**ASK2019**

**(Accreditation Standards of KIMEE 2019)**

**Basic Medical Education Accreditation Standards**

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**■ Name**

The new Basic Medical Education Accreditation Standard to be fully adopted starting from the 2019 Basic Medical Education Accreditation shall be referred to as ASK 2019 (Accreditation Standards of KIMEE 2019).

**■ Principles**

The Korean Institute of Medical Education and Evaluation (“KIMEE”) hereby adopts the Basic Medical Education Accreditation Standard to be implemented in full from 2019 based on the Basic Medical Education WFME Global Standards for Quality Improvement (The 2015 Revision) presented by the World Federation for Medical Education and taking into consideration the circumstances of basic medical education in Korea.

**■ Direction**

**1. The structure and composition of ASK 2019 is based on those of the WFME Global Standards for Quality Improvement.**

1. **Evaluation Areas and Sub-Areas**

- The ASK 2019 consists of 9 evaluation areas, which are subdivided into 36 sub-areas.

- Evaluation areas (number of sub-areas): 1. Mission and Performance (4); 2. Education Program (8); 3. Student Evaluation (2) , 4. Student (4), 5. Faculty (2), 6. Education Resource (6), 7. Education Evaluation (4), 8 University Operation System and Administration (5); and 9.ContinuousImprovement (1).

1. **Types of Evaluation Standards**

- The ASK 2019 is classified into basic standards and quality standards. The basic standards are indicated with K (for Korea Basic Standard) and the quality standards are indicated with H (for High Quality Development Standards).

**[note]** The WFME Global Standard is classified into Basic standards(B) and quality development standards (Q).

- The basic standards K are standards to be satisfied by the basic medical education of medical colleges(including medical schools, collectively referred to as “medical schools” hereinafter) and are the objectives of accreditation.

- High quality standards (H) are the future-oriented standard for basic medical education and is aimed to encourage medical schools to voluntarily reform medical education based on internally agreed best practices.

1. **[Annotations]**

**[Annotations]** are provided to assist understanding or to provide examples. Annotations come at the end of each standard.

**2. The ASK 2019 references the WFME Global Standards while appropriately reflecting the Korean culture and medical education environment.**

- Matters that are stipulated by law in Korea are not included in the accreditation standard.

Standards that do not fall under basic medical education are not utilized.

- Standards inappropriate to Korean medial education are not utilized.

- Standards were added or amended in accordance with Post-2ndcycle KIMEE standards to fit the situation of Korean medical education.

**Number of Evaluation Standard for Each Evaluation Area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Area** | **Sub-Area** | **Revision Standard** | | |
| **Basic Standard** | **High Quality Standard** | **Total** |
| **1. Mission And Outcomes** | 1.1 Mission | 3 | 1 | 4 |
| 1.2 Institutional Autonomy and Academic Freedom | 1 | - | 1 |
| 1.3. Educational Outcomes | 3 | 1 | 4 |
| 1.4. Participation In Formulation Of Mission and Outcomes | 1 | 1 | 2 |
| Subtotal | 8 | 3 | 11 |
| **2. Curriculum** | 2.1. Curriculum | 3 | 1 | 4 |
| 2.2. Scientific Method | 3 | - | 3 |
| 2.3. Basic Medical Sciences | 2 | 1 | 3 |
| 2.4. Medical Humanities | 1 | 1 | 2 |
| 2.5. Clinical Sciences and Skills | 4 | 3 | 7 |
| 2.6. Program Structure, Composition and Duration | 2 | 2 | 4 |
| 2.7. Curriculum Management | 2 | - | 2 |
| 2.8. Linkage with Medical Practice and the Health Sector | 1 | 1 | 2 |
| Subtotal | 18 | 9 | 27 |
| **3. Student Assessment** | 3.1. Assessment Methods | 4 | 1 | 5 |
| 3.2. Relation between Assessment and Learning | 4 | 2 | 6 |
| Subtotal | 8 | 3 | 11 |
| **4. Student** | 4.1. Admission Policy and Selection | 1 | 3 | 4 |
| 4.2. Student Intake | 1 | - | 1 |
| 4.3. Student Counseling and Support | 6 | 3 | 9 |
| 4.4. Student Representation | 2 | - | 2 |
| Subtotal | 10 | 6 | 16 |
| **5. Faculty** | 5.1. Recruitment and Selection Policy | 6 | 1 | 7 |
| 5.2. Faculty Activity and Development | 6 | 1 | 7 |
| Subtotal | 12 | 2 | 14 |
| **6. Education Resources** | 6.1 Physical Facilities | 8 | 1 | 9 |
| 6.2. Clinical Training Resources | 3 | 1 | 4 |
| 6.3. Information Technology | 1 | 2 | 3 |
| 6.4. Medical Research and Fostering Medical Scientists | 3 | 1 | 4 |
| 6.5. Educational Expertise | 2 | 3 | 5 |
| 6.6. Educational Exchanges | 1 | 1 | 2 |
| Subtotal | 18 | 9 | 27 |
| **7. Education Evaluation** | 7.1. Mechanisms for Education Monitoring and Evaluation | 3 | 1 | 4 |
| 7.2. Teacher and Student Feedback | 1 | 1 | 2 |
| 7.3. Performance of Students and Graduates | 1 | 1 | 2 |
| 7.4. Involvement of Stakeholders | 1 | - | 1 |
| Subtotal | 6 | 3 | 9 |
| **8. Operation System And Administration** | 8.1. Operation System | 4 | 2 | 6 |
| 8.2. Academic Leadership | 1 | 1 | 2 |
| 8.3. Educational Budget and Resource Allocation | 2 | - | 2 |
| 8.4. Administrative Staff and Management | 1 | 1 | 2 |
| 8.5. Interaction with Health Sector | 1 | 1 | 2 |
| Subtotal | 9 | 5 | 14 |
| **9. Continuous Improvement** | 9.0. Continuous Improvement | 3 | 11 | 14 |
| Subtotal | 3 | 11 | 14 |
| **Total** | **36** | **92** | **51** | **143** |

**1. Mission and Outcomes**

**1.1. Mission**

***Basic standards:***

**(K 1.1.1)** The medical school states its mission and is exerting efforts to make it known to its constituency and the health sector it serves.

**[Annotations]**

• *Medical school* includes medical colleges and medical graduate schools.

• *Mission* refers to a description of the education ideology pursued by the medical school based on the founding ideology of the university*.*

• *Constituency* would include the dean, officers, staff and students of the medical school as well as other stakeholders

• *Health sector* would include the health care delivery system, whether public or private, and

medical research institutions.

**(K 1.1.2)** In its mission, the medical school outlines the basic conditions necessary for basic level of clinical capabilities and various medical activities. Also, it also includes content on post-graduate education and fostering of doctors who participate in life-long learning.

**[Annotations]**

• *Any branch of medicine* refers to all types of medical practice, administrative medicine and medical research, etc.

• *Postgraduate medical education* would include degree courses and specialist education.

• *Life-­long learning* is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognized continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice.

**(K 1.1.3)** In its mission, the medical school states various social responsibilities of the medical school.

**[Annotations]**

• *Performing the demands of the* c*ommunity* would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.

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

Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical school would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.

***High Quality Development Standards:***

**(H.1.1.1.)** The medical school ensures that the mission encompasses medical research attainment and aspects of global health.

**[Annotations]**

• *Medical research* encompasses scientific research in basic biomedical science, medical humanities and clinical medicine. (cf. H.6.4.1)

**1.2. Institutional Autonomy and Academic Freedom**

***Basic standards:***

**(K.1.2.1)** The medical school is guaranteed its own autonomy and guarantees autonomy for faculty/academic staff in areas such as designing and implementing the education program, and in utilizing resources necessary for such design and implementation.

**[Annotations]**

• *Institutional autonomy* would include appropriate independence from dean and officer, government and other counterparts (regional and local authorities, religious communities, private co- operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (cf. 2.1 and 2.6), assessments (cf. 3.1), students admission (cf. 4.1 and 4.2), staff recruitment/selection (cf. 5.1) and employment conditions (cf.5.2), research (cf. 6.4) and resource allocation (cf. 8.3).

**1.3. Educational Outcomes**

***Basic standards:***

**(K.1.3.1)** The medical school defines the intended graduation outcomes based on its mission.

**[Annotations]**

• *Graduation outcomes or competencies* refer to statements of knowledge, skills and attitude that students are expected to demonstrate at the end of a period of learning*.*

• The graduation outcomes may reference the “2014 Korean Doctor’s Role” and the “Basic Medical Education Graduation Outcomes (Korea Association of Medical Colleges, 2017).”

**(K.1.3.2)** The medical school clearly states that students respect fellow students, faculty members, other health care personnel, patients and their relatives, and conduct themselves appropriately.

**(K.1.3.3)** The medical school makes the intended educational outcomes publicly known.

**[Annotation]**

• The intended educational outcomes are a sub-concept of graduation outcomes and refer to outcome of each curriculum or course.

***High Quality Development Standards:***

**(H.1.3.1)** The medical school specifies the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training, and also specifies intended outcomes of student engagement in medical research as well as outcomes related with global health.

**1.4. Formulation of Mission and Outcomes**

***Basic standards:***

**(K.1.4.1)** The medical school ensures that its principal stakeholders participate in formulating the mission and graduation outcomes of the medical school.

**[Annotation]**

• *Principal stakeholders* would include the dean, the academic leadership, professors, the education related committees, student representatives of, the university administration.

***High Quality Development Standards:***

**(H.1.4.1)** The medical school ensures that other stakeholders participate in the formulation of its mission and graduation outcomes.

**[Annotation]**

• *Other stakeholders* would include staff representatives, representatives the community and public (e.g. users of the health care delivery systems, including patient organizations), health authority (e.g. local public health center, etc.), relevant governmental authorities (e.g. education or health departments of the country or region), related organizations (e.g. National Health Insurance Corporation, Health Insurance Review and Assessment Service, etc.), medical organizations (e.g. local medical association).

**2. Curriculum**

**2.1. Curriculum**

***Basic standards:***

**(K.2.1.1)** The medical school possesses the overall education program based on curriculum principles.

**[Annotations]**

• Overall curriculum includes a statement of the intended educational outcomes, the content/syllabus and the learning experiences and processes of the program. The curriculum would include a description of the planned instructional and learning methods and assessment methods and must set out what knowledge, skills, and attitudes the student will achieve.

• Principles of curriculum describe in summery the basic direction/strategy of the curriculum, design principles of the curriculum, principles of education content programming, instruction-learning methods, curriculum evaluation and education support systems, etc.

• Curriculum would include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design.

• Curriculum is based on contemporary learning principles.

**(K.2.1.2.)** The medical school is operating its curriculum and various instructional/learning methods to enable active participation of students in the learning process.

**[Annotation]**

• *Instructional/ learning methods* would encompass lectures, small-­group teaching, problem-­based or case-­based learning, peer assisted learning, practicals, bed­side teaching, clinical demonstrations, clinical skills, laboratory training, field exercises in the community and web-­based instruction.

**(K.2.1.3)** The medical school ensures that the curriculum is delivered in accordance with principles of equality.

**[Annotation]**

• *Principles of equality* mean equal treatment of staff and students irrespective of gender, ethnicity, religion, sexual orientation, socio­economic status.

***High Quality Development Standards:***

**(H.2.1.1.)** The medical school is operating the curriculum so that students are prepared for life-long learning.

**[Annotation]**

• For life-long learning, cf. K.1.1.2

**2.2. Scientific Method**

***Basic standards:***

**(K.2.2.1)** The medical school enables students to learn the principles of scientific method, including analytical and critical thinking.

**(K.2.2.2.)** The medical school enables students to learn medical research methods.

**(K.2.2.3)** The medical school enables students to learn evidence-based medicine.

**[Annotation]**

• *Evidence-based medicine is* founded on documentation, clinical trials and proven scientific results.

**2.3. Basic Medical Sciences**

***Basic standards:***

**(K.2.3.1)** The medical school operates a basic medical education curriculum to create understanding of scientific knowledge, concepts and principles necessary for understanding of the structure and function of the human body.

**[Annotation]**

• The content of basic medical education includes depending on local needs, interests and traditions, immunology, microbiology(including parasitology, virology and bacteriology), pathology, physiology, biophysics, biochemical molecular biology, cell biology, genetics, pharmacology, preventive medicine and anatomy, etc.

**(K.2.3.2)** The medical school organizes the basic medical education curriculum to ensure that knowledge, concepts and principles acquired in basic medical sciences are connected to clinical sciences.

***High Quality Development Standards:***

**(H.2.3.1)** The medical school adjusts and modifies the basic medical education curriculum in line with current and future changes in the medical environment.

**2.4. Medical Humanities**

***Basic standards:***

**(K.2.4.1)** The medical school appropriately operates a medical humanities curriculum.

**[Annotations]**

• *Behavioral science and social science* include, depending on local needs, interests and traditions, public health medicine, social medicine, biostatistics, global health, epidemiology, medical sociology, medical psychology, medical anthropology, hygiene and community medicine.

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

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

• The *behavioral and social sciences, medical ethics and medical jurisprudence* would include the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients’ rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.

***High Quality Development Standards:***

**(H.2.4.1)** The medical school adjusts and modifies the content of medical humanities in line with current and future changes in the medical environment.

**2.5. Clinical Sciences and Skills**

***Basic standards:***

**(K.2.5.1.)** The medical school operates a clinical sciences and training curriculum that enables clinical practice after graduation.

**[Annotations]**

• The content of *clinical sciences* would include each clinical discipline depending on local needs, interests and traditions.

• Clinical skills include history taking, physical examination, communication skills, performance, observation, emergency practices, prescription and treatment practices.

• Basic skills refer to primary care-level diagnostic skills such as vital sign measurement, venipuncture blood collection, blood smear exam, electrocardiogram, intravenous and intramuscular injection, urinary catheter, enema, disinfection and suturing, nasogastric intubation; treatment skills and skills related with patient safety. This may differ depending on the medical school.

**(K.2.5.2)** The medical school includes in its curriculum preparation education prior to clinical training.

**[Annotation]**

• *Preparation education prior to clinical training* refers to content such as introduction to clinical medicine (ICM), fundamentals of clinical medicine (FCM). There are blocks or continuous courses and each student must received at least 40 hours of education.

**(K.2.5.3.)** The medical school operates appropriate duration of clinical training.

**[Annotations]**

• *Duration of clinical training* must be 52 weeks, 36 hours or more a week including practice in major clinical disciplines.

• *Major clinical disciplines* would include internal medicine (with sub-specialties), surgery (with sub-specialties), gynecology & obstetrics, pediatrics, psychiatry, general practice/family medicine, and emergency medicine.

• Duration of elective clinical training must be 2 weeks or more.

**(K.2.5.4.)** The medical school operates clinical training curriculum that emphasizes patient safety.

**[Annotation]**

• Training that emphasizes patient safety refers to guiding and supervising students’ clinical training with regard to patient safety.

***High Quality Development Standards:***

**(H.2.5.1)** The medical school adjusts and modifies the clinical sciences curriculum considering current and future changes in the medical environment.

**(H.2.5.2)** The medical school ensures that every student has early patient contact including participation in patient care and teaches diverse clinical skills based on the stage of the learning program.

**[Annotations]**

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

• *Participation in patient care* would include responsibility under supervision for parts of investigations and/or treatment to patients, which could take place in relevant community settings.

**(H.2.5.3.)** The medical school provides education and training related with instruction of and providing feedback to students to non-full time faculty doctors who participate in clinical training.

**2.6. Program Structure, Composition and Duration**

***Basic standards:***

**(K.2.6.1)** The medical school has a curriculum that appropriately coordinates between basic biomedical, medical humanities and clinical subjects.

**(K.2.6.2)** The medical school operates a curriculum that horizontally integrates associated sciences, departments and courses.

**[Annotation]**

• Examples of *horizontal integration* would be integrating basic medical courses such as anatomy, biochemistry and physiology or integrating clinical disciplines.

***High Quality Development Standards:***

**(H.2.6.1)** The medical school operates a curriculum that vertically integrates clinical sciences with the basic medical sciences and medical humanities.

**(H.2.6.2)** The medical school operates elective subjects and maintains appropriate balance between core and elective subjects.

**2.7. Curriculum Management**

***Basic standards:***

**(K.2.7.1)** The medical school operates a curriculum committee, and the curriculum committee has the responsibility and authority for planning and implementing the curriculum to achieve its intended educational outcomes.

**[Annotations]**

• *The education related committee* has the authority to manage and operate the curriculum regardless of specific departmental and subject interests, and within existing rules and regulations as defined by the governance structure of the university and governmental authorities. The education related committee allocates the granted resources for planning and implementation of methods of teaching and learning, assessment of students and course evaluation. (cf. K.8.3.2)

• For intended education outcomes, cf. K.1.3.3

**(K.2.7.2)** The medical school participates representatives of staff and students in the curriculum committee.

**2.8. Linkage with Medical Practice and the Health Sector**

***Basic standards:***

**(K.2.8.1)** The medical school has a curriculum that takes into consideration education after graduation.

**[Annotations]**

• The *operational linkage* implies identifying health problems and defining required educational outcomes. This requires ensuring that the curriculum in interrelated with education and medical practice after graduation by considering local, national and global situations. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team. Active linkage also refers to communication with potential employers of the graduates as basis for career guidance.

• *Education after graduation* includes postgraduate medical education (pre­registration education, vocational/professional education and specialist/subspecialist or expert education) and continuing professional development (CPD)/continuing medical education (CME).

***High Quality Development Standards:***

**(H.2.8.1)** The curriculum committee modifies and supplements the education program by considering changes in the medical environment expected after graduation and the opinions of the community.

**3. Student Assessment**

**3.1. Assessment Methods**

***Basic standards:***

**(K.3.1.1)** The medical school defines the principles and methods for assessment of its students.

**[Annotation]**

• *Assessment methods* used may include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-­referenced judgments, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini clinical evaluation exercise (Mini CEX). It would also include systems to detect and prevent plagiarism.

**(K.3.1.2)** The medical school includes knowledge, skills and attitudes in its student assessment.

**(K.3.1.3)** The medical school assesses students using a wide range of assessment methods and formats.

**[Annotation]**

• Assessment methods and formats must be determined and practice by each medical school to fit its own curriculum.

**(K.3.1.4)** The medical school operates a system of appeal for student assessment results.

**[Annotation]**

• The medical school must ensure students the opportunity to explain regarding grades, probation, postponement of graduation and dismissal before grade points are finalized. In such a case, faculty with conflict of interest cannot participate in the explaining process.

***High Quality Development Standards:***

**(H.3.1.1)** The medical school evaluates the reliability and validity of assessment methods, appropriately uses new assessment methods, and utilizes external assessors.

**[Annotations]**

• *Evaluate and document the reliability and validity of assessment methods* would require an appropriate quality assurance process of assessment practices.

• *Use of external examiners* may increase fairness, quality and transparency of assessments.

**3.2. Relation Between Assessment and Learning**

***Basic standards:***

**(K.3.2.1)** The medical school conducts student assessment that is compatible with intended educational outcomes and instructional methods.

**(K 3.2.2)** The medical school conducts student assessment to ensure achievement of the intended educational outcomes.

**(K.3.2.3)** The medical school conducts student assessment that promotes student learning.

**(K.3.2.4)** The medical school balances formative and summative assessment.

***High Quality Development Standards:***

**(H.3.2.1)** The medical school adjusts the number and nature of examinations of curricular elements to encourage both acquisition of knowledge based and integrated learning.

**[Annotation]**

• *Knowledge based acquisition* generally refers to acquisition of knowledge necessary in the basic medical curriculum including basic medical education learning outcomes. (scientific concepts and principle-based, clinical capacity based, people and society based, etc.)

• *Adjustment of number and nature of examinations* should minimize negative impact on *learning,* avoiding the need for students to learn and recall excessive amounts of information and an overloaded curriculum.

• *Encouragement of integrated learning* would include consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas.

**(H.3.2.2)** The medical school provides appropriate feedback to students on basis of assessment results.

**4. Students**

**4.1. Admission Policy and Selection**

***Basic standards:***

**(K.4.1.1)** The medical school formulates and implements an admission policy based on principles of objectivity.

**[Annotation]**

• *Admission policy* should adhere to national regulation and be appropriate to local circumstances. If the medical school is not directly involved in admission policy, it should ensure a balance between size of student intake and its teaching capacity.

• The *statement on process of selection of students* would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews, including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.

***High Quality Development Standards:***

**(H.4.1.1)** The medical school is selecting students by considering linkage with the mission of the school, the curriculum and desired qualities of graduates.

**[Annotation]**

• An interview of at least one hour per student is recommended.

**(H.4.1.2)** The medical school periodically reviews the admission policy and exerts improvement efforts for qualitative enhancement.

**(H.4.1.3)** The medical school implements a policy on admission of disabled students.

**[Annotation]**

• *Policy and practice for admission of disabled students* must be in accordance with national law and regulations.

**4.2. Student Intake**

***Basic standards:***

**(K.4.2.1)** The medical school specifies the size of student intake and its selection criteria in its special recruitment program guidelines.

**[Annotation]**

• Special recruitment includes consideration of intake according to to health needs of the community and society, potential demand, underprivileged students, gender, race and other social requirements.

**4.3. Student Counseling and Support**

***Basic standards:***

**(K.4.3.1)** The medical school has a system for academic counseling of its student population and utilizes such the counseling system.

**(K.4.3.2)** The medical school provides a program for career guidance of its students population.

**(K.4.3.3)** The medical school offers a program of student support, addressing social, financial and personal needs.

**[Annotation]**

• *Addressing social, financial and personal needs* would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programs and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans

**(K.4.3.4)** The medical school allocates human and physical resources for student support.

**(K.4.3.5)** The medical school is aware of the student’s housing situation and operates appropriate housing facilities accordingly.

**(K.4.3.6)** The medical school ensures confidentiality in relation to student counseling and support.

***High Quality Development Standards:***

**(H.4.3.1)** The medical school provides academic counseling that monitors students’ academic progress and that includes career guidance and planning.

**(H.4.3.2)** The medical school performs health check-up of students at admission, upon entry into the medical sciences course and into clinical training, and performs appropriate adult immunization before clinical training.

**[Annotation]**

• The medical school or hospital supports the health check-up and adjust immunization for clinical training.

**(H.4.3.3)** The medical school has affiliation with external medical institutions where students can receive psychiatric and psychological treatment. Also, the medical school operates a counseling center where a full-time counselor is available.

**[Annotation]**

• A full-time counselor refers to a professional that specializes in counseling. Counseling provided by persons such as employees of the student affairs department of the medical school or the vice-dean in charge of student affairs is not considered to be professional operation. When there is a counseling center at the University but not at the medical school, the counseling center must be geographically easily accessible by students, have a separate counseling system specializing in medical students and have a track record.

**4.4. Student Representation**

***Basic standards:***

**(K.4.4.1)** The medical school ensures appropriate participation by the student representative in matters of mission statement, design and management of curriculum and assessment.

**[Annotation]**

• *Student representation* would include student related committees and education related committees.

**(K.4.4.2)** The medical school encourages student activities and student organizations.

**[Annotations]**

• *To encourage student activities* would include consideration of providing technical and financial support to student organizations.

**5. Faculty**

**5.1. Recruitment and Selection Policy**

***Basic standards:***

**(K.5.1.1)** The medical school secures appropriate number of faculty for each field of basic medical sciences as recommended by the World Federation for Medical Education.

**[Annotations]**

• For the fields of basic medical sciences, cf. K.2.3.1

• Full-time faculty refers to faculty registered with the Ministry of Education. However, invited faculty, endowment faculty or research faculty, etc. who are appointed by the President of the University and receive pay from the University and who perform teaching, research and service activities equally as full-time faculty and are subject to teaching, research and service achievements at reappointment or promotion may be included.

• The number of full-time faculty for basic medical sciences must at least 25 persons in total.

• Fields of discipline to not refer to departments or subjects but to teaching content.

**(K.5.1.2)** The medical school operates organizations responsible for medical education and appoints full-time faculty in charge of medical education.

**[Annotation]**

• Full-time faculty for medical education refers to faculty of the medical school affiliated with the organizations responsible for medical education (departments, divisions, fields of discipline or centers). However, when a full-time faculty of the medical school concurrently serves in other departments, he/she must allocate at least 80% to medical education work.

**(K.5.1.3)** The medical school has appropriately secured full-time or specialist faculties in the field of medical humanities.

**[Annotations]**

• Full-time faculty for medical humanities must be a person who majored in the relevant field (language, history, philosophy, ethics, sociology, law, business management, anthropology, psychology, arts, etc.). Full-time faculty of the medical school refers to persons affiliated with the organizations responsible for medical humanities (departments, divisions, fields of discipline or centers) in an administrative sense. When a full-time faculty of the medical school concurrently services in other departments, he/she must allocate at least 80% in medical humanities work.

• Specialist faculties for medical humanities refers to medical school faculty who actively participates in the design, implementation and assessment of medical humanities curriculum.

• The medical college must have at least 1 full-time faculty for medical humanities or at least 3 specialist faculty for medical humanities.

**(K.5.1.4)** The medical school has secured an appropriate number of full-time faculty for each specialty under each clinical field.

**[Annotations]**

• The total number of specialties under clinical fields must be at least 20.

• The number of full-time faculty for clinical medicine must be at least 1 for each specialty and at least 85 in total.

**(K.5.1.5)** When hiring faculty, the medical school has clear standards regarding research, teaching and clinical merit, and practices such standards.

**[Annotation]**

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

**(K.5.1.6)** The medical school formulates and implements a staff recruitment and selection policy which specifies the responsibilities of faculty of the basic medical sciences, medical education, medical humanities and clinical sciences.

***High Quality Development Standards:***

**(H.5.1.1)** The medical school formulates and implements a policy for recruiting faculty with a balance between teaching, research and service functions.

**5.2. Faculty Activity and Development**

***Basic standards:***

**(K.5.2.1)** The medical school formulates and implements a policy that enables its faculty to balance teaching, research and service.

**(K.5.2.2)** The medical school formulates and implements systems to appraise faculty merit.

**[Annotation]**

• The University recognizes teaching and research merit through compensations such as promotion, salary or allowances.

• At least 50% of full-time faculty must participate in medical education training or education related faculty development programs for at least 3 hours a year. (On-line training or education is not recognized.)

**(K.5.2.3)** The medical school requires mandatory participation by newly recruited faculty in medical education training courses targeting newly recruited faculty.

**[Annotation]**

• Newly recruited faculty must complete at least 15 hours of medical education training for new faculty within 1 year from recruitment.

**(K.5.2.4)** The medical school includes the appraisal standards regarding faculty’s participation in academic societies or social service activities for public purposes in the faculty merit appraisal standards apart from student teaching or academic activities.

**(K.5.2.5)** The medical school has policies to ensure that all faculty members gain sufficient knowledge of the total education program and supports faculty activities related therewith.

**[Annotation]**

• Sufficient knowledge of the total education program includes the overall education program and the teaching/learning methods of other courses/subjects.

**(K.5.2.6)** The medical school formulates and implements policies to enable faculty members to participate in teacher training and faculty development.

**[Annotation]**

• Financial support must be at least an annual average of KRW 2 million per faculty.

***High Quality Development Standards:***

**(H.5.2.1)** The medical school has designed and implements a staff promotion policy.

**6. Educational Resources**

**6.1. Physical Facilities**

***Basic standards:***

**(K.6.1.1)** The medical school has appropriate basic education facilities for student education.

**[Annotation]**

• Basic education facility includes lecture hall, laboratories and clinical skills laboratories.

**(K.6.1.2)** The medical school has appropriate education support facilities for student education.

**[Annotation]**

• Education support facilities include group rooms (small group discussion rooms), library, information technology facilities and self-study rooms.

**(K.6.1.3)** The medical school has appropriate facilities and amenities for student welfare.

**[Annotations]**

• Student welfare facilities include student council room, club rooms and male/female lounges.

• Student amenities include exercise facility, cafeteria, store, vending machines and personal lockers.

**(K.6.1.4)** The medical school has human resources to manage facilities for student education and welfare and allocates budget appropriately.

**(K.6.1.5)** The direct costs related with student education is appropriate compared to annual tuition per student.

**[Annotations]**

• Direct costs related with student education includes basic medical sciences laboratory costs, sample production, CPX and OSCE related costs, teaching material costs, computer programs for student teaching, standardized patient labor cost, test question development costs, clinical skill practice consumables cost, PBL and TBL operation costs and costs related with clinical practice.

• Appropriateness of budget is determined based on the ratio of direct costs related with student education vs. annual tuition per student, results of regular survey on class environment satisfaction and actual improvements according to student demand for improvement.

• The appropriate direct costs related with student education is at least 5% of annual tuition per student.

**(K.6.1.6)** The medical school has appropriate individual office space for faculty and operates an appropriate administrative support system.

**[Annotations]**

• The ratio of individual office space for full-time faculty and above must be at least 80%.

• The support staff specialized in administration and teaching support must be assigned to each department in average.

**(K.6.1.7)** The medical school has appropriate space and facilities for faculty research.

**(K.6.1.8)** The medical school ensures a learning environment, which is safe for staff, students and patients.

**[Annotation]**

• *A safe learning environment* provides protection from and essential information regarding radiation, harmful substances, specimens and organisms and includes laboratory safety regulations and safety equipment.

***High Quality Development Standards:***

**(H.6.1.1)** The medical school improves the learning environment including by modifying or extending the physical facilities to match developments in educational practices.

**6.2. Clinical Training Resources**

***Basic standards:***

**(K.6.2.1)** The medical school has secured sufficient number of patients and patients of diverse diseases to ensure students obtain adequate clinical experience.

**(K.6.2.2)** The medical school has secured sufficient clinical training facilities to ensure students obtain adequate clinical experience.

**[Annotations]**

• *Clinical training facilities* would include hospitals (adequate mix of primary, secondary and tertiary care facilities) that have clinical care facilities and where clinical training is possible by circulating through all major clinical disciplines, out-patient care, clinics, public health centers, other community health care facilities as well as clinical skill training laboratories and must be at least 500 beds.

• The *clinical training facility* includes appropriateness and quality for medical training programs in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration.

• The space dedicated to students within the teaching hospital must be at least 1 for every 20 students.

**(K.6.2.3)** The medical school has management systems regarding students’ clinical practice to ensure students obtain adequate clinical experience.

***High Quality Development Standards:***

**(H.6.2.1)** The medical school evaluates, adapts and improves the facilities for clinical training while not inflicting inconvenience to those using the hospital.

**6.3. Information Technology**

***Basic standards:***

**(K.6.3.1)** The medical school uses information technology for teaching activity, and provides support to enable members to use electronic education media.

**[Annotations]**

• *Effective and ethical use of information and communication technology* would include consideration of use of computers, internal and external networks and other means. Coordination with library services and the IT services of such institutions are also included. Also, the policy would include common access to all educational items through a learning management system. Information and communication technology should be used for preparing students for evidence-based medicine and life­long learning through continuing professional development (CPD).

• The appropriate academic information service budget is at least KRW 500,000 per year per faculty and student.

***High Quality Development Standards:***

**(H.6.3.1)** The medical school supports teachers and students to use information and communication technology for independent learning.

**[Annotations]**

• The appropriate budget related with academic information service is at least KRW 1,500,000 per year per faculty and student.

• The appropriate professional personnel support related with academic information service is at least 1 person per every 150 faculty and students.

**(H.6.3.2)** The medical school provides support to enable students to access the hospital information system related with patient data.

**6.4. Medical Research and Fostering Medical Scientists**

***Basic standards:***

**(K.6.4.1)** The medical school has a policy for development of medical research capabilities.

**(K.6.4.2)** The medical school operates a curriculum for development of research capabilities.

**(K.6.4.3)** The medical school defines rules regarding use of research facilities by students.

***High Quality Development Standards:***

**(H.6.4.1)** The medical school provides support to enable interaction between medical research and education, and encourages students to engage in medical research and development.

**[Annotation]**

• *Medical research and fostering of medical scientists* encompasses scientific research in basic medical sciences, medical humanities, and clinical sciences. The medical research based on the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scientific competencies and research of the faculty*.* Influences on current teaching would facilitate learning of scientific methods (cf. K.2.2.1) and evidence-based medicine. (cf. K.2.2.3)

**6.5. Educational Expertise**

***Basic standards:***

**(K.6.5.1)** The medical school secures educational expertise in the areas necessary.

**[Annotation]**

• *Educational expertise* would deal with processes, practice and problems of medical education and may include medical doctors with research experience in medical education, education scholars and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.

**(K.6.5.2)** The medical school formulates and implements a policy on the use of educational expertise in curriculum development and development of teaching and assessment methods.

***High Quality Development Standards:***

**(H.6.5.1)** The medical school has used of in­house or external educational expertise in staff capability development.

**[Annotation]**

• Staff includes faculty as well as employees related with education, administration and technology.

**(H.6.5.2)** The medical school develops expertise in educational evaluation and in research in the discipline of medical education.

**[Annotation]**

• *Research in the discipline of medical education* investigates theoretical*,* practical and social

issues in medical education.

**(H.6.5.3)** The medical school supports faculty to pursue educational research interest.

**6.6. Educational Exchanges**

***Basic standards:***

**(K.6.6.1)** The medical school provides appropriate resources to enable exchange by staff and student with domestic and international education institutions.

**[Annotation]**

• *Other educational institutions* would include other medical schools as well as other facilities and institutions for health education, such as schools for public health, dentistry, pharmacy and veterinary medicine.

***High Quality Development Standards:***

**(H.6.6.1)** The medical school promotes collaboration with various education institutions in Korea and abroad, and formulates and implements a policy that recognizes academic credits earned in other education institutions.

**[Annotation]**

• A *policy for recognition of academic credits* is limited to the proportion of the study program which can be obtained from other education institutions. Recognition of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active program coordination between medical schools. It would also be facilitated by use of a transparent system of credit unit management and by flexible interpretation of course requirements.

**7. Education Evaluation**

**7.1. Mechanisms for Education Monitoring and Evaluation**

***Basic standards:***

**(K.7.1.1)** The medical school regularly monitor sits curriculum.

**[Annotations]**

• *Program evaluation* is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its education process. Education evaluation includes the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational program or core aspects of the program in relation to the mission, the curriculum, the degree of student improvement, including the intended educational outcomes.

• *Program monitoring* includesthe routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.

• The education process refers to systems and all activities related with education by the medical school including student admission, assessment and graduation including the curriculum, and includes not only the learning environment and culture of the medical school but also its organization and resources.

**(K.7.1.2)** The medical school establishes and applies a mechanism for education evaluation.

**[Annotations]**

• The mechanism for education evaluation includes regulations and internal guidelines on education evaluation and implies the existence of an organization (committee, department, division, specialty, center, etc.) in charge of its implementation.

• *Main components of the curriculum* would include the curriculum structure, composition and duration (cf. Sub-area 2.6).

• *Key areas of interest* refers to insufficient fulfillment of intended educational outcomes, and are used for curriculum improvement plans including insufficient fulfillment, weakness and problems identified in the process of achieving intended education outcomes.

**(K.7.1.3)** The medical school uses results of education evaluation on improving the curriculum.

***High Quality Development Standards:***

**(H.7.1.1)** The medical school periodically establishes and applies a system of education evaluation by reflecting the context of the educational process, the specific components of the curriculum, the long­term outcomes and its social accountability.

**[Annotations]**

• *The context of the educational process* would include the organization and resources as well as the learning environment and culture of the medical school.

• *Specific components of the curriculum* would include course description, teaching and learning methods, clinical rotations and assessment methods.

• The long-term outcomes are for example measured by outcomes derived from national license exams, benchmarking, international exams, career choice and outcomes derived from post-graduate practice. Risk of program uniformity is reduced through overall achievement while providing the basis for curriculum improvement.

• For *Social accountability, cf.* K.1.1.3

**7.2. Teacher and Student Feedback**

***Basic standards:***

**(K.7.2.1)** The medical school systematically seeks, analyzes and responds to teacher and student feedback.

**[Annotations]**

• Systematical seeking and analysis include seeking regularly and systematically and analyzing scientifically and reliably by an organization (committee, department, division, specialty, center, etc.) in compliance with the pre-made regulations and internal guidelines.

***High Quality Development Standards:***

**(H.7.2.1)** The medical school uses feedback results for education program development.

**7.3. Performance of Students and Graduates**

***Basic standards:***

**(K.7.3.1)** The medical school analyzes the performance of cohorts of students and graduates in relation to mission, intended educational outcomes, curriculum and resources used.

**[Annotations]**

• Measures and analysis of *performance of cohorts of students* would include information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in educational process, as well as time spent by them on areas of special interest, including optional components. It may also include interviews of students frequently repeating courses, and exit interviews with students who leave the program.

• Measures of *performance of cohorts of graduates* would include information on results at national license examinations, career choice and postgraduate capabilities, and would provide a basis for curriculum reform to avoid the risk of program uniformity,

***High Quality Development Standards:***

**(H.7.3.1)** The medical school analyzes performance of cohorts of students and provide feedback to the committees related with student selection, curriculum planning and student counseling.

**7.4. Involvement of Stakeholders**

***Basic standards:***

**(K.7.4.1)** The medical school includes principal stakeholders in activities for education monitoring and evaluation.

**[Annotations]**

• For *principal stakeholders*, cf.K.1.4.1.

**8. Governance and Administration**

**8.1. Governance**

***Basic standards:***

**(K.8.1.1)** The medical school’s governance system is divided into teaching, faculty, and student affairs and the medical school has academic leadership separately appointed to be in charge of administration.

**[Annotations]**

• *Governance* refers to the structure governing the medical school and the execution of such structure. Governance is primarily concerned with policy making, the processes of establishing general institutional and program policies and also with control of the implementation of the policies. The institutional and program policies would normally encompass decisions on the mission of the medical school, the curriculum, admission policy, staff recruitment and selection policy, decisions on interaction and linkage with medical practice and the health sector as well as other external relations.

• The administrative work to be performed by each person appointed to be in charge of administration necessary for governance should be defined, and must include the areas of teaching, students and faculty, and include regulations and achievements of each field.

**(K.8.1.2)** The medical school has programs and achievements to enable its dean and the academic leadership to obtain job-related expertise.

**(K.8.1.3)** The medical school possesses appropriate policy decision structures and procedures for school operation.

**[Annotation]**

• Regulations for various meetings and committee for policy decisions necessary for governance policy decision making must be specified, and in the case of the Personnel Management Committee, elected members should account for at least 1/3 of the committee. In the case of other committees, ex officio members should be no more than ¼ of the relevant committee. Each committee must have record of convening regularly.

**(K.8.1.4)** The medical school appoints academic leadership to oversee student teaching and research for each teaching hospital that is located separately and possess an administrative system to support teaching and research.

**[Annotation]**

• There must be a track record of the dean and academic leadership visiting teaching hospitals located separately at least twice a year.

***High Quality Development Standards:***

**(H.8.1.1)** The structure of the committees for governance of the medical school includes representatives of principal stakeholders and other stakeholders**.**

**[Annotations]**

• The committees must have powers and responsibilities, and the Education Related Committee must be included. (cf. K.2.7.1)

• For principle stakeholder, cf. K.1.4.1

• For other stakeholders, cf. H.1.4.1

**(H.8.1.2)** The medical school possesses expertise in operation and ensures transparency of its decision-making process.

**[Annotations]**

• *Transparency* would be obtained by newsletters, web-information or disclosure of minutes.

• The governance structure of the medical school must include academic leadership persons appointed for at least 7 areas including teaching, student, faculty and research.

**8.2. Dean and Academic Leadership**

***Basic standards:***

**(K.8.2.1)** The medical school clearly describes the responsibilities of its dean and academic leadership for the overall management of its education.

**[Annotations]**

• *Dean and academic leadership* refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service, and would include dean, deputy dean, vice deans, provost, heads of departments, course leaders, directors of research institutes and centers as well as chairs of standing committees. (e.g. Student Selection Committee, Education Related Committee, Student Counseling Committee)

• Dean’s authority and responsibility as well as regulations on personnel management must be specified. Material on related activities should be included.

***High Quality Development Standards:***

**(H.8.2.1)** The medical has rules on dean selection and periodically evaluates its dean and academic leadership.

**8.3. Educational Budget and Resource Allocation**

***Basic standards:***

**(K.8.3.1)** The medical school has a clear line of responsibility and authority for education related financial management including educational budget.

**[Annotations]**

• *The educational budget* would depend on the budgetary practice in each institution and country and should be executed according to a transparent budgetary plan.

• The status of securing education related financial resources (student lab training costs allocated to the medical department, curriculum development and operation costs, education development costs, education development costs, faculty training support cost, education related seminar costs, student service activity support costs, etc.) should be described, and regulations on collecting opinions when formulating the budget should be specified. Also, data on collected opinions should be presented, and efforts to increase education related budget must be included.

**(K.8.3.2)** The medical school has secured resources necessary for the implementation of the curriculum and allocates the educational resources required for educational needs.

**[Annotations]**

• *Resource allocation* presupposes institutional autonomy of the medical school. (cf. K.1.2.1)

• Student support and student organizations should be regarded in terms of educational budget and resource allocation. (cf. K.4.3.4 and Sub-area 4.4)

• The budget of Education Related Committee is at least KRW 30 million a year.

**8.4. Administrative Staff and Management**

***Basic standards:***

**(K.8.4.1)** The medical school has separated its administrative work and secured appropriate number of administrative staff.

**[Annotation]**

• The number of administrative staff must be at least 5 or more, not including administrative TAs.

***High Quality Development Standards:***

**(H.8.4.1)** The medical school implements an internal program for improvement of its quality of administrative management.

**8.5. Interaction with Health Sector**

***Basic standards:***

**(K.8.5.1)** The medical school has constructive interaction with the health and health related sectors.

**[Annotations]**

• *Constructive interaction* would imply exchange of information, collaboration, and formulation and implementation of new organizational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society.

• *The health sector* would include the health care delivery system, whether public or private, and medical research institutions.

• *The health-­related sector* would, depending on issues and local organization, include institutions and regulating bodies with implications for health promotion and disease prevention (e.g. with environmental, nutritional and social responsibilities).

***High Quality Development Standards:***

**(H.8.5.1)** The medical school has formalized its collaboration with persons in the public health sector including participation by staff and students.

**[Annotation]**

• To *formalize collaboration* would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.

**9. Continuous Improvement**

**9.0. Continuous Improvement**

***Basic standards:***

**(K.9.0.1)** The medical school has a school development plan, operates a school development fund and is exerting efforts to engaged its alumni or the community.

**(K.9.0.2)** The medical school has a standing organization that performs self-assessment to achieve continuous quality control and improvement, and prepares and operates an appropriate budget for such organization.

**(K.9.0.3)** The medical school has results of continuous improvement by reflecting accreditation results to school operation.

***High Quality Development Standards:***

**(H.9.0.1)** The medical school continuously improves its operation based the process of prospective studies and analyses related with school development and on results of local community evaluation and the medical education literature.

**[Annotation]**

• *Prospective studies* would include research and studies to collect and generate data and evidence on country specific best practices.

• Local community evaluation refers to the evaluation of the medical school by medical personnel (medical institutions) and non-medical personnel (non-medical institutions) in the community (including national evaluation).

**(H.9.0.2)** The medical school ensures that improvements previously identified with regard to school operation are reflected in its policies and practices in accordance with present activities and future perspectives.

**(H.9.0.3)** In the process of continuous improvement, the medical school modifies its mission and graduation outcome in line with the scientific, socio-economic and cultural development of the society.

**(H.9.0.4)** The medical school continuously modifies its graduation outcome in accordance with the environment that graduates will enter.

**[Annotation]**

• The modification of graduation outcome includes modification of clinical skills, public health training and involvement in patient care appropriate to the environment upon graduation.

**(H.9.0.5)** The medical school continuously modifies the curriculum and instructional methods to ensure their appropriateness and relevance.

**(H.9.0.6)** The medical school continuously improves its curriculum to appropriately reflect changes in the education environment.

**(H.9.0.7)** The medical school continuously modifies assessment principles and methods according to changes in the intended education outcome and education method.

**[Annotation]**

• For intended education outcome, cf. K.1.3.3

**(H.9.0.8)** The medical school continuously modifies its faculty recruitment methods and development policies in accordance with the changing demands of society.

**(H.9.0.9)** The medical school continuously adjusts its education resources based on the changing demands of society.

**(H.9.0.10)** The medical school continuously improves its process of program monitoring and evaluation.

**(H.9.0.11)** The medical school continuously improves its governance systems in accordance with changing medical environment and demands of stakeholders.