

The Evolution of BME Accreditation in S. Korea

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S. Korea Medical Schools

Private: 31			National: 10
Doctor		7	
Religion	Protestant	6	
	Catholic	2	
	Buddhism	2	
Chaebol (財閥): Samsung, Hyundai, Hanjin, Doosan, Daewoo		5	
Others		9	
Total		41	

Medical Training Cycle

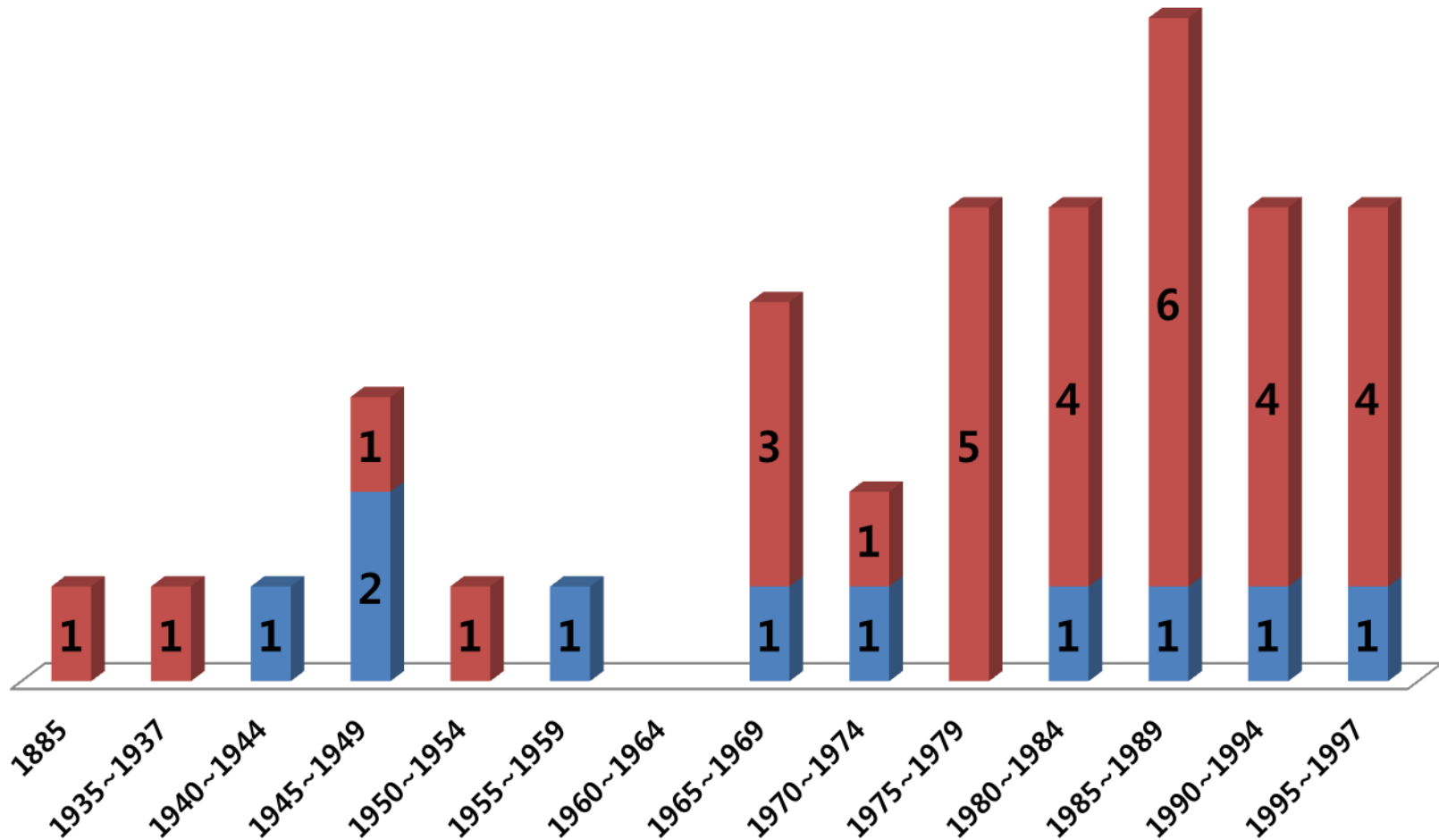
2yr Premed	4yr Undergraduate	1yr Internship General Rotation	4yr Residency	1-2 yr optional Fellowship Subspecialty	39mo Army duty
4yr College	4yr Graduate(PBP)				
			2yr Master	4yr Ph.D.	

Current Medical Schools

Entry Type	2012	2015
4 Year Master Graduate(PBP)	14	5
6 Year Bachelor Undergraduate	15	36
Lateral Entry Pathways	12	0

New Medical Schools

Private vs. National



Faculty Evaluation: China Medical Board

Singapore, Hong Kong, Malaysia

- Very able faculty

South Korea, Taiwan

- Less competent faculty members in relation to teaching, service and research

Japan

- Not included in evaluation

Korean Medical Schools

Year	# of schools	# of students
1950	6	805
1980	19	2090
1997	41	3072

A case of quantity over quality

Governmental push for the fast expansion of medical schools

Too rapid an expansion was the reason for low quality medical education in some schools

Profession led medical school accreditation started in 1999

Pre-History: BME Accreditation

- **Establishment of New Medical Schools in 1970s -1990s**
- **Growing concern for the quality of education in many newly established medical schools**
- **Ministry of Education led compulsory medical school evaluation in 1996 by the Korean Council of Univ. Education(大學教育協議會)**
 - **Only for assessing the relative excellences**
 - **Not well suited for medical education**
 - **Momentum for founding Accreditation Board(ABMEK)**

History: BME Accreditation in Korea

- The Accreditation Board for Medical Education in Korea(ABMEK) was founded in 1997 by the Korean Council of Medical Education (醫學教育協議會)
- Consultative Evaluation of 10 New Medical Schools in 1999
 - Testing the validity of accreditation standards(50 items)
- The First phase of the Accreditation Process began in 2000
- ABMEK became KIMEE(Korean Institute of Medical Education and Evaluation:醫學教育評價院) in 2004

KIMEE(韓國醫學教育評價院): 2004. 2



- Korean Institute of Medical Education and Evaluation
- Incorporated(法人化) under the Ministry of Health
- Voluntary organization waiting for government endorsement(教育部 國家認訂機關審查中)
- Established for accreditation for BME, PGME, CPD/CME
- Currently developing standards and guideline for the PGME, CPD/CME accreditation

Goal of 1st Phase: 2000 - 2006

- **Inducing the voluntary participation of all the medical schools**
- **Upgrading all the new medical schools to reach minimum basic level of education**
- **Pushing new medical schools for the minimum standards**
 - * **Critics on minimum level of attainment by well established school**

1st Phase: Profile of Accreditation

- **Standards**
 - **50 Standards (18 ‘Must’ items and 32 ‘Should’ items)**
 - **Similar to Korean Council of Univ. Education system**
- **Accreditation status**
 - **Full Accreditation**
 - **Conditional Accreditation: the deficiencies must be corrected in given period**
- **Term : 4 years**
- **No preliminary accreditation for new medical schools**

Standards for 1st Phase: 2000-2006

- Follow the guideline for Institutional Evaluation by Korean Council for University Education:大學教育協議會

Area of Evaluation	No. of Items	
	Must	Should
Objectives and Educational Programs	9	11
Students	2	5
Faculty	3	6
Facilities	3	3
Administration and Finances	1	7
Total	18	32

Common Weaknesses of Medical Schools: 1st Phase

- **Medical school objectives:**
 - not well described, not reflected in curriculum
- **Curriculum:**
 - mismatch with educational objectives
 - primitive medical humanities education
 - poor clinical skill education
 - lacking performance assessment
- **Students:**
 - weak student support for research, academic activities, inadequate scholarship, financial aid

Common Weaknesses of Medical Schools: 1st Phase

- **Faculty**
 - **Significant shortage of basic science teachers**
 - **Low scholarship among faculty members**
 - **Low educational expertise**
- **School administration & finance**
 - **Low autonomy, lacking expertise**
 - **Inadequate annual budget for education**
- **Poor education facilities**

Impact of 1st Phase of BME Accreditation



- Raising deeper awareness for quality assurance
- National education data collection from accreditation
- Enlightened the concept of non-government profession led regulation(Self-regulation, Professionalism)
- Substantial improvement of educational environment for new medical schools
- Chance to study LCME, GMC, AMC, WFME etc

Faculty survey: 1st Phase

- Overall satisfaction rate: 70.2%
- Integrity of institutional self-assessment report : 79.6%
- Site visit : 69.3%
- Criticize low level of standards by good medical school
- Requested the legal mandate for BME accreditation

Second Phase: 2007-2011

- **Three level attainment to commend the excellence**
- **Must, Should, Excellence**
- **Excellence” as a preview standard for Post-2nd phase**
- **Standards 75 items**
- **From ‘Input’ to ‘Process’ evaluation**
- **Changing evaluation method: Team evaluation + site visits to university hospitals**

2nd Phase Accreditation Types(2007-2011)

- Accreditation can be given with or without conditions
- Abolition of “ conditional accreditation”
- Accreditation Types
 - Non-accredited
 - Provisional accreditation: for new medical school
 - Probation accreditation: only for one year
 - Accredited: 3 year, 5 year

Standards: 2nd Phase

KIMEE

1. Medical School Administration
2. Educational Objectives and Curriculum
3. Students
4. Faculty
5. Facilities and Equipment
6. Graduate study (Ph. D)

WFME

1. Mission and Objectives
2. Educational Programme
3. Assessment of Students
4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Programme Evaluation
8. Governance and Administration
9. Continuous Renewal

Faculty Survey 2010: 2nd phase

Overall Satisfaction Rate	Achieve the goal of accreditation	4.38
	Beneficial to school	4.00
	Information on accreditation	4.25
Standards	Relevance	3.75
	Usability	3.75
	Practicality	3.56
	Cogency	3.56
Self-evaluation report	Integrity	4.44
	Objectivity	4.56
Site visit	Team composition	4.44
	Expertise	4.63
	Team attitude	4.88
Evaluation report	Validity	4.25
	Objectivity	4.25

Meta-Evaluation of 2nd Phase

- **To evaluate the accreditation of 2nd phase 2007-2011**
- **To evaluate the program evaluation externally**
- **Meta-Evaluation standards developed by experts 2010**
- **Meta-Evaluation by external working group 2011**

Meta-Evaluation Indicators

- **5 Criteria and 56 Indicators**

Purpose - Relevance	14
Execution - Feasibility	20
Information - Accuracy	4
Report - Faithfulness	5
Education - Orientedness	13
(教育本位性)	

Results


Criteria	Self-study group	Site Visit group
Purpose-Relevance	3. 72	4. 06
Execution-Feasibility	3. 49	3. 78
Information-Accuracy	3. 18	3. 98
Report-Faithfulness	3. 89	3. 94
Education Orientedness	3. 16	3. 37

Summary of Meta-Evaluation 2nd Phase



- **2nd Phase(2007-2011)BME accreditation has been fairly well conducted**
- **Education – Orientedness criterion was the lowest**
- **Overall the accreditation was successful, but it did not so as to enhance the value of education itself, the Education-Orientedness**

Suggestions from Meta-Evaluation

- Medical schools are not satisfied with the term of accreditation(3-5 yrs  4-6 yrs)
- Self study group(self evaluator) are not satisfied with the attitude of site visit accreditors 2.07
- Current S. Korean accreditation may need to focus on the change of educational culture: program evaluation(CQI)

Profile: Post 2nd Phase: >2012

- Abolishing the concept of “ Phase ”
- **Phase:** all medical schools with same standards in fixed period of time
- Non-medical personnel in site visit team
- Accreditation term; 4 yr, 6yr with/without conditions
- Adding new standards: total 97
e.g. Medical humanities education, Patient safety

Post-2nd Phase> 2012

- **Focusing on Outcome of education**
- **Data integration: independent student report**
- **Concept of ‘Major Change’**
- **Mandatory biannual report - Progress check**
- **Evaluation Report open to public**

Result of Accreditation 2000-2013

- **1st Phase(2000-2006)**

Full accreditation(4 year) 32/41

Conditional accreditation(條件附認證) 9/41

- **2nd Phase(2007-2011)**

3 year Accreditation 7/40

5 year Accreditation 33/40

Non-accredited medical school 1

Condition can be given in any accreditation type

- **Post 2nd(2012-)**

Non-accredited medical school 1

School in Probation by major change 1

Elements of Proper Accreditation

WFME Guideline

- Authoritative mandate
- Independence from governments and providers
- Transparency
- Predefined general and specific criteria
- Use of external review
- Procedure using combination of self-evaluation and site visits
- Authoritative decision
- Publication of report and decision

S. KOREA

- Yes Health Act
- Need governments endorsement and pressure from medical schools
- Yes
- Yes
- Yes
- Yes, >4 days
- Yes, by independent committee
- No for Publication of report and Yes for decision

General Steps and the Time Schedule of the Accreditation Process



- **Application for an Accreditation** – **February**
- **Orientation for Medical Schools** – **March**
- **Institutional Self – Assessment** – **April ~ August**
- **Assessors Workshop** – **September**
- **Review of Self-Assessment Report** – **September ~ October**
- **Site Visits by the Survey Teams** – **October ~ November**
- **Decision on Accreditation** – **December**

Site Visit(訪問評價)

- **Team Evaluation(全員評價: 主要 領域)**
- **Individual domain evaluation (1人 領域別 評價)**
e.g. Faculties, Facilities, Graduate study
- **Clinical sites visit(2-3人組別臨床實習 教育 病院 分散 評價)**
- **Successful site visit need preparatory meeting(s) for reviewing self-study report**
- **Fulfillment of standard need a consensus of opinion of all 7 team assessors(評價團 7人全員合議制)**

Assessor(Evaluation Team)

- **Successful site visit required pre-visit meeting(s)**
- **All assessors must review the whole self-study report**
- **Must have basic training (workshop) as an assessor**
- **Team leader: must have experience as an assessor**
- **Performance feedback from medical school**
- **Assessors evaluated by team leader: elimination**
- **Team composition: basic vs. clinical, gender, age, etc.**
- **Conflict of interests**

Time table for site visit: 2012 -

	Morning	Lunch	Afternoon	Night
Sun D1		Team arrival at hotel	Pre-visit meeting	
Mon D2	Meeting with deans School Tour Administration Finance	Meeting with students	Education Program	Debriefing
Tue D3	Education Program	Meeting with Interns, Residents	Education Program	Debriefing
Wed D4	Assessment & Evaluation	Clinical School Visit in Small Team		Debriefing
Thu D4	Final team meeting Meeting with deans	*Flexible schedule Meeting with Medical School Faculties Final evaluation report writing Adjourn		

Decision making

- Independent separate committee
- Delegates from student, society, NGO, government, law, education, media etc.
- No voting rights for team leaders, executives
- Review final report and due process

Evolution of BME Accreditation

	Pre 1 st Phase 1999	1 st Phase 2000-2006	2 nd Phase 2007-2011	Post 2 nd 2012-2017	Future> 2018
Type	Institutional	Program	Program	Program	Program
Accreditor	Ministry of Education	ABMEK NGO	KIMEE NGO	KIMEE, NGO Government	KIMEE, NGO Government
Standards		50	75	97	WFME
Site visit	2 days	2 days	3 days	4 days	5 days
Accreditation status	Ranking	Full 4 yr Conditional	3 yr, 5 yr Condition+/-	4yr, 6 yr Condition+/-	Max 10 yr Condition+/-
Level of attainment	Global rating	Must Should	Must, Should, Excellence	Basic Quality development	Basic Quality development

Summary: BME Accreditation 2000-2013



- **13 yrs progressive development of BME accreditation**
- **Positive impact on medical education**
- **Better understanding of organizational professionalism**
- **Capacity built for medical school in quality assurance**
- **Aim toward the more sophisticated accreditation**
- **New developments: Major change, Student input**
- **PGME, CPD/CME accreditation in near future**

Future of Accreditation: > 2018

- The standards of Post 2nd Phase >2012 is comparable to global standards
- > 2018: Adopting WFME/AMEWPR Standards
- Full 5 working day assessment
- Supplements, Modification, Addition for Korean context
- Global standards with S. Korean criteria
- Launching for PGME, CPD/CME accreditations