

VI International Conference on Medical Education of AMFEM
Round Table: June 14, 2018 11.30 a.m-13.30 p.m



***Characteristics of International
Accreditation Agencies:
Coincidences & Discrepancies***
“S. Korean Perspectives”

**Ducksun AHN, M.D.,FRCSC
M.A.(Art), M.A.(Bioethics), Pg.Dip.(Med.Ed)
Korea University Medical College**

SK Medical Education: Status Quo

- 50 million population
- 31 private & 10 public schools
- 2018: closure of 1 private school
- 3050 students/year
- Dual entry system
 - 6-yr High school leaver
 - 4-yr Bachelors

1985 Observation on ME in Asia

Patrick A. Ongley, Yonsei Medical Journal 1985

- **Singapore, Hong Kong, Malaysia**
 - **Very able faculty**
- **South Korea, Taiwan**
 - **Less competent faculty members in relation to teaching, service and research**
- **Japan**
 - **Not included in evaluation**

Growth of SK Medical Schools

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

A case of quantity over quality – why?

- **Government emphasis on medical education accessibility**
- **Schools recruit before being accredited – or even built!**
- **Result: abundant but low quality medical education**

- **1996: Ministry of Education leads compulsory medical school evaluation by Korean Council of Univ. Education**
- **Problems:**
 - **Institutional evaluation**
 - **Medical schools evaluated all at once**
 - **Assessors from other academic fields**
 - **Only for assessing relative excellences**
 - **Not well suited for medical education**
- **Momentum for founding Accreditation Board (ABMEK) 1997**

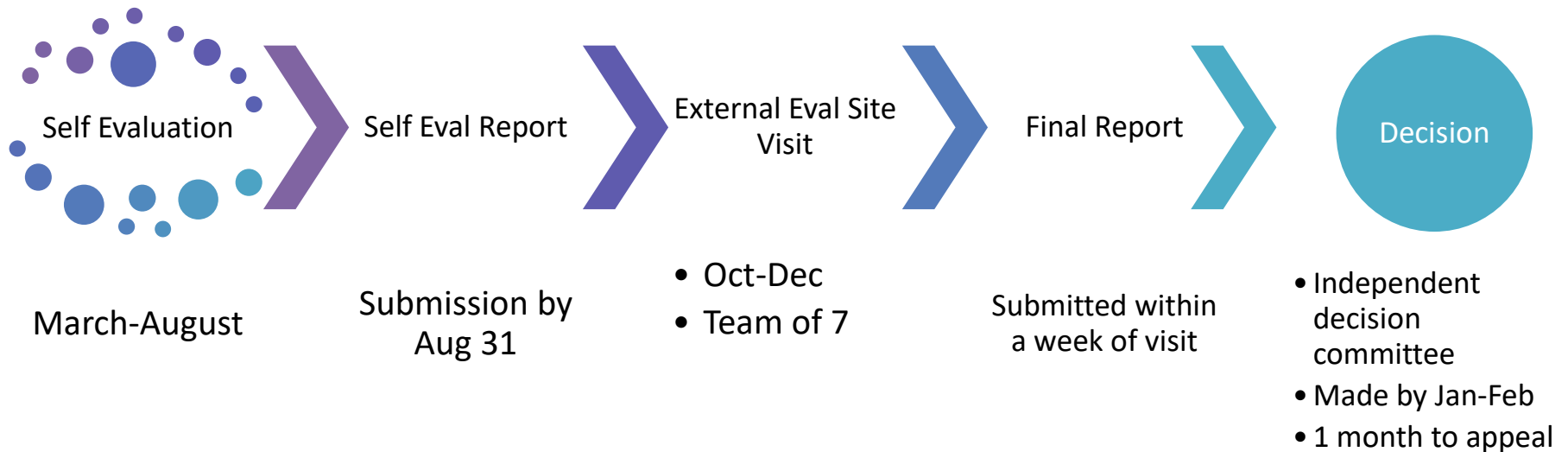
History of BME Accreditation in Korea

- 1999: Pilot Evaluation of 10 New Medical Schools
- 2000: The 1st phase of the Accreditation Process begins
- 2004: ABMEK becomes Korean Institute of Medical Education and Evaluation (KIMEE)
- 2004: KIMEE is registered under MOH
- 2014: KIMEE officially certified by MOE
- 2016: KIMEE officially recognized by WFME

BME Accreditation in Korea

	2000-2006	2007-2011	2012-2018
Standards	50	75	97
Site visit	2 days	3 days	4 days
Accreditation Term	4 yr Full/Conditional	3 yr, 5yr Condition+/-	4 yr, 6yr Condition+/-
Orientation	Input driven	Process driven	Introducing CQI & OBE

KIMEE Accreditation Roadmap



KIMEE Site Visit Process

Team Evaluation (all 7)

- School management, Curriculum, Students

Individual – based on Expertise/Interest

- Faculties, Facilities, Graduate study

Small Group (2-3)

- Teaching hospitals

Sunday p.m.: Pre-visit
meeting



Mon-Wed: Evaluation



Thurs: Conclusion,
meeting with faculty

Evaluation of Impact of Accreditation

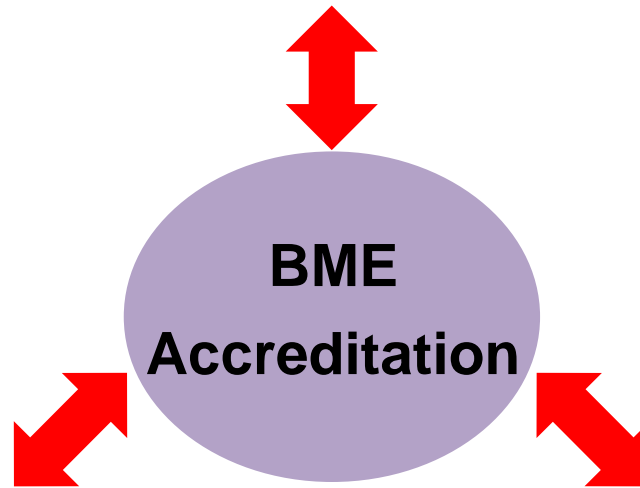
Meta-Evaluation

BME

Accreditation

**Accreditor
Internal Review
KIMEE**

**Medical school review
Korean Association of
Medical Colleges**



1st 2007-2011

5 Criteria 56 Indicators

- Purpose - Relevance 14
- Execution - Feasibility 20
- Information - Accuracy 4
- Report - Faithfulness 5
- Education - Orientedness 13

2nd 2012-2015

6 Criteria 58 Indicators

- Purpose - Relevance 8
- Execution - Feasibility 15
- Information - Accuracy 3
- Report - Faithfulness 3
- Education - Orientedness 11
- **CQI & OBE** 18

TFT for Meta-Evaluation: External education experts & psychometrician

In depth Interviews & Questionnaire Survey

Self-study groups

Site visitors

Non-participating faculty

Meta-Evaluation Summary 2007-2011

- Accreditation has been fairly well conducted
- Overall the accreditation was successful
- Accreditation did not enhance the value of education
- Accreditation interval is too short (3-5yr)
- Need to focus on CQI

Standards: 1-5 Quality Improvement Efforts

- 1-5-1 : Who holds jurisdiction over the CQI organization?
- 1-5-2 : Does the institution's accreditation result reflect its CQI efforts?

Rule of Procedure

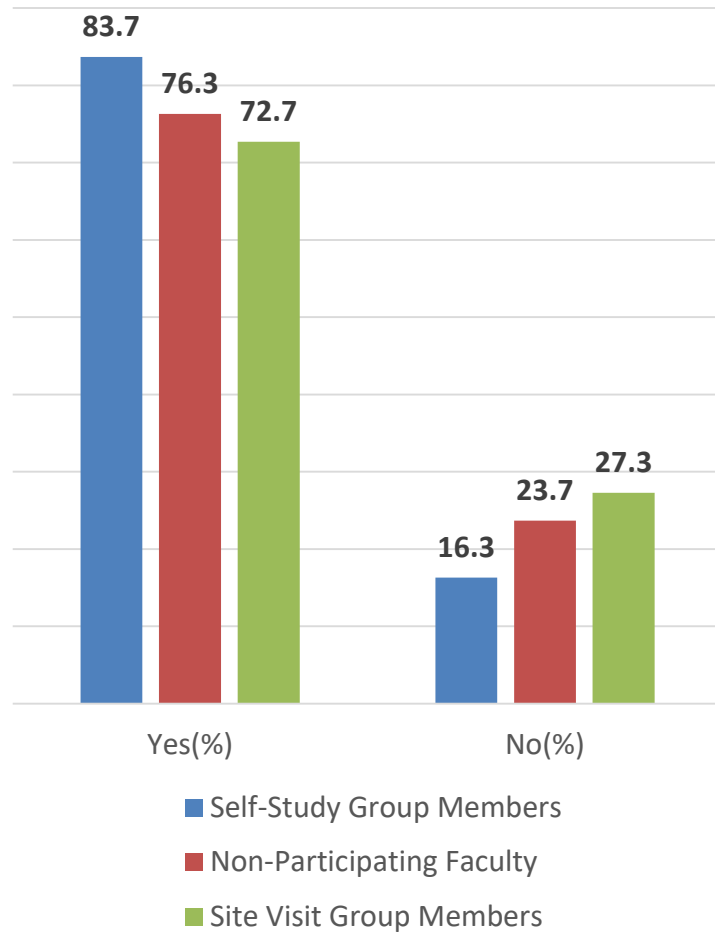
- Mandatory progress report every 2 years, including improvement results

Meta-Evaluation: 2012-2015

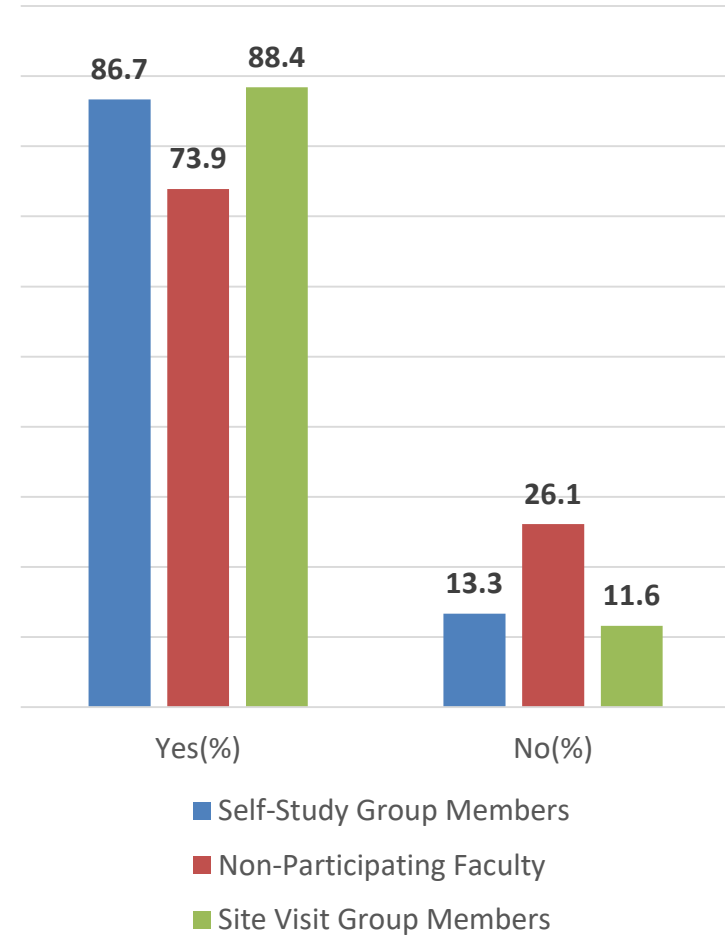
- CQI organization within medical school: 31/39
- CQI organization with policy: 25/39
- CQI organization members: 19.7 (7-42)
- CQI organization meetings: 6 time/year (2-11)

Meta-Evaluation Results

Standing operation of a CQI organization



Improvement made by a CQI organization



Comparison of the Accreditation Systems in the United States and South Korea



Barbara Barzansky, Dan Hunt, Ducksun Ahn: AMEE Symposium 2015

	UNITED STATES (LCME) Liaison Committee on Medical Education (LCME)	SOUTH KOREA (KIMEE) Korean Institute of Medical Education and Evaluation (KIMEE)
Year Founded	1942	1997
Number of Medical Schools in Country	186	41- one school closed
Number of Accredited Medical Schools 2018	151	40
Government or Private (NGO)	Private	Private
Accreditation Required or Voluntary	Required for licensure and entry to postgraduate training	As of 2017, required for licensure
Number of Accreditation Standards	12 (93 elements)	92 Basic +51 QD 2018: WFME

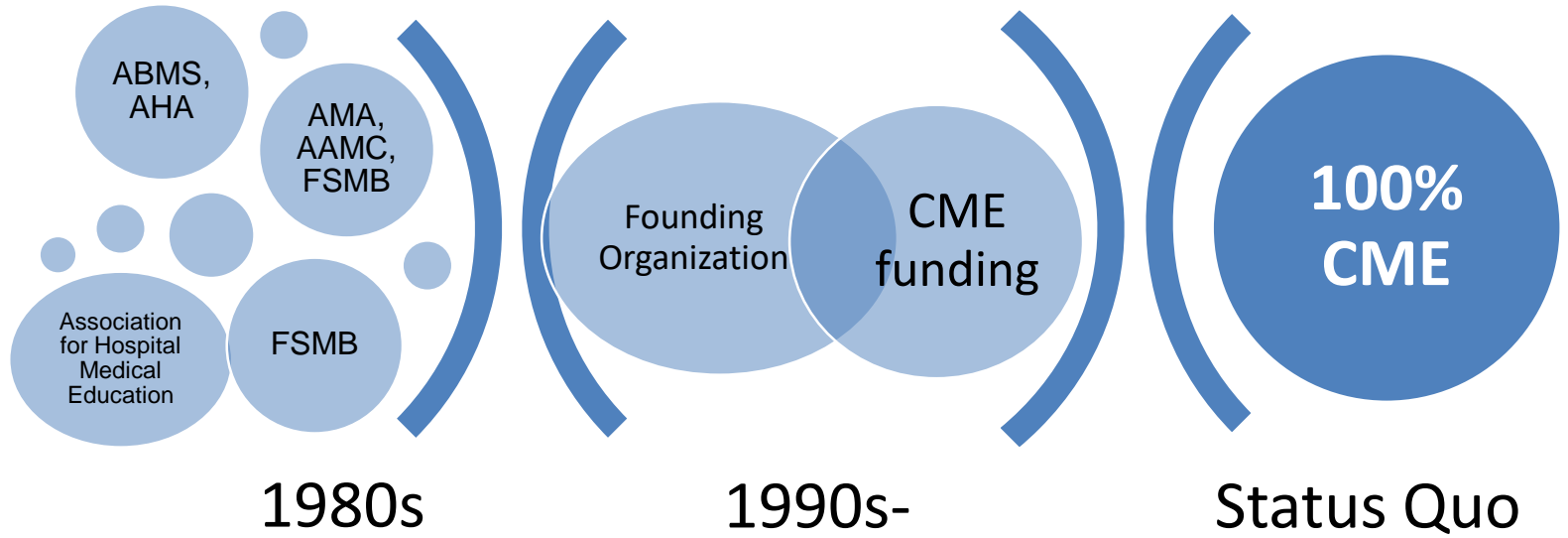
	LCME	KIMEE
Decision-making Committee size	19	13
Number of Agency Staff	4 full-time professional (doctoral); 6 full-time support staff; 3 part-time professional staff	6 <i>pro-bono</i> executive members (medical school professors); 2 full-time support staff; as needed part-time staff
Sources of Funding for Agency	Sponsoring organizations (AMA and AAMC), Expense recovery from schools for specific visits	Dues, KMA, KHA, MOE, workshops/conferences
CQI Requirement	Required for all schools as of 2015	Required of all schools as of 2012
Source of Oversight	Voluntary recognition by the US Department of Education and WFME	Ministry of Education

Sources of Accreditation Agency Authority

	Benefits	Challenges
Government Agency	Direct authority to require accreditation	Potential conflicts of interest
		Constraints in decision-making
Private Sector Agency	Free to develop own standards	No authority to require accreditation
		Sustainable funding for agency uncertain

- Resources include:
 - Finances
 - Staff
 - “Volunteers” (surveyors, committee members)
 - Facilities (office space, meeting space)
 - Infrastructure, such as information technology
- Resources must be sustainable and available to cover the full range of activities of the agency
- Planning for accreditation system change must take into account the available resources

Funding for KIMEE



ACCME

KIMEE



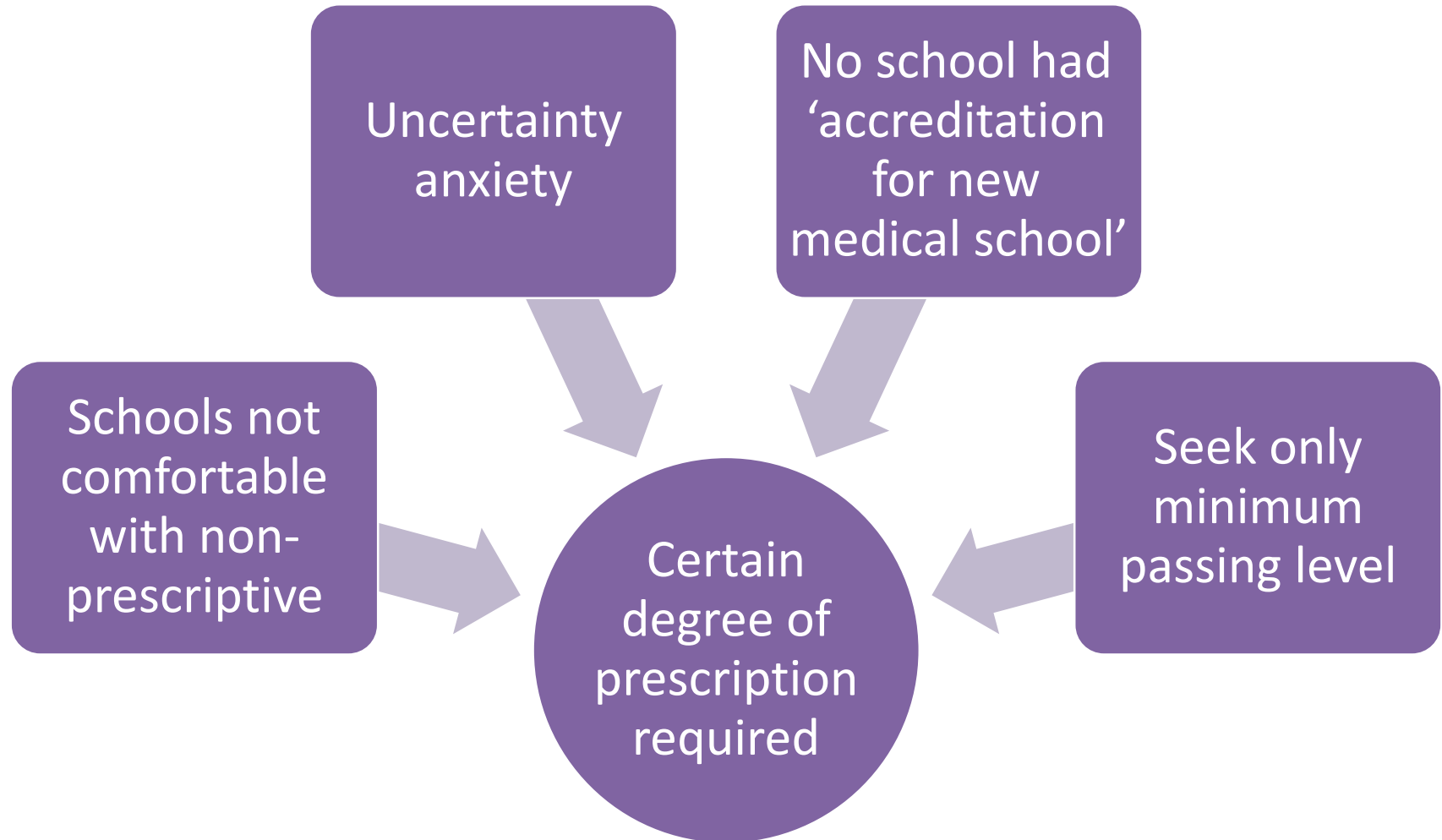
~2013

Goal

Preparation of Reviewers and Decision-Makers

- Training methods
 - In-person allows more interaction/problem-solving, but is more time-consuming and costly
 - Webinars/teleconferences are efficient but less opportunity for interaction
 - Detailed documents/website are critical
- Types of Standards
 - Quantitative standards easier to interpret once benchmarks have been set but lead to standardization across schools
 - Qualitative standards allow differences across schools; reviewers need to be trained to apply standards to a specific school

Prescriptive vs Non-prescriptive Standards



A watercolor-style background featuring a large, soft blue cloud in the upper half and a vibrant green field in the lower half, separated by a white horizon line. The overall style is artistic and gentle.

Thank You

dsahn@korea.ac.kr

*“Quality Assurance in Medical Education
in the 21st Century”*

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