

## ANALYTICAL REPORT ON THE RESULTS OF EXTERNAL EXPERT EVALUATION OF POSTGRADUATE SPECIALTIES TRAINING PROGRAMMES (RESIDENCY) IN COMPLIANCE WITH THE ECAQA'S ACCREDITATION STANDARDS FOR RESIDENCY PROGRAMME



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## **INTRODUCTION**

Residency is a form of receiving postgraduate advanced medical education in clinical specialties.

Training of specialists in residency is carried out in order to provide the healthcare industry with qualified personnel.

The development of a professional residency curriculum is a prerequisite for admission to clinical practice of citizens who have received higher medical education in clinical specialties, the list of which is approved by order of the Minister of Health of the Republic of Kazakhstan dated January 30, 2008 No. 27 "On approval of lists of clinical specialties of training in internship and residency" (registered in the Register of State Registration of Normative Legal Acts on February 14, 2008 No. 5134).

Training in residency is carried out in 53 specialties in accordance with the state compulsory standard of residency in medical specialties, a standard professional curriculum for medical specialties of residency and model curricula for medical specialties of residency, approved by the order of the Acting Minister of Health and Social Development of the Republic of Kazakhstan dated July 31 2015 No. 647 (registered in the Register of State Registration of Normative Legal Acts of the Republic of Kazakhstan on September 2, 2015 No. 12007).

The analytical report provides information on the main areas for improving educational activities based on the results of an external assessment of educational programmes for residency specialties of medical educational institutions of the Republic of Kazakhstan, conducted by expert commissions of the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (ECAQA).

**1. Purpose of the analysis**: identification of areas for improvement of internal mechanisms for ensuring the quality of training of residents.

## 2. Research material

32 educational programmes of residency specialties of the following medical educational organizations:

- NJSC "Kazakh National Medical University named after SD Asfendiyarov" (KazNMU). The period of external evaluation is from November 19-21, 2020;
- JSC "Kazakh Medical University of Continuing Education". The period of external evaluation is 3-4.12.2020 (KazMUNO);
- Corporate Foundation University Medical Centre (CF UMC). External evaluation period December 7-10, 2020

## 3. Research methods

- 1) Interviews with stakeholders (residents, teachers, employers);
- 2) Interviews with heads of key departments of universities;
- 3) Review of educational resources;
- 4) Study of documentation;
- 5) Attending practical training;
- 6) Questioning of residents and teachers.

#### 4. Research tools

Accreditation standards for postgraduate education programmes (residency specialties) of medical educational organizations (approved by the ECAQA Expert Board, Protocol No. 1 dated February 7, 2017 and put into effect by order of the ECAQA Director General No. 5 dated February 17,



2017) are developed on the basis of the International Standards of the World Federation of Medical Education to improve the quality of postgraduate medical education (Revision 2015), taking into account the specification of the National Qualifications Framework and the priorities of the health care system of the Republic of Kazakhstan.

External expert commissions of ECAQA assessed educational programmes for compliance with accreditation standards, which included the following areas:

Standard 1 "Mission and Outcomes";

Standard 2 "Educational programme";

Standard 3 "Resident Assessment";

Standard 4 "Residents";

Standard 5 "Teachers";

Standard 6 "Educational Resources";

Standard 7 "Evaluation of the educational programme";

Standard 8 "Management and Administration";

Standard 9 Continuous Improvement.

## 5. Analytical research results

Based on the results of interviews with stakeholders (residents, teachers, employers), areas of improvement common to all three educational organizations were identified:

- 1) When developing and approving the mission and strategic plan for the development of the organization, involve representatives of stakeholders more widely and document this process (standards 1.4.1, 1.4.2).
- 2) Ensure the participation of all stakeholders in the development of the educational programme (residents, clinical mentors, employers, alumni, representatives of professional associations).
- 3) Wider involvement of residents in the discussion of documents regulating the educational process at the university, in particular, the inclusion of resident organizations or individual active residents in the process of developing a policy for admission and selection of residents or take into account their opinion received during feedback (4.1.8).
- 4) Consider a system to incentivize and motivate health care practitioners for their participation in postgraduate training (5.1.3).
- 5) Improving the mentor development programme (5.2.2).
- 6) Strengthen the role of employers in assessing the quality of the educational programme (7.2.1). Provide informative feedback from employers on the educational programme and use its results to improve the educational programme and the learning process.
- 7) Improvement of the rating system for assessing the activities of teaching staff (5.2.3).

Based on the results of an interview with the heads of key departments of universities, areas of improvement common for all three educational organizations were identified:

- 1) To improve the quality management system of the university, the process of managing documents and records. (standard 8.4.2).
- 2) Improvement of mechanisms for financing academic mobility and residents, participation of residents in international events, advanced training of teaching staff in the countries of near and far abroad, visiting professors (9.1).
- 3) To strengthen the research component in the training of residents, not only through the involvement of residents in the scientific research of the department, but also through the active implementation of research-based training in the educational process (standard 1.1.7).



- 4) Develop quantitative indicators for the implementation and evaluation of scientific work by residents.
- 5) Expand the representation of residents in the consultative and advisory bodies of the university.

#### A review of educational resources made it possible to determine improvement area:

1) Expand the possibility of distance learning or other formats of training to provide residents with additional training, including in certain difficult and unforeseen situations. (standards 4.5.4, 6.1.2).

When studying the documentation, areas of improvement common to all three educational organizations were identified:

- 1) Inclusion in the educational programme of issues of medical jurisprudence and forensic medicine, patient safety, responsibility for their own health, knowledge of complementary and alternative medicine (standard 2.3.1).
- 2) Improve the procedure for documenting the reliability and validity of assessment methods (3.1.6)
- 3) Improve the feedback system by regularly monitoring and analysing the data obtained, including special questions in the 3600 questionnaires, reflecting the specifics of specialties, and use the results of the questionnaire to improve educational programmes.

Based on the results of attending practical classes, a recommendation for improvement common for all three educational organizations was determined:

1) Improve the use of the digital technology system in the educational process.

#### 6. Results of the survey of key stakeholders

During the questionnaire period for residents and teachers, the following problems were identified in organizing training at the postgraduate level:

#### Residents

The Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare (ECAQA) applied an online survey of teachers on the resource <u>https://webanketa.com/</u> The total number of respondents is 330 (approximately 20% of the total number of residents in the three above-mentioned educational organizations).

In total, the proposed questionnaire contains 22 questions, including an assessment of satisfaction with the organization of the educational process, conditions for teachers and resources of the organization. The following are the results of the questionnaire survey on some of the questions, the answers to which are of the greatest interest and contributed to the development of recommendations for improvement.













Thus, the results of the questionnaire survey of residents conducted as part of an external assessment of the educational programmes of the university showed that educational institutions have created learning conditions and a learning environment corresponding to postgraduate education; due to contractual obligations with clinical bases, universities organize practical training "at the patient's bedside" and residents have access to basic resources (equipment, laboratories, offices, medical records) of clinics and polyclinics. At the same time, there are not enough classrooms at the bases of clinical training, where teachers can conduct a theoretical block of classes. Residents are not fully aware of the programmes of social and personal support for students in educational institutions. The scientific component of residency training is also not a strong point.

#### **Residency teachers:**

The total number of respondents is 165 (approximately 15% of the total number of teachers involved in the educational residency programme).



In total, the proposed questionnaire contains 21 questions, including an assessment of satisfaction with the organization of the educational process, conditions for teachers and resources of the organization. The following are the results of a survey on some questions, the answers to which are of the greatest interest.



include work in clinics with a mentor (50%)







The research environment in educational institutions demonstrates its stability and accessibility for the majority of teachers, however, in relation to some educational organizations (CF UMC, KazMUNO), it is not confirmed by the sufficient publication activity of teachers and a large number of research projects being carried out (including intra-university ones).

The majority (85%) of the interviewed teachers improved their qualifications within the next 5 years, while more than half (62%) during the current year. This is an excellent indicator that the educational organization takes care of the professional and pedagogical development of its employees and allocates time for this. This indicator directly affects the quality of the educational process in residency.



medical documents.





characteristic of domestic universities.



In educational organizations, a variety of teaching methods are used, while active and interactive methods prevail (solving situational problems, PBL, TBL, simulation training), along with this, traditional teaching methods are used where appropriate. The combination of various teaching techniques, their balance and compliance with the disciplines and topics of the educational programme guarantee a better assimilation of educational material by residents and the development of skills in their specialty.



## 7. Conclusion

An external expert evaluation of the educational programmes of 32 residency specialties of three higher and postgraduate education organizations in Kazakhstan for compliance with the Accreditation Standards for postgraduate education programmes (residency specialties) of ECAQA medical education organizations identified strengths and areas for improvement.

#### Strengths are:

- qualified teaching staff striving for continuous self-development and self-improvement in the professional and teaching fields;

- an adequate system for assessing the knowledge, skills and abilities of residents, which is versatile, transparent and fair;

 clinical bases for training residents are mostly accredited as health care organizations and have resources corresponding to the postgraduate level of education (doctors, equipment, versatility);

- close interaction of educational organizations with practical health care through the conclusion of contracts and the development of joint programmes and work plans;

- prompt response to the current needs of practical health care and involvement of residents in solving the problems of medical care for the population of different age groups;

- cooperation with national and international partners to strengthen and improve educational programmes;

- meeting the expectations and needs of residents in the formation and development of key competencies;

- a feedback system between teachers and residents, which provides a quick response to students' problems;

- the presence of an operating system for improving the pedagogical skills of teachers;
- research environment of educational organizations.

As a result of studying reports on self-assessment of educational programmes of residency specialties, external expert assessment, the main areas of improving the educational process in residency were identified:

1) Ensure broad participation of representatives of stakeholders (residents, clinical mentors, employers, graduates, representatives of professional associations) in the development and approval of the mission, the development of the educational programme, in the discussion of the documents regulating the educational process.

2) To improve the system of incentives and motivation of teachers and practical health care specialists for their participation in training residents.

3) Strengthen the research component in the training of residents.

4) Provide appropriate conditions for the implementation of the theoretical part of the educational residency programme at clinical sites.

5) Develop programmes of social and personal support for students in educational institutions and inform them about it.

6) Develop social support programmes for teachers and inform them about it.

#### 8. Recommendations

Inform the heads of departments responsible for the implementation of educational residency programmes in educational institutions about the results of this analysis.



During the period of post-accreditation monitoring of educational programmes of residency specialties, along with the assessment of the implementation of the recommendations of external expert commissions, to assess the "areas of improvement" from the final provisions of this analytical report.

Discuss this analytical report at the ECAQA Expert Board meeting.

**Director General** 



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