



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

**GUIDE TO THE MASTER 'S DEGREES
PROGRAMME SELF-EVALUATION
HIGHER EDUCATION INSTITUTIONS FOR
HEALTH PROFESSIONS EDUCATION**



Almaty 2017

**EURASIAN CENTRE FOR ACCREDITATION AND QUALITY
ASSURANCE IN HIGHER EDUCATION AND HEALTH CARE**

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FOR HEALTH PROFESSIONS EDUCATION**

ALMATY 2017

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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 programme self-evaluation of health professions education provides an overview of the accreditation process, the basic elements of the process of programme self-evaluation, including student participation in an independent student analysis, standards and criteria for programme accreditation, based on the World Federation for Medical Education Standards for Master's Degrees Programme in Medical and Health Professions Education 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 programme 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 educational programme self-evaluation, and preparation of an external expert commission to site-visit and the site-visit, decision on accreditation, follow up activities- annually report, re-accreditation.

GENERAL STEPS IN THE ACCREDITATION PROCESS

	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 HEI's State License of Kazakhstan Ministry of Education and Science to the accrediting agency	0
	ECAQA's consideration of the HEI's 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	Educational Programme self-evaluation	+4 - +14
	Appointment of the self-evaluation coordinator and the members of the educational programme 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 Educational programme Self-evaluation Report	+8
	Submission preliminary Educational programme Self-evaluation Report to the accrediting agency	+10
	Receive ECAQA's experts' comments on preliminary self-evaluation report and incorporate	+11

	their comments or send some clarification as requested.	
	The self-evaluation coordinator reviews the database, Educational programme Self-evaluation Report, and other required documents for accuracy, consistency, and currency.	+12
	Submission final Educational programme 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 ECAQA's 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 Educational programme Self-evaluation Report and additional documentation that sent by the accrediting agency.	
	The ECAQA's EEC reviews the database, Educational programme Self-evaluation Report, and other relevant materials or request additional information prior to the site-visit.	
4.	The ECAQA's EEC Site-visit	+16 - +17
	ECAQA's 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 HEI's Council at the end of ECC's 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 ECAQA's EEC final Site-visit	+17

	Report and recommendations to the accrediting agency.	
	Submission of the ECAQA's EEC final Site-visit Report and recommendations and relevant documents to the ECAQA's Accreditation Council.	+17
5	Decision on accreditation	
	The final EEC final Site-visit Report is considered by the ECAQA's 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 HEI's 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 HEI's accreditation status and the Summary of the Site-visit Report to the Ministry of Education and Science to be listed at the National Register #3 for HEI's accredited educational programme.	+19
6	Re-accreditation	after 5 years
	Re-accreditation after 5 years Submission of updated database and information about higher education institution's educational programme to the accrediting agency.	

2. ORGANISING AND CONDUCTING THE EDUCATIONAL PROGRAMME SELF-EVALUATION

Educational Programme self-evaluation is the main element of the accreditation process and involves representatives of the HEI's 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 educational programme 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 educational programme self-evaluation procedure requires time and effort from leadership, management, administrative staff, faculty, students and other relevant stakeholders.

**THE SAMPLE OF SCHEDULE FOR MASTER -S DEGREES
PROGRAMME
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 Educational Programme Self-evaluation and data collection forms to the higher education institution. Institution appoints its representative, who is responsible for conducting the educational programme self-evaluation.
-15	Institution appoints the Chair and members of the Commission for educational programme 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 educational programme self-evaluation reviews sub-commissionsø reports and prepares the final Report. The Educational Programme Self-evaluation Report should conclude with the list of its 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. HEIøø representative for Educational Programme Self-evaluationanalyzes the database, final report on programme 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 Educational Programme Self-evaluation report by accrediting agency EECøø 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	ECC's 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 ECAQA's 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 HEI's Rector is notified of the ECAQA decision regarding accreditation along with the final Site-visit Report.

2.1 The HEI's representative responsible for Master 's Degrees programme self-evaluation

The representative of the higher education institution responsible for educational programme 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 programme self-evaluation process.

The HEI's representative for educational programme self-evaluation is responsible for:

- appointment the members of the commission/sub-commissions on educational programme self-evaluation;
- coordination of the activity of internal commission/ sub-commissions on educational programme self-evaluation;
- collection of the information and completing a database and educational programme self-evaluation report;
- reliability of information and database and educational programme self-evaluation report;
- effective communication with the accrediting agency's secretariat regarding the educational programme self-evaluation and the external expert commission site-visit at the HEI.

- submitting the information and responding to requests from the accrediting agency's secretariat and members of the external expert commission.

2.2 Commission and sub-commissions on educational programme self-evaluation

Educational programme self-evaluation process requires the participation of all staff/faculty of higher education institution. The primary responsibility of HEI's representative and members of commission for educational programme self-evaluation is preparing the final educational programme self-evaluation report. This commission determines the objectives and time-frames for conducting the self-evaluation.

Commission on educational programme 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 educational programme 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 programme 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 educational programme self-evaluation should also establish sub-commission from an appropriate group of students to conduct their own independent student review. The HEI representative on educational programme self-evaluation should provide an administrative support for the student review that is afforded to other commissions on educational programme 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 educational programme 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 educational programme 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 educational programme self-evaluation commission includes the development and summarizing the results of sub-commissions activities and the preparation of the final report on programme self-evaluation.

Consequently, the programme self-evaluation commission studies sub-

commissions' reports which must reflect a comprehensive assessment, analysis of strengths and weaknesses and then synthesized into a summary as the main educational programme strengths 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 educational programme 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 graduates' questionnaires are assembled in a separate folder that forms part of the database to be reviewed by educational programme 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 commission's site-visit at the HEI.

2.4 Final Master's Degrees programme self-evaluation Report

Final educational programme self-evaluation report should be sent to the accrediting agency and to external expert commission members, along with the database on educational programme of the HEI, about two months prior to the external expert commission's 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 Educational programme 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 educational programme 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 HEI's educational programme and the adequacy of resources that support it.

2.5 Abbreviation

The following abbreviations are used in the Standards:

AC	Accreditation Council
CPD	Continuing Professional Development
EB	Expert Board
ECAQA	the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare
EEC	External Expert Commission
ESG	Standards for accreditation the Higher Education Institutions for Health Professions Education based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area
HEIs	Higher Education Institutions
MoH	Ministry of Health of the Republic of Kazakhstan
RK	
MoEDSc	Ministry of Education and Science of the Republic of Kazakhstan
PME	Postgraduate Medical Education
PGMEP	Postgraduate Medical Educational Programme
WFME	World Federation for Medical Education
WHO	World Health Organization

THE STRUCTURE OF MASTER'S DEGREES PROGRAMME SELF-EVALUATION REPORT

Title (the first) page of Educational Programme 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 confirming the accuracy of the Educational Programme Self-evaluation Report signed by the HEI Rector;
 2. List of the HEI's Commission on Educational Programme Self-evaluation members with indicating their responsibilities;
 3. Name of HEI's representative responsible for Educational Programme Self-evaluation:
Contact details:
Address:
Phone:
Fax:
E-mail:
 4. Abbreviations

5. Introduction to the Educational Programme Self-evaluation Report (the HEI's educational programme brief description)
6. The Educational Programme Self-evaluation Report with conclusions on each Standard section including the description of its strengths and weaknesses and actions for improvement.
7. Summary
8. Annexes
Supporting documents relating to the Standards and attached to the Programme Self-evaluation Report should be listed.

3. STANDARDS FOR MASTER'S DEGREES PROGRAMME ACCREDITATION

STRUCTURE OF STANDARDS FOR PROGRAMME ACCREDITATION	
STANDARD 1: MISSION AND OUTCOMES	1.1 Statements of purpose and outcome 1.2 Participation in the formulation of mission and outcomes 1.3 Autonomy and academic freedom 1.4 Programme title and description
STANDARD 2: EDUCATIONAL PROCESS	2.1 Instructional and learning methods 2.2 Academic skills development 2.3 Programme content, scope and contextualisation 2.4 Research and scholarship 2.5 Programme structure and duration 2.6 Process of curriculum development
STANDARD 3: ASSESSMENT OF STUDENTS	3.1 Assessment methods 3.2 The assessment system 3.3 Feedback to students 3.4 Quality assurance of the assessment system
STANDARD 4: STUDENTS	4.1 Admission policy and selection 4.2 Student intake 4.3 Student counselling and support 4.4 Student representation 4.5 Graduation requirements 4.6 Progress and attrition rates and reasons
STANDARD 5: STAFFING	5.1 Appointment policy 5.2 Obligations and development of staff 5.3 Number and qualifications of teaching and supervisory staff 5.4 Administrative support
STANDARD 6: EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP	6.1 Educational settings 6.2 Information technology
STANDARD 7: MONITORING AND EVALUATION OF THE EDUCATIONAL PROCESS	7.1 Mechanisms for program monitoring and evaluation 7.2 Feedback from staff and students 7.3 Performance of students and

	graduates
STANDARD 8: GOVERNANCE AND ADMINISTRATION	8.1 Programme director 8.2 Governance 8.3 Academic leadership and integrity 8.4 Programme management 8.5 Funding and resource allocation 8.6 Administration 8.7 Requirements and regulations 8.8 Process for start-up and approval 8.9 Finance 8.10 Financial management and probity 8.11 Programme information
STANDARD 9: PROGRAMME 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 institutions' 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 school's 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 cooperation, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum, assessments, students admission, staff recruitment/selection and employment conditions, research and resource allocation.

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; autonomy and academic freedom; educational outcomes; stakeholders' participation in formulation of mission and outcomes.

STANDARD: 1. MISSION AND OUTCOMES

1.1 Mission

1.1.1 The higher educational institution **must** formulate the purpose of the programme and make it available to potential students, their sponsors, employers or funders.

1.1.2 The higher educational institution **must** state the intended outcomes resulting in a graduate who:

- Demonstrates mastery of the theories, concepts and practices of health professions education, including critical appraisal of their rationale and evidence base, and comparative, contextual and cultural analysis to determine applicability to the student's own context;
 - Understands the particular nature of theory, research and evidence in the social sciences;
 - Demonstrates intellectual, personal and professional abilities for:
 - Independent thinking
 - Synthesising information
 - Creative problem solving
 - Communicating clearly
 - Demonstrating appreciation of the social, environmental and global implications of their studies and activities.
 - Demonstrates applied knowledge and skills to take on a variety of leadership, management or organisational roles in educational development in their institution or department;
 - Demonstrates applied knowledge and skills to conduct health professions education research and programme evaluation;
 - Is prepared to undertake higher level study, such as doctoral level study;
 - Demonstrates commitment to a professional and ethical approach to educational development, research and evaluation.
- ❖ *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?*
- ❖ *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.*
- ❖ *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?*
- ❖ *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?*
- ❖ *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?*

1.2 Participation in the formulation of mission and outcomes

1.2.1 The higher educational institution **must** involve the principal stakeholders, including potential students, in formulating the programme mission and outcomes.

- ❖ *Who are the higher education institution's principal stakeholders?*
- ❖ *How does the higher education institution involve its principal stakeholders in the mission and objectives statements formulating?*
- ❖ *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?*

1.3 Autonomy and Academic Freedom

1.2.1 The higher educational institution **must** have autonomy to formulate and implement the policies for which the teaching, academic and administrative staffs are responsible, especially regarding:

- Design of the curriculum
- 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?*
- ❖ *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?*

1.4 Programme title and description

1.4.1 The higher educational institution **must** provide documentation of appropriate breadth and depth that describes:

- Programme purposes, philosophy and values;
- Programme learning goals, objectives or outcomes and content;
- Modes of delivery including methods of face-to-face, individual, group, self-directed and distance learning;
- Expected time commitment and credits to be awarded;
- Assessment policy, methods, progression and completion conditions, including arrangements for acceptable deadline extensions, penalties for late submission and conditions for resubmission of inadequate work;
- Purpose and arrangements for dissertations, including design, structure, length, style, supervision and marking;
- Student support systems;
- Plagiarism and collusion policy;
- Conditions for admission and enrolment, including advanced standing and exemption arrangements;
- Programme fees and bursaries;
- Advice on study and academic skills (including presentation of written assignments and referencing) and time management;
- Warnings and complaints procedures;
- Programme evaluation and quality assurance.
- ❖ *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?

- ❖ *Describe the availability of intended educational outcomes to public.*
- ❖ *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?*
- ❖ *How does study programme design and approval function in the institution? Who does what?*

STANDARD 2: EDUCATIONAL PROCESS

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.

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

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 PROCESS

2.1 Instructional and learning methods

2.1.1 The higher educational institution **must** describe the blend of instructional and learning methods, including the rationale for the methods.

2.1.2 The higher educational institution **must** use instructional and learning methods that stimulate, prepare and support students to take responsibility for their own future professional development and learning.

2.1.3 The higher educational institution **must** offer a balance of carefully planned *instructional methods* that offer students a range of learning experiences, and individual learning support and guidance, consistent with the learning goals and objectives.

- ❖ *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?*

- ❖ *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.*
- ❖ *Specify how the higher education institution envisages that these methods prepare students for lifelong learning.*

2.2 Academic skills development

2.2.1 The higher educational institution **must** ensure that the programme enables each student to develop the Master's level academic skills of:

- Independent thinking;
- Analysing, synthesising and offering a critique of information;
- Creative problem solving;
- Communicating clearly;
- Appreciating the social, contextual and global implications of their studies and activities.

2.2.2 The higher educational institution **must** describe expected standards of work, including length and presentation of assignments and other required elements.

- ❖ *What components of the educational programme form and develop the ability of students to analytical and critical thinking, etc. (see this Standard)?*
- ❖ *Present one or more examples where the curriculum focuses on developing skills of critical judgment based on evidence, creative problem solving, knowledge and understanding of the social needs and needs of the health sector.*
- ❖ *Describe the individual work plan of a master's degree student.*

2.3 Programme content, scope and contextualisation

2.3.1. The higher educational institution **must** select programme content that educates students in the full breadth of educational concepts, theories, models, historical perspectives and practices.

2.3.2 The higher educational institution **must** ensure coverage of basic and advanced theories and models in each topic, methods of critique and critical-reflective application to the student's own context.

2.3.3 The higher educational institution **must** draw on both the health professions literature and on practice, models and theories from wider educational and social sciences.

2.3.4 The higher educational institution **must** ensure that the content selected is presented in its social and historical context, and is appraised for its current applicability to the student's context.

- ❖ *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?*
- ❖ *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 Research and scholarship

2.4.1 The programme director **must** ensure that students:

- Demonstrate appreciation of the process, nature and limitations of educational research;
- Demonstrate understanding of the evidence base for any statement or programme topic, especially where there is no, contradictory, or little evidence;
- Demonstrate skills to make an informed critique of educational research and scholarship;
- Demonstrate understanding of the social, contextual and historical basis of educational ideas;
- Demonstrate skills to develop original research and scholarship appropriate to their own contexts.
- ❖ *Which of the behavioral and social sciences and the disciplines of medical ethics and medical jurisprudence contribute to the medical programme?*
- ❖ *How does the curriculum provide for contributions of these sciences and disciplines to foster effective communication, clinical decision making and ethical practices?*
- ❖ *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?*
- ❖ *How do the research activities reflect the institution's overall mission and goals?*
- ❖ *How is research linked to teaching activities in the institution?*

2.5 Programme structure and duration

2.5.1 The higher educational institution **must** ensure that the overall structure and duration of the Master's programme **must** be described with clear definition of: the duration of the programme, and whether it is full-time or part-time, stated in terms of actual hours of study; start and completion dates; the expected distribution of work, programme activities, their duration and deadlines; components which are compulsory and optional and a rationale for these components; amount and role of independent learning; available resources; the formative and summative assessment system; provision of feedback; evaluation of the programme; requirements for completion of the programme; arrangements for extension and deferrals, if any.

- ❖ *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 mechanisms exist to ensure that it occurs?*
- ❖ *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 students' physical abilities?*
- ❖ *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?*

2.6 Process of curriculum development

2.6.1 The higher educational institution **must** describe the process of curriculum design, including needs assessment and contextual analysis, survey of the academic field including the wider literature in the parent fields of psychology and social science, appropriate selection of content, and practical issues of delivery, communication and cost.

2.6.2 The higher educational institution **must** describe what reference was made to stakeholders during curriculum design and development.

- ❖ *What is an obligatory or elective analytic and experimental studies included as part of the curriculum?*
- ❖ *What is the process by which the higher education institution adapts the curricular contributions of the biomedical sciences to developments in the science, technology, practice and delivery of health care?*

2.4.2 The higher education institution **should** in the curriculum adjust and modify the contributions of the behavioural and social sciences as well as medical ethics and medical jurisprudence to

- scientific, technological and clinical developments;
- current and anticipated needs of the society and the health care system;

- changing demographic and cultural contexts
- ❖ *What is the process by which the medical school adapts the curricular contributions of the behavioral sciences, the social sciences and medical ethics to developments in the science, practice and delivery of health care?*
- ❖ *What is the process by which the higher education institution adapts the curricular contributions of the clinical sciences to developments in the science, technology, practice and delivery of health care?*
- ❖ *What are the internal mechanisms of the design and approval of educational programmes?*
- ❖ *How feedback on the conditions of postgraduate training is carried out?*
- ❖ *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?*
- ❖ *Describe any activities directed towards regional and international cooperation with other higher education institutions.*
- ❖ *Are adequate resources allocated in support of this strategy?*

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.

Assessment utility 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 LEARNING

3.1 Assessment methods

3.1.1 The higher educational institution **must**: define, state and publish the principles, rationale, methods and practices used for assessment of student learning, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

- ❖ *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 students' 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?*
- ❖ *Describe the procedure for admission to the thesis defense.*

3.1.2 The higher educational institution **must** ensure that assessments are open to scrutiny by external examiners, the institutional Exam Board or other authorities.

3.1.3 The higher educational institution **must** document the methods of quality assurance of the assessments and marking process.

- ❖ *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?*

3.1.4 The higher educational institution **must** offer a system for appeal against assessment results

- ❖ *What are the mechanisms for appeal?*

3.2 The assessment system

3.2.1 The higher educational institution **must** ensure that both formative and summative assessments are offered and assessments adequately sample the programme content.

3.2.2 The higher educational institution **must** ensure that the assessments address the Master's level academic skills *as stated in 1.1.*

3.2.3 The higher educational institution **must** ensure that a range of assessment methods and formats is used, according to their appropriateness to the learning objectives and context.

- ❖ *How is the assessment practice compatible with educational outcomes and teaching methods?*
- ❖ *Do assessment methods demonstrate that outcomes are met or not met?*
- ❖ *To what extent is integrated assessment of various curricular obtained?*
- ❖ *How the feedback to students on basis of assessment results provide to them?*

3.3 Feedback to students

3.3.1 The higher educational institution **must** ensure that personalised and detailed written feedback (or oral feedback with a written record) is given to each student after both formative and summative assessments.

- ❖ *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?*

3.4 Quality assurance of the assessment system

3.4.1 The higher educational institution **must** appoint a qualified academic external examiner to verify standards and results.

- ❖ *How is the competence of members and attracted teachers to assess the knowledge and skills, attitudes, professional behavior and abilities of master's degree students ensured, what special training is offered by the educational programme?*

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 choice 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 educational institution **must** formulate, implement, publish and periodically review an admission policy and process based on the principles of required prior achievements, equality and objectivity.

- ❖ *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 educational institution **must** have a policy and implement practice for admission of disabled students.

- ❖ *What are the policy and practice for admission of disabled students?*
- ❖ *What are the policy and practice for transfer of students in the higher education institution?*
- ❖ *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?*
- ❖ *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 educational institution **must** define the size of student intake and relate it to programme capacity.

- ❖ *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?*
- ❖ *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 educational institution **must** allocate resources for and offer student support, including counselling in relation to academic, social and personal needs.

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

4.4 Student Representation

4.4.1 The higher educational institution **must** formulate and implement a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in 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 educational institution **must** 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?*

4.5 Graduation requirements

4.5.1 The higher educational institution **must** set out requirements in terms of:

- Evidence of successful completion of all degree requirements (programme, projects, thesis, practicum, portfolio, transcript, etc.);
- Expected standards of work;
- Evidence of research skills and critical appraisal.
- ❖ *Describe what academic degree masterø degree students receive after graduation.*
- ❖ *How is it possible to assess whether masterø degree students have achieved the learning outcomes and the objectives of the educational programme are realized?*
- ❖ *Describe the requirements for the implementation of research work, thesis, portfolio.*
- ❖ *Attach a sample of the individual plan of a masterø degree student (indicating the numbering of the application in the text) to the self-evaluation report or refer to any rules for its design and completion.*

4.6 Progress and attrition rates and reasons

4.6.1 The higher educational institution **must** set out requirements for progress, including:

- Range and role of formative and summative assignments;
 - Deadlines for assignments;
 - Arrangements and acceptable reasons for late submission;
 - Arrangements for resubmission, including deadlines and maximum possible marks on submission.
- ❖ *Describe the range and role of formative and summative assignments for a master's degree student.*
 - ❖ *Include the requirements for the completion of assignments and measures to prevent non-fulfillment or late delivery of tasks in the self-evaluation report.*
 - ❖ *How will the master's degree student who has passed the task later than the term specified by the teacher or programme be evaluated?*

4.6.2 The higher educational institution **must** keep records of student progress and compliance with milestones.

4.6.3 The higher educational institution **must** have a system for follow-up of students whose progress gives cause for concern.

4.6.4 The higher educational institution **must** keep records of student attrition rates.

4.6.5 The higher educational institution **must** determine and record the reasons why any student who leaves the programme before completion has done so.

STANDARD 5: STAFFING

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: Staffing includes: recruitment and selection policy; staff activity and development.

5. STAFFING

5.1 Appointment policy

5.1.1 5.1.1 The higher educational institution **must** provide a list of full-time, part-time or consulting staff required to run the programme, including: academic programme design staff; academic teaching staff; administrative staff; technical support staff; staff involved in assessment; the programme director.

5.1.2 For each type of staff, the higher educational institution **must** formulate and implement an appointment policy, consistent with the mission of the programme, that specifies:

- The expertise and level of qualification required;
 - Criteria for scientific, educational and experiential merit, including the balance between teaching, research and service qualifications;
 - Their responsibilities, including: hours and distribution of work; communication with students; submission of records and reports of activity.
- ❖ *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 institution's staffing decisions?*

- ❖ *What is the balance between medical and non-medical staff and between full-time and part-time staff?*
- ❖ *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 faculty's scientific, educational and clinical qualifications?*

5.2 Obligations and development of staff

5.2.1 For each category of staff, and each staff member individually, the programme director **must**:

- Provide a list of duties and responsibilities;
- Specify the programme policy on staff induction and support;
- Provide induction and training;
- Provide appropriate monitoring and feedback;
- Make provision for all staff to provide feedback to the programme director on their roles, responsibilities and the support provided.
- ❖ *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 institution's 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 faculty's 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?*

5.3 Number and qualifications of teaching and supervisory staff

5.3.1 The higher educational institution **must** ensure the presence of teaching and supervisory staff with education-related academic qualifications at least one level above that for which the students are studying.

5.3.2 The higher educational institution **must** ensure the presence of a student-to-staff ratio that is specified and sufficient to allow students appropriate access to teachers and supervisors.

5.3.3 The higher educational institution **must** ensure the presence of qualified dissertation mentors with sufficient research experience.

- ❖ *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?*
- ❖ *Describe the practice of mentoring in the Master's degree programme and how this practice affects the progress of the Master's degree student.*

5.4 Administrative support

5.4.1 The higher educational institution **must** describe and publish the arrangements that ensure sufficient administrative support for students and sufficient administrative support for teaching and supervisory staff.

- ❖ *What are the mechanisms to implement the existing staff promotion policy?*
- ❖ *Who develops and approves it? Where is it published?*
- ❖ *What is the availability of Administrative and Management Staff for Master's degree students and ordinary teachers?*
- ❖ *How do teachers receive information about their capabilities and requirements, taking into account the specifics of the activities of the departments and how are they appointed to posts?*

STANDARD 6: EDUCATIONAL RECOURSES, SETTINGS AND SCHOLARSHIP

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, settings and scholarship includes: physical facilities; clinical training resources; effective use of information and communication technologies; research and scholarship; educational expertise and educational exchange.

6. EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP

6.1 Educational settings

6.1.1 In the case of face-to-face programmes, the higher educational institution **must** ensure sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately and ensure learning environment which is safe for staff and students.

6.1.2 In the case of distance learning, the higher educational institution **must** ensure that materials are provided in formats that are accessible to all students and clear guidance about materials, resources and study requirements is provided.

- ❖ *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?*
- ❖ *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?*
- ❖ *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.*

- ❖ *How does the higher education institution observe students' clinical practice?*
- ❖ *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?*

6.2 Information Technology

6.3.1 The higher educational institution **must**, for both face-to-face and distance learning formulate and implement a policy which addresses effective use and evaluation of appropriate information and communication technology in the educational programme.

6.2.2 The higher educational institution **must**, for both face-to-face and distance learning enable teachers and students to use appropriate information and communication technology for independent learning and accessing information

- ❖ *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 institution's 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?*
- ❖ *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?*
- ❖ *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?*
- ❖ *How is research linked to and based on the educational programme?*
- ❖ *How does the higher education institution foster interaction between its research and educational activities?*
- ❖ *Provide a brief description of research facilities and research priorities of the higher education institution.*
- ❖ *How is management of research organised?*
- ❖ *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?*

STANDART 7: MONITORING AND EVALUATION OF THE EDUCATIONAL PROCESS

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 students' 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: Monitoring and evaluation of the educational process includes: mechanisms for programme monitoring and evaluation; teacher and student feedback; performance of students and graduates; involvement of stakeholders.

7. MONITORING AND EVALUATION OF THE EDUCATIONAL PROCESS

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 programme?*
- ❖ *Describe the process for the evaluation of educational programme.*
- ❖ *What evaluation data are being collected?*

7.1.2 The higher educational institution **must** establish and apply a mechanism for programme evaluation that: addresses the curriculum and its main components; addresses student progress; identifies and addresses student and staff concerns; reviews the continued appropriateness of educational and study settings

- ❖ *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 Educational Programme 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 monitoring and evaluation influence the programme.

- ❖ *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?*
- ❖ *Describe how evaluation activities are being enhanced and refined to cover all important components of the medical education programme as well as the educational process context, overall educational outcomes, and aspect of social accountability.*

7.1.4 The higher educational institution **must** ensure that stakeholders have access to results of the programme evaluation

- ❖ *How are academic staff and students, as well as administration and management staff of higher education institution involved in programme evaluation and monitoring?*
- ❖ *How is 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?*
- ❖ *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 clinical 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?*

7.2 Feedback from staff and students

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

7.2.2 The higher educational institution **must** use feedback results for programme development.

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

❖ *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 educational institution **must** use the analysis of student performance to provide feedback to the committees responsible for student selection, curriculum planning, student counselling.

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

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 dean's 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 - 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 Programme director/ the higher educational institution

8.1.1 The higher educational institution **must** appoint the Programme director for the Master programme and **must** have a named programme director and **have** accountability to specified higher management.

- ❖ *Describe the criteria for appointing the head of the Masterø degree programme and give a map (scheme) of his interaction with the top management of the HEI and the management of the educational area and other key departments involved in the training of Masterø degree students.*
- ❖ *Include the list of managers of the educational programme for 5 years in the report.*

8.2 Governance

8.2.1 The higher educational institution **must** define programme governance structures including the managing committee structures, relationships, conflicts of interest and accountability.

- ❖ *How can the governance structure, its components and their functions, be described?*
- ❖ *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?*

8.2.2 The higher educational institution **must** ensure transparency of governance processes and decisions.

- ❖ *What are the roles and responsibilities of the institution's 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?*

8.3 Academic leadership and integrity

8.3.1 The higher educational institution **must** describe the responsibilities of its academic leadership for definition and management of the educational programme.

8.3.2 The higher educational institution **must** periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes, objectivity and conflicts of interest.

- ❖ *Describe the academic management structure of the higher education institution indicating the line of responsibility for individual areas of the educational programme.*
- ❖ *How is the performance of the academic leadership of the medical education institution evaluated and appraised in relation to the mission and what is the result of such an evaluation?*

8.4 Programme management

8.4.1 The higher educational institution **must** have appropriately qualified (i.e. having a degree higher than a Master's award) academic leadership and/or programme director(s) and administrative staff with responsibility for planning and implementation.

8.4.2 The higher educational institution **must** clear lines of appropriate responsibility and management for programme design and the various components of the programme.

- ❖ *Describe the academic management of the educational programme.*
- ❖ *Briefly describe the members of this unit (degree, education, work experience in education, including postgraduate).*

8.5 Funding and resource allocation

8.5.1 The higher educational institution **must** define a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

8.5.2 The higher educational institution **must** have autonomy to allocate the resources necessary for the implementation of the curriculum 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?*
- ❖ *What are the mechanisms to study educational needs, to allocate and distribute educational resources?*
- ❖ *What is the autonomy of the higher education institution to allocate educational resources? Describe the existing higher education institution's 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?*
- ❖ *Describe how the higher education institution ensuring that its annual budget considering the developments in medical sciences and the health needs of the society.*

8.6 Administration

8.6.1 The higher educational institution **must** have an administrative and professional staff establishment that is appropriate to support implementation of its educational programme and related activities and ensure effective 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 medical educational programme reviewed?*

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

8.7 Requirements and regulations

8.7.1 The higher educational institution **must** ensure that the administrative staff are appropriate to support the implementation of the programme.

8.7.2 The higher educational institution **must** show that the management process includes a programme of quality assurance.

8.7.3 The higher educational institution **must** demonstrate compliance with relevant regulatory requirements, including the award of an academic qualification.

- ❖ *How are internal quality assurance programme and management reviewed?*
- ❖ *What does internal quality assurance policy consist of and how it is made public?*
- ❖ *How are the quality assurance system and strategic management related?*
- ❖ *How are internal stakeholders including the students and external stakeholders involved in development and implementation the higher education institution's quality assurance programme?*
- ❖ *Does the higher education institution have an institution's internal quality assurance manual or equivalent document that reflects the national and international context?*
- ❖ *Does the institution's internal quality assurance manual includes this requirement and conditions?*
- ❖ *How is quality assurance policy translated into the higher education institution's existing practice?*
- ❖ *How the quality assurance policy is implemented, monitored and revised is the institution's decision.*

8.8 Process for start-up and approval

8.8.1 Programme documentation **must** show:

- A formal documented process at start-up of vetting the programme and other degree requirements by a group of experts in education (e.g. graduate education or an external advisory board);
- A formal initial approval and subsequent review process for the programme;
- Documentation and evidence of any joint participation with other institutions and/or adjunct faculty;
- Appropriate official approval by a university to enroll students.
- ❖ *Give a brief description of the existing types of cooperation in the implementation of the educational programme with other medical universities, research centers.*
- ❖ *Describe international cooperation and cooperation within the country*

with different health and science organizations (number of treaties, their impact, participation in events, joint research and publications).

- ❖ *What powers does the leadership of the educational programme have to allocate resources for international cooperation?*

8.9 Finance

8.9.1 The higher educational institution **must** show adequate documentation of the cost of completing the programme; clearly documented fees for the programme (minimum cost for receiving the degree and explicit documentation of cost for additional programme components).

8.9.2 The higher educational institution **must** show evidence of financial sustainability.

- ❖ *Information on funding and basic training costs.*

8.10 Financial management and probity

8.10.1 The programme director **must** provide evidence of financial management and probity, including independent audit of finances.

- ❖ *What advisory bodies approve the financial plan and reports (Supervisory Board, Scientific Council, etc.)?*
- ❖ *Describe where the financial information on the Master's degree programme is published, how often the reporting events are held, who is invited to these events.*
- ❖ *Describe the approval of a scholarship fund for Master's degree students, funding research work, academic mobility.*
- ❖ *When and by whom is the financial audit conducted?*
- ❖ *Is there an internal audit, and who initiates and conducts it? What activities are conducted following the results of the audit and how do they influence the improvement of the educational programme?*

8.11 Programme information

8.11.1 The higher educational institution **must** ensure provision of:

- Full and accurate accessible information for prospective students about programme content, structure, costs, processes and events, including the assessment system;
- A variety of information channels appropriate to prospective students including a website, a brochure and help-line;
- A comprehensive student handbook for registered students to include information on: programme philosophy; programme aims and values; learning goals and objectives; programme structure; study times; approaches to teaching and learning; learning materials and resources; feedback and supervision; assessment policies and practices; coursework requirements; description of assessments at each programme level; admission and enrolment; requirements for admission with advanced standing; specific requirements for approving module exemptions; course fees and bursaries; course materials; available faculty and staff for teaching and

student academic, technical and administrative support; study skills; academic, personal and technical support for students.

- ❖ *Describe what documents are available to provide programme applicants and Masterø degree students with complete and accurate information about the programme's content, structure, costs, processes and activities, including the evaluation system (rules, regulations, orders, manuals).*
- ❖ *Describe ways of providing information to Masterø degree students (website, corporate mail, AIS-HEI, corporate newspaper, etc.).*

STANDART 9: PROGRAMME 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: Programme 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. PROGRAMME RENEWAL

9.1 The higher educational institution **must** initiate procedures for regularly reviewing and updating programme structure and functions.

9.2 The higher educational institution **must** have a system for rectifying documented deficiencies.

9.3 The higher educational institution **must** base the process of renewal on results of programme evaluation and wider changes in educational knowledge, theory and practice, where appropriate.

- ❖ *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?*
- ❖ *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:
HEI's 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 PROCESS)					
Educational programmes	duration	academic year	specialty	awarding qualification/ academic degree	instruction language
Total					

**VI. Educational programme and Students Intake (Standard: 2 EDUCATIONAL PROCESS;
Standard: 4 STUDENTS)**

Cycles of education	Duration	Beginning of academic year according to the State Compulsory Standards of Education (SCSE)	Number of learners without foreign citizens		Number of international students	Submitted applications		Passed competition		Enrolled on current academic year (without foreign citizens)		Enrolled foreign citizens on current academic year	Cost for academic year
			State grant	Contract		RK citizens	Foreign citizens	RK citizens	Foreign citizens	State grant	Contract		
													-
In Kazakh													
In Russian													
In English													
Total													

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				
Higher Education - Specialist								
State grant								
Contract								
Total								
From all: women								

VIII. Graduates Performance (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.								
Admitted to State Exam, Total number								
In Kazakh								
In Russian								
In English								

IX. Internship students performance (National /State Exams)(Standard: 3 ASSESSMENT OF STUDENTS)

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

X. Graduatesøemployability (Standard: 4 STUDENTS)

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

XI. Academic staff (Standard: 5 STAFFING)

	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	Doc toral degree	PhD	Pro fes sor	Asso ciate Pro fessor			
Full-time academic staff														
Part-time academic staff														
Total Academic staff														
Among them women														

XI. Institutions Research capacity (Standard: 6 EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP)

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								

Brief description of the higher education institution research facilities

Faculty capacity (Standard: 5 STAFFING)

Specialty	Specialty 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, SETTINGS AND SCHOLARSHIP)**

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

**Scientific and academic staff: information about approved thesis and awarding the degrees
(Standard: 6 EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP)**

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

XII. Physical facilities and educational recourses (Standard: 6 EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP)
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, SETTINGS AND SCHOLARSHIP)

	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, SETTINGS AND SCHOLARSHIP)

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

XV. Facility for students support (Standard:4 STUDENTS)

XVI. International cooperation (Standard: 6 EDUCATIONAL RESOURCES, SETTINGS AND SCHOLARSHIP)

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

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