Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care

GUIDE TO THE INSTITUTIONAL SELF-EVALUATION HIGHER EDUCATION INSTITUTIONS FOR HEALTH PROFESSIONS EDUCATION

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EURASIAN ENTRE FOR ACCREDITATION AND QUALITY ASSURANCE IN HIGHER EDUCATION AND HEALTH CARE

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HIGHER EDUCATION INSTITUTIONS
FOR HEALTH PROFESSIONS EDUCATION

ALAMATY 2017

1. **DEVELOPED** by Non-profit Entity «Eurasian entre for Accreditation and Quality Assurance in Higher Education and Health care».

2. **APPROVED AND INTRODUCED** by the Order #5 February 17, 2017 of the Director General, Eurasian entre for Accreditation and Quality Assurance in Higher Education and Health care.

3. In this standard, the Provisions of the Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from April 9, 2016) has been introduced.

Guide to the institutional self-evaluation for higher education institutions of health professions education provides an overview of the accreditation process, the basic elements of the process of institutional self-evaluation, including student participation in an independent student analysis, standards and criteria for institutional accreditation, based on the World Federation of Medical Education Global Standards for Quality Improvement of Basic Medical Education (Revision 2015) and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (Revision 2015) with the national specifications of health professions education and healthcare system.

Guide to the institutional self-evaluation is intended to the leadership, faculty and staff, students at the higher education institutions in the Republic of Kazakhstan, ECAQA experts, representatives of health agencies and organizations and Ministry of Health of the Republic of Kazakhstan, Ministry of Education and Science of the Republic of Kazakhstan.

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1. THE ACCREDITATION PROCESS OVERVIEW

Accreditation is the process by which the accrediting agency, non-governmental organizations, professional associations grant formal recognition to higher education institutions and their educational programs that meet stated standards and criteria of educational quality.

The general steps of the accreditation process include: the submission of a formal application to the accrediting agency; access to accreditation, conducting of institutional self-evaluation, and preparation of an external expert commission to site-visit and the site-visit, decision on accreditation, fellow up activities- annually repost, re-accreditation.

	STEPS IN THE ACCREDITATION PROCESS	Time frame (+/-months)
1	**Submission the application to the accrediting agency**	**0- +4**
	Submission of application form with database and copy of the HEIøs State License of Kazakhstan Ministry of Education and Science to the accrediting agency	0
	ECAQAøs consideration of the HEIøs completed application and database to confirm its eligibility	+2
	Finalise the arrangements and sign the Contract between the ECAQA and HEI	+3
	ECAQA establishes site-visit dates with the Rector of HEI	+3
	Accrediting agency arranges the consultant visit at the HEI and Workshop on accreditation orientation for administrative staff, faculty and students.	+4
2	**Institutional self-evaluation**	**+4 - +14**
	Appointment of the self-evaluation coordinator and the members of the institutional self-evaluation commission and needed subcommittees.	+4
	The Coordinator and Chairs of committee/subcommittees define their responsibilities for conducting the self-evaluation and establish objectives, scope of study, methods of data collection, initiate student analysis.	+4
	Completion of and the data collection and the student analysis and of supporting documents and Institutional Self-evaluation Report	+8
	Submission preliminary Institutional Self-evaluation Report to the accrediting agency	+10
	Receive ECAQAøs expertsø comments on preliminary self-evaluation repost and incorporate their comments or send some clarification as	+11

	requested.	
	The self-evaluation coordinator reviews the database, Institutional Self-evaluation Report, and other required documents for accuracy, consistency, and currency.	+12
	Submission final Institutional Self-evaluation Report to the accrediting agency (Kazakh/ Russian/ English on CD)	+14
3	**Preparing for the Site-visit**	**+15**
	Development and approval of the ECAQAøs External Expert Commission (EEC) Site-visit Program	
	The accrediting agency sends external evaluation instructions and list of ECAQA ECC Members to Rector of HEI	
	Each member of the EEC receives a copy of the Institutional Self-evaluation Report and additional documentation that sent by the accrediting agency.	
	The ECAQAøs EEC reviews the database, institutional self-evaluation report, and other relevant materials or request additional information prior to the site-visit.	
4.	**The ECAQAøs EEC Site-visit**	**+16 - +17**
	ECAQAøs EEC carries out external review according to approved Site-visit Programme.	+16
	Members of the ECC develop a list of strengths, areas of partial or substantial non-compliance with accreditation standards, and any areas in transition and prepare Preliminary draft of the Site-visit Report that includes information from the database and self-study summary report, as well as the survey team's findings and conclusions.	+16
	The summary of findings will be reported orally to the Rector and the HEIøs Council at the end of ECCø site-visit.	+16
	A draft of the Site-visit Report sends to the Rector for correction of any factual errors. The HEI is requested to provide a response to the draft Site-visit Report that includes a factual review and recommendations.	+16
	Submission of the ECAQAøs EEC final Site-visit Report and recommendations to the accrediting agency.	+17
	Submission of the ECAQAøs EEC final Site-visit	+17

		Report and recommendations and relevant documents to the ECAQAⱷs Accreditation Council.	
5	**Decision on accreditation**		
		The final EEC final Site-visit Report is considered by the ECAQAⱷs Accreditation Council its next meeting at which time the decision about accreditation is made. Full accreditation status will be granted for a period of five years.	+18
		The HEIⱷs Rector is notified of the ECAQA decision regarding accreditation along with the final Site-visit Report.	+18
		Summary of the Site-visit Report and accreditation status are posted on official web-site of the accrediting agency	+18
		The ECAQA as accrediting agency submits the information about HEIⱷs accreditation status and the Summary of the Site-visit Report to the Ministry of Education and Science to be listed at the National Register #2 for accredited HEIs.	+19
6	**Re-accreditation**		**after 5 years**
		Re-accreditation after 5 years Submission of updated database and information about higher education institution to the accrediting agency.	

2. ORGANAISING AND CONDUCTING THE INSTITUTIONAL SELF-EVALUATION

Institutional self-evaluation is the main element of the accreditation process and involves representatives of the HEIⱷs administration, faculty (academic staff), student organizations and other stakeholders to collect and analyze data on HEI and its educational programmes, to identify their own strengths and weaknesses, issues requiring decisions and areas for improvement.

In the institutional self-evaluation process should involve many participants, publish and distribute the results for increasing of benefits of self-evaluation - as a guide for strategic planning and continuous renewal.

The institutional self-evaluation procedure requires time and effort from leadership, management, administrative staff, faculty, students and other relevant stakeholders.

THE SAMPLE OF SCHEDULE FOR INSTITUTIONAL SELF-EVALUATION

Time frame (+/-months)	Activity
-16	Accreditation agency coordinates the site-visit date with the Rector of higher education institution
-15	Accreditation agency arranges the training for staff and faculty and provides the Guide for Institutional Self-evaluation and data collection forms to the higher education institution. Institution appoints its representative, who is responsible for conducting the institutional self-evaluation.
-15	Institution appoints the Chair and members of the Commission for institutional self-evaluation. The Chair of this commission establishes its main objectives, functions, methods and terms of data collection, and defines the required sub-commissions responsibilities for relevant data collection and analysis, submission their reports.
-6	The Commission for institutional self-evaluation reviews sub-commissionsø reports and prepares the final Report. The Institutional self-evaluation Report should conclude with the list of HEI strengths, issues to be addressed and recommendations to address any identified problems.
-3	Accrediting agency sends the Site-visit Program and the External Expert Commission (ECC) members to the HEI Rector. HEIøs representative for institutional self-evaluation analyzes the database, final report on institutional self-evaluation and other required documents for reliability, correspondence and objectivity. Following the required revision documents are sent to the Accrediting agency and to each member of External Expert Commission.
-3	Consideration of Institutional self-evaluation report by accrediting agency EECøs members before the site-visit at the HEI.
-2	HEI sends any required additional information or data to EEC and to the Accrediting agency.
-1	The Accrediting agency coordinates the final Site-visit Programme and finalizes the schedule with the HEI.
0	ECCøs Site-visit at the Higher Education Institution.
	Preliminary draft of the Site-visit Report that includes

	information from the database and self-study summary report, as well as the survey team's findings and conclusions presented to the HEI Leadership and staff.
+ 1	The final Site-visit Report finalized by ECC, the Secretariat of the Accrediting agency sends the final Report to the Rector of HEI
+ 1	Leader of the ECC sends the final Report to the Accrediting agency
+ 3	The final EEC final Site-visit Report is considered by the ECAQAøs Accreditation Council its next meeting at which time the decision about accreditation is made. Full accreditation status will be granted for a period of five years. The HEIøs Rector is notified of the ECAQA decision regarding accreditation along with the final Site-visit Report.

2.1 The HEIøs representative responsible for institutional self-evaluation

The representative of the higher education institution responsible for institutional self-evaluation should be an officer with experience in medical education and recognized and respected by the colleagues, have an academic or research degree, the ability to identify sources of information and explain documents on the higher education institution activities with administration, faculty and students within the institutional self-evaluation process.

The HEIøs representative for institutional self-evaluation is responsible for:

– appointment the members of the commission/sub-commissions on institutional self-evaluation;

– coordination of the activity of internal commission/ sub-commissions on institutional self- evaluation;

– collection of the information and completing a database and institutional self- evaluation report;

– reliability of information and database and institutional self- evaluation report;

– effective communication with the accrediting agencyøs secretariat regarding the institutional self- evaluation and the external expert commission site-visit at the HEI.

– submitting the information and responding to requests from the accrediting agencyøs secretariat and members of the external expert commission.

2.2 Commission and sub-commissions on institutional self-evaluation

Institutional self-evaluation process requires the participation of all

staff/faculty of higher education institution. The primary responsibility of HEIⱷs representative and members of commission for institutional self-evaluation is preparing the final institutional self-evaluation report. This commission determines the objectives and time-frames for conducting the institutional self-evaluation.

Commission on institutional self-evaluation should be broadly represented by the staff of the HEI and includes: representatives of administration departments (academic, finance and management), faculty, medical students, graduates, representatives from clinical affiliates.

Commission on institutional self-evaluation should establish relevant sub-commissions to gather information and data for the database completion and submit the conclusions for relevant sections of the institutional self-evaluation report.

Each sub-commission should include representatives of administration, faculty and when appropriate, students. It is more preferable to assign one or more commission members in each sub-commission to provide continuity and cooperation.

Commission on institutional self-evaluation should also establish sub-commission from an appropriate group of students to conduct their own independent student review. The HEI representative on institutional self-evaluation should provide an administrative support for the student review that is afforded to other commissions on institutional self-evaluation. The sub-commission that completing the database and provides the data collection on sections of accreditation standards dealing with medical students should include information about independent student analysis.

The sub-commissions should take two or three months to complete their data gathering, analysis, and reporting. The sub-commissions reports should be forwarded to the HEI representative on institutional self-evaluation. The sub-commissions reports should not simply summarize the information but should include detailed analyses of each area, based on the combined perceptions and expertise by each sub-commission member. The analyses should lead to conclusions about HEI strengths and challenges (including potential or suspected areas of partial or substantial noncompliance with accreditation standards), and recommendations to address these problems.

The competence of institutional self-evaluation commission includes the development and summarizing the results of sub-commissions activities and the preparation of the final report on institutional self-evaluation.

Consequently, the institutional self-evaluation commission studies sub-commissionsⱷ reports which must reflect a comprehensive assessment, analysis of strengths and weaknesses and then synthesized into a summary as the main institutional strengths of the medical education institution and the problems that need attention. For each identified problem area should be offered possible solutions and strategies. Any action taken in relation to identified problems must be described.

2.3 The database and other documents completion.

The forms for data gathering and analysis are related to specific sections of accreditation standards. Each database section should be completed by specialists most competent in appropriate areas. Special attention should be given to the reliability and consistency of information provided in relevant database sections. HEI representative on institutional self-evaluation is responsible for and has to ensure that submitted data provide completeness and reliability of information and were subjected to detailed analysis to eliminate inconsistencies in report documentation.

Independent student review and copies of graduatesø questionnaires are assembled in a separate folder that forms part of the database to be reviewed by institutional self-evaluation commission and external expert commission.

The period of the time covered by the database collection should be clearly indicated, and should be consistently allocated. As the database will be prepared within six - eight months before the site visit by external expert commission, some documents as appropriate can be revised. The external expert commission may request a current financial information, student enrollment data, and updates on changes in the educational programs, and any other significant information. These data should be verified prior to the submission to external expert commission members and to the secretariat of the accrediting agency and should be sent three months prior the external expert commissionøs site-visit at the HEI.

2.4 Final Institutional self-evaluation Report

Final institutional self-evaluation report should be sent to the accrediting agency and to external expert commission members, along with the database on HEI, about two months prior to the external expert commissionøs site-visit at the HEI. Copies of each sub-commissions report should be available for review by external expert commission during the site-visit.

Final Institutional Self-evaluation Report should summarize advantages and disadvantages, and define priorities for improvement and consistency of their achievements; should analyze all changes. When making a final institutional self-evaluation report should be concise and specific in describing the ongoing activities and actions to be taken.

The summary report resulting from the self- evaluation process provides an evaluation of the quality of the HEIøs educational programmes and the adequacy of resources that support them.

THE STRUCTURE OF THE INSTITUTIONAL SELF-EVALUATION REPORT

Title (the first) page of the Institutional Self-evaluation Report:
- name of the higher education institution;

- name of the HEI's Rector;
- signature
- the date of submission;
- HEI's address/phone/fax/e-mail
1. Statement of the Institutional Self-evaluation Report signed by the HEI's Rector;
2. List of the HEIs Commission on Institutional Self-evaluation members with indicating their responsibilities;
3. Name of HEIs representative responsible for Institutional Self-evaluation:
   Contact details:
   Address:
   Phone:
   Fax:
   E-mail:
4. Abbreviations
5. Introduction to the Institutional Self-evaluation Report (the HEIs Brief History and achievements)
6. The Institutional Self-evaluation Report with conclusions on each Standard section including the description of the strengths and weaknesses and actions for improvement.
7. Summary
8. Annexes
   Supporting documents relating to the Standards and attached to the Institutional Self-evaluation Report should be listed.

3. STANDARDS FOR INSTITUTIONAL ACCREDITATION

STRUCTURE OF STANDARDS FOR INSTITUTIONAL ACCREDITATION	
STANDARD 1: MISSION AND OUTCOMES	1.1 MISSION 1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM 1.3 EDUCATIONAL OUTCOMES 1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES
STANDARD 2: EDUCATIONAL PROGRAM	2.1 FRAMEWORK OF THE PROGRAMME 2.2. SCIENTIFIC METHOD 2.3 CURRICULUM STRUCTURE, COMPOSITION AND DURATION 2.4 PROGRAM MANAGEMENT 2.5 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR
STANDARD 3: ASSESSMENT OF STUDENTS	3.1 ASSESSMENT METHODS 3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

STANDARD 4: **STUDENTS**	4.1 ADMISSION POLICY AND SELECTION 4.2 STUDENT INTAKE 4.3 STUDENT COUNSELLING AND SUPPORT 4.4 STUDENT REPRESENTATION
STANDARD 5: **ACADEMIC STAFF/FACULTY**	5.1 RECRUITMENT AND SELECTION POLICY 5.2 STAFF ACTIVITY AND DEVELOPMENT POLICY
STANDARD 6: **EDUCATIONAL RESOURCES**	6.1 PHYSICAL FACILITIES 6.2 CLINICAL TRAINING RESOURCES 6.3 INFORMATION TECHNOLOGY 6.4 MEDICAL RESEARCH AND SCHOLARSHIP 6.5 EDUCATIONAL EXPERTISE 6.6 EDUCATIONAL EXCHANGE
STANDARD 7: **PROGRAM EVALUATION**	7.1 MECHANISMS FOR PROGRAM MONITORING AND EVALUATION 7.2 TEACHER AND STUDENT FEEDBACK 7.3 PERFORMANCE OF STUDENTS AND GRADUATES 7.4 INVOLVEMENT OF STAKEHOLDERS
STANDARD 8: **GOVERNANCE AND ADMINISTRATION**	8.1 GOVERNANCE 8.2 ACADEMIC LEADERSHIP 8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION 8.4 ADMINISTRATION AND MANAGEMENT 8.5 INTERACTION WITH HEALTH SECTOR
STANDARD 9: **CONTINUOUS RENEWAL**	

STANDARD 1: MISSION AND OUTCOMES

Terms and definitions:

Mission provides the overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutionsø vision.

Postgraduate medical education would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/ subspecialist education and other formalised education programmes for defined expert functions.

Life-long learning is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge,

skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

Encompassing the health needs of the community would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.

Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the schooløs own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical school would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.

Medical research encompasses scientific research in basic biomedical, clinical, behavioural and social sciences and is described in 6.4.

Aspects of global health would include awareness of major international health problems, also of health consequences of inequality and injustice.

Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private cooperations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (2.1 and 2.6), assessments (3.1), students admission (4.1 and 4.2), staff recruitment/selection (5.1) and employment conditions (5.2), research (6.4) and resource allocation (8.3).

Academic freedom would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.

Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes.

Outcomes within medicine and medical practice - to be specified by the medical school - would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioural and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate

professionalism in connection with the different roles of the doctor, also in relation to the medical profession.

The characteristics and achievements the students display upon graduation can e.g. be categorised in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.

Appropriate student conduct would presuppose a written code of conduct.

Principal stakeholders would include the dean, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.

Other stakeholders would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

Standards 1: Mission and outcomes includes: the mission statement; institutional autonomy and academic freedom; educational outcomes; stakeholdersø participation in formulation of mission and outcomes.

STANDARD: 1. MISSION AND OUTCOMES
1.1 Mission
1.1.1 The higher education institution **must** state its mission and make it known to its constituency and the health sector it serves.

- What are the vision, mission and profile of the institution; what makes it unique?
- Describe the mission and outcomes and provide a copy of the relevant published document.
- How is the statement on mission developed?
- How is the information about mission and outcomes notified to the stakeholders?

1.1.2 The higher education institution **must** in its mission outline the aims and the educational strategy resulting in a health professionals (medical doctor, dentist, nurse, professionals in public health, pharmacist)

- competent at a basic level;
- with an appropriate foundation for future career as a health professionals;
- capable of undertaking the roles of health professionals as defined by the health sector;
- prepared and ready for postgraduate education;
- committed to life-long learning.

- Describe the objectives of educational programmes of HEI.
- Describe the educational strategy resulting in a health professionals competencies and their postgraduate specialty training or research.
- Describe how students develop their ability and commitment to lifelong learning.
- What is the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of students at graduation?
- How do the competencies relate to existing and emerging needs of the society in which the students will practice?

1.1.3 The higher education institution **must** consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

- Describe how health needs of the community, the needs of the healthcare system are reflected in the mission
- Provide references to other published mission and educational outcomes statements that refer to these areas
- How are social responsibility, research attainment, community involvement and readiness for postgraduate education reflected in the mission statement?

1.1.4 The higher education institution **should** ensure that the mission encompasses medical research attainment and aspects of global health.

- How are medical research attainments of biomedical, behavioral and social sciences considered in the mission?
- How are the aspects of global health reflected in the mission?

1.1.5 The higher education institution **must** develop the Strategic Plan that is approved by the HEIøs Council and **must** be corresponded with the Mission and objectives.

- Describe the main strategic priorities for the development of the higher education institution
- When the HEIøs Strategic Plan revised?

1.1.6 The medical education institution **must** systematically gather, collect, analyse the information and define the Strengths and Weaknesses (SWOT analysis) that **must** be the basis for Quality Assurance Policy, Strategic Plan and Operational Plan.

- Present the results of the SWOT-analysis of external and internal environment of the higher education institution
- Describe the process of planning, who are involved in this process, the stages of consideration, discussion and approval of the Strategic and Operational Plan

1.1.7 The mission and objectives **must** take into consideration the National perspectives in the Higher Education and Research Areas and Region Development.

- How do the research activities reflect the institution's overall mission and goals?
- What are the institution's goals and priorities in terms of its local, national, European and international positioning?

1.1.8 The medical education institution **must** have adequate physical facilities and recourses available to attain its mission statement and objectives and **must** provide the access to the information about its mission statement and objectives.
- Describe how the support and the access to the resources are carried out to achieve the mission statement
- How is the access to the information about mission and educational outcomes provided in the higher education institution?

1.2 Institutional Autonomy and Academic Freedom

1.2.1 The higher education institution **must** have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum and use of the allocated resources necessary for implementation of the curriculum.
- Describe the policy or provide relevant documents of the higher education institution and the government on responsibility for the curriculum design and resources allocation
- To what extent does the higher education institution take full advantage of its autonomy?

1.2.2 The higher education institution **should** ensure academic freedom for its staff and students   in addressing the actual curriculum and in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.
- What policies and practices does the higher education institution have, which ensure that teaching by individual staff and by departments appropriately addresses the design of the curriculum.
- How is this evaluated and, if necessary, redressed?
- What is the higher education institution's process for reviewing resource allocation in support of an evolving curriculum?

1.3 Educational Outcomes

1.3.1 The higher education institution **must** define the intended educational outcomes that students should exhibit upon graduation in relation to:
- their achievements at a basic level regarding knowledge, skills, and attitudes;
- appropriate foundation for future career in any branch of medicine;
- their future roles in the health sector;
- their subsequent postgraduate training;
- their commitment to and skills in life-long learning;

- the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.
- What educational outcomes (knowledge, skills, and attitude/professional values) are required from students at graduation?
- Specify how the educational outcomes are related to the postgraduate training.
- How these educational outcomes are related to the subsequent graduates training and commitments to lifelong learning
- How does the higher education institution define its service to society role? What kind of specific activities relating to the health needs are included, e.g. research and technology transfer, continuing education and service to community?

1.3.2 The higher education institution **must** ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.
- How institution ensures of studentsø ethical conduct with doctors at the clinic, teachers, patients and their relatives is provided?

1.3.3 The higher education institution **must** make the intended educational outcomes publicly known.
- Describe the availability of intended educational outcomes to public.

1.3.4 The higher education institution **should**
- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training;
- specify intended outcomes of student engagement in medical research;
- draw attention to global health related intended outcomes.
- How does the higher education institution measure and get information about clinical competency of its graduates?
- How does the higher education institution define in the educational programme the results of students involvement in research?
- How the global health needs are reflected in the educational outcomes?

1.3.5 The higher education institutionøs programmes **should** be designed so that they meet the objectives set for them, including the intended learning outcomes. (ESG 1.2)
- How does study programme design and approval function in the institution? Who does what?

1.4 Participation in Formulation of Mission and Outcomes
1.4.1 The higher education institution **must** ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.
- Who are the higher education institutionøs principal stakeholders?
- How does the higher education institution involve its principal stakeholders in the mission and objectives statements formulating?

1.4.2 The higher education institution **should** ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

- What are the other groups than the above principal stakeholders the higher education institution is consulted with?
- How the higher education institution is consulted with these groups of principal stakeholders and how does the institution involve these groups in the process of improvement of the mission and objectives formulating?

STANDARD 2: EDUCATIONAL PROGRAMMES

Terms and definitions

Framework of the programme in this document is used synonymously with
curriculum.

Overall curriculum in this document refers to the specification of the educational programme, including a statement of the intended educational outcomes (1.3), the content/syllabus (2.2-2.6), learning experiences and processes of the programme. The curriculum should set out what knowledge, skills, and attitudes the student will achieve. Also, the curriculum would include a description of the planned instructional and learning methods and assessment methods (3.1).
Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design. The curriculum would be based on contemporary learning principles.

Instructional/ learning methods would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practicals, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.

Principles of equality mean equal treatment of staff and students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.

To *teach the principles of scientific method, medical research methods and evidence based medicine* requires scientific competencies of teachers. This training would be a compulsory part of the curriculum and would include that medical students conduct or participate in minor research projects.

Evidence-based medicine means medicine founded on documentation, trials and accepted scientific results.

Elements of original or advanced research would include obligatory or elective analytic and experimental studies, thereby fostering the ability to

participate in the scientific development of medicine as professionals and colleagues.

The clinical sciences would - depending on local needs, interests and traditions -include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialities), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto-rhino-laryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialities) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registrationtraining/internship.

A reasonable part would mean about one third of the programme.

Planned contact with patients would imply consideration of purpose and frequency sufficient to put their learning into context.

Examples of *horizontal* (concurrent) *integration* would be integrating basic sciences such as anatomy, biochemistry and physiology or integrating disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology.

Examples of *vertical* (sequential) integration would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.

Core and optional (elective) content refers to a curriculum model with a combination of compulsory elements and electives or special options.

The authority of the curriculum committee would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation (8.3).

The *operational linkage* implies identifying health problems and defining required educational outcomes. This requires clear definition and description of the elements of the educational programmes and their interrelations in the various stages of training and practice, paying attention to the local, national, regional and global context. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team. Operational linkage also implies constructive dialogue with potential employers of the graduates as basis for career guidance.

Subsequent stages of education would include postgraduate medical education (preregistration education, vocational/professional education and specialist/subspecialist or expert education, cf. 1.1, annotation) and continuing professional development (CPD)/continuing medical education (CME).

Standards 2: Educational Programmes includes: framework of the

programmes and instructional methods; scientific methods; basic biomedical sciences; behavioral and social sciences and medical ethics; clinical sciences and skills; curriculum structure, composition and duration; programme management; linkage with medical practice and the health sector.

2. EDUCATIONAL PROGRAMMES
2.1 Framework of the Programme
2.1.1 The higher education institution **must**
- define the overall curriculum;
- use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process;
- ensure that the curriculum is delivered in accordance with principles of equality.

- What are the principles guiding the design of the curriculum and the types of teaching and learning methods actually used to deliver it?
- How will curriculum and instructional methods encourage students to take active responsibility for their learning?
- What policies guide integration (horizontal/vertical and basic/clinical sciences) of the programme?
- What instructional and learning methods are used in practice to implement the educational programme?
- Does the medical education institution respect the equal treatment to students regardless of their gender, ethnicity, religion, social and economic status and take into account studentsø physical abilities?

2.1.2 The higher education institution **should** ensure that the curriculum prepares the students for life-long learning.
- How will the educational programme and methodological approach encourage students actively accept the responsibility for their own learning?
- Specify the process of the higher education institution forecasting that these methods help students to be prepared for lifelong learning.

2.1.3 The qualification resulting from a programme **should** be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area. (ESG 1.2)
- How and to what extent does the higher education institution implement the national qualifications framework for higher education and consequently to the EQF?

2.1.4 The higher education institutionøs programmes **should** provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers. (ESG G 1.2)

- What are the institutional policies and activities related to the use of different modes of delivery and flexible study paths?

2.1.5 The higher education institution's programmes **should**
- design with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- design by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- design so that they enable smooth student progression;
- define the expected student workload, e.g. in ECTS;
- include well-structured placement opportunities where appropriate; and they are subject to a formal institutional approval process. (ESG G 1.2)
- How does study programme design and approval function in the institution? Who does what?
- What are the policies and processes covering the various phases of the student life-cycle?

2.2 Scientific Method

2.2.1 The higher education institution **must** throughout the curriculum teach
- the principles of scientific method, including analytical and critical thinking;
- medical research methods;
- evidence-based medicine.

  - Which components of the curriculum inculcate the principles of scientific method and evidence-based medicine and enable analytical and critical thinking?
  - What special opportunities are available for students in higher education institution to acquire research training?

2.2.3 The higher education institution **should** in the curriculum include elements of original or advanced research.
- How do the research activities reflect the institution's overall mission and goals?
- How is research linked to teaching activities in the institution?

2.3 Programme Structure, Composition and Duration

2.3.1 The higher education institution **must** describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between different subjects.
- Present a summary on compulsory elements of the educational programme in the form of training topics/subjects and duration (hours/weeks) of the semester/academic year. Specify the relation between lectures, teaching in small group, seminars, laboratories, clinical cycles and etc.

- Which elements of the basic biomedical sciences, the behavioural and social sciences and medical ethics and relevant clinical sciences are included in the programme?

2.3.2 The higher education institution **should** in the curriculum ensure horizontal integration of associated sciences, disciplines and subjects and allow optional (elective) content and define the balance between the core and optional content as part of the educational programme.

- What are the basic principles that provide integration (horizontal/vertical and basic/clinical sciences) of the educational programme?
- What are the mechanisms for such integration?
- Present a summary on elective elements of the educational programme in the form of training topics/subjects and duration (hours/weeks) of the semester/academic year
- Specify whether such issues as health promotion, preventive medicine, alternative/non-conventional medical practice are reflected in the educational programme

2.4 Programme Management

2.4.1 The higher education institution **must** have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes and in its curriculum committee ensure representation of staff and students.

- What is the composition of the curriculum committee that is responsible for educational programmes management at the higher education institution?
- What is the authority of the curriculum committee to resolve conflicts related to the principles of education and to define specific disciplinesø contribution to the educational programme?
- What are the resources of innovations implementation in teaching, education, assessment and educational programme of this structural unit responsible for educational programmes in higher education institution?
- What is the process of teachers, studentøs involvement in curriculum committee and the educational programmes management?

2.4.2 The higher education institution **should** through its curriculum committee plan and implement innovations in the curriculum and in its curriculum committee include representatives of other stakeholders.

- What are the mechanisms of innovations implementation in teaching, education, assessment and educational programme of this structural unit responsible for educational programmes in higher education institution?
- How do other relevant stakeholders involve in the educational programmes management?

2.4.3 The higher education institution **should** have processes for the design and approval of their programmes. (ESG 1.2)

- What are the internal mechanisms of the design and approval of educational programmes?

2.5 Linkage with medical practice and the health sector

2.5.1 The higher education institution **must** ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation.

- What are the linkage between undergraduate education programme and the subsequent stage of training for practical activity?
- What specific programmes are taught in the final educational year to prepare for the postgraduate level?
- Does the practice of mutual representation exist in the structural units in medical education institution responsible for undergraduate medical education programme and subsequent levels of education and professional training?

2.5.2 The higher education institution **should** ensure that the curriculum committee

- − seeks input from the environment in which graduates will be expected to work, and modifies the programme accordingly;
- − considers programme modification in response to opinions in the community and society.
- How feedback on the conditions of postgraduate training is carried out?
- How does the educational programme modify based on feedback?
- What mechanisms exist to obtain and make use of feedback from the community and society and what are the results of such feedback?

STANDARD 3: ASSESSMENT OF STUDENTS

Terms and definitions

Assessment methods used would include consideration of the balance between

formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgements, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism.

õAssessment utilityö is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats.

Evaluate and document the reliability and validity of assessment methods would require an appropriate quality assurance process of assessment practices.

Use of external examiners may increase fairness, quality and transparency of assessments.

Assessment principles, methods and practices refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitudes.

Decisions about academic progress would require rules of progression and their relationship to the assessment process.

Adjustment of number and nature of examinations would include consideration of avoiding negative effects on learning. This would also imply avoiding the need for students to learn and recall excessive amounts of information and curriculum overload.

Encouragement of integrated learning would include consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

Standards 3: Assessment of students includes: assessment methods and relation between assessment and learning.

3. ASSESSMENTS OF STUDENTS
3.1 Assessment methods
3.1.1 The higher education institution **must**
  – define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes;
  – ensure that assessments cover knowledge, skills and attitudes;
  – use a wide range of assessment methods and formats according to their õassessment utilityö;
  – ensure that methods and results of assessments avoid conflicts of interest;
  – ensure that assessments are open to scrutiny by external expertise;
  – use a system of appeal of assessment results.
    • Who is responsible for development of student assessment policy and implementation?
    • Describe the structure of relevant commissions and their responsibility.
    • Describe the overall student assessment policy including documents issued to students which provides information on the dates of exams, the weight and criteria of studentsø performance

- How are assessment practices made compatible with educational objectives and learning methods?
  - To which extent is integrated assessment of various curricular elements obtained?
- How are new assessment methods studied, tested and implemented?
- What are the mechanisms for appeal?

3.1.2 The higher education institution **should** evaluate and document the reliability and validity of assessment methods, incorporate new assessment methods where appropriate and encourage the use of external examiners.

- How does the medical school monitor the reliability and validity of assessments?
- How does the higher education institution incorporate new assessment methods where appropriate and encourage the use of external examiners?
- How does the higher education institution monitor the evaluation to reduce curriculum overload and to encourage integrated learning?

3.2 Relation between Assessment and Learning

3.2.1 The higher education institution **must** use assessment principles, methods and practices that

- are clearly compatible with intended educational outcomes and instructional methods;
- ensure that the intended educational outcomes are met by the students;
- promote student learning;
- provide an appropriate balance of formative and summative assessment to
- guide both learning and decisions about academic progress.
- How is the assessment practice compatible with educational outcomes and teaching methods?
- Do assessment methods demonstrate that outcomes are met or not met?

3.2.2 The higher education institution should

- adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning;
- ensure timely, specific, constructive and fair feedback to students on basis of assessment results.
  - To what extent is integrated assessment of various curricular obtained?
  - How the feedback to students on basis of assessment results provide to them?

STANDARD 4: STUDENTS

Terms and definitions

Admission policy would imply adherence to possible national regulation as well as adjustments to local circumstances. If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.

The *statement on process of selection of students* would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.

Policy and practice for admission of disabled students will have to be in accordance with national law and regulations.

Transfer of students would include medical students from other medical schools and students from other study programmes.

Periodically review the admission policy would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

Decisions on *student intake* would imply necessary adjustment to national requirements for medical workforce. If the medical school does not control student intake, it would demonstrate responsibility by explaining relationships and drawing
attention to consequences, e.g. imbalance between intake and teaching capacity.

The health needs of the community and society would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities. Forecasting the health needs of the community and society for trained physicians includes estimation of various market and demographic forces as well as the scientific development and migration patterns of physicians.

Academic counselling would include questions related to choose of electives, residence preparation and career guidance. Organisation of the counselling would include appointing academic mentors for individual students or small groups of students.

Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunisation programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

Student representation would include student self governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects (2.7.2).

To *facilitate student activities* would include consideration of providing technical and financial support to student organisations.

Standard 4: Students includes: admission policy and selection; student intake size and nature; student counselling and support services; student representation policy.

4. STUDENTS
4.1 Admission policy and selection
4.1.1 The higher education institution **must** formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students.

- What are the academic criteria for admission to the medical education institution?
- Are there any additional requirements at institutional or state levels?
- What body is responsible for selection policy and what methods are used?
- What methods does this body use?

4.1.2 The higher education institution **must** have a policy and implement a practice for admission of disabled students.

- What are the policy and practice for admission of disabled students?

4.1.3 The higher education institution **must** have a policy and implement a practice for transfer of students from other national or international programmes and institutions.

- What are the policy and practice for transfer of students in the higher education institution?

4.1.4 The higher education institution **should** state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates.

- How do the methods used to select students test their availability and capability to practice in diverse areas of medicine?
- How does the selection commission evaluate the outcome of its policies on the subsequent educational achievement?

- What is the medical school's policy on student contribution to curriculum matters?

4.1.5 The higher education institution **should** periodically review the admission policy and use a system for appeal of admission decisions.

- How does the higher education institution review the admission policy and what is the result of this review?
- What are the mechanisms for appeal?

4.2 **Student intake**

4.2.1 The higher education institution **must** define the size of student intake and relate it to its capacity at all stages of the programme.

- Specify the size of student intake and any their allocation on different categories.
- How is student intake determined in relation to the capacity of the higher education institution?
- How is the intake of students determined in relation to the capacity of the higher education institution?

4.2.2 The higher education institution **should** periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society.

- What are the mechanisms for adjusting the intake and quotas?
- With whom does the higher education institution consult concerning changes in the size and composition of student intake?
- How do they comply with the social responsibilities and health needs?

4.3 Student Counselling and Support

4.3.1 The higher education institution **must** have a system for academic counselling of its student population.

- What counseling services are available in the higher education institution?
- What additional support programs provided by other organizations can be available for students from higher education institution?
- What counselling services are available for students in the higher education institution?

4.3.2 The higher education institution **must** offer a programme of student support, addressing social, financial and personal needs.

- What are the mechanisms in the higher education institution to identify students who need psychological, social and /or academic support?

4.3.3 The higher education institution **must** allocate resources for student support and ensure confidentiality in relation to counselling and support.

- What are the mechanisms to provide technical and financial support for student organizations?
- How the higher education institution ensures confidentiality obtained information in relation to students counselling and support?

4.3.4 The higher education institution **should** provide academic counselling that is based on monitoring of student progress and includes career guidance and planning.

- What other student support programmes are available in the medical education institution?

4.3.5 The higher education institution **should** provide to students the documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed. (ESG G 1.4)

- What are the policies and practice that made known to students the gained qualification and level of the studies?

4.4 Student Representation

4.4.1 The higher education institution **must** formulate and implement a policy on student representation and appropriate participation:

- in mission statement;
- design of the programme;
- management of the programme;
- evaluation of the programme and other matters relevant to students.

  - What is the medical education institution policy on student contribution to mission statement, curriculum matters?
  - What is the medical education institution policy on student contribution to programme management, programme evaluation and in other matters relevant to the studentship?
  - How have students contributed to the development of these policies?

4.4.2 The higher education institution **should** encourage and facilitate student activities and student organisations.

- What practical measures does the higher education institution have for encouraging student self-government and participation in the activities of the governing bodies of the higher education institution?

STANDARD 5: ACADEMIC STAFF/FACULTY

Terms and definitions

The *staff recruitment and selection policy* would include ensuring a sufficient number of highly qualified basic biomedical scientists, behavioural and social scientists and clinicians to deliver the curriculum and a sufficient number of high quality researchers in relevant disciplines or subjects.

Balance of academic staff/faculty would include staff with joint responsibilities in the basic biomedical, the behavioural and social and clinical sciences in the   university and health care facilities, and teachers with dual appointments.

Balance between medical and non-medical staff would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.

Merit would be measured by formal qualifications, professional experience, research output, teaching awards and peer recognition.

Service functions would include clinical duties in the health care delivery system, as well as participation in governance and management.

Significant local issues would include gender, ethnicity, religion, language and other items of relevance to the school and the curriculum.

Economic considerations would include taking into account institutional conditions for staff funding and efficient use of resources.

The *balance of capacity between teaching, research and service functions* would include provision of protected time for each function, taking into account the needs of the medical school and professional qualifications of the teachers.

Recognition of meritorious academic activities would be through rewards, promotion and/or remuneration.

Sufficient knowledge of the total curriculum would include knowledge about instructional/learning methods and overall curriculum content in other disciplines and subject areas with the purpose of fostering cooperation and integration.

Teacher training, development, support and appraisal would involve all teachers, not only new teachers, and also include teachers employed by hospitals and clinics.

Standard 5: Academic staff/faculty includes: recruitment and selection policy; staff activity and development.

5. ACADEMIC STAFF/FACULTY
5.1 Recruitment and selection policy
5.1.1 The higher education institution **must** formulate and implement a staff recruitment and selection policy which
- outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff;
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions;
- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences.

- What policy does the higher education institution conduct to ensure that the staffing profile matches the range and the balance of teachers of basic biomedical science, behavioral, social and clinical sciences required to perform the curriculum?
- What policies does the higher education institution have for ensuring that the staffing   profile matches the range and balance of teaching skills required to deliver the curriculum?
- What requirements are specified to the qualification of teachers for their appointment?
- Are there institutional or governmental policies or requirements that affect the higher education institutionøs stuffing decisions?
- What is the balance between medical and non-medical staff and between full-time and part-time staff?

5.1.2 The higher education institution **should** in its policy for staff recruitment and selection take into account criteria such as relationship to its mission, including significant local issues and economic considerations.
- How frequently does the higher education institution review its policy for staff recruitment and selection and priority list for staffing?
- How does the higher education institution propose to improve its policy of staff recruitment to meet its mission and objectives?
- How will this improvement influence on the improvement of its facultyøs scientific, educational and clinical qualifications?

5.2 Staff activity and staff development

5.2.1 The higher education institution **must** formulate and implement a staff activity and development policy which

- allow a balance of capacity between teaching, research and service functions;
- ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications;
- ensure that clinical service functions and research are used in teaching and   learning;
- ensure sufficient knowledge by individual staff members of the total curriculum;
- include teacher training, development, support and appraisal.
  - What is the higher education institution policy that allows a *balance* of capacity between *teaching, research and service functions* and includes provision of *protected time for each function, taking into account the needs of higher education institution and professional qualifications of the teachers?*

- What is the higher education institution policy for ensuring an appropriate recognition and relevant award of teachers in academic, research, clinical and management areas?
- What is the higher education instit utionøs policy for ensuring that teaching, research and service contributions of staff members are appropriately recognised and rewarded?
- Are there any additional institutional or governmental policies or regulations?
- What are the mechanisms for facultyøs capacity development and support and assessment of their activity?
- What staff development programs exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?
- How is participation in staff development programmes encouraged them?
- What staff development programmes exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance?

5.2.2 The higher education institution **should** take into account teacher-student ratios relevant to the various curricular components.
- How are teacher-student ratios, relevant to the various curricular components, taken into account in the staff policy?
- How are teacher-student ratios, relevant to the various curricular components, taken into consideration?

5.2.3 The higher education institution **should** design and implement a staff promotion policy.
- What are the mechanisms to implement the existing staff promotion policy?

STANDARD 6: EDUCATIONAL RECOURSES

Terms and definitions

Physical facilities would include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries,
information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, on-call accommodation, personal storage lockers, sports and recreational facilities.

A safe learning environment would include provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment.

Patients may include validated simulation using standardised patients or other techniques, where appropriate, to complement, but not substitute clinical training.

Clinical training facilities would include hospitals (adequate mix of primary, secondary and tertiary), sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centres and other community health care settings as well as skills laboratories, allowing clinical training to be organised using an appropriate mix of clinical settings and rotations throughout all main disciplines.

Evaluate would include evaluation of appropriateness and quality for medical training programmes in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration.

Effective and ethical use of information and communication technology would include use of computers, cell/mobile telephones, internal and external networks and other means as well as coordination with library services. The policy would include common access to all educational items through a learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD).

Ethical use refers to the challenges for both physician and patient privacy and

confidentiality following the advancement of technology in medical education and health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools.

Medical research and scholarship encompasses scientific research in basic

biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry.

The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff. Influences on current teaching would facilitate learning of scientific methods and evidence-based medicine (2.2).

Educational expertise would deal with processes, practice and problems of medical education and would include medical doctors with research experience in medical education, educational psychologists and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.

Research in the discipline of medical education investigates theoretical, practical and social issues in medical education.

Other educational institutions would include other medical schools as well as other faculties and institutions for health education, such as schools for public health, dentistry, pharmacy and veterinary medicine.

A *policy for transfer of educational credits* would imply consideration of limits to the proportion of the study programme which can be transferred from other institutions. Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It would also be facilitated by use of a transparent system of credit units and by flexible interpretation of course requirements.

Staff would include academic, administrative and technical staff.

Standard 6: Educational Resources includes: physical facilities; clinical training resources; effective use of information and communication technologies; research and scholarship; educational expertise and educational exchange.

6. EDUCATIONAL RESOURCES
6.1 Physical Facilities
6.1.1 The higher education institution **must** have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.
- Briefly describe each element of the physical facilities available for the delivery of the non-clinical components of the curriculum
- What are the mechanisms for gathering feedback from students and staff on the existing facilities?
- What authority does the higher education institution have to direct resources to respond to deficiencies?
- How does the higher education institution review the adequacy of the educational resources and what is the result of this review?

6.1.2 The higher education institution **must** ensure a learning environment, which is safe for staff, students, patients and their relatives.
- What are the mechanisms to ensure a safe environment in classrooms, laboratories and using equipment, including provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment?

6.1.3 The higher education institution **should** improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.
- What are the mechanisms for updating and strengthening physical facilities and for ensuring that they meet modern technologies in learning?
- Specify what are the plans for improving these facilities in relation to developments in educational practices.

6.2 Clinical training resources

6.2.1 The higher education institution **must** ensure necessary resources for giving the students adequate clinical experience, including sufficient number and categories of patients, clinical training facilities and supervision of their clinical practice.

- Briefly describe the facilities available for clinical training at the higher education institution in hospitals, ambulatory services, community clinics, primary health care settings, skills laboratories, etc.
- How does the higher education institution review the adequacy of the facilities and patients available for clinical teaching and what is the result of this review?
- What are the mechanisms to deal with deficiencies?
- How does the higher education institution observe studentsø clinical practice?

6.2.2 The higher education institution **should** evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

- How does the higher education institution adjust and improve the use of facilities for clinical training, including skills laboratories and affiliated institutions, in relation to changing needs?

6.3 Information Technology

6.3.1 The higher education institution **must** formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.

- What policy does the higher education institution have for the effective and ethical use of information and communication technologies in its teaching programmes?
- What commission or body is responsible for formulating and implementing the higher education institutionøs policy on information and communication technologies?
- Are there any additional institutional or governmental policies on information and communication technologies?
- What are the mechanisms to evaluate appropriate information and communication technology in the educational programme?

6.3.2 The higher education institution **must** ensure access to web-based or other electronic media.

- What authority does the medical education institution have to direct resources to the use of information and communication technologies?
- How the higher education institution ensures and provides the access to web-based or other electronic media?

6.3.3 The higher education institution **should** enable teachers and students to use existing and exploit appropriate new information and communication technology for
  - independent learning;
  - accessing information;
  - managing patients;
  - working in health care delivery systems;
  - optimise student access to relevant patient data and health care information systems.
    - How is the higher education institution enhancing delivery of the curriculum using information and communication technologies?
    - To what extent are information and communication technologies used by teachers and students for self-learning, accessing information, managing patients and working in health care systems?
    - What training is available to staff and students in the use of information and communication technologies?

6.4 Research and Scholarship

6.4.1 The higher education institution **must** use research and scholarship as a basis for the educational curriculum.
  - How is research linked to and based on the educational programme?

6.4.2 The higher education institution **must** formulate and implement a policy that fosters the relationship between research and education.
  - How does the higher education institution foster interaction between its research and educational activities?

6.4.3 The higher education institution **must** describe the research facilities and priorities at the institution.
  - Provide a brief description of research facilities and research priorities of the higher education institution.
  - How is management of research organaised?

6.4.4 The higher education institution **should** ensure that interaction between research and education
  - influences current teaching;
  - encourages and prepares students to engage in research and development.
    - What are the mechanisms to ensure that research activities are reflected in the curriculum and teaching?
    - Are there any initiatives and activities at the higher education institution to engage students in medical research?

6.5 Educational Expertise

6.5.1 The higher education institution **must** have access to educational expertise where required.

- What policy or procedures does the higher education institution have to ensure that its education methodologies are appropriate for the delivery of the curriculum?
- Does the higher education institution have access to an expert medical education unit or other educational expertise?

6.5.2 The higher education institution **must** formulate and implement a policy on the use of educational expertise in curriculum development and development of teaching and assessment methods.

- What practice does the higher education institution have to attract psychologists, sociologists and/or external experts to conduct research in medical education, development of the educational program, teaching and assessment methods?
- How does the higher education institution analyse performance of cohorts of students and graduates and what are the results of such analyses in relation to mission and intended outcomes?

6.5.3 The higher education institution **should** demonstrate evidence of the use of in-house or external educational expertise in staff development.

- Does the higher education institution have access to internal medical education expertise or another expertise in the field of healthcare? Describe the use of such expertise.

6.5.4 The higher education institution **should** pay attention to current expertise in educational evaluation and in research in the discipline of medical education.

- What practice does the higher education institution have to develop expertise in teaching and educational evaluation and in research in the discipline of medical education?

6.5.5 The higher education institution **should** allow staff to pursue educational research interest.

- What are the mechanisms to support staff in their interests on medical education research?

6.6 Educational Exchanges

6.6.1 The higher education institution **must** formulate and implement a policy for

- national and international collaboration with other educational institutions, including staff and student mobility;
- transfer of educational credits.

  - What policy does the higher education institution have for collaborating with other educational institutions?
  - Provide a summary of the existing collaborative links with other institutions and describe the nature of those links.
  - What is the higher education institution's policy and practice on the transfer of educational credits?

6.6.2 The higher education institution **should** facilitate regional and international exchange of staff and students by providing appropriate resources.

- Describe any activities directed towards regional and international cooperation with other higher education institutions.
- Are adequate resources allocated in support of this strategy?

6.6.3 The higher education institution **should** ensure that exchange is purposefully organised, taking into account the needs of staff and students, and respecting ethical principles.

- Does the higher education institution explicit policy strategy for exchange of students and teachers/staff, researchers?
- Does the higher education institution have Code of Ethical Conduct or similar document relating to regional and international exchange?

STANDART 7: PROGRAMME EVALUATION

Terms and definitions

Programme monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.

Programme evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.

Main components of the curriculum would include the curriculum model (cf. B 2.1.1), curriculum structure, composition and duration (cf. 2.6) and the use of core and optional parts (cf. Q 2.6.3).

Identified concerns would include insufficient fulfilment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback for interventions and plans for corrective action, programme development and curricular improvements; this requires safe and supporting environment for feedback by teachers and students.

The context of the educational process would include the organisation and resources as well as the learning environment and culture of the medical school.

Specific components of the curriculum would include course description, teaching and learning methods, clinical rotations and assessment methods.

Feedback would include studentsø reports and other information about the processes and products of the educational programmes. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences.

Measures and analysis of *performance of cohorts of students* would include
information about actual study duration, examination scores, pass and failure rates,
success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components. It would also include interviews of students frequently repeating courses, and exit interviews with students who leave the programme.

Measures of *performance of cohorts of graduates* would include information on results at national license examinations, career choice and postgraduate performance, and would, while avoiding the risk of programme uniformity, provide a basis for curriculum improvement.

Student background and conditions would include social, economic and cultural circumstances.

Standard 7: Program evaluation includes: mechanisms for programme monitoring and evaluation; teacher and student feedback; performance of students and graduates; involvement of stakeholders.

7. PROGRAMME EVALUATION
7.1 Mechanisms for programme monitoring and evaluation
7.1.1 The higher education institution **must** have a programme of routine curriculum monitoring of processes and outcomes.

- How does the higher education institution evaluate its programmes?
  Describe the process for the evaluation of programmes.

- What evaluation data are being collected?

7.1.2 The higher education institution **must** establish and apply a mechanism for programme evaluation that
- addresses the curriculum and its main components;
- addresses student progress;
- identifies and addresses concerns.
  - What is the mechanism for programme evaluation that addresses the curriculum and *its main components including the curriculum model, curriculum structure, composition and duration and the use of core and optional parts (see õEducational Programmeö Standards)?*

- What are the mechanisms for program and student progress evaluation and study?
- Is there a group that independently monitors performance and outcome data and ensures that identified concerns are addressed by the appropriate body?
- What mechanisms are used to identify concerns and determine fulfillment of educational outcome?

7.1.3 The higher education institution **must** ensure that relevant results of evaluation influence the curriculum.

- What is the mechanism for programme evaluation that identifies and addresses *concerns that include insufficient fulfillment of intended educational outcomes? It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback to conduction of interventions and plans for corrective action, programme development and curricular improvements.*
- What mechanisms exist for programme evaluation and assuring consistency with programme standards required by the external bodies?
- What have been the most recent actions in this area that is influenced the culliculum?

7.1.4 The higher education institution **should** periodically evaluate the programme by comprehensively addressing
  - the context of the educational process;
  - the specific components of the curriculum;
  - the long-term acquired outcomes;
  - its social accountability.

- Describe how evaluation activities are being enhanced and refined to cover all important components of the education programme as well as the educational process context, overall educational outcomes, and aspect of social accountability.
    It would use in:
    - *the context of the educational process - the organization and resources as well as the learning environment and culture of the higher education institution.*
    - *the specific components of the curriculum - course description, teaching and learning methods, clinical rotations and assessment methods*
    - *the overall outcomes that measured e.g. by results at national license examinations, benchmarking procedures, international examinations, career choice and postgraduate performance.*

7.1.5 The higher education institution **should** ensure that they collect, analyse and use relevant information for the effective management of its programmes and other activities. (ESG S1.7)

- What are the tools used to monitor and evaluate the educational programmes management and other institution's different activities?

7.2 Teacher and Student Feedback

7.2.1 The higher education institution **must** systematically seek, analyse and respond to teacher and student feedback.

- How does the medical education institution collect, analyze and use the data obtained from teachers and students about its educational programmes?

7.2.2 The higher education institution **should** use feedback results for programme development.

- How does the higher education institution encourage individual staff and students to participate in its evaluation activities and in subsequent programme development?
- How does the medical school analyse and use the opinions of staff and students aboutits educational programme and what is the result of this analysis?

7.3 Performance of Students and Graduates

7.3.1 The higher education institution **must** analyse performance of cohorts of students and graduates in relation to mission and intended educational outcomes, curriculum and provision of resources.

- What statistical data on student performance is collected and analyzed, and how are they used in relation to the curriculum, the mission and educational outcomes and provision of resources?

7.3.2 The higher education institution **should** analyse performance of cohorts of students and graduates in relation to student background and conditions, entrance qualifications.

- What individual student parameters including their background and conditions, entrance qualifications are monitored in relation to performance during the course?

7.3.3 The higher education institution **should** use the analysis of student performance to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

- How are monitoring of student performance results used in student selection, curriculum planning and student counseling?

7.4 Involvement of Stakeholders

7.4.1 The higher education institution **must** in its programme monitoring and evaluation activities involve its principal stakeholders.

- How are academic staff and students, as well as administration and management staff of higher education institution involved in programme evaluation and monitoring?
- How are the principle stakeholders within the higher education institution involved in programme evaluation?
- How does the higher education institution communicate the results of programme evaluation to its principal stakeholders?

7.4.2 The higher education institution **should** for other stakeholders
– allow access to results of course and programme evaluation;
– seek their feedback on the performance of graduates;
– seek their feedback on the curriculum.

- To what extent other relevant stakeholders are involved in the evaluation and monitoring and development of the programme?
- What are the mechanisms (formal and informal) to ensure adequate data collection and studying of feedback on practice of graduates, and to consider the views of other relevant stakeholders?
- To what extent is other stakeholders involved in the evaluation and development of the programme?

STANDART 8: GOVERNANCE AND ADMINISTRATION

Terms and definitions

Governance means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and programme policies and also with control of the implementation of the policies. The institutional and programme policies would normally encompass decisions on the mission of the medical school, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.

Relationships within the university of its governance structures would be specified, for example if the medical school is part of or affiliated to a university.

The committee structure, which includes a curriculum committee, would define lines of responsibility, cf. B 2.7.1.

Transparency would be obtained by newsletters, web-information or disclosure of minutes.

Academic leadership refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centres as well as chairs of standing

committees (e.g. for student selection, curriculum   planning and student counselling).

The educational budget would depend on the budgetary practice in each institution and country and would be linked to a transparent budgetary plan for the higher education institution.

Resource allocation presupposes institutional autonomy, cf. 1.2, annotations.

Regarding *educational budget and resource allocation* for student support and student organisations, cf. B 4.3.3 and 4.4.

Management means the act and/or the structure concerned primarily with the
implementation of the institutional and programme policies including the economic and organisational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and programme policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations.

Administrative and professional staff in this document refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and   would - depending on the organisational structure of the administration - include head and staff in the deanøs office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT.

Appropriateness of the administrative staff means size and composition according to qualifications.

Internal programme of quality assurance would include consideration of the need for improvements and review of the management.

Constructive interaction would imply exchange of information, collaboration, and organisational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society.

The health sector would include the health care delivery system, whether public or private, and medical research institutions.

The health-related sector would - depending on issues and local organisation ó include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).

To *formalise collaboration* would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.

Standard 8: Governance and Administration includes; governance and administration; academic leadership; educational budget for training and

resources allocation; administrative staff and management; interaction with health sector.

8. GOVERNANCE AND ADMINISTRATION
8.1 Governance
8.1.1 The higher education institution **must** define its governance structures and functions including their relationships within the university.
- How can the governance structure, its components and their functions, be described?

8.1.2 The higher education institution **should** in its governance structures set out the committee structure, and reflect representation from principal stakeholders and other stakeholders.
- Describe the representation and functions of academic staff, students, principal and other stakeholders in the various governance structures and commissions.
- How are principal and other stakeholders involved in institutional process and decision making?

8.1.3 The higher education institution **should** ensure transparency of the work of governance and its decisions.
- What are the roles and responsibilities of the institutionøs decision-making bodies?
- What are the links between central bodies/offices/staff and those at department/faculty level; how is the cooperation coordinated?
- Who has decision-making power over academic and research activities, funding issues, selection and promotion of staff, admission?
- How are internal (including students) and external stakeholders involved in institutional governance and decision-making?

8.2 Academic Leadership
8.2.1 The higher education institution **must** describe the responsibilities of its academic leadership for definition and management of the educational programme.
- Describe the academic management structure of the higher education institution indicating the line of responsibility for individual areas of the educational programme.

8.2.2 The higher education institution **should** periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.
- How is the performance of the academic leadership of the higher education institution evaluated and appraised in relation to the mission and what is the result of such an evaluation?

8.3 Educational budget and resource allocation
8.3.1The higher education institution **must** have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

- Describe the budgetary practice and responsibility of the higher education institution.
- How is the appropriate resource allocation assured to achieve the mission of the higher education institution?
- How are decision made about budget allocation including educational budget?

8.3.2 The higher education institution **must** allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

- What are the mechanisms to study educational needs, to allocate and distribute educational resources?

8.3.3 The higher education institution **should** have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

- What is the autonomy of the higher education institution to allocate educational resources? Describe the existing higher education institutionøs budgetary policy and practice including teaching staff remuneration?
- How is appropriate resource allocation assured to achieve the objectives of the institution and its intended educational outcomes?

8.3.4 The higher education institution **should** in distribution of resources take into account the developments in medical sciences and the health needs of the society

- Describe how the higher education institution ensuring that its annual budget considering the developments in medical sciences and the health needs of the society.

8.4 Administration and Management

8.4.1 The higher education institution **must** have an administrative and professional staff that is appropriate to support implementation of its educational programme and related activities and ensure good management and resource deployment.

- What administrative support functions are provided by staff of the higher education institution?
- Describe the administrative staffing structure to support these functions.
- How is the size of the administration staff determined in relation to the programme and other activities?
- How is the management of the educational programme reviewed?

8.4.2 The higher education institution **should** formulate and implement an internal programme for quality assurance of the management including regular review.

- Does the administrative and management component of the higher education institution have quality assurance programme?

- How are internal quality assurance programme and management reviewed?

8.4.3 The higher education institution **should** have a policy for quality assurance that is made public and forms part of their strategic management. (ESG S1.1)

- What does internal quality assurance policy consist of and how it is made public?

- How are the quality assurance system and strategic management related?

8.4.4 Internal stakeholders **should** develop and implement the policy for quality assurance through appropriate structures and processes, while involving external stakeholders. (ESG S1.1)

- How are internal stakeholders including the students and external stakeholders involved in development and implementation the higher education institution's quality assurance programme?

8.4.5 The higher education institution's Quality assurance policies **should** reflect the relationship between research and learning & teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. (ESG G1.1)

8.4.6 The higher education institution's Quality assurance policy **should** support:

– the organisation of the quality assurance system;
– departments, schools, faculties and other organisational units as well as those of institutional leadership, individual staff members and students to take on their responsibilities in quality assurance;
– academic integrity and freedom and is vigilant against academic fraud;
– guarding against intolerance of any kind or discrimination against the students or staff;
– the involvement of external stakeholders in quality assurance. (ESG G1.1)

- Does the higher education institution have an institution's internal quality assurance manual or equivalent document that reflects the national and international context?

8.4.7 The higher education institution's quality assurance policy also **should** cover any elements of an institution's activities that are subcontracted to or carried out by other parties. (ESG G1.1)

- Does the institution's internal quality assurance manual includes this requirement and conditions?

8.4.8 The higher education institution's quality assurance policy **should** be translated into practice through a variety of internal quality assurance processes that allow participation across the institution. (ESG G1.1)

- How is quality assurance policy translated into the higher education institutionøs existing practice?
- How the quality assurance policy is implemented, monitored and revised is the institutionøs decision.

8.5 Interaction with Health Sector

8.5.1 The higher education institution **must** have constructive interaction with the health and health related sectors of society and government.

- Describe the relationships between the higher education institution and health services with which it interacts, regarding mission and educational programme, the provision of resources, teaching facilities and staff.

8.5.2 The higher education institution **should** formalise its collaboration, including engagement of staff and students, with partners in the health sector.

- What are the formal mechanisms to ensure that the higher education institution interacts constructively with the health sector?
- Describe any type of shared responsibility between the higher education institution and health care providers.

8.5.3 The higher education institution **should** publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible. (ESG S 1.8)

- How does the higher education institution provide the information on institutionøs activities that would be useful for prospective and current students, graduates, stakeholders and the public?

STANDART 9: CONTINUOUS RENEWAL

Terms and definitions

Prospective studies would include research and studies to collect and generate data and evidence on country-specific experiences with best practice.

Standard 9: Continuous renewal includes: renewal process and continuous improvement according to: mission and outcomes; educational programme; assessment of students; students counselling and support; academic staff/faculty; educational resources; programme evaluation; governance and administration.

9. CONTINUOUS RENEWAL

9.1 The higher education institution **must** as a dynamic and socially accountable institution

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme;

- rectify documented deficiencies;
- allocate resources for continuous renewal.
  - What procedures does the higher education institution use for regular reviewing and updating its mission, structures and activities?
  - What mechanisms does the higher education institution use to study needs and to allocate resources for continuous renewal?

9.2 The higher education institution **should** base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.

9.3The higher education institution **should** ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.

9.4 The higher education institution **should** address the following issues in its process of renewal:
- adaptation of mission statement to the scientific, socio-economic and cultural development of the society.
- modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter. The modification might include clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.
- adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.
- adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioural and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.
- development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.
- adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational programme.
- adaptation of academic staff recruitment and development policy according to changing needs.

- updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme.
- refinement of the process of programme monitoring and evaluation.
- development of the organisational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders.
  - Describe recent and projected activities undertaken with the purpose to ensure that the higher education institution remains responsive to its changing environment.
  - How does the higher education institution ensure that it remains responsive to its changing environment and requirements of the community it serves?

HIGHER EDUCATION INSTITUTION DATABASE

I. Higher Education Institution:
Name (in Kazakh, Russian and English):
Address:
Country:
Region:
Post code:
City:
Street:
Phone: (country code/city code/phone number)
Fax: (country code/city code/ fax number)
E-mail:
HEIøs official web-site:
Rector of the Higher Education Institution:
Name:
Title:
Fax:
E-mail:
Institution representative responsible for institutional self-evaluation
Name:
Title:
Tel:
Fax:
E-mail:

II. Mission, Vision and Values

III. Organizational structure and governance (Standard 8: Governance and Administration)

IV. Higher Education Institution's Brief Description (no more 3 pages)

V. List of HEI's educational programmes (Standard: 2 Educational Programmes)

Educational programmes	duration	academic year	specialty	awarding qualification/ academic degree	instruction language
Higher Education - Specialist					
1. General medicine	5	2007	General medicine	Bachelor of Medicine	
Internship	2			Doctor	
1.					
Bachelors					
1. Pharmacy	5	2007	Pharmacy	Bachelor of Pharmacy	
2.					
3.					
Total					
Master of Research					
1.					
2.					
3.					
Total					
Master of Science					
1.					
2.					
3.					

Total					
PhD					
1.					
2.					
3.					
Total					
PhD /MD **Doctoral Programmes**					
1.					
2.					
3.					
Total					
Residency					
1.					
2.					
3.					
Total					
Vocational training **programmes (CPD)**					
1.					
2.					
3.					
Total					
In all					

VI. Educational programmes and Student Intake (Standard: 2 Educational Programmes; Standard: 4 Students)

Cycles of education	Dura tion	Beginning of academic year according to the State Compulsory Standards of Education (SCSE)	Number of learn- ers without for- eign citizens		Number of inter- national students	Submitted ap- plications		Passed compe- tition		Enrolled on cur- rent academic year (without foreign citizens)		Enrolled foreign citizens on current academic year	Cost for academic year
			State grant	Contract		RK citi- zens	Foreign citizens	RK citi- zens	Foreign citizens	State grant	Contract		
Higher Education - specialist													
1. General medicine													-
In Kazakh													
In Russian													
In English													
2.													
Total													
Internship													6
1.													
In Kazakh													
In Russian													
In English													
2.													
Total													
Bachelors													
In Kazakh													
In Russian													
In English													
Total													
Master of Research													

In Kazakh														
In Russian														
Total														
Master of Science														
In Kazakh														
In Russian														
Total														
PhD														
In Kazakh														
In Russian														
Total														
MD Doctoral Programmes														
In Kazakh														
In Russian														
Total														
Residency														
In Kazakh														
In Russian														
Total														
Vocational training pro-grammes (CPD)														
In Kazakh														
In Russian														
Total														
In all														

VII. Student number (Standard: 4 Students)

	Programme's code specialty's code	enrolled students	students on courses							Total number of students	Number of students	Number of students transferred from other institutions	Graduates expected on 200_-200_ year
			1	2	3	4	5	6	7				
Higher Education - Specialist													
1. General medicine													
State grant													
Contract													
Total													
From all: women													
2.													
3.													
Total													
Bachelors													
1.													
State grant													
Contract													
Total													
From all: women													
2.													
Total													
Master of Research													
1.													
State grant													
Contract													

Total												
From all: women												
2.												
3.												
Total												
Master of Science												
1.												
State grant												
Contract												
Total												
From all: women												
2.												
3.												
Total												
PhD												
1.												
State grant												
Contract												

Total														
From all: women														
2.														
3.														
Total														
Profile PhD (MD)														
1.														
State grant														
Contract														
Total														
From all: women														
2.														
3.														
Total														
Residency														
1.														

State grant															
Contract															
Total															
From all: women															
2.															
3.															
Total															
Vocational training programme (CPD)															
1.															
State grant															
Contract															
Total															
From all: women															
2															
3.															
Total															
In all															

VIII. Graduates Perfomance (National Exams) (Standard: 3 Assessment of Students)

Specialty	Specialty code	In all	Republic of Kazakhstan citizens	Foreign citizens	Among them get			Obtained diploma with distinction
					Excellence	Good	Satisfactory	
1. General medicine								
Admitted to State Exam, Total number								
In Kazakh								
In Russian								
In English								

IX. Internship students perfomance (National /State Exams) (Standard: 3 Assessment of Students)

Specialty	Specialty code	In all	RK citizens	Foreign citizens				Certificate
					Excellence	Good	Satisfactory	
1. General medicine								
Admitted to State Exam, Total number								
In Kazakh								
In Russian								
In English								
2.								

X. Graduatesø employability (Standard: 4 Students)

Specialties	Graduates in current year		Employed Graduates		Employment, %	Arrival on place of allocation %	Region
	Total	State grantøs graduates	Total	State grantøs graduates			
Total							

XI. Academic staff (Standard: 5 Academic staff/Faculty)

	Average age	Staff with academic degree and status (%)	Work on			Have academic degree				Have academic status		Members of National Science Academy of the Republic of Kazakhstan	Members of Public science academies	Scholars, laureates of premiums and competitions
			1,0 rate	0,5 rate	0,25 rate	MRes / MSc	Candidate of Science	Doctoral degree	PhD	Professor	Associate Professor			
Full-time academic staff														
Part-time academic staff														
Total Academic staff														
Among them women														

XI. Institution's Research capacity (Standard: 6 Educational Resources)

Research priorities

Name of theme of Research Projects (funding from State Budget)	Customer and source of financing	Researcher - Leader	Time of accomplishment	Organizations-joint participants, including international partners	Number of publications in RK	Number of publications abroad	Number of author certificates, licenses, diploma on innovation	Number of implemented research products
Total								

Total number of scientific publications of academic staff of medical institution in Kazakhstan out of the execution of Scientific Programmers_____

Total number of scientific publications of academic staff of medical institution abroad outside the execution of Scientific Programmers_____

Total number of author certificates, licenses, diploma on innovation outside the execution of Scientific Programmers_____

Total number of implemented of scientific products by academic staff_____

- Own_____

- Adoption_____

Brief description of scientific facilities of the higher education institution
Faculty capacity (Standard: 5 Academic staff/Faculty)

Specialty	Special-ty code	Scientific degree				Academic status		Members of National Academy of Science of the Republic of Kazakhstan	Members of public science academies	Members of professional associations/ scientific societies	Emeritus Professor of Kazakhstan or other countries universities
		Master	Candidate of science	Doctor of science	PhD	Professor	Associate Professor				

Researchers and academic staff: information about fulfilled thesis
(Standard:6 Educational Resources)

Specialty	Specialty code	Number				
		Research (initiative)	Master programmes	Candidate of Science programme (according to ald system)	Doctoral sprogrammes	PhD programmes

Scientific and academic staff: information about approved thesis and awarding the degrees
(Standard: 6 Educational Resources)

Specialty	Specialty code	Number				
		Research (initiative)	Master programmes	Candidate of Science programme (according to	Doctoral programmes	PhD programmes

				ald system)		

XII. Physical facilities and educational recourses (Standard: 6 Educational Resources)
Information about institution buildings

No. of building	Total area sq. m	Active area sq. m	Lecture rooms sq. m	Office, administrative locations sq. m	Halls, other paces sq.m
Total					

Information about student campuses/hostels (Standard: 6 Educational Resources)

	No. (name) of campus, address and telephone	Type of campus (sectional/other type)	Built	Year of reconstruction		Total Space	Number of beds	Number of students needed in campus/hostels
				Full	**Current**			
Total								

XII. Higher Education Institution Library Resources (Standard: 6 Educational Resources)

Library

Name of library	Category	Total area of library (sq. m)	Books-stock area, sq. m	Number of seats in Library	Number of books distribution centre

Library recourses

Total	Among them:			From overall number																			
				Textbooks				Scientific literature				Fiction				Periodical publications				Electronic publications			
	In Kazakh	In Russian	In English	Total	In Kazakh	In Russian	In English	Total	In Kazakh	In Russian	In English	Total	In Kazakh	In Russian	In other languages	Total	In Kazakh	In Russian	In other languages	Total	In Kazakh	In Russian	In other languages

Library activity

Number of readers			Number of attendance per year	Distribution of books per year, number		Getting literature		Library's staff
On unitary library ticket	Including students	On all divisions		total	Including textbooks	total	Including textbooks	

XIV. Information and communication resources (Standard: 6 Educational Resources)

No.	Computers number	Number of students per computer	Number of computers connected to Internet	WI - FI access

XV. Facility for studentsøsupport (Standard:4 Students)

XVI. International cooperation (Standard: 6 Educational Resources)

Information about cooperation with international partners			
Country	Organization	Name of programme/project, cooperation area	Period and Terms for collaboration

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