REPORT

**on the results of the external expert panel (EEP) evaluation
for compliance with the requirements of the specialized
accreditation standards of the courses (specialties) taught
at the Marat Ospanov West Kazakhstan State Medical University
06-08.12.2016**

on the residency programmes:
6R113600 «Urology and andrology, including pediatric»
6R112800 «Cardiosurgery, including pediatric»
6R113100 «Maxillo-facial surgery, including pediatric»
6R113000 «Neurosurgery, including pediatric»
6R113300 «Pediatric surgery»
6R112500 «Clinical pharmacology»

Aktobe 2016

INDEPENDENT AGENCY FOR ACCREDITATION AND RATING

EXTERNAL EXPERT PANEL

Addressed to the
IAAR Accreditation Council

REPORT

**on the results of the external expert panel (EEP) evaluation
for compliance with the requirements of the specialized accreditation standards
of the courses (specialties) taught
at the Marat Ospanov West Kazakhstan State Medical University
06-08.12.2016**

on the residency programmes:
6R113600 «Urology and andrology, including pediatric»
6R112800 «Cardiosurgery, including pediatric»
6R113100 «Maxillo-facial surgery, including pediatric»
6R113000 «Neurosurgery, including pediatric»
6R113300 «Pediatric surgery»
6R112500 «Clinical pharmacology»

Aktobe, 2016

Based on the Order of the Independent agency for accreditation and rating (hereinafter – IAAR) no. 56-16-OD as of 18/11/2016 external expert panel evaluated the compliance of the educational activity at the "Marat Ospanov West Kazakhstan State Medical University" (hereinafter – MOWKSMU) with the specialized accreditation standards of IAAR for the following residency specialties:

6R113600 «Urology and andrology, including pediatric»
6R112800 «Cardiosurgery, including pediatric»
6R113100 «Maxillo-facial surgery, including pediatric»
6R113000 «Neurosurgery, including pediatric»
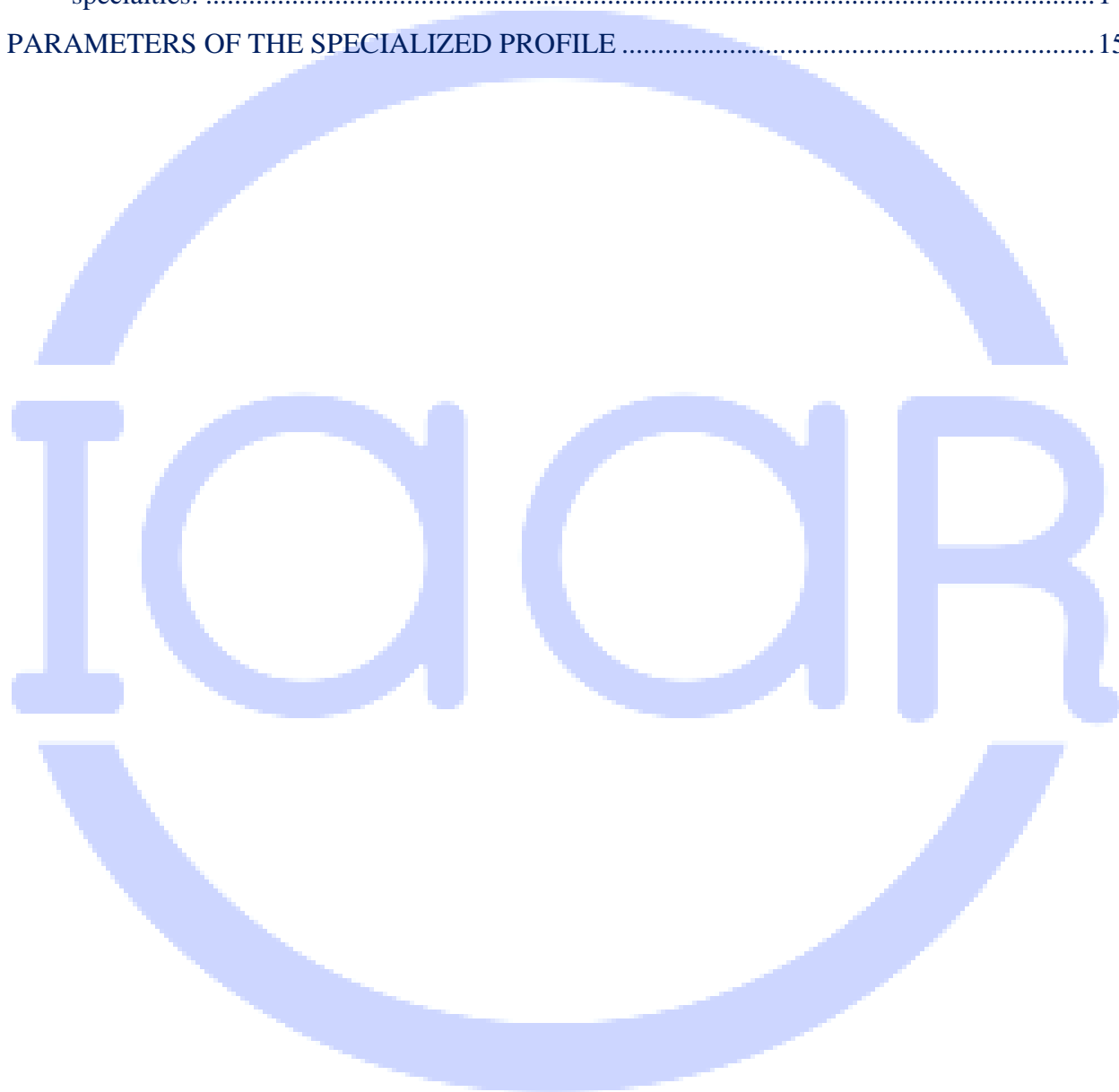6R113300 «Pediatric surgery»
6R112500 «Clinical pharmacology»

The Report of the external expert panel (EEP) contains an assessment of the academic programs' compliance to the IAAR criteria, as well as EEP recommendations for further activity improvements.

EEP membership:

1. **Panel Chair** - Botagoz Turdaliyeva, Doctor of Medical sciences, Professor, Kazakh National Medical University named after S.D.Asfendiyarova (Almaty city);
2. **Foreign expert -** Valentina Markova, Ph.D., Saint-Petersburg State Chemical and Pharmaceutical Academy (Saint-Petersburg, Russian Federation);
3. **Expert -** Saule Sydykova, Ph.D. in Medicine, Associate Professor, Kazakh National Medical University named after S.D. Asfendiyarova (Almaty city);
4. **Expert -** Damir Dubchev, Ph.D. in Medicine, Associate Professor, JSC "Kazakh Medical University of Continuous Education (Almaty city);
5. **Expert -** Alma Shukirbekova, Doctor of Physical sciences, Associate Professor, Astana Medical University" (Astana city);
6. **Expert -** Kuat Abzaliev, Doctor of Medical sciences, Professor, JSC "Kazakh Medical University of Continuous Education (Almaty city);
7. **Expert -** Gulbaran Zaitenova, Doctor of Medical sciences, Professor, JSC "Kazakh Medical University of Continuous Education (Almaty city);
8. **Expert -** Saule Burkitbayeva, Ph.D. in Medicine, Associate Professor, Astana Medical University" (Astana city);
9. **Employer** – Nugmanov Amandyk, Republican State-owned Enterprise on the rights of economic management "State Hospital no. 3" of the Aktobe city (Aktobe city);
10. **Expert -** Jakenova Alissa, Ph.D. in Medicine, JSC "Kazakh Medical University of Continuous Education (Almaty city);
11. **Student -** Abilseit Kulbayev, resident, JSC "Kazakh Medical University of Continuous Education (Almaty city);
12. **Observer from the Agency** - Aigerim Aimurziyeva, Head of the Agency medical projects (Astana city).

CONTENT

I. INTRODUCTION TO THE WKSMU NAMED AFTER MARAT OSPANOV

Republican State Enterprise (hereinafter - RSE) on the rights of economic management "Marat Ospanov West Kazakhstan State Medical University" with the Supervisory Board of the Ministry of Health and Social Development of the Republic of Kazakhstan was incorporated by order of the Ministry of Higher Education of the USSR no. 883 as of 10/08/1957 as the Aktobe State Medical Institute (hereinafter - ASMI). By resolution of the Government of the Republic of Kazakhstan no. 263 as of 25/02/1997 ASMI was renamed to Aktobe State Medical Academy (ASMA). By the Government Resolution of the Republic of Kazakhstan no. 1708 as of 14/11/2000 ASMI was renamed to the RSE on the rights of economic management "Marat Ospanov West Kazakhstan State Medical Academy" (hereinafter – MOWKSMA). By the Government Resolution no. 188 as of 19/02/2009 MOWKSMA was renamed to State-run Enterprise "Marat Ospanov West Kazakhstan State Medical University". State-run Enterprise "MOWKSMU under the Ministry of Health of the Republic of Kazakhstan was reorganized based on the Republic of Kazakhstan Government Decree no. 593 as of May 8, 2012 to RSE on the rights of economic management "MOWKSMU" with the Supervisory Board represented by the Ministry of Health of the Republic of Kazakhstan.

The core scope is educational activities. In addition, the university has a license for medical activities. Certificate of state registration of legal entities no. 1586-1904-01-GP as of September 14, 2012 was issued by the Division of Justice, Department of Justice of Aktobe region.

In total there are 30 running educational programs, including 18 resident programs.

MOWKSMU **mission** is to achieve a high quality of education, research and development on the basis of modern innovative smart technologies in combination with the solution of socially important problems of the practical aspect of public health.

MOWKSMU is a dynamically developing educational, scientific, clinical and cultural center, which includes a wide range of educational and health services, developing partnership relations with customers, academic and clinical centers, providing a high level of training for graduates competitive at the regional, national and international markets.

According to the MOWKSMU mission and vision the following strategic objectives have been identified:
- providing industry with the qualified personnel that meet the needs of society;
- creation of an effective system for the continuous vocational training;
- improving the quality of health research;
- creation of an effective medical science management system and its integration with education and practical public health;
- management system improvement at the Higher Educational Institution's (hereinafter – HEI) clinics;
- quality improvement of health services, reducing the burden of socially significant diseases, women's health, early detection and timely treatment of oncological diseases by improving public health infrastructure to ensure equal access to public health services;
- establishment and effective functioning of the HEI internal quality assurance system.

Guided by the basic program documents, considering the global trends and principles that underpin the long-term development programs of the world's leading scientific and educational schools, the university defined its basic strategic direction for 2016-2020, according to the State Health Development Program of the Republic of Kazakhstan "Densaulyk "for 2016-2019 (the Strategic development plan agreed with and approved by the Ministry of Labor and Social Protection of the Republic of Kazakhstan on 03.11.2016).

University Strategic Development Plan is designed to meet the existing traditions, values

and potential of the university, and covers all the areas of university activity, performance levels and development stages and reflects the interests of all categories of staff, students, healthcare professionals, employers, society and the state.

The implementation of a strategic plan is aimed at achieving the HEI's mission and strategic objectives, the improvement of university management system, modernization of medical education and ensuring quality of training and services, strategic human resource management and development of innovations and medical science, material and technical resources of the university, and integration into the international scientific and education space.

In 2006 University activities were certified by the Association of Certification "Russian Register" for compliance with the requirements of ISO 9001: 2000. Effective functioning of the HEI's system of quality management is confirmed by results of the annual inspection and recertification (2009, 2012, 2015) of audits for compliance with ISO 9001: 2008 with respect to:

- educational activities in the field of specialists' training with higher and postgraduate professional education;
- additional professional education in career advancement and personnel retraining with higher and secondary medical and pharmaceutical education;
- military training of HEIs students;
- medical activities, including preventative, counseling, diagnostic, therapeutic, rehabilitation;
- functional and applied science and research developments in the fields of theoretical, experimental, and clinical medicine.

In 2012 the University successfully completed its state certification, and in 2014 the institutional accreditation by the Independent agency for accreditation and rating (IAAR) with involvement of international experts.

In 2014 the clinical bases of the University passed the state accreditation for compliance with the accreditation standards in health care.

MOWKSMU is a proactive participant of the contest prize of the President of Kazakhstan "Altyn Sapa". In 2007 MOWKSMU received a letter of appreciation for participation in competition for the Republic of Kazakhstan President's Award "For achievements in quality". In 2010 the University received the "Appreciation" from the Head of the Presidential Administration for its proactive participation in the competition for the President of the Republic of Kazakhstan "Altyn Sapa" award, in 2013 - from the Minister of Industry and New Technologies of Kazakhstan.

According to the results of a statistical ranking, which was carried out according to the "General Standard Industrial Classification" (GSIC) approved by the Order no. 67 by the Chairman, Agency of statistics as of 20.05.2008 on the basis of the National Business Rating in 2013, the University entered the top 35 largest enterprises of the Republic of Kazakhstan, and in 2014 MOWKSMU entered the top 30 leading enterprises in the country and became the 1st (gold) in 3 categories of financial and economic activities, "Assets and liabilities indicators", "Profitability ratios", "Liquidity ratios."

Based on outcomes of 2015 independent rating of Kazakhstan universities conducted by IAAR, the University entered TOP-20 based on the total number of prizes, attended by 55 universities of Kazakhstan, and became 15th in the ranking list (11 winning places).

In the European academic ranking (2014) of HEI - ARES European standard – the University received a "BB" rating. This rating is called the "sufficient ranking" - a sufficient level: i.e. the university implements a quality educational and research programs, which are constantly monitored and updated to reflect the accepted standards.

MOWKSMU was entered the directory of medical schools of the World Health Organization (World Directory of Medical Schools, WHO), the International Directory of UNESCO Universities (International Handbook of Universities, UNESCO), directories of the Avicenna Medical School, published by the University of Copenhagen and supported by the

World Federation of Medical Education and the World Health Organisation (The AVICENNA Directories).

MOWKSMU cooperates in the field of medical science, education and practical health care with 35 leading foreign universities on the basis of signed memorandums of understanding, contracts, and agreements on international cooperation, the number of which is increasing annually.

For three years the university has implemented 5 Scientific and Technical Grant schemes under the Ministry of Education and Sciences of the Republic of Kazakhstan (hereinafter – MES RK), the Ministry of Labor and Social Protection of the Republic of Kazakhstan, as well as 11 initiated researches with the university financing, as well as introduced a financial support to students' scientific papers.

II. ANALYSIS OF THE SELF-ASSESSMENT REPORTS

MOWKSMU submitted self-assessments reports on the residency specialties (6) - a total of 6 summaries for a specialized accreditation procedure by NPO "IAAR".

The content of the self-evaluation report is structured in all specialized accreditation standards of medical specialties of educational organizations, and accompanied by a cross-reference to the relevant standard items.

Specialized self-evaluation reports of the University contain: a statement by the Rector of MOWKSMU, Professor E.Zh. Bekmukhambyetov confirming the accuracy and objectivity of the information and data provided in the reports; a list of members of the internal commission of the MOWKSMU institutional self-assessment; information about the person responsible for self-assessment, i.e. Vice-Rector for educational work, Mr. A.B.Tusupkaliyev.

II.3. Courses (specialties) of the residency programme:
6R113600 «Urology and andrology, including pediatric»
6R112800 «Cardiosurgery, including pediatric»
6R113100 «Maxillo-facial surgery, including pediatric»
6R113000 «Neurosurgery, including pediatric»
6R113300 «Pediatric surgery»
6R112500 «Clinical pharmacology»

Self-evaluation of the academic programs on the residency specialties was conducted under the regulatory enactments and methodic recommendations."

The purpose of self-assessment of the academic programs of the residency is to determine their effectiveness in relation to the mission for postgraduate education of the MOWKSMU.

Standard 1: MISSION AND FINAL OUTCOMES
The mission of academic programs of the residency is the qualitative preparation of competitive graduates who are able to continue their education throughout their life in the conditions of dynamically developing modern medicine and to carry out their professional activities on the basis of modern innovative intellectual technologies in conjunction with solving socially important problems of practical public health, as well as having an active civil position, satisfying the needs and expectations of society and the state.

Studying at the residency is carried out full-time, the duration of training is 2-4 years depending on the specialty.

Post-graduate academic program of the residency implemented in the MOWKSMU is a complex of the regulatory documents developed on the basis of the State Compulsory Educational Standards of the Republic of Kazakhstan -2009, 2015 and standard programs of the

specialty approved by the Ministry of Health of the Republic of Kazakhstan. Freedom in compiling an academic program is achieved through the university component.

The results of the residents' training by area of specialization are formed at the level of the entire academic program, at the level of the module, a separate discipline.

The need for graduates of the MOWKSMU residency is confirmed by the receipt of applications for specialists from the medical and preventive institutions not only in the Aktyubinsk region, but also in the Kyzylorda, Atyrau, Mangistau, West Kazakhstan and other regions.

To assess the final results of training at the university, annual questionnaires and interviews of employees of medical and preventive institutions of Western Kazakhstan, cadets raising their qualifications and / or undergoing retraining, patients of the University clinics and other categories of stakeholders about the clinical competence of graduates of the residency are conducted at the university.

The university realizes the mission of the core disciplines in the interests of the individual, society and the state and therefore, understanding the current and future needs of all stakeholders, strives to fulfill their requirements and wishes, constantly working for improvement.

To study the opinion of consumers, a number of activities are carried out: vocational guidance work, questioning of students, employers, teaching staff, graduates of residency. Based on the analysis of the measures above, actions are taken to improve activities and meet the needs, as a result of which the goals and objectives of the core disciplines are updated.

Standard 2: ACADEMIC PROGRAM

Training of residents in the specialties is carried out under the State Compulsory Educational Stanadard of the Republic of Kazakhstan-2009, 2015; Order No. 152 of the Ministry of Education and Science of the Republic of Kazakhstan as of 20.04.2011. "On the approval of the Rules for the organization of the educational process using credit technology of training"; Order No. 198 of the Ministry of Education and Science of the Republic of Kazakhstan as of 02.06.2014. "On Amendments and Additions to the order of the Ministry of Education and Science of the Republic of Kazakhstan as of April 20, 2011, No. 152" On Approval of the Rules for the Organization of the Educational Process using Credit Learning Technology"; Standard training programs under the Ministry of Health of the Republic of Kazakhstan.

The purpose of training in the residency is the preparation of a qualified specialist doctor with a system of universal and professional competencies, capable and ready for independent professional activity.

Educational and methodological documentation at the university on the academic programs of the residency meets the requirements for the structure and content of vocational education and the level of training of specialists of the State Compulsory Educational Standard of the Republic of Kazakhstan-2009, 2015 for residencies in the relevant specialty.

Education of residents by specialties is conducted under the supervision of supervisors, approved by the order of the rector of the university. When studying core disciplines on a clinical basis, the resident is assigned to the department by area of specialization, he manages a certain number of patients, with the workplace allocated. When managing patients at the clinical facility, the resident fills out the medical documentation, uses the capabilities and resources of this database.

The supervisor and the resident listener interrelate through discussions of case studies, during the consultations of the supervisor, the assessment of Student's Independent Work, Student's Independent Work under the lecturer supervision, questioning of residents.

In accordance with the State Compulsory Educational Standards of the Republic of Kazakhstan 2009 378 hours are allocated for the study of elective subjects, and according to the State Standard of the Republic of Kazakhstan 2015 - 5 credits / 225 hours. According to the intra-university component, elective disciplines are introduced in the development of the academic program in accordance with the changing conditions and needs of the system of

medical care. The catalogue of elective disciplines is updated annually.

Along with the traditional method of study, innovative methods of training are used in the residency academic program, which are alternative in the training of a resident. Alternative methods of training residents contribute to individual educational achievements, the development of clinical competencies, the identification of leadership qualities, the development of internal and self-control.

Standard 3: ASSESSMENT OF RESIDENTS

The policy of assessing the educational achievements of residents in the MOWKSMU is carried out in accordance with the directory, regulatory and internal documents.

Quality control of the development of academic programs of the residency in the university is carried out through the system of interim controls, pretests and examinations in the disciplines of the curriculum of the corresponding specialty according to the working curriculum. Introduced in the educational process for postgraduate education, credit technology of education provides for a differentiated graded rating of knowledge.

Reliability and validity of methods for assessing the knowledge of students is conducted in the form of study and analysis of the control and assessment tools (exam questions, test questions, situational tasks, etc.).

Reliability and validity of methods for assessing the practical skills of students are based on the development of unified, scientifically proven methods: a mini-clinical case, OSCE.

All the control and assessment tools are examined, reviewed and approved at the meetings of the departments, further - at the Committee of Academic programs and Educational and Methodological meetings. The university has established a procedure for documenting, studying evaluation methods, analyzing their reliability and validity, and developing new assessment methods that involve external examiners.

The analysis of the final results of assessment, as well as the methods of teaching and learning used, indicate their comparability in the form of achieving positive results.

Standard 4: RESIDENTS

The procedure for admission of citizens to a residency at the university corresponds to the regulatory and directive documents.

The number of the residency listeners admitted corresponds to the capabilities of clinical and practical training, the maximum permissible burden on managers, and also the material and technical capabilities of the organization. The number of the residency listeners is constantly coordinated with the relevant stakeholders, taking into account the need for medical personnel in various fields of medicine.

The University established the Council of residents of the Republic of Kazakhstan on September 7, 2012. The membership of the Council is renewed annually (September 6, 2013, September 10, 2014, September 8, 2015). The resident council participates in the development of the residency academic program based on the selection of elective disciplines of the individual curriculum. At monthly meetings of students, residents can submit proposals and recommendations on the organization of the educational process in the residency: the timetable of classes, the training program for the core elective disciplines, the list of elective disciplines, the library fund and other issues relating directly to the learning process.

The resident council is a member of the Faculty Council. Residents can apply through a direct oral, written address to the dean or the supervising pro-rector for clinical and scientific work or Academic and educational work, and through the feedback forms (questionnaires) after each discipline may influence the organization of the residency academic program (selection of teaching staff, conditions of study, including of the clinical facility, etc.).

For the employment of residents, the responsible departments are the graduating departments and the dean's office of the School (faculty) of postgraduate and additional education). A preliminary interview of residents with employers is conducted, with further final distribution. Further monitoring during 3 years is made by the department of professional internship and monitoring of the graduates employment.

Support and counseling in the residency is carried out with the direct participation of the supervisor appointed from among the teachers of the clinical departments or highly qualified doctors (the first and the highest category) in the departments of the clinical facility where the residents are trained.

The University ensures the participation of residents in all medical activities of clinical facilities based on an individual program, work schedules in departments and duty schedule.

Standard 5: TEACHERS

MOWKSMU teaching staff contributes to the achievement of the mission and goals of the university. The qualification of teachers corresponds to the level of occupied positions and ensures the implementation of academic programs of the residency. The qualification of the teaching staff is confirmed by the corresponding academic degree, academic rank, work experience, for the teaching staff of the clinical departments – through the availability of a qualification category of a specialist and the trust of colleagues.

Annually teachers undertake courses for improvement of professional skills at the expense of university. Currently, the teachers are trained in the academic programs of additional education in the Department of professional development and evidence-based medicine of the University in the disciplines "Assessment and examination in a medical college," "Effective teaching in a medical college," "Development of academic programs," "Communication skills," "Information and communication technology", "Management of scientific research", etc.

The University conducts a personnel policy in such a way that the profile of the teaching staff strictly corresponds to the range and balance of pedagogical skills, which is achieved by constant monitoring and regulation of the ratio of teaching staff teaching basic and clinical disciplines.

Teachers training residents are not only experienced lecturers, but also highly qualified doctors. Along with the training load, they perform a large amount of medical and diagnostic work. Teachers are actively working to improve the educational, pedagogical and therapeutic-diagnostic processes, conduct scientific research. They proactively use the accumulated knowledge and transfer practical experience to residents.

The staffing of the faculty teaching residency disciplines is complete, which allows maintaining a rational ratio between the number of teachers and the number of residents, which guarantees their individual relationship and monitoring residents' achievements.

Standard 6: EDUCATIONAL RESOURCES

The University has a sufficient and appropriate material and technical facility, information resources, educational and information technologies, resources for clinical training of residents and for scientific research.

The infrastructure of clinical facilities contributes to the qualitative organization of the educational process and the provision of the specialized and highly specialized inpatient and outpatient care to the population of the western region of Kazakhstan. Training rooms are equipped with personal computers, multimedia installations, office equipment. Over a number of years, the clinics are phased in, aimed at solving the problems of ensuring the safety of patients, students, medical staff of the institution.

Conformity of the clinical facilities of the university is analyzed based on the results of internal and external audits, through the analysis and evaluation of the internship reports, reports of residents and the faculty, intradepartmental control.

According to the improvement plan, the material and technical facility of the departments and clinics of the university is being modernized. Compared with the 2009-2010 academic year in 2014-2015 the area of the university buildings has increased in 1,088 sq.m. due to the repair in buildings and optimization of the auditor fund. The University's own clinics' area increased in 307 square meters.

The acquired equipment of telemedicine "Polycom" was introduced into the university's activity, which allows conducting video conferences with medical institutions of the Republic of Kazakhstan.

The university has a unified system of library and information services, access to national and foreign databases in the field of medicine, available e-catalogue and e-library of the university, a growing library fund.

The funds for the regular updating of the computer and printing equipment stock in the general structure of the 2012 budget accounted for 37 642 100 KZT, in 2013 - 21 950 100 KZT, in 2014 - 36 610 800 KZT, in 2015 - 56 758 380 KZT.

Residents participate in scientific projects, performing elements of research and producing science based products of the profile department. Researches by residents allow consolidating the obtained theoretical knowledge, practical skills and use of creative potential for further solution of urgent health problems.

Training in other institutions or academic mobility within the framework of the residency academic program is not envisaged.

Standard 7: ASSESSMENT OF ACADEMIC PROGRAMS

For the monitoring and evaluation of the quality of academic programs, a common standard for planning and describing was drawn up, built on the principle of priority, the inspection of the Educational and medthodological board is being implemented, a database of learning kits for the residency academic program has been created, the scheduled audit of the disciplines curricula for compliance with the quality standards during the academic year.

Monitoring of the implementation of the residency academic program is carried out within the framework of the intradepartmental control and intra-university control when visiting open classes, lectures and other activities of the teaching staff for the evaluation of teaching methods and assessment of students' knowledge.

Monitoring and control of the final training results is carried out by the departments and deans in the final certification, state certification and external evaluation of the Ministry of Healthcare of the Republic of Kazakhstan.

Upon achievement of the final training results, in accordance with the content of the core disciplines, academic programs ensure the acquisition by residents of practical skills under the accredited specialties.

In the university, international standards and innovative technologies are introduced into educational processes, which positively affect the students' satisfaction rates. Satisfaction of residents with the content of academic program, teaching methods, organization of the educational process confirms the successful implementation of the academic program in the HEI.

All stakeholders including authorized bodies in the field of education and health (Ministry of Education and Social Development of the Republic of Kazakhstan, Ministry of Education and Science of the Republic of Kazakhstan), employers, public representatives, professional organizations, as well as persons and structures responsible for postgraduate education are involved in the monitoring and evaluation of the residency academic program.

Standard 8: MANAGEMENT AND ADMINISTRATION

The university management activities are periodically assessed at meetings of collegial and deliberative bodies through the internal audit and self-assessment. Heads of administrative departments report at sessions of the administration and the Academic Council. Reports of vice-rectors and deans are heard at the meetings of the Academic Council. Rector of the MOWKSMU reports at the expanded Academic Council of the University and in the Ministry of Healthcare of the Republic of Kazakhstan on the results of academic, scientific, educational, financial and economic activities.

The academic program is evaluated by the profile Committee of academic programs and Department of teaching and guiding. One of the important strategic directions of the university is to increase the effectiveness of the management system, which is defined with the aim of ensuring the effective functioning of quality management. Activities to achieve the indicators of direct results: the analysis of the QMS of the University and the report at the Academic Council, the inspection audit (external audit), the internal audit of the structural divisions of the university.

The structure of academic management ensures the quality and effectiveness of the

university's activities in order to ensure the training of specialists in the residency, the organization and control of academic, methodological, social and educational work of the university, the effectiveness of the work of structural units. Evaluation of the activities of management and structural units of the University is carried out through the regular quality assurance of internal audit and self-assessment.

Standard 9: CONTINUOUS IMPROVEMENT

The development strategy of the MOWKSMU provides for continuous analysis and evaluation of the quality system of the educational and medical activities of the university through a systematic analysis of the QMS, monitoring feedback from consumers of services to determine the degree of their satisfaction and the modernization of the communications system at the university. All fields of the university's activities are regulated by corporate documents (Procedures, Regulations, Instructions, Rules of MOWKSMU, etc.).

The University strives not only to provide high-quality training for resident specialists and to provide opportunities for retraining personnel for health care in connection with the introduction of new innovative technologies in production, but also tries to achieve the greatest possible satisfaction of consumers.

The development of the university is based on the principles of improving the QMS, the introduction of new technologies in the educational process, improving the quality of training of residents with a view to responding flexibly to market demands. The university's management seeks to prevent emerging problems and their causes by improving the system of internal control and risk management.

It should be noted that the MOWKSMU constantly develops the potential of the faculty, which corresponds to the achievement of the institutional and program mission and goals of the university.

III. OUTLINE OF THE EEP VISIT

The visit of the external expert panel (EEP) at the MOWKSMU was organized during December 6-8, 2016 in accordance with the program coordinated with the chair of the EEP, Ph.D., prof. Turdalieva B.S. and approved by the rector of the university, Ph.D. in medicine, prof. Bekmukhambetov E.Zh.

The Panel studied the regulatory and educational-methodological documents on academic disciplines, including standard curricula, work programs, learning kits and other materials provided by the university.

All the materials requested by the panel were provided by the MOWKSMU on time and in full. In order to obtain objective information on the evaluation of the university's activities, the following methods were used by the EEP members: visual inspection, observation, interviewing of employees of various structural units, teachers, trainees, employers, questioning of faculty and students. MOWKSMU ensured the presence of all persons indicated in the visit program. The 3-day visit program of the EEP was implemented in full.

A preliminary meeting of the IAAR EEP members was conducted on 06/12/2016. During the organizational meeting participants were acquainted with the objectives of the visit, the visit program was specified; the responsibility of the EEP members was distributed. Three main subgroups of the EEP members were identified, serving as experts in academic programs in the specialty of residency - 6 specialties. This division is due to the large amount of the EEP work and the need to visit the departments implementing accredited educational programs. The reports on the specialized self-assessment of the MOWKSMU specialties were reviewed, key issues are discussed, additional information is identified, which should be requested from the university for validation purposes and full awareness of the EEP members during the specialized accreditation procedure.

In accordance with the program of the visit on **December 6**, meetings and interviews of the EEP members with the university administration, members of the Academic Council and the committee of academic programs for postgraduate and additional education, administrative and management personnel, faculty, residents and employers were held. EEP members visited the department of postgraduate education, office registrar, testing department, library, department of professional practice and employment monitoring. During the visit to the staff of the above units of the MOWKSMU, presentations and answers to the questions of the EEP experts were presented. Thus, the department of postgraduate education (headed by Professor Nurgaliyeva R.E.) presented the information on the organization of academic programs of the residency, the head of the Committee of academic programs for the postgraduate and additional education (Associate Professor G. Kurmanalina) has shown activities on the methodological support. Automation of process management (educational, administrative, organizational, accounting and analytical) was demonstrated in detail by the AIS Sirius (headed by Kusanova L.Sh.), the testing department presents the assessment of the residency listeners using the testing method (headed by Gataulina B.A.). In the library the head Tyurezhanova G.A. presented the information-bibliographic service, the formation of the library fund, the expansion of the library services, coordination and cooperation with the scientific and technical information bodies, the department of vocational training and employment monitoring of Almagambetova A.S. presented the information on the promotion of graduates' employment and monitoring of their future careers.

Head of clinical pharmacology course, Ph.D., associate professor Smagulova G.A. presented the teaching staff of the course, the volume of clinical work, the results of research work, information about the participation of employees in projects: "Organization of clinical and translational research" (New York, USA - 2014), "Pharmaceutical Medicine" (University of New South Wales, Sydney, Australia - 2015). Training of residents for the course has been conducted since 2013. The panel was provided with materials on the practical work of residents: the students independently fill in the card-reports on the occurrence of adverse reactions to medications, participate in the study and conduct of the ABC / VEN analysis of the financial expenses of the medical organization for medicines, consult pharmacotherapy of patients with comorbid pathology, and alternative antibiotic therapy, master the skills of working with the English-language website www.drugs.com (FDA) to study drug interactions. Residents and interns participate in Health promotions to identify cardiovascular diseases.

The panel visited the MOWKSMU Medical Center, where Deputy Chief Physician I.V. Gordysheva told about the capabilities of the center for the training and employment of residents. At the department of the surgical profile of internship and postgraduate training with a course of traumatology, the head of B.S. Zhakiyev presented information on staff, resources, achievements in the field of organ transplantation, international cooperation, clinical training and research work of residents. In clinical work, modern invasive and non-invasive methods for diagnosing the pathology of the heart are widely used. To perform cardiosurgical operations a wide range of high-precision equipment is used: an artificial circulation device; Stabilizers of the myocardium and the apex of the heart; Apparatus of extracorporeal membrane oxygenation, etc.

In the regional clinical hospital, Head of the department of surgical diseases No. 1, urology, otorhinolaryngology and ophthalmology O.M. Kurmangaliev introduced the teaching staff and the analysis of the educational, clinical, scientific activities of the department. The staff demonstrated the documentation on evaluation of the educational achievements of residents in the AIS Sirius. The members of the panel showed study rooms for residents, demonstrated the possibilities of telemedicine in training.

The panel visited the regional children's clinical hospital - the clinical facility of the Department of Pediatric Surgery. Chief physician, Ph.D. in medical sciences N.N. Kozhin, Deputy Chief Physician, Ph.D. S.P. Dosmagambetov conducted a detour around the clinical facility and demonstrated the possibilities for training residents. Head of the department, Ph.D. in medical sciences, prof. B.K. Dzhenelayev presented information about the teaching staff, the

learning kit, the technical equipment of the department (phantoms, tables and figures, slides video films), the scientific-student study groups. Head of the Department of Internship Dentistry and Post-Graduate Education, Ph.D. in medicine, prof. B.S. Zhanalina told about the peculiarities of working with residents, the influence of equipment and methodological support on the development of practical skills for students and the capacities of targeted training. In the process of training residents modern methods of diagnosis and treatment are widely used: computer and magnetic resonance imaging, angiography, ultramodern scanners of expert class, remote fluoroscopy device, video endoscopy equipment. The panel wasn demonstrated the capacities of a conference room for a videoconference.

On the same day, EEP members visited the Department of Evidence-Based Medicine and the Department of Professional Development and Evidence-Based Medicine. Head of the Department of Evidence-Based Medicine R.K. Nazarbayeva presented a report on the organization of training for teaching staff, doctors, students, interns and residents in the discipline "Fundamentals of Evidence-Based Medicine." One of the final results of teaching a discipline is the ability to critically evaluate a publications. Since January 2014, the department has been organizing sessions of the "Journal Club".

The main goal of the department of professional development and evidence-based medicine (headed by L.M. Zhamalieva) is to improve the quality of medical education through the development of teachers' professional competencies, development of teaching competences of teaching staff. The department provides additional educational services for students of the residency, using social networks as an element of e-learning (act of implementation №549 as of 29.11.2016), organizes the work of the School of young scientists, and conducts research in medical education. The Panel was presented the "Profile of interpersonal interaction between teachers of medical universities in Kazakhstan" (National Center of STI RK, State incorporation No. 0114RK00648).

When visiting the center of practical skills, the members of the EEP noted the organization of the work of the center and the resource capacities of the training center equipped with training manikins, models and simulators, high-tech simulators with special computer programs.

On December 8, the panel visited a scientific and practical center, where the head Sakhanov S.K. demonstrated the work of scientific and educational laboratories: morphological, immunological, biochemical, physiological, hygienic, where parts of scientific studies of students are performed.

In accordance with the accreditation procedure, on-line interviewing of teachers and students was conducted: students, residents. As a result of the survey of teachers, which involved 33 participants, it was found that 100% of respondents noted that they were satisfied with the content of the academic program, 100% noted that the university provides an opportunity for continuous development of teachers' potential, and more than 93% can actively apply their own methods of learning in the educational process. All interviewed said that the library has the necessary scientific and educational literature. 96.8% of the teachers, who participated in the survey, believe that the university is a safe work place. The majority of respondents (96.7%) are confident that their innovative activity is encouraged by management and are satisfied with the work on upgrading the qualifications of the teaching staff. Many respondents are satisfied with the support of the management both in the development of new academic programs and in motivational approaches. In general, for all 65 questions of the questionnaire, the overwhelming majority of the respondents answered positively and consider that this is an actively developing institution with great growth opportunities and conditions for both teachers and employees, and for students. At the same time, a number of respondents (41.9%) are facing problems - a lack of educational audiences, infrequent involvement in training of practitioners (29%), imbalance in the academic load for semesters (38.7%), overcrowded training groups (40.3% %), lack of access to the Internet (32.2%), low discipline of students (53.2%), lack of technical tools in classrooms (38.8%). 43.5% of the interviewed teachers partially and completely dissatisfied with the terms

of payment, the same opinion about the provision of benefits (rest, sanatorium treatment, etc.) was expressed by 46.8% of respondents.

A survey of 31 students of the residency was conducted. According to the results of the survey, 94% are satisfied with the relations with the dean's office, more than 94% are satisfied with the level of accessibility and responsiveness of the university administration, the availability of academic counseling (92%), teaching materials (94%), the availability of library resources (96.7%), the corporate environment of the university 92.5%), general quality of the curriculum (96%), teaching methods (90.7%), quality of teaching (94.8%), awareness of various aspects of education (97%), objectivity and fairness of teachers (96%), use of effective teaching methods (89.7%). With respect to the qualitative characteristics of teachers, the majority of the interviewed students expressed their positive opinion.

For the EEP work comfortable conditions were created with an access to all necessary information resources. The Panel notes the high level of the corporate culture of the MOWKSMU, the high degree of the team's openness in provision of information to the members of the EEP.

Recommendations to improve academic programs of accredited specialties of the university, developed by the EEP based on the results of the examination, were presented at the meeting with the management on December 8, 2016.

IV. RECOMMENDATIONS of the MOWKSMU on academic programs of the residency specialties:

6R113600 "Urology and andrology, including pediatric"
6R112800 "Cardiosurgery, including pediatric"
6R113100 Maxillo-facial surgery, including pediatric"
6R113000 "Neurosurgery, including pediatric"
6R113300 "Pediatric surgery"
6R112500 "Clinical pharmacology"

1. Elective component is recommended to be extended due to the requirements for different roles of the residency graduates in the health sector (electives on funding of the health sector, mechanisms and technologies for the implementation of the unified national healthcare system, compulsory social health insurance, for residents of Cardiosurgery - electives for roentgen-endovascular and vascular surgery).
2. Ensure the study and documentation of the validity of methods for assessing the learning achievements of students.
3. Initiate research in the field of medical education, by introducing scientifically-oriented approaches.

PARAMETERS OF THE SPECIALIZED PROFILE

№	CRITERIA FOR EVALUATION	Comments	Corresponds to	Corresponds in part to	does not match
11.	**«MISSION AND OUTCOMES»**				
11.1	**STATEMENT OF MISSION AND OUTCOMES**				
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 organiation should ensure the improvement of care for patients that is appropriate, effective, safe and compassionate in dealing with health problems, and health promotion, including patient-centered and holistic approach.		+		
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**.**		+		
11.2	**PROFESSIONALISM AND PROFESSIONAL AUTONOMY**				
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.		+		
11.3	**LEARNING OUTCOMES**				
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.		+		
11.4	**PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES**				
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.		+		
	TOTAL		**19**		
12.	**STANDARD "EDUCATIONAL PROGRAM"**				
12.1	**FRAMEWORK SETTINGS of the program of postgraduate medical education**				
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.		+		
12.2	**SCIENTIFIC METHOD**				
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.			+	
12.3	**PROGRAM CONTENT**				
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.			+	
12.4	**PROGRAM STRUCTURE, CONTENT AND DURATION**				
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				+

19

№					
	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.				
12.5	**ORGANIZATION OF LEARNING**				
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.		+		
12.6	**RELATIONSHIP BETWEEN Postgraduate MEDICAL EDUCATION and PROVISION OF MEDICAL AID**				
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.				
	TOTAL		25	1	
13.	**STANDARD "EVALUATION OF RESIDENTS''**				
13.1	**METHODS OF EVALUATION**				
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 .		+		
13.2	**RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING**				
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.		+		
	TOTAL		**9**	**1**	
14.	**STANDARD "RESIDENTS"**				
14.1	**ADMISSION AND SELECTION POLICY**				
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, 9including 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.		+		
14.2	**NUMBER OF TRAINEES**				
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		+		

23

	international labor markets, the unpredictability of the exact needs for health professionals in various fields of medicine.				
14.3	**SUPPORT AND CONSULTING RESIDENTS**				
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.		+		
14.4	**REPRESENTATION OF RESIDENTS**				
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.		+		
14.5	**CONDITIONS OF WORK**				
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.		+		
	TOTAL		**28**		
15.	**STANDARD "TEACHERS"**				
15.1	**RECRUITMENT AND SELECTION POLICY**				
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.		+		
15.2	**LIABILITIES AND DEVELOPMENT**				
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.		+		
	TOTAL		**5**		
16.	**STANDARD "EDUCATIONAL RESOURCES"**				
16.1	**LOGISTICS AND EQUIPMENT**				
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.		+		
16.2	**CLINIC BASES**				

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.		+		
16.3	**INFORMATION TECHNOLOGIES**				
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 nd 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.		+		
16.4	**CLINICAL TEAMS**				
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.		+		
16.5	**MEDICAL RESEARCH AND ACHIEVEMENTS**				
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.		+		
16.6	**EXPERTISE IN THE FIELD OF EDUCATION**				
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.		+		
16.7	**TRAINING IN OTHER INSTITUTIONS**				
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.			+	
	TOTAL		**20**	**1**	
17.	**STANDARD "ASSESSMENT OF EDUCATIONAL PROGRAMMES"**				
17.1	**ARRANGEMENTS FOR MONITORING AND EVALUATION**				
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.			+	
17.2	**FEEDBACK FROM TEACHERS AND RESIDENTS**				
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.			+	
17.3	**RESULTS OF RESIDENTS AND QUALIFIED EXPERTS**				
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.		+		
17.3	**INVOLVEMENT OF THE INTERESTED SIDES**				
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.		+		
17.4	**PROCEDURE FOR APPROVAL OF EDUCATIONAL PROGRAMS**				
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.		+		
	TOTAL		**13**		
18.	**STANDARD "MANAGEMENT AND ADMINISTRATION"**				
18.1	**MANAGEMENT**				
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.		+		
18.2	**ACADEMIC LEADERSHIP**				
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.		+		
18.3	**BUDGET FOR TRAINING AND RESOURCE ALLOCATION**				
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.		+		
18.4	**ADMINISTRATION AND MANAGEMENT**				
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.		+		
18.5	**REQUIREMENTS AND NORMATIVE REGULATIONS**				
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.		+		
	TOTAL		**13**		
19.	**STANDARD "CONTINUOUS IMPROVEMENT"**				
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.		+		
19.3	**Medical education organizations should be in the upgrade process to pay**				

	attention to the following questions:		+		
	- Adaptation of the mission and outcomes of postgraduate training programs in scientific, socio-economic and cultural development of society,		+		
	- Modification of the set of learning outcomes after completion of postgraduate training in the chosen field of medicine in accordance with documented needs of the environment apply to recently completed the training of health professionals, changes may include clinical skills, training in the field of public health and participation in patient care, the respective responsibilities assigned upon completion of the program.		+		
	- Adaptation of educational approaches and teaching methods, to ensure their relevance and appropriateness		+		
	- Adjustment of the structure, content and duration of training programs in residency in accordance with developments in the basic biomedical sciences, clinical, behavioural and social sciences, changes in demographics and the structure of the population on health / illness, as well as socio-economic and cultural conditions, the adjustment It will ensure that new relevant knowledge, concepts and methods are included and outdated are cancelled		+		
	-Development of principles and valuation methods in accordance with changes in the established results and teaching methods		+		
	-Adaptation of the resident selection policies, methods of selection and admission of residents to changing expectations and circumstances, human resource needs, changes in basic medical education and curriculum requirements		+		
	-a set of policy adaptation and development of academic mentors and teachers in accordance with the changing needs in postgraduate education		+		
	-Upgrading equipment at clinical sites of education and other educational resources to changing needs in postgraduate medical education, that is, the number of residents, the number of teachers and profile training program and contemporary educational principles		+		
	-Improving the monitoring process of the program and evaluation of the program		+		
	-Development of the organizational		+		

	structure, governance and management to address changing circumstances, and postgraduate training needs, and eventually gathering the interests of different stakeholder groups				
	TOTAL		**13**		
	TOTAL IN GENERAL		**145**	**3**	