



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

**ACCREDITATION STANDARDS
FOR THE EDUCATIONAL PROGRAMME
OF BASIC MEDICAL EDUCATION
(BACHELOR'S DEGREE)**



ALMATY 2021

**EURASIAN CENTRE FOR ACCREDITATION AND QUALITY ASSUR-
ANCE IN HIGHER EDUCATION AND HEALTH CARE**

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UDC 614.2
LBC 51.1 (2)

1. **DEVELOPED** by Non-profit Organisation “Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health care”.
2. **APPROVED** by the ECAQA Experts Board in № 2 by June 18, 2021 and **INTRODUCED** by the Order #22/1 June 23, 2021 of the Director General, Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care.
3. In this standard, the Provisions of the Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from July 11. 2021) has been introduced.

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The Standards have been developed based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG/Part I), the International Standards of the World Federation for Medical Education for Improving Quality in Basic Medical Education (2015, 2020), and the National Qualifications Framework, in accordance with the institutional needs and priorities of the healthcare system of the Republic of Kazakhstan. The Standards are applied by medical education institutions for conducting self-assessment of educational programmes, determining and improving internal quality assurance mechanisms, developing internal documentation, and fostering a quality culture.

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ACCREDITATION STANDARDS FOR THE EDUCATIONAL PROGRAMME OF BASIC MEDICAL EDUCATION (BACHELOR'S DEGREE)

GENERAL PROVISION

1. Application and Use of Standards

1.1 The Standards define the general provisions and requirements of Standards for educational programme accreditation of the HEIs.

1.2 The Standards is a tool for quality assurance in Basic Medical Education, including educational programmes in dentistry and nursing, and training of healthcare professionals.

1.3 The standard applies to the accreditation of educational programmes in basic medical education (bachelor's degree and internship, where applicable) and the external evaluation of the quality assurance system of the educational programme, regardless of the status, legal form, ownership, and departmental affiliation of the medical educational organisation.

1.4 The standard is applied by medical educational organisations for conducting specialised (programme) self-assessment and preparing the self-assessment report, determining and improving internal quality assurance mechanisms, developing and enhancing internal documentation, and fostering a culture of quality.

2. Reference to Regulations and Law

The Standard references to the following Legislative and Regulatory documents:

2.1 The Law of the Republic of Kazakhstan "On Education" July 27, 2007, #319-III (with Amendments from July 11, 2021)

2.2 The Code of the Republic of Kazakhstan "On Public Health and Healthcare System" dated 7 July 2020 No. 360-VI.

2.3 On the approval of the Concept for the Development of Higher Education and Science in the Republic of Kazakhstan for 2023–2029. Decree of the Government of the Republic of Kazakhstan dated 28 March 2023 No. 248.

2.4 On the approval of the Concept for the Development of Healthcare in the Republic of Kazakhstan until 2026. Decree of the Government of the Republic of Kazakhstan dated 24 November 2022 No. 945.

2.5 On approval of the Standard Rules for the activities of educational organisations of the respective types. Order No. 595 of the Ministry of Education and Science of the Republic of Kazakhstan from October 30, 2018.

2.6 On approval of the structure and rules for educational programme development at the higher and postgraduate education institutions. The Ministry of Education and Science of the Republic of Kazakhstan Order № 590 from October 25, 2018.

2.7 On approval of the Classifier for training programmes for staff with higher and postgraduate education. Order No. 569 of the Ministry of Education and Science of the Republic of Kazakhstan from October 13, 2018.

2.8 Order of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020 No. RK MOH-305/2020. On the approval of the nomenclature of specialties and specialisations in the field of healthcare, and the nomenclature and

qualification characteristics of positions of healthcare employees. Registered with the Ministry of Justice of the Republic of Kazakhstan on 22 December 2020 No. 21856.

2.9 On the approval of the Model Rules for Admission to Educational Organisations Implementing Educational Programmes of Higher and Postgraduate Education. Order of the Minister of Education and Science of the Republic of Kazakhstan dated 31 October 2018 No. 600. Registered with the Ministry of Justice of the Republic of Kazakhstan on 31 October 2018 No. 17650.

2.10. The Ministry of Education and Science of the Republic of Kazakhstan Order No. 604 on approval of state compulsory educational standards for all levels of education from October 31, 2018. It was registered with the Ministry of Justice of the Republic of Kazakhstan on November 1, 2018 No. 17669.

2.11. On the approval of state compulsory education standards by levels of education in healthcare. Order of the Minister of Healthcare of the Republic of Kazakhstan dated 4 July 2022 No. RK MOH-63. Registered with the Ministry of Justice of the Republic of Kazakhstan on 5 July 2022 No. 28716.

2.12 Order of the Minister of Healthcare No. 530 dated 17 July 2017 "On Amendments and Additions to the Order of the Acting Minister of Healthcare and Social Development dated 31 July 2015 No. 647 'On Approval of State Compulsory Education Standards and Standard Curricula for Medical and Pharmaceutical Specialties'".

2.13 On the approval of the provisions regarding clinical bases, clinics of healthcare educational organisations, university hospitals, residency bases, integrated academic medical centres, and the requirements imposed on them. Order of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020 No. RK MOH-304/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on 22 December 2020 No. 21848.

2.14 Rules for the organisation of the educational process via distance learning technologies, approved by Order of the Minister of Education and Science of the Republic of Kazakhstan dated 20 March 2015 No. 137, registered in the State Registration Register of Regulatory Legal Acts under No. 10768.

2.15 On amendments to the Order of the Minister of Education and Science of the Republic of Kazakhstan dated 29 January 2016 No. 107 "On the Approval of Rules for the Organisation and Conduct of Professional Practice and Rules for Determining Organisations as Practice Bases". Order No. 521 dated 29 September 2018 of the Ministry of Education and Science of the Republic of Kazakhstan.

2.16 On amendments to the Order of the Minister of Healthcare of the Republic of Kazakhstan dated 21 December 2020 No. RK MOH-305/2020 "On the approval of the nomenclature of specialties and specialisations in the field of healthcare, and the nomenclature and qualification characteristics of positions of healthcare employees". Chapter 1. Specialities of workers with higher and postgraduate medical education; point 23. "Nursing (academic bachelor's degree)". Chapter 6. Positions of specialists with technical and vocational medical education, and education in sanitary-epidemiological profiles.

2.17 On the approval of rules for the provision of nursing care. Order of the Minister of Healthcare of the Republic of Kazakhstan dated 23 November 2020 No. RK MOH-199/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on 25 November 2020 No. 21674.

2.18 On amendments to the Order of the Minister of Education and Science of the Republic of Kazakhstan dated 1 November 2016 No. 629 “On the Approval of Rules for the Recognition of Accreditation Bodies, including Foreign Ones, and the Formation of a Register of Recognised Accreditation Bodies, Accredited Educational Organisations, and Educational Programmes”. Order No. 531 dated 4 October 2018 of the Ministry of Education and Science of the Republic of Kazakhstan.

2.19 Order of the Vice-Minister of Healthcare of the Republic of Kazakhstan dated 19 May 2023 No. 284 On the establishment of a working group on the development of the Concept for the Development of Nursing in the Republic of Kazakhstan until 2026.

3. Terms and Definitions

The Terms and Definitions are used to clarify, amplify expressions in the Standards and refer to the Law of the Republic of Kazakhstan «On Education» July 27, 2007, #319-III (with Amendments from July 11, 2021):

1) *Accrediting agencies* – legal entities that develop set of Standards (Guidelines) and accredit of the HEIs that as the institutions meet predefined quality Standards (Guidelines);

2) *Accreditation of Higher Education Institutions*—recognition procedure used in higher education by accreditation agency that confirms the Education, Research and Service compliance with and meet predefined standards (guidelines) in order to provide the evidence about their quality and improvement of the internal quality assurance mechanisms;

3) *Educational programme accreditation*—recognition procedure by accreditation agency that confirms the programme (specialty) compliance with defined standards (guidelines) in order to provide the evidence about their quality and improvement of the internal quality assurance mechanisms;

4) *Institutional accreditation*— external evaluation by the accrediting agency and its formal and independent decision indicating that a higher education institution meets certain predefined standards of accrediting agency and current status as the HEI;

5) *Specialized accreditation*—evaluation of individual educational programmes implemented by the educational organisation;

6) *Accreditation Standards (Regulations)* – documents of the accreditation agency that establish the requirements for the accreditation procedure.

7) *Bachelor’s degree in Nursing* – graduates of this programme are awarded the academic degree of Bachelor of Nursing and are issued a diploma of higher basic education with the qualification of Nurse Manager.

According to the WFME Global Standards for Quality Improvement of Basic Medical Education (Revision 2015, New Standards 2020) following definitions related to Standards:

8) *Administrative Staff (Standard 8.5)* – staff involved in the leadership and management of structural units, responsible for administrative support in the development and implementation of policies and plans. Their composition depends on the organisational structure of the administration and includes the head and administrative staff, deans of faculties, heads of financial management, staff of budget planning and accounting departments, admissions office staff, as well as heads of departments for academic planning, human resources, and information technologies.

9) *Academic Leadership (Standard 8.2)* – staff in the leadership and management of structural units responsible for decision-making on academic matters related to teaching and learning, research activities, and healthcare services. This includes the rector, vice-rectors, deans, heads of departments, heads of structural units, directors of research institutes and centres, as well as chairpersons of permanent committees (for student selection, educational programme planning, and student counselling).

10) *Academic freedom (Standard 1.2)* would include appropriate freedom of expression, freedom of inquiry, freedom in research conduct and publication for staff and students.

11) *Basic biomedical sciences (Standard 2.3)* include anatomy, histology, biochemistry, biophysics, physiology, pathology, molecular biology, cell biology, genetics, microbiology (including bacteriology, parasitology, and virology), immunology, and pharmacology.

Basic disciplines of the "Nursing" programme (Standard 2.3) include: Professional Kazakh (Russian) Language, Profession-Oriented Foreign Language, Anatomy, Physiology and Pathology, Fundamentals of Evidence-Based Nursing, Fundamentals of Surgery, Nursing Care in Acute and Emergency Conditions, Fundamentals of Paediatrics, Fundamentals of Obstetrics and Gynaecology, Propaedeutics of Internal Diseases, Home Nursing, Socially Significant Diseases, Mental Health and Addiction, Nursing in Gerontology, Nursing in Chronic Diseases, Electronic Health System, Health Insurance, Nursing in Therapy, and Nursing in Primary Health Care.

12) *Balance of academic staff (Standard 5.1)* would include staff with joint responsibilities in the basic biomedical, the behavioral and social and clinical sciences in the HEI and health care facilities, and teachers with dual appointments.

13) *Balance between medical and non-medical staff (Standard 5.1)* would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.

14) *Merits of Candidates (Standard 5.1)* are assessed on the basis of formal qualifications, professional experience, research achievements, teaching experience, and peer recognition.

15) *Other stakeholders (Standard 1.4.2)* 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.

Principal stakeholders (Standard 1.4.1) would include the rector, the faculty board/council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.

16) *Institutional autonomy (Standard 1.2)* 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.

17) *Horizontal (Standard 2.3.2) 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.

18) *Vertical (Standard 2.3.2) integration* would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.

19) *Information support (Standard 4.3)* - internal regulations, working hours of all services, telephone directory, data of administrators and faculty, payment procedure, information about educational courses, faculty e-mail, clearly established criteria for evaluation of learning outcomes, as well as information on the main policy in the educational process, available information materials: work programs, syllabi, the handbook on educational programmes, a list of elective disciplines.

20) *Medical research and scholarship (Standard 5.2)* 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.

21) *Clinical disciplines/sciences (Standard 2.4):*

- *core clinical disciplines* include internal diseases, surgery, pediatrics, obstetrics and gynecology, psychiatry, and family medicine;

- *the clinical sciences* - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialties), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, otorhinolaryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialties) and venereology (sexually transmitted diseases), clinical genetics, pediatric surgery, infectious diseases, resuscitation and intensive care, traumatology and orthopedics, phthisiology, outpatient therapy, forensic medicine, occupational diseases, oriental medicine, clinical pharmacology, dentistry.

22) *Clinical skills (Standard 2.4)* include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.

23) *Learning outcomes or competencies (Standard 1.3)* include the knowledge, skills and attitudes that students must demonstrate at the end of the learning process.

The learning outcomes must be determined by the medical educational organisation and will include documented knowledge and understanding of: (a) the basic biomedical sciences, (b) behavioural and social sciences, including public health and social medicine, (c) medical ethics, human rights, and medical jurisprudence relevant to medical practice, (d) clinical sciences, including clinical skills related to diagnostic procedures, practical procedures, communication skills, disease treatment and prevention, health promotion, rehabilitation, clinical reasoning, and problem-solving, and (e) the ability to engage in lifelong learning and demonstrate professionalism in various roles as a physician and in relation to the medical profession. The characteristics and achievements of students upon completion of their training may, for example, be classified as a doctor who is: (a) a practising physician, (b) a doctor with effective communication skills, (c) a teacher, (d) a manager, (e) a professional, and (f) a researcher.

A graduate in the specialty "Nursing" is permitted, in accordance with legislation, to independently engage in professional practice as Deputy Chief Physician for Nursing, Chief Nurse, Head of a Nursing Care Hospital, Hospice or Health Post, Senior Nurse of a department in medical organisations, or as a Lecturer in training nursing specialists in medical colleges.

The "Nursing" bachelor's programme – graduates of this speciality are awarded the academic degree of "Bachelor of Nursing", and receive a diploma of higher basic education with the qualification of "nurse-manager".

24) *Any branch of medicine (Standard 1.1)* refers to all types of medical practice, administrative medicine and medical research.

25) *Physical facilities* 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.

26) *Management (Standard 8.4)* 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.

27) *Instructional/learning methods (Standard 2.1)* 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.

28) *Remote teaching methods (Standard 2.8.2)* - (digital, distance, e-learning), which are technically well developed, actively used and supported, can be considered and interpreted as an alternative or complementary approach to learning in appropriate circumstances, including emergency situations in society.

29) *Medical ethics (Standard 2)* deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision making.

30) *Medical jurisprudence (Standard 2.4)* deals with the laws and other regulations of the healthcare delivery system, of the profession and medical practice, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.).

31) *Assessment Methods (Standard 3.1)* - include maintaining a balance between formative and summative assessments, the number of exams and other tests, a balance between written and oral examinations, using judgments based on relevant standards and criteria; conducting specific examinations, such as an objective structured clinical examination (OSCE).

32) *Mission (Standard 1.1)* 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.

33) *Continuing medical education/continuing professional development (Standard 1.1)* - continuing lifelong learning after basic and postgraduate medical education and all activities that physicians perform, formally and informally, to maintain, update, develop and improve their knowledge, skills and attitudes in response to the needs of patients. CPD is broader than CME and includes the continuous development of knowledge and skills in medical practice.

34) *Curriculum (Standard 2)* is expected learning outcomes, content (syllabus), experience and program processes, including a description of the structure of the planned teaching and learning methods, assessment methods. The curriculum should define knowledge, skills and attitudes that should be achieved by students.

35) *Feedback (Standard 3.2.1)* is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

36) *Life-long learning (Standard 1.1.2)* 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.

37) *The operational linkage (Standard 2.10.1)* implies identifying health problems and defining required (learning) outcomes. This requires clear definition and description of the elements of the educational programmes (curricula) 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 and professional development.

38) *Measures of performance of cohorts of graduates (Standard 7.1)* would include information on results at national license examinations, career choice, postgraduate performance and clinical practice, and would, while avoiding the risk of programme uniformity, provide a basis for postgraduate curriculum improvement.

39) *Programme evaluation (Standard 7)* 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 to programme evaluation will facilitate quality improvement of medical education at the institution.

40) *Assessment to summarize learning outcomes (summative assessment) (Standard 3.3.2)* and decision-making is essential for the accountability of the medical school. They are also important to protect patients. Final grades should be fair for students and assess all areas of student competence. These assessments must meet quality standards in order to achieve the stated objectives.

41) *Behavioural and social sciences (Standard 2.3)* - include biostatistics, communal hygiene, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical social studies, public health and social medicine.

42) *Behavioural and social sciences, and medical ethics (Standard 2.3)* provide the knowledge, concepts, methods, skills and attitudes necessary to understand the social, economic, demographic and cultural determinants of the causes, spread and consequences of health problems.

43) *The staff recruitment and selection policy (Standard 5.1)* would include ensuring a sufficient number of highly qualified scientists basic biomedical, behavioural and social sciences and clinical physicians to deliver the curriculum and a sufficient number of high-quality researchers in relevant disciplines or subjects.

44) *An assessment policy* with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a physician. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

45) *Effective information and communication technology application policy (Standard 6.3)* include:

- the use of computers, internal and external computer networks and other means of information and communication technologies;
- coordination with the library resources and information technology services of the university;
- general access to all educational resources through an electronic management system, which will be useful for training students in evidence-based medicine and lifelong learning through CME and CPD.

46) *The structural unit authority (Standard 2.4)* responsible for training programmes include:

- domination over the interests of individual divisions and disciplines;
- control over the educational programme within the framework of existing rules and regulations approved by the governing bodies of the university or state authorized bodies.

47) *Principles of equality (Standard 2.1.1)* mean equal treatment of students irrespective of gender, ethnicity, religion, sexual orientation, socio-economic status, and taking into account physical capabilities.

48) *Public health issues (Standard 1.1.4)* - interaction with the local community in healthcare and related health sectors, as well as the inclusion of public health problems in the educational programme.

49) *Professional skills (Standard 2)* – skills in patient management, teamwork, leadership, and interprofessional training.

In the "Nursing" programme: planning, organisation, leadership, coordination, and control of nursing services in the healthcare system; assessing the professional readiness of nursing staff, conducting methodological analysis of didactic materials for teaching, formulating learning objectives, and organising and conducting the educational process for addressing and solving professional tasks.

50) *Core disciplines in the "Nursing" programme (Standard 2.4)* include: Nursing Management, Specialised Nursing Care, Leadership in Nursing, Nursing Research Organisation, Palliative Care.

51) *Early patient contact (Standard 2.4)* would partly take place in basic medical care settings and would primarily include history taking, physical examination and communication.

52) *Health sector (Standard 1.1.1)* would include the health care delivery system, whether public or private, and medical research institutions.

53) *Services (Standard 4.3)* are aimed at meeting the educational, personal and career needs of students: accommodation, canteens, medical centres, gyms, computer centres, libraries, as well as services for effective employment and career development.

54) *The health-related sector (Standard 8.1.3)* includes institutions and regulating bodies with implications for health promotion and disease prevention.

55) *Encouragement of integrated learning (Standard 3.2.2)* includes using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

56) *Social accountability (Standard 1.1.3):*

- is the willingness and ability to respond to the needs of society, of patients and the health and health related sectors;
- is the contribution to the national and international development of medicine by fostering competencies in health care, medical education and medical research;
- is based on the school's own principles and in respect of the autonomy of universities.

57) *Governance (Standard 8.1)* 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.

4. Abbreviation

The following abbreviations are used in the Standards:

AC	Accreditation Council
AMS	Administrative and Managerial Staff
WHO	World Health Organization
HEI	Higher Education Institution
WFME	World Federation for Medical Education
EEC	External Expert Commission
SCES	State Compulsory Education Standard
ECAQA	the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Healthcare
MoH RK	Ministry of Healthcare of the Republic of Kazakhstan
MoSHE RK	Ministry of Science and Higher Education of the Republic of Ka- zakhstan
CPD	Continuing Professional Development
CME	Continuing Medical Education
PHC	Primary Health Care
RK	Republic of Kazakhstan
EB	Expert Board
ESG	Standards for accreditation the Higher Education Institutions for Health Professions Education based on the Standards and Guidelines for Quality Assurance in the European Higher Ed- ucation Area
EQA	External Quality Assurance
IQA	Internal Quality Assurance
MoEDSc	Ministry of Education and Science of the Republic of Kazakh- stan

5. General Provision

5.1 Programme accreditation of medical educational institutions is carried out according to the main provision and requirements of following Standards considering the levels of their achievement and includes:

1. MISSIONS AND VALUES;
2. CURRICULUM;
3. ASSESSMENT;
4. STUDENTS;
5. ACADEMIC STAFF;
6. EDUCATIONAL RECOURSES;
7. QUALITY ASSURANCE;
8. GOVERNANCE AND ADMINISTRATION;
9. CONTINUOUS RENEWAL

5.2 Standards for accreditation on General Medicine undergraduate programme revised and based on the WFME Global Standards for Quality Improvement in Basic Medical Education (revised 2015, 2020) and harmonized with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (**ESG** 2015).

5.3 The standards address the components of the educational programme, which include the totality of all processes and activities organised or offered by the medical school (medical educational organisation) to facilitate student learning, well-being, and academic achievements.

There are a total of 127 standards, of which 104 are basic standards and 23 are standards for improvement.

5.4 The accreditation standards for the educational programme of basic medical education have been developed based on the WFME International Standards for improving the quality of basic medical education, revised in 2020. The new version of the WFME standards has been modified and is based on principles that allow them to meet the needs of national regulatory (authorised) bodies and educational organisations, regardless of their resources, specifics, objectives, or level of development.

5.5 The Standards may be applied for the accreditation of both previously existing and newly established educational programmes, medical schools, and functioning medical educational organisations, taking into account the established and updated regulatory systems.¹³

5.6 The ECAQA Standards use the term “medical school” that means the same “faculty of medicine” at the higher and/or postgraduate educational institutions in Kazakhstan.

5.7 The decision on accreditation is awarded by ECAQA’s Accreditation Council according to the External Evaluation Report of the EEC containing recommendations regarding the decision on accreditation and including the evidence about the medical school/medical faculty meets predefined Standards.

5.8 The Accreditation Council is formed in accordance with the WHO/WFME Guidelines on the accreditation of medical education and includes representatives of the Parliament of the Republic of Kazakhstan, the Ministry of Education and Science

of the Republic of Kazakhstan, the Ministry of Healthcare of the Republic of Kazakhstan, educational and research organisations, professional associations, employers, the public, students, and international experts.

6. Purpose of introduction of Standards for Programme accreditation

6. The main purposes for implementation of the programme accreditation are following:

6.1.1 implementation of a system of internal and external quality assurance at institutional and national levels, harmonised with the principles of best international practice in quality assurance of higher professional education.

6.1.2 to support and encourage the development of a quality culture that is embraced by students, academic staff/faculty, institutional leadership and management.

6.1.3 external evaluation of programme for compliance with the requirements of accreditation standards and quality assurance;

6.1.4 promoting continuous improvement of the quality of the accredited educational programme and its resource provision, in accordance with the requirements of rapidly changing conditions and labour market needs, and contributing to the competitiveness of the national system of higher professional education;

6.1.5 state, society and consumer rights advocacy by providing reliable information to the public and authorized bodies in education and health care on the results of programme accreditation.

7. Principles of Quality Assurance and Accreditation

7.1 Quality assurance and accreditation system of higher education institutions based on the following principles:

7.1.1 Voluntariness/Freedom – institutional/programmatic accreditation is voluntary, peer-review process of quality assurance, and QAA recognizes the academic freedom and institutional autonomy of higher education institutions.

7.1.2 Responsibility – clearly defined responsibility of QAA and higher education institutions, and the involvement of principal stakeholders (HEI, students, employer organisations and healthcare professionals, government), ensured by agreed standards and guidelines and appropriate resources for innovation and training reviewers/experts.

7.1.3 Transparency – self-assessment and external evaluation process are carried out fairly and transparently, providing access to relevant information on process and procedures, accreditation standards and external evaluation to all stakeholders.

7.1.4 Independence – the external evaluation and decision-making process based on the reliable data and external evaluation results, regardless of third parties (authorized and state bodies, administration of a HEI and public opinion).

7.1.5 Objectivity - external evaluation using clearly established criteria and standards for accreditation, considering programme features and decision-making on accreditation based on the results of an external evaluation and EEC recommendations;

7.1.6 Confidentiality – information and report on self-evaluation of an educational programme and the data received during the external evaluation of the educational programme are strictly confidential.

7.1.7 Effectiveness – external evaluation is focused on the final outcome, which contributes to the improvement of the internal environment and quality assurance mechanisms of the educational programme, the development of a quality culture, and ensures the interconnection between internal and external quality assurance mechanisms.

8. General steps and main elements in accreditation process

8.1 Accreditation process includes the following main elements:

8.1.1 Submission of the application and the summary and education database of the higher education institution to the accrediting agency;

8.1.2 Signing the Agreement between higher educational institution and accrediting agency that included terms of payment and conditions for performance which must be at least 6 months;

8.1.3 Planning and conducting the Educational Programme self-evaluation in accordance with the accreditation Standards; submitting Educational Programme Self-evaluation Report (in Kazakh, Russian and English) to the accrediting agency;

8.1.4 Consideration the Educational Programme Self-evaluation Report by the Members of EEC's accrediting agency before the site-visit;

8.1.5 External evaluation - is site-visit to a medical school by an external expert commission, which evaluates the educational programme, draws up a report and recommendations for the Accreditation Council.

8.1.6 Submission of the final External Evaluation Report with recommendations on accreditation and areas for improvement to the accrediting agency and the Accreditation Council;

8.1.7 Decision on accreditation consideration of the final Report and recommendations of the External Expert Commission by the Accreditation Council.

8.1.8 Publication full Report of External Evaluation and decision on accreditation and post them on accrediting agency's web-site.

8.1.9 Subsequent procedures for reviewing the elimination of comments made by HEI on the basis of the EEC recommendations;

8.2 Programme accreditation is conducted in accordance with the Law "On Education" No. 319-III of the Republic of Kazakhstan from July 27, 2007 (with amendments and additions from July 11, 2021) at the expense of the financial resources of a HEI at the request of the organisation;

8.3 During the self-assessment period, the accreditation agency provides training seminars to explain the accreditation procedure and accreditation standards with a total duration of 6 hours in offline and / or online format, by prior agreement of the date and time with the accredited organisation;

8.4 By completion of self-assessment, the medical school sends to the accreditation agency 3 copies of the self-assessment report in three languages (Kazakh, Russian, English) with a cover letter on the official letterhead of the educational organisation no later than 2 months before the intended EEC site-visit. All copies of reports must be signed by the first head of the medical school;

8.5 The reports are carefully studied by all members of the expert commission before the site-visit. Then EEC conducts site-visit to assess the reliability of the results of programme self-assessment;

8.6 The terms of site-visit are determined by the accreditation agency and ranges between 2 to 4 days;

8.7 The EEC is formed from the expert's database nominated and certified by the accreditation agency, as well as recommended by medical school, research organisations / centers, professional associations, public associations and employers.

8.8 The regulations of EEC activities are carried out in accordance with the standards and guidelines for external evaluation during the site-visit of a medical school, approved by the accreditation agency. Evaluation of new educational programmes is carried out in accordance with the requirements of the ECAQA Guidelines on external evaluation of new educational programmes;

8.9 The final report on the results of the external evaluation of the educational programme is submitted by the experts to the accreditation agency no later than 14 (fourteen) working days after the completion of the EEC visit. The final report must include an evaluation of the compliance with the Model Rules of Activity for Higher and Postgraduate Education Organisations, the State Compulsory Education Standards, and accreditation standards, as well as recommendations for improving the educational programme. After this, the report with recommendations is sent by the accreditation agency to the educational organisation for review and correction of factual errors. For this, a period of 7 (seven) calendar days is provided. The report is then sent to the accreditation agency and the members of the EEC for the preparation of the final version of the report within 7 (seven) calendar days. The final EEC report is submitted to the Accreditation Council two weeks before the meeting.

The final EEC report and EEC recommendations form the basis for the development of a corrective action plan based on the EEC recommendations during the post-accreditation monitoring period.

8.10 The decision-making by the Accreditation Council is carried out on the basis of the programme self-assessment report, the final report and the EEC recommendations.

9. Decision on accreditation

9.1 Decisions on accreditation based on the fulfillment or lack of fulfillment of the Standards.

Categories of accreditation decisions:

- 1) Full accreditation- the duration of full accreditation is 5 years;
- 2) Accreditation for 3 years (regarding the new educational programmes)
- 3) Conditional accreditation- will be reviewed after 1 year to check fulfillment of the conditions;
- 4) Denial of accreditation.
- 5) Withdrawal of accreditation certificate

9.2 A decision on full accreditation for a period of 5 years is made if:

Basic standards: at least 80% must demonstrate full compliance, and no more than 20% may be partially fulfilled.

Standards for quality improvement: at least 60% must demonstrate full compliance, and no more than 40% may be partially fulfilled.

If these requirements are met, the educational programme can be recommended for full accreditation for a period of 5 (five) years, and the educational organisation moves to the next stage – post-accreditation monitoring.

If the above requirements are not met by the educational organisation, the EEC is entitled to recommend: conditional accreditation or no accreditation (non-compliance with 1 or more accreditation standards has been identified).

9.3 Accreditation for 3 years is conferred to the new educational programmes which starts in the current academic year and/or where there are no graduates yet. This decision is made if more than 80% of the basic accreditation standards are fulfilled, and up to 20% demonstrate partial fulfilment, which is not critical and can be rectified by the educational organisation within the shortest time frame (up to one year), as reflected in the post-accreditation monitoring report. In this case, the EEC expert opinion contains no remarks, and there are no non-compliances with the accreditation standards. The educational organisation then moves to the next stage – post-accreditation monitoring.

9.4 A decision on conditional accreditation for a period of 1 (one) year, with a requirement for a repeat external evaluation by the same accreditation agency, is made if:

More than 21% of the basic standards and more than 41% of the improvement standards are partially fulfilled, or at least one of the 9 standards is not fulfilled, and the seriousness of the issues is reflected in the final EEC report and in the justification for the conditional accreditation decision. In this case, the educational organisation must, within one year from the date of the decision, carry out corrective measures based on the EEC's recommendations (comments), prepare a self-assessment report on the educational programme as part of a new Accreditation Agreement, and submit the self-assessment report to the accreditation agency that made the conditional accreditation decision, in accordance with the requirements of paragraph 8.4 of these accreditation standards. The terms and conditions for the accreditation of the educational programme are outlined in the newly prepared and signed Accreditation Agreement.

9.5 Denial of accreditation must be the decision, if many Standards are not fulfilled, signifying severe deficiency in the quality of the programme that cannot be remedied within a few years. The medical school has the right to start the accreditation procedure no earlier than one year after a denial on the programme accreditation.

9.6 Withdrawal of accreditation certificate is conferred under these circumstances:

9.6.1 suspension of programme license and/or medical school license by the authorized body in education;

9.6.2 withdrawal of programme license and/or medical school license by the authorized body in education;

9.6.3 violation of the post-accreditation monitoring conditions (section 10);

9.6.4 systemic violations of the anti-corruption policy by the medical school in relation to its staff, faculty and students with documentary confirmation and announcement of such facts by the relevant authorized and regulatory bodies.

9.7 The decision on withdrawal the accreditation certificate of the educational programme is confirmed by the minutes of the Accreditation Council, and an official letter is sent to the name of the first head of the medical school with subsequent written notification of the authorized body.

9.8 A decision of withdrawal the accreditation certificate of an educational programme results in the removal of the educational organisation from the Register of the Bologna Process and Academic Mobility Centre of the Ministry of Education and Science of the Republic of Kazakhstan, which may entail the annulment of all previously achieved accreditation results and the obligation to undergo all stages of the accreditation process again.

9.9 After the decision on the programme accreditation, the accreditation agency sends to the medical school an official letter with the results of the Accreditation Council decision and the original certificate of accreditation.

9.10 The accrediting agency's decision on accreditation of medical school and its educational programmes is sent to the Bologna Process and Academic Mobility Center of the MoES RK to be listed on the #3 Register of accredited educational programmes and posted on the website of the accreditation agency.

9.11 In case of Conditional Accreditation the medical school has the right to appeal against the decision of the Accreditation Council in accordance with the published procedure for appeals that is available on the agency's website.

9.12 Medical school should submit the application for re-accreditation by the end of the accreditation period to confirm its accredited status and must send an application to the accreditation agency no later than 12 (ten) months before the expiration of the programme accreditation certificate.

10. Follow up activities

10.1 Post-accreditation monitoring (PAM) is an integral part and an important stage in the programme accreditation and must be strictly conducted during the duration of accreditation certificate.

10.2 The accreditation agency conducts post-accreditation monitoring without concluding additional agreements during the duration of accreditation certificate.

10.3 Post-accreditation monitoring is conducted through:

10.3.1 submission to the accreditation agency of the programme action plan based on the EEC recommendations for improvement during the duration of accreditation certificate. The plan is provided within 30 (thirty) calendar days after medical school receives a decision to accredit educational programme;

10.3.2 timely submission of brief progress report annually to shed light on how the medical school has addressed the External Expert Commission's recommendations for improvement (high quality hardcopies and/or e-documents). The report is sent to the accreditation agency without additional notifications or formal requests from it, while the approximate date for the submission of the next report is the issue date of accreditation certificate.

10.3.3 a site-visit to the medical school that is conducted by an expert and a representative of the accreditation agency to assess the EEC recommendations for improvement. The site-visit is carried out 1.5 years after the issuance of accreditation certificate and lasts 1-2 days. The date of the site-visit is agreed with the medical school.

10.4 The educational organisation must inform the accreditation agency of any significant changes in the accredited educational programme that occur during the period of post-accreditation monitoring (PAM).

10.5 The accrediting agency has the rights to consider complaints about the quality of accredited medical school and the accrediting agency conducts initial evaluation and it would be arranged the site-visit.

10.6 The accreditation agency has the right to suspend the accreditation certificate if the medical school violates the requirements of clauses 10.3, 10.4 of these Standards. Moreover, the decision to suspend the certificate is made until the elimination of violations of the PAM requirements. This decision is formalized by the order of the Director General of the accreditation agency and a notification letter is sent to the medical school.

11. Development and revision of the accreditation standards

11.1 Amendments and additions are made to the current accreditation standard for its further improvement. For this purpose, the accreditation agency conducts feedback sessions with stakeholders, experts, and representatives of accredited educational organisations.

11.2 Amendments to accreditation standard are proposed by the accrediting agency.

11.3 In case of amendments' initiation to the standard by main stakeholders, they address their suggestions and remarks to the accreditation agency.

11.4 Accrediting agency consider all suggestions and remarks related to accreditation standards for their validity and appropriateness.

11.5 Amendments to the Standards for Accreditation after their confirmation are approved by the order of the Director General of the accreditation agency in a new edition with changes to the current standard.

11.6 The Standard of accreditation is reviewed every 5 years.

12. ACCREDITATION STANDARDS FOR THE EDUCATIONAL PROGRAMME OF BASIC MEDICAL EDUCATION (BACHELOR'S DEGREE)

Standard 1. MISSION AND VALUES

1.1 Stating the mission

1.1.1 The medical school has an officially published mission for the educational programme, which includes values, priorities, and goals, scientific research achievements in medicine, aspects of global health, public health issues, healthcare system needs, and other aspects of social responsibility that enable the training of a competent physician in the relevant field:

- at the undergraduate level (including internship);
- with an appropriate foundation for a future career in *any area of healthcare*;

- capable of performing the functions of a specialist doctor in accordance with the established requirements of the healthcare sector;
- prepared for postgraduate education;
- with a commitment to *lifelong learning*.

1.1.2 The medical school communicates its mission to stakeholders and the healthcare sector. The mission and vision of the educational programme must align with the mission and vision of the educational organisation.

1.1.3 The medical school clearly and concisely describes its strategic goals, values, educational objectives, research activities, and its relationships with the healthcare system and society, as well as its connection to healthcare delivery.

1.1.4 The medical school describes how the mission statement defines and affects the curriculum and quality assurance.

1.2 Participation in Formulation of Mission

1.2.1 The medical school indicates the extent to which the mission statement has been developed in consultation with principal stakeholders;

1.2.2 The medical school ensures that the formulation of its mission is based also on input from other stakeholders.

1.3 Institutional Autonomy and Academic Freedom

1.3.1 The medical school has institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum and use of the allocated resources necessary for implementation of the curriculum.

- 1.3.2 The medical school ensures academic freedom for its staff and students:
- in addressing the actual curriculum planning, development and implementation, at the same time, it is possible to rely on different perspectives in the description and analysis of health issues,
 - in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Standard 2. CURRICULUM

2.1 Intended curriculum outcomes

2.1.1 The medical school has defined the learning outcomes that students must achieve upon completion of the educational programme, as well as the expected learning outcomes for each course component, in a way that clearly and precisely describes and presents what is expected in terms of values, behaviour, skills, knowledge, and readiness to become a doctor.

2.1.2 The medical school ensures that the expected learning outcomes of the educational programme align with the declared mission of the educational organisation.

2.1.3 The medical school reviews and analyses how the expected learning outcomes align with educational standards established by national regulatory (authorised) bodies or with the requirements of the government and employers.

2.1.4 The medical school has mechanisms in place to analyse specific learning outcomes, including the knowledge, skills, and behaviour that students must achieve

by the end of each course component or part. These learning outcomes for the educational programme can be expressed in various ways, which must be measurable (assessable).

2.1.5 The medical school considers how the final learning outcomes can be used as a basis for the development and determination of the content of the educational programme, as well as for the assessment of learning outcomes and the evaluation of the course of study (curriculum).

2.1.6 The medical school ensures that the educational programme has a clearly formulated set of intended learning outcomes, conducive to the development of competences in public health and which are responsive to changing environment, health needs and demands of populations.

2.1.7 The medical school ensures appropriate student conduct with respect to fellow students, physicians, faculty members, other health care personnel, patients and their relatives in accordance with the Code of Conduct.

2.1.8 The medical school should

- specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training;
- specify intended outcomes of student engagement in medical research.

2.2 Curriculum organisation and structure

2.2.1 The medical school has developed and documented *the overall organisation of the curriculum, outcomes (knowledge, skills, professional values and attitude), disciplines, service and clinical preparation* including the principles underlying **the curriculum model** employed and the relationships among the component disciplines.

2.2.2 The medical school describes *the content, extent and sequencing of courses and other curricular elements* to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects.

2.2.3 The medical school in its educational program:

- ensures *horizontal integration* of related disciplines;
- ensures *vertical integration* of clinical disciplines with basic biomedical, behavioural and social disciplines;
- provides students with the opportunity to choose electives;
- determines the balance between *the compulsory and elective* parts of the educational program, *including a combination of compulsory components and electives or special components of choice*;
- determines the relationship *with complementary medicine, including non-traditional, traditional or alternative practice*.

2.2.4 The medical school ensures that the qualification resulting from a programme is 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)**

2.2.5 The medical school's programmes provides 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)

2.2.6 The medical school's programme should be

- designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- designed so that they enable constant promotion, smooth student progression;
- defined the expected student workload, e.g. in ECTS;
- included well-structured placement opportunities where appropriate;
- and it is subject to a formal institutional approval process. (ESG G 1.2)

2.2.7 The medical school ensures that **learning and teaching are student-centred** with students encouraged and supported in taking responsibility for self-directed learning in order to encourage a culture of life-long learning.

2.2.8 The medical school ensures that the curriculum is delivered in accordance with *principles of equality*.

2.3 Curriculum content

2.3.1 The medical school can justify the inclusion in the curriculum of components that are necessary to prepare students to be competent graduates and for their subsequent postgraduate training (specialization).

2.3.2 The medical school ensures that the curriculum content includes at least three core areas:

- *basic biomedical sciences, which are fundamental disciplines for understanding and applying clinical science;*
- *clinical sciences and skills, which encompass the knowledge and appropriate professional skills that a student needs in order to take on the appropriate responsibility for patient care after completing their studies;*
- *behavioural and social sciences, relevant to the local context and cultural specifics, which include principles of professional practice, including ethics.*

2.3.3 The medical school ensures that the curriculum content in all areas is sufficient to enable the student to achieve the expected learning outcomes and to successfully progress to the next stage of clinical training or practice upon completion of training.

2.3.4 The medical school's curriculum content also includes:

- Health systems science which includes population health and local healthcare delivery systems;
- Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines;

2.4 Basic Biomedical Sciences

2.4.1 The medical school identifies and incorporates in the curriculum the contributions of the basic biomedical sciences to create understanding of scientific

knowledge, concepts and methods fundamental to acquiring and applying clinical science;

2.4.2 The medical school should in the curriculum adjust and modify the contributions of the biomedical sciences to the

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

2.5 Clinical Sciences and Skills

2.5.1 The medical school identifies and incorporates in the curriculum the contributions of the *clinical sciences* to ensure that students

- acquire sufficient knowledge and clinical and *professional skills to assume appropriate responsibility after graduation*;
- have experience in *health promotion and preventive medicine*;
- spend sufficient time in *contact with relevant patients in sufficient numbers to support their training in the major clinical areas including internal medicine, surgery, psychiatry, general medical practice (family medicine), obstetrics and gynecology, and pediatrics (where applicable)*.

2.5.2 The medical school organises clinical training with appropriate attention to *patient safety that would require supervision of clinical activities conducted by students*.

2.5.3 The medical school should in the curriculum adjust and modify the contributions of the clinical sciences to the

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

2.5.4 The medical school should ensure that every student has early contact with real patients, including consistent involvement in patient care, responsibility for examining and/or treating a patient under the supervision of a faculty member in appropriate clinical settings.

2.5.5 The medical school has defined the structure of the various components of clinical skills training according to the specific stage of the training programme.

2.6 Scientific Method

2.6.1 The medical school throughout the curriculum teach:

- the principles of scientific method, including analytical and critical thinking;
- medical research methods;
- evidence-based medicine, which require *the appropriate faculty competence and will be a mandatory part of the educational programme and will involve students in small research projects*.
- *elements of original or advanced research as optional component, including mandatory or elective analytical and experimental research, thereby facilitating the participation of students and faculty in the scientific development of healthcare as professionals and colleagues*.

2.7 Behavioural and Social Sciences, Medical Ethics and Jurisprudence

2.7.1 The medical school identifies and incorporates in the curriculum the contributions of the: behavioural sciences, social sciences, medical ethics, medical jurisprudence that would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.

2.8 Educational technology, instructional methods and experiences

2.8.1 The medical school uses *educational technologies, teaching methods, and practical training* to ensure that students achieve the expected learning outcomes of the educational programme.

2.8.2 The medical school uses instructional/learning methods, including virtual learning methods (digital, distance, electronic), that stimulate, prepare and support students to take responsibility for their learning process.

2.9 Programme Management

2.9.1 The medical school has a curriculum committee, which has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes and in its curriculum committee ensure representation of staff and students.

2.9.2 The medical school has a structural unit that has authority to plan and implement innovations in the educational programme and ensures in its structural unit representatives of other stakeholders.

2.9.3 The medical school has a process and procedure for the programme development and approval (**ESG G1.2**).

2.10 Linkage with medical practice and the health sector

2.10.1 The medical school ensures operational linkage between the educational programme (curriculum) and the subsequent stages of education or practice after graduation (residency programme, CPD).

2.10.2 The medical school should ensure that the curriculum committee

- explores the environment in which graduates will be expected to work, and modifies the programme accordingly;
- considers programme modification in response to opinions in the community and society.

Standard 3. ASSESSMENT

3.1 Assessment policy and system

3.1.1 The medical school has defined, developed, approved, implemented, and published the policy, principles, methods, and practices used for student assessment, including exam pass criteria, passing scores, the number of allowed retakes, and ensures that the assessment covers knowledge, skills, and attitudes.

3.1.2 The medical school ensures that assessment methods and results take *conflicts of interest into account*, the assessment process is *transparent and open to external expert review*, and an *appeals system* for assessment results is in place.

3.1.3 The medical school documents and evaluates the *reliability and validity of assessment methods*, which will require an *appropriate quality assurance process for assessment practices*, and introduces new assessment methods when necessary; *it also involves external examiners* to enhance fairness, quality, and transparency of the assessment process.

3.1.4 Through a unified (centralised) management system, the medical school ensures that the assessment policy is implemented by using a *variety of appropriate assessment methods* that align with the final outcomes and teaching and learning methods.

3.1.5 The medical school ensures that the assessment policy is communicated to *all relevant stakeholders*.

3.2 Assessment in support of learning (formative assessment)

3.2.1 The medical school has a system of formative assessment, regularly providing students with constructive feedback that identifies their strengths and weaknesses and helps to consolidate their learning.

3.2.2 The medical school should *adjust the number and nature of examinations* of curricular elements to encourage both acquisition of the knowledge base and integrated learning, and provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

3.3 Assessment for Decision-Making (Summative Assessment)

3.3.1 The medical school has developed and implemented a system of final (summative) assessment, which is applied to evaluate the final outcomes upon the completion of a course; it provides information on assessment results and student progression to the next course and on the completion of the programme.

3.3.2 The medical school applies assessment methods that provide reliable and valid quantitative data on assessment outcomes.

3.4 Quality control

3.4.1 The medical school has mechanisms in place to assure the quality of its assessment methods.

3.4.2 The medical school ensures that assessment data are used *to improve the performance* of academic staff, courses, and the institution.

3.4.3 The medical school should regularly review each type of assessment as well as the overall assessment system, and use information on assessment results and feedback from stakeholders for the continuous improvement of assessment methods, the assessment system, courses, and the educational programme.

Standard 4. STUDENTS

4.1 Selection and admission policy

4.1.1 The medical school has an officially published policy that outlines ***the goals, principles, requirements, selection, and admission criteria for students***, including *justification and selection methods, such as high school academic performance, other relevant academic experience, entrance exams and interviews, as well as an evaluation of the motivation to become a doctor, taking into account changes in the needs related to the diversity of clinical practice.*

4.1.2 The medical school should consider the following issues that are important in developing the policy for student admission and selection:

- stages of the student admission and selection process;
- the balance between the number of admitted students (including international students) and the available material, technical, and human resources at all stages of training, as well as the available infrastructure to ensure their proper education;
- observance of the principle of equity and diversity in the student body;
- mechanisms for admission and confirmation of enrollment,
- mechanisms for filing and receiving complaints,
- rules for re-application, deferred admission, and transfer of students from other educational programmes or medical schools within the country and from abroad.

4.1.3 The medical school *should* periodically review its admissions policy, number, and enrollment of students through a consultation process with *other stakeholders and regulate it to meet the health needs of the community and society, which also considers students admission based on gender, ethnicity and language, and the potential need for special admission policies for students from low-income families and national minorities.*

4.1.4 The medical school should, if:

- The selection and admission procedures are regulated by national policy, provide an explanation of how these rules are applied at the local level;
- The medical school establishes its own policy and process for selection and admission, provide an explanation of their alignment with the stated mission, expected learning outcomes, relevant regulatory requirements, and local context.

4.1.5 The medical school has a *policy* and implement a *practice for admission of students with special needs, in accordance with applicable state laws and regulations.*

4.1.6 The medical school has a system for appeal of admission decisions.

4.2 Student counseling and support

4.2.1 The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

4.2.2 The medical school offers student support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning.

4.2.3 The medical school considers what emergency support services are available in the event of personal trauma or crisis.

4.2.4 The medical school has defined and implements a **process for identifying** students in need of academic or personal counselling and support.

4.2.5 The medical school has **published** and ensures the availability of such services to students while **maintaining confidentiality**.

4.2.6 The medical school determines how to develop student support and counselling services with the involvement of student representatives and allocates resources to support students.

4.2.7 The medical school should provide academic counselling that is based on monitoring of student progress and includes career guidance and planning.

4.2.8 The medical school provides to students the documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed. **(ESG G 1.4)**

Standard 5. ACADEMIC STAFF

5.1 Academic staff establishment policy

5.1.1 The medical school provides the necessary number and composition of academic staff for the implementation of the educational programme, taking into account the number and profile of students, as well as the applied teaching and learning methods.

5.1.2 The medical school determining academic staff establishment policy involves considering:

- the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students,
- the distribution of academic staff by grade and experience, academic and/or scientific degree, service and teaching experience;
- the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff;
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions.

5.1.3 The medical school, in its policy for the selection and recruitment of staff, takes into account criteria such as *alignment with the mission of the medical school, the specifics of local conditions*, which include gender, nationality, religion, language, and other factors relevant to the educational programme and economic opportunities.

5.2. Academic staff performance and conduct

5.2.1 The medical school has defined, approved, and published its requirements regarding ethics in *academic activities, professional conduct*, and the responsibilities of academic staff in conducting research and clinical activities.

5.2.2 The medical school has defined and implemented a **staff development and performance policy** that:

- ensures recognition of academic activity through awards, promotion, and/or remuneration;
- ensure that clinical service functions and research are *used in teaching and learning*;

- ensure *sufficient knowledge by individual staff members of the total curriculum, on teaching / learning methods, assessment of knowledge and skills, and the content of other related disciplines which fosters cooperation and integration;*
- *include teacher training, development, support and appraisal of faculty members including newly recruited ones, attracted from clinics.*

5.2.3 The medical school should take into account teacher-student ratios relevant to the various curricular components and should design and implement a staff promotion policy.

5.3 Continuing professional development for academic staff

5.3.1 The medical school implements a stated policy on the continuing professional development of its academic staff.

5.3.2 The medical school develops and publishes a clear description of how the school supports and manages the academic and professional development of each member of staff.

Standard 6. EDUCATIONAL RESOURCES

6.1 Physical Facilities for teaching and learning

6.1.1 The medical school has *sufficient* physical facilities to ensure that the curriculum is *delivered adequately*.

6.1.2 The medical school ensures that a learning environment, which is *safe* for staff, students, patients and their relatives, and provides necessary information and *protection against harmful substances, microorganisms, and compliance with safety regulations in the laboratory and while using equipment*.

6.1.3 The medical school should *improve the learning environment* for students by regularly updating, expanding, and modifying its material and technical resources, in line with the development of teaching practices within the educational programme.

6.2 Clinical training resources

6.2.1 The medical school has appropriate and sufficient resources to ensure that students receive the necessary clinical training, gain adequate clinical experience, including a sufficient number and variety of patients, and have resources for clinical training and supervision of their clinical practice.

6.2.2 The medical school should review, evaluate, adapt, and improve the resources for clinical training to meet the needs of the population receiving medical care.

6.3 Medical Research and Scholarship

6.3.1 The medical school uses *medical research and scientific achievements* as the foundation for the educational programme.

6.3.2 The medical school has defined and implemented a policy that promotes the connection between research and education, ensuring that this is reflected in teaching.

6.3.3 The medical school encourages and prepares students to participate in medical research and scientific development.

6.3.4 The medical school provides information on its research base and priority areas in research.

6.4 Information resources

6.4.1 The medical school has defined and implemented a policy aimed at *the effective and ethical use and evaluation of relevant information and communication technologies*.

6.4.2 The medical school ensures *adequate access* to electronic and printed information resources for students and faculty to support the mission of the educational programme, including access to online resources and library print resources, and *evaluates these resources* in relation to the mission of the educational programme in teaching, learning, and research activities.

6.4.3 The medical school provides *faculty and students with opportunities to utilise existing and new information and communication technologies* for: self-directed learning; access to information; patient management; working within the healthcare system; and optimising students' access to relevant patient data and the healthcare information system.

6.5 Educational Expertise

6.5.1 The medical school has *access to educational expertise* where necessary and required and promotes the interest of staff and faculty in conducting research in education.

6.5.2 The medical school has defined and implemented a *policy for using educational expertise and research to develop the educational programme*, teaching methods, and assessment methods for knowledge and skills.

6.5.3 The medical school takes into account existing expertise and experience in educational evaluation and medical education research as an independent discipline.

6.6 Educational Exchanges

6.6.1 The medical school has formulated and implemented a policy for

- national and international collaboration with other educational organisations, including academic and administrative staff, researchers, student mobility;
- transfer of educational credits, which can be taken into account when transferring a student from other HEI and which can be facilitated by the agreements on the mutual recognition of programme elements, active coordination of programs between medical schools, the use of a transparent system of credit units and flexible course requirements.

6.6.2 The medical school has facilitated regional and international exchange of staff (academic, administrative, researchers) and students by providing appropriate resources.

6.6.3 The medical school ensures that exchange is purposefully organised, taking into account the needs of staff (academic, administrative, researchers) and students, and respecting ethical principles.

Standard 7. QUALITY ASSURANCE PROGRAMM

7.1 The Quality Assurance system

7.1.1 The medical school has *implemented a quality assurance system* that encompasses educational, administrative, and research activities and has prepared an official written document describing the quality assurance system.

7.1.2 The medical school has developed the *purposes, role, design, and management* of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices.

7.1.3 The medical school has designed and applied a decision-making and change management structure and process, as part of quality assurance.

7.2 Mechanisms for programme monitoring and evaluation

7.2.1 The medical school has a *programme for the regular monitoring of processes and outcomes* of the educational programme and has established and implemented *mechanisms for evaluating the educational programme*, including:

- the core components of the educational programme, which include the model, structure, content, duration, and use of compulsory and elective parts of the programme (Standard “Educational Programme”).
- the academic progress of students.
- identifying and addressing issues related to students' achievement of expected learning outcomes through the collection of relevant information.
- using feedback to develop corrective action plans and conduct activities to improve the educational programme.

7.2.2 The medical school periodically evaluates the programme by comprehensively addressing

- the context of the educational process, which includes organisation of training, learning environment, resources and institutional culture.
- the specific components of the curriculum, which include description of courses, instructional methods, clinical rotation and assessment methods.
- the long-term acquired outcomes, which will be measured by the results of national examinations, independent assessment of knowledge, benchmarking procedure, international exams, career choice and postgraduate study results;
- its social accountability.

7.2.3 The medical school ensures that it collects, analyses, and uses relevant information for the effective management of the educational programme and other areas of its activity (**ESG S1.7**).

7.3 Teacher and Student Feedback

7.3.1 The medical school ensures that systematically seek, analyse and respond to teacher and student feedback and use feedback results for programme development.

7.4 Performance of Students and Graduates

7.4.1 The medical school analyses students' and graduates' *academic achievements* in relation to the mission of the educational programme, expected learning outcomes, and the adequacy of resources.

7.4.2 The medical school should analyse performance of cohorts of students and graduates in relation to student background and conditions, entrance qualifications.

7.4.3 The medical school should use the analysis of student performance to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

7.5 Involvement of Stakeholders

7.5.1 The medical school involves key stakeholders in its programme monitoring and evaluation activities.

7.5.2 The medical school should *for other stakeholders, including representatives of the public, authorized bodies in education and healthcare, professional organisations, as well as individuals responsible for postgraduate education:*

- provide access to the results of course and educational programme evaluation;
- collect and study feedback on clinical training, including on the clinical practice of graduates
- collect and study feedback from them on the quality of the educational programme.

Standard 8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.1.1 The medical school has defined a governance *structure for education, clinical training, research activities, and resource allocation*, which is transparent and accessible to all stakeholders, aligned with the school's mission and functions, and ensures its *institutional stability*.

8.1.2 In its governance structure, the medical school has established structural units and consultative/advisory bodies (committees, councils), and included representatives of key and other stakeholders, particularly representatives of the healthcare sector and professional community.

8.1.3 The medical school ensures transparency of the governance system and decisions taken, which are published in bulletins, posted on the website, and included in minutes for review and implementation.

8.1.4 The medical school has described the *leadership and decision-making model* of the institution, as well as a structure of departments, including their composition, responsibilities, and reporting lines.

8.1.5 The medical school ensures that the school has *a risk management procedure*.

8.2 Student and academic staff representation

8.2.1 The medical school has *policies, procedures, and mechanisms* for involving and engaging *students and academic staff* in governance and *administration where necessary, including processes for consulting with them*.

8.2.2 The medical school considers and identifies opportunities for students and staff to participate in the planning, implementation, and evaluation of the educational programme, student assessment, and quality assurance activities, or to provide feedback on these matters.

8.2.3 The medical school should encourage and facilitate student activities and student organisations.

8.3 Administration

8.3.1 The medical school has appropriate and sufficient *administrative support* to achieve its goals in teaching, learning, and research.

8.3.2 The medical school has developed a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

8.4 Educational budget and resource allocation

8.4.1 The medical school has a clear line of *responsibility and authority* for resourcing the curriculum, including a dedicated educational budget.

8.4.2 The medical school *allocates the resources* necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

8.4.3 The medical school has *sufficient autonomy* in the targeted allocation of resources, including *adequate remuneration of faculty*, in the context of achieving the expected student learning outcomes.

8.4.4 In allocating resources for the educational programme, the medical school should take into account achievements and research developments, healthcare needs, and challenges.

8.5 Interaction with Health Sector

8.5.1 The medical school has *constructive interaction* with the health and health related sectors of society and government, including the exchange of information, co-operation and the implementation of initiatives that contribute to the provision of the society with qualified physicians in accordance with its needs.

8.5.2 The medical school has established the *official status of cooperation involving staff, students*, and healthcare sector partners. This includes the conclusion of formal agreements defining the content and forms of cooperation and/or the signing of joint contracts, the creation of a coordinating committee, and the implementation of joint activities.

Standard 9. CONTINUOUS RENEWAL

9.1 The medical school, as a dynamic and socially responsible organisation, should initiate procedures for regular self-assessment and allocate resources for continuous improvement. This involves reviewing the organisational and staffing structure, updating educational goals and objectives in the strategic plan to reflect changes in practical healthcare needs, new regulatory documentation, and societal transformations.

9.2 The medical school should base the renewal process on prospective studies, the results of the evaluation of the educational programme, and the relevant literature in medical and pharmaceutical education.

9.3 The medical school should direct the renewal process towards the key aspects of the educational programme implementation that contribute to its modernisation.

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