

# **STANDARD**

---

## **Standards for institutional accreditation of medical education institutions**

### **INSTITUTIONAL ACCREDITATION**

#### **GENERAL PROVISIONS**

**Astana  
2013**

## Preface

**1 ELABORATED** by the nonprofit establishment «Independent Agency for Accreditation and Rating».

**2 AGREED** by the Committee of Technical Regulation and Metrology of the Ministry of the Industry and Trade of the Republic Kazakhstan

**3 APPROVED AND IMPLEMENTED** by Order of the Director of the nonprofit establishment «Independent Agency for Accreditation and Rating» № 17-13-od from 26 november 2013.

**4** This standard implemented provisions of the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 13/02/2012)

**5 REVISED EDITION**

This standard cannot be fully or partially reproduced, replicated and distributed without permission of the nonprofit establishment «Independent Agency for Accreditation and Rating».

## CONTENT

1	Field of application	4
2	Normative references	4
3	Terms and definitions	4
4	Symbols and abbreviations	5
5	General provisions	6
6	Main objectives of introduction of the standards for institutional accreditation	6
7	Principles of formation of institutional accreditation standards of medical education institutions	7
8	Stages and procedures of institutional accreditation	7
9	Following procedures. General provisions	9
10	Standard «Mission and outcomes»	9
11	Standard «Educational programme»	13
12	Standard «Assessment of students»	18
13	Standard «Students»	19
14	Standard «Academic Staff/Faculty»	21
15	Standard «Educational recourses»	23
16	Standard «Programme evaluation»	26
17	Standard «Governance and administration»	28
18	Standard «Continuous renewal»	31
19	The amendatory procedure for accreditation standards	32
10	Bibliography	33

# **Standards for institutional accreditation of medical education institutions**

## **General provisions**

### **1. Field of application**

1.1 This standard defines normative requirements to the general provisions of standards for institutional accreditation of medical education institutions.

1.2 This standard is applied for the procedures of institutional accreditation of medical education institution without reference to its status, organizational and legal forms, forms of ownership and departmental governance.

1.3 This standard can be also used:

- a) for internal and external evaluation of medical education institutions;
- b) for development of appropriate normative documentations.

### **2. Normative references**

The following normative documents are used in this standard:

2.1 State Program of Education Development in the Republic of Kazakhstan for 2011-2020 approved by the Decree of the President of the Republic of Kazakhstan dated December 7, 2010, № 1118.

2.2 Law of the Republic of Kazakhstan “On technical regulation” dated 9th of November, 2004 № 603-II LRK (with amendments as of 10.07.2012 г.).

2.3 The Law of the Republic of Kazakhstan “About Education” dated 27 July 2007 № 319-III (with amendments as of 13.02.2012 г.).

2.4 Procedure and requirements to maintain the National Registers of Accreditation Agencies, Accredited Education Institutions and Educational Programmes approved by the order № 556 of the Ministry of Education and Science of the RK from 12/30/11.

2.5 “Institutional accreditation. General provisions” Standard approved by the Order № 231 of the Ministry of Health of the RK from 05/06/09.

### **3. Terms and definitions**

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/2012), the World Federation for Medical Education

Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

3.1 *Accreditation of education institution* – recognition procedure by accreditation agency the compliance of educational services with established standards (regulations) of accreditation in order to provide objective information about the quality and to confirm the existence of effective mechanisms for its improvement;

3.2 *Accreditation agencies* – legal entities that develop standards (regulations) and conduct accreditation of education institutions based on the standards (regulations) developed by them;

3.3 *Institutional accreditation* – evaluation of education organization's activity on the qualitative representation of educational programmes according to the declared status;

3.3 *International accreditation* – accreditation of higher education institution or special, educational professional programmes by recognized accreditation agency in abroad;

3.4 *National accreditation* – accreditation of higher education institution or educational programmes by national accreditation agencies;

3.5 *Specialized accreditation* – evaluation of the quality of special, educational programmes implemented by education institution;

3.6 *Standards (regulations) of accreditation* – documents of accreditation agency establishing requirements for the accreditation procedure.

#### **4. Symbols and abbreviations**

The following symbols and abbreviations are used in this standard:

**HEI** - Higher Education Institution;

**MH RK** - The Ministry of Health of the Republic of Kazakhstan;

**MES RK** – The Ministry of Education and Science of the Republic of Kazakhstan;

**CME/CPD** – continuing medical education/continuing professional development;

**OSCE** – objective structured clinical examination;

**MM** – Mass media;

**SWOT analysis**: analysis of strengths and weaknesses, opportunities and threats of organization: **S** – strengths, **W** – weaknesses, **O** – opportunities, **T** – threats;

**CSIH** – Canadian Society for International Health.

## **5. General provisions**

5.1 Institutional accreditation of medical education institutions is carried out on the basis of this standard “The Education System of RK. Standards for institutional accreditation of medical education institutions”: Standard “Institutional accreditation” General provisions; Standard “Missions and outcomes”; Standard “Educational programme”; Standard “Assessment of students”; Standard “Students”; Standard “Academic staff/faculty”; Standard “Educational recourses”; Standard “Programme evaluation”; Standard “Governance and administration”; Standard “Continuous renewal”.

Standards for institutional accreditation of medical education institutions are developed on the basis of the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education with national specifications of the healthcare system and medical education and revised in accordance with the recommendations of international consultants of the CSIH within the Component C “Medical education and science reform” of the “Technologies transfer and institutional reform in the field of healthcare of the Republic of Kazakhstan” Project and with amendments of the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education.

5.2 The following forms of accreditation are classified:

1) on structure

5.2.1 institutional accreditation;

5.2.2 specialized accreditation;

2) on territorial recognition

5.2.3 national accreditation;

5.2.4 international accreditation.

5.3 Decision on accreditation is made by Accreditation Council.

5.4 The Council consists of representatives from MES RK, MH RK, medical education institutions, research organizations, healthcare organizations, employees, community, students and international experts.

## **6 Main objectives of introduction of the standards for institutional accreditation**

6. The main objectives of the introduction of standards for institutional accreditation are:

6.1.1 To introduce an accreditation model harmonized with international practice for quality assurance of higher education;

6.1.2 To evaluate the quality assurance within the educational institutions and professional and academic programmes to increase the competitiveness of the national system of higher education;

6.1.3 To encourage development of quality culture in HEI;

6.1.4 To promote improvement and continues quality improvement of medical education according to the requirements of changeable environment;

6.1.5 To register and protect interests of community and consumers' rights by providing reliable information about the quality of educational service;

6.1.6 To use innovations and research;

6.1.7 To make public announcement and disseminate the information about results of institutional accreditation of medical education institutions.

## **7 Principles of formation of institutional accreditation standards**

7.1 These standards of quality assurance of higher education are based on the following principles of institutional accreditation:

7.1.1 voluntary – the accreditation of HEI is carried out on a voluntary basis;

7.1.2 integrity and transparency – internal and external reviews are carried out providing access to the information for all parties of the accreditation process fairly and transparently;

7.1.3 objectivity and independence – internal and external reviews are carried out objectively, independently of third parties (state departments, HEI administration and public opinion) and obtained results.

7.1.4 responsibility of medical education institutions – the medical education institutions are responsible for the quality of higher education.

7.1.5 confidentiality – information provided by HEI is used by the accreditation agency confidentially;

## **8 Stages and procedures of institutional accreditation**

8.1 The educational organization submits for institutional accreditation with a copy of state license and license supplements that ensure right of conduct of educational activity and a brief description of the university's activity.

8.2 The IAAR and the HEI make a decision on the beginning of procedure of institutional accreditation. Conclusion of agreement between the Agency and the educational organization about conduct of institutional accreditation and the granting of candidacy status for accreditation.

8.3 Governance of the educational organization and the IAAR organize training of internal experts of the educational organization at the special seminars on theory, method and technology of institutional accreditation in order to clarify the criteria and procedures of institutional accreditation.

8.4 During the institutional self-evaluation procedure the accreditation agency provides to the education institution consulting services according to the prior agreement.

8.5 After the completion of self-evaluation procedure medical education institution (not less than 2 months before the site-visit by group of experts) sends 6 copies of institutional self-evaluation report to the accreditation agency ( in Kazakh

or/and Russian (English)), that is thoroughly studied by all members of the group of experts before the site-visit. Further the group of experts visits the medical education institution to assess validity of self-evaluation results.

8.6 Upon examination of a self-study report of medical education organization the IAAR takes decision on continuation of accrediting procedure and running of the on-site visit or on necessity to re-elaborate the self-study report or decision on noncompliance of the program with criteria and failure to receive accreditation.

8.7 In case the decision on continuation of accrediting procedure is taken, Director of the IAAR forms an expert commission to carry out an audit of the medical education organization. The expert commission consists of 7 (8) experts, comprising the representatives of the Kazakh academic community, including employers, the representatives of students and an international expert.

8.8 The chair of expert commission and the IAAR make an agreement with the educational organization on the dates of conducting the specialized accreditation and the commission's work plan.

8.9 Medical education institution is visited by the group of experts recommended by HEI, research organizations, public institutions and employees, nominated and certified by accreditation agency during 2-3 days. Regulations for group of experts for visit of medical education institution are carried out according to the standards and guideline for external review during site-visit that are approved by the accreditation agency.

8.10 At the end of the visit the external expert commission prepares a detailed report on assessment of the medical educational organization, which serves as the basis for the decision on the institutional accreditation of the HEI by the Accreditation Council.

8.11 According to the full accreditation decision accreditation agency publishes the summary of the medical education institution site-visit report in mass media and posts on its web-site.

8.11 Accreditation terms:

1 year - conditional accreditation. On expiry of this term IAAR's expert commission shall verify on elimination of certain shortcomings with the on-site visit to medical school. In case of positive decision the accreditation is extended from 3 to 5 years. If some deficiencies have not been corrected within the prescribed period, accreditation shall be suspended and the applicant organization may not be eligible to apply for accreditation to the IAAR within one year after the decision to revoke the accreditation of the institution;

3 year – in case of opportunities for improvement;

5 years – in case of positive results, in case of extension of one-year accreditation or at full compliance with criteria.

Medical education organization needs to undergo through the re-accreditation procedure within prescribed period of time to confirm the status of accredited organization and extension of accreditation.



8.12 In case of positive decision the IAAR sends a certificate on institutional accreditation signed by the Director of the IAAR to the educational institution with an indication of validity period. Further, the decision on the accreditation of the HEI goes to the Ministry of Education and Science of the Republic of Kazakhstan for inclusion to the National Register 2 and takes place on the website of the IAAR.

## **9 Following procedures. General provisions**

9.1 In case of failure to meet the requirements of the IAAR to the educational organization, the Accreditation Council may adopt the following resolutions:

- to temporarily suspend the accreditation of the HEI,
- to revoke the accreditation of the educational organization by exception from the list of National Register 2, which may result in revocation of all previously achieved results of accreditation and obligation to pass all phases of re-accreditation in case of applicant's expressed intention to be accredited again.

9.2 Post-accreditation monitoring of the educational organization's activities is carried out as follows:

	1 year	3 years	5 years
Provide an interim report	Once a year	Once a year	Biennial

## **10. Standard "Mission and outcomes"**

The "Mission and outcomes" Standard defines the requirements to the mission definition, stakeholders' participation in the mission statement, institutional autonomy and academic freedom, educational outcomes.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan "About Education" №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

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

10.2 Mission provides the overarching framework 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 need. Mission is in this document supposed to include the institutions' vision.

10.3 Institutional autonomy would include appropriate independence from government and other organizations (regional and local authorities, religious communities, private co-operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (see Standard 2 p. 5.2.1 and 5.2.6), assessments (see Standard 3 p. 5.3.1), students admission (see Standard 4 p. 5.4.1 and 5.4.2), staff recruitment/selection (see Standard 5 p. 5.5.1) and employment conditions, research (see Standard 6 p. 5.6.4) and resource allocation (see Standard 8 p. 5.8.3).

10.4 Educational outcomes, learning outcomes or competencies refer to statements of knowledge, skills and attitude that students are expected to demonstrate at the end of a period of learning. Outcomes within medicine and medical practice - to be specified by medical education institution – would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioral and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake lifelong learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorized in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and as (f) a professional.

10.5 Principal stakeholders would include rector, members of the faculty board/council, the Academic Board, the Education Board, representatives of staff and students, the university leadership and administration, Ministry of Health, Ministry of Education and Science.

10.6 Continuing medical education/continuing professional development (CME/CPD) includes lifelong learning after undergraduate and postgraduate medical education and all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

10.7 Encompassing the health needs of the community would imply interaction with the local community, especially the health and health related sectors, and adjustment of the community's health needs curriculum.

10.8 Other relevant stakeholders would include other representatives of academic and administrative staff, representatives of the community, education and health care authorities, professional organizations, medical scientific bodies and postgraduate educators.

10.9 Health sector would include the health care delivery system, whether public or private and medical research institutions.

10.10 Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international developments of medicine by fostering competencies in health care, medical education and medical research. This would be based on the school's own principles and in respect of the autonomy of universities.

## **Evaluation Criteria**

### **10.2 MISSION STATEMENT**

10.2.1 The medical education institution **must** define *its mission* and make it known to stakeholders and **health sector**.

The mission statement **must** describe **its objectives and educational strategy** resulting in a medical doctor:

10.2.2 competent at an **undergraduate medical education** level.

10.2.3 with an appropriate foundation for further career in any branch of medicine including all types of medical practice, **administrative medicine** and research in medicine.

10.2.4 capable of undertaking the roles of doctors **as required by the health sector**.

10.2.5 prepared and ready for **postgraduate** medical training **including internship, residency, specialization**.

10.2.6 committed to lifelong learning including the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognized development *CPD/CME* activities.

10.2.7 The medical education institution **must** ensure that the mission encompasses the *health needs of the community*, the needs of the health care system and other aspects of *social accountability*.

10.2.8 The medical education institution **must** have the Development Strategic Plan that is approved at the consultative and advisory Council of HEI and **must** be corresponded with the mission and objectives.

10.2.9 The medical education institution **must** systematically gather, collect and analyze the information about its own activity and its own current strengths and weaknesses (SWOT analysis) that **must** be the basis for the university administration together with the consultative and advisory Council of HEI to define the Policy, Strategic Plan and Operational Plan.

10.2.10 The mission and objectives of medical education institution **must** comply with available resources, medical education institution means, market requirements and medical education institution must support and the access to the information about its mission statement and objectives for the public (the availability of the information in mass media, on the web-site of HEI), mission and

objectives of medical education institution are approved at the consultative and advisory Council of HEI.

10.2.11 The medical education institution **should** ensure that the mission encompasses medical research attainment in the field of biomedical, behavioral and social sciences and is described in the Standard 6 p. 6.4.

10.2.12 The medical education institution **should** ensure that the mission encompasses aspects of global health and reflects major international health needs.

### **10.3 PARTICIPATION IN FORMULATION OF MISSION**

10.3.1 The medical education institution **must** ensure that its principal stakeholders participate in formulating the mission.

10.3.2 The medical education institution should ensure that the formulation of its mission is based also on input from other relevant stakeholders.

### **10.4 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM**

The medical education institution **must** have institutional autonomy to develop and implement policies for which its faculty/academic staff and administration are responsible, especially regarding:

10.4.1 design the curriculum;

10.4.2 use of the allocated resources necessary for implementation of the curriculum.

The medical education institution **should** ensure academic freedom for its staff and students

10.4.3 in addressing the actual curriculum where staff and students would be allowed to draw upon different perspectives in description and analysis of medical issues;

10.4.4 in exploring the use of new research results to illustrate specific subjects without expanding the curriculum

### **10.5 EDUCATIONAL OUTCOMES**

The medical education institution **must**:

define the intended educational outcomes that students should exhibit upon graduation in relation to

10.5.1 their achievements at a basic level regarding knowledge, skills, and attitudes

10.5.2 appropriate foundation for future career in any branch of medicine

10.5.3 their future roles in the health sector

10.5.4 their subsequent postgraduate training

10.5.5 their commitment to and skills in lifelong learning

10.5.6 the health needs of the community, the needs of the health care system and other aspects of social accountability

10.5.7 The medical education institution **must** ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives according to the Code of Conduct.

The medical education institution **should**:

10.5.8 specify and co-ordinate the linkage of outcomes to be acquired by graduation with that to be acquired in postgraduate training

10.5.9 specify outcomes of student engagement in medical research

10.5.10 draw attention to global health related outcomes.

## **11. Standard «Educational programme»**

“Educational Programme” Standard contains the requirements to the statement of the curriculum model and instructional methods, scientific methods, requirements to the basic biomedical sciences, to the behavioral and social sciences and medical ethics, clinical sciences and skills, to the curriculum structure, composition and duration, to the programme management, to the linkage with medical practice and the health sector.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

11.1 The basic biomedical sciences include: anatomy, biochemistry, biophysics, cell biology, genetics, histology, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology

11.2 Horizontal (concurrent) integration includes basic sciences integration such as anatomy, biochemistry and physiology or integration disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology

11.3 Vertical (sequential) integration includes integration of metabolic disorders and biochemistry or cardiology and cardio-vascular physiology

11.4 The clinical sciences includes anesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynecology & obstetrics, internal medicine (with subspecialties), laboratory medicine, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, otorhinolaryngology, paediatrics, physiotherapy, rehabilitation medicine, psychiatry and surgery (with subspecialties) and venereology (sexually transmitted diseases), clinical genetics, pediatric surgery, infectious disease, emergency medicine, traumatology and orthopedics, phthisiology, outpatient care, forensic medicine, occupational medicine, complementary/alternative medicine, clinical pharmacology, dentistry

11.5 Clinical skills include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.

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

11.7 Medical ethics deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision making

11.8 Medical jurisprudence deals with the laws and other regulations of the health care delivery system, of the profession and medical practice, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.)

11.9 Curriculum includes a statement of the intended educational outcomes, the content/syllabus, experiences and processes of the programme, including a description of the structure of the planned instructional and learning methods and assessment methods. The curriculum should set out what knowledge, skills, and attitudes the student will achieve

11.10 Major clinical disciplines include internal medicine, surgery, psychiatry, general practice/family medicine, gynaecology & obstetrics and paediatrics

11.11 Behavioral and social sciences include biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine

11.12 Behavioral and social sciences and medical ethics 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

11.13 Professional skills include patient management skills, team-work/team leadership skills and inter-professional training

11.14 The authority of the structural unit responsible for curriculum include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities

11.15 Principles of equality mean equal treatment of students irrespective of gender, ethnicity, religion, socio-economic status, and taking into account physical capabilities

11.16 Early patient contact would partly take place in primary care settings and would primarily include history taking, physical examination and communication

## **Evaluation Criteria**

### **11.2 Curriculum model and instructional methods**

11.2.1 The medical education institution **must** define the curriculum model including integrated model based on disciplines, organ systems, clinical

problems/tasks or disease patterns as well as models based on modular or spiral design

11.2.2 The medical education institution **must** define the instructional and learning methods employed

11.2.3 The medical education institution **must** ensure that the curriculum prepares the students for lifelong learning

11.2.4 The medical education institution **must** ensure that the curriculum is delivered in accordance with principles of equality

11.2.5 The medical education institution **should** use a curriculum and instructional/learning methods based on contemporary learning principles that stimulate, prepare and support students to take responsibility for their learning process.

### **11.3 Scientific method**

The medical education institution **must** throughout the curriculum teach

11.3.1 the principles of scientific method, including analytical and critical thinking

11.3.2 medical research methods

11.3.3 evidence-based medicine that requires scientific competencies of teachers and would be a compulsory part of the curriculum and would include that medical students conduct or participate in minor research projects

11.3.4 The medical education institution **should** in the curriculum include elements of original or advanced research including obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues

### **11.4 Basic biomedical sciences**

The medical education institution **must** in the curriculum identify and incorporate:

11.4.1 the contributions of the basic biomedical sciences to create understanding of scientific knowledge

11.4.2 concepts and methods fundamental to acquiring and applying clinical science

The medical education institution **should** in the curriculum adjust and modify the contributions of the biomedical sciences to the:

11.4.3 scientific, technological and clinical developments

11.4.4 current and anticipated needs of the society and the health care system

### **11.5. Behavioral and social sciences and medical ethics**

The medical education institution **must** in the curriculum identify and incorporate the contributions of the:

11.5.1 behavioral sciences.

11.5.2 social sciences.

11.5.3 medical ethics.

11.5.4 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

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

11.5.5 scientific, technological and clinical developments.

11.5.6 current and anticipated needs of the society and the health care system.

11.5.7 Changing demographic and cultural contexts.

### **11.6 Clinical sciences and skills**

The medical education institution **must** in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students:

11.6.1 acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility of activities related to health promotion, disease prevention and patient care after graduation

11.6.2 spend a reasonable part (one third) of the programme in planned contact with patients implying consideration of purpose and frequency sufficient to put their learning into context in relevant clinical settings

11.6.3 experience health promotion and preventive medicine

11.6.4 The medical education institution **must** specify the amount of time spent in training in major clinical disciplines including internal medicine, surgery, psychiatry, general practice/family medicine, gynecology & obstetrics and pediatrics

11.6.5 The medical education institution **must** organize clinical training with appropriate attention to patient safety including the supervision of clinical activities conducted by students

The medical education institution **should** in the curriculum adjust and modify the contributions of the clinical sciences to the

11.6.6 scientific, technological and clinical developments.

11.6.7 current and anticipated needs of the society and the health care system

11.6.8 The medical education institution **should** ensure that every student has early patient contact gradually including responsibility under supervision for parts of investigations and/or treatment to patients, which could take place in relevant community settings

11.6.9 The medical education institution **should** structure the different components of clinical skills training according to the stage of the study programme



## **11.7 Curriculum structure, composition and duration**

11.7.1 The medical education institution **must** describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects

The medical education institution **should** in the curriculum:

11.7.2 ensure horizontal integration of associated sciences, disciplines and subjects

11.7.3 ensure vertical integration of the clinical sciences with the basic biomedical and the behavioural and social sciences.

11.7.4 allow optional (elective) content and define the balance between the core and optional content as part of the educational programme.

11.7.5 describe the interface with complementary medicine.

## **11.8 Programme management**

11.8.1 The medical education institution **must** define the structural unit responsible for curriculum which under the governance of the academic leadership has the responsibility and authority for planning and implementing the curriculum including the allocation of the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation to secure its intended educational outcomes

11.8.2 The medical education institution **must** in its structural unit ensure representation of staff and students

11.8.3 The medical education institution **should** through its structural unit responsible for curriculum plan and implement innovations in the curriculum

11.8.4 The medical education institution **should** in its structural unit responsible for curriculum include representatives of other relevant stakeholders including other participants in the educational process, representation of teaching hospitals and other clinical facilities, representatives of graduates of the medical universities, other health professions, who are involved in the educational process, or other faculties in the University.

## **11.9 Linkage with medical practice and the health sector**

11.9.1 The medical education institution **must** ensure operational linkage between the educational programme and the subsequent stages of training (internship, specialization, CPD/CME) or practice after graduation including the identification of health problems and required educational outcomes. This requires clear definition and description of the elements of the educational programmes and their interrelations in the various stages of training and practice, paying attention to the local, national, regional and global context. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team

The medical education institution **should** ensure that the structural unit responsible for curriculum:

11.9.2 seeks input from the environment in which graduates will be expected to work, and modify the programme accordingly

11.9.3 considers programme modification in response to opinions in the community and society

## **12. Standard «Assessment of students»**

“Assessment of students” Standard contains the requirements to the assessment methods that are used to assess students’ performance, relation between assessment and learning.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/2012), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

11.1 Assessments methods include the use of external examiners with the purpose of increasing fairness, quality and transparency of assessments.

11.2 Encouragement of integrated learning includes consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

### **Evaluation Criteria**

#### **12.2 Assessments methods**

The medical education institution **must:**

12.2.1 define, state and publish the principles, methods and practices used for assessment of its students, including number of examinations and other tests, balance between written and oral examinations, use of normative and criterion referenced judgments, and use of special types of examinations, e.g. objective structured clinical examinations (OSCE) or mini clinical evaluation exercise (MiniCEX), and define the criteria for setting pass marks, grade boundaries and number of allowed retakes

12.2.2 ensure that assessments cover knowledge, skills and attitudes

12.2.3 use a wide range of assessment methods and formats according to their “assessment utility” that includes a combination of validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats

12.2.4 ensure that methods and results of assessments avoid conflicts of interest

12.2.5 ensure that assessments are open (available) to scrutiny by external expertise

The medical education institution **should:**

12.2.6 document and evaluate the reliability and validity of assessment methods that require an appropriate quality assurance process of assessment practices

12.2.7 incorporate new assessment methods where appropriate

12.2.8 use a system for appeal of assessment results

### **12.3 Relation between assessment and learning**

The medical education institution **must** use assessment principles, methods and practices including assessment of student achievement and assessment in all domains: knowledge, skills and attitudes that:

12.3.1 are clearly compatible with intended educational outcomes and instructional methods

12.3.2 ensure that the intended educational outcomes are met by the students

12.3.3 promote student learning

12.3.4 provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress that requires rules of progression and their relationship to the assessment process

The medical education institution **should**

12.3.5 adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning and to avoid negative effects on learning and to imply avoiding the need for students to learn and recall excessive amounts of information and curriculum overload

12.3.6 ensure feedback to students on basis of assessment results

## **13. Standard «Students»**

“Students” Standard contains the requirements to the admission policy and selection, student intake size and nature, student counseling and support services, student representation policy.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

13.1 Information support include clearly stated rules and regulation at the medical education institution, the timetable of all departments and services, the telephone directory, information about faculty and advisors (their names, degrees and e-mails), tuitions fees, information about educational courses, clearly and accurately written requirements for students performance assessment, and information about basic policy in the learning process, available information: work programmes, syllabus, curriculum, elective courses, and assessment policy.

13.2 The availability of student’s services that work to meet students’ educational, personal and career needs. These services include the information

about campuses, hostels, student's cafés, health services, sports facilities, libraries, computer centers and carriers support and advice.

## **Evaluation Criteria**

### **13.2 Admission policy and selection**

The medical education institution **must**:

13.2.1 formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students that include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors and need for variations related to diversity of medical practice

13.2.2 have a policy and implement a practice for admission of disabled students in accordance with current national law and regulations

13.2.3 have a policy and implement a practice for transfer of students from other programmes and institutions

The medical education institution **should**:

13.2.4 state the relationship between selection and the mission of the school, the educational programme and desired qualities of graduates.

13.2.5 periodically review the admission policy, based on relevant societal and professional data, to comply with the health needs of the community and society including consideration of intake according to gender, ethnicity and language, including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

13.2.6 use a system for appeal of admission decisions.

### **13.3 Student intake**

13.3.1 The medical education institution **must** define the size of student intake and relate it to its capacity at all stages of the programme, decisions on student intake imply necessary adjustment to national requirements for medical workforce, if medical education institution does not control student intake, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.

13.3.2 The medical education institution **should** periodically review the size and nature of student intake in consultation with other relevant stakeholders, who are responsible for planning and development of human resources in the national health sector as well as experts and organizations concerned with global aspects of human resources for health (e.g. shortage and mal-distribution of doctors, establishment of new medical universities and migration of doctors), and regulate it to meet the health needs of the community and society.

### **13.4 Student counseling and support**

The medical education institution **must**:

13.4.1 have a system for academic counselling of its student population that includes questions related to choice of electives, residence preparation and career guidance, appointing academic mentors for individual students or small groups of students.

13.4.2 offer a programme of student support, addressing social, financial and personal needs including support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

13.4.3 allocate resources for student support.

13.4.4 ensure confidentiality in relation to counseling and support.

The medical education institution **should** provide academic counseling that

13.4.5 is based on monitoring of student progress and address social, financial and personal needs that include support in relation to social and personal problems and events, health problems and financial matters.

13.4.6 includes career guidance and planning.

### **13.5 Student representation**

13.5.1 The medical education institution **must** formulate and implement student representation policy and students' appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students including student self governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects.

13.5.2 The medical education institution **should** encourage and facilitate student activities and student organizations including technical and financial support to student organizations.

## **14. Standard «Academic Staff/Faculty»**

“Academic staff/faculty” Standard addresses the requirements to the recruitment and selection policy, staff activity and development policy.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

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

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

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

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

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

## **Evaluation Criteria**

### **14.2 Recruitment and selection policy**

The medical education institution **must** formulate and implement a staff recruitment and selection policy which.

14.2.1 outlines the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and balance between academic and non-academic staff.

14.2.2 addresses criteria for scientific, educational and clinical merit, including the balance between teaching, research and service qualifications.

14.2.3 specifies and monitors the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences.

The medical education institution **should** in its policy for staff recruitment and selection take into account criteria such as.

14.2.4 relationship to its mission, including significant local issues that include gender, ethnicity, religion, language and other items of relevance to the school and the curriculum.

14.2.5 economic considerations taking into account institutional conditions for staff funding and efficient use of resources.

### **14.3 Staff activity and development policy**

The medical education institution **must** formulate and implement a staff activity and development policy which.

14.3.1 allows a balance of capacity between teaching, research and service functions that includes provision of protected time for each function, taking into account the needs of the medical school and professional qualifications of the teachers.

14.3.2 ensures recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications and that would be through rewards, promotion and/or remuneration.

14.3.3 ensures that clinical service functions and research are used in teaching and learning.

14.3.4 ensures sufficient knowledge by individual staff members of the total curriculum that include knowledge about instructional/learning methods and overall curriculum content in other disciplines and subject areas with the purpose of fostering cooperation and integration.

14.3.5 includes teacher training, development, support and appraisal, this process involves all teachers, not only new teachers, and also includes teachers employed by hospitals and clinics.

The medical education institution **should:**

14.3.6 take into account teacher-student ratios relevant to the various curricular components.

14.3.7 design and implement a staff promotion policy.

## **15. Standard «Educational resources»**

“Educational resources” Standard contains the requirements to the physical facilities, clinical training resources, information technology, medical research and scholarship, educational expertise, educational exchanges.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

15.1 Medical research and scholarship encompasses scientific research in basic biomedical, clinical, behavioral 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.

15.2 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.

15.3 A policy regarding effective use of information and communication technology includes: the use of computers, internal and external networks and other means; coordination with library resources and IT services of the institution; common access to all educational items through a learning management system that would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD)/ continuing medical education (CME).

## **Evaluation Criteria**

### **15.2 Physical facilities**

The medical education institution **must**:

15.2.1 have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

15.2.2 ensure a learning environment, which is safe for staff, students, patients and their carers including provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment.

15.2.3 The medical education institution **should** improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.

### **15.3 Clinical training resources**

The medical education institution **must** ensure necessary resources for giving the students adequate clinical experience, including sufficient

15.3.1 number and categories of patients.

15.3.2 clinical training facilities that include hospitals (adequate mix of primary, secondary and tertiary), ambulatory services (including primary care), clinics, primary health care settings, health care centers and other community health care settings as well as skills laboratories, allowing clinical training to be organized using a mix of clinical settings and rotations throughout all main disciplines.

15.3.3 supervision of their clinical practice.

15.3.4 The medical education institution **should** evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves which would include appropriateness and quality for medical training programmes in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration.

### **15.4 Information technology**

15.4.1 The medical education institution **must** formulate and implement a policy which addresses effective use and evaluation of appropriate information and communication technology in the educational programme.

The medical education institution **should** enable teachers and students to use existing and exploit appropriate new information and communication technology for.

15.4.2 independent learning.

15.4.3 accessing information.

15.4.4 managing patients.

15.4.5 work in health care system.

15.4.6 The medical education institution **should** optimize student access to relevant patient data and health care information systems.



### **15.5 Medical research and scholarship**

The medical education institution **must**.

15.5.1 use medical research and scholarship as a basis for the educational curriculum.

15.5.2 formulate and implement a policy that fosters the relationship between medical research and education.

15.5.3 describe the research facilities and priorities at the institution.

The medical education institution **should** ensure that interaction between medical research and education.

15.5.4 influences current teaching.

15.5.5 encourages and prepares students to engage in medical research and development.

### **15.6 Educational expertise**

The medical education institution **must**.

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

The medical education institution **must** formulate and implement a policy on the use of educational expertise:

15.6.2 in curriculum development.

15.6.3 in development of teaching and assessment methods.

The medical education institution **should**.

15.6.4 demonstrate evidence of the use of in-house or external educational expertise in staff development.

15.6.5 pay attention to the development of expertise in educational evaluation and in research in the discipline of medical education as investigates theoretical, practical and social issues in medical education.

15.6.6 allow staff to pursue educational research interest.

### **15.7 Educational exchanges**

The medical education institution **must** formulate and implement a policy for.

15.7.1 national and international collaboration with other educational institutions such as schools for public health, dentistry, pharmacy and veterinary medicine.

15.7.2 transfer of educational credits that implies consideration of limits to the proportion of the study programme which can be transferred from other institutions. Transfer of educational credits could be facilitated by establishing agreements on mutual recognition of educational elements and through active programme coordination between medical schools. It could also be facilitated by

use of a transparent system of credit units and by flexible interpretation of course requirement.

The medical education institution **should**

15.7.3 facilitate regional and international exchange of staff and students by providing appropriate resources.

15.7.4 ensure that exchange is organized in accordance with objectives, taking into account staff, students needs and in compliance with ethical principles.

## **16. Standard «Programme evaluation»**

“Program evaluation” Standard contains the requirements to the mechanisms for programme monitoring and evaluation, teacher and student feedback, performance of students and graduates and involvement of stakeholders.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

16.1 Measures of performance of graduates would include information about performance in clinical practice after graduation, career choice and promotion.

16.2 Programme evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It will 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, and involvement of experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.

16.3 The monitoring program of the educational program includes collection of data on key aspects of the educational program in order to ensure that the educational process is carried out properly and to identify any areas that require intervention and data collection is part of the administrative procedures relating to the admission of students, evaluation of students and completion.

### **Evaluation Criteria**

#### **16.2 Mechanisms for programme monitoring and evaluation**

The medical education institution **must**

16.2.1 have a programme of routine curriculum monitoring of processes and outcomes including routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention, and the collection of data is often part

of the administrative procedures in connection with admission of students, assessment and graduation.

The medical education institution **must** establish and apply a mechanism for programme evaluation that

16.2.2 addresses the curriculum and its main components including the curriculum model, curriculum structure, composition and duration and the use of core and optional parts (see “Educational Programme” Standards).

16.2.3 addresses student progress.

16.2.4 identifies and addresses concerns that include insufficient fulfillment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback to conduction of interventions and plans for corrective action, programme development and curricular improvements.

The medical education institution **should** periodically evaluate the programme by comprehensively addressing.

16.2.5 the context of the educational process including the organization and resources as well as the learning environment and culture of the medical school.

16.2.6 the specific components of the curriculum including course description, teaching and learning methods, clinical rotations and assessment methods.

16.2.7 the overall outcomes that would be measured e.g. by results at national license examinations, benchmarking procedures, international examinations, career choice and postgraduate performance.

16.2.8 its social accountability.

### **16.3 Teacher and student feedback**

16.3.1 The medical education institution **must** systematically seek, analyze and respond to teacher and student feedback that includes the information about the processes and products of the educational programmes and also the information about malpractice or inappropriate conduct by teachers or students with or without legal consequences.

16.3.2 The medical education institution **should** use feedback results for programme development.

### **16.4 Performance of students and graduates**

The medical education institution **must** analyze performance of cohorts of students and graduates in relation to its.

16.4.1 mission and intended educational outcomes including the information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components and interviews of students frequently repeating courses, and exit interviews with students who leave the programme.

16.4.2 curriculum.

16.4.3 provision of resources.

The medical education institution **should** analyze performance of cohorts of students and graduates in relation to student.

16.4.4 background and conditions including social, economic and cultural circumstances.

16.4.5 entrance qualifications.

The medical education institution **should** use the analysis of student performance to provide feedback to the committees responsible for.

16.4.6 student selection.

16.4.7 curriculum planning.

16.4.8 student counseling.

### **16.5 Involvement of stakeholders**

The medical education institution **must** in its programme monitoring and evaluation activities involve.

16.5.1 its academic staff and students.

16.5.2 its governance and management.

The medical education institution **should** for other relevant stakeholders including other representatives of academic and administrative staff, representatives of the community and public, education and health care authorities, professional organizations and postgraduate educators\

16.5.3 allow access to results of course and programme evaluation.

16.5.4 seek their feedback on the performance of graduates.

16.5.5 seek their feedback on the curriculum.

## **17. Standard «Governance and administration»**

“Governance and administration” Standard contains the requirements to the governance, academic leadership, educational budget and resource allocation, administrative staff and management, interaction with health sector.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

17.1 Administrative staff refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and depends on the organizational structure of the administration and includes head and staff in the dean’s office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT.

17.2 Academic leadership refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and will include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centers as well as chairs of standing committees (for student selection, curriculum planning and student counseling)

17.3 Management means the act and/or the structure concerned primarily with the implementation of the institutional and programme policies including the economic and organizational 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

17.4 The health sector include the health care delivery system, whether public or private, medical research institutions.

17.5 The health-related sector include institutions and regulating bodies with implications for health promotion and disease prevention.

17.6 Governance means the act and/or the structure of governing the medical education institution. 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

## **Evaluation Criteria**

### **17.2 Governance**

17.2.1 The medical education institution **must** define its governance structures and functions including their relationships within the University if the medical education institution is part of or affiliated to a University.

The medical education institution **should** in its governance structures set out the committee structure with defining the lines of responsibility and reflect representation from

17.2.2 academic staff.

17.2.3 students.

17.2.4 other relevant stakeholders including representatives of ministries of education and health, the health sector, the health care delivery system and the public.

17.2.5 The medical education institution **should** ensure transparency of the work of governance and its decisions which are published in newsletters, web-information or disclosure of minutes.

### **17.3 Academic leadership**

17.3.1 The medical education institution **must** describe the responsibilities of its academic leadership for definition and management of the medical educational programme.

17.3.2 The medical education institution **should** periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

#### **17.4 Educational budget and resource allocation**

The medical education institution **must**

17.4.1 have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

17.4.2 allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

17.4.3 The financial system of the medical education institution **must** be based on the principals of efficiency, effectiveness, priority, transparency, accountability, and autonomy of all levels of budgeting.

The medical education institution **should**

17.4.4 have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

17.4.5 in distribution of resources take into account the developments in medical sciences and the health needs of the society.

#### **17.5 Administrative staff and management**

The medical education institution **must** have an administrative and professional staff that is appropriate to

17.5.1 support implementation of its educational programme and related activities.

17.5.2 ensure good management and resource deployment.

17.5.3 The medical education institution **should** formulate and implement an internal programme for quality assurance including consideration of the need for improvements and review of the management.

#### **17.6 Interaction with health sector**

17.6.1 The medical education institution **must** have constructive interaction with the health and health related sectors of society and government including exchange of information, collaboration, and organizational initiatives that facilitate provision of medical doctors with the qualifications needed by society.

17.6.2 The medical education institution **should** formalize the collaboration with partners in the health sector that means entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.

## **18. Standard «Continuous renewal»**

“Continuous renewal” Standard contains the requirements to the process of updating and continuous renewal.

Terms and definitions are applied in this standard according to the Law of the Republic of Kazakhstan “About Education” №319-III from 27/07/2007 (with amendments as of 01/09/20102), the World Federation for Medical Education Global Standards for Quality Improvement of Basic Medical Education in Copenhagen, 2012.

In addition to them the below definitions are established in this standard:

### **Evaluation Criteria**

The medical education institution **must** as a dynamic and socially accountable institution.

18.2.1 initiate procedures for regularly reviewing and updating.

18.2.2 rectify documented deficiencies.

18.2.3 allocate resources for continuous renewal.

The medical education institution **should**

18.2.4 base the process of renewal on prospective studies and analyses and on results of local studying and evaluation and the medical education literature.

18.2.5 ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.

address the following issues in its process of renewal:

18.2.6 Adaptation of mission statement and outcomes to the scientific, socio-economic and cultural development of the society.

18.2.7 Modification of the intended educational outcomes of the graduating students in accordance with documented needs of the environment they will enter including clinical skills, public health training and involvement in patient care appropriate to responsibilities encountered upon graduation.

18.2.8 Adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant and takes into account modern theories in education, methodologies of adults training, principles of active learning.

18.2.9 Adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.

18.2.10 Development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.

18.2.11 Adaptation of student recruitment policy and selection methods to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational programme

18.2.12 Adaptation of academic staff recruitment and development policy according to changing needs.

18.2.13 Updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational programme

18.2.14 Refinement of the process of programme monitoring and evaluation.

18.2.15 Development of the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders.

## **19 The amendatory procedure for accreditation standards**

19.1 Amendments for the present standard for accreditation are addressed for its further improvement.

19.2 Amendments to the standard are proposed by the accreditation agency.

19.3 In case of amendments' initiation to the standard by education institutions or other interested parties, they direct their suggestions and remarks to the accreditation agency.

19.4 Accreditation agency studies and carries out expertise of initiator's suggestions and remarks for their validity and practicability.

19.5 Approved by the order of the director of the accreditation agency amendments in standards for accreditation are issued as a new version of standards or as supplement to the current standards.



## Bibliography

[1] The Law of the Republic of Kazakhstan “About Education” dated 27 July 2007 № 319-III (with amendments as of 01/09/2012).

[2] State Program of Education Development in the Republic of Kazakhstan for 2011-2020 approved by the Decree of the President of the Republic of Kazakhstan dated December 7, 2010, № 1118.

[3] State Health Development Program of the RK “Salamatty Kazakhstan” for 2011- 2015 approved by the Decree of the President of the Republic of Kazakhstan dated November 29, 2010, № 1113.

[4] The Concept for Medical and Pharmaceutical Education Development in the Republic of Kazakhstan for 2011-2015 approved by the Resolution of the Government of the Republic of Kazakhstan dated August 12, 2011, № 534.

[5] Standards and Guidelines for Quality Assurance in the European Higher Education Area. European Association for Quality Assurance in Higher Education. Helsinki, Finland 2005. Translation into Russian by National Accreditation Center of the Ministry of Health of the Republic of Kazakhstan. Astana. 2006. p. 36.

[6] MacCarrick G. (2011) A practical guide to using the World Federation for Medical Education standards. WFME 2: educational program. Ir. J Med Sci. (2010) 179 (4):489–491. E-Pub 2010 Sep 17 (Received 10.10.2011 from Springer).

[7] World Federation for Medical Education (2012) Basic Medical Education WFME Global Standards for Quality Improvement. WFME Office, University of Copenhagen, Denmark. (The 2012 Revision)

[8] WHO/WFME (2005) Guidelines for Accreditation of Basic Medical Education. Geneva/Copenhagen, 2005.

[9] World Federation for Medical Education (2007) Global Standards for Quality Improvement in Medical Education. European Specifications For Basic and Postgraduate Medical Education and Continuing Professional Development. MEDINE Quality Assurance Task Force, WFME Office, University of Copenhagen, Denmark.

[10] World Federation for Medical Education (2005) Promotion of Accreditation of Basic Medical Education A Program within the Framework of the WHO/WFME Strategic Partnership to Improve Medical Education. WFME Office, the Panum Institute Faculty of Health Sciences, University of Copenhagen, 2005.

[11] World Federation for Medical Education (1998) International standards in medical education: assessment and accreditation of medical schools' - educational programs. A WFME position paper. The Executive Council, the World Federation for Medical Education. Med Educ. 1998 Sep.; 32(5):549-58.