



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

**GUIDE TO POSTGRADUATE MEDICAL EDUCATION  
PROGRAMME SELF-EVALUATION  
HIGHER EDUCATION INSTITUTIONS**



**Almaty - 2017**

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

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PROGRAMME SELF-EVALUATION  
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**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 postgraduate medical education programme self-evaluation provides an overview of the accreditation process, the basic elements of the process of educational programme self-evaluation, standards and criteria for programme accreditation, based on the World Federation of Medical Education Global Standards for Quality Improvement of Postgraduate Medical Education (Revision 2015) and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (Revision 2015) with the national specifications of health professions education and healthcare system.

Guide to the postgraduate medical education programme self-evaluation is intended to the leadership, academic and administrative 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 postgraduate medical education programme self-evaluation, and preparation of an external expert commission to site-visit and the site-visit, decision on accreditation, follow up activities- annually repost, re-accreditation.

### GENERAL STEPS IN THE ACCREDITATION PROCESS

	<b>STEPS IN THE ACCREDITATION PROCESS</b>	<b>Time frame (+/-months)</b>
<b>1</b>	<b>Submission the application to the accrediting agency</b>	<b>0- +4</b>
	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
<b>2</b>	<b>Educational Programme self-evaluation</b>	<b>+4 - +14</b>
	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 their comments or send some clarification as requested.	+11
	The self-evaluation coordinator reviews the database,	+12

	Educational programme Self-evaluation Report, and other required documents for accuracy, consistency, and currency.	
	Submission final Educational programme Self-evaluation Report to the accrediting agency (Kazakh/ Russian/ English on CD)	+14
<b>3</b>	<b>Preparing for the Site-visit</b>	<b>+15</b>
	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.	
<b>4.</b>	<b>The ECAQA's EEC Site-visit</b>	<b>+16 - +17</b>
	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 Report and recommendations to the accrediting agency.	+17
	Submission of the ECAQA's EEC final Site-visit Report and recommendations and relevant documents to the ECAQA's Accreditation Council.	+17
<b>5</b>	<b>Decision on accreditation</b>	

	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
<b>6</b>	<b>Re-accreditation</b>	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 POSTGRADUATE MEDICAL EDUCATIONAL PROGRAMME SELF-EVALUATION**

Postgraduate medical educational programme self-evaluation is the main element of the accreditation process and involves representatives of the HEI's administration, faculty (Trainers), 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, trainers, trainees and other relevant stakeholders.

### **THE SAMPLE OF SCHEDULE FOR POSTGRADUATE MEDICAL EDUCATIONAL PROGRAMME SELF-EVALUATION**

<b>Time frame (+/-months)</b>	<b>Activity</b>
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-16	Accreditation agency coordinates the site-visit date with the Rector of higher education institution or medical organization
-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-commissions reports and prepares the final Report. The Postgraduate medical 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. HEI's representative for Educational Programme Self-evaluation analyzes 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 ECC's members before the site-visit at the HEI.
-2	HEI sends any required additional information or data to ECC and to the Accrediting agency.
-1	The Accrediting agency coordinates the final Site-visit Programme and finalizes the schedule with the HEI.
<b>0</b>	ECC's Site-visit at the Higher Education Institution/medical organization.
	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 educational 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, trainers and trainees 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/trainers of higher education institution or medical organization. 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 (trainers) and when appropriate, students (trainees). 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 Educational 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:

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

### **3. THE STRUCTURE OF POSTGRADUATE MEDICAL EDUCATIONAL PROGRAMME SELF-EVALUATION REPORT**

Title (the first) page of Educational Programme Self-evaluation Report:

- name of the higher education institution (or medical organization);
  - 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.

#### **4. STANDARDS FOR POSTGRADUATE MEDICAL EDUCATIONAL PROGRAMME ACCREDITATION**

<b>STRUCTURE OF STANDARDS FOR PROGRAMME ACCREDITATION</b>	
<b>STANDARD 1: MISSION AND OUTCOMES</b>	1.1 MISSION 1.2 PROFESSIONALISM AND PROFESSIONAL AUTONOMY 1.3 EDUCATIONAL OUTCOMES 1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES
<b>STANDARD 2: EDUCATIONAL PROGRAM</b>	2.1 FRAMEWORK OF THE PME PROGRAMME 2.2. SCIENTIFIC METHOD 2.3 PROGRAMME CONTENT 2.4 PROGRAMME STRUCTURE, COMPOSITION AND DURATION 2.5 ORGANISATION OF EDUCATION 2.6 THE RELATION BETWEEN PME AND SERVICE
<b>STANDARD 3: ASSESSMENT OF TRAINEES</b>	3.1 ASSESSMENT METHODS 3.2 RELATION BETWEEN ASSESSMENT AND LEARNING
<b>STANDARD 4: TRAINEES</b>	4.1 ADMISSION POLICY AND SELECTION 4.2 NUMBER OF TRAINEES 4.3 TRAINEE COUNSELLING AND SUPPORT 4.4 TRAINEE REPRESENTATION 4.5 WORKING CONDITIONS
<b>STANDARD 5: TRAINERS</b>	5.1 RECRUITMENT AND SELECTION POLICY 5.2 TRAINER OBLIGATIONS AND TRAINER DEVELOPMENT
<b>STANDARD 6: EDUCATIONAL RESOURCES</b>	6.1 PHYSICAL FACILITIES 6.2 LEARNING SETTINGS 6.3 INFORMATION TECHNOLOGY 6.4 CLINICAL TEAMS 6.5 MEDICAL RESEARCH AND SCHOLARSHIP 6.6 EDUCATIONAL EXPERTISE 6.7 LEARNING IN ALTERNATIVE SETTINGS
<b>STANDARD 7: PROGRAM EVALUATION</b>	7.1 MECHANISMS FOR PROGRAMME MONITORING AND EVALUATION 7.2 TRAINER AND TRAINEE FEEDBACK 7.3 PERFORMANCE OF QUALIFIED DOCTORS 7.4 INVOLVEMENT OF STAKEHOLDERS 7.5 APPROVAL OF EDUCATIONAL PROGRAMMES

<b>STANDARD 8: GOVERNANCE AND ADMINISTRATION</b>	8.1 GOVERNANCE 8.2 ACADEMIC LEADERSHIP 8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION 8.4 ADMINISTRATION AND MANAGEMENT 8.5 REQUIREMENTS AND REGULATIONS
<b>STANDARD 9: CONTINUOUS RENEWAL</b>	

## **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 cooperations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (2.1 and 2.6), assessments (3.1), students admission (4.1 and 4.2), staff recruitment/selection (5.1) and employment conditions (5.2), research (6.4) and resource allocation (8.3).

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

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

Outcomes within medicine and medical practice - to be specified by the medical

school - would include documented knowledge and understanding of (a) the basic

biomedical sciences, (b) the behavioural and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession.

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

*Appropriate student conduct* would presuppose a written code of conduct.

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

*Other stakeholders* would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff,



education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

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

## **STANDARD: 1. MISSION AND OUTCOMES**

### **1.1 Mission**

1.1.1 The programme provider **must** state the mission of the programme and make the mission publicly known to the health sector it serves.

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

1.1.2 The programme provider **must** base the mission on

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

1.1.3 The programme provider **must** outline the programme containing both theoretical and practice-based components, with emphasis on the latter, resulting in a medical doctor who is

- competent to undertake comprehensive appropriate medical practice in the defined field of medicine;
  - capable of working in a professional manner;
  - able to work unsupervised and independently;
  - able to work within a professional/interprofessional team when relevant;
  - committed and prepared to life-long learning and participation in continuing;
  - medical education/continuing professional development
- Describe the objectives of educational programmes of HEI.
- Describe the educational strategy resulting in a health professionals competencies and their continuous specialty training or research.

- Describe how students develop their ability and commitment to lifelong learning.
- What are the outcome results in terms of broad competencies (knowledge, skills and attitudes) required of trainers at graduation?
- How do the competencies relate to existing and emerging needs of the society in which the trainers will practice?

1.1.4 The programme provider must ensure improvement of patient care that is appropriate, effective, compassionate and safe in dealing with health problems and promotion of health, including a patient-centred and holistic approach.

- How has the management implemented close contact with patients and residents' participation in providing better care for them in the practice of residency training, as well as what activities that form a patient-oriented approach are carried out in residency training?

1.1.5 The programme provider **must** ensure that trainees have appropriate working conditions to maintain their own health

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

1.1.6 The programme provider **should** encourage appropriate innovation in the education process allowing for development of broader and more specialised competencies than those identified within the basic required competencies.

1.1.7 The programme provider **should** encourage doctors to become scholars within their chosen field of medicine.

1.1.8 The programme provider **should** encourage doctors to become active participants in facing social determinants of health.

- Describe the higher education institution's practice of developing, implementing and using various innovations in the training and practical training of residents. It is necessary to show in detail (but briefly) the interrelation of the implemented innovations with specific competencies they develop.
- What mechanisms for engaging residents in research work are presented in the higher education institution? Is there a research institute that includes residents in scientific projects, teaches them the rules for preparing an article and a report, the rules for conducting scientific research. How is the participation of residents in research work encouraged?
- How does the management of the educational programme involve residents in supporting population health, solving social problems related to health (participation in the Doors Open Days, volunteer movement in hospices and clinics, provision of health care to orphanages and other similar institutions), engaging in expert work, air medical services, etc? Describe all existing practices in this area.

## 1.2 Professionalism and professional autonomy

1.2.1 The programme provider **must** include professionalism in the education of doctors.

- Describe the competence of "professionalism" in the context of the residency and what does the management of the educational program put into this concept and how is it achieved?
- Briefly describe the assessment methods of students' achievements of the relevant professionalism in the chosen specialty. Describe the way in which the identified weaknesses are corrected.
- How is the professional autonomy of the resident ensured in practice, i.e. in clinics? Do they supervise patients independently, how many independent shifts are in the clinic, and what is the proportion of this independence in relation to the general educational process in the residency? How is this responsibility of residents documented (order, order of the HEI or the clinic management, or only decision of the department)?

1.2.2 The programme provider **must** foster the professional autonomy necessary to enable the doctor to act in the best interests of the patient and the community.

- Describe the policy or provide relevant documents of the higher education institution and the government on responsibility for the curriculum design and resources allocation
- To what extent does the higher education institution take full advantage of its autonomy?

1.2.3 The programme provider **should** ensure a collaborative relationship with government and other counterparts, whilst maintaining appropriate independence from them and ensure academic freedom.

- What policies and practices does the higher education institution have, which ensure that teaching by individual staff and by departments appropriately addresses the design of the curriculum.
- How is this evaluated and, if necessary, redressed?
- What is the higher education institution's process for reviewing resource allocation in support of an evolving curriculum?

### 1.3 Educational Outcomes

1.3.1 The programme provider **must** define the intended educational outcomes of the programme with respect to

- achievements at a postgraduate level regarding knowledge, skills and attitudes;
- appropriate foundation for the future career of trainees in the chosen field of medicine;
- future roles in the health sector;
- commitment to and skills in life-long learning;
- the health needs of the community, the needs of the health care system and other aspects of social accountability;

- professional behavior;
- generic and discipline/speciality-specific components;
- appropriate conduct regarding patients and their relatives, fellow trainees, trainers
- and other health care personnel.
- What educational outcomes (knowledge, skills, and attitude/professional values) are required from students at graduation?
- Specify how the educational outcomes are related to the postgraduate training.
- How these educational outcomes are related to the subsequent graduates training and commitments to lifelong learning
- How does the higher education institution define its service to society role? What kind of specific activities relating to the health needs are included, e.g. research and technology transfer, continuing education and service to community?

1.3.2 The programme provider **must** ensure appropriate trainee conduct with respect to colleagues and other health care personnel, patients and their relatives.

- How institution ensures of students' ethical conduct with doctors at the clinic, teachers, patients and their relatives is provided?

1.3.3 The programme provider **must** make the intended outcomes publicly known.

- Describe the availability of intended educational outcomes to public.

1.3.4 The programme provider **should** ensure interaction between basic and postgraduate medical education.

- How does the higher education institution measure and get information about clinical competency of its graduates?
- How does the higher education institution define in the educational programme the results of students involvement in research?
- How the global health needs are reflected in the educational outcomes?

## 1.4 Participation in Formulation of Mission and Outcomes

1.4.1 The programme provider **must** state the mission and define the intended educational outcomes of the programmes in collaboration with principal stakeholders.

- 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?

1.4.2 The programme provider **should** base the formulation of mission and intended educational outcomes of the programmes on input from other stakeholders.

- What are the other groups than the above principal stakeholders the higher education institution is consulted with?

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

## **STANDARD 2: EDUCATIONAL PROGRAMMES**

### **Terms and definitions**

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

*Overall curriculum* in this document refers to the specification of the educational programme, including a statement of the intended educational outcomes (1.3), the content/syllabus (2.2-2.6), learning experiences and processes of the programme. The curriculum should set out what knowledge, skills, and attitudes the student will achieve. Also, the curriculum would include a description of the planned instructional and learning methods and assessment methods (3.1).

Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design. The curriculum would be based on contemporary learning principles.

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

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

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

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

*Elements of original or advanced research* would include obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues.

*The clinical sciences* would - depending on local needs, interests and traditions -include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialities), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto-rhino-laryngology, paediatrics, palliative care,

physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialties) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registration training/internship.

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

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

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

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

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

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

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

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

**Standards 2:** Educational Programmes includes: framework of the programmes and instructional methods; scientific methods; behavioral and social sciences and medical ethics; clinical sciences and skills; curriculum structure, composition and duration; organisation of education; the relation between PME and service.

## **2. EDUCATIONAL PROGRAMMES**

### **2.1 Framework of the Programme**

2.1.1 The programme provider **must** determine the educational framework based upon the intended educational outcomes of the programme and the qualifications of the trainees

- 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 trainees 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 trainees regardless of their gender, ethnicity, religion, social and economic status and take into account students' physical abilities?

2.1.2 The programme provider **must** build its educational framework on the acquired outcomes of existing basic medical education and organise the educational framework in a systematic and transparent way.

- How will the educational programme and methodological approach encourage trainees actively accept the responsibility for their own learning?
- Specify the process of the higher education institution forecasting that these methods help trainees to be prepared for lifelong learning.
- How does study programme design and approval function in the institution? Who does what?

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

- How and to what extent does the higher education institution implement the national qualifications framework for higher education and consequently to the EQF?
- What are the policies and processes covering the various phases of the student life-cycle?
- Specify how the higher education institution envisages that these methods prepare trainees for lifelong learning.

2.1.4 The programme provider **must** use practice-based training involving the personal participation of the trainee in the services and responsibilities of patient care.

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

2.1.5 The programme provider **must** use instructional and learning methods that are appropriate and ensure integration of practical and theoretical components.

2.1.6 The programme provider **must** deliver the programme in accordance with principles of equality.

2.1.7 The programme provider **must** use a trainee-centred approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.

2.1.8 The programme provider **must** guide the trainee by means of supervision and regular appraisal and feedback.

- How do the educational programme and the learning environment develop the responsibility of residents for their education?
- Reflect in the report how the integration of such components of the educational programme as theory, practice, self-study is ensured.
- Describe which principles and approaches, educational strategies that promote integrated learning, both vertical and horizontal, are used in the development of the educational programme.
- Are there any integrated lectures and practical training and how do they influence the achievement of learning outcomes, the formation of professional competencies of students?
- What is the share of electives in the educational programme? Who specifies this balance and by whom is it enshrined?
- How do students choose electives, who influences it?
- Describe what a student-centered approach in the training of residents means for the higher education institution and how it is implemented in reality, who develops, introduces, controls it, who is involved?
- How does the management of the educational programme predict that these methods can train residents and develop the ability to learn throughout life?

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

- What are the mechanisms of innovations implementation in teaching, education, assessment and educational programme of this structural unit responsible for educational programmes in higher education institution?

2.1.10 The programme provider **must** inform trainees about the programme and the rights and obligations of trainees and include the commitment to ethical considerations in the programme.

2.1.11 The programme provider **should** increase the degree of independent responsibility of the trainee as skills, knowledge and experience grow.

2.1.12 The programme provider **should** recognise gender, cultural and religious specifications and prepare the trainee to interact appropriately.

- Describe how the involvement of residents in the training process is achieved (by what methods).
- How does the management of the educational programme promote self-study and development of the ability and skills of lifelong learning?



- Describe how the principles of equality in relation to residents are observed.
- Describe the circumstances in which applicants or students can receive differential consideration based on age, religion, gender, national origin, race, or sexual orientation.

## 2.2 Scientific Method

2.2.1 The programme provider(s) **must** introduce in the programme the foundation and methodology of medical research, including clinical research and clinical epidemiology.

- What components of the educational programme inculcate and develop the principles of the scientific approach among residents?
- Are the appropriate training methods used in the programme: assignments to solve the patient's problem, problem-oriented training, project studies, independent implementation of clinical situational tasks and manipulations (including those with a real patient)?

2.2.2 The programme provider **must** ensure that the trainee becomes able to use scientific reasoning. (B 2.2.2)

2.2.3 The programme provider **must** ensure that the trainee becomes familiar with evidence-based medicine through exposure to a broad range of relevant clinical/practical experience in different settings in the chosen field of medicine.

- Which components of the curriculum inculcate the principles of scientific method and evidence-based medicine and enable analytical and critical thinking?
- What special opportunities are available for students in higher education institution to acquire research training?
- How do the research activities reflect the institution's overall mission and goals?
- How is research linked to teaching activities in the institution?
- What is an obligatory or elective analytic and experimental studies included as part of the curriculum?

2.2.3 The programme **should** include formal teaching on critical appraisal of the literature and scientific data and adjust the content to scientific developments

- What components of the educational programme form and develop analytical and critical thinking of residents?
- Provide one or more examples where the educational programme focuses on developing the residents' skills of critical judgment based on evidence, patient problem-solving skills, knowledge and understanding of social and health sector needs.

## 2.3 Programme content

2.3.1 The programme provider(s) **must** include in the programme clinical work and relevant theory or experience of

- basic biomedical, clinical, behavioural and social sciences and preventive

- medicine;
- clinical decision-making;
- communication skills;
- medical ethics;
- public health;
- medical jurisprudence and forensic medicine;
- managerial disciplines;
- patient safety;
- doctors' self-care;
- the interface with complementary medicine.
- Which of the basic biomedical sciences contribute to the medical programme?
- How is their contribution integrated with the clinical sciences at the different stages 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?
- 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?
- 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?

2.2.2 The programme provider **must** organise the programme with appropriate attention to patient safety and autonomy

2.3.3 The programme provider **should** improve the content regarding of knowledge, skills and attitudes related to the various roles of the doctor.

2.3.4 The programme provider **should** adjust the content to changing contexts and needs of the health care delivery system.

- What are the specific objectives (knowledge, skills and attitudes) stated to ensure clinical competence on graduation?
- What are the specific clinical disciplines and levels of involvement in which this experience (knowledge, skills and attitudes) is to be acquired?
- What are the forms of practice (inpatient/ambulatory health care, hospital/community, rural/urban, specialist/general) in which this experience is to be acquired?
- What specific opportunities are there for relevant community experience and for working with other health professionals?

## 2.4 Programme structure, composition and duration

2.4.1 The programme provider **must** describe the overall structure, composition and duration of the programme.

- Present a summary on compulsory elements of the educational programme in the form of training topics/subjects and duration (hours/weeks) of the semester/academic year. Specify the relation between lectures, teaching in small group, seminars, laboratories, clinical cycles and etc.
- Which elements of the basic biomedical sciences, the behavioural and social sciences and medical ethics and relevant clinical sciences are included in the programme?

2.4.2 The programme provider **must** state compulsory and optional components of the programme and integrate practice and theory.

- 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

2.4.3 The programme provider **must** consider national regulations and provide adequate exposure to how local, national or regional health systems address the health care needs of populations.

2.4.4 The programme provider **should** in making a decision about the duration of the programme, take into consideration

- the acquired outcomes of basic medical education related to the chosen field of medicine;
- requirements of the different roles of the trained doctor in the health sector;
- possible alternatives to the use of time-based definitions of education.

## 2.5 Organisation of education

2.5.1 The programme provider **must** define responsibility and authority for organising, coordinating, managing and evaluating the individual educational setting and process.

- Describe the terms of reference and the composition of the structural unit responsible for the educational programme.
- Present the members of the unit and their authority and responsibilities in the planning, development, implementation and evaluation of the educational programme, introduction of innovative technologies and also allocation of provided resources.

2.5.2 The programme provider **must include** in the planning of the programme appropriate representation of principal as well as other stakeholders.

- What are the internal mechanisms of the design and approval of educational programmes?
- How do other relevant stakeholders involve in the educational programmes management?

2.5.3 The programme provider **must** plan the education to expose the trainee to a broad range of experiences in the chosen field of medicine.

- How is clinical training organised to ensure a patient safety?
- 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 specific opportunities are there for early and ongoing direct participation in patient care?
- How are the various components of clinical skills are structured in accordance with a specific phase of the training program.

2.5.4 The programme provider **should** ensure multi-site education and coordinate multi-site education to gain adequate exposure to different aspects of the chosen field of medicine.

- How are teachers, students and other relevant stakeholders involved in the management of the educational programme?
- How do the leaders of the educational programme provide training for residents on the bases of multidisciplinary clinics so that residents can practice as much as possible and supervise a diverse number of patients in the context of their specialty?

## 2.6 The relation between PME and service

2.6.1 The programme provider **must** describe and respect the apprenticeship nature of professional development.

- Describe mentoring introduced in the HEI, and who is included in the group of mentors (including from practical health care), how they are selected, how many residents are assigned to one mentor. Is there a provision on mentors and, if so, who has developed it (for example, Curriculum Committee on the specialty), what are the key objectives of the mentor? Is there any feedback from the mentor and the resident?

2.6.2 The programme provider **must** integrate training and service and ensure that training is complementary to and integrated with service demands.

2.6.3 The programme provider **should** effectively organise use of the capacity of the health care system for service based training purposes.

- What are the linkage between undergraduate medical education programme and the subsequent stage of training for practical activity?
- What specific programmes are taught in the final educational year to prepare for the postgraduate level?

- Does the practice of mutual representation exist in the structural units in medical education institution responsible for undergraduate medical education programme and subsequent levels of education and professional training?
- How feedback on the conditions of postgraduate training is carried out?
- How does the educational programme modify based on feedback?
- What mechanisms exist to obtain and make use of feedback from the community and society and what are the results of such feedback?

### **STANDARD 3: ASSESSMENT OF TRAINEES**

#### **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**

#### **3.1 Assessment methods**

3.1.1 The programme provider **must** formulate and implement a policy of assessment of the trainees

- Who is responsible for development of student assessment policy and implementation?
- Describe the structure of relevant commissions and their responsibility.
- Describe the overall trainee 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?
- What are the mechanisms for appeal?

3.1.2 The programme provider **must** define, state and publish the principles, purposes, methods and practices for assessment of trainees, including specialist examinations where used.

- 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?

3.1.3 The programme provider **must ensure** that assessments cover knowledge, skills and attitudes.

3.1.4 The programme provider **must** use a complementary set of assessment methods and formats according to their 'assessment utility', including use of multiple assessors and multiple assessment methods.

- Describe the mechanisms for ensuring the reliability and validity of the assessment methods used.
- How are new assessment methods being studied, tested and implemented, and how are their validity and reliability ensured?

3.1.5 The programme provider **must** state the criteria for passing examinations or other types of assessment, including number of allowed retakes.

- Describe the criteria for admission of residents to examinations (intermediate and final), the criteria for passing exams, the weight and criteria for the progress of students, the number of permitted retakes and the conditions for re-passing the exam.
- How is the balance between summative and formative assessment, written and oral exams, assessment methods based on criteria and reasoning, and special exams such as the OSCE or the Mini-clinical examination ensured?

3.1.6 The programme provider **must** evaluate and document the reliability, validity and fairness of assessment methods.

- Which document documents the reliability, validity, and fairness of the assessment methods of residents, who develops, approves, and updates the document?

3.1.7 The programme provider **must** use a system of appeal of assessment results based on principles of natural justice or due (legal) process.

3.1.8 The programme provider **should** encourage the use of external examiners.

3.1.9 The programme provider **should** incorporate new assessment methods where appropriate.

3.1.10 The programme provider **should** record the different types and stages of training in a training log-book.

- What mechanisms exist for filing an appeal and application review process?
- Describe the practice of recruiting external examiners and selection criteria for inclusion in the examination panels.
- Demonstrate the EEC practice of recording learning outcomes and evaluating residents in training journals, statements, protocols, etc.

## 3.2 Relation between assessment and learning

3.2.1 The programme provider **must** use assessment principles, methods and practices that

- are clearly compatible with intended educational outcomes and instructional methods;
  - ensure that the intended educational outcomes are met by the trainees;
  - promote trainee learning;
  - ensure adequacy and relevance of education;
  - ensure timely, specific, constructive and fair feedback to trainees on the basis of assessment results.
- How is the assessment practice compatible with educational outcomes and teaching methods?
  - Do assessment methods demonstrate that outcomes are met or not met?
  - How the feedback to students on basis of assessment results provide to them?

3.2.2 The programme provider **should** use assessment principles, methods and practices that

- encourage integrated learning;
  - encourage involvement of practical clinical work;
  - facilitate interprofessional education. To what extent is integrated assessment of various curricular obtained?
- Describe the extent to which an integrated assessment of the various elements of the educational programme is provided.
  - Describe the practice of providing feedback to residents on the basis of evaluation

results, including assessment of progress and student's achievement of outcomes in clinical rotations.

## **STANDARD 4: TRAINEES**

### **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. TRAINEES**

### **4.1 Admission policy and selection**

4.1.1 The programme provider **must** consider the relationship between the mission of the programme and selection of trainees

- How do the methods used to select students test their availability and capability to practice in diverse areas of medicine?
- How does the selection commission evaluate the outcome of its policies on the subsequent educational achievement?
- What is the medical school's policy on student contribution to curriculum matters?

4.1.2 The programme provider **must** ensure a balance between the education capacity and the intake of trainees.

4.1.3 The programme provider **must** formulate and implement a policy on

- the criteria and the process for selection of trainees;
- admission of trainees with disabilities requiring special facilities;
- transfer of trainees from other national or international programmes.
- 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?
- 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?

4.1.4 The programme provider **must** ensure a high level in understanding of basic biomedical sciences achieved at the undergraduate level before starting postgraduate education.

- When recruiting residents, the HEI should have full information that the residency applicant has fully studied the disciplines of the undergraduate education, especially clinical ones and those according to chosen specialty. Describe the practice of the HEI on this issue.
- 4.1.5 The programme provider **must** ensure transparency and equity in selection procedures.
- How is the transparency and equality in selection of residents ensured?
  - Describe the policy and practice of accepting residents with disabilities in accordance with applicable laws and regulatory legal acts of the country.
  - Describe the existing policy and practice in the HEI on the reception of residents from low-income families and national minorities.
- 4.1.6 The programme provider **should** consider in its selection procedure specific capabilities of potential trainees in order to enhance the result of the education process in the chosen field of medicine.
- Describe how the methods used to select residents can test their suitability and ability to practice in different health sectors.
- 4.1.7 The programme provider **should** include a mechanism for appeal against decisions related to admission and continuation
- How does the higher education institution review the admission policy and what is the result of this review?
  - What are the mechanisms for appeal?
- 4.1.8 The programme provider **should** include traineesø organisations and other stakeholders in the formulation of the selection policy and process.
- 4.1.9 The programme provider **should** periodically review the admission policy.

## 4.2 Number of trainees

- 4.2.1 The programme provider **must** set a number of education positions that is proportionate to
- the clinical/practical training opportunities;
  - the capacity for appropriate supervision;
  - other resources available;
  - available information about the health needs of the community and society.
- Specify the size of trainee 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 trainees determined in relation to the capacity of the higher education institution?
- 4.2.2 The programme provider **should** review the number of trainees through consultation with stakeholders.
- 4.2.3 The programme provider **should** adapt the number of training positions, taking into account

- available information about the number of qualified candidates;
- available information about the national and international market forces;
- the inherent unpredictability of precise physician manpower needs in the various fields of medicine.
- 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 trainee intake?
- How do they comply with the social responsibilities and health needs?

### 4.3 Trainee counselling and support

4.3.1 The programme provider **must** ensure access to a system for academic counselling of trainees.

- 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?

4.3.2 The programme provider **must** base the academic counselling of trainees on monitoring the progress in education including reported unintended incidents.

- What counselling services are available for students in the higher education institution?

4.3.3 The programme provider **must** make support available to trainees, addressing social, financial and personal needs

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

4.3.4 The programme provider **must** allocate resources for social and personal support of trainees.

- What are the mechanisms to provide technical and financial support for student organizations?

4.3.5 The programme provider **must** ensure confidentiality in relation to counselling and support.

- How the higher education institution ensures confidentiality obtained information in relation to trainees counselling and support?

4.3.6 The programme provider **must** offer career guidance and planning..

- What other student support programmes are available in the medical education institution?
- What are the policies and practice that made known to students the gained qualification and level of the studies?

4.3.7 The programme provider **should** roved support in case of a professional crisis.

4.3.8 The programme provider **should** involve traineesø organisations in solving problematic trainee situations.

- Describe what mechanisms exist for identifying residents who need psychological, social, material, and academic support.

- Is there a health support programme for residents, how is the programme supported?
- Describe the practice of advising residents about planning their professional careers, especially if there is a professional crisis, and what mechanisms exist for such support.

#### 4.4 Trainee representation

4.4.1 The programme provider **must** formulate and implement a policy on trainee representation and appropriate participation in the

- statement of mission and intended educational outcomes;
- design of the programme;
- planning of trainees' working conditions;
- evaluation of the programme;
- management of the programme
- 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 programme provider **should** encourage trainees' organisations to be involved in decisions about education processes, conditions and regulations.

- 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 Working conditions

4.5.1 The programme provider **must** carry out the programme by appropriately remunerated posts/stipendiary positions or other ways of financing for trainees.

4.5.2 The programme provider **must** ensure participation by the trainee in all medical activities - including on-call duties - relevant for the education.

4.5.3 The programme provider **must** define and make known the service conditions and responsibilities of trainees.

4.5.4 The programme provider **must** replace interruptions of training caused by pregnancy (including maternity/paternity leave), sickness, military service or secondment by additional training.

- Describe what scholarships are paid to residents and on which criteria they are based.
- How do residents get involved in organizing, holding or participating in clinic activities? How is it planned, the number of participations per year, who approves and checks?
- Include data on how the training programme can be extended if there is any justification for continuing education (maternity leave, sick

leave, departure from the country, etc.). What documents are available for this, and how is this asserted?

4.5.5 The programme provider **should** ensure that the service components of trainee positions are not dominating.

4.5.6 The programme provider **should** take into account the needs of the patients, continuity of care and the educational needs of the trainee in the structuring of duty hours and on-call schedules.

4.5.7 The programme provider **should** allow part-time education under special circumstances, structured according to an individually tailored programme and the service background.

4.5.8 The programme provider **should** ensure that the total duration and quality of part-time education is not less than those of full-time trainees.

- Describe the observation of the balance between the educational and practical part in the educational programme and measures that prevent over-burdening residents with clinical duties, including shifts. That is, the medical organization of education must ensure that residents are not used in the clinic more than it is permissible in the educational programme and not at the expense of the educational process.
- Describe the practice of individual resident training programmes, if available, and in which cases this is implemented (when planning the training of a particular resident, his current work in the clinic or the previous work experience in a specific area included in the educational programme are taken into account).
- At the same time, this individual training programme should not differ significantly either in content, in the balance of disciplines, or in time for clinical practice and participation in the HEI activities, from the full training program of other residents.

## **STANDARD 5: TRAINERS**

### **Terms and definitions**

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

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

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

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

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

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

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

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

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

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

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

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

## **5. TRAINERS**

### **5.1 Recruitment and selection policy**

5.1.1 The programme provider **must** formulate and implement a recruitment and selection policy for trainers, supervisors and teachers that specifies

- the expertise required;
  - criteria for scientific, educational and clinical merit, including the balance between teaching, research and service qualifications;
  - their responsibilities;
  - the duties of the training staff and specifically the balance between educational, research and service functions.
- 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?

5.1.2 The programme provider **must** in its selection policy take into account the mission of the programme, the needs of the education system and the needs of the health care system.

- 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?

5.1.3 The programme provider **should** in the formulation and implementation of its staff policy

- recognise the responsibility of all physicians as part of their professional obligations to participate in the practice-based postgraduate education of medical doctors;
- reward participation in postgraduate education;
- ensure that trainers are current in the relevant field;
- ensure that trainers with a sub-speciality function are approved for relevant
- specific periods during the education and for other periods of education dependent on their qualifications;
- reward participation in programmes for developing their educational expertise;
- engage educational expertise in trainer development.

## 5.2 Trainer obligations and trainer development

5.2.1 The programme provider **must** ensure that trainers have time for teaching, supervision and learning.

- 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?

5.2.2 The programme provider **must** provide faculty development of trainers and supervisors.

- 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?

5.2.2 The programme provider **must** ensure periodic evaluation of trainers

5.2.3 The programme provider **should** in the formulation and implementation of its staff policy

- include in staff development support for trainers regarding teacher education and further professional development, both in their speciality and in educational expertise;
- appraise and recognise meritorious academic activities in functions as trainers, supervisors and teachers;
- define a ratio between the number of recognised trainers and the number of trainees ensuring close personal interaction and monitoring of the trainee.
- 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?
- What are the mechanisms to implement the existing staff promotion policy?

## **STANDARD 6: EDUCATIONAL RECOURSES**

### **Terms and definitions**

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

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

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



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

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

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

*Ethical use* refers to the challenges for both physician and patient privacy and confidentiality following the advancement of technology in medical education and health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools.

*Medical research and scholarship* encompasses scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff. Influences on current teaching would facilitate learning of scientific methods and evidence-based medicine (2.2).

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

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

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

A *policy for transfer of educational credits* would imply consideration of limits to the proportion of the study programme which can be transferred from other institutions.

Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It would also be facilitated by use of a transparent system of credit units and by flexible interpretation of course requirements.

*Staff* would include academic, administrative and technical staff.

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

## 6. EDUCATIONAL RESOURCES

### 6.1 Physical Facilities

6.1.1 The programme provider **must** offer the trainee

- space and opportunities for practical and theoretical study;
  - access to up-to-date professional literature;
  - adequate information and communication technology;
  - equipment for training in practical techniques;
  - a safe learning environment.
- Briefly describe each element of the physical facilities available for the delivery of the non-clinical components of the curriculum
  - What are the mechanisms for gathering feedback from students and staff on the existing facilities?
  - What authority does the higher education institution have to direct resources to respond to deficiencies?
  - How does the higher education institution review the adequacy of the educational resources and what is the result of this review?

6.1.2 The programme provider **should** regularly update the physical facilities and equipment regarding their appropriateness and quality in relation to postgraduate education.

- 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.

## 6.2 Learning settings

6.2.1 The programme provider **must** select and approve the learning settings.

have access to

- sufficient clinical/practical facilities to support the delivery of learning;
- a relevant number of patients;
- an appropriate case-mix of patients and patient materials to meet intended
- educational outcomes, including the use of both inpatient and outpatient
- (ambulatory) care and on-duty activity.
- Briefly describe the facilities available for clinical training at the higher education institution in hospitals, ambulatory services, community clinics, primary health care settings, skills laboratories, etc.
- How does the higher education institution review the adequacy of the facilities and patients available for clinical teaching and what is the result of this review?
- What are the mechanisms to deal with deficiencies?
- How does the higher education institution observe students' clinical practice?

6.2.2 The programme provider **should** by the choice of learning settings ensure education

- in promotion of health and prevention of disease;
- in hospitals (general hospitals and, when relevant, academic teaching hospitals) and in community based facilities.
- How does the higher education institution adjust and improve the use of facilities for clinical training, including skills laboratories and affiliated institutions, in relation to changing needs?

## 6.3 Information Technology

6.3.1 The programme provider **must** ensure access to web-based or other electronic media.

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

6.3.2 The programme provider **must** use information and communication technology in an effective and ethical way as an integrated part of the programme

- 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?

6.3.3 The programme provider **should** enable trainers and trainees to use existing and new information and communication technology for

- self-directed learning;
- communication with colleagues;
- accessing relevant patient data and health care information systems;
- patient/practice managements
- How is the higher education institution enhancing delivery of the curriculum using information and communication technologies?
- To what extent are information and communication technologies used by teachers and students for self-learning, accessing information, managing patients and working in health care systems?
- What training is available to staff and students in the use of information and communication technologies?

## 6.4 Clinical teams

6.4.1 The programme provider **must** ensure experience of working in a team with colleagues and other health professionals.

6.4.2 The programme provider **should** encourage learning in a multi-disciplinary/multiprofessional team.

- Describe the practice of the HEI in the formation of clinical teams and the inclusion of residents in them, their participation in solving professional problems, the opportunity to show their professional, ethical, communication and analytical skills.
- What place in the educational programme does the training of residents in clinical interdisciplinary, interprofessional teams occupy (real panels, clinical analysis, simulation panels, the inclusion of the clinical department and communication with colleagues from clinical bases)? Give examples of feedback on the results of teamwork, both residents and doctors

6.4.3 The programme provider **should** promote development of ability to guide and teach other health professionals.

- Describe the involvement of residents in the training of interns and students, nurses. Who prepares the residents for this, what is the role of the resident mentor? What does a resident get from this?

## 6.5 Medical research and scholarship

6.5.1 The programme provider **must** ensure that the trainee achieves knowledge of and ability to apply the scientific basis and methods of the chosen field of medicine

- How is research linked to and based on the educational programme?
- 6.5.2 The programme provider **must** adequate integration and balance between training and research.
- How does the higher education institution foster interaction between its research and educational activities?
- 6.5.3 The programme provider **should** encourage trainees to engage in medical research and quality development of health and the health care system.
- Provide a brief description of research facilities and research priorities of the higher education institution.
  - How is management of research organaised?
- 6.5.4 The programme provider **should** provide sufficient time within the programme for trainees to undertake research and give access to research facilities and activities in the training settings/
- What are the mechanisms to ensure that research activities are reflected in the curriculum and teaching?
  - Are there any initiatives and activities at the higher education institution to engage students in medical research?

## 6.6 Educational Expertise

- 6.6.1 The programme provider **must** formulate and implement a policy on the use of educational expertise relevant in
- programme planning;
  - implementation of the programme;
  - evaluation of the programme/
  - What policy or procedures does the higher education institution have to ensure that its education methodologies are appropriate for the delivery of the curriculum?
  - Does the higher education institution have access to an expert medical education unit or othereducational expertise?
- 6.6.2 The programme provider(s) **should** pay attention to the development of expertise in educational evaluation and in research in the discipline of medical education.
- What practice does the higher education institution have to attract psychologists, sociologists and/or external experts to conduct research in medical education, development of the educational program, teaching and assessment methods?
  - How does the higher education institution analyse performance of cohorts of students and graduates and what are the results of such analyses in relation to mission and intended outcomes?
  - Does the higher education institution have access to internal medical education expertise or another expertise in the field of healthcare? Describe the use of such expertise.

6.6.3 The programme provider **should** allow staff to pursue educational research interests.

- What practice does the higher education institution have to develop expertise in teaching and educational evaluation and in research in the discipline of medical education?
- What are the mechanisms to support staff in their interests on medical education research?

## **6.7 Learning in alternative settings**

6.7.1 The programme provider **must** formulate and implement a policy on accessibility of individual trainees to education opportunities at alternative training settings within or outside the country.

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

6.7.2 The programme provider **must** establish a system for the transfer of the results of education.

- What is the policy and practice of the HEI regarding the transfer and netting of educational loans?

6.7.3 The programme provider **should** facilitate regional and international exchange of trainers and trainees by providing appropriate resources.

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

6.7.4 The programme provider **should** establish relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of education elements.

- 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?

## **STANDART 7: PROGRAMME EVALUATION**

### **Terms and definitions**

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

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

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

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

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

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

*Feedback* would include 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:** Program evaluation includes: mechanisms for programme monitoring and evaluation; trainers and trainees feedback; performance of trainees and graduates; involvement of stakeholders.

## 7. PROGRAMME EVALUATION

### 7.1 Mechanisms for programme monitoring and evaluation

7.1.1 The programme provider **must** routinely monitor the programme.

- 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 programme provider **must** establish and apply a mechanism for programme evaluation.

- 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 programme provider **must** in the evaluation address

- the mission, the intended as well as acquired educational outcomes, the educational programme, assessment, if any, the programme provider and the educational resources;
- the relation between the recruitment policy and the needs of the education and health systems;
- programme process;
- methods of assessment;
- progress of trainees;
- trainer qualifications;
- identified concerns.

7.1.4 The programme provider **must** ensure that relevant results of 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 curriculum?



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

7.1.5 The programme provider **must** involve principal stakeholders in evaluation

7.1.6 The programme provider **should** make the process and results of evaluation transparent to principal as well as other stakeholders.

- 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.

*It would use in:*

- *the context of the educational process- the organization and resources as well as the learning environment and culture of the higher education institution.*
- *the specific components of the curriculum-course description, teaching and learning methods, clinical rotations and assessment methods*
- *the overall outcomes that measured e.g. by results at national license examinations, benchmarking procedures, international examinations, career choice and postgraduate performance.*

## **7.2 Trainer and trainee feedback**

7.2.1 The programme provider **must** seek feedback about programmes from trainers, trainees and employers

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

7.2.2 The programme provider **should** actively involve trainers and trainees in planning programme evaluation and in using its results for programme development

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

## **7.3 Performance of qualified doctors**

7.3.1 The programme provider **must** routinely monitor performance of qualified doctors. The programme provider **must** seek feedback on performance of qualified doctors from employers.

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

7.3.2 The programme provider **must** establish and apply a mechanism for programme evaluation using collected data on performance of qualified doctors.

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

7.3.3 The programme provider **should** inform about the results of the evaluation of the performance of qualified doctors to those responsible for selection of trainees and programme planning.

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

## 7.4 Involvement of Stakeholders

7.4.1 The programme provider **must** involve the principal stakeholders in its programme for monitoring and 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?

7.4.2 The programme provider **should** for other stakeholders

- allow access to results of course and programme evaluation;
- seek their feedback on the performance of doctors;
- seek their feedback on the programme.
- 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?

## 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 Governance**

8.1.1 The programme provider **must** ensure that the programme is conducted in accordance with regulations concerning

- admission of trainees (selection criteria and number);
- process;
- assessment;
- intended educational outcomes.

- 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?

8.1.2 The programme provider **must** document completion of education by the issue of degrees, diplomas, certificates or other evidence of formal qualifications for use by both national and international authorities.

8.1.3 The programme provider **must** be responsible for a programme for quality development.

- Describe what qualification is granted upon completion of the training, who issues the educational document.
- Which document is issued to the resident, and which departmental body takes into account these results?
- Describe briefly what is done by the management to improve the educational programme.

8.1.4 The programme provider **should** ensure transparency of the work of governance and its 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?

8.1.5 The programme provider **should** adequacy of the programme to the health needs of the population it serves

- Describe how the transparency of the management system of the educational programme and other key activities of the unit responsible for this training programme is ensured.

## 8.2 Academic Leadership

8.2.1 The programme provider **must** take responsibility for the leadership/staff and organisation of postgraduate medical education

- Describe the academic management structure of the higher education institution indicating the line of responsibility for individual areas of the educational programme.

8.2.2 The programme provider **should** evaluate the leadership/staff at defined intervals with respect to the mission of the programme and the acquired outcomes of the 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?

## 8.3 Educational budget and resource allocation

8.3.1 The programme provider **must** define responsibility and authority for managing the budgets of the programme.

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

8.3.2 The programme provider **must** allocate the resources necessary for the implementation of the programme and distribute the educational resources in relation to educational needs..

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

8.3.3 The programme provider **should** manage the budget in a way that supports the service obligations of trainers and trainees and innovations in the programme.

- 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.

## 8.4 Administration and Management

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

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

8.4.2 The programme provider **should** include an internal programme of quality assurance of the management, including regular review.

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

8.4.3 The programme provider **should** ensure that management submits itself to regular review to achieve quality improvement

- 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.

## 8.5 Requirements and regulations

8.5.1 The programme provider **must** follow the definition by a national authority of the number and types of recognized medical specialities and other medical expert functions for which approved education programmes are developed.

- Describe what recommendations and documents of the national authorized bodies (the Ministry of Health of the RK, the Ministry of Education and Science of the RK) the management of the educational programme applies in its work.

8.5.2 The programme provider **should** define programmes for approved postgraduate medical education in collaboration with stakeholders.

- Describe the relationships between the higher education institution and health services with which it interacts, regarding mission and educational programme, the provision of resources, teaching facilities and staff.
- What are the formal mechanisms to ensure that the higher education institution interacts constructively with the health sector?
- Describe any type of shared responsibility between the higher education institution and health care providers.
- How does the higher education institution provide the information on institution's activities that would be useful for prospective and current students, graduates, stakeholders and the public?

## STANDART 9: CONTINUOUS RENEWAL

### Terms and definitions

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

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

## 9. CONTINUOUS RENEWAL

9.1 In realising the dynamics of postgraduate medical education and involvement of the relevant stakeholders, and in order to ensure sustainable quality the programme provider **must**

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme;
- rectify documented deficiencies;
- allocate resources for continuous renewal.

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

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

9.3 The programme provider **should** ensure that the process of renewal and restructuring leads to the revision of the policies and practices of postgraduate medical education programmes in accordance with past experience, present activities and future perspectives.

9.4 The programme provider **should** address the following issues in its process of renewal:

- adaptation of mission statement of postgraduate medical education to the scientific, socio-economic and cultural development of the society;
- modification of the intended outcomes required at completion of postgraduate education in the chosen field of medicine in accordance with
  - documented needs of the community that the newly trained doctor will enter;
  - adaptation of the learning approaches and education methods to ensure that these are appropriate and relevant;
  - adjustment of the structure, content and duration of postgraduate medical education programmes in keeping with developments in the basic biomedical sciences, the behavioural and social sciences, the clinical sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded;
  - development of assessment principles and methods according to changes in intended outcomes and instructional methods;
  - adaptation of trainee recruitment policy, selection methods and trainee intake to changing expectations and circumstances, human resource needs, changes in the basic medical education and the requirements of the programme;
  - adaptation of trainer, supervisor and teacher recruitment and development policy according to changing needs in postgraduate medical education;
  - updating of training settings and other educational resources to changing needs in postgraduate medical education, i.e. the number of trainees, number and profile of trainers, the education programme and accepted contemporary education principles;
  - refinement of the process of programme monitoring and evaluation;
  - development of the organisational structure and of governance and management to cope with changing circumstances and needs in postgraduate



medical education and, over time, accommodating the interests of the different groups of stakeholders.

- Describe recent and projected activities undertaken with the purpose to ensure that the higher education institution remains responsive to its changing environment.
- How does the higher education institution ensure that it remains responsive to its changing environment and requirements of the community it serves?
- Describe what methods for the study and assessment of the educational programme are used by teachers and relevant departments to improve the educational programme
- Describe the process of planning for the revision of the educational programme, who is involved in it and what structural units, advisory bodies or commissions, other stakeholders are involved in the process.
- Describe, if any, the practice of mutual representation in structural units responsible for the educational programme and subsequent levels of education and training.

## HIGHER EDUCATION INSTITUTION DATABASE

<b>I. Higher Education Institution:</b>
<b>Name</b> (in Kazakh, Russian and English):
<b>Address:</b>
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:
<b>Rector of the Higher Education Institution:</b>
<b>Name:</b>
<b>Title:</b>
<b>Fax:</b>
<b>E-mail:</b>
<b>Institution representative responsible for Programme self-evaluation</b>
<b>Name:</b>
<b>Title:</b>
<b>Tel:</b>
<b>Fax:</b>
<b>E-mail:</b>

<b>II. Mission, Vision and Values</b>
<b>III. Organizational structure and governance (Standard 8: Governance and Administration)</b>
<b>IV. Higher Education Institution's Brief Description (no more 3 pages)</b>

<b>V. List of HEI's educational programmes (Standard: 2 Educational Programmes)</b>					
<b>Educational programmes</b>	<b>duration</b>	<b>academic year</b>	<b>specialty</b>	<b>awarding qualification/ academic degree</b>	<b>instruction language</b>
<b>Specialist</b>					
<b>Total</b>					

**VI. Educational programme and Trainees Intake (Standard: 2 Educational Programmes; Standard: 4 Trainees)**

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 trainees	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		
Higher Education - specialist													
													-
In Kazakh													
In Russian													
In English													
2.													
<b>Total</b>													

**VII. Number of Trainees (Standard: 4 Trainees)**

	Programme's code specialty's code	enrolled trainees	Trainees on courses				Total number of Trainees	Number of trainees	Number of trainees transferred from other institutions	Graduates expected on 200_-200_ year
			1	2	3	4				
Total										
From all: women										
2.										
3.										
<b>Total</b>										

**VIII. Graduates Performance (National Exams) (Standard: 3 Assessment of Trainees)**

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

**IX. Internship students performance (National /State Exams)(Standard: 3 Assessment of Trainees)**

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

**X. Graduates' employability (Standard: 4 Trainees)**

Specialties	Graduates in current year		Employed Graduates		Employment, %	Arrival on place of allocation %	Region
	Total	State grant's graduates	Total	State grant's graduates			
<b>Total</b>							

**XI. Academic staff (Standard: 5 Trainers)**

	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)**

**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
<b>Total</b>								

**Brief description of the higher education institution research facilities**

**Faculty capacity(Standard: 5 Trainers)**

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	of PhD	Professor	Associate Professor				

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

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

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

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



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

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

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

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



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

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

**XV. Facility for students support (Standard: 4 Trainees)**

**XVI. International cooperation (Standard: 6 Educational Resources)**

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

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