Dermatovenereology, including children's" .....	21
PARAMETERS OF THE SPECIALIZED PROFILE of Semey State Medical University, residency specialty 6R113700 - Ophthalmology, including children's.....	41

## I. **PRESENTATION of RSE on REU «SEMEI STATE MEDICAL UNIVERSITY»**

The State Medical University of Semey city (former the Semipalatinsk Medical Institute) - one of the oldest educational institutions of the Republic of Kazakhstan with a 60-year history was formed by the Resolution of the Council of the USSR Ministers dated September 2, 1952 No. 226 II-P and Order of the USSR Ministry of Health, # 913 – K, dated October 13, 1952.

The university implements educational programs of higher professional education - 6, master's programs - 4, residences - 17, doctorates - 2. The contingent of students is more than 5000. Preparation is conducted in the state, Russian and English languages. The form of education is full-time. Teaching staff includes about 400 full-time teachers, the rate of academic degree holders - 50%.

The process of clinical skills training is carried out on the basis of the Department of Simulation Technologies, at its own clinical base Medical Center of the State Medical University of Semey, as well as more than 30 clinical bases assigned to the university by the order of the Ministry of Health of the Republic of Kazakhstan.

The University has its own clinical base - the Medical Center, which includes: a multidisciplinary hospital with 500 beds, an advisory Clinic for 250 visits per shift. On the basis of the Center, a Training and Resource Center with Internet access to the Cochrane Library is organized.

The university has an extensive infrastructure that includes administrative and educational buildings, clinical facilities, laboratories, support facilities, dormitories: four own educational buildings in the city of Semey, an educational building in Pavlodar (on the rights of economic management); Four own dormitories (3 - in Semey, 1 - in Pavlodar), etc.

The university has a high status of a research center in the field of medicine, biology, biochemistry, etc. The university is constantly working to expand international cooperation. Contracts have been signed with foreign universities of the USA, Great Britain, Japan, Russia, etc.

In order to obtain the status of a research university, the priority scientific direction is examination of nuclear tests consequences. There are 5 grants for 2015-2017, funded by the Ministry of Education and Science of the Republic of Kazakhstan, for a total of over 87 million tenge.

The quarterly scientific and practical medical journal "Science and Health Care", founded in 1999, as well as the newspaper "Medicine for All", has been published in the State Medical University of Semey in accordance with the Law of the RK "On Mass Media" and the Statute of the State Medical University of Semey.

The Association of Alma-mater Alumni was established, which, together with the university rectorate, established the medal "Құрметті түлек" (Honorary University graduate). The Association provides support to gifted students, from the Association's fund, orphans receive a scholarship, free lunch in the student canteen.

Forms and methods of university management: Academic Council of the University and faculties, Educational Methodological Council, Supervisory Board, Board of Trustees, Council of Wise Men "Akyрман", Student Self-Government, Parents' Committees.

The university management ensures the future of the university through the Strategic Program of Republican State Enterprise on the Right of Economic Use "Semei State Medical University" for 2017-2021, which defines the Mission, Vision, and also the Quality Objectives through the Policy.

Mission: contribution to the improvement of health of Kazakhstani population, mainly of the East Kazakhstan and Pavlodar regions, through the qualitative training of competitive specialists, by integrating of the best practices of education, clinics and science

Vision: A stable and dynamically developing research university that provides social responsibility integrated into the international educational space and occupies a worthy place in the world ratings.

The quality management system of the university was certified 4 times. In February 2012, the University received a certificate of the level "Striving for Excellence" from the European Foundation for Quality Management. In November 2013 the university successfully passed the 4th level of the European Foundation for Quality Management. In July 2012, the university received an award from the Asian Network of Quality (ANQ). The award was received from the "Asian Education leadership awards" association in the nomination "The best educational institution in the field of healthcare", Dubai, Turkey. To continue and improve perfection of the organization based on the criteria of the European Model EFQM from 2014-2015 academic year, an innovation management system is being implemented based on the standard CEN / TS 16555-1: 2013. In 2014, the university for the first time took part in the International contest "Quality Innovation". The project, headed by Professor Khaybullin T.N. "Informing the population about the manifestations of cerebral stroke and its risk factors" became the finalist of the international contest "Quality Innovation in 2014". In 2014, the Semei State Medical University became the 3rd among medical universities in Kazakhstan, according to the version of the European Scientific and Industrial Chamber, which published the Academic Ranking of Universities.

Mentoring work with students is carried out by the Council of Curators, the Parents Council, the Council of Wise Men "Akyрман", educational work is also carried out through the Committee on Youth Affairs. It includes the bodies of student self-government, the Alliance of Students, the youth wing of Zhas Otan Party, the debating club, the military patriotic center, the charity squad, the etiquette club, the men's and women's councils, the assembly of small nations, the student security service. Members of the student government are members of the university administration and the Academic Council of the University. Traditionally, the University takes prizes in the city show of amateur art. The CFI team "Academy" (Kazakh league) is functioning, which is our pride and annually takes prizes in various leagues.

Annually there is a high level of demand for university graduates. Over the years, the university has trained more than 25 thousand specialists. Graduates of the university work and are in demand in the countries of near and far abroad.

The State Medical University of the city of Semei preserves the fundamental traditions of the Kazakh education and at the same time actively enters the Bologna process system and European and world educational and scientific space.

In general 360 residents are studying at the university, including accredited specialties:

6R111400 - Dermatovenereology, including children's (1)

6R113700 - Ophthalmology, including children's (4)

## **II. ANALYSIS OF THE REPORTS ON THE SPECIALIZED SELF-ASSESSMENT**

A self-assessment report is presented in accordance with the criteria for the specialized accreditation of educational programs in the field of residency:

6R111400 - Dermatovenereology, including children's

6R113700 - Ophthalmology, including children's

Reports include descriptions of standards and applications according to relevant standards. To the reports of the university is attached the statement of the rector Rakhypbekov TK, confirming the authenticity of the information and data contained in the report, as well as the list of members of the internal commission for self-assessment according to the criteria for specialized accreditation of educational programs of the residency (6R111400 - Dermatovenereology, including children; 6R113700 - Ophthalmology, Including children's), indicating the responsibilities of each member of the internal commissions; Information about the person responsible for conducting self-evaluation of educational programs.

Self-evaluation of the educational program in the field of residency - 6R111400 - Dermatovenereology, including children's; 6R113700 - Ophthalmology, including children's, was



conducted on the basis of the order of the Rector of the State Medical University of Semey Rakhypbekov T.K. No. 7-a of January 4, 2017. Working groups for the preparation of the report, the collective of the SMU of the City of Semey for the period of self-assessment carried out a certain work: collected the necessary information in accordance with the standards of accreditation of the educational program for the following specialties of the residency: 6R111400 - Dermatovenereology, including children; 6R113700 - Ophthalmology, including children's; A thorough analysis of the materials is carried out, their content is reflected in the report. The content of the self-assessment report on the criteria for specialized accreditation of educational programs in the field of residency is structured in accordance with the Standard for Specialized Accreditation of Medical Universities and includes a description of strengths, areas for improvement.

A self-assessment report is presented in accordance with the criteria for the specialized accreditation of educational programs in the field of residency:

6R111400 - Dermatovenereology, including children's

6R113700 - Ophthalmology, including children's

Reports include descriptions of standards and applications according to relevant standards. To the reports of the university is attached the statement of the rector Rakhypbekov T.K., confirming the authenticity of the information and data contained in the report, as well as the list of members of the internal commission for self-assessment according to the criteria for specialized accreditation of educational programs of the residency (6R111400 - Dermatovenereology, including children; 6R113700 - Ophthalmology , Including children's), indicating the responsibilities of each member of the internal commissions; Information about the person responsible for conducting self-evaluation of educational programs.

Self-evaluation of the educational program in the field of residency - 6R111400 - Dermatovenereology, including children's; 6R113700 - Ophthalmology, including children's, was conducted on the basis of the order of the Rector of the State Medical University of Semey Rakhypbekov T.K., # 7 dated January 4, 2017. Working groups for the preparation of the report, the members of the SMU of the City of Semey for the period of self-assessment carried out a certain work: collected the necessary information in accordance with the standards of accreditation of the educational program for the following specialties of the residency: 6R111400 - Dermatovenereology, including children; 6R113700 - Ophthalmology, including children's; analysis of the materials is carried out, their content is reflected in the report. The content of the self-assessment report on the criteria for specialized accreditation of educational programs in the field of residency is structured in accordance with the Standard for Specialized Accreditation of Medical Universities and includes a description of strengths, and areas for improvement.

### **III. DESCRIPTION OF EEC VISITS to residency specialties: 6R111400 - Dermatovenereology, including children's; 6R113700 - Ophthalmology, including children's**

The visit of an external expert commission to the Semey State Medical Center was organized in accordance with the program coordinated by the chairman of the EEC and approved by the university rector.

A preliminary meeting of the members of the External Expert Commission (EEC) of the IAAR took place on May 30, 2017. During the organizational meeting the visit program was clarified, the responsibility of the members of the EEC was distributed. A brief review of the reports on the specialized self-assessment of the State Medical University of Semey was carried out, additional information was identified which should be requested from the university to fully inform the EEC members when conducting specialized accreditation.

To obtain objective information on the evaluation of the university's activities, the following methods were used by the EEC members: visual inspection, observation, interviewing of employees of various structural units, teachers, residents and employers, questioning of faculty and residents.

On 30 and 31.05.2017 EEC visited the clinical facilities of the University.

**Visit of EEC the specialty of 6R111400 - Dermatovenereology, including children's, clinical base of the Department of Immunology and Dermatovenereology of the State Medical University of Semey (East Kazakhstan Oblast Dermatovenerologic Dispensary (KVD), Ust-Kamenogorsk).**

During the visit, a meeting was held with Prof. Nurmukhambetov Zh.N., responsible for the specialty "Dermatovenereology" of the Department of Immunology and Dermatovenereology of the Seminar of the City of Semey, who described the work of the department: states, residents, opportunities for training residents and their future employment. Members of the EEC visited the admissions department, a hospital, a clinical laboratory. Responsible for the specialty "Dermatovenereology" spoke about the modular program, the methods of teaching and control of the development of the specialty sections, answered the questions of the WEC members about the organization of the educational process.

The commission visited the dermatological department, where they talked with the resident of the department and specialists. The department is equipped with equipment for carrying out the required volume of examination of a dermatological patient, accessible to students. When visiting the workplaces of residents, during the interview it was noted that the trainees possess the skills of rendering the bulk of assistance at a stationary level, they know the algorithm for diagnosing, examining and treating fungal skin diseases.

The next object was an outpatient department where patients with the most common skin and venereal diseases are being treated, mainly from areas where residents of dermatovenerologists have the opportunity to master the algorithm for taking smears for the diagnosis of STDs and topical therapy of these diseases. It should be noted that the resident of Orynguzhin A. is actively involved in the implementation of research work on the topic: "Incidence of malignant skin tumors in VKO" for 2004-2016. The scientific adviser: doctor of medicine sciences, professor Zh. N. Nurmukhambetov. In such units as clinical, bacteriological and serological laboratories with high-quality special equipment (immunofluorescence microscopy, ELISA, PCR diagnostics, etc.), the resident demonstrated the application of knowledge in practice.

Members of the EEC during the meeting, found out that the resident of the 1-year education has the skills of carrying out the samples of Balzer, the psoriatic triad, the symptom of Nikolsky.

The venereology department and the statistics office were also examined.

Residents were interviewed for satisfaction with teaching methods, control of knowledge and skills, participation in the research work of the department.

The meeting with the mentors, teachers and curators of the residents revealed the relationship with practical health care and the active participation of students in the provision of medical care to patients with dermatological pathology and diseases transmitted predominantly through sexual intercourse.

**Visit of EEC the specialty of 6R113700 - Ophthalmology, including children's, at clinical base of special disciplines department of Pavlodar branch of Semey State Medical University (Regional Clinical Hospital of Pavlodar, Ophthalmology Center).**

Members of the EEC visited the Department of Special Disciplines, where resident ophthalmologists are trained, as well as the Ophthalmology Center of the Regional Clinical Hospital. 4 first-year residents are trained by agreement. Residents demonstrated practical skills in interviewing and examining patients, conducting case histories, interpreting survey data on high-tech equipment. The meeting with the resident mentor showed a close connection with practical health care and the active participation of residents in the provision of medical assistance to different categories of ophthalmic patients. EEC attended a practical lesson at the patient's bedside. Head of the Department, doctor of medicine sciences Zhagiparova Zh.A. gave information on the work of the department: states, residents, the possibilities for training residents and their employment. The study rooms and the material and technical equipment of the



department were examined. Residents were interviewed for the methods of teaching and controlling knowledge and skills, publication activity, problems and prospects for further development. According to the residents, they supervise daily from 5 to 10 patients, by the end of the first year of training they mastered not only the majority of diagnostic methods - biomicroscopy, ophthalmoscopy, keratometry, tonometry, perimetry, etc., but also participated independently in outpatient operations, such as removal of the chalazion, pterygium, xantellyasm, elimination of the curvature, eyelid deletion, removal of foreign bodies of the cornea, removal of sutures, etc. Apart from mastering surgical skills, residents are gradually studying such laser techniques as slective trabeculoplasty. The main documents on the organization of practical exercises, namely, syllabuses, tests, 3600 questionnaire were studied.

Residents showed their interest in the chosen profession, as well as awareness in the scientific and clinical work of the department, methods of assessment, including "360". The portfolio of the resident is a voluminous and indicative document, indicating the great involvement of students and good organizational and methodological work of the department. It is also important to participate more actively in conferences of various levels, to prepare scientific articles and methodological recommendations in accordance with standards of evidence-based medicine.

The visit program of the EEC was implemented in full. On the part of the members of Semey State Medical Center, the presence of all persons indicated in the visit program is ensured.

In the course of the visit, the EEC members held discussions with the university management, teachers, residents and employers. In accordance with the visit program, EEC members visited the dean's office and residencies, the department, the office-registrar, the library, clinical facilities. Meetings were held with representatives of the Academic Council, the Educational and Methodological Council.

In accordance with the accreditation procedure, 6 teachers and 4 students were interviewed on-line.

Comfortable conditions were created for the work of EEC, as well as the access to all necessary information resources. The Commission notes the high level of the corporate culture of Semey State Medical University, the high degree of openness of the team in providing information to the members of EEC. Recommendations for improving the activities of the university, developed by the EEC on the results of the examination, were presented at the meeting with responsible executives on June 1, 2017.

#### **IV. CONFORMING TO THE STANDARDS OF SPECIALIZED ACCREDITATION of the educational program for the resident specialties**

##### **Standard 1: "Mission and deliverables".**

Semey State Medical University has a clear, clearly articulated mission in the context of the national system of medical education, which explains the mission of the University, the goals, objectives and ways to achieve it.

The missions of educational programs of the residency are reflected in the Educational Strategy of each specialty developed in the University.

The strategic plan for the development of the Semey State Medical University reflects the context of the state health policy, and its target indicators and indicators are aimed at achieving the goals and objectives of the university, the system of medical education in general.

Policy and processes in the field of quality assurance support the development of a quality culture. All members of the team take responsibility for quality and participate in the development and quality assurance.

Mission of the University: To promote the improvement of the health of the population of Kazakhstan, mainly the East Kazakhstan and Pavlodar regions, through the qualitative training of competitive specialists, by integrating the best practices of education, clinics and science

Vision: A stable and dynamically developing research institution that provides social responsibility integrated into the international educational space and occupies a worthy place in the world ratings.

The strategy for the development of Semey State Medical University until 2021 includes 4 priority objectives:

1. Increase the potential of academic education based on the application of international best practices, including the experience of the strategic partner Saint Louis University, School of Medicine

2. Improving the quality of scientific research aimed at improving the health indicators of the population, increasing the scientific competences of teaching staff and students, based on the transfer of foreign experience, including Saint Louis University, School of Medicine

3. Promoting health promotion through integration of education, science and clinical practice.

4. Improving institutional development and human resources based on best international practice.

Tasks and measures have been developed to successfully solve the set goals. The development strategy and the Start-up Plan are reviewed and agreed by the University Supervisory Board.

### **Strengths**

- Brand - Rich history (more than 60 years) of the university existence with the preservation and development of traditions.

- High level of demand and employment of graduates in the market of medical personnel (96-98%). High assessment of employers of quality and level of competences of graduates of the State Medical University of Semey.

- Successful passage of all external control procedures - state certification, institutional and specialized accreditation, certification audits, assessment at the level of 4 stars of the European Quality Model EFQM).

- Highly qualified scientific and pedagogical staff of the university.

- Project management, corporate management have been introduced into the management of the university.

- Conditions have been created for the implementation of research of residents: there is a journal club.

- The necessary conditions for ensuring freedom of expression, freedom of request and publication are created in the State Family Department of the City of Semey. The website, the rector's blogs, the pro-rector, the dean, the urn of appeals to the rector, the feedback box of the dean's office, the whatsapp-groups of residents.

- The final results of training of residents in the specialty are determined and communicated to the interested parties in the university.

- The goals and tasks are in accordance with the requirements of the Ministry of Health, described in the State Standard of Educational Establishments-2015, the qualification characteristics of doctors.

- There is an infrastructure that provides information to the interested parties (site, ACS "Sirius", video communication, corporate network, editorial department).

- Openness of persons responsible for managing ODA to feedback from students, graduates and employers.

### **Weak sides**

- Weak academic mobility of students and teachers due to insufficient allocation of financial resources.

- Weak level of financing of teachers qualification upgrading abroad.

- We need a broader and more qualitative involvement of residents in the research activities of the departments.

### **Capabilities**

- Study of best practices in the field of leadership (benchmarking) to ensure the further sustainable development of the university.
- Expansion of University's partnership with foreign universities
- Improve the content of ODA on the basis of continuous monitoring of the expectations of employers and the Ministry of Health of the republic of Kazakhstan.

The purpose of educational programs corresponds to the mission, strategic plan, goals and objectives of the university. The purpose of educational programs is formed taking into account the development of the economy and the needs of the labor market of the region and the country with an emphasis on resident-centered training.

There is a procedure for the adoption and approval of quality policy and systematic monitoring, efficiency evaluation, and revision of the quality policy for educational programs in the Family of the Family. In the formation of the mission, the objectives of the OP, participation of the administration, teachers and residents is high. Their active participation in supporting the policy of ensuring the quality of educational programs was also noted. At SMU in Semey, there are measures to maintain academic integrity and academic freedom, and anti-corruption measures, the accessibility of the leadership of the Semey State University, teachers of freedom, and the flexibility to respond to requests actively. There is an Urn of appeals, blogs of the first leaders Efficiency and systematic use of evaluation results for the improvement and adjustment of long-term program directions is good.

**Positive practice:**

- Systematic monitoring, evaluation of effectiveness, revision of the policy in the field of quality assurance of educational programs is conducted at the SMU of Semey. Clear formation of the objectives of educational programs in the specialties 6R111400 - Dermatovenereology, including children's; 6R113700 - Ophthalmology, including children's
- High activity of employers in the implementation of the policy of ensuring the quality of educational programs;
- For the implementation of strategic goals, the administration allocates appropriate resources to ensure their implementation. The documents for maintaining academic integrity, such as the Code of Corporate Ethics of teachers of the SMU of Semey, the Code of Ethics for Students of the SMU of Semey, etc., have been developed in Semey State Medical University.

There are no remarks.

Recommendations: to strengthen the work on the activation of academic mobility of residents, to find sources of funding for the training of teachers in the near abroad, including sponsorship and patronage, the scientific activities of residents should be monitored from the perspective of management of scientific research, more specifically, the principles of evidence-based medicine.

**Standard 2. "Educational program"**

The content of educational programs for the compulsory component to the requirements of the State Educational Standards Board corresponds to the level and the standard curriculum.

In the SMU of Semey there are internal rules for the development and approval of educational programs, compliance with their norms, developed in conjunction with the departments, residents are involved in the development of educational programs.

The approval of the structure of educational programs at the internship departments, and the development of the content of educational programs in terms of levels of education is controlled by the dean's office of postgraduate and additional education.

Educational programs are coordinated with the National Framework of Qualifications and professional standards.

The structure and content of working curricula correspond to standard curricula and catalog of elective disciplines.

In educational programs there are components that contribute to the personal development of residents, forming professional competencies, developing creative abilities.

At a high level, there is an effective, continuous mechanism of internal quality assessment and examination of educational programs at the high level, ensuring the monitoring of the implementation of the curriculum and the tasks set, as well as feedback for their improvement.

According to the standard 2 "Educational program", the following strengths can be noted:

- When developing the programs of the departments, modular training technologies were used and modular educational programs were developed.

- Chairs in the development of programs take into account the degree of labor intensity of the educational burden of residents of all types of their educational activities, which are provided for in the curriculum, including classroom and independent work, etc. The orientation of educational programs is aimed at promoting the progress of residents and their progress.

- The content of educational programs at the departments is developed according to the levels of education. There is a focus on explicitly expected learning outcomes: competence, competence and practice-orientation in educational programs, correspond to the Dublin descriptors.

- During the interview with concerned parties, it was found out that the departments conduct regular evaluation and revision of programs with the participation of residents, teachers and other concerned parties on the basis of systematic collection, analysis and management of information, as a result of which programs are adapted to ensure their relevance.

- The documents of the departments give evidence that the qualification obtained as a result of the development of the programs is explained in detail and clearly to the residents and refers to the corresponding level of the National Framework of Qualifications.

- Implementation of the quality management system and documentation requirements for the standard RK ISO 9001-2009, which was confirmed during the interview;

- When developing programs for residency specialties, modular and interactive teaching methods were used;

**The positive is:**

- availability of training courses recommended by employers;
- the existence of an algorithm for the development of educational programs,
- determination at the departments of the responsible officer for the development and implementation of the residency program by specialty;

- functioning of the Center for Evidence-Based Medicine at the Semey State Medical University.

The responsibility and authority of the participants in the ODA management process is clearly defined in the SMU of the Family. The university has a sufficient number of clinical facilities, including in Ust-Kamenogorsk and Pavlodar.

The chairs have sufficient educational and methodological support for educational programs.

**Weak sides:**

- There is a need to improve the systematization of the educational trajectory of the student of three levels of bachelor's internship-residency towards the individualization of training; The introduction of the practice of planning an educational trajectory by a student from the first year.

- Insufficient level of English proficiency

- Low level of activity of residents in the management of the educational program.

- Lack of payment for the work of mentors and curators of residents.

- Lack of sufficient experience in the development of modular residency programs.

There are no remarks.

**Recommendations:**

- The Commission gives recommendations on the correction of the list of practical skills in accordance with modern requirements, for example, in our opinion, the methods of indirect ophthalmoscopy, elastotometry, and tonography have become obsolete. Residents are advised to devote more time to improving surgical skills (Wetlab), theoretical training (searching for modern literature on sites).



- To promote active introduction of innovations and special competences, as basic competences - dermatoscopy, biopsy.
- It is more active to involve residents in the process of discussion and possible correction of the individual work plan, to stimulate a more intensive study of the English language.

### **Standard 3. "Assessment of residents"**

At Semey State Medical University, the evaluation of educational achievements and the level of training of residents is conducted. Evaluation policies and procedures are transparent and accessible.

Awareness of residents about the criteria used for evaluation, about examinations and other types of control at the department is complete. There are approved standardized tests and questions in the educational program for residency disciplines.

The system of internal monitoring of the quality of knowledge of residents is sufficient.

Departments of the residency periodically analyze the achieved learning outcomes in comparison with the desired results and the residents' satisfaction with the quality of educational services

At the departments, the training load of the resident is made taking into account his individual abilities and capabilities. Completeness of reflection in the individual curriculum of the resident of all components and elements of educational programs in terms of education.

At Semey State Medical University there is a clear procedure for recording on the disciplines, practice of its implementation and compliance.

The official procedure for consideration of appeals / appeals by residents is provided in the Semey State Medical Center. However, there were no precedents of such appeals. Residents comply with the code of business ethics.

According to the standard 3 "Assessment of residents", the following strengths can be noted:

- The applied system for assessing knowledge, skills, skills and competencies, and its compliance with accepted practice at the national level are presented.
- The development of educational programs by residents meets regulatory requirements. The training load is made up according to the levels of education: contact load, independent work of residents, including under supervision of a curator and mentor.
- Periodically the analysis of the achieved learning outcomes is performed in comparison with the desired results.
- The implementation of resident-centered teaching and teaching, which were studied during the external audit, are available and meet the interests of residents.
- Demonstrated the recording of the characteristics of residents in the educational process, such as individuality, the desire for greater freedom, personal and professional growth, independence, self-esteem.
- In the city of Semey, the academic rules of translation, restoration, and granting academic leave are observed.
- During the questioning of residents, 1 (100%) and 4 (100%) of respondents noted the importance of individual consultations with them and 75% of interviewees noted that the criteria for assessing knowledge could be more correct, while 100% of respondents were satisfied with the quality of teaching.
- Provided an electronic database on the academic achievements of each resident, the systematic management of data collection, monitoring and management of information on the progress of students.
- Individuality of the university with a sufficient research base and a rich theme of international exchanges and internships.
- Catalogs of elective disciplines given by the expert group to the specialties of the residency have a diverse content.

- Use of the procedure of independent examination of residents with the participation of practitioners of practical health care

There are no remarks.

No recommendations.

#### **Standard 4. "Residents"**

The departments have conditions that ensure the stability of the recruitment of residents for training on educational programs.

The SMU of Semey has a system of vocational guidance, aimed at preparing and selecting "its" residents who consciously chose educational programs as a result of many years of work with the university.

In the SMU of Semey, there is ongoing monitoring of the employment and career growth of graduates, as well as interaction with employers in improving the quality of training.

According to the standard 4 "Residents", the following strengths can be noted:

- The SMU in Semey has standardized methods for monitoring and ensuring results, in particular, the method of conducting questionnaires for each discipline using a unified questionnaire, in which residents are invited to give their independent assessment.

- SMU of Semey are receiving on the basis of clearly developed criteria available for applicants, transparent, describing the learning conditions, the opportunities that the programs give, and the possibilities for future employment.

- It should be noted that at the departments educational results and competencies are described not only at the level of qualification, but also at the level of individual modules and each academic discipline.

There are no remarks.

Recommendations:

- Personified approach to the formation of individualized education program, especially in terms of scientific research work (all ophthalmic residents have an identical plan of research work for 3 years).

- Ensure the proper implementation of the standard 6.1.2 - the provision of modern educational equipment for the resident dermatovenereologist, in particular the development of dermatoscopy techniques

#### **Standard 5. Teachers**

The teaching staff corresponds to the qualification requirements for the licensing of educational activities and the profile of educational programs;

Personnel policy and the academic environment are reduced every year due to staff turnover. Indicators on the qualitative composition of the teaching staff, the categories of faculty have decreased somewhat in recent years;

Data on the teaching load of the teaching staff in the framework of educational programs, on the consolidation of academic disciplines are available.

Individual plans for the work of teachers, their structure and planning of the activities of the teaching staff take place.

The degree of involvement of teachers of internships in the internal system of quality assurance of education is high.

The system of professional development and professional development of the teaching staff is encouraged.

Consideration of issues of academic integrity of teaching staff and staff, implementation of the Code of Corporate Ethics of the university teacher at a high level.

**According to the standard 5 "Teachers", the following strengths can be noted:**



- There is a huge contribution of teachers in the improvement of programs, the definition of educational goals and results, in improving the effectiveness of teaching.
- The qualification level of the teaching staff corresponds to the positions held, the level of scientific training in a certain area of knowledge is high.
- High level of drawing up individual work plans and teachers' reports, including educational, methodical, research and educational work
- Publication of teachers in foreign and domestic scientific publications, the introduction of research results into the educational process. Publications with impact factor, quoting of publications of teachers.

Positive practice:

According to the educational program, in addition to regular teachers, the classes are conducted by highly qualified specialists (mentors) from the clinical bases of the city and the region.

There are no remarks.

No recommendations.

### **Standard 6. "Educational resources"**

The departments of the university have modern tools, equipment, classrooms, laboratories, their availability, serviceability at a good level. The manual supports and updates the material and laboratory base.

There is a unified system of information support for residents and teachers (for example, on the basis of a Web site) for all educational programs, there are Wi-Fi points to support residents in accessing the Internet in places convenient for residents, staff and staff.

In the city of Semey there are service departments to support residents in the implementation of their educational, personal and career needs

There are structural units that assist in the development of educational programs

At SMU of Semey there is a unified system of library and information services, the purchase of educational and methodological literature on the applications of departments and faculties, the volume of funds allocated for the purchase of literature at a high level.

There is a good dynamics of financial resources allocated for the acquisition of laboratory equipment, educational literature, periodicals, information resources, computers.

According to the standard 6 "Educational resources", the following strengths can be noted:

- The possibility of training residents at clinical bases in 3 cities: Pavlodar and Ust-Kamenogorsk, Semey.
- Introduction of the practice of professional internships in the residency.
- Implementation of academic mobility programs for residents.
- SMU of Semei has well-developed procedures for admission of students of other universities, recognition and offset of credits mastered during academic mobility.
- Information support at the departments meet the requirements of the program; The library contains all the materials necessary for teaching: educational, technical, reference and general literature, various periodicals.
- The library has an electronic catalog that allows you to search for necessary literature and provides access to electronic versions of textbooks and teaching materials.
- The Semey State University provides support to residents who have difficulties in studying, lagging due to various reasons in the development of educational programs, as well as to residents who are striving for a deeper mastery of the program, academic mobility.
- During the interview with the residents it was revealed that they are adequately provided with educational, methodical and scientific literature on general educational, basic and profiling disciplines of educational programs on paper and electronic media.
- According to the available documents, sufficient financing of educational programs has been confirmed, both at the expense of budgetary financing, and from incomes that do not

contradict the legislation.

- The material and technical base of modern equipment for educational programs in the residency specialties is constantly updated and expanded in the city of Semey.

There are no remarks.

Recommendations:

- To pass accreditation to the East Kazakhstan regional dermatovenerologic dispensary in Ust-Kamenogorsk.

### **Standard 7. "Evaluation of educational programs."**

The monitoring and evaluation of the implementation of the educational program of the residency is carried out in the Municipal Department of the City of Semey based on the collective solidarity of all stakeholders and university staff.

Key personnel in the monitoring and evaluation of the educational program of the residency are the profile department headed by the Responsible for the specialty, the Dean of the PDO and the UMS PDO who work in close cooperation with the residents, practical health care and potential employers, the Ministry of Health of the Republic of Kazakhstan

Information about educational programs, about expected results of training under the programs is located on the site of the SMU of Semey. There is information about all educational programs. Also information on the number of residents who study by program; Teachers who provide training are placed on information stands, booklets.

Information on the awarded academic degrees, the teaching procedures used, the evaluation criteria, the percentage of achievement, as well as materials on graduates and employment opportunities can be obtained on the server of the State Medical University of the City of Semey

According to the standard 7 "Assessment of educational programs", the following strengths can be noted:

- The presence on the site of the SMU of Semey city complete information about educational programs open to the public.

- Documents and materials on admission to the residency, graduates, opportunities for their employment are submitted.

- Reports, analytical reviews and references on the results of evaluating the activities of the departments on the relations of interested parties are presented.

- At the State University of Semey, a systematic work is carried out to promptly inform about the results of monitoring in the areas of activity.

There are no remarks.

No recommendations.

### **Standard 8 "Management and administration"**

The management of the educational process in the residency is carried out according to the organizational structure of the university (approved by the Supervisory Board and the rector of the University on September 10, 2016). The governing body of the University is the Scientific Council.

Questions of the residence are in the curator of the pro-rector for quality and continuous education, according to his duties. He is in close interaction with the pro-rector for educational, methodical and educational work, pro-rector for scientific and clinical work.

The direct management of the residency programs is carried out by the educational and methodological center and the dean's office of postgraduate and additional education. The main goal of the educational and methodological center is to conduct continuous organizational, coordinating and administrative work aimed at achieving the mission and objectives of educational programs. The educational and methodological center is directly subordinate to the pro-rector for educational, methodological and educational work.

With the purpose of effective management of the educational process, the successful

implementation of medical education at the university, the Educational Programs Committees, the Teaching and Methodological Council work. The main goal of the Committees of educational programs is the management of the educational process in general for the university, including at the departments implementing educational programs of the residency.

The Scientific Council (created by the order of the rector), the Coordination Council on Quality, the Department also participate in the management.

Ensuring the quality of the educational process in the residency is determined by the fulfillment of the mandatory requirements for the level of training (GOSO 2015) and the creation of a system for monitoring the effectiveness of the work of the teaching staff (open classes, intra-cadre control). Monitoring of the quality of the educational process is carried out by the educational and methodological center, the Committee of graduate education, independent experts.

The main teaching, scientific and clinical units that provide training are the departments that participate in the implementation of all disciplines of the educational program in the specialty of residency.

The activities of the management regarding the mission and the tasks assigned to the university are studied and evaluated on the basis of analysis and the formation of reports and plans, the analysis of the implementation of the goals and objectives of the strategic plan, internal audit reports (according to plan), the results of the work of internal and external commissions.

Trainees are involved in the process of assessing the activities of management by expressing their opinions and wishes at the end of the training cycle or mastering a particular discipline or by questioning to identify opinions and take into account comments, suggestions of direct consumers. Comments and suggestions on the organization of the educational process (timetable of classes, etc.), the training program according to the catalog of elective disciplines, the list of elective disciplines, the library fund and other issues related to the learning process itself can be taken into account.

The results of academic activity, the effectiveness of modern forms of management of the educational process, prospects for further improving management and improving the quality of education are reviewed and discussed in the annual reports of the rector, vice-rectors and heads of key structural units at the Academic Council.

The definition of the financial and economic policy and management structure of the university is the responsibility of the rector of the SMU of Semei - the Chairman of the Academic Council. Financial matters are in the competence of the chief accountant, whose duties and duties determine his duties. Under the supervision of the chief accountant, the following structures are responsible for budget management: the Accounting and Financial Reporting Department, the Economics and Planning Department, the State Department. Procurement.

To ensure the quality of education and create conditions for continuous improvement and increase the satisfaction of its stakeholders, the University has been implementing and continuously improving the quality management system in accordance with ISO 9001: 2001, 9001: 2008 and 2013 - ST RK ISO 2001 -2009

The university has developed management documentation of a conceptual nature:

1. Strategic plan for the development of the RSE for PHV "State Medical University of the City of Semei".
2. Mission of the University.
3. Quality Policy and Quality Objectives of the Semei City Administration.
4. Landscape map of control, main and supporting processes. Work is underway to update the process maps, the annual revision of the Quality Manual, etc.

Each stage and level in the quality assurance system is regulated by the relevant regulatory legal and regulatory documents.

Since November 2011 the University has been implementing the European Quality Management Foundation (EFQM) Excellence Model and has moved to the "Striving for Excellence" level of the European Quality Management Fund. Based on the results of validation, the University received a certificate of compliance with the level of "Striving for excellence" in

February 2012, and, according to the results of assessments, reached the level of 4 stars of the Excellence Model of the European Foundation for Quality Management (EFQM) in November 2013.

The documented procedure QP-G-06 "The procedure for conducting self-assessment in accordance with the European Model EFQM", as well as QP-G-07 "Analysis from the side" was developed in the Semey State University for continuous improvement of processes, including the postgraduate medical education process. Leadership ". As part of the implementation of documented procedure QP-G-06, according to the established procedure, a self-assessment is carried out in accordance with the fundamental concepts and criteria of the European Excellence Model EFQM, a diagnostic evaluation of all university processes according to the Landscape map with the aim of improving them.

As a result of the external inspection audit, QMS and departments that implement educational programs do not have any discrepancies and comments.

Representatives of practical public health are involved in the development of educational programs, their improvement. For the purpose of effective planning, development and implementation of programs, the University has included representatives of practical healthcare, teachers of departments involved in the implementation of educational programs in the advisory bodies (the Scientific Council, the Committee of Educational Programs for Postgraduate Education, the Training and Methodological Council). Each of the listed representatives has the right to vote when making changes, suggestions and comments in the educational process, as well as the right to vote when approving educational programs.

The involvement of practical health care in the formation of educational programs of the residency and their high-quality implementation is reflected in the fulfillment of the terms of contracts with the Health Care Administrations of the East Kazakhstan Oblast, contracts with clinics and polyclinics (Clause 5. Article 40 of the Law of the Republic of Kazakhstan "On Education"). Clinical bases and employees involved in training contribute to the improvement of professional practice in clinical areas

There are no remarks.

No recommendations.

### **Standard 9 "Continuous improvement"**

Based on the analysis of the current trends in the development of medical education, programs for reforming the health care system and medical education in the Republic of Kazakhstan, priority areas for the development of the University have been developed that cover all areas of its activities, the interests of all categories of health professionals and society as a whole.

One of the methods of quality management of the institute is the quality management system. The scope of the quality management system is the educational process, and the high quality of education is the main strategic goal of the university. Internal assessment of the quality of education is carried out by various self-assessment procedures.

The activities of the university are regulated by documented procedures developed in accordance with the ST RK ISO 9001-2009 standard.

The implementation of the University's strategic plan is aimed at ensuring the quality of training specialists and services, improving postgraduate and additional education of healthcare professionals, improving research and development, developing scientific and human resources, and strengthening material and technical resources.

For the successful functioning of the IMS, the factors influencing the quality of the services provided, which determine the interaction and consistency of the quality management processes, are identified.



In the process maps, criteria and methods for effective management, control over the provision of educational, therapeutic and advisory services, on the conduct of research and development, regulation and quality assurance of educational services are defined.

The quality of the university's activities is also ensured by the analysis carried out by the top management, the current internal regulatory documents (Regulations, job descriptions of employees of structural divisions, methodological recommendations, instructive letters, orders, orders), evaluation of students' knowledge.

In order to create conditions for continuous improvement of activities, the University is certified for compliance with the standards of ST RK ISO 9001-2009.

At the University there is a system and procedures for public reporting, which allows employees to track the development of the University, the costs and revenues received by the university budget. The internal regulatory and regulatory documents of the university, including the constituent documents, are open and accessible in the network folder on the local network.

All types of university reports (reports on the implementation of the University's Strategic Plan, research projects, management review, efficiency and effectiveness of processes, self-assessment reports in preparation for external evaluation procedures of the university, etc.) are brought to the attention of all stakeholders at the sessions of the administration, Academic Council or Educational Program Committees.

The above measures help to increase confidence in management.

In the decision-making process in the field of university management, all employees, trainees and other interested parties are given the opportunity to contribute through feedback: meetings of structural units, the rector's blog on the university's website, meetings of the rector with students, working groups, commissions.

At the university there is a system for evaluating all types of university activities through the following mechanisms:

- 1) at the department level - an individual work plan for the teacher;
- 2) at the level of the educational and methodical center - QMS audit, interviews of resident trainees, teachers, employers;
- 3) at the university level - an inspection audit of the QMS of the external organization.

Based on the results of the internal audit, the material and technical equipment of the departments of the university has improved, there is access to the Internet, the offices are equipped with computers, and telephones.

At the departments there are those responsible for further training, who are developing a long-term plan and the plan can be adjusted annually. According to the plan, all faculty of the faculty undergoes advanced training in the specialty and pedagogy with the introduction into the educational process. This allowed to improve teaching methods at the department. In the renewal of educational programs, the head and the head of the department take part.

The SMU of Semey conducts continuous monitoring of the quality of education to determine the degree and completeness of the implementation of educational standards, the correspondence of the operational goals of the university to the strategic requirements of the labor market for the specialist, the level of the teachers' ability to prepare a competitive specialist.

For monitoring and periodic evaluation of their educational programs, the following methods are used as university control by the University: attestation of current academic performance, final certification, attestation of all practices, verification of the state of methodological support of the educational process, collection and analysis of data on customer satisfaction, internal audits.

The processes of updating educational programs and improving the practice of its implementation take place taking into account the knowledge and skills received by faculty members at training events (seminars, workshops, conferences) and on practical health care requests implemented at the university through the employers' council.

Examples of providing the university with continuous updating and improvement of all activities (in accordance with the strategic program, process maps, departmental plans):

1) an annual analysis is conducted by managers at all levels of the degree of achievement of the mission and goals of the university, the goals and plans of the units. At the same time, the goals vary depending on the changing needs of the society, the requirements and expectations of the interested parties. Input data for the analysis are the results of monitoring the implementation of the activities of the strategic program, internal audit of the university's structural units, the report of external and internal commissions, plans / reports departments. The results of the analysis are heard at the meetings of the Academic Council, the Committees of Educational Programs, the meetings of the departments and are the basis for improving the quality of educational programs, the effectiveness of the units. Measures for improvement are mandatory in the plans of the departments for a year;

2) in order to improve the quality of educational programs at the University, their regular improvement and updating becomes promising taking into account the priorities of development of public health and medical education, labor market needs and employers' requests. For example, the introduction of clinical protocols into practical health care entailed the inevitable introduction of changes in the content of educational programs of recommended diagnostic and treatment methods, etc .;

3) in accordance with the needs of society, approaches to the development of competencies among learners are being improved, approaches to training and methods of preparation are being adapted, for example, through participation in projects.

4) methods for assessing competencies, students are constantly being reviewed. For example, several years ago, taking into account the feedback from employers, a mini-clinical examination was introduced, which allowed to improve the quality of practical skills.

5) annually discussed and revised on the basis of the forecasted need for practical public health in specialists, the number of students;

6) the University is working to increase the list of clinical databases.

The University introduces modular training in all specialties.

To create a favorable and effective learning environment for students in the university, feedback is monitored annually. The results of the questionnaire are analyzed at the meetings of the Academic Council of the University and the Faculty, the Training and Methodological Council.

The University works in close cooperation with all interested parties: the Academic Council, the Committee for Educational Programs of Postgraduate Education, the Educational and Methodological Council include both representatives of practical health care, employers and trainees. The task of the university is to get from each of them clearly formulated requirements for the education system, transforming them into specific goals and objectives of the university's educational activities.

After the next monitoring of the University's activities at the meeting of the Academic Council of the University, comments and recommendations on the improvement of educational programs are analyzed, if necessary a corrective action plan is drawn up, and those responsible for implementing the plan's activities are appointed.

In order to ensure the quality of educational and scientific activity at the level of modern world requirements, international cooperation has been established and agreements on cooperation in the field of health, medical education and science with medical universities of Kazakhstan and foreign universities have been signed.

The University has a web-portal: [www.ssmu.kz](http://www.ssmu.kz). The portal contains information on the educational, methodical, educational and scientific areas that provide information on the quality of educational programs that are intended for a wide audience: students, employees, teachers, applicants, their parents, employers, university partners, scientific and public organizations,

There are no remarks.

No recommendations.



**IV. RECOMMENDATIONS of Semey State Medical University in the specialties 6R111400 - Dermatovenereology, including children's, 6R113700 - Ophthalmology, including children's**

1) Improve the informing of interested parties (employers, trainees) about the announced mission of the educational programs of the residency, expanding cooperation with them for improvement.

2) In the program of training the students of the residency, provide for the correction of the list of practical skills in the training process that promote the introduction of relevant innovations and promote the development of broad and special competencies in accordance with modern requirements.

3) Continue to improve the system for assessing the educational achievements of the residency listeners in accordance with their "applicability", including validity, the impact on training, the effectiveness of evaluation methods and formats with respect to established learning outcomes.

4) Further improvement of the policy of training residents in other organizations of education, science, and practical health with the aim of an integrated approach in the training of residents.

5) Engage concerned parties (teachers, residents, employers) in planning the evaluation of the educational program and use the evaluation results to improve the educational program.

**PARAMETERS OF THE SPECIALIZED PROFILE of Semey State Medical University, residency specialty 6R111400 "Dermatovenereology, including children's"**

№	CRITERIA FOR EVALUATION	Comments	Corresponds to	Corresponds in part to	does not match
<b>11.</b>	<b>«MISSION AND OUTCOMES»</b>				
<b>11.1</b>	<b>STATEMENT OF MISSION AND OUTCOMES</b>				
11.1.1	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.		+		
11.1.2	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.		+		
11.1.3	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.		+		
11.1.4	Medical organization 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.		+		
11.1.5	Medical education organization must ensure that the residents (students) have adequate working conditions for the support of their own health.		+		

11.1.6	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.	Dermatoscopy training, biopsy		+	
11.1.7	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.			+	
11.1.8	Medical education organisation should encourage residents to their becoming active participants in addressing the social determinants of health.			+	
<b>11.2</b>	<b>PROFESSIONALISM AND PROFESSIONAL AUTONOMY</b>				
11.2.1	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.			+	
11.2.2	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).			+	
11.2.3	Medical education should ensure academic freedom, which will include appropriate freedom, freedom of expression, freedom of inquiry, and publication.			+	
<b>11.3</b>	<b>LEARNING OUTCOMES</b>				
11.3.1	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..				
11.3.2	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.	Dermatoscopy, material extraction for histological examination		+	
11.3.3	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.			+	
11.3.4	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.			+	
11.3.5	Medical Education organization should inform the public about the established outcomes of training program of residency on relevant specialties.			+	
11.3.6	Medical education should ensure continuity between the outcomes of training programs, undergraduate and postgraduate medical education.			+	
<b>11.4</b>	<b>PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES</b>				
11.4.1	Medical Education organization must define the mission and define learning outcomes of the program, in collaboration with key stakeholders.			+	
11.4.2	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.			+	
	<b>TOTAL</b>			<b>17</b>	<b>2</b>

12.	<b>STANDARD "EDUCATIONAL PROGRAM"</b>				
12.1	<b>FRAMEWORK SETTINGS of the program of postgraduate medical education</b>				
12.1.1	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.		+		
12.1.2	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.		+		
12.1.3	Medical Education organization must use practice-oriented training providing direct involvement of residents in providing medical care and responsibility for patient care.		+		
12.1.4	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.		+		
12.1.5	Medical Education organization must ensure that the training is conducted in accordance with the principle of equality.		+		
12.1.6	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. .		+		
12.1.7	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.		+		
12.1.8	Medical education organization should raise the degree of autonomy and responsibility of residents about their		+		

	knowledge, skills and development of experience.				
12.1.9	Medical education organizations should recognize gender, cultural and religious particularities and prepare residents to the appropriate relationship with patients.		+		
<b>12.2</b>	<b>SCIENTIFIC METHOD</b>				
12.2.1	Medical Education organization must implement a scientific basis and methodology of medical research, including clinical research and clinical epidemiology.		+		
12.2.2	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.		+		
12.2.3	Medical education organization should include teaching and learning critical evaluation of the literature, articles and scientific data, the use of scientific developments.		+		
<b>12.3</b>	<b>PROGRAM CONTENT</b>				
12.3.1	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		+		
12.3.2	Medical education organization should organize educational programs with due regard to patient's safety and autonomy.		+		
12.3.3	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.				
12.3.4	Medical education organization should adjust and modify the contents to changing conditions and needs of the health care system.		+		
<b>12.4</b>	<b>PROGRAM STRUCTURE, CONTENT AND DURATION</b>				
12.4.1	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.		+		
12.4.2	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.		+		
<b>12.5</b>	<b>ORGANIZATION OF LEARNING</b>				
12.5.1	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.		+		
12.5.2	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.		+		
12.5.3	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.				
12.5.4	Medical education organization should coordinate numerous training bases for appropriate access to various aspects of the chosen field of medicine.		+		
12.5.5	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.		+		
<b>12.6</b>	<b>RELATIONSHIP BETWEEN Postgraduate MEDICAL EDUCATION and PROVISION OF MEDICAL AID</b>				
12.6.1	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.		+		
12.6.2	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.		+		
	<b>TOTAL</b>		<b>26</b>		
<b>13.</b>	<b>STANDARD "EVALUATION OF RESIDENTS"</b>				
<b>13.1</b>	<b>METHODS OF EVALUATION</b>				
13.1.1	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.		+		
13.1.2	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.				
13.1.3	Medical education organization must formulate the criteria for passing examinations or other forms of assessment, including the number of mulligans allowed.		+		
13.1.4	Medical education organizations should study and document the reliability, validity and fairness of assessment methods.		+		
13.1.5	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.		+		
13.1.6	Medical education organization should facilitate the involvement of external examiners; introduce new methods of assessment, if necessary.		+		
13.1.7	Medical education organization should keep a record of the different types and stages of learning in an educational journal or protocols .		+		
<b>13.2</b>	<b>RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING</b>				
13.2.1	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.		+		
13.2.2	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.		+		
13.2.3	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.		+		
	<b>TOTAL</b>		<b>10</b>		
<b>14.</b>	<b>STANDARD "RESIDENTS"</b>				
<b>14.1</b>	<b>ADMISSION AND SELECTION POLICY</b>				
14.1.1	Medical Education organization should consider the relationship between the mission and the selection of residents.		+		
14.1.2	Medical education organization should ensure a balance between available capacity		+		

	and facilities for the preparation and the set of residents.				
14.1.3	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.		+		
14.1.4	Medical Education organization should formulate and implement a policy of transfer of residents from other national or international programs.		+		
14.1.5	Medical Education organization must ensure a high level of understanding of biomedical sciences achieved at the undergraduate level prior to the post-graduate education.		+		
14.1.6	Medical education organization should ensure the transparency of the selection procedure and equality of access to post-graduate education.		+		
14.1.7	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.		+		
14.1.8	Medical education organization should develop a procedure for appeal against the decision of the selection committee.		+		
14.1.9	Medical education organization should include associations and organizations of the residents into the policy development process of admission and selection of residents.		+		
14.1.10	Medical education organization should periodically review the admission policy, on the basis of relevant social and professional data to meet public health needs.		+		
<b>14.2</b>	<b>NUMBER OF TRAINEES</b>				
14.2.1	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.			
14.2.2	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.		+	
14.2.3	Medical education organizations should review the number of residents through consultation with stakeholders.		+	
14.2.4	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.		+	
<b>14.3</b>	<b>SUPPORT AND CONSULTING RESIDENTS</b>			
14.3.1	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.		+	
14.3.2	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.		+	
14.3.3	Medical education organization must ensure the confidentiality of counselling and support, and provide support for vocational guidance and career planning.		+	
14.3.4	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.		+	



<b>14.4</b>	<b>REPRESENTATION OF RESIDENTS</b>				
14.4.1	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.		+		
14.4.2	Medical education organizations should encourage the organization of residents to participate in making decisions about the processes, terms and conditions of education and training.		+		
<b>14.5</b>	<b>CONDITIONS OF WORK</b>				
14.5.1	Medical Education Organization should conduct a training program in accordance with the paid positions / grants or other means to finance the residents. .		+		
14.5.2	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.		+		
14.5.3	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.		+		
14.5.4	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.		+		
14.5.5.	Medical educational organization should ensure that residents participation in the provision of medical services does not dominate and is not excessive.		+		
14.5.6	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.		+		
14.5.7	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.				
14.5.8	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.		+		
	<b>TOTAL</b>		<b>28</b>		
<b>15.</b>	<b>STANDARD "TEACHERS"</b>				
<b>15.1</b>	<b>RECRUITMENT AND SELECTION POLICY</b>		+		
15.1.1	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.		+		
15.1.2	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.		+		
15.1.3	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.		+		
<b>15.2</b>	<b>LIABILITIES AND DEVELOPMENT</b>				
15.2.1	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.		+		
15.2.2	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.				
	<b>TOTAL</b>		<b>5</b>		
<b>16.</b>	<b>STANDARD "EDUCATIONAL RESOURCES"</b>				
<b>16.1</b>	<b>LOGISTICS AND EQUIPMENT</b>				
16.1.1	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.		+		
16.1.2	Medical education organizations should regularly evaluate and update the material and technical facilities and equipment for their compliance and quality assurance of postgraduate education.		+		
<b>16.2</b>	<b>CLINIC BASES</b>				
16.2.1	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.		+		
16.2.2	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.		+		
<b>16.3</b>	<b>INFORMATION TECHNOLOGIES</b>				
16.3.1	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.				
16.3.2	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.		+		
<b>16.4</b>	<b>CLINICAL TEAMS</b>				
16.4.1	Medical Education organization must guarantee work experience in a team of colleagues and other health professionals.		+		
16.4.2	Medical education organization should provide training in an interdisciplinary / interprofessional team and develop the ability to work effectively with colleagues and other health professionals.		+		
16.4.3	Medical education organization should promote the development of skills in the management and training of other health professionals.		+		
<b>16.5</b>	<b>MEDICAL RESEARCH AND ACHIEVEMENTS</b>				
16.5.1	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.		+		
16.5.2	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		+		
16.5.3	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.		+		
16.5.4	Medical education organization should provide for the residents of the corresponding time in the training program for research.		+		
16.5.5	Medical education organization should have access to the equipment for research	Dermatoscopy		+	

	and scientific activities carried out on the bases of learning.				
<b>16.6</b>	<b>EXPERTISE IN THE FIELD OF EDUCATION</b>				
16.6.1	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.		+		
16.6.2	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.		+		
16.6.3	Medical education organization should promote the interests of employees in the conduct of research in education.	Increase the number of students		+	
<b>16.7</b>	<b>TRAINING IN OTHER INSTITUTIONS</b>				
16.7.1	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.		+		
16.7.2	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.		+		
16.7.3	Medical education organization should be to promote regional and international exchange of faculty and residents, by providing adequate resources.		+		
16.7.4	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.		+		
	<b>TOTAL</b>		<b>19</b>	<b>2</b>	
<b>17.</b>	<b>STANDARD "ASSESSMENT OF EDUCATIONAL PROGRAMMES"</b>				
<b>17.1</b>	<b>ARRANGEMENTS FOR MONITORING AND EVALUATION</b>				
17.1.1	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.				
17.1.2	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.		+		
17.1.3	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.		+		
17.1.4	Medical education organization should ensure the transparency of the process and evaluate the results to management and all stakeholders.		+		
<b>17.2</b>	<b>FEEDBACK FROM TEACHERS AND RESIDENTS</b>				
17.2.1	Medical Education organization should study the feedback on the educational program of teachers, residents, employers.		+		
17.2.2	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.		+		
<b>17.3</b>	<b>RESULTS OF RESIDENTS AND QUALIFIED EXPERTS</b>				
17.3.1	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.		+		
17.3.2	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.		+		
<b>17.3</b>	<b>INVOLVEMENT OF THE INTERESTED SIDES</b>				
17.3.1	Medical education organization should involve key stakeholders in the program for monitoring and evaluation of the educational program.		+		

17.3.2.	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.		+		
<b>17.4</b>	<b>PROCEDURE FOR APPROVAL OF EDUCATIONAL PROGRAMS</b>				
17.4.1	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.				
17.4.2	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.	Passing the procedure of accreditation to the clinical base of the University		+	
	<b>TOTAL</b>		<b>12</b>	<b>1</b>	
<b>18.</b>	<b>STANDARD "MANAGEMENT AND ADMINISTRATION"</b>				
<b>18.1</b>	<b>MANAGEMENT</b>				
18.1.1	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.		+		
18.1.2	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.		+		
18.1.3	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.				
<b>18.2</b>	<b>ACADEMIC LEADERSHIP</b>				
18.2.1	Medical Education organization must determine the responsibility and duties of management / staff in postgraduate medical education.		+		
18.2.2	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.		+		
<b>18.3</b>	<b>BUDGET FOR TRAINING AND RESOURCE ALLOCATION</b>				
18.3.1	Medical Education organization should define the responsibility and authority to manage the budgets of the educational program.		+		
18.3.2	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.		+		
18.3.3	Medical Education organization should manage the budget to maintain the commitment of teachers and residents to provide medical care and innovation in the program.		+		
<b>18.4</b>	<b>ADMINISTRATION AND MANAGEMENT</b>				
18.4.1	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.		+		
18.4.2	Medical education organization should develop a quality management program, including regular reviews.		+		
18.4.3	Medical Education organization should ensure that management is carried out regular review to achieve quality improvement.		+		
<b>18.5</b>	<b>REQUIREMENTS AND NORMATIVE REGULATIONS</b>				
18.5.1	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.				
18.5.2	Medical education organization should identify and adopt the program of postgraduate medical education in cooperation with all stakeholders.		+		
	<b>TOTAL</b>		<b>13</b>		
<b>19.</b>	<b>STANDARD "CONTINUOUS IMPROVEMENT"</b>				
19.1	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.		+		
19.2	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.		+		
<b>19.3</b>	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		+		
	<b>TOTAL</b>		<b>13</b>		
	<b>TOTAL IN GENERAL</b>		<b>143</b>	<b>5</b>	

**PARAMETERS OF THE SPECIALIZED PROFILE of Semey State Medical University, residency specialty 6R113700 - Ophthalmology, including children's**

№	CRITERIA FOR EVALUATION	Comments	Corresponds to	Corresponds in part to	does not match
<b>11.</b>	<b>«MISSION AND OUTCOMES»</b>				
<b>11.1</b>	<b>STATEMENT OF MISSION AND OUTCOMES</b>				
11.1.1	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.		+		
11.1.2	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.		+		
11.1.3	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.		+		
11.1.4	Medical organization 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.		+		
11.1.5	Medical education organization must ensure that the residents (students) have adequate working conditions for the support of their own health.		+		
11.1.6	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.				
11.1.7	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.			+	
11.1.8	Medical education organisation should encourage residents to their becoming active participants in addressing the social determinants of health.			+	
<b>11.2</b>	<b>PROFESSIONALISM AND PROFESSIONAL AUTONOMY</b>				
11.2.1	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.			+	
11.2.2	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).			+	
11.2.3	Medical education should ensure academic freedom, which will include appropriate freedom, freedom of expression, freedom of inquiry, and publication.			+	
<b>11.3</b>	<b>LEARNING OUTCOMES</b>				
11.3.1	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..				
11.3.2	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.		+		
11.3.3	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.		+		
11.3.4	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.		+		
11.3.5	Medical Education organization should inform the public about the established outcomes of training program of residency on relevant specialties.		+		
11.3.6	Medical education should ensure continuity between the outcomes of training programs, undergraduate and postgraduate medical education.		+		
<b>11.4</b>	<b>PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES</b>				
11.4.1	Medical Education organization must define the mission and define learning outcomes of the program, in collaboration with key stakeholders.		+		
11.4.2	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.		+		
	<b>TOTAL</b>		<b>18</b>	<b>1</b>	
<b>12.</b>	<b>STANDARD "EDUCATIONAL</b>				

	<b>PROGRAM''</b>				
<b>12.1</b>	<b>FRAMEWORK SETTINGS of the program of postgraduate medical education</b>				
12.1.1	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.		+		
12.1.2	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.		+		
12.1.3	Medical Education organization must use practice-oriented training providing direct involvement of residents in providing medical care and responsibility for patient care.		+		
12.1.4	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.		+		
12.1.5	Medical Education organization must ensure that the training is conducted in accordance with the principle of equality.		+		
12.1.6	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. .		+		
12.1.7	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.		+		
12.1.8	Medical education organization should raise the degree of autonomy and responsibility of residents about their knowledge, skills and development of experience.			+	

12.1.9	Medical education organizations should recognize gender, cultural and religious particularities and prepare residents to the appropriate relationship with patients.		+		
<b>12.2</b>	<b>SCIENTIFIC METHOD</b>				
12.2.1	Medical Education organization must implement a scientific basis and methodology of medical research, including clinical research and clinical epidemiology.			+	
12.2.2	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.		+		
12.2.3	Medical education organization should include teaching and learning critical evaluation of the literature, articles and scientific data, the use of scientific developments.		+		
<b>12.3</b>	<b>PROGRAM CONTENT</b>				
12.3.1	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		+		
12.3.2	Medical education organization should organize educational programs with due regard to patient's safety and autonomy.		+		
12.3.3	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.		+		

12.3.4	Medical education organization should adjust and modify the contents to changing conditions and needs of the health care system.		+		
<b>12.4</b>	<b>PROGRAM STRUCTURE, CONTENT AND DURATION</b>				
12.4.1	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.		+		
12.4.2	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.		+		
<b>12.5</b>	<b>ORGANIZATION OF LEARNING</b>				
12.5.1	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.		+		
12.5.2	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.		+		
12.5.3	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.				
12.5.4	Medical education organization should coordinate numerous training bases for appropriate access to various aspects of the chosen field of medicine.		+		
12.5.5	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.		+		
<b>12.6</b>	<b>RELATIONSHIP BETWEEN Postgraduate MEDICAL EDUCATION and PROVISION OF MEDICAL AID</b>				
12.6.1	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.		+		
12.6.2	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.		+		
	<b>TOTAL</b>		<b>24</b>	<b>2</b>	
<b>13.</b>	<b>STANDARD "EVALUATION OF RESIDENTS"</b>				
<b>13.1</b>	<b>METHODS OF EVALUATION</b>				
13.1.1	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.		+		
13.1.2	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.				
13.1.3	Medical education organization must formulate the criteria for passing examinations or other forms of assessment, including the number of mulligans allowed.		+		
13.1.4	Medical education organizations should study and document the reliability, validity and fairness of assessment methods.		+		
13.1.5	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.		+		
13.1.6	Medical education organization should facilitate the involvement of external examiners; introduce new methods of assessment, if necessary.		+		
13.1.7	Medical education organization should keep a record of the different types and stages of learning in an educational journal or protocols .		+		
<b>13.2</b>	<b>RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING</b>				
13.2.1	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.		+		
13.2.2	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.		+		
13.2.3	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.		+		
	<b>TOTAL</b>		<b>10</b>		
<b>14.</b>	<b>STANDARD "RESIDENTS"</b>				
<b>14.1</b>	<b>ADMISSION AND SELECTION POLICY</b>				
14.1.1	Medical Education organization should consider the relationship between the mission and the selection of residents.		+		
14.1.2	Medical education organization should ensure a balance between available capacity		+		

	and facilities for the preparation and the set of residents.				
14.1.3	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.		+		
14.1.4	Medical Education organization should formulate and implement a policy of transfer of residents from other national or international programs.			+	
14.1.5	Medical Education organization must ensure a high level of understanding of biomedical sciences achieved at the undergraduate level prior to the post-graduate education.		+		
14.1.6	Medical education organization should ensure the transparency of the selection procedure and equality of access to post-graduate education.		+		
14.1.7	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.		+		
14.1.8	Medical education organization should develop a procedure for appeal against the decision of the selection committee.		+		
14.1.9	Medical education organization should include associations and organizations of the residents into the policy development process of admission and selection of residents.		+		
14.1.10	Medical education organization should periodically review the admission policy, on the basis of relevant social and professional data to meet public health needs.		+		
<b>14.2</b>	<b>NUMBER OF TRAINEES</b>				
14.2.1	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.				
14.2.2	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.		+		
14.2.3	Medical education organizations should review the number of residents through consultation with stakeholders.		+		
14.2.4	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.		+		
<b>14.3</b>	<b>SUPPORT AND CONSULTING RESIDENTS</b>				
14.3.1	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.		+		
14.3.2	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.		+		
14.3.3	Medical education organization must ensure the confidentiality of counselling and support, and provide support for vocational guidance and career planning.		+		
14.3.4	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.		+		
<b>14.4</b>	<b>REPRESENTATION OF RESIDENTS</b>				

14.4.1	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.		+		
14.4.2	Medical education organizations should encourage the organization of residents to participate in making decisions about the processes, terms and conditions of education and training.		+		
<b>14.5</b>	<b>CONDITIONS OF WORK</b>				
14.5.1	Medical Education Organization should conduct a training program in accordance with the paid positions / grants or other means to finance the residents. .		+		
14.5.2	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.		+		
14.5.3	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.		+		
14.5.4	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.		+		
14.5.5.	Medical educational organization should ensure that residents participation in the provision of medical services does not dominate and is not excessive.		+		
14.5.6	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.		+		
14.5.7	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.		+		

14.5.8	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.		+		
	<b>TOTAL</b>		<b>27</b>	<b>1</b>	
<b>15.</b>	<b>STANDARD "TEACHERS"</b>				
<b>15.1</b>	<b>RECRUITMENT AND SELECTION POLICY</b>		+		
15.1.1	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.		+		
15.1.2	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.		+		
15.1.3	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.		+		
<b>15.2</b>	<b>LIABILITIES AND DEVELOPMENT</b>				
15.2.1	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.		+		
15.2.2	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.				
	<b>TOTAL</b>		<b>5</b>		
<b>16.</b>	<b>STANDARD "EDUCATIONAL RESOURCES"</b>				
<b>16.1</b>	<b>LOGISTICS AND EQUIPMENT</b>				
16.1.1	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.		+		
16.1.2	Medical education organizations should regularly evaluate and update the material and technical facilities and equipment for their compliance and quality assurance of postgraduate education.		+		
<b>16.2</b>	<b>CLINIC BASES</b>				
16.2.1	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.		+		
16.2.2	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.		+		
<b>16.3</b>	<b>INFORMATION TECHNOLOGIES</b>				
16.3.1	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.		+		



16.3.2	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.		+		
<b>16.4</b>	<b>CLINICAL TEAMS</b>				
16.4.1	Medical Education organization must guarantee work experience in a team of colleagues and other health professionals.		+		
16.4.2	Medical education organization should provide training in an interdisciplinary / interprofessional team and develop the ability to work effectively with colleagues and other health professionals.			+	
16.4.3	Medical education organization should promote the development of skills in the management and training of other health professionals.		+		
<b>16.5</b>	<b>MEDICAL RESEARCH AND ACHIEVEMENTS</b>				
16.5.1	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.		+		
16.5.2	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		+		
16.5.3	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.			+	
16.5.4	Medical education organization should provide for the residents of the corresponding time in the training program for research.		+		
16.5.5	Medical education organization should have access to the equipment for research and scientific activities carried out on the bases of learning.	Dermatoscopy		+	

<b>16.6</b>	<b>EXPERTISE IN THE FIELD OF EDUCATION</b>				
16.6.1	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.		+		
16.6.2	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.		+		
16.6.3	Medical education organization should promote the interests of employees in the conduct of research in education.	Increase the number of students		+	
<b>16.7</b>	<b>TRAINING IN OTHER INSTITUTIONS</b>				
16.7.1	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.		+		
16.7.2	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.		+		
16.7.3	Medical education organization should be to promote regional and international exchange of faculty and residents, by providing adequate resources.		+		
16.7.4	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.		+		
	<b>TOTAL</b>		<b>19</b>	<b>2</b>	
<b>17.</b>	<b>STANDARD "ASSESSMENT OF EDUCATIONAL PROGRAMMES"</b>				
<b>17.1</b>	<b>ARRANGEMENTS FOR MONITORING AND EVALUATION</b>				
17.1.1	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.		+		

17.1.2	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.		+		
17.1.3	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.		+		
17.1.4	Medical education organization should ensure the transparency of the process and evaluate the results to management and all stakeholders.		+		
<b>17.2</b>	<b>FEEDBACK FROM TEACHERS AND RESIDENTS</b>				
17.2.1	Medical Education organization should study the feedback on the educational program of teachers, residents, employers.		+		
17.2.2	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.			+	
<b>17.3</b>	<b>RESULTS OF RESIDENTS AND QUALIFIED EXPERTS</b>				
17.3.1	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.		+		
17.3.2	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.		+		
<b>17.3</b>	<b>INVOLVEMENT OF THE INTERESTED SIDES</b>				
17.3.1	Medical education organization should involve key stakeholders in the program for monitoring and evaluation of the educational program.		+		
17.3.2.	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.				
<b>17.4</b>	<b>PROCEDURE FOR APPROVAL OF EDUCATIONAL PROGRAMS</b>				
17.4.1	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.				
17.4.2	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.		+		
	<b>TOTAL</b>		<b>11</b>	<b>2</b>	
<b>18.</b>	<b>STANDARD "MANAGEMENT AND ADMINISTRATION"</b>				
<b>18.1</b>	<b>MANAGEMENT</b>				
18.1.1	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.		+		
18.1.2	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.		+		
18.1.3	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.		+		
<b>18.2</b>	<b>ACADEMIC LEADERSHIP</b>				

18.2.1	Medical Education organization must determine the responsibility and duties of management / staff in postgraduate medical education.		+		
18.2.2	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.		+		
<b>18.3</b>	<b>BUDGET FOR TRAINING AND RESOURCE ALLOCATION</b>				
18.3.1	Medical Education organization should define the responsibility and authority to manage the budgets of the educational program.		+		
18.3.2	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.		+		
18.3.3	Medical Education organization should manage the budget to maintain the commitment of teachers and residents to provide medical care and innovation in the program.		+		
<b>18.4</b>	<b>ADMINISTRATION AND MANAGEMENT</b>				
18.4.1	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.		+		
18.4.2	Medical education organization should develop a quality management program, including regular reviews.		+		
18.4.3	Medical Education organization should ensure that management is carried out regular review to achieve quality improvement.		+		
<b>18.5</b>	<b>REQUIREMENTS AND NORMATIVE REGULATIONS</b>				
18.5.1	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.				
18.5.2	Medical education organization should identify and adopt the program of postgraduate medical education in cooperation with all stakeholders.		+		
	<b>TOTAL</b>		<b>13</b>		
<b>19.</b>	<b>STANDARD "CONTINUOUS IMPROVEMENT"</b>				
19.1	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.		+		
19.2	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.		+		
<b>19.3</b>	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		+		
	<b>TOTAL</b>		<b>13</b>		
	<b>TOTAL IN GENERAL</b>		<b>140</b>	<b>8</b>	