

ENQA AGENCY REVIEW

EURASIAN CENTRE FOR ACCREDITATION AND QUALITY ASSURANCE IN HIGHER EDUCATION AND HEALTH CARE (ECAQA)

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EXECUTIVE SUMMARY

This report analyses the extent to which the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (ECAQA) complies with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). It is based on an external review conducted in accordance with the ENQA Guidelines for Agency Reviews. The review was initiated by ECAQA as part of its application for membership of ENQA and registration on the European Quality Assurance Register for Higher Education. The review was carried out between October 2020 and March 2022.

ECAQA is one of the eleven officially recognised external quality assurance agencies operating in Kazakhstan. It was established in 2016 and registered as a non-governmental organisation in 2017 and as an accreditation body in 2018. It is a specialised agency conducting institutional and programme accreditation reviews in the fields of medical and health sciences, at the post-secondary, higher and postgraduate education levels.

Although young, ECAQA has already gained a high reputation among its stakeholders for its commitment and professionalism, and its contribution to quality improvement of medical education. Based on the international standards for medical education, its accreditations are highly valued as opening the way for higher education institutions to international recognition. The agency conducts external quality assurance activities, as its main function, on a regular basis; its accreditation processes have clear objectives and are fully endorsed by its stakeholders. Additionally, the agency has provided (and is planning to provide) consultancy services, but does not yet have in place effective measures to separate the two strands of its activity where they give rise to a conflict of interest. ECAQA's stakeholders are well represented on its bodies responsible for accreditation and panels conducting external evaluations. However, outside these settings, it does not yet have in place a mechanism for structured engagement with stakeholders. The agency's independence is well safeguarded by its status of a private NGO, legal framework, internal structure with a clear division of responsibilities, and formal mechanisms preventing influence of third parties. With its sound strategic and financial planning policy, ECAQA has adequate resources to conduct its core activities and invest in its development. It has produced some useful thematic analysis reports, but it would need to take a more systematic approach to identifying topics for analysis and a more thorough approach to analysing findings from its accreditation processes. It has implemented sound procedures for professional conduct and an internal quality assurance system. However, some external feedback mechanisms are missing, and others are not yet sufficiently effective to collect systematic input; thus, ECAQA has made improvements in its activities based mainly on its own experience and analysis.

ECAQA's accreditation standards fully or largely address Part I of the ESG, but the extent of compliance varies between the different external quality assurance processes and a consistent approach is not evident. Its accreditation methodologies serve well the dual purpose of fostering quality improvement and ensuring compliance with requirements and are perceived as such by the stakeholders. However, there is no mechanism for structured stakeholder involvement in the design of methodologies; while the stakeholders could be expected to contribute more meaningfully through the mechanisms that are in place, the agency continuously reviews and improves its accreditation processes. The processes consistently follow the recommended four-step procedure (self-assessment, site visit, report, follow-up), but the arrangements for the follow-up phase should be reconsidered so that a decision taken in this phase could not invalidate the original decision granting accreditation for a full validity period. ECAQA would need to give more consideration to the ESG in its training for experts, and provide adequate training and clear guidelines to students to ensure their full involvement in external evaluations. The accreditation standards are not consistently addressed in evaluation reports, and reports provide insufficient or insufficiently comparable evidence for consistent decision-making; a fairly large proportion of reports were not published on the agency's website at the time of

the review. The current arrangements for the Appeals Commission do not ensure full transparency and consistency in decision-making in appeals processes.

The external review panel considers that, overall, ECAQA is in compliance with the ESG. It finds the agency to be fully compliant with ESG 3.2, 3.3, 3.5 and 3.7; substantially compliant with ESG 3.4, 3.6, 2.1, 2.2, 2.3 and 2.4; and partially compliant with ESG 3.1, 2.5, 2.6 and 2.7. The panel has sought to reach a balanced judgment where it considers ECAQA to be partially compliant with the ESG. It notes, however, that there are concerns regarding the separation of QA and consultancy services, consistency in the application of the accreditation standards, including those specifically addressing the ESG, as reflected in evaluation reports, the quality of reports, and the transparency of the arrangements for the appeals process.

INTRODUCTION

This report analyses the compliance of the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (*Білім беруді, денсаулық сақтауды сапамен қамсыздандыру және аккредиттеудің еуразиялық орталығы*), ECAQA, with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*. It is based on an external review conducted between October 2020 and March 2022.

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, in order to verify that they act in substantial compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015.

ECAQA has been an affiliate of ENQA since 2017. It is now applying for ENQA membership and for registration in the European Quality Assurance Register for Higher Education (EQAR). The present review has been conducted to evaluate the extent to which ECAQA complies with the ESG. It aims to provide information to the ENQA Board to aid its consideration of whether membership of ENQA should be granted, and to EQAR to support the agency's application to the register.

Terms of Reference for the review

The Terms of Reference (ToR) for the review include the following external quality assurance activities of ECAQA to be addressed:

- (1) Institutional accreditation of higher education institutions, including:
 - higher education institutions for health professions education;
 - post-graduate medical education (PGME) institutions;
 - organisations for continuing professional development (CPD) (CPD providers);
 - higher nursing colleges;
 - non-medical higher education institutions;
- (2) Specialised (programme) accreditation of Bachelor's degree, Master's degree, PhD, Postgraduate Speciality Training (Residency), CPD and Vocational Professional Education and Training programmes, including:
 - Basic Medical Education (general medicine) programmes¹;
 - Master's Degree programmes in medical and health professions education;
 - PhD programmes in biomedical and health sciences;
 - Applied Bachelor's degree programmes in Nursing;
 - Bachelor's degree programmes in Nursing;
 - Pharmacy, Pharmaceutical Technology and Industry programmes;
 - Public Health programmes;
 - Dental Education programmes;
 - Joint degree programmes;
 - Postgraduate Speciality Training programmes (Residency);

¹ As clarified by ECAQA at the preparatory stage of the review, Basic Medical Education, Pharmacy, Pharmaceutical Technology and Industry, Public Health and Dental Education programmes all lead to a Bachelor's degree. Thus, together with Bachelor's programmes in Nursing, they are jointly referred to as Bachelor's degree programmes in the review report.

- (3) Accreditation of clinical skills centres (simulation-based healthcare education) of medical higher educational institutions.

Deviations from the ToR regarding activities that fall outside the scope of the ESG

Based on the national legislation and the National Qualifications Framework (NQF) of Kazakhstan and clarifications from ECAQA, the panel considers that accreditation reviews of Vocational Professional Education and Training programmes and Applied Bachelor's degree programmes, and of CPD providers do not fall within the scope of the ESG and, therefore, are not addressed in the review report. The 2007 Law on Education makes a distinction between higher education (Bachelor's degree programmes, NQF Level 6) and postgraduate education (Master's degree and Residency programmes, NQF Level 7; and PhD programmes, NQF Level 8). As confirmed by ECAQA during the pre-visit meeting, Vocational Professional Education and Training programmes, provided by nursing colleges, and Applied Bachelor's degree programmes, offered by higher nursing colleges, are assigned to NQF Level 4 and 5 respectively, and both levels are classified as post-secondary non-tertiary education (and not as higher or postgraduate education). Neither nursing colleges nor higher nursing colleges are considered as higher education institutions (HEIs) in the national legislation.

As explained by ECAQA, the term 'CPD providers' refers to national clinical centres and research centres / institutions and private organisations which offer CPD programmes. These institutions are not considered as HEIs in the national legislation, and CPD programmes are not part of the higher education and postgraduate education system. However, CPD programmes are also offered by HEIs, in addition to Bachelor's and Master's degree, Residency and PhD programmes, and, as such, can be considered as an integral part of their education and training services. Thus, while the accreditation of CPD providers falls, in the panel's view, outside the scope of the ESG, the review addresses the accreditation of CPD programmes to the extent they are provided by HEIs.

These deviations from the original ToR were agreed with ECAQA in advance of the site visit to the agency.

QA activities within the scope of the ESG not listed in the ToR and not addressed in the review

In its pre-visit meeting with ECAQA (1 June 2021), the panel sought to clarify whether the agency's accreditation reviews were both initial / ex-ante and periodic / ex-post evaluations or only periodic / ex-post evaluations. No new accreditation processes were mentioned in the meeting. However, in response to the panel's request for further clarification during its site visit, the agency provided (on 9 and 11 June) new information and documents concerning initial accreditation of Master's degree and of Residency programmes (available in Russian only) and new medical schools (available in English). As confirmed by ECAQA, none of the three processes is included in the ToR for this review, nor is referred to in the agency's self-assessment report, its annexes or other documents requested by the panel at the preparatory stage of the review. No information about these processes was published on the agency's English- or Russian-language website until the final day of the visit.

Based on the new evidence received, the panel confirms that the methodologies for these three processes are in place (self-evaluation guides, accreditation standards, and a checklist for site visits for new Master's and Residency programmes, and guidelines, including standards, for new medical schools). By the time of the site visit, ECAQA had conducted reviews of 32 new Residency programmes and no review of a new Master's programme; first reviews of new medical schools are scheduled for the academic year 2021/2022. The panel examined the documents provided and confirms that the procedure for initial programme accreditation is the same as for the processes listed in the ToR for the ENQA review and the standards for the two types of programmes are the same as for the corresponding ex-post / periodic accreditation reviews. However, given the time when the new evidence was received, the panel was unable to discuss these three processes with the relevant internal and external stakeholders; this would have been necessary to clarify the procedure and standards for

the accreditation of new medical schools and, overall, to gain a good understanding of the three processes. Thus, the three processes are mentioned in the section 'ECAQA's functions, activities, procedures' of the review report but are not taken into account in its sections on the compliance with the ESG.

In sum, the review addresses the following QA processes as listed in the ToR:

- (1) Institutional accreditation of higher education institutions, including:
 - higher education institutions for health professions education;
 - post-graduate medical education (PGME) institutions;
 - non-medical higher education institutions;
- (2) Specialised (programme) accreditation of Bachelor' degree, Master's degree, PhD, Postgraduate Speciality Training (Residency) and CPD programmes, including:
 - Basic Medical Education (general medicine) programmes (Bachelor's degree programmes);
 - Master's Degree programmes in medical and health professions education;
 - PhD programmes in biomedical and health sciences;
 - Bachelor's degree programmes in Nursing;
 - Pharmacy, Pharmaceutical Technology and Industry programmes (Bachelor's degree programmes);
 - Public Health programmes (Bachelor's degree programmes);
 - Dental Education programmes (Bachelor's degree programmes);
 - Joint degree programmes;
 - Postgraduate Speciality Training programmes (Residency);
- (3) Accreditation of clinical skills centres (simulation-based healthcare education) of medical higher educational institutions.

The review does not address the following QA processes listed in the ToR which, in the panel's view, fall outside the scope of the ESG:

- (1) Institutional accreditation of:
 - organisations for continuing professional development (CPD) (CPD providers);
 - higher nursing colleges;
- (2) Specialised (programme) accreditation of Vocational Professional Education and Training programmes, and Applied Bachelor's degree programmes in Nursing.

Based on the written clarification received at the preparatory stage of the review, the panel also notes that ECAQA did not conduct any accreditation review of a non-medical HEI or a joint degree programme by the time of the site visit. However, methodologies for these processes were fully developed and adopted before this review, and discussions were ongoing about the first reviews of non-medical HEIs and joint degree programmes to be undertaken in the academic year 2021/2022. Thus, the two accreditation processes are taken into account under the relevant ESG.

As this is ECAQA's first external review, the panel paid particular attention to the policies, procedures, and criteria in place, being aware that full evidence of concrete results in all areas may not be available at this stage.

In accordance with the ToR, the review report also addresses other activities of the agency (partnerships, Nursing Educator and Expert Competencies Development), which are not external quality assurance activities in themselves, to the extent they relate to ESG Part 2 and 3.

REVIEW PROCESS

The 2021 external review of ECAQA was conducted in line with the process described in the *Guidelines for ENQA Agency Reviews*. The panel for the external review of ECAQA was appointed by ENQA and composed of the following members:

- Patrick Van den Bosch (Chair), Policy Advisor for Quality Assurance, Flemish Higher Education Council, Belgium (ENQA nominee);
- Ewa Kolanowska (Secretary), independent higher education consultant, Poland (ENQA nominee);
- Danutė Rasimavičienė, Lecturer and Staff Development Coordinator, Vilnius University Business School, Lithuania, Academic (EURASHE nominee);
- Simona Zamfir, PhD medical student at the Grigore T. Popa University of Medicine and Pharmacy Iasi, Romania (ESU nominee, member of the European Students' Union Quality Assurance Student Experts Pool).

The review was coordinated by Anna Gover, a Senior Project Manager at ENQA, until the end of November 2021, and subsequently by Goran Dakovic, the Reviews Manager at ENQA.

The review panel received ECAQA's self-assessment report (SAR) at the end of March 2021. Based on the SAR and its annexes, and additional written clarifications and documents requested at the preparatory stage, the panel identified issues to be addressed in a pre-visit meeting with the agency, and during an online site visit to the agency. On 29 April 2021, the ENQA coordinator and the panel held an online briefing to discuss the review process and the SAR. On 1 June 2021, the panel had a preparatory meeting to finalise the lines of enquiry for the visit, and the pre-visit meeting with ECAQA. The online site visit took place between 7 and 11 June 2021.

The panel produced a draft review report which was screened by the ENQA coordinator in August 2021 and provided to ECAQA for a factual accuracy check in September 2021. Three minor adjustments were made to the report based on ECAQA's factual accuracy response. However, the statements in the agency's response concerning its consultancy and competence development or training services, which are relevant, in particular, for its compliance with ESG 3.1 and 3.3, contradicted the documentary and oral evidence provided to the panel at the preparatory stage of the review and during the site visit. Therefore, the panel submitted its final report to ENQA in October 2021 together with a letter explaining in detail the discrepancies identified.

The ENQA Board was not able to approve the review report in its meeting on 7 December 2021. In the letter of 15 December 2021 to the chair of the panel, the President of ENQA requested the panel to amend the review report, include all additional information provided in its explanation letter to the Board, indicate the matters on which it received contradictory information and explore further these matters, related to ESG 3.1 and 3.3, through an additional site visit. As the visit was arranged at short notice, Danutė Rasimavičienė was unable to participate in the additional visit due to other commitments, but she approved the final review report.

Before the additional site visit², the panel had a preparatory meeting on 10 February 2022 to finalise the lines of enquiry for the visit. The visit took place on 15 and 16 February 2022. The revised final report was screened by the ENQA coordinator and provided to ECAQA for a factual accuracy check of the new evidence collected, and subsequently submitted to ENQA in March 2022.

² As the review process included two site visits, the first visit is referred to in the report as "the first site visit" or "the site visit", and the second one as "the additional site visit". Since the additional visit focused on ESG 3.1 and 3.3, it is mentioned as the source of evidence only in the respective sections of the report.

All decisions of the panel were taken by consensus. The panel confirms that it had access to all documents and stakeholders it wished to consult during the review process.

Self-assessment report

ECAQA set up a Self-Assessment Commission (SAC), composed of its Director General and Adviser, Heads of its main departments, and Chairs and / or members, including students, of its Expert Board and Accreditation Council. The SAC collected and analysed evidence related to the agency's quality assurance (QA) activities and feedback gathered from external stakeholders. The SWOT analysis process involved all staff and Expert Board members. The SAR was prepared by the SAC and approved by the Expert Board.

The SAR provided a description of the national higher education and QA context, ECAQA's structure and activities and its alignment with the ESG, information on its stakeholders, a SWOT analysis, and an overview of current challenges and areas for future development. It contained links to the agency's regulations and documents.

Overall, the SAR and its annexes provided a substantial portion of the evidence that the panel used to draw its conclusions. While the SAR itself could have offered more substantive or clearer information on some aspects (e.g. specific responsibilities assigned to the main positions and departments within ECAQA's structure; the internal QA system under ESG 3.6; the process of designing methodologies under ESG 2.2), the detailed annexed documents provided some additional answers to the questions that were left unaddressed in the SAR. Nevertheless, the SAR would have benefitted from a more analytical approach as the evidence was accompanied mainly by broad statements about ECAQA's alignment with the ESG rather than a more in-depth reflection on strengths and areas for improvement that the agency identified in its self-assessment process.

Site visits

In view of the restrictions related to the COVID-19 pandemic and, additionally, the political turmoil and social unrest in Kazakhstan in early 2022, the panel and ECAQA agreed to conduct both the first and additional site visits in an online format. The visits were organised in accordance with ENQA's Protocol for online site visits due to force majeure.³ Due to the time zone differences, the first visit was spread over five working days and the additional one over two days. The programmes of the visits (see Annex I) were prepared jointly by the ECAQA liaison person and the panel.

The first visit was preceded by a pre-visit meeting with representatives of ECAQA and some of its stakeholders to discuss the national context, gather additional information and verify available evidence. During the visit, the panel had interviews with all key stakeholders, including ECAQA's Management Team, its team responsible for the SAR, bodies responsible for accreditation, staff and external experts, and representatives of the national authorities, reviewed HEIs, students and employers. The visit ended with an internal meeting of the panel to agree conclusions from the review and a debriefing for ECAQA on the main findings.

The visit was well organised, and the panel appreciated very much the willingness of all the participants to give an insight into how the agency works and interacts with its stakeholders. The time limits for some meetings were, however, slightly exceeded when the discussions drifted away from the main topics, the panel probed further into some matters and sought to both provide and get further clarification to collect sufficient and relevant evidence. As a more general reflection, the panel notes that various stakeholder groups tended to highlight the importance of the international standards for

³ https://www.enqa.eu/wp-content/uploads/ENQA-protocol-for-online-site-visits_v2.docx

medical education (which provide the basis for ECAQA's accreditation standards), whereas some concepts or terms used in the European Higher Education Area (EHEA) or the ESG as a QA reference framework for the EHEA occasionally led to a misunderstanding. This is taken up further on in the review report.

During the additional site visit, the panel met with the following stakeholder groups: the ECAQA Team, including members of the Management Team and the main bodies responsible for accreditation, and the agency's external experts, and representatives of the national authorities, HEIs and students. The visit ended with an internal meeting of the panel to agree its final conclusions. Like the first visit, the additional visit was well organised. The stakeholders were well prepared to discuss the specific topics to be addressed during the visit and, in contrast to the first visit, the interviews remained focused specifically on the issues that the panel wished to explore.

HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM OF THE AGENCY

HIGHER EDUCATION SYSTEM.

The key legislative acts and policy documents for higher education are the 1995 Constitution of the Republic of Kazakhstan, the 2007 Law on Education, Orders of the Minister of Education and Science, and State Programmes. The Constitution grants the right to free education at the post-secondary, higher and postgraduate education levels to students enrolled, on a competitive basis, on a programme at a given level for the first time. The Law on Education sets a general framework for higher education. Orders of the Minister lay down more detailed rules for governance and activities of HEIs, the organisation of the education process and curriculum development, including model curricula and mandatory standards for programmes. The mandatory standards for programmes in the fields of medical and health sciences are established by the Minister of Health.

Kazakhstan joined the Bologna Process in 2010. Reforms introduced in the last decade as part of the State Programmes for Education Development have established a three-cycle degree structure, a credit system compatible with the European Credit Transfer and Accumulation System (ECTS), and a National Qualification System, with the NQF referenced to the European Qualifications Framework. In recent years, the legislation has increased the autonomy of HEIs in governance and financial management, curriculum development, the monitoring of student performance and final certification.

The national legislation makes a distinction between higher education, which refers to Bachelor's degree programmes (3 to 4 years) at NQF Level 6, and postgraduate education, which includes Master's degree programmes (1 to 2 years) and Postgraduate Speciality Training / Residency programmes (2 to 4 years) at NQF Level 7, and PhD / doctoral programmes (3 years) at NQF Level 8. In the fields of medical and health sciences, Bachelor's degree holders can then complete an Internship (2 years) and subsequently take a Residency programme or can move on to a Master's degree programme followed by a Residency programme. Graduates holding a Master's degree have access to PhD programmes. In addition to all types of programmes at NQF Levels 6 to 8, HEIs offer CPD programmes which are open to healthcare professionals holding at least a Bachelor's degree.

Master's degree, Residency, PhD and CPD programmes in medical and healthcare fields can also be provided by national clinical centres and research centres / institutions, referred to as PGME institutions, which are not considered as HEIs. Currently, although authorised to offer all of the four types of programmes, centres provide only Residency and CPD programmes. Centres which provide only CPD programmes are referred to as CPD providers.

Kazakhstan has 131 HEIs. They are divided into national research universities, research universities, national universities, universities (regional-level institutions), academies and institutes, and, in terms of their ownership status, into private, public and international institutions. Among the 131 HEIs, there are nine medical institutions, including one national medical university, seven medical universities and one medical academy. There are also four non-medical HEIs which have a faculty of medicine. Each state medical university offers Bachelor's, Master's, PhD, Residency and CPD programmes in the fields of medical and health sciences.

In the academic year 2019/2020, the total number of students in Kazakhstan was 604,345; it grew by 11% as compared to the previous year. State-funded grants cover tuition fees for 30% of students, and 70% are self-funded students. Over 65% of students follow programmes in the Kazakh language, 30% of students are enrolled on Russian-taught programmes and 5% on English-taught programmes. The number of international students increased from 10,399 in 2016/2017 to 40,188 in 2019/2020.

QUALITY ASSURANCE

The national QA system in Kazakhstan was established in 1999 and has evolved since then from a highly centralised and state-controlled one to a more decentralised one involving independent accreditation agencies. Between 1999 and 2001, the Law on Education introduced state attestation and accreditation, with no clear distinction between the two processes, accreditation based on quantitative indicators and external evaluations as part of accreditation conducted by the Ministry of Education and Science (MES). With the National Accreditation Council set up by the MES in 2005, accreditation gradually grew in importance in the QA system. The amendments to the Law on Education and MES Orders adopted between 2007 and 2012 established accreditation as a voluntary process for HEIs, and as a precondition for receiving state funding, and handed the responsibility for accreditation over to independent agencies, while keeping state attestation as part of the QA system. In 2012 (see below), legislation also established the National Registers of Recognised Accreditation Bodies, Accredited Institutions and Accredited Programmes, and the Republican Accreditation Council (RAC), a body supporting the MES.

Currently, the MES is responsible for licensing, a procedure where permits are granted to legal entities to conduct educational activities; state attestation, which verifies compliance of educational services provided by institutions with the mandatory standards laid down by law; and the monitoring of HEIs' compliance with the national legislation. The MES also maintains the three afore-mentioned Registers. The RAC carries out reviews of accreditation agencies applying for registration on the first of these (the National Register of Recognised Accreditation Bodies), which provide the basis for the MES to enter them on the Register. The registration is valid for five years. Only registered agencies are authorised to conduct QA activities in Kazakhstan.

Accreditation agencies conduct institutional and programme / specialised accreditation reviews based on their own standards within the framework set by the law. They submit annual reports on their QA activities and information on accredited HEIs and programmes to the MES. Currently, there are 11 registered agencies, including six based in Kazakhstan and five based in other countries. Nine of them, including four based in Kazakhstan, are ENQA members (five) or affiliates (four) (as of August 2021).

Accreditation is voluntary for HEIs, but only accredited institutions are eligible to receive state funding and authorised to provide degree programmes and award state diplomas. HEIs cover full costs of the accreditation process and are free to choose a registered agency. Terms and conditions of reviews, including the level of fees, are laid down in agreements signed between HEIs and accreditation agencies.

The national legislation requires HEIs to establish an internal QA system and specifies its main elements (for details, see the section on ESG 2.1).

External quality assurance in medical and healthcare professions education

External QA in medical and healthcare professions education is part of the QA system outline above. Within this framework, the establishment of a national accreditation system for medical education was set as a priority in 2005, and the national authorities have made efforts to put in place international standards, in particular, since Kazakhstan joined the Bologna Process in 2010.

In 2005, the World Health Organisation (WHO) and the World Federation for Medical Education (WFME) assisted the Government and state medical universities in the pilot implementation of the WFME Global Standards for Quality Improvement in Basic Medical Education. The WFME and the Association of Medical Schools in Europe (AMSE) supported the national authorities in the first cycle of accreditation of universities. National standards, based on the WFME Standards, were adopted by the Ministry of Health (MoH) in 2009 and subsequently reviewed by international experts and revised. Four medical institutions underwent a WFME-based accreditation review involving international experts, and subsequently the WFME-based standards for Basic Medical Education were implemented at state medical universities. The standards were adapted for undergraduate medical programmes, and the experience gained was used to develop an accreditation system for PGME and CPD programmes. A pool of national experts were trained as part of projects involving the MoH, the World Bank and international medical associations.

ECAQA

ECAQA was established by the INTERMED Company LLP, a private healthcare organisation, in 2016. It was registered as a non-governmental and non-profit organisation by the Ministry of Justice of the Republic of Kazakhstan (national level) and the Ministry of Justice's Department of Justice in the Almaty City (local level) in 2017. The Certificates of Registration at the two levels provide the legal basis for the agency's external QA activities. ECAQA was recognised as an accreditation body in Kazakhstan by the decision of the MES RAC and entered onto the National Register of Recognised Accreditation Bodies in 2018. The registration is valid from March 2018 until March 2023.

ECAQA is a specialised agency conducting institutional and programme accreditation reviews in the fields of medical and health sciences, at the post-secondary non-tertiary, higher and postgraduate education levels. Its mission is to ensure the implementation of international principles and standards of quality assurance of health professions education taking into consideration the national healthcare system needs and acting in cooperation with all stakeholders.

The agency developed its accreditation standards based on the international standards for medical and healthcare professions education (WFME Global Standards for Quality Improvement in Basic, Postgraduate Medical Education and CPD, Master's Degree programmes (2015); Organisation for PhD Education in Biomedicine and Health Sciences in the European System (ORPHEUS), AMSE and WFME (2015); WHO Global standards for initial education of professional nurses and midwives (2009)), the 2015 ESG, and the national legislation and higher education and healthcare priorities. In 2017, the Ministry of Justice of the Republic of Kazakhstan has granted exclusive copyright rights to ECAQA for its Standards of Institutional and Specialised (Programme) Accreditation and Guides on Internal Self-evaluation and External Evaluation of Programmes at all levels.

ECAQA conducted its first institutional review in 2018 and first programme reviews in 2019. Between 2018 and May 2021, it completed 35 institutional and 121 programme reviews; 10 institutional and 101 programme reviews were underway in May 2021. These include reviews of higher nursing colleges (6); HEIs (3); PGME institutions (7); and CPD providers (29); vocational professional education and training and applied Bachelor's degree programmes (48 and 5 respectively); Bachelor's, Master's and PhD programmes (35), Residency programmes (73), and CPD programmes (61).

In 2019, ECAQA underwent an external review by the Asia Pacific Quality Network (APQN) and was entered on the Asia Pacific Quality Register (APQR). In 2021, the agency is undergoing an external review to be granted the WFME Recognition Status. ECAQA is also included in the Directory of Organisations that Recognize/Accredit Medical Schools (DORA) of the Foundation for Advancement of International Medical Education and Research (FAIMER), and the International Directory of the Council for Higher Education Accreditation International Quality Group (CHEA/CIQG), USA.

ECAQA'S ORGANISATION/STRUCTURE

The INTERMED Company LLP established the agency as its Founder, initially provided full funding for its activities, and delegated management responsibilities to the ECAQA Director General in 2017. Currently, the Founder adopts and amends the Constitution and other founding documents, appoints the Director General, and approves annual preliminary budgets and annual reports of the agency.

ECAQA's structure includes the Director General, the Adviser, the Expert Board, the Accreditation Council, the Complaints Commission and the Appeals Commissions (the latter to be established), and four departments: the Department for Accreditation and Monitoring, the Department for Planning and Administration, the Department for International Collaboration and Public Relations and the Department for IT. The Management Team consists of the Director General, the Adviser, the Chair of the Expert Board and the Heads of the four Departments.

The Director General, appointed for a five-year term, acts as the chief executive and the head of staff, and approves internal regulations and key documents related to institutional management and accreditation processes. The Adviser advises the agency on its structure and staffing, accreditation processes and international cooperation, and oversees international cooperation and the activities of the Expert Board related to accreditation methodologies.

The Expert Board develops and revises accreditation standards; selects external experts for the Experts Database and accreditation reviews; supports the agency in the training of experts; and puts forward proposals for the improvement of programmes and internal QA mechanisms at HEIs. The Board is appointed by the Director General for a five-year term and composed of experts and students from HEIs and other educational institutions. It has five Commissions, with four to six members in each: two for institutional accreditation of medical and non-medical HEIs and PGME institutions, and of CPD providers; and three for programme accreditation in nursing education; higher, postgraduate and continuing education; and simulation education. The Chair of the Expert Board is employed as a regular staff member. Other Board and Commission members work on a voluntary (unpaid) basis but may perform specific tasks based on a service contract.

The Accreditation Council takes accreditation decisions. It consists of 15 members; the Chair and Vice-chair are appointed for a five-year term, which can be extended once; and one-third of members can be replaced every three years. Candidates are put forward by the stakeholder groups and approved by the Director General. One-third of the members are academic and management staff from medical HEIs; one-third are healthcare professionals nominated by professional associations; and one-third represent other stakeholders, including the Parliament, the MoH, professional associations and students. Council members work on an unpaid basis.

The Complaints Commission considers complaints and recommends follow-up action to the Director General. It has three permanent members who are proposed by professional or employers' organisations and educational institutions and are approved by the Director; and two non-permanent members (a staff member of a HEI or another educational institution, and a student) who are recommended by the permanent members and approved by the Director. The term of office for permanent members is three years; non-permanent members are appointed for the period set for handling a complaint. There is no standing committee for appeals. An ad-hoc Appeals Commission will be set up to consider a particular appeal when it is filed (no appeal has yet been filed in the lifetime of the agency). It will consist of five members, including staff from an HEI or another educational institution and students approved by the Director. The Commission will recommend a final appeals decision to the Accreditation Council. Members of the Complaints and Appeals Commissions (will) work on an unpaid basis.

The four Departments have eight staff in total, including the Heads. The Department for Accreditation and Monitoring coordinates and supports accreditation and post-accreditation processes, manages the database of external experts and organises training sessions. The main post-accreditation monitoring tasks (evaluation of follow-up reports submitted by institutions; site visits conducted where necessary; preparation of evaluation reports) are performed by external experts and Expert Board members. Some functions of the Departments for Planning and Administration (accounting, legal support, transport) and IT (technical support for the website and social media) are outsourced.

ECAQA has a database of 460 external experts, including 128 international experts. External Expert Commissions conduct evaluations as part of institutional and programme accreditation reviews, and submit reports to the Accreditation Council.

ECAQA'S FUNCTIONS, ACTIVITIES, PROCEDURES

The main area of ECAQA's activity is external QA in the fields of medical and health sciences. Its QA activities include the following ex-ante / initial accreditation processes (which are not listed in the ToR for this review) and ex-post / periodic accreditation processes:

- accreditation of new medical schools and new Master's degree and Residency programmes;
- institutional accreditation of post-secondary non-tertiary education institutions (nursing colleges and higher nursing colleges), medical and non-medical HEIs, PGME institutions and CPD providers;
- programme accreditation of post-secondary non-tertiary (vocational professional education and training, and applied Bachelor's degree) programmes, and Bachelor's degree, Master's degree, Residency, PhD and CPD programmes.
- accreditation of clinical skills centres (simulation-based healthcare education) of medical HEIs.

In recent years, the agency has also provided fee-based consultancy services. In 2020, it contributed to the World Bank and MoH-coordinated project 'Consulting Services on the Development of Professional Nursing Environment and Improvement of Re-Training System for Nurses', supporting the national reform of nursing education. Together with the Union of Nursing Colleges of Kazakhstan, ECAQA reviewed institutional self-evaluation reports prepared by colleges and universities as the basis for development and implementation of their institutional capacity building programmes; designed a framework for professional development programmes for educators and nurse educators in colleges and universities; and developed guidelines for designing their nursing education development programmes. As part of the project, ECAQA contributed to the design and implementation of strategic development programmes for HEIs providing nursing education; and to the design of a framework for professional development programmes for their nursing educators.

ECAQA has been engaged in international activities since its establishment. It was granted the status of an ENQA affiliate in 2017, and is now a member of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE), the Central and Eastern European Network of Quality Assurance Agencies in Higher Education (CEENQA), APQN, and a member of the CHEA International Quality Group. It has signed Memoranda of Understanding with QA bodies in Armenia, Germany, Hungary, India, Russia and Ukraine. It has participated in conferences, workshops and / or training events organised by, among others, ENQA, WFME, INQAAHE, APQN, CHEA and AMSE, and its staff have contributed to APQN, WFME and other events as speakers. ECAQA is also an associate partner in an ongoing Erasmus+ project 'Accelerating Master and PhD level nursing education development in the higher education system in Kazakhstan, AccelEd' (2020-2023), which involves the MES and the MoH, four Kazakhstani medical HEIs and their European partners. The project aims to improve nursing education through the modernisation of policies, governance and management. The SAR emphasises that the expertise gained through international activities has helped the agency to develop and improve its external QA methodologies and attract a big pool of international experts for accreditation reviews.

External QA procedures

Based on the evidence provided for the ex-ante / initial accreditation processes (see 'Background of the Review'), an HEI applying for accreditation of a Master's degree or Residency programme is required to have a MES licence for the new programme. The review procedure includes a self-evaluation by the applicant institution, and an external evaluation, with a site visit, conducted by an External Expert Commission (EEC) against the standards for the given type of programme. The EEC produces an external evaluation report, and the ECAQA Accreditation Council can take a positive or negative decision. In case the decision is positive, a short version of the report is published on the agency's website. The agency's 'Guidance for Accreditation – New Medical School' states that a review of a new medical school aims to verify whether the school can have 'access' to accreditation. The document contains the WFME criteria for the establishment of a new medical school and standards for Basic Medical Education, ECAQA's standards for Bachelor's degree programmes and a checklist of aspects to be evaluated based on these criteria and standards. However, it does not describe the procedure for such reviews.

ECAQA conducts ex-post / periodic institutional and programme reviews and reviews of clinical skills centres in a five-year cycle, except for joint degree programmes which will be accredited for six years in accordance with the European Approach for Quality Assurance of Joint Programmes.

The agency has the same procedure for all of its ex-post accreditation processes. An institution (or programme) under review submits a SAR; an EEC conducts an external evaluation, including a site visit, and produces a report; the Accreditation Council takes an accreditation decision; ECAQA publishes the decision and the external evaluation report on its website and provides information on the accredited institution or programme to the MES as the body responsible for the Registers of Accredited Institutions and Programmes. HEIs may file an appeal with the agency if they disagree with the outcome of a review.

An accreditation review can end with full accreditation awarded for five years (or five or three years in the case of CPD programmes) if an institution or programme complies with all ECAQA standards; conditional accreditation for one year in case most of the standards are partially met or some standards are not met; or refusal to award or renew accreditation where an institution or programme fails to meet most of the standards and is not expected to be able to eliminate shortcomings within several years. An accredited institution or programme is entered into the MES Register of Accredited Institutions or Programmes, or its registration is renewed. Where an institution or programme is conditionally accredited, an EEC conducts a repeat evaluation, including a site visit, and that review

ends with full accreditation or refusal of accreditation. A non-accredited institution or programme is not listed on, or is struck off, the Register and may re-apply for accreditation after one year.

Post-accreditation monitoring (follow-up) for both institutional and programme reviews is based on action plans for improvement and annual reports submitted by reviewed institutions. Action plans and reports are evaluated by (a) member(s) of the EEC that conducted the original accreditation review, with a site visit undertaken in problematic cases. The expert(s) prepare(s) an evaluation report and submit(s) it to the Accreditation Council. Where an institution has not implemented review recommendations, the Council may suspend or withdraw the accreditation. In the case of suspension, the institution is required to eliminate shortcomings within a specified timeframe in order to have its accreditation certificate renewed.

ECAQA'S FUNDING

ECAQA was fully funded by its Founder in the initial phase of its activity, and currently operates on a self-funding basis. Its income comes mainly from fees charged for services (over 99% in 2018 and 2019, and 84% in 2020). Other sources of income include gains from currency exchange and exchange rate differences. The agency's total income (without VAT) grew from KZT 15,126,251 (€ 29,434) in 2018 to KZT 49,358,098 (€ 96,046) in 2019 and KZT 66,323,623 (€ 129,059) in 2020. Each year the income exceeded expenditure, with the total positive balance of 30,795,251 (€ 59,925) for the three years.

FINDINGS: COMPLIANCE OF ECAQA WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG)

ESG PART 3: QUALITY ASSURANCE AGENCIES

ESG 3.1 ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

Evidence

ECAQA's mission is to ensure the implementation of international principles and standards of quality assurance of health professions education taking into consideration the national healthcare system needs and acting in cooperation with all stakeholders (SAR; Strategic Plan, website).

The agency conducts its activities based on three-year Strategic Plans and annual action plans and budgets. The 2020-2022 Strategic Plan sets six development directions: (1) Capacity development and sustainable development of ECAQA; (2) Improvement of the organisational and methodological support for accreditation processes; (3) Expansion of the database and capacity development of experts; (4) Implementation of international best practices to ensure the quality of healthcare education; (5) Effective cooperation with national and foreign partners to ensure the quality of healthcare education; and (6) Ensuring ECAQA's inclusion in the APQR and its recognition by the WFME and ENQA.

CORE ACTIVITIES: QUALITY ASSURANCE / ACCREDITATION REVIEWS

As part of its core area of activity, ECAQA conducts the following ex-post / periodic accreditation processes that fall within the scope of the ESG⁴:

- accreditation of medical and non-medical HEIs and PGME institutions⁵;
- accreditation of Bachelor's degree programmes (in all fields of study listed in the ToR), Master's degree, Residency and PhD programmes, joint degree programmes, and CPD programmes;
- accreditation of clinical skills centres (simulation-based healthcare education) of medical HEIs.

The objectives and methodology of each accreditation process are defined in ECAQA's Standards and Guidelines. The length of an accreditation cycle for all processes is five years, except for joint degree programmes to be accredited for six years and CPD programmes which may be accredited for five or three years. The methodologies are available for all processes, but the agency has not conducted yet any review of a non-medical HEI or a joint programme.

Between 2018 and May 2021, ECAQA completed 35 institutional and 121 programme reviews, and 10 institutional and 101 programme reviews were underway. These include 3 reviews of medical HEIs and 7 reviews of PGME institutions; 9 Bachelor's degree, 24 Master's degree, 73 Residency

⁴ See also the section 'Background of the Review' for the initial accreditation processes that fall within the scope of the ESG but could not be addressed in this review.

⁵ For ease of reading, the term 'HEIs' is used further on to refer jointly to HEIs and PGME institutions, except where the report discusses features specific to a given accreditation process (e.g. under ESG 2.1).

programmes and 2 PhD programmes (as well as 61 CPD programme reviews not only in HEIs but also in other organisations). As the ECAQA Management Team explained to the panel, in order to attract accreditation applications, the agency promotes itself via emails to individual HEIs and in various events. It is also making arrangements to expand its QA activities in Kazakhstan and beyond, in particular within the Commonwealth of Independent States (CIS). For example, it is discussing future reviews of non-medical programmes with a Kazakh university, has signed agreements with national bodies in Moldova and Russia to conduct evaluations of medical education institutions in these countries, and has prepared documents for its registration as a QA agency in Kyrgyzstan.

NON-CORE ACTIVITIES: CONSULTANCY AND CAPACITY BUILDING / COMPETENCE DEVELOPMENT SERVICES

At the preparatory stage of the review and during the site visit, the panel collected documentary and oral evidence demonstrating that ECAQA provided fee-based consultancy services and capacity building / 'expert competence development' or training services related to its accreditation processes. The agency's factual accuracy comments contained information that contradicted the evidence gathered by the panel. These matters were further explored during an additional site visit, as requested by the ENQA Board (see the section "Review process" in the Introduction).⁶

Evidence collected at the preparatory stage of the review and during the first site visit

As regards consultancy services, the SAR (p. 34) states "Also the agency carries out other activities: consultancy of higher education institutions, participation in joint projects in collaboration with association or partnership organisation." The SAR (pp. 32 and 39-40) describes ECAQA's services provided under the World Bank and MoH project "Consulting Services on the Development of Professional Nursing Environment and Improvement of Re-Training System for Nurses"; as ECAQA explained to the panel, this project is referred to in the ToR for this review as the "Nursing Educator" activities. As part of the project, together with the Union of Nursing Colleges of Kazakhstan, ECAQA reviewed institutional self-evaluation reports prepared by colleges and universities as the basis for the development and implementation of their institutional capacity building programmes; and designed a framework for professional development programmes for educators and nurse educators in colleges and universities; and guidelines for designing their nursing education development programmes.

The SAR (p. 22) also states that ECAQA's services other than accreditation reviews are provided on a fee-paying basis and are conducted in accordance with the Regulation on paid services of 2 April 2018. The Regulation (Articles 1.4 and 1.5) "determines the procedure for paying for the services of experts when conducting an expert assessment, training and consulting in the framework of the implementation of institutional and specialized (programme) accreditation of educational organizations, [...] and] the procedure for the provision of paid services [...] for training and consulting employees of educational organizations upon their application".

To prevent a conflict of interest, members of ECAQA's bodies and EECs involved in the accreditation processes sign the code of conduct or ethics and the no-conflict-of-interest statement (see ESG 3.3 and 3.6).

Since the SAR explicitly refers to "consultancy of higher education institutions" but describes only the services provided as part of the World Bank and the MoH project, the panel explored the consultancy issue in its meetings with the ECAQA Management Team (7 June 2021) and external stakeholders, including representatives of employers, medical education institutions and professional associations

⁶ Due to the discrepancies identified, the following paragraphs provide more detailed evidence than that usually included in a review report, and, thus, also more detailed than the evidence included in the panel's original report submitted to ECAQA for a factual accuracy check and, subsequently, to the ENQA Board. The detailed evidence collected by the panel at this stage of the review process was provided in the panel's letter to the ENQA Board accompanying its original final report and is provided below at the request of the Board.

(10 June 2021), and, again, in the final clarification meeting with the ECAQA Management Team (11 June 2021).

In its meeting with the Management Team, the panel first asked about the arrangements in place to ensure that there is clear separation between the QA and consultancy activities, and about the individuals involved in consultancy services; subsequently, it asked the Management Team whether the agency provided expert advice to HEIs before an accreditation review if they wished to improve their performance and ensure that, for example, their programmes, management arrangements or QA systems would be sufficiently good for accreditation. The Management Team stated that this was done; the agency focuses on mandatory training for an HEI as part of the accreditation review contract, and additional training or advice if an HEI requests “consultancy and assistance”. Consultancy services involve the ECAQA Director General, Adviser and staff, Expert Board / Commission members and external experts. Those who have provided consultancy services are not appointed to an EEC evaluating the institution or programme concerned or abstain from voting as members of the Accreditation Council as the body taking accreditation decisions. In response to the panel’s questions about their interactions with the agency, representatives of external stakeholders stated that ECAQA provided consultancy and helped them to prepare all documents and processes when they decided to apply for accreditation. In the final clarification meeting, the panel asked the ECAQA Management Team whether an HEI or a programme which would intend to undergo a review could request additional paid advice from the agency on, for example, how to optimise its IQA system. The Management Team stated that the agency provided “consultations within the framework of the self-assessment”, based on a separate agreement, concluded in accordance with the Regulation on paid services. In response to the question about how such consultancy or support is subsequently taken into account in an accreditation review, the Management Team explained that this would be reflected in the HEI’s self-evaluation report and the external evaluation report.

As regards capacity building / ‘expert competence development’ or training services, ECAQA’s Strategic Plan (Section 7, Summary of ECAQA activities for 2016-2019, p. 8) states that the agency conducts training events for staff of medical educational institutions (MEO) and accreditation experts in three areas: quality assurance of nursing education; quality assurance of higher and postgraduate medical and pharmaceutical education; and quality assurance of continuing education in healthcare. The activities in the Strategic Plan (Section 10, Planned Actions, p. 22) include: Direction 4: Point 4.4, Capacity building of MEO staff on institutional and specialised [i.e. programme] accreditation (Improvement of knowledge and skills on accreditation, assessing the education quality in accordance with international best practices). These activities are also included in ECAQA’s Action Plans for 2020 and 2021: Direction 4: Implementation of international principles of best practices for education quality assurance in healthcare; 4.4. Capacity building of MEO faculty and staff on institutional and specialised accreditation (2020); and Direction 4: Implementation of international principles of best practices for education quality assurance in healthcare; 4.4. Strengthening the capacity of educators and MEO employees on institutional and specialised accreditation (2021).

ECAQA’s factual accuracy comments on the draft review report

In its factual accuracy response, ECAQA stated that it had no experience in, and had not provided any, consultancy services yet. The agency “has included in its activities fee-based consultancy regarding the individual HEI’s staff and faculty training” (e.g. training on clinical teaching or assessment methods for clinical competencies) as part of competence development of staff and their capacity building for effective clinical teaching. Such services aim to contribute to the capacity building of staff and depend on the needs of HEIs and their staff. The agency also stated in its response that it did not conclude separate contracts for consultancy services to prepare HEIs for accreditation reviews as the training for HEI staff is part of a contract for an accreditation review. Such training covers the accreditation process, standards, the self-evaluation process and report writing.

Evidence collected during the additional site visit

As the ECAQA Team explained to the panel, the agency makes a distinction between “consultancy” provided as part of a contract for an accreditation review concluded with an HEI and as part of additional activities, which are not related to accreditation.

As regards consultancy as part of a contract for an accreditation review, ECAQA understands the term as referring to the customised training on the accreditation review process, procedure and standards and any further clarifications necessary for an HEI to understand the requirements, provided to the HEI after the conclusion of the contract and before the submission of its self-evaluation report. Subsequently, the HEI has six months to one year, depending on its size and experience in accreditation reviews, to conduct a self-evaluation and submit its report. The self-evaluation report is checked by the ECAQA staff in terms of its structure, completeness and clarity; where “technical” shortcomings (e.g. missing evidence or annexes, incorrect data) are identified, the HEI is requested to submit the final report within one or two weeks, and the report is provided to an EEC, which can identify additional documents to be requested from the HEI. As the panel learned from the representatives of HEIs, the agency provides training and support to help them understand the standards, including more challenging aspects (e.g. why and how they should collaborate with employers; how they should look at newly established teaching or training programmes to improve them), and explains how documents should be prepared and what kind of evidence should be provided in a self-evaluation report, so that they “are ready for accreditation”. As the external experts explained to the panel, EECs check self-evaluation reports and can filter out applications; if a report is not good enough, experts can conclude “that this is not allowed to go to the next step of accreditation”, and make recommendations on the work to be done by an HEI before accreditation. Several self-evaluation reports had been rejected after a discussion with the ECAQA Director.

Consultancy as part of additional activities is understood by ECAQA as referring to various training and other knowledge-sharing events for Kazakhstani and, more recently, also Uzbek HEIs on QA and related topics, in which they participate on a fee-free basis, and to the agency’s participation in projects or partnerships (for further details, see “Non-core activities: other activities below). The World and MoH-coordinated project “Consulting Services on the Development of Professional Nursing Environment and Improvement of Re-Training System for Nurses”, briefly described above, is not considered by the agency as “consultancy” or “pure consultancy”. This is because ECAQA was invited to participate by the Government; the ToR for its involvement was defined by the project coordinator; the fee for its services was paid by the World Bank; it provided the outcomes of its work (e.g. guidelines on the development of programmes) to the coordinator, and presented them in a seminar for HEIs; and the HEIs that benefitted from the project had not been accredited by ECAQA at that time but later on. Only one of the representatives of HEIs interviewed was familiar with the project; based on the guidelines received, HEIs worked towards modernising their Nursing programmes, in particular, in terms of their relevance to labour market needs. The representatives of the MoH consider that the contribution from ECAQA and other experts to the project was important for improving the quality of Nursing programmes; they do not see any issue in such services being provided by the agency that could have impact on decision-making in accreditation processes, nor a conflict of interest between its QA activities and such additional services.

In more general terms, some representatives of the national authorities expect a QA agency to limit its “consultations” to how a self-evaluation should be conducted and a report prepared by an HEI, and not to provide advice on how to improve programmes, mechanisms and tools; others stated that a QA agency could provide consultancy services as one of its lines of activity, including the training of staff in HEIs that wish to benefit from such services. Some of the representatives of HEIs interviewed consider that ECAQA could provide such consultancy, not only to HEIs but also to programme, as it has resources to do so.

The external experts whom the panel met have not been involved in, and are not aware of, any consultancy services provided by the agency to support HEIs in improving their performance and preparing for an accreditation review. They provided consultancy only as experts in a training seminar for medical staff from Uzbek institutions. No pre-accreditation consultancy services have been offered to HEIs, as the panel learned from their representatives.

As the ECAQA Team explained to the panel, if consultancy services within the scope of the ESG are provided to individual HEIs in the future, it will be easy to separate them from QA activities. The agency has the Regulation on paid services and can draw a clear line between the two strands of activity. Consultancy services can be offered to institutions which either are not undergoing an accreditation review or have been accredited by another agency, and a consultancy contract concluded with a particular HEI would define specific objectives and tasks.

The ECAQA Team clarified that fee-based capacity building or training seminars on QA and accreditation were included in the agency's Strategic Plan and Annual Action Plans to ensure its financial sustainability. Information is available on its website, but no seminar has been organised yet as there is no interest from HEIs. A potential conflict of interest between QA activities and such consultancy or capacity building services would be addressed by hiring for seminars experts who are not or will not be members of the Accreditation Council or an EEC.

To explain why all of the accreditation reviews conducted so far had ended with full accreditation granted by the agency, the ECAQA Team and the other stakeholders (external experts, representatives of HEIs, students and national authorities) interviewed pointed to the specificity of medical education, which is subject to strict regulatory requirements at the national level; a "serious approach" of HEIs in seeking to meet the accreditation standards as State funding is awarded only to accredited HEIs and programmes; customised training provided by ECAQA before a self-evaluation; and the long period between the training and the self-evaluation (see above), during which HEIs "work hard" to improve their performance based on the accreditation standards.

NON-CORE ACTIVITIES: OTHER ACTIVITIES

The agency is involved in various other activities supporting the development of healthcare and quality improvement of medical education in Kazakhstan. For example, it contributes to national regulations and codes drafted in the Parliament, the MES and / or the MoH; as a member of the Republican Methodical and Education Council, it presents findings from its accreditation reviews and suggestions for improvement of medical education. In addition to the mandatory training for its external experts and various seminars on QA for experts, HEIs and other stakeholders (which, as ECAQA explained, are jointly referred to in the ToR for this review as "Expert Competence Development") run on a fee-free basis, it contributes to training and knowledge-sharing seminars on QA organised by the national authorities and other institutions.

ECAQA is also involved in an Erasmus+ project "AccelEd (Accelerating Master and PhD level nursing education development in the higher education system in Kazakhstan)", with the MES, the MoH, Kazakhstani medical HEIs and European HEIs as the main partners. (SAR; ECAQA website; Meetings with internal and external stakeholders) The agency confirmed during the additional site visit that it did not receive any funding under the project, and its involvement was limited to sharing its experience on what best international practice the HEI partners could consult when drafting some documents in the project.

STAKEHOLDER INVOLVEMENT

Governance and accreditation functions in ECAQA are shared among the Director General as the chief executive, the Expert Board, the Accreditation Council and the Appeals and Complaints Commissions. The Expert Board, which develops and revises accreditation methodologies, selects

external experts for reviews and contributes to the agency's strategic plans, is composed of academics and / or practitioners and students who are representative of Kazakhstani HEIs, other educational institutions and professional associations. Based on the evidence provided in the Regulation on the Accreditation Council and the SAR and during the first site visit, the Council involved, at the time of the visit, representatives of all national stakeholders (the Parliament, the MoH, staff and students of HEIs, other educational institutions and professional associations), except for the MES, as well as two international experts from Russian and Tajik HEIs. The accuracy of the statement about the composition of the Council in the panel's review report submitted to ECAQA after the first visit was not questioned in its factual accuracy response. However, as the panel learned during the additional visit, the Council no longer includes a representative of the MoH, and, in fact, the person concerned was no longer considered as the representative of the MoH at the time of the first site visit as she had left the institution much earlier. The Complaints Commission consists of staff of HEIs and other educational institutions and (a) student(s), and any future ad hoc Appeals Commission will have the same composition. External evaluations as part of all accreditation processes are conducted by EECs, each composed of national academic experts, at least one international expert, an employer representative and a student. (SAR; ECAQA regulations; Meetings with internal stakeholders)

As their representatives explained to the panel, in particular, during the additional site visit, the MES and the MoH see their role as the regulatory bodies that establish a national framework for HEIs and QA agencies (MES and MoH), register QA agencies and issue licences for HEIs to conduct their activities (MES). They explained to the panel they had no interest in, and no responsibility for, any particular QA agency operating in Kazakhstan. They are proud that the country has an "independent accreditation system", and emphasise in their interactions with HEIs that each institution is free to choose any QA agency to apply for accreditation.

The representatives of the national authorities, HEIs, employers and professional associations whom the panel met during the two site visits welcome the establishment of ECAQA as the first agency in Kazakhstan specialising in medical and healthcare fields, and one whose accreditation standards integrate both the international standards for medical education and the requirements laid down in the national law. They emphasised its instrumental role in promoting the international standards for, innovation in, and quality enhancement of, medical education and, thus, in supporting HEIs in the training of well-qualified graduates and contributing to quality improvement of healthcare in the country. HEIs reported that they choose to apply for accreditation to ECAQA as it is very committed and highly professional in its QA activities, has unique expertise and international links, and because its standards are based on the WFME standards and thus the accreditation paves the way for HEIs to be internationally recognised. Members of the Accreditation Council, who carry out their tasks on an unpaid basis, informed that panel that they consider it an honour to work towards quality improvement in medical education and support HEIs in entering the international arena.

Analysis

CORE ACTIVITIES: QUALITY ASSURANCE / ACCREDITATION REVIEWS

The panel confirms that ECAQA's mission statement and the objectives of its external QA activities, as defined in the Standards for the accreditation processes, are published on its website. The mission is clear and translated into the clear objectives of the accreditation processes which combine ensuring compliance with specific requirements and fostering quality improvement. The Strategic Plan fits well into the mission and QA objectives as focusing on capacity building of ECAQA as a young agency, further development of its QA activities and internationalisation; the agency's daily activities consistently carry forward its overall goal and QA objectives. It is also evident to the panel that all of the stakeholders support the objectives of the agency's QA activities and value highly the quality of its services and its international outlook.

It is clear from the accreditation cycles and the statistics on the completed and ongoing reviews that ECAQA conducts its external QA activities on a regular basis. However, a relatively small proportion of its accreditation reviews have so far been conducted within the higher and postgraduate education system. There is a relatively small number of medical HEIs and faculties of non-medical HEIs providing medical education in Kazakhstan (see the Introduction). Thus, it is commendable that the agency is actively seeking opportunities to expand the circle of potential 'customers' for its QA services in and outside the country.

The panel has found ECAQA's QA activities to be substantially compliant with ESG 2.1, 2.2, 2.3 and 2.4, and partially compliant with ESG 2.5, 2.6 and 2.7. The main issues identified are the varying extent to which some elements of ESG Part I are addressed in the different accreditation processes (ESG 2.1); no mechanism for structured stakeholder involvement in the design of the processes (2.2); some issues specific to the follow-up to an accreditation review (2.3); student involvement in external evaluations limited by the lack of adequate training and clear guidelines (2.4); insufficient evidence to substantiate analysis and judgments and a lack of consistency in addressing the accreditation standards in evaluation reports; not all reports published (2.5 and 2.6); the arrangements for the appeals process that do not ensure full transparency and consistency in decision-making (2.7).

NON-CORE ACTIVITIES: CONSULTANCY, CAPACITY BUILDING, COMPETENCE DEVELOPMENT AND OTHER ACTIVITIES

Agencies are expected to make a clear distinction between external QA activities and their other fields of work, take measures to prevent a conflict of interest that may arise from different activities and publish such measures on their website. A conflict of interest would arise, in particular, when consultancy services are provided by an agency to an individual HEI and relate to the issues addressed by the ESG.

It is clear to the panel, and was indeed clear after the first site visit, that with the codes of ethics and no-conflict-of-interest statements signed by members of its governing bodies and external experts, ECAQA has in place a mechanism which effectively prevents the involvement of the same individuals in an accreditation review of, and (current or potential) consultancy services for, the same institution or programme.

The discrepancies in the evidence received concerned the types or scope of consultancy and capacity building services which are or are not provided by ECAQA. The panel believes that the additional visit allowed it to clarify the outstanding issues. Even though there is a fine line between consultancy and training, the term "consultancy" is somewhat confusingly used by ECAQA as referring to the training on the review process provided to individual HEIs applying for accreditation, and to training and similar seminars for larger stakeholder audiences. Leaving this aside, to sum up the evidence for analysis, the panel understands that ECAQA provides customised training and advice on the accreditation process as part of a contract for a review, but it does not offer consultancy services to HEIs preparing for accreditation as part of an additional contract. While the agency does not look at its services under the World Bank and MoH project as consultancy, they can be classified as such, in the panel's view, considering the specific tasks performed by the agency. Fee-based capacity building seminars on QA and accreditation have yet to be organised by ECAQA when requests for such services are submitted by HEIs. In addition to all these past, current and planned activities, the agency is involved in an Erasmus+ project together with Kazakhstani HEIs, the MES and the MoH.

In the panel's view, ECAQA's training and other seminars (Expert Competence Development and similar activities) for larger audiences do not create a conflict of interest with its accreditation reviews as this is not a setting where it provides specific advice within the scope of the ESG to individual HEIs. While four HEIs are involved in the Erasmus+ project, the panel does not see the agency's participation as an issue as it does not contribute in any tangible terms to the modernisation of Nursing

programmes, and its limited inputs have no immediate impact on the conduct or outcomes of accreditation reviews. Although directly involved in such projects, the ECAQA Expert Board only develops accreditation methodologies, and the Director and Adviser are only two of 15 members of the Accreditation Council, which takes decisions collectively, and they would abstain from voting in the case of a conflict of interest. QA activities and international collaboration are also clearly separated and described on the agency's website.

As regards the customised training provided to individual HEIs as part of contracts for accreditation reviews, ECAQA, obviously, needs to take care to ensure that this is strictly limited in scope to the accreditation process and standards. The panel found no evidence in its meetings during the additional visit that such "consultancy" additionally includes specific advice on how to improve programmes, mechanisms, practices or tools in place before the submission of a self-evaluation report, which would create a conflict of interest. In this context, it notes, though, that the ECAQA Team and the external experts were not fully consistent in explaining to the panel the role of ECAQA and experts in reviewing self-evaluation reports and the kind of shortcomings identified in reports that should be eliminated by HEIs. Thus, the panel understands that there is some flexibility in the procedure for reviewing self-evaluation reports.

Together with the requirements set for HEIs and medical education in the national legislative framework, the customised training and the long period between the training and the self-evaluation can indeed explain, to some extent, why all reviews have ended with a positive outcome. This can also be explained by the fact that the accreditation (sub-)standards are not adequately and consistently addressed in external evaluation reports, which provide the basis for accreditation decisions (see ESG 2.5). Since most of the representatives of HEIs whom the panel were not familiar with the results of the World Bank and MoH project (see below), the link between ECAQA's consultancy services delivered under the project and positive outcomes of accreditation reviews is not easily identifiable.

In the panel's view the consultancy services provided by ECAQA under the World Bank and MoH project create a conflict of interest with its QA activities as strategic development programmes, professional development and nursing education development programmes overlap, at least to some extent, with the areas addressed by the institutional or programme accreditation reviews. This is only partly mitigated, insofar as the agency developed only a framework or guidelines for development programmes for educators rather than specific programmes for individual institutions. A conflict of interest is not prevented by the project's specific contractual arrangements (who defines the ToR, hires a consultant, pays the fee, etc.) highlighted by ECAQA in its arguments. Neither is it prevented by the fact that the beneficiary HEIs had not been accredited by the agency earlier; effective separation of QA activities and consultancy services should ensure that the agency does not conduct an accreditation review of an institution or programme within a specified timeframe after it provided consultancy services to the HEI or programme concerned.

By combining accreditation reviews and services such as those delivered under the World Bank and MoH project, ECAQA plays a double role in the national higher education system, acting in its capacity as an external QA body and a consultancy provider. A similar issue would emerge in case it offers advice to HEIs to improve their performance in addition to the training on the accreditation process and standards during the fee-based capacity building seminars included in the Strategic Plan and Action Plan, and the beneficiary HEIs subsequently apply to the agency for accreditation. Thus, the panel is concerned that ECAQA and its external stakeholders have yet to fully recognise that such a double role gives rise to a conflict of interest for the agency as an institution (not to be confused with a conflict of interest for individuals working for the agency, which is indeed prevented by the arrangements in place). It is clear to the panel from its meetings that all of the stakeholders are guided by the ultimate goal to ensure that HEIs meet the international standards. While this is fully understandable, a shift in the mindsets would be needed to give more consideration to the risk that

ECAQA's double role undermines its integrity and trustworthiness as an external QA body if a conflict of interest between the two strands of its activity is not effectively mitigated.

While ECAQA believes that it can easily separate its QA activities and consultancy services, the panel has found no specific measures or formal arrangements in place to do so. A (potential) conflict of interest between the two strands of activity for the agency as an institution is not addressed in its internal regulations or guidelines. While the agency's website has separate sections on its QA activities, international collaboration and events, other sections or headers do not make a clear distinction between other types of activities (consultancy services, training for ECAQA external experts vs training and other events for other external stakeholders, etc.). A specific measure for conflict-of-interest cases, published on the website, would need to make it clear what is considered as consultancy services and as a conflict of interest between QA activities and such services, and how it is mitigated. In the panel's view, an effective measure would also ensure that there is a lapse of six years between consultancy services and QA activities as this period corresponds to the longest accreditation cycle in ECAQA's accreditation processes.

STAKEHOLDER INVOLVEMENT

ECAQA is committed to engagement with its stakeholders. The panel understands from its meetings with the stakeholders during the two site visits that they are fully satisfied with the extent of their involvement or their interactions with the agency. HEIs, their staff and students, employers, as the main stakeholders, as well as professional associations, are well-represented on the agency's bodies responsible for accreditation methodologies and decision-making and in EECs conducting external evaluations. While no representatives of the MES or the MoH are involved in ECAQA's governance structure or QA activities, the panel gathers from the feedback collected that this arrangement is justified in the view of the two ministries, which perceive themselves as regulatory bodies refraining from direct involvement in the agency's activities. The panel also considers that in the highly regulated national context, with a powerful position of the national authorities, no direct involvement of the ministries helps the agency to ensure its independence. Both ministries also have ample opportunities to engage with the agency in the process of drafting national legislation and in various knowledge-sharing events at the national level.

Although young, the agency has already built close ties with various institutions and organisations within the medical education and healthcare community. The panel has found no evidence that the direct involvement of the stakeholders in ECAQA's governance or QA activities limits in any way its independence (see ESG 3.3).

Close ties with the stakeholders create opportunities to seek valuable inputs to enrich ECAQA's activities. However, beyond its formal organisational structure, the agency does not yet have in place an effective mechanism for more structured engagement with its stakeholders or dialogue on its activities and further development, apart from the collection of feedback on accreditation reviews (see ESG 3.6). This may explain, to some extent, why the panel has found no or little tangible evidence of the stakeholders' contribution to, for example, the agency's Strategic Plan or the topics of its thematic analytical reports.

International experts on the Accreditation Council are an asset to ECAQA, enhancing its expertise related to the international standards for medical education, an aspect valued by all of its stakeholders. Based on its observations in various sections of this review report, the panel believes that the agency and its bodies could also benefit from the involvement of international experts with proven experience in the implementation of the ESG at institutional and / or QA agency level.

As a more general comment, the panel notes that there were discrepancies in the evidence concerning some aspects of ECAQA's activities that the agency provided at the preparatory stage of the review,

during the first site visit and in its factual accuracy response to the review report submitted after the first visit; the factual accuracy response itself did not provide sufficient evidence to clarify the issues concerned; the information about the composition of the Accreditation Council received earlier turned out to be inaccurate during the additional site visit (and the Regulation on the Appeals Commission provided to the panel before the first site visit was no longer in force, as the panel learned during that visit; see ESG 2.7). Since such issues might raise doubts about its credibility, ECAQA would need to take greater care to ensure that the evidence it provides is clear, accurate, complete and consistent.

Panel commendations

The panel commends ECAQA for the efforts to expand its external QA activities beyond the relatively small circle of medical HEIs in Kazakhstan and attract other applicant institutions from within and outside the country.

Panel recommendations

The panel recommends that ECAQA take measures to separate clearly its external QA activities and consultancy services and ensure that it does not conduct external QA activities in the same entity that has benefitted from its consultancy services within the scope of the ESG in the past six years.

The panel recommends that ECAQA put in place a mechanism for structured engagement with its stakeholders to encourage their meaningful contribution to its activities and further development.

Panel suggestions for further improvement

The panel encourages ECAQA to:

- (1) involve in its work and its Accreditation Council and Expert Board international experts with proven experience in the implementation of the ESG;
- (2) consider how its capacity building seminars for higher education institutions to be organised in the future could be designed to avoid a conflict of interest between its external quality assurance activities and consultancy services.

Panel conclusion: partially compliant

ESG 3.2 OFFICIAL STATUS

Standard:

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

Evidence

ECAQA was registered as a non-governmental and non-profit organisation by the Ministry of Justice of the Republic of Kazakhstan (national level) and its Department of Justice in the Almaty City (local level) in 2017. The two certificates, together with ECAQA's Constitution as its founding document, provide the legal basis for its external QA activities in Kazakhstan. (SAR, Registration Certificates) The agency is making arrangements for, but does not conduct yet, QA activities outside Kazakhstan (see ESG 3.1).

Pursuant to the national legislation, only QA agencies which are listed on the National Register of Recognised Accreditation Bodies are authorised to conduct accreditation reviews in Kazakhstan (Law

on Education; Order no. 629 of 1 November 2016 of the Minister of Education and Science on the approval of the rules for the recognition of accreditation agencies, including foreign ones, and the formation of registers of recognised accreditation agencies, accredited organisations of education and educational programmes). ECAQA was recognised as an accreditation body by the decision of the Accreditation Council of the MES and was entered on the Register in 2018 (MES confirmation letter dated 15 March 2018). Institutions and programmes that have been accredited by the agency are included in the National Registers of Accredited Institutions and Programmes, as required by law.

Analysis

The Ministry of Justice registration certificates and the MES confirmation letter provide a clear basis for ECAQA's activities as a legal entity and a recognised accreditation agency. Its external QA processes have a regulatory function as accreditation is required for HEIs to receive state funding, provide programmes and award state diplomas (see the section on the QA system in Kazakhstan). The panel confirms that institutions and programmes accredited by ECAQA are listed on the National Registers available on the MES / European Network of Information Centres (ENIC) – Kazakhstan website. It is thus evident that the agency's decisions are formally recognised by the national authorities.

ECAQA's involvement in the various bodies and activities at the national level mentioned under ESG 3.1. and the panel's interviews clearly demonstrate that the agency is also perceived by the national authorities, HEIs and the healthcare community alike as instrumental in advancing the national healthcare development agenda and enhancing the quality of medical education.

Panel conclusion: fully compliant

ESG 3.3 INDEPENDENCE

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

Evidence

The Law on Education assigns the responsibility for accreditation to independent agencies which are listed on the National Register of Recognised Accreditation Bodies. The registration, which is valid for five years, and its renewal are based on a review conducted by the MES Accreditation Council. A registered agency submits annual activity reports to the MES.

ECAQA is a private non-governmental organisation (NGO) established by the INTERMED Company LLP, a private healthcare organisation providing medical and IT services to healthcare and educational institutions. As stated in its Constitution, ECAQA is independent, takes full responsibility for its actions, and no third party can influence its conclusions, recommendations and decisions in the accreditation processes. In the initial period of its activity, it was funded by its Founder, and currently operates on a self-funding basis, with its income coming from fees charged for services (see ESG 3.5). (SAR; ECAQA Constitution; Meeting with the Founder)

ECAQA's Founder appoints its Director General and approves its preliminary annual budgets and annual reports. The Director acts as the chief executive; employs the Adviser, Heads of Departments and staff; approves appointments to the Expert Board and the Accreditation Council and EECs; and approves internal regulations and documents related to institutional management and accreditation

processes. The Expert Board, which develops and revises accreditation methodologies and selects external experts for reviews, consists of experts from HEIs and other educational institutions and students. The Accreditation Council, which takes accreditation decisions, includes the Director and Adviser; representatives of the Parliament; staff of medical education and healthcare institutions; international experts; and students. One-third of its membership are put forward by medical HEIs; one-third are healthcare professionals proposed by professional associations; and one-third represent other stakeholders, including the Parliament⁷, professional associations and students. The Complaints Commission consists of staff proposed by educational and healthcare institutions and students; any future established Appeals Commission will have the same composition. (SAR; ECAQA internal regulations and website; Meeting with the Founder; Final clarification meeting).

Pursuant to the Law on Education, accreditation bodies conduct reviews in accordance with their own standards, within the framework set by the national legislation. The SAR states that ECAQA's accreditation standards have been endorsed by the MoH. As the Expert Board and representatives of the MoH explained to the panel, formal endorsement is neither required nor recommended; they understand endorsement as 'support' or confirmation that the agency's standards comply with the international standards (which provided the basis for the national standards for medical education) and the national requirements. Within the agency, accreditation standards and procedures developed or revised by the Expert Board are approved by the Director General.

External evaluations as part of the accreditation processes are conducted by EECs. The Expert Board selects experts for the ECAQA Database and EEC members for each review. The composition of an EEC is approved by the Director. (SAR; Regulations on the Expert Board and the EEC).

The Accreditation Council and the Complaints and Appeals Commission take decisions by a simple majority of votes. A decision of the Appeals Commission is not a final decision but a reasoned recommendation to the Accreditation Council which takes the final appeals decision. (SAR; Regulations on the Accreditation Council and the Complaints and Appeals Commissions).

Members of all of the ECAQA bodies, including the Accreditation Council, and the Expert Board, Appeals and Complaints Commissions (as members of the three bodies are experts registered in the Database), staff and EEC members sign a code of ethics or conduct (Code of Ethics and Rules of Conduct for the Accreditation Council; Employee Code of Conduct; Code of Conduct for External Review Experts). ECAQA's Regulation on Conflict of Interest requires Accreditation Council and Expert Board members staff and external experts to disclose a potential conflict of interest. Members of the Accreditation Council, Expert Board and EECs also sign the Statement of Confidentiality and Absence of Conflict of Interest. In the case of a conflict of interest, an Accreditation Council member abstains from voting, and a Complaints Commission member is replaced by one from another organisation. An Appeals Commission will consist only of experts with no conflict of interest as it will be set up on an ad hoc basis for each appeal filed.

All of the stakeholders whom the panel met during the first and additional site visits perceive ECAQA as completely independent. In their view, this is ensured by the fact that ECAQA is a non-governmental and self-funded organisation, it is not supervised by the MES or the MoH, and takes care to ensure that those involved in its activities have no conflict of interest. The MoH cannot influence decision-making in accreditation as it has no representative on the Accreditation Council; the Council brings together different stakeholders and decisions are taken collectively.

⁷ Based on the evidence collected at the preparatory stage of the review and during the first site visit, the Council also included a representative of the MoH. However, as ECAQA clarified during the additional visit, the MoH no longer has a representative on the Council; for further details, see the evidence concerning stakeholder involvement in the section on ESG 3.1.

As explained in the section on ESG 3.1, the MES and MoH perceive their role as limited to establishing a regulatory framework for QA agencies and HEIs, have no specific interest in ECAQA nor influence on its accreditation decisions which are based on evidence provided in external evaluation reports. Members of the agency's bodies and EECs involved in the accreditation processes emphasised that they strictly adhered to the principles of the code of conduct or ethics and the no-conflict-of-interest statement that they had signed. Members of the Accreditation Council who have a conflict of interest abstain from voting (e.g. a member representing the MoH did not vote in a case involving its collaboration with Russian partners). Experts, including students, involved in EECs, assured the panel that they felt no pressure in the performance of their tasks. Those who presented findings from external evaluations to the Accreditation Council told the panel that there were "serious discussions", with different views expressed by the stakeholders, and no lobbying or pressure to make changes in evaluation reports.

Analysis

ECAQA operates within the close-knit medical education and healthcare community where, as the panel learned from the CVs of members of the agency's bodies and in the meetings with various stakeholders, many individuals have multiple professional identities (e.g. a member of ECAQA's body or its expert, an adviser to a national body and a staff member of an HEI or a research centre supervised by the MoH). Furthermore, as the ECAQA Management emphasised during the site visits, the agency is part of 'the national system'; thus, all stakeholders, including the agency, are working towards the common goal of improving the quality of medical education and healthcare, and contribute to various activities at the national level (see also ESG 3.1). This may explain why it was not always entirely clear to the panel which of the various possible institutional settings or professional identities some participants were referring to in their statements during the meetings. In this context, it is important that ECAQA's internal regulations and documents clearly define a potential conflict of interest and implications of a breach of the rules and are signed by all individuals concerned. The panel has found no evidence of non-compliance with the codes of ethics or conduct or the no-conflict-of-interest statement.

Organisational independence

The national legislation, ECAQA's legal status as an NGO established by a private organisation, its self-funding status and the clear provisions of its Constitution provide a firm basis for its independence.

ECAQA has no organisational links with the national authorities, including the MES and the MoH. ECAQA or the Founder company is not tied in organisational terms to any stakeholder institution. The responsibilities within the agency are clearly defined and divided. The Director General – who has extensive management powers, including appointments to the ECAQA bodies, and is a member of the accreditation decision-making body – has no affiliation to an external organisation, which otherwise could open the way for a third party to exert influence on the agency's activities. Members of the agency's bodies have various institutional affiliations, but considering their specific responsibilities, this is more related to the other two areas of independence.

Operational independence

The panel considers that ECAQA independently defines its accreditation methodologies, appoints external experts and carries out its evaluations. While the national legislation sets strict requirements for HEIs, which QA agencies need to take into account in their methodologies, it also explicitly grants them the right to develop their own standards. The panel understands from its discussions with the stakeholders that the MoH did not interfere in the development of ECAQA's methodologies. Ideally, however, the Ministry would take no position on ECAQA's or any other QA agency's standards as its 'endorsement' might be misinterpreted as implicitly recommended or expected, or giving a competitive advantage to a particular agency. The independence of the Expert Board as the body developing methodologies and selecting external experts is well safeguarded by a representative mix

of staff and students from institutions providing medical education, collective decision-making within the Board, the arrangement whereby its decisions are approved by the Director General, and by the Code of Conduct and the No-Conflict-of-Interest Statement signed by its members. The panel also notes that HEIs may raise reasoned objections to the composition of an EEC (see ESG 2.4).

The Code and the Statement and collective decision-making are, likewise, sound mechanisms to ensure the independence of EECs conducting external evaluations. This is further enhanced by the involvement of at least one international expert in each EEC, as required in the Guidelines for External Evaluation of a Higher Education Institution and Educational Programmes (see ESG 2.4).

Independence of formal outcomes

The panel does not see any risk of the MES or the MoH interfering in decision-making within ECAQA. Neither of the Ministries has representatives on the Accreditation Council as the agency's decision-making body, or financial or political leverage or other ways and means to exert pressure. The MES registers QA agencies and reviews their activity reports, but the registration requirements laid down in the law are clearly defined and rather formal (legal status, adequate resources, at least one international expert in an expert commission, accreditation standards developed).

Viewpoints of all other stakeholder groups (ECAQA, the Parliament, HEIs, academic staff and students, employers and professional associations) are well-represented in the membership of the Accreditation Council. The composition of the Council is well-balanced to ensure that no single stakeholder group has a more powerful position, and decisions are taken by a majority vote. Moreover, the international members of the Council bring an independent external perspective into decision-making. The panel also understands from its meeting with the Council that its members are committed to the principle of the Code of Ethics that they act in a personal capacity rather than as representatives of their home institutions. While the representatives of ECAQA's Management Team are in the minority in the Council, it is clear from its Constitution and Regulations on the Accreditation Council that the agency takes full and final responsibility for outcomes of its accreditation processes, and the Council's decisions require approval by the Director General. (The Appeals Commission would need to have the power to take independent final decisions rather than only recommend an appeals decision to the Accreditation Council, but this is discussed and taken into account in the panel's conclusion under ESG 2.7.) The panel also notes that EECs, which produce evaluation reports as the basis for decisions of the Council, are bound by the provisions of the Code of Conduct, and there is no pressure from the Council on EECs to make changes in their evaluation reports.

Overall, ECAQA has a legal status and framework, an internal structure with clearly divided responsibilities and formal mechanisms in place that jointly prevent third parties from exerting undue influence. It perceives itself and is perceived by the stakeholders as completely independent. Further to the comments under ESG 3.1 and above, the panel also notes that the agency has in place an effective mechanism to prevent the involvement of individuals in the different strands of its activity, in particular QA activities and consultancy services, where this may give rise to a conflict of interest. The panel is concerned that ECAQA has not yet put in place any measures to effectively separate its QA activities and consultancy services (this is addressed by the recommendation under ESG 3.1). These two areas of activity create a conflict of interest for the agency as an institution when consultancy services cover the issues addressed by the ESG; such consultancy provided to an HEI or programme that subsequently applies to the agency for accreditation could make a positive outcome of an accreditation review much more likely. However, the panel has not found evidence that the consultancy services provided so far (under the World Bank and MoH project) have had impact on, or have undermined the independence of, the outcomes of accreditation reviews. The panel learned in its meeting with the Management Team and stakeholders that the training (confusingly described by ECAQA as "consultancy services") provided to HEIs as part of a contract for an accreditation review was limited in scope to the

accreditation procedures and standards and did not include support for HEIs to improve their performance, which otherwise would have impact on the outcome of a review.

As noted under ESG 3.1 and above, ECAQA has close links with its stakeholders and involves individuals with multiple professional identities in its activities. Thus, it needs to take care to eliminate any risk that this is perceived as having an impact on its QA activities. In addition to the arrangements that are already in place, the transparency of its activities may be further enhanced by the involvement of more international experts in the Accreditation Council, as suggested under ESG 3.1, and a more consistent or stricter approach to the application of the standards in the accreditation processes, as recommended under ESG 2.5.

Panel conclusion: fully compliant

ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

Evidence

Under ESG 3.4, the SAR describes ECAQA's annual activity reports and four thematic reports:

- two reports based on findings from accreditation reviews: 'Analysis of the results of institutional self-assessment reports and external evaluation reports of organisations for continuing professional development (CPD)' (2019), and 'Analytical Report on the Results of External Experts Evaluation of Postgraduate Specialty Training Programmes (Residency)' (2020);
- two reports prepared as part of a World Bank and MoH-coordinated project supporting the nursing education reform (see 'ECAQA: Functions, Activities, Procedures' and ESG 3.1): 'Methodological assistance to medical colleges, higher medical colleges and universities in the development and implementation of development programmes' (2020) and 'Development of nursing educator competencies and educational programmes for professional development of educators of medical educational institutions and nursing colleges' (2020).

As a follow-up to recommendations in the reports based on accreditation reviews, ECAQA run training workshops for institutions providing Residency and CPD programmes, and focused its post-accreditation monitoring on the accreditation standards that they found most demanding. (SAR; Meeting with the Management Team).

The agency chose CPD and Residency programmes for its thematic reports as a sufficiently large number of reviews had been completed to identify common problems. It was also important to support institutions in systematising approaches and providing adequate Residency training as a stage which leads to professional practice or PhD studies. The 'application of a systemic approach to identify specific areas for thematic analysis and publications' is identified as a weakness in ECAQA's SWOT analysis. For 2021 and 2022, ECAQA, together with external experts, has chosen transparency, honesty and academic mobility as the topics for thematic reports. (SAR; Meeting with the ECAQA Management Team) The representatives of the national authorities whom the panel met did not suggest any specific topics but emphasised that they were interested in the transition to Residency programmes. The Heads of HEIs suggested that they would welcome analytical reports on the relevance of programmes to employers' needs, joint programmes provided with international

institutions, online platforms and their effectiveness in training, and accreditation of postgraduate programmes.

As the panel learned from ECAQA staff, thematic reports are not published, but findings are shared within the Republican Methodological and Education Council at the MES (see also ESG 3.1).

Analysis

The panel has examined the 2017-2020 Annual Reports and the four reports produced by the agency.

The Annual Reports cannot be considered as thematic analyses as understood under ESG 3.4. They provide a useful overview of ECAQA's activities, including statistical data on its accreditation processes, but do not analyse findings from its accreditation reviews or other material collected in its QA activities. One of the two consultancy reports, based on a review of HEIs' self-evaluation reports on the implementation of their strategic development programmes, provides an in-depth insight into strengths and weaknesses of institutional governance policies and practice. Findings were used by the agency to shift the focus in its accreditation processes towards specific issues (see ESG 3.6). The other report cannot be considered as a thematic analysis as it proposes a framework for the design and implementation of professional development programmes for educators and nurse educators.

ECAQA has put in a great deal of effort to prepare the two reports drawing on the outcomes of its accreditation reviews, with several research methods used to gather data. They clearly identify strengths and areas for improvement in the reviewed programmes and the standards that are most challenging for institutions. Their findings can inspire quality improvement in institutions and policy development at the national level, and were also promptly followed up by ECAQA through its training and post-accreditation monitoring activities. Nevertheless, the reports only briefly highlight strengths and weaknesses of the reviewed programmes rather than discussing them at greater depth. In this respect, they are quite typical for a young agency, but the panel believes that ECAQA has collected sufficient data for, and has the capacity to do, a more thorough analysis. Its future reports could usefully offer more details about good practices to be disseminated among HEIs and some reflection on factors behind areas for improvement.

The panel agrees with ECAQA that it needs to have a systematic approach to choosing topics for its thematic analyses. Further to its recommendation under ESG 3.1, it also considers that the agency should involve its stakeholders in this process. All thematic reports should also be published on the agency's website so that they are easily available to all interested stakeholders.

Panel recommendations

The panel recommends that ECAQA adopt a systematic approach to identifying topics for its thematic analyses, with stakeholders to be involved in this process, take a more in-depth approach to analysing findings from its accreditation processes, and publish thematic reports on its website.

Panel conclusion: substantially compliant

ESG 3.5 RESOURCES

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

Evidence

ECAQA is funded mainly from fees charged for external QA services, which are the main income item, and fees for consultancy services (in total, over 99% in 2018 and 2019, and 84% in 2020); other sources of income include gains from currency exchange and exchange rate differences. The agency's total income (without VAT) grew from KZT 15,126,251 (€ 29,434) in 2018 to KZT 49,358,098 (€ 96,046) in 2019 and KZT 66,323,623 (€ 129,059) in 2020. Each year the income exceeded the expenditure, with the total positive balance of 30,795,251 (€ 59,925) for 2018-2020. The surplus balance is used for the agency's statutory activities. The agency sets aside in its annual budgets fixed amounts for staff training and development work such as thematic analysis, including fees for experts who are contracted to prepare thematic reports. (SAR; Pre-visit meeting) As the panel learned from the ECAQA Founder, the INTERMED company has sufficient funding to support the agency in case of emergency.

Cost estimation for the Strategic Plan and annual plans and budgets is based on an analysis of fixed and variable costs and financial risks. In setting prices for its QA services and calculating projected income, the agency takes into account the national legislation, the competition among the QA agencies in Kazakhstan, and a list of potential applicant HEIs among which it promotes its services (see also ESG 3.1). (ECAQA's Plans; Meeting with the Management Team; Final clarification meeting)

Members of ECAQA's Management Team (Director General, Adviser, Chair of the Expert Board and Heads of Departments) are employed as regular staff. In addition to their main tasks, the Adviser and Expert Board / Commission members (under a separate service contract for the latter) prepare thematic analysis reports, or such work is outsourced to external experts. The four Departments have eight staff members in total, including the Head and a manager or specialist in each. The Department for Accreditation and Monitoring provides administrative support in accreditation processes (maintenance of the Expert Database; organisation of training, accreditation and post-accreditation reviews). For the main post-accreditation monitoring tasks (evaluation of follow-up reports; site visits where necessary; evaluation report), the agency hires external experts and Expert Commission members. Some functions of the Departments for Planning and Administration (accounting, legal support) and IT (technical support for the website and social media) are outsourced. (SAR, Regulations on the Expert Board and Post-Accreditation Monitoring; Pre-visit clarifications; Meetings with internal stakeholders)

Pursuant to ECAQA's regulations, members of the Accreditation Council and the Complaints and Appeals Commissions, and students and employers as members of EECs work on an unpaid basis.

The staff interviewed applied or accepted an invitation to work at the agency as the job matched their professional or academic interests, and they are fully satisfied with their working conditions, including the workload, and development opportunities. Those who support the accreditation processes as ECAQA coordinators were coached by their colleagues and involved in reviews as trainee-observers, and participate(d) in ENQA training seminars and project teams. A staff member responsible for public relations completed a social media and marketing course. The staff also enhance their expertise through participation in various workshops organised by ECAQA for its stakeholders (e.g. a recent seminar on the role of students in QA). The external experts and representatives of HEIs whom the panel met emphasised the role of a coordinator in reviews and complimented staff for their competence.

ECAQA's premises, with fully equipped workplaces, include an office area in two buildings; one is provided free of charge by the Founder as the owner of the building, on the basis of a notarised letter of consent, and the other one is rented on a permanent basis. Rooms for meetings and training sessions for a larger number of participants are rented on an ad-hoc basis. (SAR; Pre-visit meeting)

Analysis

ECAQA has a sound approach to financial planning, with costs estimated on an annual basis and for the three-year timespan of the Strategic Plan, a risk analysis and a realistic pricing policy for its QA services, supported by active marketing to attract potential applicant HEIs. All this is particularly important for a private agency which has no guaranteed state-budget funding. The panel also notes that emergency funding could be provided by the Founder if needed.

The large total number of completed and ongoing accreditation reviews (see the Introduction), the thematic reports produced (ESG 3.4) and various other activities (ESG 3.1), as well as the budget surplus in the last three years, demonstrate that both the financial and human resources available are sufficient for the agency to carry out effectively its core QA mission, invest in its further development and share results of its work with the stakeholders. Considering its extensive international links, ECAQA could also engage in EU-funded projects together with QA bodies in other countries within and outside the CIS, as an additional way of funding its development activities.

Given the scale of ECAQA's QA activities, the number of staff appears to be small. However, this is justified by the arrangement where various tasks, including post-accreditation monitoring, are outsourced, with funding set aside in the budget. The panel was impressed by the strong motivation and dedication, eagerness to learn and the professionalism of the staff, which are also highly valued by the agency's stakeholders.

Panel commendations

The panel commends ECAQA for recruiting highly motivated staff, their impressive competence and for opportunities created for their continuous development.

Panel suggestions for further improvement

The panel encourages ECAQA to continue allocating adequate resources to thematic analyses and consider applying for EU grants to support its further development work.

Panel conclusion: fully compliant

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

Evidence

The framework for ECAQA's internal QA is set by the Quality Assurance Policy, the Internal Quality Assurance Framework and the Quality Assurance Programme. The QA Policy affirms the agency's commitment to continuous improvement of its activities and to the principles of professional integrity and respect for academic autonomy, and emphasises that all of its staff and experts take responsibility for internal QA. The QA Framework chart provides an overview of how internal QA processes are expected to lead to improvement, and the processes are described in the QA Programme.

As explained in the QA Programme, the Director General, supported by the Adviser, provides leadership and resources and oversees the development, implementation and improvement of the

internal QA system. The Heads of Departments are responsible for conducting and overseeing activities at their level, and all staff and Expert Board members are expected to contribute.

The internal QA system is based on a cyclical model (Deming cycle: Plan-Do-Check-Act). The efficiency and effectiveness of the system is monitored on a weekly basis at the department level and reviewed annually by the agency's Management Team. A review of the system covers mission, vision and values; strategy; accountability to stakeholders; accreditation methodologies; independence in decision-making; appeals and complaints procedures; selection and training of experts; evaluation reports; governance arrangements and resource allocation; international collaboration and partnership arrangements. Findings from internal QA processes are shared across the agency in staff and team meetings and group discussions. (SAR; QA Programme; Meeting with the SAR Team)

ECAQA's main mechanism for collecting feedback from HEIs is an online survey conducted among staff and students after each accreditation review. It covers the accreditation methodology, the implementation of a review and the performance of experts. Findings are analysed by the Expert Board and staff to improve the accreditation methodology. HEIs also provide feedback via ECAQA coordinators involved in reviews. The agency carries out surveys at the end of training seminars for HEIs. All stakeholders can also make comments and suggestions through a feedback section on its website, via email and at various events. (SAR; Meetings with the Heads and QA Officers of HEIs, the SAR Team, the Expert Board and staff; Final clarification meeting),

After each review, the Director General has a meeting with the chair of an EEC; other external experts can provide feedback orally or in writing. Some of the experts whom the panel met would welcome clear guidelines on, and a formal mechanism for, feedback collection. They would also wish to be informed about the feedback gathered from HEIs, so that they know whether their recommendations for quality improvement meet HEIs' expectations. Experts reported that when they suggest improvements (e.g. changes in a site visit programme or a survey questionnaire for students), ECAQA responds immediately. The performance of experts is assessed via a survey among an HEI's staff and students, and by the ECAQA coordinator involved who gives feedback to the Expert Board and the Director General. (Meetings with national and international experts, the Expert Board and staff; Final clarification meeting)

The Expert Board provides feedback to the Director General on an ongoing basis via the agency's staff member who attends its meetings, and can invite the Director to its meetings. The Board also makes comments and suggestions when reviewing ECAQA's annual reports. The Accreditation Council shares with the Management Team its views on the accreditation methodologies and evaluation reports. The Complaints Commission can comment on draft documents received from the Director; its suggestions are discussed and integrated into final documents. Staff can suggest improvements to the Heads of their departments or directly the Director, by email or orally. (Meetings with the internal stakeholders)

In recent years, ECAQA has made various improvements in its activities and methodologies. For example, it shifted the focus in its accreditation reviews towards strategic planning and stakeholder involvement, and from facilities and resources towards practical training for students and feedback from students, graduates and employers; improved self-evaluation guidelines for HEIs and the training for HEIs to clarify the standards; revised a checklist of aspects to be evaluated for compliance with the standards during a site visit; improved arrangements to gather student feedback after a review; and organised a workshop on QA for students. On the initiative of staff, the agency created a database for document management and now uses various digital tools in daily work, which makes administration more efficient and reduces the workload. (Meetings with the Management and SAR Teams and staff; Final clarification meeting)

The agency does not sub-contract any of its external QA activities within the scope of the ESG to third parties. For the recognition of evaluation decisions for joint degree programmes, see ESG 2.2.

Analysis

Although young, ECAQA has made a great effort to demonstrate accountability to its stakeholders. It has in place a clear QA policy supported by a programme for its implementation that covers all areas of its activity. The QA Programme is available on the ECAQA website. However, the agency could also publish its QA Policy and Framework, and some evidence to show how the QA system works in practice (e.g. aggregate findings from post-review surveys among HEIs).

The panel understands from its meetings with the representatives of HEIs, students and employers that they are fully satisfied with ECAQA's external feedback mechanisms. Post-review surveys among HEIs, combined with other, more and less formal, feedback collection mechanisms that are in place, could indeed provide useful evidence for improvement of the agency's activities. However, the panel collected no or very few examples of improvements in ECAQA's activities that the external stakeholders had suggested or wished to suggest to the agency. Some stakeholders consider that it would be unethical or inappropriate to 'influence' the agency's activities by, for example, providing comments on its draft Strategic Plan or activities. Most of the recent improvements that the agency described for the panel as examples were prompted by its own internal experience and analysis of the ongoing accreditation processes. This indicates that the feedback collection mechanisms in place would need to be more effective. The panel also believes that ECAQA could do more to encourage constructive critical feedback. It would be important to make the stakeholders more aware that while the agency should take care to safeguard its independence, their external perspective and inputs are essential to its continuous improvement. To do so, ECAQA could, for example, hold regular, structured and more in-depth discussions on its activities and their impact as part of a forum which brings together all stakeholders (see also ESG 3.1).

The panel shares the view of some experts that ECAQA would need to put in place formal mechanisms for both collecting structured feedback from all members of an EEC and for providing feedback to each EEC on its performance and the relevance of its recommendations to an HEI. To close the feedback loop, findings would need to be shared with all concerned, including the Management Team, the Expert Board, review coordinators and the Accreditation Council.

In line with the QA Policy, all internal stakeholders (Management, Expert Board, Accreditation Council and staff) take the responsibility for internal QA within their remit, and the various, more and less formal, internal feedback mechanisms involving each group seem to be sufficient for a small agency like ECAQA, ECAQA also has in place mechanisms for the monitoring and regular review of its internal QA system. The examples of the improvements made, mainly in its accreditation processes, indicate that the agency takes follow-up action when 'shortcomings' are identified. However, while the panel has identified some areas for improvement in this report, the agency's SAR would benefit from a more analytical and self-critical approach (see the Introduction). This approach of the agency may be partly explained by very few incentives to make improvements offered by feedback from external stakeholders; it may also indicate that ECAQA could engage in a more in-depth and self-critical reflection, with all internal stakeholders to be involved.

ECAQA has adopted detailed and clear regulations on the recruitment and performance of its staff and experts to ensure that they meet its quality standards. All concerned also sign the Code of Conduct or Ethics and, as the panel understands from its interviews, adhere to the principles of integrity in their work (see ESG 3.3). Experts, as well as the panel, find staff to be very professional (see ESG 3.5). The experts whom the panel met are renowned academics and professionals and their expertise is highly valued by reviewed HEIs. (There is room for improvement in the training for experts and the mechanisms for ensuring the quality of evaluation reports, but this is discussed under ESG 2.4 to 2.6).

Panel recommendations

The panel recommends that ECAQA review its external feedback mechanisms to ensure that it can collect constructive feedback which contributes to its continuous improvement.

The panel recommends that ECAQA put in place formal mechanisms for collecting feedback from an External Expert Commission after each accreditation review, and for providing feedback to each Commission on its performance and the relevance of its recommendations to a reviewed HEI.

Panel suggestions for further improvement

ECAQA could use its internal feedback mechanisms for more critical self-analysis involving all of its internal stakeholders.

Panel conclusion: substantially compliant

ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

Standard:

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

Evidence

ECAQA has been an affiliate of ENQA since 2017 and is undergoing the present external review as part of its application for ENQA membership and registration on EQAR. The national legislation does not require agencies based in Kazakhstan to undergo an ESG-compliance review. However, international recognition and ENQA membership, in particular, are among ECAQA's priorities in its Strategic Plan 2020-2022 and internal QA documents. In the Quality Assurance Policy, the agency undertakes to undergo external reviews conducted by international organisations at five-year intervals.

Analysis

The present review of ECAQA, which is the first one evaluating its compliance with the ESG, and its strategic development priorities clearly demonstrate the agency's commitment to fulfil the requirements of ENQA membership.

Panel conclusion: fully compliant

ESG PART 2: EXTERNAL QUALITY ASSURANCE

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part I of the ESG.

Evidence

The Law on Education and MES Order no. 595 on the approval of the standard rules for the activities of educational organisations require that HEIs put in place an internal QA system based on

international standards adopted in the EHEA. Such a system should address a QA policy; development and approval of programmes; student-centred learning, teaching and assessment; student admission, academic performance, recognition and certification; teaching staff; teaching and learning resources, and a student support system; information management; public information; monitoring and periodic review of programmes; and periodic external quality assurance.

ECAQA has a separate set of accreditation standards for each type of institution undergoing reviews (medical HEIs, non-medical HEIs, PGME institutions, and clinical skills centres); each level of programme (Bachelor's degree, Master's degree, PhD, Residency and CPD); each field of study for Bachelor's degree programmes (for the fields, see 'Background of the Review'); and joint degree programmes. Except for reviews of joint programmes and clinical skills centres, the standards for all processes are divided into basic sub-standards, which must be met, and quality improvement sub-standards for which an institution or programme should provide evidence of compliance, but which do not have to be met.

The SAR states that ECAQA's standards are based on the national legislation, the WFME Global Standards and the ESG, and, for joint programme accreditation, on the European Approach for Quality Assurance of Joint Programmes. As an exception, the standards for accreditation of clinical skills centres are not aligned with the ESG as this is a specific process that focuses on simulation-based learning and patient safety. The SAR provides ESG-alignment tables for only two of the accreditation processes listed in the ToR for this review: accreditation of medical HEIs and PGME institutions (see below). In this context, it explains that the standards differ according to the level of education.

In its discussions with the stakeholders, the panel sought to understand why some standards of ESG Part I are addressed to varying extents in ECAQA's accreditation standards. As explained by the agency, the differences reflect the specific profile of a given type of institution, with the standards for medical HEIs being based on the WFME standards and those for non-medical HEIs on the ESG, and the specificity of medical education at a given level and in a given field. The QA Officers of HEIs explained to the panel that the standards differ depending on the level and field of education, the objectives of a programme and the qualifications required of teaching staff. (Meetings with the Experts Board and QA Officers; Final clarification meeting)

Analysis

The panel has examined ECAQA's standards for all of the institutional and programmes accreditation processes that are listed in the ToR for this review and are considered to be within the scope of the ESG. Each of the five sets of standards for Bachelor's degree programmes (Basic Medical Education / General Medicine; Nursing; Pharmacy, Pharmaceutical Technology and Industry; Public Health; and Dental Education) reflect the specificity of education in a given field. However, they address Part I of the ESG in the same way; thus, the five Bachelor's degree programme accreditation processes are discussed jointly below.

Accreditation of medical and non-medical HEIs and PGME institutions, Bachelor's and Master's degree, PhD, Residency and CPD programmes

ECAQA's standards for non-medical HEIs address all aspects of **ESG I.1**. The standards for the other processes refer broadly to a QA policy supported by appropriate structures and processes (medical HEIs); the development and implementation of an internal QA system (PGME institutions); an evaluation system for CPD activities (CPD programmes); a QA programme and structures for programme management (Bachelor's, Master's, PhD and Residency programmes). All of these processes cover the involvement of internal and external stakeholders in QA, as recommended under ESG I.1, and individual processes (e.g. for programme design, approval, monitoring and evaluation) and principles (academic integrity and freedom, non-discrimination) are taken into account in the standards focusing on other areas. However, except for non-medical HEIs and PhD programmes, the standards do not

make it clear that an institution or programme should have an overall QA policy which integrates the various elements (structures, processes, values and principles) and which is published.

The standards for all of the accreditation processes embrace the main aspects of programme design and approval under **ESG 1.2**, while, understandably, allowing for the specificity of CPD programmes (e.g. trainee workload not defined in terms of ECTS or other credits).

The corresponding standard for non-medical HEIs incorporates all aspects of **ESG 1.3**. The standards for most of the other accreditation processes (medical HEIs, PGME institutions; Bachelor's and Master's degree and Residency programmes) refer explicitly to student involvement in programme design, and only in broad terms to a student-centred approach and teaching and learning methods that should encourage, prepare and support students to take responsibility for their learning process. Standards relating to student assessment incorporate all key elements of ESG 1.3, with emphasis placed on the relationship between intended learning outcomes and teaching, learning and assessment methods. Given the specificity of PhD studies, a student-centred approach is well captured by the involvement of PhD candidates in programme design, a mix of courses to be chosen on an individual basis, individualised supervision and mentoring and related assessment methods. The standards for CPD programmes place much emphasis on the training content to be based on trainees' individual learning plans, active learning supported by academic counselling, and assessment methods which are adapted to training and learning approaches.

All phases of the student / trainee lifecycle, from admission to certification, covered by **ESG 1.4**, are captured by ECAQA's standards for all of the accreditation processes, with those for CPD providers and programmes reflecting their specificity (e.g. encouragement for professionals to participate rather than an admissions policy with uniform selection criteria for all CPD activities).

Alignment of ECAQA's accreditation standards with Part I of the ESG (tables provided in the SAR)

ESG Part I	ECAQA Standards for institutional accreditation: medical HEIs	ECAQA Standards for institutional accreditation: PGME institutions
I.1. Policy for QA	1. Mission and Outcomes; 1.1 Mission (1.1.5-1.1.8); 8. Governance and Administration; 8.4 Administration and Management (8.4.3 to 8.4.8)	8. Governance and Administration; 8.4 Administration and Management (8.4.4 to 8.4.7)
I.2. Design and approval of programmes	1. Mission and Outcomes; 1.3 Educational outcomes (1.3.5); 2. Educational Programmes; 2.1 Framework of the Programme (2.1.3-2.1.5); 2.4 Programme Management (2.4.1-2.4.3); 3. Assessment of Students; 3.2 Relation between Assessment and Learning (3.2.1; 3.2.2); 6. Educational Resources; 6.5 Educational Expertise (6.5.1-6.5.3)	1. Mission and Outcomes; 1.3 Educational outcomes (1.3.5); 2. Educational Programmes; 2.1 Framework of the PGME Programme (2.1.1, 2.1.3, 2.1.8); 2.3 Organisation of Education (2.3.2, 2.3.3, 2.3.5); 3. Assessment of Students; 3.2 Relation between Assessment and Learning (3.2.1; 3.2.2); 6. Educational Resources; 6.6 Educational Expertise (6.6.1; 6.6.2)
I.3. Student-centred learning, teaching and assessment	2. Educational Programme; 2.1 Framework of the Programme (2.1.2); 3. Assessment of Students; 3.1 Assessment Methods (3.1.1; 3.1.2); 3.2; Relation between Assessment and Learning (3.2.1; 3.2.2); 4. Students; 4.3 Student Counselling and Support (4.3.1; 4.3.3; 4.3.4); 7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.1; 7.1.2; 7.1.4); 7.2 Teacher and Student Feedback (7.2.1; 7.2.2)	2. Educational Programme; 2.1 Framework of the Programme (2.1.4; 2.1.6; 2.1.9); 2.3 Organisation of Education (2.3.3, 2.3.4) 3. Assessment of Students; 3.1 Assessment Methods (3.1.1-3.1.9); 3.2 Relation between Assessment and Learning (3.2.1; 3.2.2); 4. Trainees; 4.3 Trainee counselling and support (4.3.1; 4.3.7); 5. Trainers; 5.2 Trainers Obligations and Trainer Development (5.2.2; 5.2.3); 7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.4); 7.2 Teacher and Student Feedback (7.2.1)
I.4. Student admission, progression, recognition and certification	4. Students; 4.1 Admission policy and selection (4.1.1; 4.1.2; 4.1.4; 4.1.5); 4.3 Student Counselling and Support (4.3.5); 6. Educational Resources; 6.6 Educational Exchanges (6.6.1 to 6.6.3); 7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.2); 7.3 Performance of Students and Graduates (7.3.1)	4. Students / Trainees; 4.1 Admission policy and selection (4.1.3; 4.1.4; 4.1.8; 4.1.9); 4.3 Student Counselling and Support (4.3.9); 6. Educational Resources; 6.7 Learning and Alternative Setting (6.7.1-6.7.4); 7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.4; 7.1.7); 7.3 Performance of Qualified Doctors (7.3.1- 7.3.5); 8. Governance and Administration; 8.1 Governance (8.1.2)
I.5. Teaching staff	5. Academic Staff/Faculty; 5.1 Recruitment and Selection Policy (5.1.1; 5.1.2); 5.2. Staff Activity and Staff Development (5.2.1, 5.2.3)	5. Trainers; 5.1 Recruitment and Selection Policy (5.1.1- 5.1.3); 5.2 Trainers Obligations and Trainer Development (5.2.1 - 5.2.4)

I.6. Learning resources and student support	6. Educational Resources; 6.1. Physical facilities (6.1.1., 6.1.3); 6.2. Clinical Training Resources (6.2.1, 6.2.2.); 6.3. Information Technology (6.3.1., 6.3.3.); 8. Governance and Administration; 8.3 Educational budget and resource Allocation (8.3.1 to 8.3.4);	6. Educational Resources; 6.1 Physical Facilities (6.1.1; 6.1.2); 6.2. Learning Settings (6.2.1; 6.2.2); 6.3 Information Technology (6.3.2; 6.3.3); 8. Governance and Administration; 8.2 Academic Leadership (8.2.1; 8.2.2); 8.3 Educational budget and resource allocation (8.3.1-8.3.3); 8.4 Administration and Management (8.4.1)
I.7. Information management	7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.1; 7.1.2; 7.1.4; 7.1.5);	7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.1-7.1.5; 7.1.7)
I.8. Public information	2. Educational Programme; 2.5 Linkage with medical practice and the health sector (2.5.2); 8. Governance and Administration; 8.5 Interaction with Health Sector (8.5.1-8.5.3);	1. Mission and Outcomes; 1.1. Mission (1.1.1); 1.3 Educational outcomes (1.3.3); 7. Programme Evaluation; 7.4 Involvement of Stakeholders (7.4.1; 7.4.2); 8. Governance and Administration (8.4.8; 8.4.9)
I.9. On-going monitoring and periodic review of programmes	7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.1; 7.1.2; 7.1.4);	7. Programme Evaluation; 7.1 Mechanisms for programme monitoring and evaluation (7.1.1-7.1.5; 7.1.7)
I.10. Cyclical external quality assurance	7. Programme Evaluation; 7.4 Involvement of Stakeholders (7.4.1; 7.4.2)	7. Programme Evaluation; 7.4 Involvement of Stakeholders (7.4.1; 7.4.2); 8. Governance and Administration; 8.2 Academic Leadership (8.2.2)

The standards for all of the processes except accreditation of PhD and CPD programmes fully embrace **ESG 1.5**, including staff recruitment, competence and professional development. Considering the specificity of PhD programmes, ESG 1.5 seems to be sufficiently taken into account in the standards that refer to the qualifications of PhD supervisors and specific training in supervision. For CPD programmes, ESG 1.5 is not really addressed, unless, for example, staff competence and development are indirectly covered by the standards that relate to the quality of training.

Both learning / training resources and student / trainee support, as defined under **ESG 1.6**, are translated into the standards specifically focusing on these aspects in all of the accreditation processes or the standards concerning governance or 'continuous renewal'. In line with **ESG 1.7**, the standards for all of the processes except for PhD programme reviews include the collection, analysis and use of relevant data for institutional or programme management.

ESG 1.8 is unevenly addressed across the accreditation processes. Non-medical HEIs, Master's degree and PhD programmes are required to publish a full range of relevant information. The standards for medical HEIs address published information on programmes and student assessment, but do not refer to information on other activities, which could be expected in an institutional review. There is no explicit reference to the publication of information in the standards for PGME institutions, Residency or CPD programmes. The standards for Bachelor's programmes address ESG 1.8 selectively, with the mission of a programme, learning outcomes and assessment policy, procedures and practices to be published.

All of the accreditation processes cover programme monitoring and evaluation, as part of **ESG 1.9**, with societal needs, programme objectives, components and learning outcomes, student performance and assessment, and feedback from stakeholders to be taken into consideration for improvement.

In line with **ESG 1.10**, all of the accreditation processes are cyclical, with a five-year interval between cycles. Regardless of this, the two ESG alignment tables in the SAR mistakenly refer to external stakeholder involvement in internal QA and activities as corresponding to ESG 1.10 rather than to institutions and programmes undergoing regular external reviews.

Accreditation of joint programmes

ECAQA's standards for joint programme accreditation essentially reproduce the text of the European Approach for Quality Assurance of Joint Programmes, with all of its elements included. In line with the European Approach, joint programmes undergo a review in a six-year cycle.

Accreditation of clinical skills centres

The panel agrees with ECAQA that the standards for clinical skills centres are not aligned with Part I of the ESG, which is justified by the specificity of this accreditation process. However, they address selected elements of the ESG: a quality management system, and programme monitoring, review and improvement (ESG 1.1 and 1.9); some aspects of student-centred learning, with training to be adapted to the needs of individual students and student involvement in the planning and delivering of training; variety of teaching and learning approaches and related assessment methods (ESG 1.3); admission and progression (ESG 1.4); adequate number, competence and development of teachers (ESG 1.5); review and upgrading of training resources, and support for students and teachers (ESG 1.6). Like the other processes, reviews of clinical skills centres are conducted in a five-year cycle (ESG 1.10).

Overall, except for the accreditation of clinical centres as a specific process, ECAQA's standards fully or largely address Part I of the ESG. However, the extent to which some key elements of the ESG (in particular, under ESG 1.1 and 1.8 and, to some extent, ESG 1.3) are integrated into the standards varies between the accreditation processes. Moreover, several key elements of ESG Part I are addressed in some processes by quality improvement (non-essential) rather than basic sub-standards (for example, for medical HEIs: programme development and approval processes; periodic evaluation

of programmes; the same elements and student-centred learning for Bachelor’s degree programmes). In the panel’s view, these inconsistencies are not fully explained by the specificity of an accreditation process (which is reflected in the panel’s comment above) as, unlike the WFME-based standards, the ESG are designed as generic rather than specific to a given type of institution or programme. Regardless of that, the panel notes that various elements of ESG Part I are not consistently or adequately addressed in evaluation reports, but this is mentioned here only to draw attention to the issue, whereas it is discussed and taken into account in the panel’s conclusions under ESG 2.5 and 2.6.

Panel recommendations

The panel recommends that ECAQA cross-check the standards for its accreditation processes to ensure that the key elements of ESG Part I are addressed in a consistent manner and to the fullest extent possible, while taking into account the specificity of each accreditation process.

Panel conclusion: substantially compliant

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Evidence

The national legislation lays down detailed arrangements for activities of HEIs and their programmes, including the organisation of the education process and curriculum development (e.g. standards and model curricula) and the main components of an internal QA system (see ESG 2.1), which agencies should incorporate into their accreditation methodologies. The national standards for medical and healthcare education are based on the WFME Standards (see the section on QA in Kazakhstan). ECAQA’s Standards and Guidelines for accreditation processes contain a list of national regulations that provide the basis for each process, and references to the WFME Standards and the ESG.

The SAR states that the Standards and Guidelines are based on feedback from the stakeholders, but it does not describe the process of designing the procedures and standards. As the Expert Board explained to the panel, ECAQA developed its methodologies based on the national legislation and international standards, and in collaboration with national experts who had been trained by international organisations and had long experience in QA. The agency collected feedback on the draft methodologies from staff and students of HEIs, employers and professional associations working in the healthcare field. On the initiative of the Government, pilot reviews based on the WFME standards had been conducted at several HEIs before the establishment of ECAQA. The agency did not pilot its accreditation processes. The external stakeholders whom the panel met did not provide any details on how they were consulted on, or contributed to, the accreditation methodologies when they were being designed.

As explained in the SAR and the panel’s interviews, revision of the standards or procedures is initiated by the agency or stakeholders, or when the legislation is amended. Within the agency, this is done as a follow-up to an analysis by the Expert Board or recommendations from the Accreditation Council based on evaluation reports. ECAQA collects feedback on the accreditation processes mainly through a survey among reviewed HEIs (see ESG 3.6). See also ESG 3.6. for details of improvements made.

ECAQA's Standards and Guidelines define the objectives, standards, procedures and possible outcomes for each accreditation process. As stated in the Standards for all of the processes, the processes aim to contribute to the development of internal QA and the national external QA system harmonised with good international practice; encourage the development of a quality culture at HEIs; and ensure compliance of programmes with predefined standards. Each process includes a self-evaluation and an external evaluation, ends with a report and a formal outcome and is followed by post-accreditation monitoring. (See ESG 2.3-2.6).

As stated in the SAR, joint programme accreditation is based on the European Approach for Quality Assurance of Joint Programmes. Pursuant to the national legislation, like any other programmes, joint programmes can be accredited only by an agency registered in Kazakhstan. If a foreign agency is registered both in EQAR and in Kazakhstan, outcomes of its evaluations are automatically recognised in the country. In other cases (for example, if a programme has been accredited by an EQAR-registered agency which is not registered in Kazakhstan), ECAQA would conduct a full review in accordance with its procedures and standards, as the Management Team explained to the panel.

While the institutional and programme accreditation processes have some common standards (e.g. teaching staff, student admission, resources, information), the Expert Board, external experts and QA Officers of HEIs interviewed consider there is no overlap between them as the two types of processes focus on different aspects. The experts also believe that there is a good balance between the accountability and enhancement dimensions in the processes as they lead to recommendations for quality improvement in addition to checking compliance with the national requirements.

Aside from the fact that HEIs need accreditation to conduct activities and obtain funding for students and ECAQA's positive decisions confirm compliance with the national requirements, the representatives of HEIs see numerous quality improvement impacts of its processes. Among those they highlighted are: enhanced awareness of strengths and weaknesses and better competence in QA; better institutional performance; enhanced quality of education (e.g. content; practical training expanded to meet employers' needs; distance learning introduced; refined requirements and training for PhD supervisors introduced); better integration of education and research; and, as a result, more students attracted; and high reputation and competitive advantage on the national market, and international recognition. As regards the balance between the workload involved or costs as compared to benefits, HEIs are ready to 'invest more' if they 'get more quality in their institution' as a result of a review.

Analysis.

ECAQA's accreditation methodologies are largely predefined by the national legislation and the international standards for medical education. This is duly reflected in the objectives, standards and procedures of the agency's accreditation processes. Within this framework, the objectives of the processes are clearly defined as combining quality improvement with accountability or compliance with the national requirements. It is evident to the panel from its meetings with the stakeholders (see also ESG 3.1) that both objectives are considered equally relevant and are endorsed by all of them. The panel notes, though, that the objectives of the institutional and programme accreditation processes are essentially identical. They could be slightly re-defined to reflect more accurately the specific focus on an institution or a programme in each type of process.

Based on the standards and evaluation reports examined and the examples of quality improvements collected from the representatives of HEIs, the panel agrees with them that ECAQA's accreditation reviews are fit for their dual improvement-and-accountability purpose. The post-accreditation monitoring phase, which focuses on the implementation of recommendations from a review, is also well designed to advance the objectives of the accreditation processes and is perceived as such by HEIs. Clearly, for HEIs, quality improvement and related benefits fully compensate for the work and costs they invest in reviews. Although its view is not shared by the stakeholders, the panel considers

that the standards included for both institutional and programme reviews, and, in particular, those relating to programmes, could be slightly revised to avoid unnecessary duplication and make the processes more efficient.

The pilot WFME-based reviews carried out before ECAQA's establishment explain to some extent why it did not pilot its accreditation processes to assess their effectiveness, efficiency and impact. However, a pilot run of a joint programme review would be useful as this is an entirely new process for both the agency and prospective applicant HEIs.

ECAQA's methodology for joint programme reviews follows the European Approach as regards the accreditation standards (see ESG 2.1) and procedure (see ESG 2.3). As stated in the European Approach, where external QA is required, the cooperating HEIs should select a QA agency registered in EQAR and, depending on the national legal framework, its decision should come into force or be recognised in all countries where the programme is offered. ECAQA's arrangements are at odds with the European approach insofar as it would not recognise / accept a decision of an EQAR-registered agency and would conduct a full review to accredit a programme. ECAQA may wish to raise this issue with the national authorities and suggest possible amendments to the law in line with the European approach.

The panel gathers from the evidence collected that many individuals may have contributed to ECAQA's accreditation standards in the initial period of its activity, but the agency would need to put in place a mechanism for structured involvement of all stakeholder groups in the design of its methodologies. As noted under ESG 3.6, findings from post-review surveys could feed into continuous improvement of the methodologies, but so far the stakeholders have made just few suggestions; hence, most improvements are made on an on-going basis mainly as a follow-up to the agency's own reflection. As a more general comment, ECAQA has relied so far mainly on inputs from experts with a medical background and field-specific experience in QA. The panel believes that the agency would benefit from more extensive involvement of stakeholders with a broader QA perspective, not specific to medical fields, and a student perspective, in the development and revision of its methodologies and guidelines.

Panel recommendations

The panel recommends that ECAQA put in place a mechanism for structured involvement of all stakeholder groups in the design of its accreditation processes.

Panel suggestions for further improvement

The panel encourages ECAQA to:

- (1) reformulate the objectives of its institutional and programme accreditation processes so that they reflect more accurately the specific focus of a process on an institution or a programme and, consequently, review its standards to eliminate any unnecessary overlap between the institutional and programme accreditation processes;
- (2) conduct a pilot joint programme review to assess the effectiveness, efficiency and impact of the process;
- (3) involve more extensively stakeholders with a broader QA perspective extending beyond the medical fields, and with a student perspective, in the design and improvement of its accreditation methodologies and guidelines;
- (4) hold discussions with the national authorities with a view to aligning the legislation with the principle of the European Approach for Quality Assurance of Joint Programmes that a decision taken by an EQAR-registered agency should be recognised in all countries where the programme is provided (regardless of whether such an agency is registered in Kazakhstan).

Panel conclusion: substantially compliant

ESG 2.3 IMPLEMENTING PROCESSES

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include:

- a self-assessment or equivalent
- an external assessment normally including a site visit
- a report resulting from the external assessment
- a consistent follow-up

Evidence

The procedures for ECAQA's accreditation reviews are described in the Policy and Procedures for Conducting Institutional and Specialised Accreditation; Guidelines for External Evaluation of a Higher Education Institution and Educational Programmes; Standards for each process; and the Regulations on Post-Accreditation Monitoring. All of the documents are published on the agency's website.

The main stages in all of ECAQA's accreditation processes that are addressed in this review include: a self-evaluation; an external evaluation with a site visit conducted by an EEC; an external evaluation report produced by the EEC; and post-accreditation monitoring (follow-up) for institutions and programmes which have been awarded full accreditation. After the training on the accreditation process and standards, HEIs usually have six months to one year, depending on their size and experience in accreditation reviews, to conduct a self-evaluation and submit a report to the agency. During the Covid-19 pandemic, external evaluations can be carried out in a hybrid (onsite and online) format, based on the Interim Guidelines for External Evaluation of HEIs and Educational Programmes. Post-accreditation monitoring is covered by a contract for an accreditation review between the agency and an HEI. It is based on action plans for improvement prepared after the review and annual reports submitted by institutions; they are evaluated by (a) member(s) of the EEC that conducted a given review, with a site visit undertaken where necessary. In case an institution or a programme has not implemented recommendations from a review, the Accreditation Council may withdraw the accreditation or suspend it until shortcomings are eliminated.

ECAQA has several mechanisms in place to ensure the reliability and consistent implementation of its accreditation processes. The guidelines and standards for self-evaluation and external evaluation are published on the agency's website and provided to an institution under review and an EEC. For each review, ECAQA appoints a coordinator, a staff member who is not a member of an EEC, to ensure that the process is conducted in accordance with the guidelines. It provides training to institutional self-evaluation teams, and to external experts. (SAR; ECAQA external QA documents) The QA Officers of HEIs and the experts whom the panel met consider that the standards and guidelines are detailed and clear, and the training is very useful and helps to gain an in-depth understanding of the methodologies. As emphasised by the QA Officers, accreditation processes are conducted consistently, strictly following the procedures, and an ECAQA coordinator plays an important role in this respect.

Analysis

The panel confirms that the documents describing the methodologies of the accreditation processes addressed in this review are available on ECAQA's website (but the review does not cover some processes falling within the scope of the ESG; see the Background of the Review). All of the processes follow the four steps recommended under ESG 2.3 – from a self-evaluation to post-accreditation

monitoring (follow-up). The template for a site visit programme includes interviews with all relevant stakeholders (management, staff, students, graduates and employers).

A clear procedure for post-accreditation monitoring is in place to ensure consistency, and this is further supported by the involvement of (an) EEC member(s) who evaluated a given institution or programme. The arrangement whereby this phase may lead to a decision to suspend or withdraw the accreditation can perhaps provide an additional incentive to HEIs to implement recommendations from a review. However, as a result, post-accreditation monitoring is closer to an accreditation review (even though it focuses on areas for improvement) in its own right than to a follow-up to a review. Refusal or suspension of accreditation at the follow-up stage, based on the review of an annual report, would invalidate the original accreditation decision, despite the fact that an institution or programme has been accredited for a full validity period (five years, or three years or five years in the case of CPD programmes). This may also raise the question, whether the institution or programme concerned met the standards to a sufficient extent to justify the original decision granting full (rather than conditional) accreditation. Furthermore, the approach also shifts the responsibility for quality from an HEI to ECAQA as an external QA body during the accreditation cycle, whereas the EHEA is based on the principle that HEIs have primary responsibility for the quality of their provision and its assurance.

The panel agrees with QA Officers and experts that the guidelines for the implementation of the accreditation processes are clear and detailed, although they could define more precisely the timeline for accreditation processes, including the period of six months to one year for the self-evaluation. Under ESG 3.1, the panel also noted that there is some flexibility in the procedure for reviewing self-evaluation reports from HEIs insofar as not only ECAQA but also EECs can make suggestions on how reports should be amended; however, this does not have impact on the overall consistency in the implementation of accreditation reviews. Leaving aside these minor issues, the guidelines, the training for HEIs and EECs and the involvement of an ECAQA coordinator in each review are sufficient to ensure that HEIs and EECs consistently follow the four-step procedure in each process. This is confirmed by the positive feedback collected from HEIs (see also ESG 2.2). (For related comments on other aspects of the training and guidelines for experts, see ESG 2.4 and 2.5).

Panel recommendations

The panel recommends that ECAQA revise its implementation arrangements for post-accreditation monitoring so that this phase is conducted as a follow-up to an accreditation review rather than a subsequent review ending with an accreditation decision which may invalidate the original decision granting full accreditation to an institution or programme.

Panel suggestions for further improvement

ECAQA could define more precisely in its guidelines the timeline for the accreditation processes, including the duration of a period for self-evaluation, as an additional measure ensuring consistency in the implementation of the processes.

Panel conclusion: substantially compliant

ESG 2.4 PEER-REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

Evidence

External evaluations are conducted by EECs which consist of national academic and international experts, employers and students. ECAQA has 460 experts registered in its Experts Database, including 128 international academic and QA experts. In response to ECAQA's requests, candidates for experts are put forward by HEIs, national and international associations of institutions and organisations providing education or working in the medical fields, and the Kazakhstan Medical Students Association (KazMSA). To recruit experts, the agency has signed Memoranda of Understanding with 13 national associations and organisations and 15 international organisations and QA agencies. It also attracts experts via international events (SAR; Meetings with national and international experts)

The Expert Board reviews CVs of candidates to be included in the Experts Database. The main criteria for academic and QA experts include a relevant qualification and educational or research background, at least three years of experience in QA, and prior knowledge of, or work experience in, the higher education system in Kazakhstan. Experts representing employers should have over seven years of professional experience; a PhD or scientific degree is desirable. Students (or interns for Residency programmes or trainees for CPD programmes) should be following a programme at the relevant level of study depending on the type of review in which they will participate; have a good academic record and achievements in academic and other activities; be engaged in research; and be active in a student union. To be appointed as an EEC member, experts are required to have completed training provided by ECAQA. (SAR; Regulations on the EEC; ECAQA website).

Members of an EEC are selected by the Expert Board, based on the relevance of their expertise for a given review and the absence of a conflict of interest, and are approved by the Director General. An institution to be reviewed may raise reasoned objections to the composition of an EEC. Student experts are selected from a list provided by KazMSA or nominated by HEIs in response to ECAQA's letter which describes the profile of a review and the criteria for a candidate. Within an HEI, a student organisation or group of student representatives selects students who meet the criteria. (Meetings with the SAR Team, the Expert Board, Heads and QA Officers of HEIs, and students; Final clarification meeting).

National academic experts and international experts receive a fee for their services; employer and student experts work on an unpaid basis. As ECAQA explained to the panel, it is an honour for employers to work as EEC members as the medical professions are highly respected in Kazakhstan; students are still studying and are involved only in the evaluation of aspects relevant to students and in the drafting of recommendations. (ECAQA's internal regulations; Pre-visit meeting)

An EEC in each of the accreditation processes consists of 5 to 6 experts: an academic expert (chair); national academic experts; an international expert (or two international experts for a review at a national university); an expert representing employers; and a student (or an intern or trainee). Before the appointment, EEC members sign the Code of Conduct and the Statement of Confidentiality and Absence of Conflict of Interest. (SAR; Regulations on the EEC; Meetings with experts)

Experts receive training and / or a pre-review briefing and a set of documents (Standards; Guidelines on Self-Evaluation and External Evaluation; Guide on the Role of Student in the Accreditation of Higher Education Institutions). (SAR; Meetings with experts and students). As explained by the ECAQA Management, some national experts were already well trained when they started working for the agency as they had been trained by international organisations assisting the Government in the implementation of the WFME standards. Some experts have also participated in seminars run by, for example, the WFME, APQN, INQAAHE and ENQA, and attend seminars organised by the national authorities. The agency provides training to new academic experts twice a year and runs professional development seminars for experts on specific accreditation topics. Each EEC receives a briefing from ECAQA before a review and has an internal meeting to discuss all aspects of the review. The agency also has a separate briefing with the student expert to discuss what they should focus on and any

issues which may need to be clarified. In 2021, it has organised a workshop on QA for students. (SAR; Meetings with experts, students and employers; Final clarification meeting)

For the national academic and international experts and employers whom the panel met, the standards and guidelines are clear, detailed and useful, and the briefing gives a good understanding of the accreditation methodology and the responsibilities of an EEC. The students interviewed who are more experienced find the standards and guidelines to be well-written and sufficiently detailed even for a student with no previous knowledge; they acknowledge, though, that the standards might be difficult to understand for a student with less experience in QA. Other students appreciate the agency's briefing, which helped them understand the standards and guidelines; some also consider that although all the documents are provided, students would need special training to be more competent as experts.

Pursuant to the Guidelines for External Evaluation, each expert participates in all activities of an EEC as its full member, and a student additionally submits to the EEC chair conclusions addressing all aspects of a review 'as viewed by a student'. However, as all expert groups explained to the panel, each member focuses on specific aspects, but all contribute to conclusions, vote and approve a report.

Some of the students whom the panel met actively participated in all interviews during a site visit and provided written comments on the aspects most relevant to them. Others attended all meetings, but contributed actively to interviews with students and, in some cases, teachers, addressing specific aspects. Some were less active as they did not have sufficient knowledge to evaluate all relevant aspects or compare what they were expected to evaluate with international practice, and could not make an independent judgment. While all students emphasised that their views were heard and taken seriously, they would feel as fully equal members of an EEC if they received a fee for their work. For all of the students, participation in a review is a valuable experience. They believe that students provide added value and would encourage ECAQA to conduct more reviews so that they can gain more experience and contribute to improvements in their home institutions. The international experts complimented students for their curiosity, engagement and relevant comments and ideas for improvements.

The Heads and QA Officers of HEIs praised the agency for selecting experts who are highly competent and professional in their work and provide valuable recommendations on quality improvement.

Analysis

For a young agency, ECAQA has established links with an impressive number and variety of national and international institutions and organisations which help it recruit its external experts. It has a large pool of experts to select from for its accreditation reviews.

An EEC in each of the accreditation processes includes academics, students and professionals. It is also commendable that international experts are involved in all EECs, and clear to the panel that they provide true added value. A large proportion of international experts come from the same geographical region or other Eastern or Central European countries. This has a great advantage as they speak Russian and / or have a good understanding of higher education in Kazakhstan. Additionally, in the panel's view, ECAQA may consider involving experts who represent a broader range of national perspectives and QA expertise, in particular as regards the implementation of the ESG.

The criteria and selection procedure for experts are clearly defined to ensure that, in particular, academic experts and employers have relevant expertise or experience, and to prevent a conflict of interest for all EEC members. The panel notes, however, that the criteria for students are stringent on the one hand in terms of academic requirements but do not address experience or expertise in QA on the other hand.

It is evident to the panel from its interviews that ECAQA selects renowned academics and professionals, that they are fully satisfied with the training or briefings received, and their competence and work (see

also ESG 2.2) are highly valued by HEIs. It was sometimes less clear what kind of training (WFME training, seminars run by the national authorities or ECAQA, or its briefings for EECs) the stakeholders were referring to. In the panel's view, the agency relies quite heavily on the field-specific expertise and QA experience of experts and previous WFME-based training, while giving less consideration to the ESG in its training and briefings. This seems to be also confirmed by the contents of the training (published on the ECAQA website) which do not explicitly refer to the ESG as the international standards to be discussed alongside the WFME standards as part of the accreditation methodology. Furthermore, it is reflected in little attention that evaluation reports pay to some key elements of ESG Part I (see ESG 2.6).

Students appreciate the seminar on QA recently organised by ECAQA. However, while they can provide a unique contribution from their perspective, some of them are not yet fully able to do that and to feel confident in making judgements as they lack the expertise. The agency should provide separate training to students to prepare them to evaluate all aspects of an institution or programme from a students' perspective. Such training could also help the KazMSA to pre-select most suitable student-experts. To train students, ECAQA may wish to benefit from the support of the European Students' Union, which shares its expertise and experience with student organisations and QA agencies in many countries.

Understandably, each EEC member focuses more closely on some aspects of an evaluation. However, while all aspects are relevant to students as a key stakeholder group, the extent of their involvement in the EEC's work varies depending on their expertise. The guidelines would need to be revised to ensure full student involvement in all external evaluations. Both the Guidelines for External Evaluation and the Guide on the Role of Student focus on how students should be involved at the stage of self-evaluation of an HEI instead of providing details on their involvement at each stage of an external evaluation. The sections on the involvement of student experts in external evaluation refer only to a meeting with students of an HEI during a site visit and, in broad terms, to student feedback as important to the agency. The panel also believes that a financial reward for students, as well as for employers, would help ECAQA to demonstrate that their work is equally highly valued.

Panel commendations

The panel commends ECAQA for proactively looking for external experts via a wide range of national and international partnerships and involving international experts in each accreditation review.

Panel recommendations

The panel recommends that ECAQA:

- (1) provide separate training to students, addressing all accreditation standards and the role of students in external evaluation, refine its selection criteria for students to include QA expertise, and revise its guidelines on the role of students to ensure their full involvement.
- (2) ensure that its training and briefing for experts address Part I of the ESG as a QA framework for agencies and institutions in the EHEA.
- (3) consider providing financial reward to employers and students as a sign of recognition of the value of their work in External Expert Commissions.

Panel suggestions for further improvement

ECAQA may consider involving international experts with a broader range of national QA perspectives in its External Expert Commissions.

Panel conclusion: substantially compliant

ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

Evidence

Accreditation processes are based on the Standards which are published on ECAQA's website. An EEC assesses the level of compliance of an institution or programme with each standard, and recommends an accreditation decision in its evaluation report. A decision is taken by the Accreditation Council. (SAR; Regulations on the EEC) As experts explained to the panel, an EEC should address all standards; since each standard includes compulsory and complementary elements, some sub-standards do not need to be met but serve for enhancement purposes. As the ECAQA Management explained to the panel, evaluation reports may address the standards to varying extents as EECs pay more attention to different aspects depending on the type of review. During the training and briefing, the agency emphasises that all of the standards should be addressed, but the focus may vary depending on the type of institution or the level of programme.

ECAQA's accreditation processes end with one of the three formal outcomes: full accreditation for five years (or five or three years for CPD programmes) if an institution or programme complies with all standards; conditional accreditation for one year in case most of the standards are partially met or some standards are not met; or refusal of (re-)accreditation where an institution or programme fails to meet most of the standards and would not be able to eliminate shortcomings within several years. Accreditation is required for HEIs to receive state funding, provide programmes and award state diplomas. Accredited institutions and programmes are listed on the National Registers. (SAR; Policy and Procedures for Conducting Institutionalised and Specialised Accreditation; National Registers)

All reviews conducted so far have ended with full accreditation. As the Accreditation Council explained to the panel, its decisions followed EECs' recommendations, except in one or two cases where accreditation was granted to a CPD programme or provider for three rather than five years as the organisation had only recently been established. Some HEIs or programmes did not meet or partially met some standards, but the shortcomings identified did not justify a conditional or negative accreditation decision. Positive outcomes of all reviews can be explained by the strong motivation of institutions to obtain accreditation as a precondition for State funding, and the fact that they have plenty of time and often 'consult' one another to prepare for a review, and receive customised training from ECAQA (see also ESG 3.1). A conditional or negative accreditation decision would be justified if an institution or programme met only partially or failed to meet the standards relating to the mission of an institution, educational programmes or teaching staff as these are 'the cornerstone' of accreditation. Other stakeholders interviewed additionally pointed to the specificity of medical education as a highly regulated field, which can also partly explain why HEIs are well prepared to meet the accreditation standards (see ESG 3.1).

The SAR refers to the Standards, the Guidelines for External Evaluation and the Quality Profile and Evaluation Forms filled in by each EEC, which provide the basis for drafting an evaluation report, as the arrangements in place to ensure consistent application of the standards. As explained under ESG 2.3, ECAQA also appoints a coordinator to ensure a consistent approach to reviews across EECs. The training seminar for new experts includes a presentation on the standards and practical training for

experts to arrive at a common understanding of the standards. 'Problematic' standards are also discussed in greater detail within an EEC (see ESG 2.4). The EEC chair and the ECAQA observer check an evaluation report for consistency in the application of the standards. The QA Officers of HEIs whom the panel met consider that EECs address the standards in a consistent way.

Analysis

The panel confirms that the standards for all of the accreditation processes addressed in this review are published on the ECAQA website (see the Background of the Review for the processes which are not addressed in the review).

The panel agrees with the experts (see ESG 2.4) that the standards (which are only headings identifying a given aspect; e.g. Mission and Outcomes, Educational Programmes) include detailed and clear sub-standards. They are also defined so that a reliable assessment of compliance would need to be based on evidence. The guidelines make a clear distinction between basic sub-standards which must be met, and quality improvement sub-standards for which an institution or programme should provide evidence of compliance, but which do not have to be met. Although there is room for improvement in the training (see ESG 2.4), the panel believes that experts are well prepared to interpret, in particular, the WFME-based standards in a consistent manner. The Quality Profile and Evaluation Form is well designed for an EEC to check the level of compliance with the standards and sub-standards. The criteria for the three possible formal outcomes are sufficiently clearly defined for consistent decision-making.

However, based on the sample examined, the panel considers that external evaluation reports do not demonstrate a sufficiently consistent and evidence-based approach to addressing the sub-standards; this is an issue which has impact on the agency's compliance with both ESG 2.5 and 2.6. The reports examined do not provide sufficient evidence, nor sufficiently comparable evidence across accreditation reviews of the same type, for consistent decision-making by the Accreditation Council. They provide too little evidence to substantiate judgements on compliance. All reports cover all of the standards ('headings'), but the extent to which the sub-standards are addressed varies. This does not seem to be related to the specific focus of an institutional or programme review, or the specificity of a given type of institution or programme, or the distinction between basic (mandatory) and quality improvement (non-mandatory) sub-standards. Different reports prepared as part of the same type of accreditation review address the two kinds of sub-standards to varying extents, even though, overall, basic sub-standards are given more consideration. The panel does not argue that each sub-standard should be literally addressed in a report. However, ECAQA would need to provide clearer guidelines on how, and to what extent, basic and quality improvement standards should be addressed, and to what extent compliance with the two kinds of sub-standards should be taken into consideration in EECs' judgments. The inconsistency in the application of the sub-standards, with quite a few left unaddressed, also seems to be one of the reasons behind the positive outcomes of all accreditation reviews, in addition to those mentioned by ECAQA and its stakeholders.

Panel recommendations

The panel recommends that in order to ensure consistency in the application of the standards and in decision-making in the accreditation processes, ECAQA clarify in its guidelines the extent to which an external evaluation should address basic and quality improvement sub-standards, and the extent to which compliance with the two kinds of sub-standards should be reflected in judgments made by External Evaluation Commissions.

Panel conclusion: partially compliant

ESG 2.6 REPORTING

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

Evidence

External evaluation reports are produced by EECs. The Guidelines for External Evaluation and the Guidelines for Report Preparation define the structure of a report and contain recommendations on the completeness, clarity and reliability of reports, the process of drafting a report and its contents, including good practice examples for its main sections. Reports are available in Russian (referred to as 'full' or 'longer' versions) and translated into English ('shorter' versions). As ECAQA staff explained to the panel, shorter versions provide highlights and do not include annexes and tables with some supporting details (e.g. names of persons who participated in interviews during a site visit).

The structure of reports for all of the agency's accreditation processes addressed in this review includes: the composition of the EEC; presentation of the institution under review; information about the previous review; analysis of the self-evaluation report; a description of the site visit; the main body of the report: analysis of compliance with each standard, ending with strengths, a conclusion on the level of compliance and recommendations; and overall recommendations for the Accreditation Council. The report (without annexes) should not exceed 20 pages.

All EEC members contribute to, and approve, a draft evaluation report, with students and employers usually providing inputs orally, and the report is drafted by academic experts. The students interviewed were glad to see that their comments were integrated into reports. In the experts' view, the Guidelines explain clearly how a report should be written and the agency's template is very useful, and practical advice provided by the agency is much appreciated. An evaluation report should be submitted to the agency no later than seven days after the site visit to an institution under review.

The EEC chair and the ECAQA coordinator check the report for its compliance with the Guidelines, and the Director General reviews all final reports to ensure that they are evidence-based, comply with the reporting standards and are of adequate quality. Some reports were sent back to EECs to be improved. The agency also sends the EEC report to the institution under review for a factual accuracy check. (SAR; Pre-visit meeting; Meetings with HEI QA Officers and experts; Final clarification meeting)

Pursuant to the MES Orders 629 and 531, accreditation agencies should publish evaluation reports and provide information to the MES on accredited institutions and programmes to be listed on the National Registers. The SAR states that ECAQA publishes reports on its website. As the agency explained to the panel, all reports in the Russian language are uploaded onto the website within two weeks of the date of the Accreditation Council's decision. It takes slightly longer to upload English versions as they are translated. (Final clarification meeting)

Analysis

The panel agrees with ECAQA's experts that the guidelines on report writing are useful insofar as they state explicitly that reports should be written in a clear and understandable language, address all standards and provide evidence to underpin conclusions. The structure of reports covers all elements highlighted under ESG 2.6, and is followed in the reports examined by the panel.

The panel has examined two or three reports in English for each of the ongoing accreditation processes addressed in this review (no review of a non-medical HEI or joint programme had been

conducted at the time of the panel's site visit). It has also examined a sample of reports in Russian to compare full or longer versions in this language to shorter versions in English. It agrees with the representatives of HEIs (see ESG 2.2) that reports clearly identify strengths and areas for improvement and make useful recommendations for HEIs to take follow-up action. A good practice of a factual accuracy check by the reviewed HEI is in place.

Leaving aside the inconsistency in addressing the accreditation sub-standards (see ESG 2.5), there is room for improvement in other aspects of reporting. Quite a few reports contain too little evidence for a more in-depth analysis; in some other reports, where more evidence is provided, it is not always clearly linked to the strengths or areas for improvement identified. In general, reports analyse more thoroughly compliance with the sub-standards related to teaching staff, learning resources, governance and continuous renewal. Other aspects which are highlighted in Part I of ESG are barely or are not addressed in some reports; for example, QA policy (for medical HEIs); programme evaluation (for Master's programmes); student-centred learning, teaching and assessment (for medical HEIs, Bachelor's and Master's programmes); student support (Bachelor's programmes); information management (Master's programmes). This limits the usefulness of reports for reviewed institutions and for other stakeholders, in particular employers and prospective students. The shorter English versions of the reports are not a direct translation of the longer reports in Russian. They do not contain all procedural details, but the English and Russian versions of reports do not differ in terms of the extent of evidence provided or the depth of analysis.

In this context ECAQA could reconsider the limit for the length of a report and / or the balance between its introductory descriptive sections (the institution under review, evaluation procedure, with details about the site visit) and the section devoted to the analysis of compliance with the standards. Few pages (less than four in some reports) are left for the analysis in the reports examined. The panel also considers that the seven-day time-limit for the submission of a report does not allow EECs to prepare a more in-depth report, with adequately substantiated conclusions.

The panel confirms that some evaluation reports are published on the ECAQA website together with a decision (an accreditation certificate). Few reports in English were available on the website at the time of the panel's site visit, but this can be, to some extent, explained by the time needed for translation. However, despite the agency's two-week timeframe for the publication of Russian-language reports, only around a half of institutional review reports and a half of programme review reports for the reviews completed by the time of the panel's visit were published on the Russian-language website. All reports, including those which lead to conditional accreditation or refusal of accreditation (if this is the case in the future), should be published.

Panel recommendations

Further to the recommendation under ESG 2.5, the panel recommends that ECAQA:

- (1) strengthen its mechanisms for quality check of evaluation reports to ensure that they provide a thorough analysis based on relevant evidence;
- (2) ensure that evaluation reports consistently address compliance with the agency's standards, including the aspects covered by the ESG.

Panel suggestions for further improvement

The panel suggests that ECAQA;

- (1) extend the timeline for the submission of evaluation reports to support External Expert Commissions in high-quality reporting;
- (2) ensure that evaluation reports are published on its website within the timeframe set in its internal rules.

Panel conclusion: partially compliant

ESG 2.7 COMPLAINTS AND APPEALS

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

Evidence

ECAQA's complaints and appeals processes are defined in the Policy and Procedure for Conducting Institutional and Specialised Accreditation, the Regulations on the Complaints Commission and the Regulations on the Appeals Commission. Information about the complaints and appeals processes is published on the agency's website.

An institution under review which is not satisfied with ECAQA's services can make an oral complaint to the review coordinator or the chair of an EEC during a site visit conducted as part of an external evaluation. As members of the Complaints Commission explained to the panel, this is the way in which the agency seeks to resolve any possible issues. If the issue concerned is not resolved forthwith, the institution can file a written complaint with the agency. A written complaint can concern any decision or action taken, or failure to take action, by ECAQA staff or external experts, which has violated the rights or obligations of the complainant. Complaints are handled by the Complaints Commission. No complaint was filed up to the time of the panel's site visit.

Pursuant to the Regulations on the Complaints Commission, it has five members: three permanent members, with a three-year term of office which can be extended once, and two non-permanent members appointed for the period of consideration of a complaint. Permanent members are recommended by employers' or professional organisations and educational institutions and approved by the Director General. Non-permanent members, including a staff member of an HEI or another educational institution and a student, are recommended by permanent members and approved by the Director. A member of the Complaints Commission may not sit on the Accreditation Council, be an expert of the agency or be in a situation of a conflict of interest for the case considered.

An appeal can be lodged when an institution is dissatisfied with the accreditation decision (conditional accreditation or refusal of accreditation) taken by the Accreditation Council. It should be filed within seven days of the receipt of the Council's decision. Appeals are considered by the Appeals Commission. No appeal was filed as no accreditation review ended with a conditional or negative accreditation decision up to the time of the panel's site visit.

In accordance with the Regulations on the Appeals Commission (the Russian-language version provided to the panel at the end of the site visit when it was clarified that the English version, available at the preparatory stage, was incorrect), ECAQA will set up an ad-hoc Appeals Commission for a particular appeal within three days of its receipt. It will consist of five members, including staff of educational institutions and students, approved by the Director. The arrangements for no-conflict-of-interest are the same as explained above for members of the Complaints Commission.

As the Director General explained to the panel, the appointment of an ad-hoc committee for each appeal filed ensures that its members have no conflict of interest, and such an arrangement is also in place at HEIs in Kazakhstan. The three-day timeframe for the setup of an Appeals Commission is considered by the agency as realistic as the agency has a big database of external experts from which it can select members.

The Commissions (will) make decisions by majority voting. A decision should be taken within 30 days. The Complaints Commission recommends to the Director General measures to address issues raised

in the complaint. The Appeals Commission makes a recommendation to the Accreditation Council to uphold the appeal or the original decision and the Council takes the final decision. Decisions of the two Commissions can be challenged by the HEI in a court of justice in accordance with the national legislation.

The QA Officers of HEIs whom the panel met are aware that they can file a complaint or an appeal, ECAQA's regulations are clear to them, the procedures are transparent, but they prefer to resolve any possible issues via the ECAQA review coordinators. They reported that there is no need to file a formal complaint as the agency works in a transparent way and is responsive to suggestions from HEIs.

Analysis

HEIs are fully familiar with the complaints and appeals processes. The panel confirms that the ECAQA website contains a brief description of the processes, and details are provided in the accreditation documents available on the website.

The complaints and appeals procedures clearly explain the reasons for which a complaint or an appeal can be lodged, and how it will be considered. Arrangements are in place for both the Complaints and the Appeals Commission to prevent a conflict of interest. The effectiveness of the procedures is yet to be tested as none have so far been received, but the timeframe for consideration ensures efficiency.

The mechanism for the complaints process seems to be appropriate. The appointment procedure for members of the Complaints Commission is transparent, and it is positive that they include not only academic or other staff but also a student. The procedure also clearly explains that it is the Director's responsibility to take follow-up action recommended by the Commission.

The panel is also glad to note that both teaching staff and students will be members of each Appeals Commission. For full clarity, the Regulations on the Appeals Commission (in Russian) would need to explain who will put forward candidates for members to be approved by the Director, and whether each commission will have one or more student members.

The panel agrees with ECAQA that the advantage of an ad-hoc Appeals Commission is that no member would need to be excluded due to a conflict of interest. However, with new members appointed for each appeal, the agency is unlikely to ensure consistency in considering appeals cases. A standing commission which includes, for example, two international experts as permanent members, and the other members selected on an ad-hoc basis for each appeal, would have the advantage of preventing a potential conflict of interest and ensuring a consistent approach. The panel also considers that the transparency of the appeals process is undermined by the arrangement that the final appeals decision is taken by the Accreditation Council, which is the same body that has taken the decision challenged by the appeal; the role of the Appeals Commission is limited to making a recommendation to the Council. The Appeals Commission should have full power to make final decisions, with no involvement of the Accreditation Council in the appeals process. In this scenario, it would be even more important for ECAQA to ensure consistency in decision-making in appeals processes.

Panel recommendations

The panel recommends that ECAQA clarify the appointment procedure for, and the exact composition of, the Appeals Commission in its internal regulations; consider appointing some permanent members to the Appeals Commission to ensure consistency in the appeals process; and separate the decision-making of the accreditation and appeals processes by granting full decision-making power to the Appeals Commission.

Panel conclusion: partially compliant

CONCLUSION

SUMMARY OF COMMENDATIONS

ESG 3.1: The panel commends ECAQA for the efforts to expand its external QA activities beyond the relatively small circle of medical HEIs in Kazakhstan and attract other applicant institutions from within and outside the country.

ESG 3.5: The panel commends ECAQA for recruiting highly motivated staff, their impressive competence and for opportunities created for their continuous development.

ESG 2.4: The panel commends ECAQA for proactively looking for external experts via a wide range of national and international partnerships and involving international experts in each accreditation review.

OVERVIEW OF JUDGEMENTS AND RECOMMENDATIONS

In light of the documentary and oral evidence considered by it, the review panel has concluded that, in the performance of its functions, ECAQA is in compliance with the ESG. The panel considers the agency to be fully compliant with ESG 3.2, 3.3, 3.5 and 3.7; substantially compliant with ESG 3.4, 3.6, 2.1, 2.2, 2.3 and 2.4; and partially compliant with ESG 3.1, 2.5, 2.6 and 2.7. The panel has sought to reach a balanced judgment where it considers ECAQA to be partially compliant with the ESG. It notes, however, that there are concerns regarding the separation of QA and consultancy services, consistency in the application of the accreditation standards, including those specifically addressing the ESG, as reflected in evaluation reports, the quality of reports, and the transparency of the arrangements for the appeals process. Combined with some issues identified where the panel considers the agency to be substantially compliant with the ESG, this indicates that ECAQA would benefit from a more in-depth reflection on how it can better integrate the ESG in its activities.

ESG 3.1: Partially compliant

The panel recommends that ECAQA:

- (1) take measures to separate clearly its external QA activities and consultancy services and ensure that it does not conduct QA activities in the same entity that has benefitted from its consultancy services within the scope of the ESG in the past six years.
- (2) put in place a mechanism for structured engagement with its stakeholders to encourage their meaningful contribution to its activities and further development.

ESG 3.2: Fully compliant

ESG 3.3: Fully compliant

ESG 3.4: Substantially compliant

The panel recommends that ECAQA adopt a systematic approach to identifying topics for its thematic analyses, with stakeholders to be involved in this process, take a more in-depth approach to analysing findings from its accreditation processes, and publish thematic reports on its website.

ESG 3.5: Fully compliant

ESG 3.6: Substantially compliant

The panel recommends that ECAQA:

- (1) review its external feedback mechanisms to ensure that it can collect constructive feedback which contributes to its continuous improvement.
- (2) put in place formal mechanisms for collecting feedback from an External Expert Commission after each accreditation review, and for providing feedback to each Commission on its performance and the relevance of its recommendations to a reviewed HEI.

ESG 3.7: Fully compliant**ESG 2.1: Substantially compliant**

The panel recommends that ECAQA cross-check the standards for its accreditation processes to ensure that the key elements of ESG Part I are addressed in a consistent manner and to the fullest extent possible, while taking into account the specificity of each accreditation process.

ESG 2.2: Substantially compliant

The panel recommends that ECAQA put in place a mechanism for structured involvement of all stakeholder groups in the design of its accreditation processes.

ESG 2.3: Substantially compliant

The panel recommends that ECAQA revise its implementation arrangements for post-accreditation monitoring so that this phase is conducted as a follow-up to an accreditation review rather than a subsequent review ending with an accreditation decision which may invalidate the original decision granting full accreditation to an institution or programme.

ESG 2.4: Substantially compliant

The panel recommends that ECAQA:

- (1) provide separate training to students, addressing all accreditation standards and the role of students in external evaluation, refine its selection criteria for students to include QA expertise, and revise its guidelines on the role of students to ensure their full involvement.
- (2) ensure that its training and briefing for experts address Part I of the ESG as a QA framework for agencies and institutions in the EHEA;
- (3) consider providing financial reward to employers and students as a sign of recognition of the value of their work in External Expert Commissions.

ESG 2.5: Partially compliant

The panel recommends that in order to ensure consistency in the application of the standards and in decision-making in the accreditation processes, ECAQA clarify in its guidelines the extent to which an external evaluation should address basic and quality improvement sub-standards, and the extent to which compliance with the two kinds of sub-standards should be reflected in judgments made by External Evaluation Commissions.

ESG 2.6: Partially compliant

Further to the recommendation under ESG 2.5, the panel recommends that ECAQA:

- (1) strengthen its mechanisms for quality check of evaluation reports to ensure that they provide a thorough analysis based on relevant evidence;
- (2) ensure that evaluation reports consistently address compliance with the agency's standards, including the aspects covered by the ESG.

ESG 2.7: Partially compliant

The panel recommends that ECAQA clarify the appointment procedure for, and the exact composition of, the Appeals Commission in its internal regulations; consider appointing some permanent members to the Appeals Commission to ensure consistency in the appeals process; and separate the decision-making of the accreditation and appeals processes by granting full decision-making power to the Appeals Commission.

SUGGESTIONS FOR FURTHER DEVELOPMENT

The panel provides some suggestions, extending beyond the strictly interpreted ESG, which ECAQA may wish to consider when reflecting on its further development.

ESG 3.1: The panel encourages ECAQA to:

- (1) involve in its work and its Accreditation Council and Expert Board international experts with proven experience in the implementation of the ESG.
- (2) consider how its capacity building seminars for higher education institutions to be organised in the future could be designed to avoid a conflict of interest between its external quality assurance activities and consultancy services.

ESG 3.5: The panel encourages ECAQA to continue allocating adequate resources to thematic analyses and consider applying for EU grants to support its further development work.

ESG 3.6: ECAQA could use its internal feedback mechanisms for more critical self-analysis involving all of its internal stakeholders.

ESG 2.2: The panel encourages ECAQA to:

- (1) reformulate the objectives of its institutional and programme accreditation processes so that they reflect more accurately the specific focus of a process on an institution or a programme and, consequently, review its standards to eliminate any unnecessary overlap between the institutional and programme accreditation processes;
- (2) conduct a pilot joint programme review to assess the effectiveness, efficiency and impact of the process;
- (3) involve more extensively stakeholders with a broader QA perspective extending beyond the medical fields, and with a student perspective, in the design and improvement of its accreditation methodologies and guidelines;
- (4) hold discussions with the national authorities with a view to aligning the legislation with the principle of the European Approach for Quality Assurance of Joint Programmes that a decision taken by an EQAR-registered agency should be recognised in all countries where the programme is provided (regardless of whether such an agency is registered in Kazakhstan).

ESG 2.3: ECAQA could define more precisely in its guidelines the timeline for the accreditation processes, including the duration of a period for self-evaluation, as an additional measure ensuring consistency in the implementation of the processes.

ESG 2.4: ECAQA could consider involving international experts with a broader range of national QA perspectives in its External Expert Commissions.

ESG 2.6: The panel suggests that ECAQA:

- (1) extend the limit for the length and the timeline for the submission of evaluation reports to support External Expert Commissions in high-quality reporting;
- (2) ensure that evaluation reports are published on its website within the timeframe set in its internal rules.

ANNEXES

ANNEX I: PROGRAMMES OF THE SITE VISITS

PROGRAMME OF THE SITE VISIT, 7-11 JUNE 2021

(Time zones: Belgium (BE) and Poland (PL): CEST; Lithuania (LT) and Romania (RO): +1 hour; Almaty, Kazakhstan (KZ): +4 hours)

1 JUNE 2021: PREPARATORY MEETING				
BE & PL: 9.45-10.00 LT & RO: 10.45-11.00 KZ: 13.45-14.00	<i>Checking the stability of internet connection (review coordinator and the agency's contact person)</i>			
BE & PL: 10.00-12.00 LT & RO: 11.00-13.00 KZ: 14.00-16.00	Review panel's kick-off meeting and preparations for day 1			
BE & PL: 12.00-13.00 LT & RO: 13.00-14.00 KZ: 16.00-17.00	A pre-visit meeting with ECAQA representatives and stakeholders to clarify elements related to the overall system and collect / check any additional or missing evidence	<ul style="list-style-type: none"> - Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General of ECAQA - Farida Nurmanbetova, MD, DMSc, Advisor to ECAQA - Banu Narbekova Deputy Director of the Department of Higher and Postgraduate Education of the Ministry of Education and Science of the Republic of Kazakhstan - Aigul Baekesheva, Candidate of Economic Sciences, Chairman of the Association of Education Experts "InterSarap" 	National higher education and QA context. Issues to be clarified before the site visit	

7 JUNE 2021 (MONDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.15-8.30 LT & RO: 9.15-9.30 KZ: 12.15-12.30	<i>Connection set-up</i>			
BE & PL: 8.30-9.00 LT & RO: 9.30-10.00 KZ: 12.30-13.00	Review panel's private meeting			

BE & PL: 9.00-9.15 LT & RO: 10.00-10.15 KZ: 13.00-13.15	Connection set-up			
BE & PL: 9.15-10.00 LT & RO: 10.15-11.00 KZ: 13.15-14.00	Meeting with the ECAQA Director General and Management Team / Heads of Departments	<ul style="list-style-type: none"> - Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General - Farida Nurmanbetova, MD, DmedSc, Advisor - Makpal Umarova BA, Chair of Department for Accreditation and Monitoring - Merrey Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations - Nora Bayeldinova, Chair of Department for Planning and Administration, accountant - Askhat Muhametzhonov, BSc, Director of the AlmaWeb Company - Aset Kabenov, BSc, Marketing Director of the AlmaWeb Company, IT-specialist 	ECAQA current challenges and development plans (ESG 3.1). Stakeholder involvement in ECAQA governance and activities (ESG 3.1). Resources (ESG 3.5). Independence (ESG 3.3). ECAQA internal QA system (ESG 3.6). Thematic analysis (ESG 3.4)	Patrick Van den Bosch
BE & PL: 10.00-10.15 LT & RO: 11.00-11.15 KZ: 14.00-14.15	Connection set-up			
BE & PL: 10.15-10.45 LT & RO: 11.15-11.45 KZ: 14.15-14.45	Meeting with the ECAQA Founder	- Alexandr Li, MD, Founder	Role of the Founder in ECAQA governance.	Patrick Van den Bosch
BE & PL: 10.45-11.15 LT & RO: 11.45-12.15 KZ: 14.45-15.15	Review panel's private discussion (and connection set-up for the coordinator)			
BE & PL: 11.15-12.00 LT & RO: 12.15-13.00 KZ: 15.15-16.00	Meeting with the ECAQA team responsible for the preparation of the self-assessment report	<ul style="list-style-type: none"> - Sholpan Kaliyeva, MD, PhD - Farida Nurmanbetova, MD, DmedSc - Makpal Umarova, BA - Ayman Khadzhiev, PhD - Sholpan Ramazonova, PhD - Dariyabanu Sarsenbayeva, BA - Merrey Tursynbayeva, MSc - Alfiya Shamsutdinova, PhD 	Preparation for the external review, ECAQA internal quality assurance system (ESG 3.6)	Patrick Van den Bosch
BE & PL: 12.00-12.30 LT & RO: 13.00-13.30 KZ: 16.00-16.30	Wrap-up meeting among panel members and preparations for day II			

8 JUNE (TUESDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.30-9.00 LT & RO: 9.30-10.00 KZ: 12.30-13.00	Review panel private meeting			
BE & PL: 9.00-9.15 LT & RO: 10.00-10.15 KZ: 13.00-13.15	Connection set-up			
BE & PL: 9.15-10.00 LT & RO: 10.15-11.00 KZ: 13.15-14.00	Meeting with the ECAQA Expert Board	<ul style="list-style-type: none"> - Almagul Kuzgibekov MD, PhD, Chair of Expert Board - Sholpan Kaliyeva MD, PhD, Chair of Expert Commission on Higher and Postgraduate Education - Dr. Lazzat Asenova, Member of the Expert Commission on Continuing Professional Development (CPD) - Gulshat Kemelova MD, PhD, Chair of Expert Commission on Simulation-Based Learning - Zaure Baigozhina PhD, Chair of Expert Commission on Nursing Education - Altynai Smailova, PhD, Member of the Commission on Continuing Professional Development (CPD) - Bolat Zhanturiev PhD in Public Health, DBA, Member of the Commission on Continuing Professional Development (CPD) 	External QA methodologies (ESG 2.1, 2.2, 2.3 and 2.5). Peer review experts (ESG 2.4); Independence (ESG 3.3). Reporting (ESG 2.6). Independence (ESG 3.3)	Patrick Van den Bosch
BE & PL: 10.00-10.30 LT & RO: 11.00-11.30 KZ: 14.00-14.30	Review panel's private discussion (<i>and connection set-up for the coordinator</i>)			
BE & PL: 10.30-11.15 LT & RO: 11.30-12.15 KZ: 14.30-15.15	Meeting with the ECAQA Accreditation Council	<ul style="list-style-type: none"> - Alma Syzdykova, MSc in Health Administration (Japan), MBA, Director of the Department of Science and Education of the Corporate Fund University Medical Center - Chair of Accreditation Council - Lyazzat Yerallyeva DmedSc, Associate Professor, Deputy Director for Strategic and Scientific Development of the National Scientific Center 	Decision-making: Criteria for outcomes (ESG 2.5). Independence (ESG 3.3)	Patrick Van den Bosch

		<p>for Phthisiopulmonology of the Ministry of Health of the Republic of Kazakhstan</p> <ul style="list-style-type: none"> - Salomudin Jabbor Yusufi, Doctor of Pharmaceutical sciences, Professor, Academician of the Academy of Medical Sciences of the Republic of Tajikistan, Member of the WHO Executive Board, Advisor to the Minister of Healthcare of the Republic of Tajikistan - Nailiya Ruzdenova, Candidate of Medical Sciences, Chair of the Board of the "Union of Kazakhstan Nursing Colleges " - Suriya Yesentayeva, DmedSc, Professor President of the Kazakhstan Radiological Association, Member of the Kazakhstan Cancer Association - Elmira Serikbayeva, PhD Student in Pharmaceutical Technology and Industry at the Kazakh National Medical University - Dariya Dzhangarasheva, 4th year Medical Student at the Kazakh-Russian Medical University 		
<p>BE & PL: 11.15-11.45 LT & RO: 12.15-12.45 KZ: 15.15-15.45</p>	Review panel's private discussion (and connection set-up for the coordinator)			
<p>BE & PL: 11.45-12.15 LT & RO: 12.45-13.15 KZ: 15.45-16.15</p>	Meeting with the ECAQA Appeals Commission and the Complaints Commission	<ul style="list-style-type: none"> - Aigul Balmukhanova DmedSc, Professor Corresponding Member of the National Academy of Science, Chair of Commission on Complaints - Guldan Sakhova, Deputy Director of Republican Higher Nursing College, Member of Commission on Complaints - Makpal Umarova, Secretary of Commission on Complaints - Saule Sarsenbayeva, Director General of ECAQA 	Appeals and Complaints (ESG 2.7). Independence (ESG 3.3)	Patrick Van den Bosch
<p>BE & PL: 12.15-12.45 LT & RO: 13.15-13.45 KZ: 16.15-16.45</p>	Review panel's private discussion (and connection set-up for the coordinator)			
<p>BE & PL: 12.45-13.30 LT & RO: 13.45-14.30 KZ: 16.45-17.30</p>	Meeting with ECAQA staff	<ul style="list-style-type: none"> - Dariyabanu Sarsenbayeva , Manager of Department for International Collaboration and Public Relations - Botagoz Bulatova PhD in Law, Manager of Department for Planning and Administration - Makpal Umarova, Chair of Department for Accreditation and Monitoring 	Working conditions and staff development opportunities (ESG 3.5). Independence (ESG 3.3). ECAQA internal QA system and professional conduct (ESG 3.6).	Patrick Van den Bosch

		- Merey Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations		
BE & PL: 13.30-14.00 LT & RO: 14.30-15.00 KZ: 17.30-18.00	Wrap-up meeting among panel members: preparation for day III and provisional conclusions			

9 JUNE (WEDNESDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.30-9.00 LT & RO: 9.30-10.00 KZ: 12.30-13.00	Review panel private meeting			
BE & PL: 9.00-9.15 LT & RO: 10.00-10.15 KZ: 13.00-13.15	<i>Connection set-up</i>			
BE & PL: 9.15-10.00 LT & RO: 10.15-11.00 KZ: 13.15-14.00	Meeting with representatives of the Parliament, Ministry of Education and Science and Ministry of Health	<ul style="list-style-type: none"> - Zarina Kamasova PhD, Member of Parliament (Mazhilis) of the Republic of Kazakhstan, Committee of Social and Cultural Development, Member of ECAQA Accreditation Council - Zaure Amanzholova DMSc. Professor, ex-Member of Parliament (Mazhilis) of the Republic of Kazakhstan, Committee of Social and Cultural Development, Member of Board of Directors, the Scientific Center for Obstetrics, Gynecology and Perinatology of Ministry of Health of the Republic of Kazakhstan, Member of ECAQA Accreditation Council - Arman Kusainova, PhD, Ex-Deputy Director of Department for Human Resources in Health and Science of the Ministry of Health of the Republic of Kazakhstan, Member of ECAQA Accreditation Council (2017-2020) - Erkin Sadykov, PhD in Economics, Professor, Director of Bologna Process and Academic Mobility Center of the Ministry of Education of the Republic of Kazakhstan, ENIC-Kazakhstan 	Role of ECAQA in the national higher education and QA system. Role of the Ministry representatives in ECAQA governance (Accreditation Council), and independence (ESG 3.3). Thematic analyses (ESG 3.4).	Patrick Van den Bosch
BE & PL: 10.00-10.30 LT & RO: 11.00-11.30 KZ: 14.00-14.30	Review panel's private discussion (<i>and connection set-up for the coordinator</i>)			

BE & PL: 10.30-11.15 LT & RO: 11.30-12.15 KZ: 14.30-15.15	Meeting with heads of reviewed HEIs/HEI representatives	<ul style="list-style-type: none"> - Nurlan Jainakbayev, DmedSc, Professor, Rector of Kazakh-Russian Medical University - Ardak Mukhanbetzhanovna Auezova, PhD, Rector of the Kazakh Medical University “Higher School of Public Health” - Anar Turmukhambetova, DmedSc, Acting Rector of Karaganda Medical University, Vice-Rector for Strategic Development and Science - Nikolai Negay MD, PhD, Director of Republican Scientific and Practical Center for Mental Health of the Ministry of Health of the Republic of Kazakhstan - Aigerim Ospanova PhD, Director of Kostanay Higher Nursing College - Raikhan Musina PhD, Director of “Astana” Educational and Clinical Skills Centre 	HEIs’ involvement in ECAQA governance and activities (ESG 3.1), and in the design and improvement of its external QA processes (ESG 2.2, 3.6). ECAQA independence (ESG 3.3) and accountability (ESG 3.6). Fitness for purpose and impact of ECAQA external QA processes (ESG 2.2). Appeals and complaints (ESG 2.7). Thematic analyses (ESG 3.4)	Patrick Van den Bosch
BE & PL: 11.15-11.45 LT & RO: 12.15-12.45 KZ: 15.15-15.45	Review panel’s private discussion <i>(and connection set-up for the coordinator)</i>			
BE & PL: 11.45-12.30 LT & RO: 12.45-13.30 KZ: 15.45-16.30	Meeting with quality assurance officers of HEIs	<ul style="list-style-type: none"> - Zulfiya Zhankalova MD, DmedSc, Chair of Internal Quality Assurance Commission for Residency programs of the Kazakh National Medical University - Aigul Zhunusova PhD, Director of Academic Department at the Semey Medical University, Deputy Chair of Internal Commission on Assessment of Educational Programmes - Zhaisan Imanbayeva MD, PhD, Vice- Rector of Kazakh-Russian Medical University, Chair of Internal Commission on Assessment of Postgraduate Programs - Kyzylgul Aliyevna PhD, Director of Department for Education of the Research and Production center for Transfusion Medicine, - Kalibek Talzhanov, PhD, Head of the Department of Education and Science of the Scientific Center of Oncology - Kulmirzayeva Dariyana Muratovna, PhD in Public Health, Head of Department for CPD of the National Center of Neurosurgery 	HEIs’ involvement in the design and improvement of ECAQA QA processes (ESG 2.2, 3.6). Fitness for purpose, conduct and impact of QA processes (ESG 2.2 and 2.3). ECAQA independence (ESG 3.3) and accountability (ESG 3.6); Thematic analyses (ESG 3.4)	Patrick Van den Bosch
BE & PL: 12.30-13.00 LT & RO: 13.30-14.00 KZ: 16.30-17.00	Review panel’s private discussion <i>(and connection set-up for the coordinator)</i>			

BE & PL: 13.00-13.45 LT & RO: 14.00-14.45 KZ: 17.00-17.45	Meeting with ECAQA national experts (incl. academic experts, student experts and employers)	<ul style="list-style-type: none"> - Marina Morenko, DmedSc, Professor, Head of a Department for Paediatric Diseases at the Astana Medical University - Saule Yesenkulova, DmedSc, Professor of the Department of Oncology at Kazakh National Medical University - Akmaral Zhumalina, DmedSc, Professor, Chair of Department for Paediatric Diseases at West Kazakhstan Medical University named after M.Ospanov - Luydmila Ermukhanova PhD, Professor in Public Health and Healthcare at West Kazakhstan State Medical University named after M. Ospanov - Yermek Turgunov, DmedSc, Professor of Surgery Department at the Karaganda Medical University - Aziza Syzdykova, Master student at Kazakh-Russian Medical University - Gulnara Kalibekova PhD, Master's degree in Public Health, General Practitioner, Deputy Chief of the Almaty City polyclinic 	Role, training, professional conduct and independence of experts (ESG 2.4, 3.3 and 3.6). ECAQA external QA methodologies, and implementation and impact of QA processes (ESG 2.1, 2.2., 2.3). Involvement of experts in the development and improvement of QA processes (ESG 2.2 and 3.6).	Patrick Van den Bosch
BE & PL: 13.45-14.15 LT & RO: 14.45-15.15 KZ: 17.45-18.15	Wrap-up meeting among panel members; preparation for day IV			

10 JUNE (THURSDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.30-9.00 LT & RO: 9.30-10.00 KZ: 12.30-13.00	Review panel private meeting			
BE & PL: 9.00-9.15 LT & RO: 10.00-10.15 KZ: 13.00-13.15	<i>Connection set-up</i>			
BE & PL: 9.15-10.00 LT & RO: 10.15-11.00 KZ: 13.15-14.00	Meeting with ECAQA international experts	<ul style="list-style-type: none"> - Lidiya Katrova, M., PhD in Social Sciences, Professor, Member of the Association for Dental Education in Europe, Medical University, Department of Public health in Dentistry, Sophia, ulgaria; - Attila Tordai MD, PhD, DmedSc, Professor., Head of Transfusiology Department, Semmelweis University, Budapest, Hungary; - Sergey Riyzhkin, DmedSc, Associate Professor at the Department of Radiodiagnosis, Director of 	Role, training, professional conduct and independence of experts (ESG 2.4, 3.3 and 3.6). ECAQA external QA methodologies, and implementation and impact of QA processes (ESG 2.1, 2.2., 2.3). Involvement of experts in the development and improvement of QA processes (ESG 2.2 and 3.6).	Patrick Van den Bosch

		<p>Continuous Professional Education at the Kazan State Medical Academy, Scientific Advisor of the Department of Medicine and Biological Sciences at Science Academy of the Republic of Tatarstan, accredited expert of Federal Service on Education and Research supervision (Рособрнадзор), Russian Federation</p> <ul style="list-style-type: none"> - Azat Asadulin, Psychiatrist, Board Certified Narcologist, DmedSc, Professor at the Psychiatry and Narcology Department with a component of CPD at the Bashkhir State Medical University, Ministry of Health of Russian Federation - Bakhodir Rakhimov, DMSc, PhD in Public Health, the Kore University, Republic of South Korea - Tatyana Pozdeeva, DmedSc, Professor, Head of Department for Economics, Management and Medical Law, Dean of Faculty for Medicine and Prevention and Higher Nursing Education at the Privolzhsky Research Medical University, Ministry of Health of Russian Federation - Ulangul Tilekeeva, DMSc, Professor, Head of Basic and Clinical Pharmacology Department at Kyrgyz State Medical Academy, Republic of Kyrgyzstan 		
<p>BE & PL: 10.00-10.30 LT & RO: 11.00-11.30 KZ: 14.00-14.30</p>	<p>Review panel's private discussion (and connection set-up for the coordinator)</p>			
<p>BE & PL: 10.30-11.15 LT & RO: 11.30-12.15 KZ: 14.30-15.15</p>	<p>Meeting with students (representatives of the Kazakhstan Medical Student Association, ECAQA student experts)</p>	<ul style="list-style-type: none"> - Gapsamet Abdulvakhobov, President of Kazakh Medical Students' Association (KazMSA) - Ainur Kadyrova 4th year Medical Student at the Kazakh National Medical University named after Asfendiyarov - Yernur Kabykai Intern at the Semey Medical University - Amir Satybaldin, 3rd year Student of Information Systems programme at Central Asian Technical and Economics College - Anastasiya Levashova, 4th year Medical Student at the Kazakh-Russian Higher Nursing College - Amirzhan Kulmagambetov, Intern at the Kazakh-Russian Medical University - Asel Dzhaibetova, Master's student in Management of Healthcare at the Kazakh National Medical University named after Asfendiyarov 	<p>Involvement of students in ECAQA governance and activities (ESG 3.1), and in the design and improvement of its external QA processes (ESG 2.2. ECAQA independence (ESG 3.3) and accountability (ESG 3.6).</p>	<p>Patrick Van den Bosch</p>
<p>BE & PL: 11.15-11.45</p>	<p>Review panel's private discussion (and connection set-up for the coordinator)</p>			

LT & RO: 12.15-12.45 KZ: 15.15-15.45				
BE & PL: 11.45-12.30 LT & RO: 12.45-13.30 KZ: 15.45-16.30	Meeting with representatives of employers and other external stakeholders (e.g. healthcare institutions and professional associations)	<ul style="list-style-type: none"> - Maksut Kulzhanov, DmedSc, Professor, Chair of “Republican Medical Chamber” - Dauletkhan Yesimov, PhD, Director of “Kazakhstan Alliance of Medical Clinics” - Almagul Kausheva, Deputy Director of the Kazakhstan Alliance of Hospital Organization - Raisa Kuzdenbayeva DMSc Professor, Member of National Academy of Science, President of Professional Association of Clinical Pharmacology and Pharmacy of the Republic of Kazakhstan - Vyecheslav Lokshin, DmedSc, Professor, Member of the National Academy of Science of the Republic of Kazakhstan, President of Kazakhstan Reproductive Medicine Association - Gulmira Mendeshova, PhD, Deputy Chair of Board of the National Center for Independent Examination - Saule Yesembayeva DmedSc, Professor, President of the Interstate Dental Association for Cooperation in Dentistry of the CIS countries “Sodruzhestvo”, Academician of the International Dental Academy (IDA) of the World Dental Federation (FDI) 	Involvement of students in ECAQA governance and activities (ESG 3.1), and in the design and improvement of its external QA processes (ESG 2.2. ECAQA independence (ESG 3.3) and accountability (ESG 3.6).	Patrick Van den Bosch
BE & PL: 12.30-13.15 LT & RO: 13.30-14.15 KZ: 16.30-17.15	Wrap-up meeting among panel members: preparation and provisional conclusions			

11 JUNE 2021 (Friday)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.00-8.40 LT & RO: 9.00-9.40 KZ: 12.00-12.40	Meeting among panel members to agree on final issues to clarify			
BE & PL: 8.40-10.10 LT & RO: 9.40-11.10 KZ: 12.40-14.10	Meeting with the ECAQA Team to clarify any pending issues	<ul style="list-style-type: none"> - Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General - Farida Nurmanbetova, MD, DmedSc, Advisor - Makpal Umarova, Chair of Department for Accreditation and Monitoring - Almagul Kuzgibekova MD, PhD, Chair of Expert Board - Sholpan Kaliyeva MD, PhD, Chair of Expert Commission on Higher and Postgraduate Education - Marina Morenko, DmedSc, Professor Member of the Commission on Higher and Postgraduate Education - Gulshat Kemelova MD, PhD, Chair of Expert Commission on Simulation-Based Learning - Mery Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations 		
BE & PL: 10.10-12.30 LT & RO: 11.10-13.30 KZ: 14.10-16.30	Private meeting among panel members to agree on the main findings			
BE & PL: 12.30-13.30 LT & RO: 13.30-14.30 KZ: 16.30-17.30	Final de-briefing meeting with the ECAQA Director General, Management Team and key staff of the agency to inform about preliminary findings	<ul style="list-style-type: none"> - Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General - Farida Nurmanbetova, MD, DmedSc, Advisor - Almagul Kuzgibekova MD, PhD, Chair of Expert Commission - Makpal Umarova, BA, Chair of Department for Accreditation and Monitoring - Mery Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations 		

PROGRAMME OF THE ADDITIONAL SITE VISIT, 15-16 FEBRUARY 2022

(Time zones: Belgium (BE) and Poland (PL): CEST; Lithuania (LT) and Romania (RO): +1 hour; Almaty, Kazakhstan (KZ): +5 hours)

DAY 1, 15 FEBRUARY 2022 (TUESDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.00-8.15 LT & RO: 9.00-9.15 KZ: 13.00-13.15	Connection set-up			
BE & PL: 8.15-8.30 LT & RO: 9.15-9.30 KZ: 13.15-13.30	Review panel's private meeting			
BE & PL: 8.30-8.45 LT & RO: 9.30-9.45 KZ: 13.30-13.45	Connection set-up			
BE & PL: 8.45-9.15 LT & RO: 9.45-10.15 KZ: 13.45-14.15.	Introductory meeting with the ECAQA Team (representatives of the Management Team, Accreditation Council and Expert Board)	<ol style="list-style-type: none"> 1. Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General of ECAQA 2. Farida Nurmanbetova, MD, DMSc, Advisor to ECAQA 3. Makpal Umarova BA, Chair of Department for Accreditation and Monitoring 4. Mery Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations 5. Dariyabanu Sarsenbayeva, BA, Manager of Department for International Collaboration and Public Relations 6. Saule Yesembayeva DmedSc, Professor, President of the Interstate Dental Association for Cooperation in Dentistry of the CIS countries "Sodruzhestvo", Academician of the International Dental Academy (IDA) of the World Dental Federation (FDI), Member of Accreditation Council 7. Gulmira Ibrayeva PhD, Chair of Expert Commission on Continuing Professional Development (CPD), Member of Expert Board 		Patrick Van den Bosch
BE & PL: 9.15-9.30	Connection set-up			

LT & RO: 10.15 -10.30 KZ: 14.15-14.30				
BE & PL: 9.30 -10.15 LT & RO: 10.30-11.15 KZ: 14.30-15.15	Meeting with representatives of HEIs (Heads and / or QA Officers of higher education institutions, PGME institutions)	<ol style="list-style-type: none"> 1. Nurlan Jainakbayev, DmedSc, Professor, Rector of Kazakh-Russian Medical University 2. Almagul Kausheva, PhD, Vice-Rector of the Kazakh Medical University “Higher School of Public Health” 3. Anar Turmukhambetova, DmedSc, Acting Rector of Karaganda Medical University 4. Klara Baieldinova, PhD, Vice-Rector of Asfendiyarov Kazakh National Medical University 5. Aigul Zhunusova PhD, Director of Academic Department of the Semey Medical University 6. Almira Zhukubaeva MSc, Head of the Department of Education and Science of the Scientific Center of Oncology (residency programmes and CPD) 7. Lyazzat Zhantileeva, DmedSc, Deputy Director of the National Scientific Center of Urology (residency programmes and CPD) 		Patrick Van den Bosch
BE & PL: 10.15-10.45 LT & RO: 11.15-11.45 KZ: 15.15-15.45	Review panel’s private discussion, and connection set-up for the coordinator			
BE & PL: 10.45-11.30 LT & RO: 11.45-12.30 KZ: 15.45-16.30	Meeting with representatives of the Ministry of Education and Science and the Ministry of Health	<ol style="list-style-type: none"> 1. Zarina Kamasova PhD, Member of Parliament (Mazhilis) of the Republic of Kazakhstan, Committee of Social and Cultural Development 2. Bibigul Amangeldievna Assylova, Vice-Minister of Education and Science of the Republic of Kazakhstan. 3. Banu Narbekova Deputy Director of the Department of Higher and Postgraduate Education of the Ministry of Education and Science of the Republic of Kazakhstan 4. Ayan Musayev, Deputy Director of the Science and Human Resources Department of the Ministry of Health of the Republic of Kazakhstan 		Patrick Van den Bosch
BE & PL: 11.30-11.45 LT & RO: 12.30-12.45	Connection set-up			

KZ: 16.30-16.45				
BE & PL: 11.45-12.30 LT & RO: 12.45-13.30 KZ: 16.45-17.30	Meeting with ECAQA external experts	<ol style="list-style-type: none"> 1. Sholpan Ramazanova, PhD, Associate Professor of the Department of Clinical Disciplines of Al-Farabi Kazakh National University 2. Marina Morenko, DmedSc, Professor, Head of the Department for Paediatric Diseases of the Astana Medical University 3. Saule Yesenkulova, DmedSc, Professor of the Department of Oncology of Asfendiyarov Kazakh National Medical University 4. Kairat Zhakypbekov, PhD, Associate Professor, Head of the Department of Organization, Management and Economics of Pharmacy and Clinical Pharmacy of Asfendiyarov Kazakh National Medical University. 5. Rinat Muzafarov, Head of the Department of International Cooperation and Public Relations of the Republican Scientific and Practical Center of Psychiatry, Psychotherapy and Narcology of the Ministry of Health of the Republic of Kazakhstan 6. Alfiya Shamsutdinova, MD, MSc, BA, Fogarty Fellow, Director of the Helmir Kids Children's Medical Center, President of the Association of Bioethics and Medical Law 7. Tatiana Oleinikova, Candidate of Pharmaceutical Sciences, Head of the Department of Quality Management of Education of Educational and Methodological Management, Associate Professor of the Department of "Kursk State Medical University" (Russia). 		Patrick Van den Bosch
BE & PL: 12.30-13.00 LT & RO: 13.30-14.00 KZ: 17.30-18.00	Wrap-up meeting among panel members and preparations for day II			

DAY 2, 16 FEBRUARY 2022 (WEDNESDAY)				
TIMING	TOPIC	PERSONS FOR INTERVIEW	ISSUES TO BE DISCUSSED	LEAD PANEL MEMBER
BE & PL: 8.00-8.15 LT & RO: 9.00-9.15 KZ: 13.15-13.30	Connection set-up and review panel private meeting			
BE & PL: 8.15-8.30 LT & RO: 9.15-9.30 KZ: 13.15-13.30	<i>Connection set-up</i>			
BE & PL: 8.30-9.00 LT & RO: 9.30-10.00 KZ: 13.30-14.00	Meeting with representatives of students (incl. students-experts / EEC members and Kazakhstan Medical Student Association)	<ol style="list-style-type: none"> 1. Aigerim Akhmetzhan, 5th year undergraduate student of the Semey Medical University, President of Kazakh Medical Students' Association (KazMSA) 2. Dariya Dzhangarasheva, 5th year undergraduate student of the Kazakh-Russian Medical University 3. Tomiris Ainabai, 4th year undergraduate student of the Public Health Higher School of the Al-Farabi Kazakh National University 4. Dias Rakhyshev, 1st year resident of Asfendiyarov Kazakh National Medical University 5. Azimkhan Zia, 3d year resident of the Scientific Center of Urology 		Patrick Van den Bosch
BE & PL: 9.00-9.30 LT & RO: 10.00-10.30 KZ: 14.00-14.30	Review panel's private discussion and connection set-up for the coordinator			
BE & PL: 9.30-10.30 LT & RO: 10.30-11.30 KZ: 14.30-15.30	Meeting with the ECAQA Team (representatives of the Management Team, Accreditation Council and Expert Board)	<ol style="list-style-type: none"> 1. Saule Sarsenbayeva, MD, DmedSc, MBA, Professor, Director General of ECAQA 2. Farida Nurmanbetova, MD, DMSc, Advisor to ECAQA 3. Mery Tursynbayeva, MSc, Chair of Department for International Collaboration and Public Relations 4. Salomudin Jabbor Yusufi, Doctor of Pharmaceutical sciences, Professor, Academician of the Academy of Medical Sciences of the Republic of Tajikistan, Member of the WHO Executive Board, 		Patrick Van den Bosch

		<p>Advisor to the Minister of Healthcare of the Republic of Tajikistan</p> <p>5. Alma Syzdykova, MSc in Health Administration (Japan), MBA, Director of the Department of Science and Education of the Corporate Fund University Medical Center - Chair of Accreditation Council</p> <p>6. Zaure Baigozhina PhD, Director of the Department of Science and Education of the Center for Health Development of the Ministry of Health of the Republic of Kazakhstan – Member of Accreditation Council</p> <p>7. Alma Kuzgibekova, Professor of Karaganda Medical University, Chair of the Expert Board</p> <p>8. Sholpan Kaliyeva MD, PhD, Chair of Expert Commission on Higher and Postgraduate Education</p> <p>9. Gulshat Kemelova MD, PhD, Chair of Expert Commission on Simulation-Based Learning</p>		
<p>BE & PL: 10.30-12.30</p> <p>LT & RO: 11.30-13.30</p> <p>KZ: 15.30-17.30</p>	Private meeting among panel members to agree on the main findings			

ANNEX 2: TERMS OF REFERENCE OF THE REVIEW

External review of the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (ECAQA) by the European Association for Quality Assurance in Higher Education (ENQA)

Annex I: TRIPARTITE TERMS OF REFERENCE BETWEEN ECAQA, ENQA AND EQAR

27 October 2020

I. Background and context

The Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health care (ECAQA) is a non-governmental non-profit organisation with the purpose of ensuring the quality of higher education, including medical and other healthcare professions education, and development of national/regional reliable and transparent quality assurance system.

Non-for-profit organisation ECAQA was established in November 12, 2016. ECAQA has been registered as a non-governmental and non-profit organization at the Ministry of Justice of the Republic of Kazakhstan (Government Level) and at the Ministry of Justice of the Republic of Kazakhstan's Department of Justice in the Almaty City on February 3, 2017. These ECAQA's Certificate of Registration as a non-profit organization for activity and service in higher education are the legal basis for its activity as an external quality assurance agency in tertiary education in the Republic of Kazakhstan.

ECAQA was recognised by the decision of the Republican Accreditation Council of the Ministry of Education and Science of the Republic of Kazakhstan since March 5, 2018 and it has been included on the National Register of Recognised Accrediting Agency (Register I) by the Kazakhstan Ministry of Education and Science' Order № 95 on March 13, 2018.

The ECAQA's Constitution defines the area of its responsibilities as external quality assurance in higher education institutions and educational programmes and carrying out institutional and specialized (educational programme) accreditation.

The main priorities of the ECAQA are: to ensure and improve academic quality; support of higher education institutions in their capacity building process; introduction of the quality culture within institutions; provision of the educational expertise in higher education, health professions education and public health; provision of all stakeholders with the relevant information about the quality of the higher education institutions and programme undergoing accreditation.

ECAQA has carried out and completed external evaluation of 30 higher education institutions: 2 universities, 1 Higher Nursing college, 27 National centres for clinical research (CPD Providers) and 13 educational programmes in Medicine and Health Sciences, Pharmacy: 4 Bachelor' Degree, 3 Master's Degree Programmes, 2 CPD programmes, 4 Vocational Professional Education and Training.

Currently 2 Undergraduate Medical Education Programmes (Bachelor of Medicine + Internship), 35 Postgraduate Speciality Training Programmes (Residency), 1 Master's Degrees, 1 PhD Programme are in progress.

ECAQA has been an affiliate of ENQA since 2017 and is applying for ENQA membership.

ECAQA has not yet been registered on the European Quality Assurance Register for Higher Education (EQAR) and is now applying for initial inclusion on EQAR.

2. Purpose and scope of the evaluation

This review will evaluate the extent to which ECAQA fulfils the requirements of Parts 2 and 3 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*. Consequently, the review will provide information to the ENQA Board to aid its consideration of whether membership of ECAQA should be granted and to EQAR to support ECAQA application to the register.

2.1 Activities of ECAQA within the scope of the ESG

In order for ECAQA to apply for ENQA membership and for registration in EQAR, this review will analyse all activities of ECAQA that are within the scope of the ESG, i.e. reviews, audits, evaluations or accreditation of higher education institutions or programmes that relate to teaching and learning (and their relevant links to research and innovation). This is independent of whether the activities are carried out within or outside the EHEA and whether they are obligatory or voluntary in nature.

The following activities of ECAQA have to be addressed in the external review:

(1) Institutional accreditation of Higher Education Institutions, including of:

- higher education institutions for health professions education;
- postgraduate medical education institutions;
- organisations for continuing professional development (CPD providers);
- higher nursing colleges;
- non-medical higher education institutions.

(2) Specialized (programme) accreditation of Bachelor' Degree, Master's Degree, PhD, Postgraduate Speciality Training (Residency), CPD and Vocational Professional Education and Training programmes, including:

- Basic Medical Education (general medicine) programmes;
- Master's Degree programmes in medical and health professions education;
- PhD programmes in biomedical and health sciences;
- Applied Bachelor Degree programmes in nursing;
- Bachelor Degree programmes in nursing;
- Pharmacy, Pharmaceutical Technology and Industry programmes;
- Public Health programmes;
- Dental Education programmes;
- Joint Degree programmes;
- Postgraduate Speciality Training programmes (Residency).

(3) Accreditation of the clinical skills centre (simulation-based healthcare education) of medical higher educational institutions.

The other activities of the agency i.e. partnerships, Nursing Educator and Expert Competencies Developments are not external QA activities on themselves and should be commented on if they relate to ESG Part 2 and 3.

3. The review process

The review will be conducted following the methodology of ENQA Agency Reviews. The process is designed in line with the *Guidelines for ENQA Agency Reviews* and the requirements of the *EQAR Procedures for Applications*.

The evaluation procedure consists of the following steps:

- Formulation and agreement on the Terms of Reference for the review between ECAQA, ENQA and EQAR;

- Nomination and appointment of the review panel by ENQA;
- Notification of EQAR about the appointed panel;
- Self-assessment by ECAQA including the preparation and publication of a self-assessment report;
- A site visit by the review panel to ECAQA;
- Preparation and completion of the final evaluation report by the review panel;
- Scrutiny of the final evaluation report by the ENQA Review Committee;
- Analysis of the scrutiny by the ENQA Board and their decision regarding ENQA membership;
- Decision making by the EQAR Register Committee on the agency's registration on EQAR;
- Follow-up of the panel's and/or the ENQA Board's recommendations by the agency, including a voluntary progress visit.

3.1 Nomination and appointment of the review team members

The review panel consists of four members: one or two quality assurance experts (at least one of which is currently employed by an ENQA member agency), an academic employed by a higher education institution, a student member, and eventually a labour market representative (if requested). One of the members will serve as the chair of the review panel, and another member as a review secretary. For ENQA Agency Reviews at least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either the European University Association (EUA) or the European Association of Institutions in Higher Education (EURASHE), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. An additional panel member may be included in the panel at the request of the agency under review. In this case, an additional fee to cover the reviewer's fee and travel expenses is applied.

The panel will be supported by the ENQA Review Coordinator who will monitor the integrity of the process and ensure that ENQA's requirements are met throughout the process. The ENQA staff member will not be the secretary of the review and will not participate in the discussions during the site visit interviews.

Current members of the ENQA Board are not eligible to serve as reviewers.

ENQA will provide ECAQA with the list of suggested experts and their respective curricula vitarum to establish that there are no known conflicts of interest. The experts will have to sign a non-conflict of interest statement as regards the ECAQA review.

3.2 Self-assessment by ECAQA, including the preparation of a self-assessment report

ECAQA is responsible for the execution and organisation of its own self-assessment process and shall take into account the following guidance:

- Self-assessment is organised as a project with a clearly defined schedule and includes all relevant internal and external stakeholders;
- The self-assessment report is broken down by the topics of the evaluation and is expected to contain, among others: a brief description of the national HE and QA system; background description of the current situation of the Agency; an analysis and appraisal of the current situation; proposals for improvement and measures already planned; a SWOT analysis; each criterion (ESG part 2 and 3) addressed individually, and considerations of how the agency has addressed the recommendations as noted in the ENQA Board's membership decision letter and the instances of partial compliance noted in the previous EQAR Register Committee decision of inclusion/renewal. All agency's QA activities (whether within their national jurisdiction or outside of it, and whether obligatory or voluntary) will be described and their compliance with the ESG analysed.

- The report is well-structured, concise and comprehensively prepared. It clearly demonstrates the extent to which ECAQA fulfils its tasks of external quality assurance and meets the ESG.
- The self-assessment report is submitted to the ENQA Secretariat which has four weeks to pre-scrutinise it before forwarding the report to the panel of experts. The purpose of the pre-scrutiny is to ensure that the self-assessment report is satisfactory for the consideration of the panel. The Secretariat will not judge the content of information itself but whether the necessary information, as stated in the guidelines for ENQA Agency Reviews, is present. For the second and subsequent reviews, the agency is expected to enlist the recommendations provided in the previous review and to outline actions taken to meet these recommendations. In case the self-assessment report does not contain the necessary information and fails to respect the requested form and content, the ENQA Secretariat reserves the right to reject the report and ask for a revised version within two weeks. In such cases, an additional fee of 1000 EUR will be charged to the agency.
- The report is submitted to the review panel a minimum of six weeks prior to the site visit.

3.3 A site visit by the review panel

The review panel will draft a proposal of the site visit schedule which shall be submitted to the agency at least two months before the planned dates of the visit. The schedule is to include an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit, the duration of which is usually 2,5 days. The approved schedule shall be given to ECAQA at least one month before the site visit, in order to properly organise the requested interviews.

The review panel will be assisted in a site visit by the ENQA Review Coordinator.

The site visit will close with a final de-briefing meeting outlining the panel's overall impressions but not its judgement on the ESG compliance of the agency or the granting or reconfirmation of ENQA membership.

3.4 Preparation and completion of the final evaluation report

On the basis of the review panel's findings, the review secretary will draft the report in consultation with the review panel. The report will take into account the purpose and scope of the evaluation as defined under articles 2 and 2.1. It will also provide a clear rationale for its findings concerning each standard of part 2 and 3 of the ESG. A draft will be first submitted to the ENQA Review Coordinator who will check the report for consistency, clarity and language, and it will be then submitted to ECAQA usually within 10 weeks of the site visit for comment on factual accuracy. If ECAQA chooses to provide a position statement in reference to the draft report, it will be submitted to the chair of the review panel within two weeks after the receipt of the draft report. Thereafter, the review panel will take into account the statement by ECAQA and finalise and submit the document to ENQA.

The report is to be finalised within three months of the site visit and will normally not exceed 40 pages in length.

When preparing the report, the review panel should also bear in mind the *EQAR Policy on the Use and Interpretation of the ESG* to ensure that the report will contain sufficient information for the consideration of the Register Committee of the agency's application to EQAR⁸

For the purpose of applying for ENQA membership, ECAQA is also requested to provide a letter addressed to the ENQA Board outlining its motivation for applying for membership and the ways in which ECAQA expects to contribute to the work and objectives of ENQA during its membership.

⁸ See here: https://www.eqar.eu/assets/uploads/2020/09/RC_12_1_UseAndInterpretationOfTheESG_v3_0.pdf

This letter will be taken into consideration by the Board together with the final evaluation report when deciding on the agency's membership.

4. Follow-up process and publication of the report

ECAQA will receive the expert panel's report and publish it on its website once the ENQA Board has approved the report. The report will also be published on the ENQA website, regardless of the review outcome and decision by the ENQA Board. As part of ENQA Agency Review follow-up activities, ECAQA commits to react on the review recommendations and submit a follow-up report to the ENQA Board within the timeframe indicated in the Board's decision on membership. The follow-up report will be published on the ENQA website, in addition to the full review report and the Board's decision.

The follow-up report could be complemented by a small-scale progress visit to the agency performed by two members of the original panel (whenever possible). This visit will be used to discuss issues, based on the ESG, considered to be of particular importance or a challenge to ECAQA. Its purpose is entirely developmental and has no impact on the judgement of membership and/or judgment of compliance of the agency with the ESG. Should the agency not wish to take advantage of this opportunity, it may opt out by informing the ENQA Review Coordinator about this.

5. Use of the report

ENQA shall retain ownership of the report. The intellectual property of all works created by the expert panel in connection with the review contract, including specifically any written reports, shall be vested in ENQA.

The review report is used by the ENQA Board for the purpose of reaching a conclusion on whether ECAQA can be admitted/reconfirmed as a member of ENQA. The report is also used as a basis for the Register Committee's decision on the agency's registration on EQAR. The review process is thus designed to serve these two purposes. However, the review report is to be considered final only after being approved by ENQA. Once submitted to ENQA and until it is approved by its Board, the report may not be used or relied upon by ECAQA, the panel, or any third party and may not be disclosed without the prior written consent of ENQA. The approval of the report is independent of the decision of the ENQA Board on membership.

For the purposes of EQAR registration, the agency will submit the review report (once approved by the ENQA Board) via email to EQAR. The agency should also include its self-assessment report (in a PDF format), a Declaration of Honour, full curriculum vitae (CVs) of all review panel members and any other relevant documents to the application (i.e. annexes, statement to the review report, updates). EQAR is expected to consider the review report and the agency's application at its Register Committee meeting in February/March 2022.

6. Indicative schedule of the review

Agreement on Terms of Reference	October 2020
Appointment of review panel members	November 2020
Self-assessment completed	31 January 2021
Pre-screening of SAR by ENQA Review Coordinator	February 2021
Preparation of site visit schedule and indicative timetable	April 2021
Briefing of review panel members	May 2021

Review panel site visit	June 2021
Draft of evaluation report and submitting it to ENQA Review Coordinator for pre-screening	August 2021
Draft of evaluation report to ECAQA	September 2021
Statement of ECAQA to review panel if necessary	End September 2021
Submission of final report to ENQA	October 2021
Consideration of the report by ENQA Board	December 2021
Publication of report	December 2021
EQAR Register Committee meeting	February/March 2022

ANNEX 3: GLOSSARY

AMSE	Association of Medical Schools in Europe
APQN	Asia Pacific Quality Network
APQR	Asia Pacific Quality Register
CHEA	Council for Higher Education Accreditation
CEENQA	Central and Eastern European Network of Quality Assurance Agencies in Higher Education
CIS	Commonwealth of Independent States
CPD	continuing professional development
ECTS	European Credit Transfer and Accumulation System
EEC	External Expert Commission
ENIC	European Network of Information Centres
ENQA	European Association for Quality Assurance in Higher Education
ESG	<i>Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015</i>
EQAR	European Quality Assurance Register for Higher Education
HEI	higher education institution
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
KazMSA	Kazakhstan Medical Students Association
MEO	medical education organisation
MES	Ministry of Education and Science
MoH	Ministry of Health
NGO	non-governmental organisation
NQF	National Qualifications Framework
ORPHEUS	Organisation for PhD Education in Biomedicine and Health Sciences in the European System
QA	quality assurance
PGME	post-graduate medical education
RAC	Republican Accreditation Council
SAC	ECAQA Self-Assessment Commission
SAR	self-assessment report
WFME	World Federation for Medical Education
WHO	World Health Organisation

ANNEX 4. DOCUMENTS TO SUPPORT THE REVIEW

DOCUMENTS PROVIDED BY ECAQA

ECAQA's SAR, SAR annexes and additional documents requested by the panel, including:

Excerpts from ECAQA's Constitution

Strategic Plans 2017-2020 and 2020-2022; Action Plans 2020 and 2021; and Annual Reports 2017-2020

Regulations on the Departments for Accreditation and Monitoring, Planning and Administration, Technology and Public Relations, and International Collaboration; Job description of the ECAQA Adviser

Regulations on the Expert Board, the Accreditation Council, the Appeals Commission and the Complaints Commission

Regulations on Paid Services, and Regulation on the Cost of Accreditation Procedure

ECAQA Quality Assurance Policy, Internal Quality Assurance Framework and Quality Assurance Programme

Code of Ethics and Rules of Conduct for the Accreditation Council; Employee Code of Conduct; Code of Conduct for External Review Experts; Regulation on Conflict of Interest; Statement of Confidentiality and Absence of Conflict of Interest; statements signed by external experts

Policy and Procedures for Conducting Institutionalised and Specialised (Programmatic) Accreditation of Educational Organisations and Educational Programmes

Guides to Institutional Self-evaluation and Educational Programme Self-evaluation

Standards and Guides for all accreditation processes

Guidelines for External Evaluation of a Higher Education Institution and Educational Programmes

Interim Guidelines for External Evaluation of HEIs and Education Programmes (adopted for the period of the Covid-19 pandemic)

Documents provided during the panel's site visit (see the Background of the Review): Standards for Initial Accreditation of Residency Programmes, Standards for Initial Accreditation of Master's Programmes, and Checklist of Evaluation of New Programmes (in Russian); and Guidance for Accreditation – New Medical School (in English)

Regulations on Post-Accreditation Monitoring

Regulations on the External Expert Commission; Guidelines for Report Preparation for the External Expert Commission; and Quality Profiles and Evaluation Criteria Forms filled in by EECs

Guide on the Role of Students in the Accreditation of Higher Education Institutions for Health Professions Education; Instructions for independent student analysis within the framework of specialised accreditation of an educational programme

External evaluation reports on completed accreditation reviews (2-3 reports for each accreditation process)

Thematic reports: Analysis of the results of institutional self-assessment reports and external evaluation reports of organisations for continuing professional development (CPD) (2019); Analytical Report on the Results of External Experts Evaluation of Postgraduate Specialty Training Programmes (Residency) (2020); Methodological assistance to medical colleges, higher medical colleges and universities in the development and implementation of development programmes (2020); and Development of nursing educator competencies and educational programmes for professional development of educators of medical educational institutions and nursing colleges (2020).

OTHER SOURCES USED BY THE REVIEW PANEL

National legislation, including: 2007 Law on Education; 2007 the MES Order no. 595 on the approval of the standard rules for the activities of educational organisations; 2016 the MES Order no. 629 on the approval of the rules for the recognition of accreditation agencies, including foreign ones, and the formation of registers of recognised accreditation agencies, accredited organisations of education and educational programmes.

National Qualifications Framework, and the Self-certification report on compatibility of the Kazakhstan National Qualifications Framework with the Framework for Qualifications of the European Higher Education Area

National Registers of Recognised Accreditation Bodies, Accredited Institutions and Accredited Programmes (available on the Kazakhstan ENIC website)

ECAQA website

ENQA AGENCY REVIEW 2022

THIS REPORT presents findings of the ENQA Agency Review of the Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care (ECAQA), undertaken in 2021.