**Rules of the Accreditation Board for
Basic Medical Education**

Enacted Sep. 16, 1999

Revised Sep. 26, 2006

 Feb. 2, 2010

 Jan. 24, 2011

 Apr. 16, 2012

Jan. 23, 2014

Jun. 29, 2016

Feb. 8, 2017

Apr. 25, 2017

Feb. 5, 2018

Mar. 1, 2019

Jul. 12, 2019

Feb. 5, 2020

Feb. 5, 2021

**Section 1 General Principles**

**Article 1 (Name)** The English name of this organization is the Accreditation Board for Basic Medical Education and abbreviated as ABBME. <revised Jun. 29, 2016>

**Article 2 (Purpose)** The purpose of these Rules is to define matters necessary in organizing and operating ABBME, which is established to conduct affairs regarding the accreditation of medical colleges and medical graduate schools (hereinafter collectively referred to as "medical schools") 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 ABBME is to evaluate and accredit the basic medical education programs and education environments of medical schools to improve basic medical education quality and to pursue excellence.

② To achieve such goals, ABBME conducts the following activities:

1. Develop evaluation standards and criteria to accredit basic medical education programs and education environments;

2. Evaluate basic medical education programs and education environments based on evaluation standards and criteria; <revised Feb. 8, 2017>

3. Evaluate basic medical education programs and education environments for accreditation maintenance;

4. Evaluate basic medical education programs and education environments of newly founded medical schools;

5. Provide advisory service, etc. regarding basic medical education programs and education environments. <newly inserted Jun. 29, 2016>

**Section 2 Organization and Meetings**

**Article 4 (Organization)** ABBME shall have a Steering Committee, Expert Committees, and Accreditation Committee, which are standing bodies, and a non-standing Site Survey Team. It can maintain special committees to achieve accreditation objectives. <revised Jun.29, 2016; Feb.8, 2017>

**Article 5 (Officers)** ① ABBME shall have officers who perform the duties as described in each of the following items: <revised Jun.29, 2016>

1. ABBME President shall oversee entire ABBME business;

2. ABBME Vice-president shall assist the President and assume the role of Acting President when the presidency becomes vacant;

3. Chairpersons of Expert Committees shall oversee the business of each relevant Expert Committee.

② ABBME President is to be appointed by the President of KIMEE among basic medical education experts with extensive accreditation experience. <revised Jun. 29, 2016>

③ ABBME Vice-president and Expert Committee Chairpersons are to be appointed by KIMEE President among persons with accreditation experience based on ABBME President's recommendation. <revised Jun. 29, 2016>

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

**Article 6 (Steering Committee)** The Steering Committee consists of ABBME President, Vice-president and Chairpersons of Expert Committees. The Steering Committee is chaired by the ABBME President and deliberate matters regarding ABBME's operation. <revised Jun. 29>

**Article 7 (Expert Committees)** ① ABBME is to establish the System Committee, the Standards Committee and the Management Committee as expert committees in order to effectively perform its accreditation work. <revised Feb. 8, 2017>

1. The System Committee performs planning, research, policy & rule development regarding overall accreditation work.

2. The Standards Committee develops, revises and supplements evaluation standards for accreditation.

3. The Management Committee manages accreditation quality and evaluates accreditation maintenance.

② Each expert committee consists of around ten (10) members who are appointed by KIMEE President based on the Steering Committee's recommendations. <revised Jun. 29, 2016>

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

④ Matters regarding operation of each expert committee shall be determined separately. <Feb. 8, 2017>

**Article 8 (Meetings)** ① ABBME President can call a General Meeting to be attended by members of the Steering Committee and all expert committees.

② All meetings have 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 Chairperson shall decide the outcome. <revised Feb. 8, 2017; Mar. 1, 2019>

**Section 3 Accreditation**

**Article 9 (Subject)** ① ABBME evaluates the basic medical education program and education environment of medical schools that perform basic medical education. <revised Feb. 8, 2017>

② ABBME may include graduate education in its scope of evaluation. <revised Jun. 29, 2016>

**Article 10 (Accreditation Type)** Accreditation types consist of accreditation and non-accreditation. The type of accreditation is determined by the Accreditation Committee. <revised Jun. 29, 2016; Feb 8, 2017; Mar. 1, 2019; Feb. 5, 2020>

① Accreditation is given when a medical school satisfied accreditation standards, notwithstanding however, that an accreditation may be revoked upon discovery of intentionally falsified facts after accreditation. <revised Feb. 5, 2020>

② Non-accreditation is given when a medical school fails to satisfy accreditation standards or did not receive accreditation without due reason, notwithstanding however, a non-accreditation may be deferred for one (1) year. <revised Jun. 29, 2016; Feb. 8, 2017; Feb. 5, 2020>

**Article 11 (Accreditation Duration and Timing)** The accreditation duration shall be determined by the Accreditation Committee. <revised Mar. 1, 2019>

① Accreditation duration shall be six (6) years, four (4) years and two (2) years. <revised Mar. 1, 2019; Feb. 5, 2020>

② A medical school must receive accreditation during the academic year when its existing accreditation expires.

③ A medical school whose non-accreditation has been deferred must be re-evaluated within one (1) year, during which period the medical school remains accredited. <revised Jun. 29, 2016; Feb. 8, 2017; Mar. 1, 2019; Feb. 5, 2020>

**Article 12 (Applying for Accreditation)** ① A medical school must apply for accreditation one (1) year before the current accreditation expires.

② If material reasons prevent the medical school from receiving evaluation, the medical school may apply for a postponement, and the Steering Committee may decide to allow a one (1) year postponement of evaluation. The medical school will remain accredited during this period. <revised Jun. 29, 2016; Feb. 5, 2020>

③ A medical school may apply for its subsequent accreditation even before the current accreditation expires.

**Article 13 (Evaluation Procedure and Method)** ① Medical schools subject to accreditation shall prepare a self-evaluation study report according to the ABBME's “Guidelines on Writing Medical School Self-evaluation Study Report” and submit this report to ABBME. <revised Jun. 29, 2016; Mar. 1, 2019>

② The student representative of the medical school subject to accreditation must prepare a Student Report according to ABBME's "Guidelines on Writing Student Report" and submit this report to ABBME. <revised Mar. 1, 2019>

③ The Site Survey Team shall conduct a document evaluation of the medical school's self-evaluation study report, student report and related material, etc. and then conduct an on-site survey to verify the documented information. The Site Survey Team must complete and submit to ABBME an evaluation report within seven (7) days of completing the on-site survey. <revised Mar. 1, 2019>

④ The length of the on-site survey shall be four (4) days, and may be adjusted according to ABBME's decision. <Feb. 5, 2020>

⑤ ABBME must provide information about the Site Survey Team members and site survey procedures to the relevant medical school before the site survey. The medical school can request for adjustment. In this case, ABBME has the final decision power regarding adjustments.

⑥ In the case where separate evaluation is necessary including cases where the medical school applied for evaluation due to a government corrective order, ABBME may adjust all procedures and methods of evaluation, and carry out the evaluation accordingly. <newly inserted Apr. 25, 2017>> <revised Mar.1, 2019>

**Article 14 (Site Survey Team's Composition and Activity)** ① The Site Survey Team is to consist of around seven (7) persons including the Site Survey Team Leader and members, who are recommended by ABBME President and appointed by KIMEE President. <revised Feb. 8, 2017>

② The Site Survey Team Leader shall be a person with extensive experience in basic medical education and accreditation as well as a person with leadership. Team members shall be former or current professors and external evaluation experts. <revised Jun. 29, 2016>

③ ABBME President shall recommend Site Survey Team members appropriately in accordance with the Detail Implementation Rules on Basic Medical Education Accreditation Ethics, and while considering the characteristics of the medical school receiving accreditation. <revised Feb. 8, 2017>

④ The Site Survey Team must receive training conducted by ABBME in order to enhance the expertise and reliability. <newly inserted Jun. 29, 2016>

**Article 15 (Evaluation Report)** ① ABBME shall send its evaluation report to the medical school to enable the medical school to verify whether the report is correct.

② The Site Survey Team shall submit a final report to ABBME that reflects the opinions expressed by the medical school under Paragraph (1). <revised Jun. 29, 2016>

③ ABBME may conduct separate review in order to ensure reasonable evaluation results. <newly inserted Feb. 5, 2020>

**Article 16 (Site Survey Observation)** ① The Ministry of Education, representatives of other academic fields, Korean and foreign basic medical education officials etc. can observe a site survey with the consent of ABBME and the medical school to be surveyed.

② Observation of site surveys as mentioned under Paragraph (1) shall follow "Detail Implementation Rules on Site Survey Observation." <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 17 (Expense)** ① All expenses incurred for accreditation and maintenance of accreditation shall be borne by the medical school. <revised Mar. 1, 2019>

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

2. Accreditation maintenance expense is the overall expense incurred to evaluated the mid-term evaluation study report and material change report submitted every two (2) years, notwithstanding however, that in cases where a site survey is conducted in the course of evaluation, the relevant medical school may be charged for such expenses. <revised Mar. 1, 2019>

② ABBME must notify the accreditation expense and accreditation maintenance expense deliberated and decided by the Board of Directors to the concerned medical school. <revised Jul. 12, 2019>

**Section 4 Accreditation Actions and Reconsideration**

**Article 18 (Accreditation Committee)** ① ABBME shall establish the Accreditation Committee in order to determine the type of accreditation for medical schools based on site survey results. <revised Mar. 1, 2019>

② The Accreditation Committee determines the type of accreditation, accreditation duration and follow-up measures etc. regarding a medical school's basic medical education program and education environment. <revised Mar.1, 2019>

③ The Accreditation Committee shall consist of no more than 15 persons including the Chairperson. <revised Mar. 1, 2019>

④ The members recommended by the related institutions and the members representing the community shall be appointed by the President of the KIMEE upon recommendation. <revised Mar., 1, 2019>

⑤ Matters regarding the composition and operation of the Accreditation Committee shall be determined separately. <revised Mar. 1, 2019>

**Article 19 (Notice of Decision)** ① ABBME must notify the final results of the Accreditation Committee's decision and the final evaluation report to the medical school within seven (7) days of the final decision. <revised Mar. 1, 2019; Feb. 5, 2020>

② ABBME may publicly announce the Accreditation Committee's decision and the final evaluation report. <revised Jun. 29, 2016>

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

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

⑤ ABBME must notify the government entity in charge and other related entities of the decision results fifteen (15) days after the Accreditation Committee's decision. It can include suggestions on how to utilize the evaluation results. <revised Feb. 8, 2017>

**Article 20 (Reconsideration)** ① When a medical school objects to the accreditation decision, the medical school may apply for reconsideration of the accreditation decision to KIMEE by specifying the detail content and reasons in writing. <revised Mar. 1, 2019>

② KIMEE President must request for the creation of the Reconsideration Evaluation Board to the President. <newly inserted Jun. 29, 2016> <revised Mar. 1, 2019; Feb. 5, 2020>

③ The result of the reconsideration must be decided within 45 days from receiving the reconsideration application. <revised Mar. 1, 2019; Feb. 5, 2020>

④ Matters regarding the composition and operation of the Reconsideration Evaluation Board shall be determined separately. <revised Mar. 1, 2019; Feb. 5, 2020>

**Article 21 (Reconsideration Application**) ① A medical school may apply for reconsideration to KIMEE in writing within fifteen (15) days from receiving notification of the accreditation results. <newly inserted Mar. 1, 2019>

② A medical school may withdraw its application for reconsideration before the reconsideration result is decided. <newly inserted Mar. 1, 2019>

**Article 22 (Reconsideration Decision)** ① Upon receiving the reconsideration result report, the President must immediately hold a Board of Directors meeting to decide the results of the reconsideration. <newly inserted Mar. 1, 2019> <revised Feb. 5, 2020>

② The Board of Directors meeting to decide the results of the reconsideration shall have quorum when half or more of registered members are present and may resolve with a simple majority of those present. When the number of consenting votes is equal to that of dissenting votes, the Chairperson shall decide the outcome. <newly inserted Mar. 1, 2019>

**Article 23 (Notice of Reconsideration Results)** ① KIMEE shall notify the reconsideration results to the medical school that applied for reconsideration within seven (7) days from when the reconsideration result was decided. <newly inserted Mar. 1, 2019>

② KIMEE may publicly disclose the reconsideration result and the reconsideration result report. <newly inserted Mar. 1, 2019>

**Article 24 (Reconsideration Expense)** Article 17 shall apply mutatis mutandis with regard to reconsideration expenses. <newly inserted Mar. 1, 2019>

**Article 25 (Improvement Plan)** The medical school requesting for reconsideration must submit an improvement plan regarding accreditation results within three (3) months from the date it received notification of the accreditation decision.

**Article 26 (Accreditation Maintenance and Management)** ① To maintain its accreditation, a medical school must prepare and submit a mid-term evaluation study report every two (2) years including improvement results according to the “Guidelines on Writing the Mid-term Evaluation Study Report”. <revised Jun. 29, 2016; Mar. 1, 2019>

② If a medical school anticipates material changes such as change of its major teaching hospital, relocation or division of its campus, change of ownership or change in the number of students, it must submit a Material Change Plan in advance according to the “Guidelines on Writing the Material Change Plan”. <revised Feb. 5, 2018>

③ The Management Committee shall evaluate the mid-term evaluation study report and the material change report in writing. <revised Mar. 1, 2019>

④ ABBME may conduct site survey of medical schools that do not submit its mid-term evaluation study report or material change report, or medical schools that ABBME finds as requiring verification as a result of its document evaluation. ABBME may change the accreditation type and duration of the medical school in question. <revised Mar. 1, 2019>

⑤ Medical schools may apply for advisory evaluation when necessary. <newly inserted Jun. 29, 2016>, <revised Feb. 8, 2017>

**Section 5 Accreditation of Newly Founded Medical Schools**

**Article 27 (Subject and Accreditation)** ① ABBME must evaluate the education program and education environment of newly founded medical schools and carry out preliminary accreditation and provisional accreditation. <revised Feb. 5, 2021>

1. Preliminary accreditation is for schools that have obtained approval to newly found a medical school. <newly inserted Feb. 5, 2021>
2. Provisional accreditation is for medical schools that have obtained a preliminary accreditation. <newly inserted Feb. 5, 2021>

**Article 28 (Accreditation Type)** ① The accreditation types available for newly founded medical schools are preliminary accreditation, non-preliminary accreditation, provisional accreditation and non-provisional accreditation, and are to be determined by the Accreditation Committee. <revised Feb. 5, 2021>

1. Preliminary accreditation is given when a newly founded medical school satisfies the relevant accreditation standards. <revised Feb. 5, 2021>

2. Non-preliminary accreditation is given when a newly founded medical school fails to satisfy the relevant accreditation standards. <revised Feb. 5, 2021>

3. Provisional accreditation is given when a newly founded medical school that has started education satisfies the relevant accreditation standards. <revised Feb. 5, 2021>

4. Non-provisional accreditation is given when a newly founded medical school that started education fails to satisfy the relevant accreditation standards. <revised Feb. 5, 2021>

**Article 29(Application)** ① A newly founded medical school must apply for and receive evaluation for preliminary accreditation between obtaining approval for medical school foundation and publicly announcing recruitment of students. <revised Jun. 29, 2016, Feb. 8, 2017, Feb. 5, 2021>

② A newly founded medical school with preliminary accreditation must apply for and receive an evaluation for provisional accreditation each year starting from enrollment of students and until the first graduation of students. <revised Feb. 8, 2017, Feb. 5, 2021>

**Article 30 (Period and Procedure)** ① Preliminary accreditation is valid for two (2) years. A medical school that receives a non-preliminary accreditation cannot receive a reevaluation within a year.

② A provisional accreditation is valid for one (1) year. A medical school that receives a non-provisional accreditation cannot receive a reevaluation within 1 year.

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

**Section 6 Supplementary Rules**

**Article 31 (Collection of Materials)** ABBME may conduct various surveys and studies in order to establish policies for accreditation and to develop accreditation standards. <revised Jun. 29, 2016>

**Article 32 (Third Party Comment)** ① Regarding medical school accreditation, ABBME must provide the opportunity for third parties to comment. However, such third party comments shall be limited to those regarding accreditation standards, and anonymous comments shall not be accepted. Also, ABBME does not consider personal complaints or matters related with admission, appointment, promotions, dismissal and disciplinary actions, etc. <revised Jun. 29, 2016>

② Third party comments must be submitted to ABBME at least one (1) month prior to Site Survey of the medical school in question to enable fact-finding.

③ Procedure for dealing with third party comments regarding accreditation shall follow "Detail Implementation Rules on Third Party Comments." <revised Feb. 8, 2017>

**Article 33 (Accreditation of Medical Education Institution outside Korea)** When ABBME judges that a basic medical education program of a medical education institution approved in another country influences basic medical education and medical services in Korea, it may conduct accreditation of such programs according to procedures identical to those applied to medical schools in Korea.

**Article 34 (Matters regarding Conflict of Interest)** Treatment of conflicts of interest must follow ABBME's "Detail Implementation Rules on Basic Medical Education Accreditation Ethics." <revised Jun. 29, 2016; Feb. 8, 2017>

**Article 35 (Matters on Confidentiality)** All ABBME committee members and secretariat staff related with accreditation shall sign the Letter of Pledge (Attached Form No. 1) and must not disclose any information related with accreditation activities to other persons. <revised Jun. 29, 2016; Feb. 8, 2017; Feb. 5, 2020>

**Article 36 (Management of Accreditation Records)** Various material and records produced in the process of accrediting basic medical education of medical schools must be stored and managed according to the Detail "Implementation Rules on Management of Accreditation Records" and shall not be used for purposes other than accreditation. <revised Feb. 8, 2017>

**Article 37 (Accreditation Standard Review and Change Procedure)** ABBME's procedure for accreditation standard review and change must follow the "Detail Implementation Rules on Changing Accreditation Standards." <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 38 (Review and Change of ABBME Rules)** Procedures for review and change of ABBME Rules must follow "Detail Implementation Rules on Changing of ABBME Rules." <revised Jun. 29, 2016>

**Article 39** Matters not determined in these Rules shall follow generally accepted practices. <newly inserted Jun. 29, 2016><amended Feb. 8, 2017>

**Addenda** (Sep. 16, 1999)

**Article 1 (Enforcement Date**) These Rules shall take effect as of the date they are resolved by the Korean Basic Medical Education Accreditation Committee.

**Addenda** (Sep. 26, 2006)

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

**Addenda** (Feb. 2, 2010)

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

**Addenda** (Jan. 24, 2011)

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

**Addenda** (Apr. 16, 2012)

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

**Addenda** (Jan. 23, 2014)

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

**Addenda** (Jun. 29, 2016)

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

**Addenda** (Feb. 8, 2017)

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

**Addenda** (Apr. 25, 2017)

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

**Addenda** (Feb. 5, 2018)

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

**Addenda**

**Article 1 (Enforcement Date)** These Rules shall take effect from March 1, 2019.

**Addenda** (July 12, 2019)

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

**Addenda** (Feb. 5, 2020)

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

**Addenda** (Feb. 5, 2021)

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

**Detail Implementation Rules of the ABBME**

**Detail Implementation Rules of the System Committee**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define detail matters regarding operation, etc. of the System Committee ("Committee") pursuant to Article 7 (4) of the Rules of the Accreditation Board for Basic Medical Education ("ABBME") under the Korean Institute of Medical Education Evaluation ("KIMEE").

**Article 2 (Organization)** ① The Committee shall consist of around ten (10) members including the Chairperson.

② The Chairperson shall be appointed by the KIMEE President upon recommendation by the ABBME President among persons with accreditation experience.

③ Committee members shall be appointed by KIMEE President upon recommendation of the Steering Committee.

④ The term of the Chairperson and members shall be three (3) years with the possibility of serving consecutive terms.

⑤ The Committee may be assisted by a secretary to facilitate committee affairs.

**Article 3 (Committee Business)** The Committee shall perform the following business:

① Planning of overall accreditation work;

② Research for the development of accreditation work;

③ Establishment of policies for development of accreditation work;

④ Development of accreditation rules;

⑤ Other matters recognized by the Chairperson as necessary for development of ABBME.

**Article 4 (Meetings)** ① The Chairperson shall call and preside over meetings of the Committee.

② The Committee has quorum with attendance by at least half of its members, and resolves with a simple majority of attending members. When the number of consenting votes is equal to that of dissenting votes, the Chairperson shall decide the outcome.

③ The Committee shall write meeting minutes and report it to its subsequent meeting.

④ Important recommendations shall be referred to the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee**.**

**Detail Implementation Rules for the Standards Committee**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define detail matters regarding operation, etc. of the Standards Committee ("Committee") pursuant to Article 7 (4) of the Rules of the Accreditation Board for Basic Medical Education ("ABBME") under the Korean Institute of Medical Education Evaluation ("KIMEE").

**Article 2 (Organization)** ① The Committee shall consist of around ten (10) members including the Chairperson.

② The Chairperson shall be appointed by the KIMEE President upon recommendation by the ABBME President among persons with accreditation experience.

③ Committee members shall be appointed by KIMEE President upon recommendation of the Steering Committee.

④ The term of the Chairperson and members shall be three (3) years with the possibility of serving consecutive terms.

⑤ The Committee may be assisted by a secretary to facilitate committee affairs.

**Article 3 (Committee Business)** The Committee shall perform the following business:

① Research and development of accreditation standards;

② Revision and supplementation of accreditation standards;

③ Education and communication related with accreditation standards;

④ Education for fostering of accreditation experts

⑤ Other matters recognized as necessary by the Chairperson for the development of ABBME.

**Article 4 (Meetings)** ① The Chairperson shall call and preside over meetings of the Committee. The secretary may preside over meetings in the Chairperson's absence.

② The Committee has quorum with attendance by at least half of its members, and resolves with a simple majority of attending members. When the number of consenting votes is equal to that of dissenting votes, the Chairperson shall decide the outcome.

③ The Committee shall write meeting minutes and report it to its subsequent meeting.

④ Important recommendations shall be referred to the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Detail Implementation Rules of the Management Committee**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define detail matters regarding operation, etc. of the Management Committee ("Committee") pursuant to Article 7 (4) of the Rules of the Accreditation Board for Basic Medical Education ("ABBME") under the Korean Institute of Medical Education Evaluation ("KIMEE").

**Article 2 (Organization)** ① The Committee shall consist of around ten (10) members including the Chairperson.

② The Chairperson shall be appointed by the KIMEE President upon recommendation by the ABBME President among persons with accreditation experience.

③ Committee members shall be appointed by KIMEE President upon recommendation of the Steering Committee.

④ The term of the Chairperson and members shall be three (3) years with the possibility of serving consecutive terms.

⑤ The Committee may be assisted by a secretary to facilitate committee affairs.

**Article 3 (Committee Business)** The Committee shall perform the following business:

1. Evaluation of the Mid-term Evaluation Study Report; <amended Dec. 12, 2018>

② Evaluation of the Material Change Plan;

③ Evaluation of the Improvement Plan;

④ Other matters regarding accreditation quality control and maintenance.

**Article 4 (Meetings)** ① The Chairperson shall call and preside over meetings of the Committee. The secretary may preside over meetings in the Chairperson's absence.

② The Committee has quorum with attendance by at least half of its members, and resolves with a simple majority of attending members. When the number of consenting votes is equal to that of dissenting votes, the Chairperson shall decide the outcome.

③ The Committee shall write meeting minutes and report it to its subsequent meeting.

④ Important recommendations shall be referred to the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Detail Implementation Rules of the Accreditation Committee**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define detail matters regarding operation, etc. of the Accreditation Committee ("Committee") pursuant to Article 18 (5) of the Rules of the Accreditation Board for Basic Medical Education ("ABBME") under the Korean Institute of Medical Education Evaluation ("KIMEE").

**Article 2 (Organization)** ① The Committee shall consist of up to fifteen (15) members including the Chairperson.

② The Chairperson shall be the ABBME President.

③ Committee members consist of ex officio members, members recommended by related institutions and community representative.

1. Ex officio members include the ABBME President and the Chairpersons of the each expert committee. <revised Jun. 14, 2019>
2. Members recommended by related institutions include one (1) member recommended by the Korea Medical Association, two (2) members by the Korea Association of Medical Colleges and Medical Schools, one (1) member by the Korean Society of Medical Education, one (1) member by the Korean Council for University Education, one (1) member by the Korean Council on Medical Education, and one (1) member by an accreditation board of another field. <revised Jun. 14, 2019>
3. Community representatives shall be one (1) student representative and one (1) legal professional. Such members are appointed by KIMEE President based on the Executive Committee's recommendation. <revised Jun. 14, 2019>
4. The term of the members is three (3) years with the possibility of severing multiple terms. However, the term of the student representative is one (1) year. <newly inserted Jun. 14, 2019>

**Article 3 (Committee Business)** The Committee shall perform the following business:

1. Review of the relevant medical school’s self-evaluation study report and overall material related with the evaluation by the Site Survey Team
2. Determination of the type of certification, certification period and follow-up measures, etc. of the evaluated medical school

**Article 4 (Meetings)** ① The Chairperson shall call and preside over meetings of the Committee.

② The Committee has quorum with attendance by at least two-thirds of its members, and resolves with an affirmative vote from at least two-thirds of attending members. However, attendance or voting by proxy is not allowed.

③ The Committee shall write meeting minutes and report it to the KIMEE President.

④ Important recommendations shall be referred to KIMEE.

**Article 5 (Accreditation Procedures**) ① The Committee shall review the results of the document evaluation and the site survey provided by each survey team.

② The Committee shall hear the opinion of the relevant site survey team leader regarding the content reviewed.

③ The Committee shall determine the type of accreditation and accreditation duration based on what was reviewed under Paragraphs (1) and (2) above.

④ Accreditation shall be determined with a consenting vote of at least two-thirds of attending members, notwithstanding however, that committee members related to the college in question cannot be involved.

1. The Chairperson of the Committee shall report the accreditation results of the Committee to KIMEE.

**Article 6 (Written Pledge)** Members of the Committee must sufficiently study the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules of the Accreditation Committee” before signing the Letter of Pledge (Attached Form No. 3) and submit the signed Letter of Pledge to the Secretariat.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Addendum (June 14, 2019)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Detail Implementation Rules of the Reconsideration Evaluation Board**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define detail matters regarding operation, etc. of the Reconsideration Evaluation Board ("Board") pursuant to Article 20(4) of the Rules of the Accreditation Board for Basic Medical Education ("ABBME") under the Korean Institute of Medical Education Evaluation ("KIMEE"). <revised Feb. 5, 2020>

**Article 2 (Organization)** ① The Board shall consist of up to seven (7) members including the Chairperson. <revised Feb. 5, 2020>

1. The President is to appoint one of the directors as the Chairperson of the Board, and appoint committee members upon recommendation by the Chairperson among medical education experts or persons with accreditation experience. <revised Feb. 5, 2020>

③ A member who evaluated the medical school that applied for reconsideration ("applying medical school") cannot be a member of the Reconsideration Board.

④ The Reconsideration Evaluation Board must be operated temporarily until the reconsideration process of the applying medical school is completed. <revised Feb. 5, 2020>

**Article 3 (Board Business)** The Board shall perform the following business: <revised Feb. 5, 2020>

1. Determine validity of the appeal by the medical school applying for reconsideration
2. Determine validity of the accreditation decision
3. Write the reconsideration report

**Article 4 (Meetings)** ① The Chairperson shall call and preside over meetings of the Board. <revised Feb. 5, 2020>

② The Board shall decide through unanimous consensus of its members. <revised Feb. 5, 2020>

**Article 5 (Reconsideration Procedures**) ① The Board shall review the accreditation related material of the applying medical school and material on reasons for applying for reconsideration.

② The Board shall review all matters related with the evaluation by the Site Survey Team of the applying medical school and all matters related with the accreditation.

③ The Board may request for additional material to the applying medical school or may conduct an on-site survey.

④ The Board shall submit its reconsideration report to the President. <revised Feb. 5, 2020>

**Article 6 (Written Pledge)** Members of the Board must sufficiently study the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules of the Reconsideration Board” before signing the Letter of Pledge (Attached Form No. 4) and submit the signed Letter of Pledge to the Secretariat. <revised Feb. 5, 2020>

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of February 5, 2020.

**Detail Implementation Rules on Basic Medical Education Accreditation Ethics**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define matters regarding the code of ethics for those participating in the basic medical education accreditation process pursuant to Articles 34 and 35 of the Rules of ABBME. <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 2 (Basic Approach)** Site Survey 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 Survey Team members must conduct their evaluation work independently and must not be subject to unfair external pressure in any case.

**Article 4 (Confidentiality**) Site Survey 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 gain.

**Article 5 (Privacy Protection)** Site Survey Team members must take care not to infringe upon others' rights in the accreditation process and must protect privacy information etc. acquired during the accreditation process.

**Article 6 (Ban on Unjust Behavior)** Site Survey Team members must not engage in unjust behavior such as requests for favors or solicitation to those being surveyed during the accreditation process.

**Article 7 (Ban on Conflict of Interest)** ① Survey Team members must not participate in the accreditation process of medical schools with which he/she has the following relationships:

1. When the survey team member or his/her immediate family is or has recently been a student, professor, administrative staff, employee or agent of the medical school;

2. When the survey team member or his/her immediate family has a possibility of concluding a tentative agreement or contract with the medical school to be evaluated;

3. When the survey team member or his/her immediate family served in a position representing the medical school to be evaluated during the past 3 years.

② The Survey Team member must not provide advice related with accreditation to the medical school being evaluated other than advice requested by KIMEE.

**Article 8 (Ban on Bribery)** The Survey Team member must not receive any monetary compensation related with accreditation activity other than the allowance paid by KIMEE.

**Article 9 (Written Pledge)** Survey Team members must sufficiently study the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" before signing the Letter of Pledge (Attached Form No. 1) and submit the signed Letter of Pledge to the Secretariat. <revised Feb. 8, 2017, May 17, 2018>

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of January 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of February 8, 2017.

**Addendum (May 17, 2018)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.

**Detail Implementation Rules on Site Survey Observation**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define the procedure for site survey observation in accordance to Article 16 of the Rules of ABBME. <revised Jun. 29, 2016>

**Article 2 (Application to Observe)** Korean or overseas entities wishing to observe a site survey must request so in writing to the Secretariat at least one (1) month before the site survey.

**Article 3 (Consent to Observe)** When there is an application to observe a site survey, ABBME must review the appropriateness of observation background and purpose etc., and seek consent of the relevant medical school.

**Article 4 (Conducting Observation)** ① The observer must observe a medical school's survey within the scope of not interfering with the site survey team's work.

② Ethical guidelines identical for the Site Survey team member shall apply to the site survey observers. <revised Jun. 29, 2016>

**Article 5 (Written Pledge)** The observer must sufficiently study the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules on Site Survey Observation” before signing the Letter of Pledge (Attached Form No. 2) and submit the signed Letter of Pledge to the Secretariat. <newly inserted May 17, 2018>

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules are to take effect as of January 14, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules are to take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules are to take effect as of February 8, 2017.

**Addendum (May 17, 2018)**

**Article 1 (Enforcement Date)** These Detail Implementation Rules shall enter into force as of the date of resolution by the Steering Committee.**Detail Implementation Rules on Third Party Comments**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define the business procedure for when a third party comment regarding a medical school subject to accreditation is submitted according to Article 32 of the Rules of the ABBME. <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 2 (Submission)** ① Third party comments regarding a medical school subject to accreditation must be submitted in writing to ABBME.

② Anonymous comments or verbal comments will not be accepted. Personal complaints such as those regarding student admission, promotion, dismissal and discipline are not included in the scope of third party comments.

③ ABBME must 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 medical school, ABBME survey team members, staff or lawyer in charge etc. to conduct a thorough investigation of the presented comment.

**Article 3 (Examination)** ① ABBME must determine whether the presented third-party comment is true or not. When the submitted comment and material are insufficient to prove that the medical school's basic medical education program and education environment fail to satisfy accreditation standards, ABBME may suspend investigation at its discretion. <revised Jun. 29, 2016>

② If ABBME determines that the third party comment received is appropriate, it must notify the medical school's chief representative of the comment received, supporting evidence and questions to be answered by the medical school.

③ With regard to the notification in Paragraph (2) above, the chief representative of the medical school must submit a written response within thirty (30) days.

**Article 4 (Accreditation Action)** ① ABBME must review the third party comment and the response received from the medical school in question.

② The basic medical education program and education environment of the medical school in question is determined to have aspects that fail to satisfy accreditation standards, ABBME must decide accreditation action as well as follow-up measures, and notify the accreditation result to the chief representative of the medical school.

**Article 5 (Response)** ABBME must notify the third party who presented the comment whether the presented comment warrants examination.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of January 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of February 8, 2017.

**Detail Implementation Rules on Management of Accreditation Records**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define matters regarding the management of various material and records created in the process of basic medical education accreditation pursuant to Article 36 of the Rules of ABBME. <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 2 (Ban on Usage for Other Purposes)** All booklets, material and documents etc. created during the accreditation process such as reports and supplementary material submitted by the medical school, draft of evaluation results and the final evaluation report must be handled as confidential material and must not be used for purposes other than accreditation.

**Article 3 (Management of Material)** ① Survey team members must return all related material submitted by the medical school including self-evaluation study reports and student reports for accreditation ("school submitted material") to KIMEE after submission of the final evaluation report. <revised Dec. 12, 2018>

② Two (2) copies of school submitted material must be preserved for ten (10) years and all remaining copies must be destroyed.

③ Consent from the medical school is necessary when school submitted report is to be used for purposes other than accreditation.

④ The accreditation procedure must be recorded and kept for ten (10) years.

⑤ Material older than ten (10) years can be stored on electronic media.

**Article 4 (Material Destruction)** ① Confidentiality must be maintained when destroying accreditation related material.

② All documents, memos, letters etc that were personally written for accreditation activity by the survey team members that are not school submitted material must be kept for thirty (30) days following the final decision and then destroyed.

**Addendum**

**Article 1(Enforcement Date)** These detail implementation rules shall take effect as of January 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of February 8, 2017.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of resolution by the Steering Committee.

**Detail Implementation Rules on Changing Accreditation Standards**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define the procedure regarding change of accreditation standards pursuant to Article 37 of the Rules of ABBME. <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 2 (Change of Accreditation Standard)** ① ABBME must review and revise the accreditation standard every six (6) years. <revised Jun. 29, 2016>

② Even before regular review, when change of accreditation standards is found necessary within a scope that follows the basic principles of the accreditation standard, the accreditation standard may be changed through deliberation.

**Article 3 (Procedure and Method)** When change of accreditation standards is necessary, the Standards Committee must write the proposed revision of the accreditation standard after seeking advice from related institutions and collecting opinions through hearings, and submit the proposed revision to ABBME.

**Article 4 (Deliberation)** The Steering Committee of ABBME must deliberate the "proposed revision of the accreditation standard" and submit this to KIMEE.

**Article 5 (Resolution)** The proposed revision of the accreditation standard enters into force through resolution by the KIMEE Executive Committee, and becomes effective as of the date of the Executive Committee's approval.

**Article 6 (Public Announcement)** The revised accreditation standard must be publicly announced through means such as the KIMEE website, and may be notified to related institutions when necessary. <Jun. 29, 2016>

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of January 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of February 8, 2017.

**Detail Implementation Rules on Changing the Rules of ABBME**

**Article 1 (Purpose)** The purpose of these detail implementation rules is to define the procedure regarding change of the Rules of ABBME pursuant to Article 38 of the Rules of ABBME. <revised Jun. 29, 2016; Feb. 8, 2017>

**Article 2 (Change of Accreditation Standard)** ① ABBME must review and revise the Rules of ABBME every six (6) years. <revised Jun. 29, 2016>

② Even before regular review, when change of the Rules of ABBME is found necessary within a scope that follows the basic principles of the Rules of ABBME, the Rules of ABBME may be changed through deliberation. <revised Feb. 8, 2017>

**Article 3 (Procedure and Method)** When change of the Rules of ABBME is necessary, the System Committee must write the proposed revision of the Rule of ABBME after seeking advice from related institutions and collecting opinions through hearings, and submit the proposed revision of the Rules of the ABBME to ABBME. <revised Feb. 8, 2017>

**Article 4 (Deliberation)** The Steering Committee of ABBME must deliberate the "proposed revision of the Rules of ABBME" and submit this to KIMEE.<revised Feb. 8, 2017>

**Article 5 (Resolution)** The proposed revision of the Rules of ABBME enters into force through resolution by the KIMEE Executive Committee, and becomes effective as of the date of the Executive Committee's approval unless a separate effective date is designated. <revised Jun. 29, 2016, Feb. 8, 2017>

**Article 6 (Public Announcement)** The revised Rules of ABBME must be publicly announced through means such as the KIMEE website, and may be notified to related institutions such as medical schools when necessary. <revised Jun. 29, 2016, Feb. 8, 2017>

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of January 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These detail implementation rules shall take effect as of February 8, 2017.

[Attached Form 1]

|  |
| --- |
| **Letter of Pledge**As a member of the Basic Medical Education Accreditation Survey Team, I have read and sufficiently understood the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics." I pledge to adhere to these detail implementation rules while acting as a Survey Team member. In addition, I will never disclose in any form information acquired related with basic 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:  |

[Attached Form 2]

|  |
| --- |
| **Letter of Pledge**As an observer of basic medical education accreditation, I have read and sufficiently understood the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules on Site Survey Observation.” I pledge to adhere to these detail implementation rules while acting as an observer. In addition, I will never disclose in any form information acquired related with basic 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:  |

[Attached Form 3]

|  |
| --- |
| **Letter of Pledge**As a member of the Basic Medical Education Accreditation Committee, I have read and sufficiently understood the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules on the Accreditation Committee.” I pledge to adhere to these detail implementation rules while acting as a member of the Accreditation Committee. In addition, I will never disclose in any form information acquired related with basic 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:  |

[Attached Form 4] <revised Feb. 5, 2020>

|  |
| --- |
| **Letter of Pledge**As a member of the Basic Medical Education Reconsideration Evaluation Board, I have read and sufficiently understood the "Detail Implementation Rules on Basic Medical Education Accreditation Ethics" and the “Detail Implementation Rules on the Reconsideration Evaluation Board.” I pledge to adhere to these detail implementation rules while acting as a member of the Reconsideration Evaluation Board. In addition, I will never disclose in any form information acquired related with basic 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:  |

**ABBME Guidelines**

**Guidelines on Writing Self-Evaluation Study Report**

**Article 1 (Purpose)** The purpose of these guidelines is to determine procedures regarding writing of the self-evaluation study report pursuant to Article 13(1) of the Rules of the ABBME.

**Article 2 (Definition)** The Self-Evaluation Study Report submitted to KIMEE is a result of self-evaluation that the medical school conducts based on the Standards for Accreditation provided by ABBME in order to get accreditation.

**Article 3 (Writing and Submission of Report)** ① The self-evaluation study report should describe in detail the current status and performance, change and improvements to the basic medical education program and education environment that occurred at the medical school during the recent two (2) years, notwithstanding however, that in the case of re-evaluation due to a deferment of the non-accreditation, all improvements prior to the submission of the report may be included. <revised Jun. 14, 2019; Feb. 5, 2020>

② The medical school shall submit the self-evaluation study report by specified time period.

**Article 4 (Description of Report Content)** The self-evaluation study report shall be written according to the guide of self-evaluation study report in the order of preface, Chapter 1 Introduction, Chapter 2 Current Status of Medical School, Chapter 3 Self-Evaluation Study Result, Chapter 4 Synthesis and Discussion, and attachments, as described below.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Addendum (June 14 , 2019)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of February 5, 2020.

**Guidelines on Writing Student Report**

**Article 1 (Purpose)** The purpose of these guidelines is to define general matters regarding the writing of student reports pursuant to Article 13(2) of the Rules of ABBME. <revised Jun. 29, 2016>

**Article 2 (Significance)** The significance of the writing the student report in the context if basic medical education accreditation is as follows:

① Contribute to basic medical education quality improvement and medical school development;

② Implement 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 document evaluation and site survey.

**Article 3 (Content)** The student report shall include the following content:

① Basic student information;

② Curriculum;

③ Extracurricular activities;

④ Career and counseling;

⑤ Welfare and facility: learning and living environments;

⑥ Degree of participation in academic operation, etc.

**Article 4 (Procedure)** ① When applying for accreditation, the medical school must request a student representative to write a student report.

② The medical school 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 After writing student report, the student representative must submit the student report directly to ABBME through on-line channels before submitting it to the medical school.

④ The medical school must produce the student report submitted by the student representative into a separate booklet and submit it to ABBME together with its self-evaluation study report. <revised Dec.12, 2018>

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from April 16, 2012.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from June 29, 2016.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Guidelines on Writing the Mid-term Evaluation Study Report**

**Article 1 (Purpose)** The purpose of these guidelines is to determine procedures regarding writing of the mid-term evaluation study report pursuant to Article 26 of the Rules of the ABBME. <revised Jun. 29, 2016, Dec. 12, 2018>

**Article 2 (Definition)** The mid-term evaluation study report is a self-evaluation study report submitted to receive evaluation on whether an accredited medical school is appropriately maintaining its accreditation. <revised Jun. 29, 2016, Dec. 12, 2018>

**Article 3 (Writing and Submission of Report)** ① The mid-term evaluation study report should describe in detail the current status and performance, change and improvements to the basic medical education program and education environment that occurred at the medical school during the recent two (2) years since accreditation or confirmation of accreditation maintenance. (e.g. A medical school that received accreditation or maintenance of accreditation in 2015 must write a mid-term evaluation study report based on materials from the recent two (2) years (March 1, 2015 to Feb. 28, 2017) <revised Feb. 8, 2017, Dec. 12, 2018>

② The medical school shall submit the mid-term evaluation study report by end of August. <revised Dec. 12, 2018>

**Article 4 (Description of Report Content)** The mid-term evaluation study report shall be written according to the self-evaluation study report format in the order of preface, Chapter 1 Introduction, Chapter 2 Current Status of Medical School, Chapter 3 Mid-term Evaluation Study Result, Chapter 4 Synthesis and Discussion, and attachments, as described below. <revised Dec. 12, 2018>

**1. Preface:** including the statement that the mid-term evaluation study report has been written based on facts. <revised Feb. 8, 2017, Dec. 12, 2018>

**2. Chapter 1 Introduction:** briefly describe the composition of and division of roles among standing self-evaluation organizations including the self-evaluation planning committee and the self-evaluation study committee; preparation and planning of the mid-term evaluation; collection of material; performance of the evaluation; and the process of writing the mid-term study evaluation report, etc. <revised Dec. 12, 2018>

**3. Chapter 2 Current Status of Medical School:** Briefly describe changes in the recent two (2) years such as administrative organization and organization chart, history, student, faculty and staff, major facilities and equipment and budgets, etc. Also prepare a comparison table to help understand changes and current status of major items. <revised Feb. 8, 2017>

**4. Chapter 3 Mid-term Evaluation Study Results:** Write according to each evaluation item in the same manner as a self-evaluation study report. Also, include specific results and changes during the recent two (2) years so that satisfaction of each standard may be determined with a document evaluation alone. Descriptions in this Chapter shall be according to the following standards: <revised Feb. 8, 2017, Dec. 12, 2018>

A. For each item under the accreditation standard, describe the actual performance, changes, results of quality control efforts, and whether standard is satisfied. Even for items with no material change or only minor changes during the recent two (2) years, describe the performance and current status in detail and describe whether the standard is satisfied or not. <revised Feb. 8, 2017>

B. When there are achievements or material changes pursued according to the medical school's own development plan, describe improvements, changes and results in detail under the relevant item. <revised Feb. 8, 2017>

C. Regarding items included in the improvement plan, describe in detail the improvement process, results and effectiveness by comparing it with the already submitted improvement plan. <revised Feb. 8, 2017>

**5. Chapter 4 Synthesis and Discussion:** Synthesize the mid-term evaluation results for each standard area, and describe the conclusion.

**6. Attachment:** Provide materials necessary in determining whether each item under the accreditation standard has been satisfied but not presented in Chapter 3. <revised Feb. 8, 2017>

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from Jan. 23, 2014.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from June 29, 2016.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from Feb. 8, 2012.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Guidelines on Writing Material Change Reports**

**Article 1 (Purpose)** The purpose of these guidelines is to define the procedure for writing a Material Change Reports pursuant to Article 26 of the Rules of ABBME. <revised Jun. 29, 2016>

**Article 2 (Definition)** Material Change that impacts basic medical education includes the following:

1. Change of major teaching hospital

2. Relocation or splitting of campus

3. Change of ownership

4. Increase by 10% or more than the current admission size or total number of enrolled students <newly inserted December 14, 2017>

5. Other cases recognized as potentially impacting the basic medical education program significantly. <Jun. 29, 2016>

**Article 3 (Writing the Material Change Report)** ① A Material Change must be written in the order of Chapter 1 General Overview, Chapter 2 Description of Change by Items under the Accreditation Standard and Chapter 3 Summary.

② General Overview must include the following:

1. Type of change

2. Background of change

3. Detail content of change

4. Overview of change to curriculum due to change and impact to education

5. Future implementation plan according to change (including administrative and financial plans)

③ "Description of Change by Items under the Accreditation Standard" must include content indicated in the "Descriptions for Each Type of Material Change [Table 1]". The anticipated results compared to the situation at the time of accreditation must be described in detail for each item.

**Article 4 (Procedure)** ① When material change as defined under Article 2 is anticipated, the medical school must submit a Material Change Report to ABBME at least one (1) month before the start of change.

② When the medical school fails to submit a material change report within the deadline, or when the document evaluation determines that the change negatively affects basic medical education, ABBME may take the following follow-up measures:

1. Demand submission or supplementation of the Material Change Report (within one month)

2. Conduct site survey (within three months)

3. Change accreditation duration

4. Change accreditation type

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from Jan. 24, 2011.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from Jan. 23, 2014.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect from June 29, 2016.

**Addendum (December 14, 2017)**

**Article 1 (Enforcement Date)** These guidelines shall enter into force as of the date of resolution by the Steering Committee.

**Addendum (July 12, 2018)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Addendum (December 12, 2018)**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of resolution by the Steering Committee.

**Addendum**

**Article 1 (Enforcement Date)** These guidelines shall take effect as of February 5, 2020.

[Table 1] Descriptions for Each Type of Material Change <revised Feb. 5, 2020>

A. Standards for Accreditation(Post-2nd cycle)

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Sub-Area | Standard | Type of Major Change |
| Change of Major Teaching Hospital | Relocation or Division of Campus | Change of Ownership | 10% or more Increase vs. Admission Size or Total Enrolled Students |
| 1. Medical School Operation System | 1-1 Founding of Medical School | 1-1-1 |  |  | o |  |
| 1-1-2 | o | o | o |  |
| 1-1-3 |  |  |  |  |
| 1-2 Administration and Operation System | 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 Medical School Financing | 1-3-1 |  |  | o |  |
| 1-3-2 |  |  | o | o |
| 1-3-3 |  |  | o |  |
| 1-4 Medical School Development Plan | 1-4-1 |  |  | o |  |
| 1-4-2 |  |  | o |  |
| 1-4-3 |  |  |  |  |
| 1-5 Improvement Effort | 1-5-1 |  |  |  |  |
| 1-5-2 |  |  |  |  |
| 1-5-3 |  |  |  |  |
| 2. Basic Medical Sciences Curriculum | 2-1 Overview of Curriculum | 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 | o |
| 2-3 Curriculum Composition and Operation | 2-3-1 |  |  |  |  |
| 2-3-2 |  |  |  |  |
| 2-3-3 |  |  |  |  |
| 2-3-4 |  |  |  |  |
| 2-3-5 |  |  |  |  |
| 2-3-6 |  |  |  |  |
| 2-3-7 |  |  |  |  |
| 2-3-8 |  |  |  |  |
| 2-3-9 |  |  |  |  |
| 2-3-10 |  |  |  |  |
| 2-3-11 |  |  |  |  |
| 2-3-12 | o |  |  | o |
| 2-3-13 |  |  |  |  |
| 2-3-14 | o |  |  |  |
| 2-3-15 |  |  |  |  |
| 2-3-16 |  |  |  |  |
| 2-4 Academic Achievement Assessment | 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. Student | 3-1 Admissions Policy and Selection 　 | 3-1-1 |  |  | o |  |
| 3-1-2 |  |  |  |  |
| 3-1-3 |  |  |  |  |
| 3-1-4 |  |  |  |  |
| 3-2 Student Guidance System | 3-2-1 |  |  |  | o |
| 3-2-2 |  |  |  | o |
| 3-2-3 |  |  |  |  |
| 3-2-4 |  |  |  | o |
| 3-2-5 |  |  |  | o |
| 3-2-6 |  |  |  |  |
| 3-3 Student Welfare and Safety | 3-3-1 |  |  | o | o |
| 3-3-2 |  |  | o | o |
| 3-3-3 | o | o | o | o |
| 3-3-4 |  |  |  |  |
| 3-3-5 |  |  |  |  |
| 3-3-6 |  |  |  |  |
| 3-3-7 |  |  |  | o |
| 3-4 Post-graduate Career | 3-4-1 |  |  |  |  |
| 3-4-2 |  |  |  |  |
| 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 Work | 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. Facility/Equipment | 5-1 Education Facility/Equipment | 5-1-1 | o | o | o | o |
| 5-1-2 | o | o | o | o |
| 5-1-3 |  | o | o | o |
| 5-1-4 |  |  | o |  |
| 5-1-5 | o |  | o | o |
| 5-1-6 | o | o | o | o |
| 5-1-7 |  | o | o |  |
| 5-2 Research Facility/Equipment | 5-2-1 | o | o | o |  |
| 5-2-2 | o | o | o |  |
| 6. Post-graduate Education | 6-1 Graduate School Education | 6-1-1 |  |  |  |  |
| 6-1-2 |  |  |  |  |
| 6-1-3 |  |  |  |  |
| Total | 12 | 13 | 37 | 16 |

B. The new Standards for Accreditation(ASK2019)

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Sub-Area | Standard | Type of Major Change |
| Change of Major Teaching Hospital | Relocation or Division of Campus | Change of Ownership | 10% or more Increase vs. Admission Size or Total Enrolled Students |
| 1. Mission And Outcomes | 1.1 Mission | K.1.1.1 |  |  | o |  |
| K.1.1.2 |  |  | o |  |
| K.1.1.3 |  |  | o |  |
| 1.2 Institutional Autonomy and Academic Freedom | K.1.2.1 | o | o | o |  |
| 1.3. Educational Outcomes | K.1.3.1 |  |  | o |  |
| K.1.3.2 |  |  |  |  |
| K.1.3.3 |  |  |  |  |
| 1.4. Participation In Formulation Of Mission and Outcomes | K.1.4.1 |  |  | o |  |
| 2. Curriculum | 2.1. Curriculum | K.2.1.1 |  |  |  |  |
| K.2.1.2 |  |  |  |  |
| K.2.1.3 |  |  | o | o |
| 2.2. Scientific Method | K.2.2.1 |  |  |  |  |
| K.2.2.2 |  |  |  |  |
| K.2.2.3 |  |  |  |  |
| 2.3. Basic Medical Sciences | K.2.3.1 |  |  |  |  |
| K.2.3.2 |  |  |  |  |
| 2.4. Medical Humanities | K.2.4.1 |  |  |  |  |
| 2.5. Clinical Sciences and Skills | K.2.5.1 | o |  |  | o |
| K.2.5.2 |  |  |  | o |
| K.2.5.3 |  |  |  |  |
| K.2.5.4 |  |  |  |  |
| 2.6. Program Structure, Composition and Duration | K.2.6.1 |  |  |  |  |
| K.2.6.2 |  |  |  |  |
| 2.7. Curriculum Management | K.2.7.1 |  |  |  |  |
| K.2.7.2 |  |  |  |  |
| 2.8. Linkage with Medical Practice and the Health Sector | K.2.8.1 |  |  |  |  |
| 3. Student Assessment | 3.1. Assessment Methods | K.3.1.1 |  |  |  |  |
| K.3.1.2 |  |  |  |  |
| K.3.1.3 |  |  |  |  |
| K.3.1.4 |  |  |  |  |
| 3.2. Relation between Assessment and Learning | K.3.2.1 |  |  |  |  |
| K.3.2.2 |  |  |  |  |
| K.3.2.3 |  |  |  |  |
| K.3.2.4 |  |  |  |  |
| 4. Student | 4.1. Admission Policy and Selection  | K.4.1.1 |  |  | o |  |
| 4.2. Student Intake | K.4.2.1 |  |  | o |  |
| 4.3. Student Counseling and Support | K.4.3.1 |  |  |  | o |
| K.4.3.2 |  |  |  | o |
| K.4.3.3 |  |  |  | o |
| K.4.3.4 | o | o | o | o |
| K.4.3.5 | o | o | o | o |
| K.4.3.6 |  |  |  |  |
| 4.4. Student Representation | K.4.4.1 |  |  |  |  |
| K.4.4.2 |  |  | o | o |
| 5. Faculty | 5.1. Recruitment and Selection Policy | K.5.1.1 |  | o | o |  |
| K.5.1.2 |  |  | o |  |
| K.5.1.3 |  |  | o |  |
| K.5.1.4 | o |  | o |  |
| K.5.1.5 |  |  |  |  |
| K.5.1.6 |  |  |  |  |
| 5.2. Faculty Activity and Development | K.5.2.1 |  |  |  |  |
| K.5.2.2 |  |  | o |  |
| K.5.2.3 |  |  | o |  |
| K.5.2.4 |  |  | o |  |
| K.5.2.5 |  |  |  |  |
| K.5.2.6 |  |  | o |  |
| 6. Education Resources | 6.1 Physical Facilities | K.6.1.1 | o | o | o | o |
| K.6.1.2 | o | o | o | o |
| K.6.1.3 |  | o | o | o |
| K.6.1.4 | o | o | o | o |
| K.6.1.5 |  |  | o | o |
| K.6.1.6 | o | o | o |  |
| K.6.1.7 |  | o |  |  |
| K.6.1.8 | o | o |  |  |
| 6.2. Clinical Training Resources | K.6.2.1 | o |  |  |  |
| K.6.2.2 | o |  |  |  |
| K.6.2.3 | o |  |  |  |
| 6.3. Information Technology | K.6.3.1 |  | o |  |  |
| 6.4. Medical Research and Fostering Medical Scientists | K.6.4.1 |  |  |  |  |
| K.6.4.2 |  |  |  |  |
| K.6.4.3 |  |  |  |  |
| 6.5. Educational Expertise | K.6.5.1 |  |  |  |  |
| K.6.5.2 |  |  |  |  |
| 6.6. Educational Exchanges | K.6.6.1 |  |  |  |  |
| 7. Education Evaluation | 7.1. Mechanisms for Education Monitoring and Evaluation | K.7.1.1 |  |  |  |  |
| K.7.1.2 |  |  |  |  |
| K.7.1.3 |  |  |  |  |
| 7.2. Teacher and Student Feedback | K.7.2.1 |  |  |  |  |
| 7.3. Performance of Students and Graduates | K.7.3.1 |  |  |  |  |
| 7.4. Involvement of Stakeholders | K.7.4.1 |  |  |  |  |
| 8. Operation System And Administration | 8.1. Operation System | K.8.1.1 |  | o | o |  |
| K.8.1.2 |  |  | o |  |
| K.8.1.3 |  | o | o |  |
| K.8.1.4 | o | o |  |  |
| 8.2. Academic Leadership | K.8.2.1 |  | o | o |  |
| 8.3. Educational Budget and Resource Allocation | K.8.3.1 |  |  | o |  |
| K.8.3.2 |  |  | o | o |
| 8.4. Administrative Staff and Management  | K.8.4.1 |  | o | o |  |
| 8.5. Interaction with Health Sector | K.8.5.1 |  |  |  |  |
| 9. Continuous Improvement | 9.0. Continuous Improvement | K.9.0.1 |  |  | o |  |
| K.9.0.1 |  |  | o |  |
| K.9.0.1 |  |  |  |  |
| Total | 14 | 17 | 35 | 15 |