

Standards for Programme Accreditation: Postgraduate Medical Education (Residency Specialties)



Almaty, 2024

**Eurasian Center for Accreditation and Quality Assurance in Higher
Education and Health Care**

**STANDARDS FOR PROGRAMME ACCREDITATION:
POSTGRADUATE MEDICAL EDUCATION
(RESIDENCY SPECIALTIES)**

BASIC PROVISIONS

Almaty, 2024

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These accreditation standards for postgraduate medical education (residency specialties) have been developed based on the 2023 International Standards of the World Federation for Medical Education for Quality Improvement in Postgraduate Medical Education, taking into account the specifications of the National Qualifications Framework and the priorities of the healthcare system of the Republic of Kazakhstan. These standards are used by educational organizations to conduct self-assessment of educational programmes for residency specialties, identify and improve internal quality assurance mechanisms, develop internal documentation, and foster a quality culture.

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STANDARDS FOR RESIDENCY PROGRAMME ACCREDITATION

Basic Provisions

1. Scope

1.1 The Standards for Programme Accreditation: Postgraduate Medical Education (Residency Specialties) (hereinafter referred to as the Standards) define the requirements for the expert assessment procedure for the quality of residency programmes in organizations such as higher professional and postgraduate education institutions, research centers, and research institutes (hereinafter referred to as educational organizations).

1.2 These Standards are used as a tool for ensuring the quality and improvement of postgraduate medical education and the training of competitive healthcare professionals.

1.3 These Standards are applied during the accreditation of educational programmes in residency specialties and the external assessment of the quality assurance systems of educational organizations.

1.4 These Standards are applied by educational organizations to conduct self-assessment of educational programmes, identify and improve internal quality assurance mechanisms, develop internal documentation, and foster a quality culture.

2. Regulatory References

This standard includes references to the following legislative and regulatory documents:

2.1 Code of the Republic of Kazakhstan dated July 7, 2020, No. 360-VI LRK. On Public Health and the Healthcare System, Section 4, Chapter 25. Educational Activities in Healthcare. Article 222. Residency.

2.2 Law of the Republic of Kazakhstan "On Education" dated June 27, 2007, No. 319-III.

2.3 On Approval of the Standard Rules for the Activities of Educational Organizations of the Relevant Types, Order of the Minister of Education and Science of the Republic of Kazakhstan dated October 30, 2018, No. 595.

2.4 On Approval of the Concept for the Development of Healthcare in the Republic of Kazakhstan until 2026. Area 4. Improving the Efficiency of the Personnel Training and Advanced Training System. Resolution of the Government of the Republic of Kazakhstan dated November 24, 2022 No. 945

2.5 On approval of the Concept for the Development of Higher Education and Science in the Republic of Kazakhstan for 2023-2029. Resolution of the Government of the Republic of Kazakhstan dated March 28, 2023 No. 248.

2.6 On approval of state compulsory standards for levels of education in the field of healthcare (4) state compulsory standard of postgraduate education in accordance with Annex 4 to this order) Order of the Minister of Healthcare of the Republic of Kazakhstan dated July 4, 2022 No. KR DSM-63. Registered with the Ministry of Justice of the Republic of Kazakhstan on July 5, 2022, No. 28716.

Approved in accordance with paragraph 2 of Article 221 of the Code of the Republic of Kazakhstan "On Public Health and the Healthcare System" and Article 56 of the Law of the Republic of Kazakhstan "On Education".

2.7 On approval of the nomenclature of specialties and specializations in healthcare, the nomenclature and qualification characteristics of healthcare worker positions. Order of the Minister of Healthcare of the Republic of Kazakhstan dated December 21, 2020, No. KR DSM-305/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020, No. 21856. As amended by Order of the Minister of Healthcare of the Republic of Kazakhstan dated April 14, 2023, No. 72 (110 (2020)/143 specialties and specializations in healthcare).

2.8 On approval of the Classifier of training areas for personnel with higher and postgraduate education. Order of the Minister of Education and Science of the Republic of Kazakhstan dated October 13, 2018 No. 569.

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

2.9 On amendments and additions to the Order of the Minister of Healthcare of the Republic of Kazakhstan dated December 15, 2020 No. KR DSM-270/2020 "On approval of the rules for placing state orders, admission to learning, and training medical personnel in residency". Order of the Minister of Healthcare of the Republic of Kazakhstan dated June 21, 2024, No. 27. Registered with the Ministry of Justice of the Republic of Kazakhstan on June 24, 2024, No. 34551.

2.10 On approval of the rules for conducting certification of a healthcare professional, confirming the validity of a healthcare professional certificate, including foreign professionals, as well as the conditions for admission to certification of a healthcare professional of a person who received medical and/or pharmaceutical education in healthcare outside the Republic of Kazakhstan. Order of the Minister of Healthcare of the Republic of Kazakhstan dated December 15, 2020, No. KR DSM-274/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on December 20, 2020, No. 21818.

2.11 Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), 2015, Brussels, Belgium (35 p).

2.12 Postgraduate Medical Education. WFME Global Standards for Quality Improvement. World Federation for Medical Education (WFME); New edition. 2023.

2.13 WHO-WFME Guidelines for Accreditation of basic medical education. Geneva/Copenhagen: WFME, 2005 (<http://wfme.org/accreditation/whowfme-policy/28-2-who-wfme-guidelines-for-accreditation-of-basic-medical-education-english/file>).

2.14 On approval of the requirements imposed on the accreditation body in the field of higher and postgraduate education and the rules for recognizing accreditation bodies in the field of higher and postgraduate education, including foreign ones. Order of the Minister of Education and Science of the Republic of

Kazakhstan dated November 1, 2016, No. 629. Registered with the Ministry of Justice of the Republic of Kazakhstan on November 19, 2016, No. 14438 (as amended by Order of the Acting Minister of Science and Higher Education of the Republic of Kazakhstan dated April 19, 2024, No. 177).

3. Terms and Definitions

This standard uses terms and definitions in accordance with the Law of the Republic of Kazakhstan "On Education" dated July 27, 2007, No. 319-III:

1) **Accreditation bodies** - legal entities that develop standards (regulations) and accredit educational organizations based on the standards (regulations) they develop;

2) **Accreditation of educational organizations** is the procedure for recognizing the compliance of educational services with established accreditation standards (regulations) by an accreditation body in order to provide objective information on their quality and confirm the existence of effective mechanisms for improving it;

3) **Accreditation of educational programmes** is the procedure for recognizing the compliance of educational programmes (specialties) with established accreditation standards (regulations) by an accreditation body in order to provide objective information on their quality and confirm the existence of effective mechanisms for improving it;

4) **Institutional accreditation** is the process of assessing the quality of an educational organization by an accreditation body for compliance with its declared status and the established standards of the accreditation body;

5) **Specialized accreditation** is the assessment of the quality of individual educational programmes implemented by an educational organization;

6) **Accreditation standards (regulations)** are documents of the accreditation body establishing the requirements for the accreditation procedure.

In accordance with the International Standards of the World Federation for Medical Education for the Quality Improvement of Postgraduate Medical Education (2015, 2023), the following terms and definitions for the relevant Standards have been established:

Standard 1. Mission and Values

Autonomy in the patient-physician relationship ensures that, under all circumstances, physicians make informed decisions in the interests of their patients and society, based on the best available evidence. Autonomy in physician training implies that physicians have some influence over decisions about what to learn and how to plan and conduct their training. It also implies access to the knowledge and skills necessary for physicians to meet the needs of their patients and society, and that their knowledge and actions are independent and impartial. When acting independently, existing guidelines must be taken into account. *Competent Authorities* - local and national authorities responsible for postgraduate medical training, may be national government agencies, a national council, a university, or a competent professional organization.

Competence can be defined in a broad professional sense or as specific knowledge, skills, attitudes, or behavior.

The mission provides an overarching framework to which all other aspects of the postgraduate medical education programme should be linked and should include general and specific issues related to institutional, national, regional, and, where appropriate, global healthcare needs and the vision for postgraduate medical education.

Lifelong learning is a professional responsibility to continually develop one's knowledge and skills through performance assessment, audit, review of one's clinical practice, or recognized continuing professional development (CPD)/continuing medical education (CME) programmes. CPD includes all activities that physicians undertake, both formal and informal, to maintain, update, develop, and refine their knowledge, skills, and attitudes in response to patient needs. CPD is a broader concept than CME and includes the continuing development of knowledge and skills in medical practice.

Primary stakeholders - include students/postgraduate doctors, residency programme directors, medical scientific societies, clinical administration, government authorities, and professional associations or organizations.

Professionalism describes the knowledge, skills, attitudes, and behaviors expected by patients and society from every physician in their professional practice and includes concepts such as:

- lifelong learning skills,
- maintaining a level of competence,
- information literacy and ethical behavior,
- personal integrity, honesty, altruism,
- service to others,
- fidelity to the professional code,
- fairness and respect for others.

Addressing public health concerns means engaging with the local community, particularly in the healthcare and related healthcare sectors, and integrating public health concerns into the educational curriculum.

The healthcare sector includes the health care delivery system, both public and private, and medical research institutions.

Relevant stakeholders will include representatives from heads, educators, teachers, other healthcare professionals, patients, the public, and healthcare system organizations and bodies.

Social responsibility includes the willingness and ability to respond to the needs of society, patients, the healthcare system, and related healthcare sectors and to contribute to the development of medicine nationally and internationally through the implementation of a competency-based approach in the healthcare system, medical education, and research. It should be based on its own principles, taking into account the autonomy of the university.

Standard 2. Educational Programme

Intended outcomes applicable to the theory and practice of medicine, include knowledge and understanding of basic, clinical, behavioral, and social sciences,

including knowledge of public healthcare and population medicine issues and medical ethics, necessary for clinical practice; attitudes and professionalism; clinical skills related to diagnosis, practical skills, communication skills, disease treatment and prevention, health promotion, rehabilitation, medical judgment, and problem solving; and the ability to engage in lifelong learning and professional development.

Competencies relevant to postgraduate training, at a level dependent on the chosen field of medicine, will include the following categories:

- Providing patient care that is appropriate, effective, and compassionate in addressing health problems and promoting health;
- Medical knowledge of basic biomedical, clinical, behavioral, and social sciences, medical ethics, and medical jurisprudence, and the application of such knowledge in patient care;
- Interpersonal and other communication skills that enable effective information exchange with individual patients and their families, and teamwork with other healthcare professionals, the scientific community, and the public;
- Evaluating performance and applying new scientific knowledge to continually review and improve clinical practice;
- Function as a leader, instructor, and teacher to colleagues, medical students, and other medical professionals;
- Scientific potential as a scientist capable of contributing to development and research in the chosen field of medicine;
- Professionalism;
- Ability to act in the patient's best interests;
- Knowledge of public healthcare and health policy issues, as well as awareness of and responsiveness to the broader context of the health system, including, for example, the organization of health care delivery, partnerships with health professionals and managers, cost-effective healthcare practice, healthcare economics, and resource allocation;
- Ability to understand the health care delivery system and identify and implement improvement of systemic service delivery.

Clinical sciences include selected clinical and laboratory disciplines within a medical specialty, subspecialty, or expert function, and other relevant clinical/laboratory disciplines.

Teaching and learning methods will encompass all didactic, hands-on, demonstration, supervised learning, and teaching methods such as lectures, small group activities, problem-based learning, case-based learning, hands-on activities, laboratory work, bedside teaching, clinical demonstrations, laboratory skills training, regional field trips, online learning, and clinical practice as a postgraduate doctor or clinical fellow.

Behavioral and social sciences - depending on local needs, interests, and traditions, typically include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health, and social medicine. They will provide the knowledge,

concepts, methods, skills, and attitudes necessary to understand the socioeconomic, demographic, and cultural determinants of the causes, distribution, and consequences of health problems.

Standard 3. Postgraduate Doctors' Assessment

Assessment methods: Include consideration of the balance between formative (midterm) and summative (final) assessment, the number of examinations and other testing tasks, the balance of different examination types (written and oral), the use of clinical discussion and debriefing, the use of judgment based on relevant standards and criteria, individual portfolios and diaries, special examination types such as the Objective Structured Clinical Examination (OSCE) and the Mini Clinical Examination (MiniCEX), and a system for identifying and preventing plagiarism.

Standard 4. Postgraduate Doctors

The selection process statement includes both the rationale and methods for selection and may include a description of the appeals mechanism.

Monitoring of the admissions policy will include improving the selection criteria to reflect the ability of postgraduate doctors to be competent and to accommodate differences in required competencies related to the different areas of medicine they choose.

Selection criteria may include consideration of balanced enrollment based on gender, ethnic, and social considerations, including the potential need for special admissions policies for underprivileged physician groups.

Contracted medical service positions include clinical fellow, postgraduate doctor, resident medical practitioner, and specialist.

The types of medical services provided by postgraduate doctors must be contractually agreed upon, and provisions protecting the postgraduate doctor must be included in the contract.

Standard 5. Teachers and Clinical Supervisors

Time for teaching, supervising, and learning requires a balance between clinical workload and requires consideration of coordination and schedule alignment.

Periodic evaluation of teachers and supervisors' performance includes feedback from postgraduate doctors to the teacher.

Standard 6. Education and Training Resources

Clinical sites include primary, specialized, and highly specialized care clinics, outpatient services (including primary health care), primary care facilities, health centers, and other community health care facilities, as well as clinical skills centers/laboratories. Clinical sites facilitate clinical education using the opportunities of their respective clinical sites and provide rotations in primary clinical disciplines.

Physical facilities include lecture halls, classrooms, teaching and research laboratories, clinical skills laboratories, teachers' lounges, libraries, information technology and resources, student recreation facilities such as adequate study spaces, a lounge, transportation, student catering, dormitories, student storage lockers, sports facilities, and recreational areas.

Educational expertise examines the issues, processes, and practices of postgraduate medical training and its evaluation. It includes physicians with experience in medical education, psychologists, and sociologists from the education system. It may be provided by the university's educational department or through the involvement of another national or international organization.

Standard 7. Quality Assurance and Improvement of Postgraduate Training

Assessment of an educational programme is the systematic collection of information to examine the effectiveness and adequacy of an educational programme. It utilizes monitoring data, feedback, and the results of specific programme assessment studies, as well as reliable and valid data collection and analysis methods, to confirm the quality of education in relation to the mission and established intended learning outcomes. Programme assessment includes information on the duration of learning, assessment criteria, frequency of exam passes and failures, successful assessment results, and expulsions, as well as the time spent by postgraduate doctors in fields of medicine of particular interest. Engaging external experts to evaluate the educational programme, external organizations/institutions, and experts in medical education and evaluation, as well as regulatory bodies, will further improve the quality of postgraduate education.

Programme monitoring involves regularly collecting data on key aspects of the educational programme to ensure adequate learning and identify areas for improvement. Data collection is often part of administrative procedures regarding postgraduate doctors' admission, knowledge and skills assessment, and educational programme completion.

Identified issues will include inadequate achievement of established learning outcomes, conducting research and examining information on the achievement of established learning outcomes, and identifying deficiencies and problems. All of this can be used as feedback for implementing necessary interventions and corrective action plans, programme development and improvement. This requires creating a safe and supportive learning environment and feedback from teachers and postgraduate doctors.

Feedback will include postgraduate doctors' reports and other information about the processes and products of educational programmes, including information on teachers' or postgraduate doctors' malpractice or inappropriate behavior without legal consequences.

Authorization criteria for training sites will include minimum values for the number of patients and diversity of clinical entities, clinical and laboratory equipment, library and information technology capacity, clinical skills centers, and academic teachers and laboratory research staff.

4. Designations and abbreviations:

This standard uses the following abbreviations:

AIS – Automated Information System

AC – Accreditation Council

AMP – administrative and managerial personnel

WHO – World Healthcare Organization
HEI – higher education institution
EEC – external expert commission
WFME – World Federation for Medical Education (WFME)
SCES – State Compulsory Education Standard
EHEA – European Higher Education Area
ECAQA – Eurasian Center for Accreditation and Quality Assurance in Higher Education and Health Care
IT – information technology
CEP – Committee for Educational Programmes
MH RK – Ministry of Healthcare of the Republic of Kazakhstan
MS&HE RK – Ministry of Science and Higher Education of the Republic of Kazakhstan
MEO – Medical Education Organization
PF – physical facilities
CME – continuing medical education
CPD – continuing professional development
STP – scientific and technical programmes
OSCE – objective structured clinical examination
EO – Educational Organization
EP – Educational Programme
TS – Teaching Staff
PHC – Primary Health Care
RK – Republic of Kazakhstan
WC – Working Curriculum
Media – Mass Media
TM – Teaching Materials
EC – Expert Council
ESG - European Standards and Guidelines
EQAR- The European Quality Assurance Register for Higher Education
APQR- Asia-Pacific Quality Registr
DEQAR - The Database of External Quality Assurance Results
DAQAR - Database of External Quality Assurance Results in the Asia-Pacific Region

5. General Provisions:

5 5.1 Accreditation of educational programmes for residency training at educational organizations is conducted in accordance with the basic provisions and requirements of these standards, taking into account the levels of their achievement, and includes:

- Standard 1: Mission and Values
- Standard 2: Educational Programme
- Standard 3: Postgraduate Doctors' Assessment
- Standard 4 "Postgraduate Doctors";
- Standard 5 "Teachers and Clinical Supervisors";

Standard 6 "Education and Training Resources";
Standard 7 "Quality Assurance and Improvement of Postgraduate Training";
Standard 8 "Governance and Administration";
Standard 9 "Renewal Improvement".

5.2. The Standards for Programme Accreditation of Residency of Medical Educational Organizations (hereinafter referred to as the Accreditation Standards) are based on the World Federation for Medical Education (WFME) International Standards for Quality Improvement in Postgraduate Medical Education (2015, 2023) and certain provisions of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) (2015 Revision).

5.3 The accreditation standards include 109 standards, terms, and definitions for the relevant standards, which are included in Section 3.

5.4 The decision on accreditation of educational programmes is made by the Accreditation Council based on the results of the external assessment of educational programmes for compliance with accreditation standards submitted to the ECAQA External Expert Commission (EEC).

5.5 The Accreditation Council is formed in accordance with the WHO/WFME Guidelines for the Accreditation of Medical Education.

6. The Main Goals of Implementing Accreditation Standards

6.1 The main goals of implementing accreditation standards are:

6.1.1 Implementing a system of internal and external quality assurance at the institutional and national levels, harmonized with the principles of best international quality assurance practices in postgraduate professional education;

6.1.2 Promoting a quality culture supported by postgraduate doctors, academic staff, management, and administration of the educational institution;

6.1.3 External assessment of compliance with accreditation standards and quality assurance of the educational programme;

6.1.4 Promoting renewal improvement of the educational programme's quality and resource availability in accordance with rapidly changing conditions and labor market needs, and achieving the competitiveness of the national postgraduate professional education system;

6.1.5 Protecting the interests of the state, society, and consumer rights by providing reliable information to the public and authorized bodies in the fields of education and healthcare on the results of educational programme accreditation.

7. Principles of Quality Assurance and Accreditation of Residency Programmes

7.1 Quality assurance of postgraduate education and external assessment are based on the following principles:

7.1.1 Voluntariness - the accreditation procedure is conducted on a voluntary basis and recognizes the institutional autonomy of the educational organization;

7.1.2 Responsibility - the accreditation process clearly defines responsibilities and relationships, interactions with all stakeholders (the university,

postgraduate doctors, professional organizations and healthcare professionals, the government), is supported by agreed standards and guidelines, the necessary resources and innovations for the development of the accreditation system, and is supported by competent experts;

7.1.3 Transparency - internal and external assessment is conducted openly and transparently, ensuring access to information on the process and procedures, accreditation standards, and guidelines for conducting self-assessment and external assessment for all stakeholders;

7.1.4 Independence - external assessment, accreditation decisions are made based on reliable information and the results of the external expert assessment, independent of third parties (authorized and government bodies, educational institution administration, and public opinion);

7.1.5 Objectivity - external assessment is conducted using clearly established accreditation criteria and standards, taking into account programme specifics, and accreditation decisions are made based on the external assessment results and recommendations of the EEC;

7.1.6 Confidentiality - the information provided and the data in the specialized self-assessment report and the information obtained during the external assessment of the educational programme are strictly confidential;

7.1.7 Effectiveness external assessment is focused on the final result, 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. Stages and Key Elements of the Residency Programme Accreditation Process

8.1 The accreditation process includes the following key elements and stages:

8.1.1 Submission by the educational organization to the accreditation body of an application in the form established by the accreditation body (available on the ecaqa.org website) containing information on licensing, inclusion in the Register of the European Higher Education Area of the Ministry of Science and Higher Education of the Republic of Kazakhstan, and a brief description of the residency educational programme;

8.1.2 Signing a bilateral agreement between the accreditation body and the educational organization on the accreditation of the educational programme, specifying the cost of the procedure and the deadlines for completion;

8.1.3 Self-assessment of the educational programme in accordance with the criteria and requirements of this standard and submission of the self-assessment report to the accreditation body;

8.1.4 Review and peer review of the self-assessment report of the educational programme by the accreditation body;

8.1.5 The external assessment procedure is a visit to the educational organization by an external expert commission, which conducts an external

assessment of the educational programme and prepares a report and recommendations for the Accreditation Council;

8.1.6 Preparation of the final report of the external expert commission and its submission to the Accreditation Council;

8.1.7 Consideration of the issue of accreditation of the educational programme and the adoption of a final decision by the ECAQA Accreditation Council based on the materials provided and the recommendations of the external expert commission;

8.1.8 Publication of the final report of the external expert commission on the assessment of the educational programme on the ECAQA website in the "Register of Accredited Educational Programmes" section;

8.1.9 Subsequent procedures within the framework of post-accreditation monitoring, described in paragraph 10 of these Accreditation Standards;

8.2 The accreditation procedure is carried out in accordance with Article 9-1 of the Law of the Republic of Kazakhstan "On Education" dated July 27, 2007, No. 319-III, at the expense of educational organizations, upon their application submitted to the accreditation body;

8.3 After signing the agreement for the accreditation of residency educational programmes, the ECAQA conducts a seminar to provide information on the accreditation process and procedures, approaches to conducting self-assessment of educational programmes and preparing the report, and interpretation of accreditation standards. The date of the seminar is agreed upon with the representative of the educational organization responsible for conducting the self-assessment;

8.4 After completing the self-assessment procedure, no later than 2 months prior to the expected visit of the External Expert Commission, the educational institution sends a self-assessment report of the residency educational programme to the ECAQA email address for an initial technical review, which is conducted within 5-7 business days. After receiving recommendations for additions to the self-assessment report, the educational institution revises the report within 5 business days and then sends the final version of the self-assessment report to the ECAQA in the state, Russian, and English languages. The report is sent to the ECAQA with a cover letter signed by an authorized representative of the educational institution. All copies of the reports must be signed by the first director of the medical educational institution.

8.5 Reports are carefully reviewed by all members of the external expert commission prior to the visit to the educational institution. The experts formulate questions and a list of documents to be reviewed during the visit to the educational institution. The EEC visit to the educational institution is conducted to assess the reliability of the self-assessment results of the educational programme and obtain evidence of compliance with accreditation standards.

8.6 The external expert commission's visit to the educational institution shall take 2-4 days;

8.7 The composition of the external expert commission is formed in accordance with the Regulations on the External Expert Commission from a

database of experts nominated and certified by the ECAQA, as well as those recommended by educational institutions not affiliated with the educational institution being accredited, foreign partners, research organizations/centers, professional associations, public associations, and employers.

8.8 The work of the external expert commission at the educational institution is carried out in accordance with the Guidelines for the External Assessment of Educational Institutions and Educational Programmes of the ECAQA, and the Programme for the Visit and External Assessment of the Residency Programme of the Educational Institution;

8.9 The final report on the results of the external assessment of the residency programme is prepared in accordance with the Guidelines for the Preparation of the Report of the External Expert Commission for Accreditation of Educational Institutions and Educational Programmes, developed by the ECAQA Expert Council. The draft final report is submitted by the experts to the ECAQA no later than 14 working days after the completion of the commission's visit to the educational institution. The final report contains an assessment of compliance with the standard operating rules of educational institutions, educational standards, and accreditation standards, as well as recommendations for improving the residency programme and recommendations for the Accreditation Council for the accreditation of the educational programme. The report, along with the recommendations of the EEC, is then sent by the accreditation body to the educational institution for review and correction of factual errors. 7 (seven) calendar days are provided for this. The report is then sent to the accreditation bodies, members of the EEC for preparation of the final version of the report within 7 (seven) calendar days. The final EEC report is sent to the Accreditation Council two weeks prior to the meeting. The final EEC report serves as the basis for developing a corrective action plan based on the EEC recommendations during post-accreditation monitoring.

8.10 The Accreditation Council's decision is based on an analysis of the residency programme self-assessment report, the final report of the external expert commission, and a discussion of compliance with accreditation standards by members of the Accreditation Council.

9. Making a Decision on Accreditation

9.1. The Accreditation Council makes the following accreditation decisions:

- 1) Full accreditation - accredit for a period of 5 (five) years;
- 2) Accredited for a period of 3 (three) years;
- 3) Conditional accreditation - accredit conditionally for 1 (one) year with a repeat visit to the educational institution by the ECAQA external expert commission;
- 4) Refusal of accreditation;
- 5) Revocation of accreditation.

9.2 A decision on full accreditation of residency programmes for the maximum period is made if at least 80% of the accreditation standards demonstrate

full compliance, no more than 20% can be partially met, and there are no non-compliances. If these requirements are met, the educational organization may be recommended for full accreditation for a period of 5 years.

9.3 A decision on accreditation for a period of 3 (three) years may be made for an educational programme where postgraduate doctors' training has begun for the first time and there are no graduates. Based on the results of an external expert assessment, more than 80% of the accreditation standards are fully met and there are no non-compliances.

9.4 A decision on conditional accreditation for a period of 1 (one) year is made in the event of non-compliance with at least one of the 8 basic accreditation standards or partial compliance is documented with more than 20% of the accreditation sub-standards, and the severity of the issues is reflected in the EEC report and in the rationale for the accreditation decision. The ECAQA sends an information letter to the educational institution containing the Accreditation Council's decision and the condition that a repeat external assessment by the ECAQA commission be conducted. The educational institution whose educational programme has been conditionally accredited must, within the year following the decision, implement corrective actions based on the recommendations (comments) of the EEC, compile a self-assessment report for the residency educational programme under the new Accreditation Agreement, and submit the self-assessment report to the ECAQA in accordance with the requirements of paragraph 8.4 of these Accreditation Standards. The terms and conditions for accreditation of a residency educational programme that previously received conditional accreditation are specified in the newly drafted and executed Accreditation Agreement.

9.5 A decision to refuse accreditation is made if the majority of standards are not met, indicating serious deficiencies and problems that will require several years to resolve. An educational institution may initiate the accreditation process for a residency educational programme no earlier than one year after a negative accreditation decision has been made.

9.6 A decision to revoke the accreditation of a residency programme during its validity period is made in the following cases:

9.6.1 Suspension of the educational activity/educational programme license by the authorized education body;

9.6.2 Revocation of the educational programme license and/or revocation of the educational institution's general educational activity license by the authorized education body;

9.6.3 Exclusion of the educational programme from the Register of the EHEA of the Ministry of Science and Higher Education of the Republic of Kazakhstan;

9.6.4 Systemic violations of the anti-corruption policy by the educational institution in relation to its employees, teachers, and students, with documentary evidence and disclosure of such facts by the relevant authorized and regulatory bodies.

9.7 The decision to revoke the accreditation of a residency programme is

formalized by the Accreditation Council's minutes and sent by official letter to the top director of the educational institution, followed by written notification to the authorized body in the field of education.

9.8 The decision to revoke accreditation results in the residency programme's exclusion from the Register of Accredited Educational Programmes of the accreditation body, the Register of the EHEA of the Ministry of Science and Higher Education of the Republic of Kazakhstan, and the notification of the authorized bodies in the fields of education and healthcare. This may result in the annulment of all previously achieved accreditation results and will entail the obligation to repeat all stages of the accreditation process no earlier than one year after the revocation of the accreditation certificate.

9.9 Following a positive decision to accredit the residency educational programme, the ECAQA sends the educational institution an official letter containing the results of the Accreditation Council's decision and the original accreditation certificate for a period of 5 (five) years.

9.10 The decision on accreditation of the residency educational programme is submitted to the Register of the European Higher Education Area (EHEA) of the Ministry of Science and Higher Education of the Republic of Kazakhstan, the international EQAR/DEQAR and APQR/DAQAR Registers, and is posted on the ECAQA website.

9.11 If a decision is made not to accredit the postgraduate training programme, the educational organization has the right to appeal the Accreditation Council's decision in accordance with the appeals procedure established by the accreditation body (Regulations on the ECAQA Appeals Committee).

9.12 An educational organization must undergo re-accreditation of its residency educational programme upon completion of the established accreditation period to confirm status of an accredited educational programme and submit an application to the accreditation body no later than 12 (twelve) months before the expiration of the accreditation certificate.

10. Post-Accreditation Monitoring

10.1 Post-accreditation monitoring (PAM) is an integral component and important stage of educational programme accreditation and must be strictly performed by the educational organization during the validity period of the accreditation certificate.

10.2 The accreditation body conducts post-accreditation monitoring (PAM) without concluding additional agreements with the educational organization for the entire period of validity of the educational programme's accreditation certificate.

10.3 Post-accreditation monitoring of the residency programme is conducted by:

10.3.1 Submitting to the accreditation body an action plan for improvement based on the recommendations of the EEC for the validity period of the educational programme's accreditation certificate. The plan is submitted within 30 (thirty) calendar days after the educational organization receives a positive

accreditation decision;

10.3.2 Timely submission of annual reports on the implementation of the improvement plan based on the recommendations of the EEC, with corresponding documentary evidence of implementation (high-quality copies and/or electronic versions of documents). The report is sent to the accreditation body without additional notification or formal request on its part, with the estimated date for submitting the next report being the calendar date of issuance of the accreditation certificate for the educational programme.

10.4 The educational organization must inform the accreditation body of any significant changes to the accredited educational programme that occurred during the PAM period.

10.5 The accreditation body has the right to send an expert commission to the educational organization to review complaints received regarding the quality of education and/or improper implementation of the accredited educational programme.

10.6 The accreditation body has the right to suspend the accreditation certificate of an educational programme if the educational organization violates the requirements of paragraphs 10.3 and 10.4 of these Standards. The decision to suspend the accreditation certificate is made for the period until the violation of the PAM requirements is eliminated. This decision is formalized by an order of the director general of the accreditation body, and a notification letter is sent to the educational organization.

11. Procedure for Amending and Supplementing Accreditation Standards

11.1 Amendments and supplements are made to the current accreditation standard for the purpose of further improving it based on changes in legislative documents and regulatory legal acts in the field of education in the country, as well as taking into account recommendations for improvement received following feedback from stakeholders.

11.2 Amendments and supplements to the standard are made by the accreditation body.

11.3 If amendments and supplements to the current standard are initiated by stakeholders, suggestions and comments are sent to the accreditation body.

11.4 The accreditation body reviews proposals and comments for their validity and appropriateness.

11.5 Amendments and supplements to the current accreditation standard, once approved, are approved by order of the director general of the accreditation body in a new version, including amendments to the current standard.

11.6 Accreditation standards are reviewed every 5 years.

12. STANDARDS FOR RESIDENCY PROGRAMME ACCREDITATION

Standard 1. MISSION AND VALUES

This standard includes the goals and values of postgraduate medical education and the role of postgraduate residency training in professional and career development. The standards include areas and criteria by which all other activities of postgraduate training of postgraduate doctors can also be considered. The mission reflects the distinctive qualities of the postgraduate training programme and its relationship with the healthcare system.

1.1 Stating the mission

1.1.1 The educational organization has a formally published programme mission statement that sets out the goals, values, educational goals, priorities, and objectives of the postgraduate medical education programme, taking into account the context and culture.

1.1.2 The educational organization ensures that the stated mission of the educational programme is widely communicated to the public and the healthcare sector. The mission and vision of the educational programme must be consistent with the mission and vision of the educational organization.

1.1.3 The educational organization clearly defines and describes the goal of the postgraduate training programme, its values, and the objectives of learning and conducting scientific research in relation to the provision of medical care and the health care system, social, individual, and societal needs, health promotion, and disease prevention and treatment.

1.1.4 The educational organization is guided by and translates its mission into the postgraduate training programme, quality assurance system, and quality improvement in accordance with the values and expectations of various stakeholders, including relevant specialists in the field, healthcare organizations, and the professional community.

1.1.5 The educational organization has a process for periodically reviewing, amending, and supplementing the mission of the postgraduate education programme in line with the current scientific, socioeconomic, and cultural developments of society.

1.2 Participation in Mission Formulation

1.2.1 The educational organization ensures stakeholder participation and formulates its mission based on consultations with a wide range of stakeholders, including graduates, administrative and academic staff, postgraduate doctors, representatives of the public, professional societies, and healthcare organizations.

Standard 2. CURRICULUM

This standard encompasses the main processes and outcomes of postgraduate medical education and recognizes the diverse methodologies and designs for

developing postgraduate training programmes. The structure, content, and learning methods of the postgraduate training programme are linked to the educational programme's mission, learning outcomes and context. They consider the resources available for postgraduate doctors to achieve their intended learning outcomes. The educational programme addresses the qualifications of graduates for admission to the residency programme and the requirements for assessing their progress and successful completion of the programme in their chosen clinical specialty. At the postgraduate medical education level, each postgraduate doctors' learning path is largely individualized.

2.1 Curriculum and Certification

2.1.1 The educational organization has defined the relationship between the content and required qualifications of the postgraduate doctor upon completion of the postgraduate training programme and certification for clinical practice in the specialty, including postgraduate training in the chosen specialty and/or subspecialty.

2.2 Intended Learning Outcomes

2.2.1 The educational organization has defined learning outcomes that are consistent with the programme mission and are expected to be achieved by postgraduate doctors upon completion of the postgraduate medical education programme regarding knowledge, skills, professional values, and behaviors, enabling them to move on to the next stage of professional and career development. **(ESG II Part 1.2)**

2.2.2 The educational organization ensures that the expected learning outcomes are consistent with national professional standards and/or government, regulatory agency, and employer requirements, as well as with the values and standards established by the professional community regarding clinical practice and their personal achievement.

2.2.3 The educational organization has clearly defined learning outcomes, including knowledge, skills, professional attitudes, and behaviors, for each part of the postgraduate medical education programme that contributes to their achievement by postgraduate doctors and are measurable for assessment, feedback, and action to improve them.

2.2.4 The educational organization recognizes educational achievements, taking into account the learning outcomes of postgraduate doctors and their participation in providing medical care, by adapting learning to the postgraduate doctor's level of preparation and, ultimately, to needs and independent learning.

2.2.5 The educational organization guarantees appropriate professional conduct and attitudes of postgraduate doctors toward colleagues, clinical medical staff, patients, and their families, as well as adherence to the code of ethics.

2.2.6 The educational organization ensures continuity between the intended learning outcomes of basic medical education programmes and residency programmes, as well as subsequent continuing professional development programmes.

2.2.7 The qualification obtained as a result of mastering the educational programme must be clearly defined and explained and correspond to the appropriate level of the national qualifications framework in medical education and the Framework for Qualifications in the European Higher Education Area (**ESG II Part 1.2**), and is accompanied by the issuance of diplomas, certificates, or other formal qualifications that will be required by national and international competent authorities.

2.3 Curriculum organisation and structure

2.3.1 The educational organization has defined the model and principles for developing the educational programme, the structural and organizational relationship between theoretical and practical components, the mandatory and elective components, self-directed learning, and, taking into account the level of preparation (year of study, specialization/subspecialization), involvement in providing medical care under the guidance of supervisors, and the duration of learning.

2.3.2 The educational organization has developed the programme in accordance with the mission, expected learning outcomes (knowledge, skills, professional attitude, and experience), physical facility, human and education and training resources, the context of the postgraduate medical education programme, and the requirements of national and local competent authorities.

2.4 Curriculum content

2.4.1 The educational organization has developed the postgraduate medical education programme based on the learning outcomes achieved by postgraduate doctors upon completion of the basic medical education programme.

2.4.2 The educational organization ensures that the content of the postgraduate medical education programme contributes to the preparation of the postgraduate doctor for their subsequent role as a competent independent specialist in chosen specialty.

2.4.3 The educational organization includes four main areas in the curriculum content:

- scientific and practical foundations of the specialty, including the spectrum of conditions to be diagnosed and treated;
- clinical sciences, health care services, public healthcare, and the clinical/practical skills necessary for the postgraduate doctor to assume appropriate responsibility for patient care during postgraduate medical education and upon transition to independent clinical practice;
- healthcare sciences, which include population health, public healthcare, and community health care delivery;
- Relevant behavioral and social science topics relevant to the local context and culture, including principles of professional practice, including medical ethics

2.4.4 The educational organization has defined components in the programme on the principles and methodology of scientific research, including clinical research and clinical epidemiology, teaching the critical appraisal of scientific literature and data, and ensures that postgraduate doctors apply scientific reasoning and the principles of evidence-based medicine through relevant clinical/practical experience in various clinical settings in their chosen medical field.

2.5 Learning methods and experiences

2.5.1 The educational organization employs appropriate learning methods and experiences, including self-directed learning, as well as supervising and feedback on the performance of clinical assignments and practical skills in appropriate training settings, to ensure that postgraduate doctors achieve the expected outcomes of the postgraduate medical education programme and their individual learning.

2.5.2 The educational organization uses carefully developed and supported virtual learning methods (digital, distance, distributed, or e-learning) and simulations that may be considered, presented, and designated as an additional approach in postgraduate medical education in appropriate circumstances, including emergency situations.

2.5.3 The educational organization conducts learning based on the principles of quality, academic honesty, and an anti-plagiarism policy. **(ESG II Part 1.3)**

2.5.4 The educational organization has implemented a procedure for informing postgraduate doctors of their rights and responsibilities, and includes postgraduate doctors' ethical obligations in the postgraduate medical education programme.

2.5.5 The educational organization provides postgraduate doctors with the necessary skills and abilities that can impact their personal development and can be applied in their future careers **(ESG II Part 1.3)**

2.5.6 The educational organization provides learning in accordance with the principles of equality, recognizing the gender, cultural, and religious characteristics of society and prepares postgraduate doctors for appropriate relationships with patients.

2.5.7 The educational organization regularly adapts teaching and learning methods to changing conditions **(ESG II Part 1.5)** and the requirements of practical healthcare.

2.6 Curriculum delivery and training facilities

2.6.1 The educational organization utilizes and organizes training of postgraduate doctors at clinical sites of primary, secondary, and tertiary levels of healthcare, laboratories, and public healthcare organizations to ensure that postgraduate doctors achieve established learning outcomes in their chosen specialty/subspecialty.

2.6.2 The educational organization has defined the responsibility and authority for selecting, organizing, coordinating, managing, and evaluating each practice site and clinical site. These sites must be appropriate to the residency

specialty and be accredited by medical organizations, including multidisciplinary clinics and highly specialized research centers.

2.6.3 The educational organization plans and coordinates learning at appropriate training sites, effectively utilizes the capabilities of the healthcare system to provide postgraduate doctors with access to various aspects of the chosen specialty, and has access to the resources necessary for planning and implementing innovations in learning methods and student assessment.

2.6.4 The educational organization ensures the representation and involvement of relevant stakeholders in the planning, development, discussion, and approval of the educational programme (**ESG II Part 1.2**).

2.6.5 The educational organization ensures approval of the postgraduate medical education programme based on clearly established procedures, criteria, programme evaluation results, and existing approval authorities.

2.7 Opportunities for higher degrees and research

2.7.1 The educational institution offers opportunities to conduct research, both within the postgraduate medical education programme and independently, with the conferral of an academic degree.

2.7.2 The educational institution engages postgraduate doctors in medical research, includes appropriate time in the training programme for this, and provides postgraduate doctors with access to research equipment and ongoing research activities at the training facilities.

Standard 3. ASSESSMENT

This standard includes a policy and assessment system for postgraduate medical education that should be implemented and include a variety of assessment methods that contribute to the goals of the educational institution and its stakeholders.

As postgraduate doctors acquire knowledge and skills in the residency programme, their responsibility and involvement in providing medical care to patients gradually increases under the guidance of supervisors, leading them to independent clinical practice. To support clinical learning in residency, appropriate formative and summative assessment methods should be incorporated to foster postgraduate doctor's competence in their chosen specialty, engagement, and responsibility in providing medical care. Observation of postgraduate doctors and their participation in providing medical care should be central to clinical training, taking into account the goal of ensuring their readiness for independent practice.

3.1 Assessment policy and system

3.1.1 The educational organization has defined, adequately documented, and published an **assessment policy** that includes the principles, goals, methods, and practices for assessing postgraduate doctors, including specialist qualification examinations. Assessment should cover postgraduate doctors' knowledge, skills, professional behavior, and attitudes toward patients and their future profession.

3.1.2 The educational organization has defined an **assessment system** that is consistent with the training process and learning outcomes (knowledge, skills, professional behavior, and attitudes) of the postgraduate medical education programme and includes various assessment methods and their combinations that are aligned with the learning outcomes. Assessment methods include observation of postgraduate doctors in clinical care, laboratory practice, or public healthcare for both interim, midterm, and final assessments.

3.1.3 The educational organization determines the number of examinations and assessment methods for the components of the postgraduate medical education programme and ensures an appropriate balance between formative (interim/midterm) and summative (final) assessment to assess postgraduate doctors' progress.

3.1.4 The educational organization uses assessment methods and introduces new assessment methods (where necessary) in accordance with their applicability, which includes validity, reliability, impact on learning, and effectiveness in relation to expected learning outcomes. **(ESG II Part 1.3)**

3.1.5 The educational organization has clearly established criteria for passing examinations, including the number of retakes permitted.

3.1.6 The educational organization ensures that the assessment policy and system take into account conflicts of interest, the assessment process is open and accessible to external review, and a system for appealing assessment results is in place. **(ESG II Part 1.3)**

3.1.7 The education organization ensures that the assessment policy and system are discussed and communicated to all stakeholders.

3.2 Assessment in support of learning (formative assessment)

3.2.1 The assessment system regularly identifies postgraduate doctors' strengths and weaknesses and provides feedback to improve their clinical competencies. Feedback is accompanied by recommendations that help postgraduate doctors identify education and training resources and necessary clinical experiences, thereby ensuring learning opportunities.

3.2.2 The educational organization provides timely, specific, constructive, and fair **feedback** to postgraduate doctors based on the results of their knowledge and skills assessments, identifying their strengths and weaknesses and helping to consolidate their acquired knowledge. **(ESG II Part 1.3)**

3.3 Assessment in support of decision-making (summative assessment)

3.3.1 The educational organization has developed an assessment system that informs decisions based on postgraduate doctors' progress (assessment results and advancement to the next year of study) and completion of postgraduate clinical learning. Summative assessments used as part of the assessment system for postgraduate doctors' knowledge, skills, and professional attitudes must be well designed to produce reliable and valid results and be appropriate for measuring both intermediate and long-term outcomes of postgraduate training and learning.

3.3.2 The educational organization has determined that assessing postgraduate

doctors' clinical decision-making is fundamental to protecting the interests of patients and society. The assessment system must be fair and confirm all aspects of postgraduate doctors' achievement of clinical competence and must meet quality standards.

3.3.3 The educational organization applies assessment methods that provide reliable and valid quantitative data on assessment results. **(ESG II Part 1.3)**

3.4 Quality assurance of the assessment system

3.4.1 The educational organization has defined and implemented mechanisms that ensure the quality of all assessment methods used and the existing assessment system as a whole, including the involvement of various examiners.

3.4.2 The educational organization ensures that the data from formative and summative assessments contribute to the improvement of the practice of teachers, clinical, laboratory, and public healthcare supervisors, the curriculum, the postgraduate training programme, and the educational organization as a whole (*see Standard 7*). The assessment system also incorporates issues of patient safety and enhancing the responsibility and independence of postgraduate doctor's clinical practice.

3.4.3 The educational organization regularly reviews each assessment method, as well as the entire assessment system, and uses assessment data and feedback from stakeholders to continuously improve the quality of assessment methods, the assessment system, the implementation of a system for evaluating programme components by various examiners, the postgraduate specialist training programme, patient safety, and the relevant structural units responsible for the postgraduate medical education programme. **(ESG II Part 1.3)**

Standard 4. POSTGRADUATE DOCTORS

This standard includes policies for postgraduate doctors' selection and progression, as well as postgraduate doctors' support systems, which are essential for ensuring the quality, governance, and outcomes of the postgraduate medical education programme, as well as for ensuring patient safety and the health and welfare of postgraduate doctors. Ensuring equal opportunities for postgraduate doctors in postgraduate training and their subsequent career development is a key issue in the postgraduate training system.

4.1 Selection and progression policy

4.1.1 The educational organization has formulated and implemented an admissions policy that:

- includes the goals, criteria, requirements, and process for selection and admission to residency, the number of places allocated (state procurement) and on a contractual basis, and the progress of postgraduate doctors based on their achievement of established academic standards,

- defines the rules for the admission of postgraduate doctors with disabilities requiring special equipment or conditions,
- demonstrates the relationship between the mission of the educational programme and the enrollement of postgraduate doctors consistent with clinical/practical training opportunities, the potential for adequate provision of clinical supervisors, other available resources for training postgraduate doctors in clinical specialties and subspecialties, and national and regional human resource needs in accordance with the chosen specialty of the residency programme.
- takes into account the specific abilities of applicants in order to enhance the learning outcomes in the chosen specialty, **(ESG II Part 1.4)**
- complies with national legislation,
- ensures transparency of the selection procedure and equal access to postgraduate education. **(ESG II Part 1.4)**

4.1.2 The educational institution has formulated and implemented a policy for the admission and transfer of postgraduate doctors from other national or international programmes.

4.1.3 The educational institution has developed an appeals procedure regarding the admissions committee's decision. **(ESG II Part 1.4)**

4.1.4 The educational institution ensures postgraduate doctors' participation in the process of developing admissions and selection policies for postgraduate doctors or takes into account their opinion obtained through feedback.

4.1.5 The educational institution has mechanisms for periodically reviewing admissions and selection policies, postgraduate doctors' numbers, based on relevant social and professional data, human resource needs, changes in basic medical education, and in consultation with stakeholders to meet healthcare needs.

4.2 Performance improvement and exit from the programme

4.2.1 The educational institution has a formally published policy that defines the processes and opportunities for improving academic performance and professional development, as well as the conditions under which a postgraduate doctor may be dismissed from the programme.

4.2.2 The educational organization has a system of academic advising for postgraduate doctors based on the results of monitoring the academic progress of postgraduate doctors, including reports of unforeseen incidents that could potentially cause harm to patients.

4.2.3 The educational organization provides social, financial, and personal support for postgraduate doctors according to their needs, guaranteeing their confidentiality, and allocates resources for such support.

4.2.4 The educational organization provides employment support and counseling on career planning and development. **(ESG II Part 1.4)**

4.3 International medical graduates

4.3.1 The educational organization has a formally published policy on the recognition of qualifications, familiarization with requirements for postgraduate doctors, and support for international graduates that ensures equal opportunities.

4.3.2 The educational organization identifies the challenges faced by international graduates of medical schools/faculties regarding selection, preparation, introduction into residency, and professional clinical training. A policy and implementation plan have been developed to address each of these issues. A process exists for international graduates to provide feedback on the programme, share concerns, and receive support.

4.4 Postgraduate doctor work and study

4.4.1 Postgraduate doctors have a detailed programme that defines their overall workload and work hours, balancing the responsibilities and obligations of postgraduate medical education and clinical care, with adequate and appropriate clinical supervising, and time for study, including preparation for and completion of professional examinations.

4.4.2 The educational organization ensures postgraduate doctors' participation in all activities organized by clinical sites and related to the learning programme, including patient management, home visits, surgical planning and participation, call scheduling, and conference participation.

4.4.3 The educational organization has defined responsibilities and communicated the conditions for postgraduate doctors' participation in the provision of medical care (appropriate supervising and mitigation of risks regarding the safety of the patient, postgraduate doctor and supervisor), and takes into account the needs of patients, the duration of medical care, and the postgraduate doctor's learning needs when scheduling mandatory calls (day and night) and participation in emergency medical care, and ensures that the postgraduate doctor's participation component of the programme in providing medical care does not dominate.

4.4.4 The educational organization ensures the organization of additional learning for postgraduate doctors, where applicable, during involuntary interruptions in postgraduate training, such as pregnancy, including maternity and childcare leave, illness, military service, or secondment (within the organization or a temporary position in an external organization) to exchange experience and/or acquire new skills.

4.4.5 The educational organization permits the combination of work and postgraduate training under special circumstances, which are reflected in the individual postgraduate doctors' training programme and take into account previous experience in providing medical care. However, the quality and total duration of training must be no less than that of postgraduate doctors who have completed a full educational programme in the relevant specialty.

4.5 Postgraduate doctor safety

4.5.1 The educational organization has defined the legal status of postgraduate doctors with respect to medical care for patients and has implemented a quality

improvement system aimed at addressing the issue of physical and psychological safety of postgraduate doctors in the postgraduate medical education environment.

4.6 Postgraduate doctor remuneration and fees

4.6.1 The educational organization has formally published and regularly reviews its policy on postgraduate doctors' remuneration and fees for their participation in providing medical care and payment for postgraduate medical education examinations.

4.7 Postgraduate doctor health and welfare

4.7.1 The educational organization provides postgraduate doctors with professional and personal support in accordance with their needs, focusing on physical health, personal welfare, psychological health, including "professional burnout", abuse avoidance, disability management, conflict resolution, professional development, financial management, legal support, career planning, and career development, ensuring appropriate resources and confidentiality.

Standard 5. TEACHERS AND CLINICAL SUPERVISORS

This standard recognizes that a sufficient number of competent, professional, and motivated teachers, clinical supervisors, and technical and administrative staff are critical to achieving an effective postgraduate medical education programme. Teachers may conduct educational activities focused on specific areas of knowledge and skills, while clinical supervisors work with postgraduate doctors, assuming responsibility for their supervision and clinical learning in the workplace. In practice, teachers and clinical supervisors may be the same people performing different roles at different times.

5.1 Teacher and clinical supervisor establishment

5.1.1 The educational organization has developed, approved, and implemented a policy for the recruitment, hiring, and motivation of teachers and clinical supervisors that takes into account:

- the number, level, roles, and qualifications of teachers and clinical supervisors necessary to deliver the educational programme for the anticipated number of postgraduate doctors,
- the distribution of teachers and clinical supervisors by category and experience,
- the balance of teacher and supervisor responsibilities between teaching, patient care or service delivery, supervising and research,
- a teacher-to-postgraduate doctor ratio sufficient for effective teaching and learning and monitoring of postgraduate doctors' academic and professional achievements,
- criteria for research, educational, pedagogical, and clinical achievements,

- the availability of other specialists, technical, and administrative staff to support the educational programme, **(ESG II Part 1.5)**
- and has agreed on work plans that include the allocation of time for teaching, patient care or supervising, and research.

5.1.2 The educational organization takes into account the mission and goals of the educational programme, the needs of the postgraduate education and practical healthcare system in its teachers' selection policy.

5.2 Ethics and conduct of teachers and clinical supervisors

5.2.1 When developing and implementing personnel policies, the educational organization has defined and described the responsibilities and obligations of teachers and clinical supervisors for the high-quality delivery of postgraduate education while adhering to the principles of ethics and academic honesty.

5.2.2 The educational organization has developed a monitoring system and a process for improving the performance of teachers **(ESG II Part 1.5)** and clinical supervisors.

5.3 Continuing professional development for teaching and clinical supervisory staff

5.3.1 The educational organization implements an established policy for the continuing professional development of teachers and clinical supervisors regarding their discipline, research, and their roles and responsibilities in postgraduate medical education and clinical supervising.

5.3.2 The educational organization has developed, periodically conducts, and appropriately documents performance evaluations of teachers and clinical supervisors.

5.3.3 The educational organization has developed and implements a recognition policy for teachers and clinical supervisors that evaluates and recognizes their teaching, clinical, and research activities and includes financial and non-financial rewards.

5.3.4 The educational organization periodically reviews and adapts the policy for the recruitment and development of teachers **(ESG II Part 1.5)** and clinical supervisors in accordance with the changing needs of postgraduate medical education.

Standard 6. EDUCATION AND TRAINING RESOURCES

This standard requires that, at the postgraduate level of postgraduate doctors' training, physical, technical, and education and training resources be provided to support on-the-job training, as well as preparation for professional examinations or the acquisition of specific knowledge and skills. Adequate educational and contextually appropriate physical, clinical, laboratory, and information resources, including digital libraries, are critical to the delivery of postgraduate medical education, including research opportunities.

6.1 Physical facilities for teaching and learning

6.1.1 The educational organization provides appropriate physical and technical conditions for the delivery of the postgraduate medical education programme, including research opportunities, and for the development of clinical competencies in the workplace.

6.1.2 The educational organization provides postgraduate doctors with opportunities for practical and theoretical learning, access to the latest professional literature and international resources and equipment for teaching practical skills, a safe learning environment in laboratories (**ESG II Part 1.6**), and clinical sites, and the necessary safety and health instructions.

6.1.3 The educational organization provides and has mechanisms for regularly assessing and updating the material, technical, and equipment resources, as well as the library's educational collection (**ESG II Part 1.6**), for their suitability and quality for postgraduate medical education.

6.1.4 The educational organization has developed and implemented a system for monitoring the quality and suitability of clinical sites, material, technical, and other educational resources related to the residency programme specialty, using various established procedures, including site visits.

6.2 Postgraduate medical education based on clinical training

6.2.1 The educational organization ensures that standards of professional practice, including responsibility and documentation in clinical training settings, are appropriate for the effective implementation of the postgraduate medical education programme.

6.2.2 The educational organization has identified and approved clinical sites for postgraduate doctors' training and ensures access to a sufficient number of patients relevant to the residency specialty and to information on patients with a variety of problems to achieve the learning outcomes, including postgraduate doctors' involvement in outpatient and inpatient care and participation in on-call assignments.

6.2.3 The educational organization ensures that postgraduate doctors learn in a team environment with colleagues and in an interdisciplinary/interprofessional team, and promotes the development of leadership skills and the training of other healthcare professionals.

6.2.4 The educational organization has provided training for postgraduate doctors in simulation centers as an integrated part of the clinical training of the postgraduate training programme, which is conducted with the participation of standardized patients or other high-tech equipment and techniques only in the relevant components of the programme, but does not replace the portion of the postgraduate training programme that requires clinical training with real patients.

6.2.5 The educational organization has a practice of regularly updating the equipment and facilities at clinical sites and other education and training resources in accordance with the changing needs of postgraduate medical education, taking into account the number of postgraduate doctors, the number and profile of clinical

teachers and supervisors, the postgraduate medical education programme, and modern learning principles.

6.3 Training residents at alternative clinical bases

6.3.1 The educational organization has developed and implemented a policy on access and opportunity for postgraduate doctor's training at alternative clinical bases within or outside the country, which is supported by stakeholders.

6.3.2 The educational organization has a policy and system for the transfer and recognition of learning outcomes between educational organizations and the use of academic credits. **(ESG II Part 1.2)**

6.3.3 The educational organization promotes cooperation with national and international postgraduate education bodies/organizations to develop regional and international exchange of postgraduate doctors and teachers and the recognition of elements of the postgraduate training programme, and provides appropriate resources.

6.4 Information sources, resources, and use

6.4.1 The educational organization provides appropriate access to virtual and information and communication resources to support the mission of the postgraduate medical education programme and ensures their ethical use.

6.4.2 The educational organization ensures that all postgraduate doctors, teachers, and clinical supervisors have access to necessary information and the use of innovative information and communication technologies. **(ESG II Part 1.8)**

6.4.3 The educational organization effectively utilizes existing and integrates new information and communication technologies into the educational process, applying them for independent learning, communication with colleagues, access to relevant patient data and healthcare information systems, patient management, practice, and work within healthcare delivery systems. **(ESG II Part 1.6)**

Standard 7. QUALITY ASSURANCE AND IMPROVEMENT IN POSTGRADUATE EDUCATION

This standard includes requirements for evaluating all aspects of the postgraduate residency programme. Quality assurance can be viewed as the implementation of various processes and methods developed locally to ensure that the postgraduate medical education programme is regularly reviewed based on its evaluation and that the program is continuously improved.

Thus, the quality improvement process is responsive to local needs and managed locally. Regular review of the residency programme in practice, programme management, and outcomes ensures its relevance, effectiveness, and alignment with the stated mission, curriculum, and the requirements of the state's legislative and regulatory legal acts, and will ensure that corrective measures and actions are taken proactively when problems are identified.

7.1 The Quality Improvement System

7.1.1 The educational organization has implemented its own quality improvement system, which includes postgraduate medical education in practice and administration, postgraduate medical education programme outcomes, and mission achievement, with methods for process improvement. A formal written document describing the quality improvement system has been developed and approved.

7.1.2 The educational organization has developed and implemented a structure and process for decision-making and change management as part of the quality assurance and improvement system. **(ESG II Part 1.1)**

7.1.3 The educational organization has a programme for monitoring the processes and results of the educational programme to effectively manage the educational programme and other areas of its activities. **(ESG II Part 1.9)**

7.1.4 The educational organization systematically collects, analyzes, and responds to feedback from teachers, clinical supervisors, postgraduate doctors, and employers on the clinical practice of graduates, and has implemented a mechanism for evaluating the postgraduate training programme, using the collected monitoring data, including feedback from employers and the results of the feedback, to improve the educational programme.

7.1.5 The educational organization involves stakeholders in its programme for monitoring and evaluation of the educational programme **(ESG II Part 1.9)**, including representatives of the public, authorized education and healthcare bodies, professional organizations, and those responsible for postgraduate education.

7.1.6 The educational organization has developed and implements mechanisms for communicating the results of the assessment of the clinical practice of postgraduate doctors and graduates, those responsible for postgraduate doctors' admission and educational programme planning.

7.1.7 The educational organization initiates procedures for regularly reviewing and updating the organizational structure, the postgraduate doctors' training process, the structure and content of the programme, learning outcomes/competencies, knowledge and skill assessment, the learning environment, improving management, documenting deficiencies, and allocating resources for continuous improvement in order to adapt to changing circumstances and needs in postgraduate education, as well as taking into account the views of various stakeholder groups.

7.1.8 The educational organization implements a process of renewal and restructuring based on prospective studies, analysis of results, its own experience **(ESG II Part 1.10)** and a review of the literature on postgraduate education. This renewal process results in a revision of the policies and practices of the postgraduate medical education programme in line with past experience, current activities, and future prospects.

7.2 Patient Safety

7.2.1 The educational organization has implemented a quality assurance system that includes postgraduate doctors' errors and patient safety issues in the postgraduate doctors' learning environment in postgraduate medical education.

7.2.2 The educational organization identifies patient safety risks at the programme management level and in the postgraduate doctors' learning environment, and identifies patient safety risks associated with postgraduate doctors' errors.

Standard 8. GOVERNANCE AND ADMINISTRATION

This standard establishes that effective implementation, quality assurance, and improvement of a postgraduate medical education programme require governance, administration, budget allocation, and social responsibility with the participation of all stakeholders.

8.1 Governance

8.1.1 The educational organization has an approved governance structure for postgraduate medical education, including supervising, learning environments, and clinical sites for postgraduate medical education, resource allocation, including budgets, that is transparent and accessible to all stakeholders, consistent with the mission and objectives of the postgraduate programme, and ensures the sustainability of the educational organization's operations.

8.1.2 The educational organization ensures that the postgraduate medical education programme is implemented in accordance with regulatory legal, normative, and internal documents **regarding** *postgraduate doctors' admission (selection criteria and number of admissions/enrollment of postgraduate doctors) and the process of postgraduate training of postgraduate doctors; Transparency of governance and decision-making; assessment of postgraduate doctors' knowledge, skills, and professional attitudes and behavior; expected learning outcomes; budget management* to support postgraduate doctors, teachers, and clinical supervisors; allocation of resources necessary for programme implementation and the distribution of education and training resources according to learning needs; *responsibility for developing a quality culture and ensuring programme quality.*

8.1.3 The educational organization documents the completion of learning by awarding graduates' degrees, diplomas, certificates, or other formal qualifications that will be used by national and international authorizing bodies.

8.2 Shared Governance

8.2.1 The educational organization, where responsibility for postgraduate medical education is shared among multiple bodies, clearly defines the roles, responsibilities, and duties, as well as the interrelationships, decision-making processes, accountability of each party, and the involvement of other stakeholders.

8.3 Postgraduate doctor and staff representation

8.3.1 The educational institution has policies and procedures for the participation of postgraduate doctors, teachers, clinical supervisors, and administrative staff in key aspects of educational programme governance, activities, and processes.

8.3.2 The institution has defined a procedure for the involvement of postgraduate doctors, teachers, clinical supervisors, and administrative staff in the work of responsible advisory bodies for decision-making and operational activities.

8.4 Administration

8.4.1 The institution has sufficient and appropriate administrative staff to support the achievement of its goals in graduate medical education and the quality of the postgraduate medical education learning environment.

8.4.2 The institution has developed and implemented a policy and process for regular evaluation to ensure the adequacy and effectiveness of administrative staff and budgetary support for all activities and operational functioning to ensure quality and improvement. **(ESG II Part 1.9)**