

EXPERIENCE IN CONDUCTING INITIAL ACCREDITATION OF SPECIALISTS AT THE FEDERAL ACCREDITATION CENTER OF SOUTH URAL STATE MEDICAL UNIVERSITY IN 2025

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Abstract. This paper analyzes the author's own experience in conducting the initial accreditation (IA) procedure for specialists. The study identified notable factors, specifically weaknesses in the training of graduates, which serve as a basis for addressing these issues.

Keywords: simulation-based training, testing, initial accreditation, situational tasks, accreditation center.

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Relevance

To practice medicine professionally, all graduates of medical programs are required to complete the initial accreditation procedure, as stipulated in Federal Law No. 323 of November 21, 2011 "On the Fundamentals of Public Health Protection in the Russian Federation" and regulated by Order No. 709n of the Ministry of Health of the Russian Federation dated October 28, 2022, "On the Approval of the Regulations on the Accreditation of Specialists" [1; 2]. The primary objective of the modern federal state educational standard is to equip graduates with the ability to apply their knowledge and skills to solve professional problems. The components of these competencies are theoretical knowledge and practical skills acquired during university studies. In 2025, the Federal Accreditation Center at South Ural State Medical University conducted initial accreditation of individuals who had completed core professional educational programs in higher medical and pharmaceutical education in five specialties: 31.05.01 "General Medicine," 31.05.02 "Pediatrics," 31.05.03 "Dentistry," 33.05.01 "Pharmacy," and 32.05.01 "Preventive Medicine."

Objective

To analyze our own experience in conducting the initial accreditation, identify the main issues, and develop an action plan to address and prevent them in the future.

Materials and Methods

In 2025, based at the Federal Accreditation Center (hereinafter referred to as the FAC) of the South Ural State Medical University of the Ministry of Health of the Russian Federation, 606 students were admitted to initial accreditation: 337 in the specialty "General Medicine," 137 in "Pediatrics," 99 in "Dentistry," 22 in "Pharmacy," and 11 in "Preventive Medicine." Students were prepared for the initial accreditation exam throughout the academic year. This preparation included: independently completing test and case-based assignments on the official website of the Methodological Center for Specialist Accreditation, as well as practical training organized at the FAC to hone their skills.

Results

The initial accreditation of specialists took place in three stages: testing, assessment of practical skills, and solving case studies.

Testing took place simultaneously at 40 workstations in the FAC's computer lab. Each candidate answered 80 test questions within a 60-minute time limit. Each test question had four answer choices, only one of which was correct. Upon completion of this stage, the software generated a single hard copy of the test report, which was signed by the candidate and handed over on the same

day to a designated FAC staff member for safekeeping. Based on the test results, the accreditation subcommittee decided whether candidates had passed this stage of accreditation: “passed” for a score of 70% or more correct answers and “failed” for a score of 69% or less. Twenty-seven people (4.45%) failed the first stage: 14 in “General Medicine,” 5 in “Pediatrics” and “Dentistry,” 1 in “Pharmacy,” and 2 in “Preventive Medicine.”

The assessment of practical skills was conducted in five specially equipped classrooms (stations) with audio and video recording. Candidates were allotted 10 minutes to complete the task at each station. After the second stage was completed, the accreditation subcommittee determined whether candidates had passed this stage of accreditation—defined as “pass” for a score of 70% or higher on all practical skill tasks and “fail” for a score of 69% or lower. Four candidates (0.7%) failed the second stage: one in the “General Medicine” specialty and three in “Pediatrics.”

The case studies were also conducted in the FAC computer lab simultaneously at 40 workstations. Each candidate was required to solve two case studies by answering 12 questions in each. Candidates were allotted 30 minutes to complete each case study. The third stage was conducted for three specialties (“General Medicine,” “Pediatrics,” and “Dentistry”). One person (0.2%) in the “Pediatrics” specialty failed this stage. Candidates who did not pass one of the stages on their first attempt were entitled to two retakes. The total number of accredited individuals, including those who passed on retakes, was 574 (94.7%); the number of non-accredited individuals was 32 (5.3%).

Discussion

Since 2017, significant organizational experience in accreditation has been accumulated, and a high level of motivation has been fostered among graduates. During the initial accreditation process, we did not observe any serious organizational or pedagogical issues, as evidenced by the strong accreditation results at all stages. However, there are a number of points that warrant attention. The main challenges in preparing students for the practical phase included a lack of time to master the necessary skills due to the heavy course load, as well as the late publication of the test question bank and station descriptions.

We conducted an anonymous survey of graduates who had completed the accreditation process. Analysis of the data revealed that the greatest difficulties during the second stage were encountered at the “Emergency Medical Care” station, due to the wide range of actions required of the candidate and the need to perform them in the correct sequence (87.7%). The heavy workload of the curriculum was linked to the high burden on the FAC, which, acting alone, served both as an accreditation site (including for initial specialized accreditation) and as a training facility.

In light of this, we reorganized the management structure for accreditation and simulation education and established a new structural unit — the Simulation Education

Center, one of which main tasks will be to create the organizational, pedagogical, and logistical conditions necessary for conducting practical sessions that enhance the quality of student training through new organizational forms and teaching methods. This task will be carried out at separate sites using dedicated simulation equipment.

An analysis of the results from all stages revealed a high percentage of candidates who failed the testing — 4.45%. It is worth noting that preparation for the first stage of accreditation is the personal responsibility of each candidate.

A survey of candidates revealed typical mistakes that prevented them from passing the first stage: lack of preparation time — 57.4%, inability to take the practice test — 22.3%, and stress — 20.3%. The second and third stages were successfully completed, and the main difficulties were related to the algorithms for performing tasks, a lack of standardized assessment tools, and the absence of clear answer keys, which may indirectly indicate a degree of subjectivity in the evaluation of candidates.

Thus, our experience in conducting initial accreditation of specialists has allowed us to identify vulnerabilities in the organization and implementation of the accreditation stages, as well as weaknesses in the preparation of graduates, which serves as a basis for addressing these issues.

Conclusions

1. All changes regarding station specifications and the introduction of additional stations during the accreditation stages must be published well in advance, no later than the start of the academic year.
2. To ensure year-round preparation of specialists for the practical phase and the conduct of accreditation, accreditation centers must be fully staffed, adequately funded, and equipped with the necessary facilities and equipment.
3. The problem of an overloaded curriculum and the inability to provide graduating students with sufficient time to prepare for the practical phase of the initial accreditation procedure can be resolved by establishing a specialized, independent structural unit.
4. Graduates’ independent preparation for the testing phase is insufficient and requires a comprehensive approach, namely: mock testing under conditions as close as possible to the accreditation procedure, with the aim of objectively assessing readiness and minimizing stress reactions during initial accreditation; increasing the number of hours allocated to this stage in the curriculum; analyzing typical mistakes and the most difficult questions; and updating the test question database with the necessary adjustments (if any).

Authors’ Contributions

D. A. Matsuganov — development of the research concept and design;
M. G. Moskvicheva, D. A. Matsuganov, O. S. Abramovskikh, A. A. Astakhov — preparation and creation of conditions for conducting the accreditation;

D. A. Matsuganov, A. A. Astakhov — development and preparation of scenarios;
M. G. Moskvicheva, D. A. Matsuganov, O. S. Abramovskikh, A. A. Astakhov — data collection, analysis, and interpretation.

REFERENCES

1. Federal Law of the Russian Federation No. 323-FZ of November 21, 2011, "On the Fundamentals of Public Health Protection in the Russian Federation." URL: https://www.consultant.ru/document/cons_doc_LAW_121895/ (accessed March 24, 2026).
2. Order of the Ministry of Health of the Russian Federation No. 709n dated October 28, 2022, "On the Approval of the Regulations on the Accreditation of Specialists." URL: <https://normativ.kontur.ru/document?moduleId=1&documentId=437738> (accessed March 24, 2026).
3. Vakhitov M. Sh., Vlasov T. D., Kameneva E. G., Avramenko E. A., Orlova S. A., Aleksandrin V. A., Be-

lash V. A. Initial Accreditation of Specialists: Errors and Omissions, and Their Causes // Virtual Technologies in Medicine. 2019. No. 1. pp. 24–26. DOI: [10.46594/2687-0037_2019_1_24](https://doi.org/10.46594/2687-0037_2019_1_24)

4. Pinelis I. S., Katman M. A., Pinelis Yu. I., Turchina E. V. Experience in Conducting Initial Accreditation in the Specialty of "Dentistry" // Virtual Technologies in Medicine. 2019. No. 1. pp. 54–56. DOI: [10.46594/2687-0037_2019_1_54](https://doi.org/10.46594/2687-0037_2019_1_54)
5. Timofeev, M. E., Turupaev, K. A., Shirokova, G. V., Kazakov, A. M., Solomin, V. D., Ryabchikov, D. A. First experience with primary specialized accreditation of oncologists at N. N. Blokhin National Medical Research Center for Oncology, Ministry of Health of the Russian Federation // Virtual Technologies in Medicine. 2020. No. 1. pp. 14–19. DOI: [10.46594/2687-0037_2020_2_727](https://doi.org/10.46594/2687-0037_2020_2_727)