

Rules of Procedure in Medical Education Accreditation

2014



한국의학교육평가원

Korean Institute of Medical Education and Evaluation

Rules of Procedure in Medical Education Accreditation

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Feb. 2, 2010

Jan. 24, 2011

Apr. 16, 2012

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Section 1 General Principles

Article 1 (name) The English name of this organization is Accreditation Board for Medical Education in Korea or ABMEK.

Article 2 (purpose) The purpose of these Rules of Procedure is to define matters necessary in organizing and operating ABMEK, which is established to conduct matters regarding the accreditation of medical colleges and medical graduate schools (hereinafter colleges) in accordance with Article 3-1-6 of the Articles of Incorporation of the Korean Institute of Medical Education Evaluation (hereinafter KIMEE).

Article 3 (goals and activity) ① The goal of ABMEK is to accredit medical education programs and education environments to improve medical education quality and to pursue excellence.

② To achieve such goals, ABMEK conducts the following activities.

- A. Develop evaluation standards and criteria to accredit medical education programs and education environments
- B. Evaluate medical education programs and education environments based on evaluation standards and criteria
- C. Evaluate medical education programs and education environments for accreditation maintenance
- D. Evaluate medical education programs and education environments of newly founded colleges

Section 2 Organization and Meetings

Article 4 (organization) ① ABMEK shall have standing bodies (steering committee, expert committees, decision making committee) and a non-standing Site Visit Team. It can maintain special committees to achieve accreditation objectives.

② ABMEK's organization chart is as shown in "ABMEK Organization (Appendix A)."

Article 5 (executives) ① ABMEK shall have officers charged with the duties as described in each of the following items.

A. ABMEK Director : oversees entire ABMEK business and chairs the Steering and Decision Making Committees.

B. ABMEK Vice-director : assists the Director and assumes the role of Acting Director when Director becomes vacant.

C. Chairs of Expert Committees: oversees the business of each Expert Committee

② ABMEK Director is to be appointed by .

③ ABMEK Vice-director and Expert Committee Chairs are to be appointed by the President of KIMEE based on ABMEK Director's recommendation.

④ The executives' term is 3 years with the possibility of serving multiple terms.

Article 6 (Steering Committee) The Steering Committee consists of ABMEK, Vice-director and Chairs of Expert Committees. The Steering Committee assists the Director regarding ABMEK's operation.

Article 7 (Expert Committees) ① Each Expert Committee's work is as follows.

A. Committee on Policy : planning, research, policy & rule development on overall accreditation work

B. Committee on Standards : develop, revise and complement evaluation standards for accreditation

C. Committee on Quality Control : manage accreditation quality and evaluate regarding accreditation maintenance

② Expert Committees are to have around 10 members who are appointed by ABMEK Director based on the Steering Committee's recommendations.

③ The committee members' term shall be 3 years with the possibility of serving multiple terms.

Article 8 (Decision Making Committee) ① The Decision Making Committee shall have around 12 members including ex officio members and community representatives.

② Ex officio members include ABMEK Director, Vice-Director, Chairs of the 3

Expert Committees and people recommended by the Korean Council for University Education, government, medical science and medical profession organizations and other accreditation bodies. The term of ex officio members is limited to his/her term in the position providing ex officio status.

③ Community representatives include 1 student representative, 1 parent representative and 1 civic group representative. Such members are appointed by ABMEK Director based on the Steering Committee's recommendation. The community representative's term is 3 years with the possibility of severing multiple terms. However, the term of the student representative is 1 year.

Article 9 (meetings) ① ABMEK Director can call a General Meeting to be attended by members of the Steering Committee and all Expert Committees.

② The Chair of each committee can call the given committee's meeting when necessary.

③ A meeting has quorum when half or more of registered members are present and can resolve with a simple majority of those present. When the number of consenting votes is equal to that of dissenting votes, the Chair shall decide the outcome.

Section 3 Accreditation

Article 10 (subject) ① ABMEK evaluates the college's basic medical education curriculum and education environment.

② ABMEK can include graduate education, postgraduate medical education, continuing medical education/continuing professional development etc. in its scope of evaluation.

Article 11 (accreditation type) ① Accreditation types consist of accreditation, accreditation on probation and non-accreditation.

A. Accreditation is given when a college satisfies accreditation standards.

B. Accreditation on Probation is a temporary accreditation and is given when a college failed to satisfy accreditation standards but is capable of improving within a year.

C. Non-accreditation is given when a college fails to satisfy accreditation standards. If intentionally falsified facts are discovered after accreditation was issued, the college at issue could be considered as a non-accreditation.

Article 12 (accreditation period and timing) ① Accreditation is valid for 4 or 6 years

depending on the Decision Making Committee's decision.

② A college must receive accreditation during the year its existing accreditation expires.

③ A college that has received an accreditation on probation must be reevaluated during the following year. If the college satisfies accreditation standards in the reevaluation, it is given an accreditation valid for 3 years. If the college fails to satisfy, it is given a non-accreditation.

④ The college can apply for accreditation 1 year after receiving a non-accreditation.

Article 13 (applying for accreditation) ① A college must apply for accreditation 1 year before the current accreditation expires.

② If material reasons prevent the college from receiving evaluation, the college can apply for a postponement and the Steering Committee can decide to allow a 1 year postponement of evaluation.

③ A college can apply for accreditation even before the current accreditation expires.

Article 14 (evaluation procedure and method) ① Colleges subject to accreditation must regularly enter data in the Korean Medical School Information System (KOM SIS) and create a self-evaluation report according to the ABMEK's Guidelines on Self-evaluation and submit this report to ABMEK.

② The student representative of the college subject to accreditation must prepare a Student Report according to ABMEK's "Guidelines on Preparing Student Report" (Appendix K) and submit this report to ABMEK.

③ The Site Visit Team shall conduct a documentary evaluation of the college's KOM SIS, self-evaluation report, student report and related material and then conduct an site visit to verify the documented information. The Site Visit Team must complete and submit to ABMEK an evaluation report within 7 days of completing the site visit.

④ The length of the site visit can be adjusted according to ABMEK's decision.

⑤ ABMEK must provide information about the Site Visit Team members and site visit procedures to the relevant college before the site visit. The college can request for adjustment. In this case, ABMEK has the final decision power regarding adjustments.

Article 15 (Site Visit Team's Composition and Activity) ① The Site Visit Team must comprise of at least 6 experts who have knowledge and experience in medical

education.

② The Site Visit Team members are to be appointed by President based on recommendation of ABMEK Director. The ABMEK Director must recommend Site Visit Team members while considering the characteristics of the college to be surveyed and in line with "Guidelines on Medical Education Accreditation Ethics." (Appendix B).

③ ABMEK must conduct training to enhance the expertise and reliability of Site Visit Team members.

Article 16 (Site Visit Observation) ① The Ministry of Education, Science and Technology, representatives of other academic fields, Korean and foreign medical education officials etc. can observe a Site Visit with the consent of ABMEK and the college to be surveyed.

② Observation of site visit as mentioned in above provision 1 shall follow "Guidelines on Site Visit Observation." (Appendix C)

Article 17 (expense) ① In principle, all expense incurred for accreditation and maintenance of accreditation shall be burdened by the receiving college.

② The expenses to be burdened by the college can be divided into accreditation expense and accreditation maintenance expense.

A. Accreditation expense is the overall expense incurred during the accreditation process.

B. Accreditation maintenance expense is the overall expense incurred to evaluated the progress report submitted every 2 years.

③ ABMEK must annually determine expenses to be burdened by the colleges and notify the decision to the concerned college.

Section 4 Accreditation Actions

Article 18 (Evaluation Report) ① ABMEK must send the relevant evaluation report to the concerned college so that the college can verify facts in the report.

② The Site Visit Team must write a final evaluation report reflecting the opinions provided in above provision 1 and submit it to ABMEK.

Article 19 (Decision Making Committee's decision) The Decision Making Committee determines the type of accreditation and follow-up measures etc. regarding a

college's medical education program and education environment.

Article 20 (notice of decision) ① ABMEK must notify the final results of the Decision Making Committee's decision to the college's president and dean within 7 days of the final decision.

② ABMEK must publicly announce the Decision Making Committee's decision and the final evaluation report 30 days after the Decision Making Committee's decision. If the concerned college has filed an appeal, the decision and final evaluation report must be made public after relevant procedures have been completed.

③ All documents related with the documentary evaluation and site visit results must not be disclosed.

④ The college must publicly announce its accreditation results to students, faculty and staff.

⑤ ABMEK must notify the government entity in charge and other related entities of the decision results 30 days after the Decision Making Committee's decision. It can include suggestions on how to utilize the evaluation results.

Article 21 (reconsideration application) ① The college can apply for a reconsideration of the accreditation decision.

② The college's reconsideration procedure and KIMEE's work procedures shall follow "Guidelines on Accreditation Result Reconsideration." (Appendix D)

Article 22 (improvement plan) The college must submit an improvement plan on how to correct any non-compliance items mentioned in the evaluation report within 3 months from the date it received notification of the accreditation decision.

Article 23 (accreditation maintenance and management) ① To maintain its accreditation, a college must submit a Progress Report every 2 years including improvement results (Appendix L).

② If a college expects major changes in its medical education program or education environment, it must submit in advance a Major Change Plan according to "Guidelines on Writing Major Change Plan." (Appendix E). Major change refers to change in education goals, overhaul of curriculum, change of major teaching hospital, campus relocation or split, change of ownership or negative change in education environments etc.

③ The Committee on Quality Control must conduct a documentary evaluation of the Progress Report and Major Change Plan. ABMEK can conduct a site visit.

④ ABMEK can conduct a site visit of a college that fails to submit a Progress

Report or Major Change Plan and can modify the accreditation type or period of the college.

Article 24 (data collection) ABMEK can conduct annual questionnaire surveys or various data surveys to establish accreditation policy or develop evaluation standards etc.

Section 5 Accreditation of Newly Founded Colleges

Article 25 (subject) ① ABMEK must evaluate the medical education program and education environment of newly founded colleges that receive government's establishment approval.

Article 26 (accreditation type) ① The accreditation types available for newly founded colleges are preliminary accreditation, non-preliminary accreditation, provisional accreditation and non-provisional accreditation.

A. Preliminary accreditation is given when a newly founded college satisfies the preliminary accreditation standards.

B. Non-preliminary accreditation is given when a newly founded college fails to satisfy the preliminary accreditation standards. Colleges with a non-preliminary accreditation cannot recruit students.

C. Provisional accreditation is given when a newly founded college that has started student education under a preliminary accreditation satisfies the accreditation standards.

D. Non-provisional accreditation is given when a newly founded college fails to satisfy the accreditation standards. A college given a non-provisional accreditation cannot recruit students and cannot advance existing students to next levels of study.

Article 27 (application) ① A newly founded college that has received government's establishment approval must apply for an evaluation for preliminary accreditation before recruiting students.

② A newly founded college with preliminary accreditation must apply for an evaluation for provisional accreditation each year from time of student recruitment until the first graduation of students.

Article 28 (period and procedure) ① Preliminary accreditation is valid for 2 years. A

college that receives a non-preliminary accreditation cannot receive a reevaluation within a year.

② A provisional accreditation is valid for 1 year. A college that receives a non-provisional accreditation cannot receive a reevaluation within 1 year.

③ The college shall burden all expenses for preliminary or provisional accreditation.

④ These rules of procedure shall be applied as rules and procedures for preliminary and provisional accreditation.

Section 6 Supplementary Rules

Article 29 (Third party comment) ① Regarding college accreditation, ABMEK provides the opportunity for third party comment. However, ABMEK does not consider personal complaints or matters related with admission, appointment, promotions, employee dismissal and student discipline etc.

② Procedure for dealing with third party comments on college accreditation as mentioned in above provision 1 shall follow "Guidelines on Third Party Comments." (Appendix F)

③ Third party comments presented regarding a college's accreditation must be limited to those related with accreditation standards. Anonymous comments are not accepted. Third party comments must be submitted to KIMEE at least 1 month prior to the concerned college's Site Visit to enable verifications of such comments.

Article 30 (college's change of ownership or closure) ABMEK's work process regarding college's ownership change or closure shall follow "Guidelines on College Ownership Change or Closure." (Appendix G)

Article 31 (accreditation of medical college outside Korea) When it judges that a medical program approved in another country influences medical education and medical services in Korea, ABMEK can conduct accreditation of such programs.

Article 32 (guideline on conflict of interest) ① Treatment of conflicts of interest must follow ABMEK's "Guidelines on Medical Education Accreditation Ethics." (Appendix C)

② All persons related with accreditation must strictly adhere to ethical standards in accordance with social norms and must follow ABMEK's guidelines on conflict of interest.

Article 33 (guideline on confidentiality) All ABMEK committee members and secretariat staff must not disclose any information related with accreditation activities and must sign the "Letter of Pledge" (Attached Form 1, Appendix B).

Article 34 (management of accreditation records) Various material and records produced in the medical education accreditation process must not be used for purposes other than accreditation. They must be stored and managed according to "Guidelines on Management of Accreditation Records ." (Appendix H)

Article 35 (accreditation standard review and change procedure) ① ABMEK must review accreditation standards every 6 years. However, it can implement partial change to the accreditation standards being applied even before the regular review cycle if there is an opinion for revision, deletion, addition etc of standards and the scope of change does not harm the accreditation standard's basic spirit and intention.

② ABMEK's procedure for accreditation standard review and change must follow "Guidelines on Changing Accreditation Standards" (Appendix I)

Article 36 (review and change of Rules of Procedure in Medical Education Accreditation) ① ABMEK must review the Rules of Procedure every 6 years. However, it can implement partial change to the Rules of Procedure even before the regular review cycle if there is an opinion for revision, deletion, addition etc. of the Rules of Procedure and the scope of change does not harm the rules of procedure's basic spirit and intention.

② ABMEK's procedure for Rules of Procedure review and change must follow "Guidelines on Changing Rules of Procedure". (Appendix J)

Article 37 (summary of Rules of Procedure in Medical Education Accreditation) A summary of the Rules of Procedure in Medical Education Accreditation is as shown in "Summary of Rules of Procedure in Medical Education Accreditation." (Appendix K)

Supplementary Rules (Sep. 16, 1999)

Article 1 (enforcement date) These Rules of Procedure shall take effect as of the date they are resolved by the Korean Medical Education Accreditation Committee.

Supplementary Rule (Sep. 26, 2006)

Article 1 (enforcement date) These Rules of Procedure shall take effect as of the date they are resolved by KIMEE's Executive Committee.

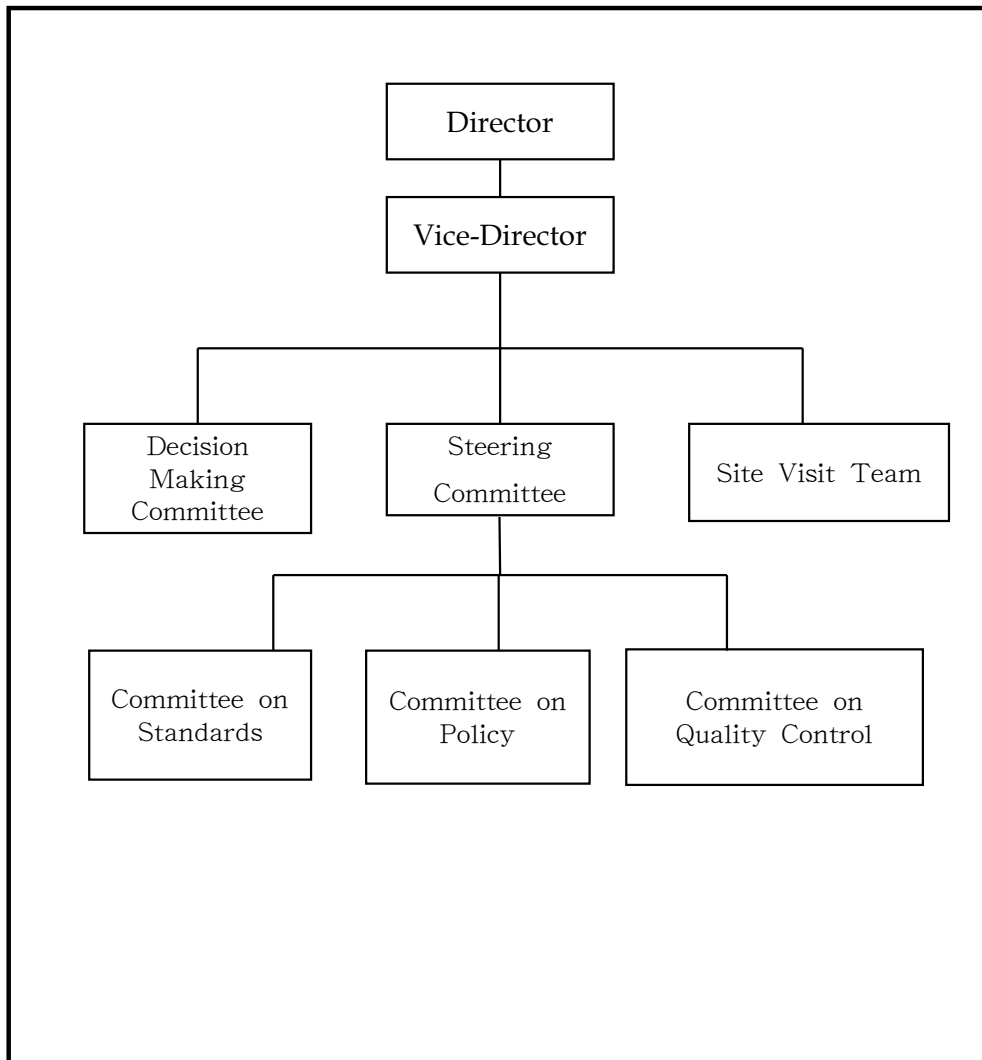
Supplementary Rule (Feb. 2, 2010)

Article 1 (enforcement date) These Rules of Procedure shall take effect as of the date they are resolved by KIMEE's Executive Committee.

Supplementary Rules (Jan. 24, 2011)

Article 1 (enforcement date) These Rules of Procedure shall take effect as of the date they are resolved by KIMEE's Executive Committee.

Appendix A : ABMEK Organization



Appendix B: Guidelines on Medical Education Accreditation Ethics

Article 1 (purpose) The purpose of this rule is to define matters regarding the code of ethics for those participating in the medical education accreditation process.

Article 2 (basic approach) Site Visit Team members must exert efforts to conduct their work sincerely and objectively according to their conscience to enhance the feasibility and reliability of the evaluation.

Article 3 (independence of evaluation) Site Visit Team members must not be subjected to unfair outside influence and must conduct their evaluation work independently.

Article 4 (confidentiality) Site Visit Team members must not disclose information acquired related with accreditation activities without justified reasons. In particular, they must not use it for their own or a third party's economic gain.

Article 5 (privacy protection) Site Visit Team members must take care not to infringe upon other's rights in the accreditation process and must exert efforts to protect privacy information etc. acquired while performing their job.

Article 6 (ban on unjust behavior) Site Visit Team members must not express unfair requests for favors or solicitation to those being surveyed during the accreditation process. Also, they must not engage in behavior that would be misunderstood by others.

Article 7 (ban on conflict of interest) ① Site Visit Team members must not participate in the accreditation process of colleges with which he/she has the following relationships.

1. the site visit team member or his/her immediate family is or has recently been a student, professor, administrative staff, employee or agent of the college
2. the site visit team member or his/her immediate family has a possibility of concluding a tentative agreement or contract with the college to be evaluated
3. the site visit team member or his/her immediate family served in a position representing the college to be evaluated during the past 3 years
4. the site visit team member or his/her immediate family has a relationship

of interest with the college to be evaluated

- ② The Site Visit Team member must not provide advice related with accreditation to the college being evaluated other than advice requested by KIMEE.

Article 8 (ban on bribery) The Site Visit Team member must not receive any monetary compensation related with accreditation activity other than the allowance paid by KIMEE according to rules.

Article 9 (letter of pledge) Site Visit Team members must sufficiently study "Guidelines on Medical Education Accreditation Ethics" before signing the Letter of Pledge (attached form no. 1) and submit the signed letter to the Secretariat.

Supplementary Rules

Article 1 (enforcement date) These guidelines shall take effect as of January 24, 2011.

[Attached Form 1]

Letter of Pledge

As a member of the Medical Education Accreditation Site Visit Team, I have read and sufficiently understood "Guidelines on Medical Education Accreditation Ethics." I pledge to adhere to these guidelines while acting as a Site Visit Team member.

In addition, I will never disclose in any form any information acquired related with medical education accreditation without approval in accordance with legal procedures and regulations. I also pledge to take full responsibility for any and all damage incurred due to my failure to maintain confidentiality.

Date :

Name :

Signature :

Appendix C: Guidelines on Site Visit Observation

Article 1 (purpose) The purpose of these guidelines is to define the procedure for site visit observation in accordance to Article 16 (Site Visit Observation) of the Rules of Procedure in Medical Education Accreditation.

Article 2 (application to observe) Korean or overseas entities wishing to observe ABMEK's site visit must request so in writing to ABMEK's Secretariat at least 1 month before the site visit. The requesting body must explain in the application its reason for wishing to observe.

Article 3 (consent to observe) When there is an application to observe a site visit of a college to be accredited, ABMEK must review the appropriateness of observation background and purpose etc. and notify this to the relevant college to seek its consent.

Article 4 (conducting observation and limits of rights and obligations) ① The observer must observe a college's site visit within the scope of not interfering with the site visit team's work.

- ② The observer cannot request the site visit team's inspection results or conclusions and must pledge to maintain confidentiality of all information learned during the site visit period.
- ③ The observer must not attend meetings with the college president or dean.
- ④ The draft of the evaluation report must not be disclosed to the observer.

Supplementary Rules

Article 1 (enforcement date) These guidelines are to take effect as of January 14, 2011.

Letter of Pledge for Site Visit Observation

Letter of Pledge

As an observer of the medical education accreditation site visit, I have read and sufficiently understood the "Guidelines on Medical Education Accreditation Ethics" and "Guidelines on Site Visit Observation." I pledge to adhere to these guidelines while acting as an observer.

In addition, I pledge not to disclose any information acquired related with medical education accreditation without an approval according to legal procedures and rules. I also pledge to take full responsibility for any and all damage that could be caused due to my failure to maintain confidentiality.

Date :

Name :

Signature :

Appendix D: Guidelines on Accreditation Result Reconsideration

Article 1 (purpose) The purpose of these guidelines is to define the procedure for the reconsideration of a college's accreditation results (hereinafter "reconsideration") pursuant to Article 21-2 of the Rules of Procedure in Medical Education Accreditation (hereinafter "rules of procedure") and the handling procedure for such a request.

Article 2 (reconsideration application) ① A college can apply for reconsideration of accreditation results to KIMEE within 30 days of being notified of accreditation results by expressing in writing the reasons for seeking reconsideration.

② A college can withdrawal its reconsideration application within 7 days of submission.

Article 3 (Reconsideration Committee) ① Director of KIMEE must form a Reconsideration Committee of about 6 internal and external medical education experts or persons with accreditation experience.

② A person who conducted a documentary evaluation or Site Visit of the college applying for reconsideration (hereinafter "applying college") during the given year cannot serve as a Reconsideration Committee member.

③ The Reconsideration Committee must be operated temporarily until the reconsideration process of the applying college is completed.

Article 4 (activities of Reconsideration Committee member) ① KIMEE must provide material related with the applying college's accreditation and the reasons for applying for reconsideration to the Reconsideration Committee.

② The Reconsideration Committee can request additional material necessary for reconsideration to ABMEK and the applying college through KIMEE. Once requested, ABMEK and the applying college must actively respond.

③ The Reconsideration Committee does not consider any improvements or changes that occurred after the documentary evaluation and Site Visit of the applying college.

④ The Reconsideration Committee can conduct a Site Visit of the applying college.

Article 5 (submission of Reconsideration Result Report) ① The Reconsideration Committee must submit a Reconsideration Result Report to KIMEE President within 45 days of being formed.

Article 6 (final decision) KIMEE President must hold an executive committee immediately after receiving the Reconsideration Result Report and reach a final decision based on the Reconsideration Result Report.

Article 7 (notification of reconsideration result) KIMEE President must notify the results of the reconsideration decision to the applying college.

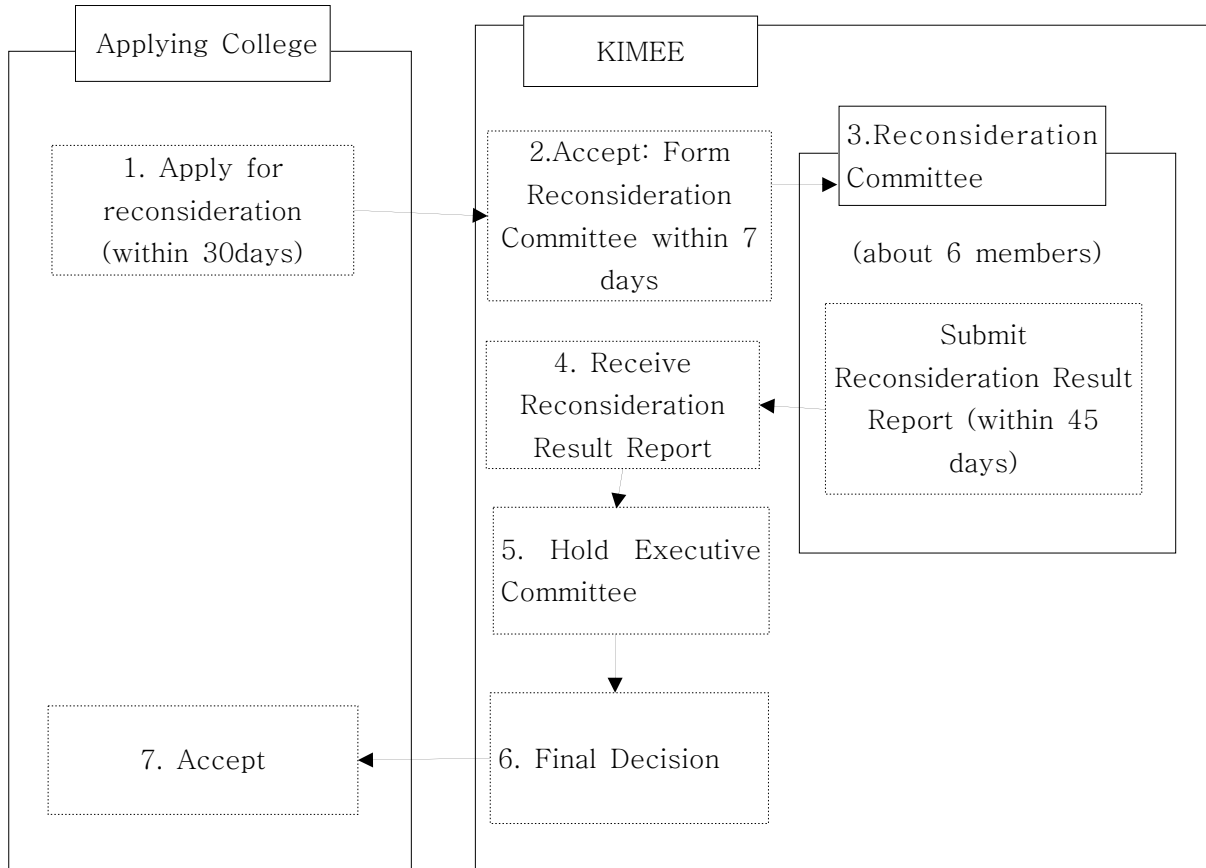
Article 8 (reconsideration expense) ① Expense incurred in the reconsideration process must be burdened by the applying college.

② The reconsideration expense shall be decided by KIMEE based on actually required expenses.

Supplementary Rules

Article 1 (enforcement date) These guidelines shall take effect as of January 24, 2011.

Figure. Reconsideration Process Flowchart



Appendix E: Guidelines on Writing Major Change Plan

Article 1 (purpose) The purpose of this guideline is to define the procedure for writing a Major Change Plan based on the Article 23 of the Rules of Procedure in Medical Education Accreditation. <Amended on January 23rd, 2014>

Article 2 (definition) A Major Change refers to change in education program or environment that influences medical education. It includes the following. <Amended on January 23rd, 2014>

- ① Change of major teaching hospital
- ② Relocation or splitting of campus
- ③ Change of ownership, etc.

Article 3 (composition) A Major Change Plan includes the Chapter 1. Overview, the Chapter 2. Details by Items of Evaluation Standards, and the Chapter 3. Summary. <Amended on January 23rd, 2014>

- ① “The Chapter 3. Overview” includes the followings.
 - a. Types of change
 - b. Background of change
 - c. Details of change
 - d. Overview of curriculum change and impact of change on education
 - e. Future plan based on change (including administrative and financial plans)
 - f. Others
- ② “The Chapter 2. Details by Items of Evaluation Standards” in the plan includes “Skills by Types of Major Change (Table 1)”. For details by items, expected results depending on changes shall be specific compared to the case of accreditation.

Article 4 (procedure) ① A college shall submit the Major Change Plan one month before change starts when a major change defined in the Article 2 is expected. A college can conduct a written inquiry regarding submission of the Major Change Plan. <Amended on November 23rd>

- ② The KIMEE may request a college where a major change is expected to submit the Major Change Plan and the college shall submit the plan within one month

after the request.

- ③ If the collage does not submit the Major Change Plan by a due date or it is identified that a major change will have a negative impact on education after a documentary review of the plan, the KIMEE may carry out the following measures.
 - a. Requesting submission or supplementation of the Major Change Plan (within a month)
 - b. Conducting a Site Visit (within three months)
 - c. Changing an accreditation period d. Changing accreditation types
- ④ If a collage does not submit the Major Change Plan despite its major change, the KIMEE may change an accreditation period and accreditation types of the college.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 24, 2011.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 23, 2014.

(Table 1) Skills by Types of Major Change

| Standards | | | Types of Major Change | | |
|----------------------------------|--|-------|-----------------------------------|-----------------------------------|---------------------|
| | | | Change of major teaching hospital | Relocation or splitting of campus | Change of ownership |
| 1. Governance and Administration | 1-1 Mission | 1-1-1 | | | o |
| | | 1-1-2 | o | o | o |
| | | 1-1-3 | | | |
| | 1-2 Administration and Governance | 1-2-1 | | o | o |
| | | 1-2-2 | | o | o |
| | | 1-2-3 | | | o |
| | | 1-2-4 | | | o |
| | | 1-2-5 | | | o |
| | | 1-2-6 | o | o | |
| | 1-3 Educational Budget | 1-3-1 | | | o |
| | | 1-3-2 | | | o |
| | | 1-3-3 | | | o |
| | 1-4 Development Plan | 1-4-1 | | | o |
| | | 1-4-2 | | | o |
| | | 1-4-3 | | | |
| | 1-5 Continuous renewal | 1-5-1 | | | |
| | | 1-5-2 | | | |
| | | 1-5-3 | | | |
| 2. Educational Program | 2-1 Educational Outcomes | 2-1-1 | | | o |
| | | 2-1-2 | | | |
| | | 2-1-3 | | | |
| | 2-2 Curriculum Development and Support | 2-2-1 | | | |
| | | 2-2-2 | | | |
| | | 2-2-3 | | | |
| | | 2-2-4 | | | |
| | | 2-2-5 | | | o |
| | 2-3 Curriculum Structure, Composition and Duration | 2-3-1 | | | |
| | | 2-3-2 | | | |
| | | 2-3-3 | | | |
| | | 2-3-4 | | | |
| | | 2-3-5 | | | |
| | | 2-3-6 | | | |
| | | 2-3-7 | | | |
| | | 2-3-8 | | | |

| Standards | | Types of Major Change | | | |
|---|---|--|-----------------------------------|---------------------|---|
| | | Change of major teaching hospital | Relocation or splitting of campus | Change of ownership | |
| | | 2-3-9 | | | |
| | | 2-3-10 | | | |
| | | 2-3-11 | | | |
| | | 2-3-12 | o | | |
| | | 2-3-13 | | | |
| | | 2-3-14 | o | | |
| | | 2-3-15 | | | |
| | | 2-3-16 | | | |
| | 2-4 Academic Achievement Evaluation | 2-4-1 | | | |
| | | 2-4-2 | | | |
| | | 2-4-3 | | | |
| | 2-5 Curriculum Evaluation and Improvement | 2-5-1 | | | |
| | | 2-5-2 | | | |
| | | 2-5-3 | | | |
| | 3. Students | 3-1 Admission Policy and Student Selection | 3-1-1 | | |
| 3-1-2 | | | | | |
| 3-1-3 | | | | | |
| 3-1-4 | | | | | |
| 3-2 Student counseling and Support System | | 3-2-1 | | | |
| | | 3-2-2 | | | |
| | | 3-2-3 | | | |
| | | 3-2-4 | | | |
| | | 3-2-5 | | | |
| | | 3-2-6 | | | |
| 3-3 Student Welfare and Safety | | 3-3-1 | | | o |
| | | 3-3-2 | | | o |
| | | 3-3-3 | o | o | o |
| | | 3-3-4 | | | |
| | | 3-3-5 | | | |
| | | 3-3-6 | | | |
| | | 3-3-7 | | | |
| 3-4 Post-graduate Career | | 3-4-1 | | | |
| | | 3-4-2 | | | |

| Standards | | | Types of Major Change | | |
|---------------------------|-------------------------------|---------------------------|-----------------------------------|-----------------------------------|---------------------|
| | | | Change of major teaching hospital | Relocation or splitting of campus | Change of ownership |
| 4. Faculty | 4-1 Full-time Faculty | 4-1-1 | | o | o |
| | | 4-1-2 | | | o |
| | | 4-1-3 | | | o |
| | | 4-1-4 | | | o |
| | | 4-1-5 | o | | o |
| | | 4-1-6 | | | |
| | 4-2 Faculty Activities | 4-2-1 | | | |
| | | 4-2-2 | | | |
| | | 4-2-3 | | | |
| | | 4-2-4 | | | |
| | | 4-2-5 | | | |
| | 4-3 Faculty Development | 4-3-1 | | | o |
| | | 4-3-2 | | | o |
| | | 4-3-3 | | | o |
| | | 4-3-4 | | | o |
| | | 4-3-5 | | | o |
| | | 4-3-6 | | | |
| | | 4-3-7 | | | |
| | 5-1 Educational resources | 5-1 Educational resources | 5-1-1 | o | o |
| 5-1-2 | | | o | o | o |
| 5-1-3 | | | | o | o |
| 5-1-4 | | | | | o |
| 5-1-5 | | | o | | o |
| 5-1-6 | | | o | o | o |
| 5-1-7 | | | | o | o |
| 5-2 Research Resources | | 5-2-1 | o | o | o |
| | | 5-2-2 | o | o | o |
| 6. Postgraduate Education | 6-1 Graduate School Education | 6-1-1 | | | |
| | | 6-1-2 | | | |
| | | 6-1-3 | | | |
| Sum | | | 12 | 13 | 37 |

Appendix F: Guidelines on Third Party Comments

Article 1 (purpose) The purpose of these guidelines is to define the business procedure for when a third party comment about a college subject to evaluation is registered.

Article 2 (submission) ① Comments regarding the medical education program of a college subject to evaluation must be submitted in writing. Anonymous comments are not considered.

② Registered comments must be about areas related with accreditation standards. Personal complaints such as those regarding student admission, promotion, employee dismissal or student discipline will not be mediated.

③ The comment submitted in writing must include background of submitting comments and information that relates the comment to an accreditation standard. Quoting the accreditation standard related with the presented comment is most desirable.

④ ABMEK must exert efforts to maintain confidentiality of the submitted comment and collected & confirmed material. However, it can disclose the related information to the person of the highest authority at the concerned college, ABMEK committee members, staff or lawyer in charge etc. to conduct a thorough investigation of the presented comment.

Article 3 (examination) ① ABMEK must determine whether the presented comment is related with the accreditation standards.

② If ABMEK determines that the third party comment is related with accreditation standards, it must notify the college's chief representative of the comment, supporting evidence and questions to be answered by the college.

③ The chief representative of the college must respond within 30 days of being notified as described in above provision 2.

Article 4 (review) ① ABMEK must review the third party comment and the reply received from the concerned college.

② If there is a lack of evidence to support a third party comment that the medical education program of the concerned college fails to meet accreditation standards, ABMEK can stop its examination at its own discretion.

③ If ABMEK finds that the college subject to evaluation has aspects that fail to satisfy accreditation standards, it must reach a final decision including

appropriate follow-up measures and notify this to the chief representative of the college.

Article 5 (answer) ABMEK must notify the third party who presented the comment whether the presented comment warrants examination.

Supplementary Rules

Article 1 (enforcement date) These guidelines shall take effect as of January 24, 2011.

Appendix G: Guidelines on College Ownership Change and Closure

Article 1 (purpose) The purpose of these guidelines is to protect the interest of students registered in a medical education basic course in the case of college ownership change or closure.

Article 2 (college closure) ① When a college is closed, students must be quickly reassigned to other ABMEK accredited programs to enable their on-time graduation.

② Colleges that decide to close must report the college's plan including student reassignment and relevant schedules to ABMEK immediately with its decision. The college's plan must include the following items.

1. A college's closure must occur at the end of an academic year. If this is impossible, the timing must be appropriately adjusted to prevent students transferring to other programs from having to repeat a year.

2. The following must be considered to minimize damage to students due to the college's closure.

A. Students in the 4th year must be allowed to graduate from the closing college.

B. If a college is closed in the early part of the academic year, students in the 3rd year can transfer as long as their graduation is not delayed. Alternatively, they can advance to the 4th year of study and graduate from the closing college as long as they complete 4th year requirement courses clinical training and elective courses in another institution.

C. Students in the 1st and 2nd year of study must be assisted in transferring to other colleges.

3. Records of attending and graduated students must be preserved and students must be publicly notified of the place and procedure for obtaining their student records. Records of students transferred to other colleges must be sent to the admissions office of the receiving college.

Article 3 (accreditation expiration of closed college) Absent of any special measures by ABMEK, the accreditation of the closing college expires at the

end of the academic year when the last registered student either graduates or transfers. However, if special reasons are presented, the accreditation status can be maintained until the following year according to ABMEK's decision.

Article 4 (ABMEK's role in college closure) ① When a college closes, ABMEK must provide information on other schools that can accept the transferring students.

② Colleges with plans of accepting students from the closed college must notify ABMEK and receive evaluation of whether their resources are appropriate to accept the increase in students.

③ If necessary, ABMEK can call a special meeting to enable timely implementation of measures.

Article 5 (merger or ownership change) ① In the case of college merger or change in ownership, the relevant college must immediately notify ABMEK in accordance with Guidelines on Writing Major Change Plan.

② Once notified of merger or ownership change plans, ABMEK must contact the given college to collect additional information. It can pursue a special Site Visit if necessary.

③ Based on the overall information of the college's merger or ownership change, ABMEK must determine the type of accreditation and accreditation period for the new entity. ABMEK must notify its decision regarding the college's merger or change of ownership to the Ministry of Education, Science and Technology and other related bodies.

Supplementary Rules

Article 1 (enforcement date) These guidelines shall take effect as of January 24, 2011.

Appendix H: Guidelines on Management of Accreditation Records

Article 1 (purpose) The purpose of these guidelines is to define matters regarding the management of various material and records created in the process of Korean Institute of Medical Education and Evaluation (hereinafter KIMEE)'s medical education accreditation.

Article 2 (ban on usage for other purposes) All booklets, material and documents etc. submitted or written for accreditation such as reports and supplementary material submitted by the college, draft of evaluation results and the final evaluation report must be used and stored as confidential material and must not be used for purposes other than accreditation.

Article 3 (preservation of material) ① Site visit team members must return all related material including self-evaluation reports submitted by the college for accreditation to KIMEE after submission of the final evaluation report.

② KIMEE must keep 2 copies of material submitted by the college for 10 years. It must destroy all other remaining copies.

③ The self-evaluation report submitted by a college must not be disclosed or approved for reading without the written consent of the submitting college.

④ KIMEE must record the accreditation procedure and keep such records for 10 years.

⑤ Documents older than 10 years can be kept in storage on electronic media such as KIMEE's database.

Article 4 (material destruction) ① KIMEE must maintain confidentiality regarding permanent disposal of material related with accreditation.

② All documents, memos, letters etc that were personally written or used for accreditation activity by the site visit team members and not submitted officially by the college must be kept by the site visit team members for 30 days following the final decision and be destroyed.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 24,

2011.

Appendix I: Guideline on Changing Accreditation Standards

Article 1 (purpose) The purpose of these guidelines is to define the procedure regarding change of accreditation standards.

Article 2 (review) ① ABMEK must regularly review accreditation standards.

② When opinions on partial addition, revision or deletion of standards are proposed, ABMEK can review the accreditation standards anytime.

Article 3 (procedure and method) The Committee on Standards must notify related bodies such as colleges of accreditation standard changes or hold public hearings to collect opinions and write a Draft of Accreditation Standards Change.

Article 4 (report) The Committee on Standards must report the Draft of Accreditation Standards Change to ABMEK's Steering Committee.

Article 5 (resolution) The Draft of Accreditation Standards Change must be presented to the KIMEE Executive Committee. It becomes effective as of the date of the Executive Committee's approval.

Article 6 (public announcement) ABMEK must publicly announce the changed accreditation standards through means such as the KIMEE homepage and if necessary, notify related bodies such as each college.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 24, 2011.

Appendix J: Guidelines on Changing Rules of Procedure in Medical Education Accreditation

Article 1 (purpose) The purpose of these guidelines is to define the procedure for changing the Rules of Procedure in Medical Education Accreditation (hereinafter Rules of Procedure).

Article 2 (review) ① ABMEK must regularly review the Rules of Procedure.

② ABMEK can review the Rules of Procedure anytime when opinions on partial addition, revision or deletion of the Rules of Procedure have been proposed.

Article 3 (procedure and method) The Committee on Policy must notify related bodies such as colleges about changes to the Rules of Procedure or hold public hearings to collect opinions to prepare a Draft of Changes to the Rules of Procedure.

Article 4 (report) The Committee on Policy must report the Draft of Changes to the Rules of Procedure to ABMEK's Steering Committee.

Article 5 (resolution) The Steering Committee must present the Draft of Changes to the Rules of Procedure to KIMEE Executive Committee for approval. The changes take effect as of the date of the Executive Committee's approval.

Article 6 (public announcement) ABMEK must publicly announce the changed Rules of Procedure through means such as KIMEE homepage and notify related bodies such as each college if necessary.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 14, 2011.

Appendix K: Guidelines on Preparing Student Report

Article 1 (purpose) The purpose of these guidelines is to define general matters regarding the preparation of student reports.

Article 2 (significance) The significance of the student report is as follows.

- ① contribute to medical education quality improvement and college development
- ② fulfill procedures that meet international accreditation best practice
- ③ provide opportunity to express and reflect student opinions
- ④ empower students
- ⑤ enable students' active participation in accreditation
- ⑥ provide reference material for documentary evaluation and Site Visit

Article 3 (content) Student reports shall include the following content.

- ① basic student information
- ② curriculum (basic, clinical, medical humanities etc.)
- ③ extracurricular activities
- ④ career and counseling
- ⑤ welfare and facility: learning and living environments
- ⑥ degree of participation in academic operation
- ⑦ others

Article 4 (procedure) ① When applying for accreditation, the college must request a student representative to write a student report.

- ② The college must provide administrative and financial support necessary in writing the student report. Also, the student's autonomy must be guaranteed when writing the student report.
- ③ The student representative must write the student report autonomously and must submit it directly to KIMEE through on-line channels before submitting it to the college.
- ④ The college must produce the student report submitted by the student into a separate booklet and submit it together with its self-evaluation report.

Supplementary Rules

Article 1 (enforcement date) These guidelines shall take effect from mm/dd/2012.

Appendix L: Guidelines on Progress Report

Article 1 (purpose) The purpose of this guideline is to define the procedure for writing a Progress Report based on the Article 23 of the Rule of Procedure in Medical Education Accreditation.

Article 2 (definition) The Progress Report is a self-evaluation report that an accredited collage submits to be evaluated that it suitably fulfills the criteria of an accredited collage.

Article 3 (Composition and submission) In the Progress Report, changes and improvements of overall management of the concerned collage for recent two years after accreditation and confirming maintenance of accreditation are described. (Ex. a collage accredited in 2012 submits a report written based on data of two years from March 1st, 2012 by August 31st, 2014.)

Article 4 (Details) The Progress Report consists of Preface, the Chapter 1 Introduction, the Chapter 2 Current Status of Medical Collage, the Chapter 3 Study Results of Interim Evaluation, the Chapter 4 Summary and Discussion, and Appendix as follows in the form (Form No. o-000) of self-evaluation report.

Preface

It is described that the Progress Report is written based on facts and gratitude to faculty members and organizations involved in evaluation, etc. is expressed.

Chapter 1. Introduction

Organization and roles of permanent institutions for self-evaluation such as the planning committee for self-evaluation and the research committee for self-evaluation, preparations and plans for interim evaluation, and procedures of data collection, evaluation, and writing the Progress Report are briefly described.

Chapter 2. Current Status of Medical Collage

Changes of administrative organizations and organization charts, history, status of students, professors, and employees, major facilities and installations, budget status, etc. for recent two years are briefly described and the table for identifying and comparing changes of major items and current status is presented.

Chapter 3. Study Results of Interim Evaluation

The results by questions are presented same as the Self-evaluation Report and especially changes for recent two years are described based on the following criteria.

- ① “No change” for the questions that changes do not occur.
- ② Changes only are described for the questions that changes occur.
- ③ Specific results of improvement for the questions included in the plan for improvement shall be described.
- ④ If a collage carries out improvement for itself even though it is not included in the plan for improvement, the details are described.

Chapter 4. Summary and Discussion

The results of the interim evaluation by area are summarized and the conclusions are described.

Appendix

The materials for proving improvement and changes are attached.

Supplementary Rules

Article 1(enforcement date) These guidelines shall take effect as of January 23, 2014.

Summary of Rules of Procedure in Medical Education Accreditation

| Section | Content |
|---|---|
| Goals and Activity | <ul style="list-style-type: none"> A. Develop standards and criteria for medical education program accreditation B. Evaluate medical education programs based on standards and criteria C. Accreditation maintenance and management D. Evaluate education conditions and curriculum of newly founded colleges |
| Organization | <ul style="list-style-type: none"> ◆ Executives: Director, Vice-Director, Chairs of Expert Committees ◆ Steering Committee (Director, Vice-Director, Chairs of Expert Committees) Expert Committees (Standards, Policy, Quality Control) Decision Making Committee (about 12 members) 3 year term ◆ Site Visit Team |
| Accreditation Subject | <ul style="list-style-type: none"> ◆ Medical Education Program BME, GE, GME, CPD |
| Procedure | <ul style="list-style-type: none"> ◆ Apply for evaluation 1 year prior to accreditation expiration ◆ Self-evaluation - Site Visit |
| Site Visit Team | <ul style="list-style-type: none"> ◆ At least 6 members including team leader |
| Evaluation Report | <ul style="list-style-type: none"> ◆ Site Visit Team leader is responsible for writing it/ Send to concerned college to verify facts |
| Accreditation Decision , Notification & Public Announcement | <ul style="list-style-type: none"> ◆ Decision Making Committee Accreditation type, period and follow-up measures ◆ Notify evaluated college within 7 days of Decision Committee's decision ◆ Publicly announce result and final evaluation report 30 days after decision |
| Accreditation Type & Period | <ul style="list-style-type: none"> ◆ Existing college: accreditation(4 years, 6 years) accreditation on probation non-accreditation ◆ Newly Founded College: preliminary accreditation provisional accreditation |
| Reconsideration | <ul style="list-style-type: none"> ◆ Within 30 days from being notified of accreditation result |
| Accreditation Maintenance | <ul style="list-style-type: none"> ◆ Submit progress reports including improvement results every 2 years ◆ Colleges expecting major changes must submit a Major Change Plan |
| Others | <ul style="list-style-type: none"> A. Procedures in case of college's ownership change or closure. B. Procedures for reviewing and changing accreditation standards and rules of procedure. C. Procedure for third party comments. D. Procedure for reconsideration of ABMEK's decision. E. Preparation of Student Report. F. Preparation of Major Change Plan. |