



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF THE SECRETARY

MAY 6 2002

Mr. Richard Bush
Chairman and Managing Director
American Institute in Taiwan
1700 North Moore Street, #1700
Arlington, VA 22209

Dear Mr. Bush:

I am enclosing a letter from Secretary Rod Paige to the Chairman of the Taiwan Medical Accreditation Council. I would appreciate your forwarding the Secretary's letter to the Chairman at the following address:

Dr. Kun-Yen Huang
Chairman
Taiwan Medical Accreditation Council
National Health Research Institutes
3F, 109, Min-Chuan E. Road, Sec. 6
Taipei 114
Taiwan, R.O.C.

If you have any questions or need further information, please contact Robert Scott of my staff, at (202) 401-3067. Thank you for your assistance in this matter.

Sincerely,

Philip S. Link
Director, Executive Secretariat

Enclosure

ROD PAIGE

MAY 6 2002

Dr. Kun-Yen Huang
Chairman
Taiwan Medical Accreditation Council
National Health Research Institutes
3F, 109, Min-Chuan E. Road, Sec. 6
Taipei 114
Taiwan, R.O.C.

Dear Dr. Huang:

At the March 1, 2002 meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA), the NCFMEA reviewed the information most recently provided by the Taiwan Medical Accreditation Council (TMAC) in order to reconsider the comparability of Taiwan's standards to the standards used to evaluate programs leading to the M.D. degree in the United States. The NCFMEA members wish to thank Dr. Monto Ho and you for attending the meeting to provide additional information regarding the status of medical accreditation activities in Taiwan.

Based on the most recent information and materials received from Taiwan, the NCFMEA determined that the current accreditation standards used by TMAC to evaluate medical schools in Taiwan are comparable to the standards used to evaluate programs leading to the M.D. degree in the United States (U.S.). This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting medical schools in Taiwan are still comparable to the accreditation standards applied to medical schools in the U.S. If so, its previous determination of comparability will be extended for another period.

In an effort to keep apprised of the accreditation activities of TMAC, the NCFMEA has requested that one or two of its members observe a TMAC accreditation review of one of Taiwan's medical schools. In addition, the NCFMEA has requested that TMAC submit a report on its accreditation activities for review at the September 2003 NCFMEA meeting. The purpose of the report is to provide the NCFMEA with a summary of accreditation activities, including the following information:

- *Overview of accreditation activities:* A summary of key activities by the TMAC during the period covering March 2002 - June 2003, such as accreditation reviews conducted, accreditation decisions reached, accreditation conferences or training sessions held.

- *Laws and Regulations:* An indication as to whether there were any changes during March 2002 – June 2003 in Taiwan's laws or regulations affecting the accreditation of your medical schools, and if so, what those changes were.
- *Standards, Processes and Procedures:* An indication as to whether there were any changes during March 2002 – June 2003 in the accreditation standards, processes or procedures that TMAC uses to evaluate and accredit medical schools, and if so, what those changes were.
- *Schedule of upcoming accreditation activities:* A listing of accreditation meetings and listing of on-site visits to medical schools and clinical clerkship sites planned for July 2003 – June 2004.

Please send the report by July 1, 2003, to the Executive Director of the NCFMEA at the address below:

Ms. Bonnie L. LeBold
Executive Director, NCFMEA
U.S. Department of Education
1990 K Street, NW – Room 7007
Washington, D.C. 20006-7563
U.S.A.

The Executive Director will contact you later this year to discuss arrangements for NCFMEA members to observe a TMAC accreditation review. In the interim, if you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or Bonnie.LeBold@ed.gov (e-mail).

As a result of the determination of continued comparability by the NCFMEA, any medical school in Taiwan that is accredited or approved by TMAC may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive FFEL loans to finance their medical education if they meet all other eligibility requirements. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team by calling (202) 377-3168 or by writing to the following address:

Foreign Schools Team
FSA/Schools Channel/CMO
U.S. Department of Education
Room 73C3
830 First St., NE
Washington, DC 20202-5340
U.S.A.

Page 3 – Dr. Kun-Yen Huang

Thank you very much for providing information regarding Taiwan's accreditation of its medical schools. The NCFMEA members and I appreciate your ongoing assistance in this matter.

Sincerely,

Rod Paige

U.S. Department of Education



**Staff Analysis
of the
Standards Used by**

Taiwan

For the Evaluation of Medical Schools

March 1, 2002

**U.S. Department of Education
Staff Analysis
of the Standards Used by**

**Taiwan
for the evaluation of Medical Schools**

Prepared February 2002

Background

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) made a determination that Taiwan's standards for the evaluation of its medical schools were not comparable to those used in the United States. This determination was based solely on the fact that Taiwan had not submitted sufficient information about its standards.

Taiwan subsequently submitted additional materials regarding its medical schools, and appeared before the NCFMEA again at its October 1998 meeting. Although Taiwan's Ministry of Education (MOE) did provide some information and documentation regarding the medical programs provided by the country's medical schools, it did not provide any information on the standards or processes it used to evaluate the medical schools.

There was evidence to suggest that students were receiving a quality education in medical colleges, and there was documentation to show that the Ministry had conducted at least one review of the medical schools and had made recommendations for improvement. However, the information was insufficient for the Committee to determine that Taiwan had an accreditation/approval process that was comparable to that used to accredit medical schools located in the United States.

According to documentation submitted by Taiwan in December 2001, NCFMEA's October 1998 decision marked "a very important turning point for medical education in Taiwan." As a result of the Committee's findings, a member of the delegation that had attended the NCFMEA meeting submitted a report on the Committee's decision and a proposal to completely overhaul the process of accrediting Taiwan's medical schools to MOE in November 1998. In December 1998 MOE called a meeting of the deans of all ten of the then existing medical schools to consider the proposal, which was accepted. (Note: There are now eleven medical schools in Taiwan.)

The recommended approach consisted of two phases. Phase 1 was a planning phase, during which an eleven-member Planning Committee was to be established, and was to

last approximately three months. Phase 2 was to be the implementation phase, to be continued indefinitely.

The Planning Committee was established in July 1999 and was tasked with formulating the structure of the new accrediting body, defining its function and its relationship to MOE, and establishing standards of accreditation. The Planning Committee completed its work in September 1999, and the entire plan for the new accreditation process was then reviewed and agreed upon by the Deans' Conference.

The Planning Committee called for the establishment of a new accrediting body, the Taiwan Medical Accreditation Council (TMAC), to function independently of MOE. TMAC's initial five-year budget was to be provided by MOE in the form of a contribution. The approval of this contribution took several months, so the establishment of TMAC was delayed until July 2000. Information about the newly established TMAC and its progress in evaluating medical schools in Taiwan is incorporated into the staff analysis that follows.

Introduction: A Brief History of Accreditation in Taiwan

Since 1975, MOE had been using separate accreditation systems for various schools and departments, which were conducted on an irregular basis. Article 4 of Taiwan's *University Law* stipulated that "the general direction and focus of development of each university may be decided by the individual institution according to the national requirements and the school's characteristics, pending approval and assessment by MOE." Article 2 of the *University Law Details for Implementation* specified that "the assessment of the general direction and focus of collegiate development by each university... shall be carried out by the accreditation council formed by the Ministry of Education." This emphasized the importance of MOE's collegiate accreditation tasks.

In 1997, MOE gathered professionals to discuss the work relating to the accreditation of colleges and universities in Taiwan. This led to a test program for the institutional accreditation of universities and the planning of programmatic accreditation of specific departments in the same academic year. At a time when calls for reform in the educational systems in Taiwan were already high, and "efforts to strengthen the assessment of collegiate education still in its infant stages" the 1998 NCFMEA criticism was taken as a crisis that could be "converted to a turning point."

As a result, MOE commissioned the non-profit National Health Research Institutes (NHRI) to develop a new medical accreditation system in 1999. The eleven-member Planning Committee operated under its aegis. TMAC was then established by NHRI upon the Planning Committee's recommendation. Concurring with the move, MOE decided that a similar accreditation system could likely be used for all universities and colleges in Taiwan. As a result, the work on medical education accreditation has been

used to initiate a review of the entire higher education system and bring it to an international level.

Summary of Findings

Based on information provided by Taiwan in written documents, Department staff concludes that the system being developed by Taiwan has some aspects that are comparable to the system used in the United States. However, the system also has some features that are different from those used in the U.S.

TMAC has developed a set of criteria for the evaluation of medical schools in Taiwan. Overall, the standards are rather general. However, many of the areas that would normally be addressed in detail in an agency's standards are subject to governmental regulation in Taiwan. The government has very specific requirements in many of these areas, and they are not subject to TMAC control.

TMAC has developed a review process based on the typical American model. Schools will prepare a self-study. A review team will be chosen from a site visitor pool and will review the self study, then conduct a typical onsite visit using a specified format and the agency's criteria. The team will then submit a report to TMAC for review and an accrediting decision. While the process is comparable to that used in the United States, there is a concern in that the agency has stated that conflict of interest will be an ongoing problem in choosing qualified onsite reviewers.

TMAC was developed under the authority of the Ministry of Education, through the non-profit commission, NHRI. It appears that TMAC in essence operates as the accrediting body for MOE, although it has been stated that the council is an independent agency and that MOE has not interfered in its operation. MOE was already conducting accreditation visits to schools prior to the formation of TMAC, but was not conducting these visits on a regular basis. One of the primary benefits of TMAC's establishment appears to be that medical school evaluation will now be conducted on a regularly scheduled rotation.

TMAC is still in its infancy. The council was developed in 1999 and began reviewing schools in 2000. During that time, three of the "better" schools in the Taipei area were targeted for the first round of evaluation. There are currently eleven medical schools in Taiwan, including one newly established school that has not yet graduated a class and is engaged in TMAC's pre-accreditation process, which involves yearly reviews until the time that the first class graduates. TMAC has not yet had time to evaluate all of the medical schools in Taiwan, including those that by its own estimation are not the "better" schools.

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines that it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. In general, these guidelines are similar to, and based upon, the standards used by the Liaison Committee on Medical Education (LCME) to accredit medical schools in the United States. The Committee wishes to make clear, however, that these are in fact guidelines and that a foreign country's standards and evaluation processes can differ substantially from these guidelines and the LCME standards and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes are effective alternatives to those used in the United States.

These guidelines were adopted by the National Committee on Foreign Medical Education and Accreditation at its September 15, 1999 meeting and became effective at the conclusion of that meeting.

PART I: The Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

MOE commissioned the non-profit National Health Research Institutes (NHRI) to establish an "independent and neutral accreditation committee" to plan and implement matters relating to the accreditation of medical education. As a result, NHRI established the Taiwan Medical Accreditation Council (TMAC) as the body responsible for medical education accreditation in Taiwan. Accrediting authority was officially conferred on TMAC by MOE, with agreement by the deans of Taiwan's medical schools, and took place on December 16, 1998. MOE has funded TMAC's initial five-year budget through a grant. The project has been funded from August 1, 2000 through July 31, 2005.

Although TMAC is reportedly acting as an independent accrediting body, it should be noted that schools are nonetheless receiving their accreditation reports from MOE, not directly from TMAC. It should also be noted that NHRI, as TMAC's parent organization, must obtain MOE's approval for project execution, must transfer the copyrights of all reports and other works to MOE, must agree to give detailed explanations regarding any aspect of the project to MOE, and must allow third parties to have access to any data upon MOE's request.

The documentation also states that the accreditation of medical education has currently been commissioned to NHRI, but adds that it "will soon be incorporated into the work of the collegiate accreditation council of MOE's Academic Review Board."

Documentation:

Answers to Questions of ED NCFMEA, p.1

Appendix 1: Minutes of the Deans' Conference

Appendix 2: Accreditation Result Letter by MOE

Appendix 3: Letter on Budgetary Contribution and Agreement to Set UP TMAC

Appendix 5: TMAC Guidelines for the Accreditation of Medical Schools, p.2

PART II: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

The TMAC Guidelines require that medical schools should stipulate goals and objectives in a clear and concrete manner and fully explain them to their students and faculty.

The TMAC Guidelines specify that:

- the responsibility of the medical school lies in careful selection of its students and the provision of medical education in the hope that the students will be certified and become competent physicians
- it is important that medical students be provided with general university curricula during their first two years of school in order to foster basic knowledge, creative thinking, and maturity
- the curriculum should instill an attitude of lifelong learning
- the curriculum should develop a sense of professional dedication and compassion

The documentation states that "The mission of medical education is to produce a new generation of compassionate and competent health care providers for the general public." It also notes that "The fundamental mission of the medical education institution, regardless of whether the education is conducted in a public fund- or private fund-supported school, is to provide the nation with well-rounded and clinically competent doctors."

Documentation:

Answers to Questions of ED NCFMEA, pp. 2-3
Appendix 5: TMAC Guidelines, pp. 18-19, 21

2. Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

Any organization or individual planning to establish a medical school must submit a plan that is evaluated by several government agencies, including the Department of Health and the Council for Economic Planning and Development. The plan is then evaluated by the Committee for Medical Education, which is a standing committee within MOE. TMAC was invited to submit its view on a recent application. When an application is approved, MOE is the entity that authorizes or licenses the medical school. This authority is vested in MOE by the *University Law*.

MOE sets minimum standards for medical schools, including student enrollment methods, quality of faculty, content of the educational program, method of periodic evaluation of students' learning outcomes, and physical facilities. MOE also requires that a medical school have a directly attached hospital for students' clinical studies.

MOE dispatches inspectors to each school each year to monitor the effectiveness of each school's program. It is stated that this inspection is reinforced by the more in-depth and independent evaluation conducted by TMAC.

Documentation:

Answers to Questions of ED NCFMEA: pp. 3-5

Appendix 4: University Law, Articles 13, 14,

Appendix 5: TMAC Guidelines, pp. 20-23

Appendix 17: Procedure of Setting Up Schools

3. Administration

(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the Institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

As part of the major medical reform in higher education in Taiwan, all medical schools have now become part of universities. The administrative organization and arrangements of human resources are regulated by the *University Law* and its associated rules and regulations.

All medical schools in Taiwan have a dean, who is the chief academic official. The method of selecting the dean is left to the faculty senate or assembly to decide. Setting

up a search committee for the purpose is mandatory. The candidates must hold the rank of full professor in a medically related field and have considerable academic achievements.

The dean can appoint a number of assisting officials as needed, but all medical schools have associate or assistant deans of academic affairs, student affairs, and development or administrative affairs who are appointed from the faculty body. The teaching hospital has a separate director. The government has laws governing the employment of educators that include fairly rigid stipulations on the qualifications of school staff. A school's organization chart must be approved by the MOE at the time that the school is established.

Documentation:

Answers to Questions of ED NCFMEA, pp. 5-7

Appendix 4: University Law

Appendix 7: Statute for Employment of Educator

Appendix 17: Procedure of Setting Up Schools

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to--

(i) Admissions;

(ii) Hiring, retention, promotion, and discipline of faculty; and

(iii) All phases of the curriculum, including the clinical education portion;

As stated previously, the administrative structure of a medical school is set at the time that it is established and must be approved by MOE. However, TMAC requires all medical schools to have Admissions Committees made up entirely of medical school faculty members. Matters related to the hiring, retention, promotion, and discipline of faculty, as well as curriculum are handled by three-tier committees elected by the faculty body.

Answers to Questions of ED NCFMEA: pp. 7-8

Appendix 4: University Law, Chapter 4

Appendix 9: Rules of Qualification for Teaching at Higher Education

Appendix 10: New Method of College Student Recruitment

Appendix 11: Teachers Law

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that--

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

This section is not applicable. Schools are not allowed to have branch campuses, and this is not expected to change. The TMAC Guidelines also discourage this practice.

Documentation:

Answers to Questions of ED NCFMEA, p. 8

Appendix 5: TMAC Guidelines: p. 34

4. Educational Program

(a) *Duration:* The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

There are two types of medical education programs in Taiwan. Seven-year programs accept high school graduates. Five-year programs accept only college graduates. There are currently eleven medical schools in Taiwan. One school runs the two types of programs concurrently. All of the other ten schools run only seven-year programs. Taiwan uses the credit-hour system. The seven-year programs require two years (72 weeks) of intensive undergraduate pre-med education. Both the five-year and seven-year programs require 144 weeks (four years) of biomedical and clinical education, plus an additional 50 weeks (one year) of internship. Therefore, the five-year programs are 190 weeks in duration, and the seven-year programs require an additional 72 weeks of pre-med education.

Documentation:

Answers to Questions of ED NFCMEA, pp. 8-9

(b) *Curricular Content:* The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

MOE, with the recommendation of the Committee on Medical Education and in consultation with the Medical School Deans' Conference, sets the required basic sciences courses. The courses include anatomy, histology, embryology, biochemistry, microbiology, immunology, genetics, physiology, pharmacology, pathology (including clinical pathology), public health, and epidemiology. All of these courses have concurrent laboratory exercises, including more such exercises than at some American schools, it is stated. It is noted that in gross anatomy, dissection by the students is still required. The narrative states that while each medical school's educational program used to require MOE's approval, MOE has agreed "in principle" to transfer this authority to TMAC henceforth.

Documentation:

Answers to Questions of ED NCFMEA, pp. 9-10

Appendix 13: NCKU Schedule of Classes

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge,

skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship.

The narrative states that all of the listed major areas of clinical sciences are covered in Taiwan's medical schools. In addition, areas such as orthopedic surgery, ophthalmology, ENT, diagnostic imaging, physical medicine and rehabilitation, dermatology, and radiation therapy are also included in the list of required courses. These disciplines are all included on Taiwan's National Board examination. These teaching programs must also go through MOE's approval process. This authority is also in the process of being transferred to TMAC.

Documentation:

Answers to Questions of ED NCFMEA: p. 10

Appendix 13: NCKU Schedule of Classes

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

Again, these requirements are decided by MOE in general terms. However, the medical schools develop their own versions of educational programs in these areas. It is stated that courses related to ethics, behavioral, and socioeconomic subjects are interlaced with requirements for students to spend a set amount of time with patients. The students then bring their observations back to the class for discussion.

The TMAC Guidelines state that the curriculum should place an emphasis on diagnostic sciences such as medical imaging and pathology. The guidelines state that the cultivation of communication skills is an indispensable link in medical education that not only enhances medical efficacy but also helps prevent malpractice disputes. The

guidelines state that medical schools should evaluate students' aptitude in this area, including communication with patients, patients' families, colleagues, nurses, and hospital staff.

Documentation:

Answers to Questions by ED NCFMEA, pp. 10-11

Appendix 5: TMAC Guidelines, pp. 28, 31

Appendix 13: NCKU Schedule of Classes

(c) *Design, Implementation, and Evaluation:*

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

MOE sets the requirements for the educational program in general terms. Each medical school is then responsible for designing, implementing, and evaluating the effectiveness of the program. All medical schools have a curriculum committee, many of them with student representatives. Most schools also have subject subcommittees. Each medical school now has its own outside review committee to oversee the quality of the medical education program. The narrative states that the ultimate authority in evaluating the quality of medical education is now vested in TMAC.

The TMAC guidelines related to evaluation of the students' academic performance specify that:

- Students' learning performances should be evaluated in an objective and reasonable manner.
- Examinations should measure the comprehensiveness of the program.
- Faculty should ascertain the learning objectives and standards expected of the students, and reflect these in examinations.

- The number and frequency of examinations should be coordinated and regulated to avoid overburdening students with heavy course loads.
- Examinations should guide the students in logical elaboration and self-learning, rather than rote memorization.
- The same evaluation system should be present at all teaching hospitals.
- Students' grades should be kept confidential.

Documentation:

Answers to Questions of ED NCFMEA, p. 12

Appendix 5: TMAC Guidelines, pp. 30-31

5. Medical Students

(a) Admissions, Recruiting, and Publications

- (i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.
- (ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

A new admissions method was introduced in 1993. Students who are recommended by their high school teachers take a test similar to the MCAT, which includes Chinese, English, mathematics, social sciences, and natural sciences. An interview has become an essential component of the admissions procedure. Within this general framework, each school is free to set its own additional admissions standards. These standards must be published in a public brochure one year in advance. It is stated that TMAC will closely monitor the admissions standard of every school.

The TMAC guidelines require that:

- The task of student recruitment should be collectively conducted by an Admissions Committee.
- The committee should use interviews to investigate student aptitude.

- Recruitment should be conducted according to predetermined standards without prejudices against gender, region, or individual background.
- Guidelines concerning transfer students should be made according to the regulations set by MOE.
- Medical schools should publish pamphlets or brochures to introduce a school's objectives and operating concepts and provide a concise description of the school facilities, curriculum design, and recruitment methods.

Documentation:

Answers to Questions of ED NCFMEA, pp. 12-13

Appendix 5: TMAC Guidelines, p. 32

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

The confidentiality of student records is protected under the *Computer Processed Personal Data Protection Law*. The TMAC Guidelines require that student grades should be kept strictly confidential.

Documentation:

Answers to Questions of ED NCFMEA, p. 13

Appendix 5: TMAC Guidelines, p. 31

Appendix 15: Computer Processed Personal Data Protection Law

(b) *Evaluation of Student Achievement*

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

The method of evaluating student achievement is left largely for the medical schools to develop. MOE gives the school only general principles in this area. The mainstay of the evaluation method is the written exam. Depending upon the type of courses, different techniques may be used, including observation, discussion, and reports or

papers that are written. Taiwan has a National Board Examination that all medical school graduates are required to take.

Documentation:

Answers to Questions of ED NCFMEA, pp. 13-14

Appendix 5: TMAC Guidelines, pp. 30-31

Appendix 6: Sample of Schedule of National Board Examination, 2001

- (iii) **The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.**

The TMAC Guidelines state that examinations should "include evaluation of the progress in their clinical skills, attitudes, and suitability for the profession." Examinations should measure the comprehensiveness of the program and should progress in a "step-wise fashion." Students should not only be graded, but teachers should be able to pinpoint deficiencies in the students' learning attitudes and analyzing abilities and provide suggestions for improvement. It is stated that this method is crucial during the clinical learning phase.

Documentation:

Appendix 5: TMAC Guidelines, pp. 30-31

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

According to the narrative, medical schools provide student services that are listed in their Student Handbooks, which are distributed to students when they are admitted or are available at any time from the school administration. Some student services are required by MOE, while some services are provided at the discretion of the individual school.

All schools are required to have a student counseling service to help with students' academic and non-academic problems. An Associate Dean of Student Services is a mandatory position. It is stated that the intensity of the student advisory system varies from school to school.

Taiwan has universal health insurance for its citizens. Medical students are covered by this system and also have additional insurance to cover injuries on campus. Medical students entering the clinical phase are subjected to serological screening to protect against infectious diseases and receive vaccinations at school cost.

The TMAC Guidelines specify that:

- Screening should be set up to identify students' learning problems.
- Students should be assigned counselors who work closely with the curriculum coordinator.
- Faculty should guide students in career planning.
- Attention should be given to the vaccination status of students.
- The special needs of students, including color blindness, motor disability, psychological disorders, and other diseases should be taken into account.
- Schools should take care of the personal safety of the students and staff.
- Comprehensive consideration should be given to the protection of the overall environment, laboratory safety, and health protection.

Documentation:

Answers to Questions of ED NCFMEA, pp. 14-15

Appendix 5: TMAC Guidelines, pp. 31-33

6. Resources for the Educational Program

(a) *Finances:* The medical school must have adequate financial resources for the size and scope of its educational program.

The TMAC Guidelines specify that:

- Funding should come from a variety of sources, for example tuition and fees, donations, research grants and subsidies, funding allocations, and additional government funding.
- Schools should not sacrifice teaching quality due to a funding shortage.
- Schools should not over-recruit students and exceed their ability to provide a good medical education.

Documentation:

Appendix 5: TMAC Guidelines, pp. 33-34

(b) *Facilities:*

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are

quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

MOE lays down the minimum requirements for medical schools in its *Procedure of Setting up a School*. This document stipulates the financial resources. MOE periodically appropriates money to improve the teaching facilities of both public and private medical schools. In 1995, the MOE spent approximately \$40,000,000 (US) to "renew and improve the teaching facilities of all medical schools according to individual needs." Schools can also raise "soft money" for their own use. Research animals should be handled humanely, according to the *Animal Protection Act*.

Documentation:

Answers to Questions of ED NCFMEA, pp. 15-16

Appendix 17: Procedure of Setting Up Schools

Appendix 18: Private Medical School Subvented List, 1998-2000

Appendix 19: Animal Protection Act

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

The size of the faculty at a public school is determined by MOE, since faculty members are considered to be government employees. The restriction is less rigid with private schools. The standards of the teachers to be hired are set by the school. New appointments, as well as promotions, must go through a three-tier committee review. MOE's Council of Academic Review and Evaluation has the authority to determine the ranking of any teacher hired by any higher education institution. Teacher certification is issued by MOE. When faculty are promoted, they are issued new certificates.

The TMAC Guidelines specify that:

- Good teachers should have a solid knowledge background, be familiar with methods of teaching and evaluation, and be able to inspire their students with perseverance and wise guidance.
- Teachers and school administrators should be familiar with methods of student evaluation.
- Medical schools should consider the development potential of faculty recruits.
- Faculty should be distributed proportionately across the medical fields.
- Each instructor should be knowledgeable in a specialty field and also in a secondary field.
- There should be clear policies regarding recruitment, contract renewal, promotion, and dismissal of faculty.
- Allocation of the specialty and sub-specialty areas should be based on volume of patient services, volume of teaching, teaching load of residents, and capacity for continued education.
- Accomplished physicians practicing in local clinics or hospitals may be appointed as part-time faculty, in accordance with the *University Law*.
- Faculty members should be subject to an annual review.
- A comprehensive code of ethical conduct should be drawn up by the school.

Documentation:

Answers to Questions of ED NCFMEA, pp. 16-17

Appendix 5: TMAC Guidelines, pp. 34-36

Appendix 11: Teachers Law

- (c) ***Library:*** The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

All medical schools have a medical library. It is stated that the medical libraries in general are well stocked with medical books and journals, mostly in English. The average number of medical journals is 1,000. The libraries are also well equipped with computers directly linked with *Medline* for literature searches.

The TMAC Guidelines specify that:

- Medical schools should have a well-managed and properly catalogued library.
- There should be a collection of publications and periodicals sufficient to support the school's teaching and research.
- Students and other users should be familiar with the library's use, functions, and resources.
- The curricula should encourage use of the library.
- The library should be managed by a professional staff.
- Help should be made available to students for accessing library resources.
- Part of the library should support the local medical profession.

Documentation:

Answers to Questions of ED NCFMEA, p. 17

Appendix 5: TMAC Guidelines, p. 37

(e) *Clinical Teaching Facilities* The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

When a medical school is established, it must have a teaching hospital of its own. These hospitals are directly under the control of the medical school. These hospitals range in size from 500-2,500 beds. These hospitals must undergo separate accreditation to qualify as teaching hospitals. TMAC is beginning to become involved in the assessment of the teaching programs of these hospitals to ensure that they have good residency training programs.

The TMAC Guidelines specify that:

- Affiliate or teaching hospitals should have both out-patient and in-patient facilities.
- Clinical teaching should be conducted under the guidance of a medical school committee.
- Teaching hospitals should undergo accreditation by the appropriate authorities.
- Hospitals involved in clinical education should have resident physicians and a comprehensive resident teaching system.
- The number of hospital beds should be maintained at a given level to allow clerks to see a given number of new patients each week.
- Teaching hospitals should have libraries with reading space and conference rooms.
- There should be a written contract between the medical school and the hospital outlining responsibilities for teaching and research.

Documentation:

Answers to Questions of ED NCFMEA, pp. 17-18

Appendix 5: TMAC Guidelines, pp. 37-38

PART III: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated sites, if any) during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review should include, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

TMAC has begun a program of site visits. Three schools have been visited thus far. The narrative states that the visits last four days and include a review of the admissions process, curriculum, faculty, achievement of students and graduates, the facilities, and the academic support services. The topics that are reviewed are covered in the TMAC Guidelines.

Documentation:

Answers to Questions of ED NCFMEA, p. 18

Appendix 5: TMAC Guidelines, pp. 14-15, 18-38

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.

The TMAC site evaluators are all senior educators in medical or related fields. They have demonstrated ability to recognize excellence in the operation of medical schools, and especially in the educational program. The narrative states that they are "known to be men of vision."

The TMAC Guidelines specify that:

- Site evaluation team members are mainly trained professionals in the field of medical education.
- Non-medical experts may be included on teams in special circumstances.
- Site teams should consist of at least nine members.
- Two overseas Chinese experts must be included on the team.
- Teams should include examiners from various regions.
- Teams should include both public and private school representation.

- Examiners work under contract to TMAC, and tenure concludes after the team presents its report.
- Examiners must take part in an orientation briefing.
- Examiners who have a conflict of interest may be reassigned.
- The site visit process is monitored and evaluated by the TMAC chairman.

TMAC serves as the policy and decision-making body for medical education accreditation in Taiwan. There are eleven members of TMAC, who serve three-year terms. Five members are recommended by NHRI, three by MOE, and three are elected through the Conference of the Deans of Public and Private Medical Schools. The chairman is elected by the TMAC members. TMAC members must be experienced in medical education, far-sighted and unbiased, and capable of making fair assessments of all medical schools. The Council may include scholars in basic medical sciences, the humanities, or foreign academics. The Council is assisted by an administrative staff. Council members meet three times per year.

Documentation:

Answers to Questions of ED NCFMEA, pp. 18-19

Appendix 5: TMAC Guidelines, pp. 6-10

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The process must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

TMAC originally set a period of five to seven years for fully accredited status, but that period is more likely to be for six to seven years. All medical schools that have been visited must file annual reports. The report should highlight improvements during the past academic year and concentrate on how deficiencies identified during the TMAC site visit have been corrected. If necessary after the initial assessment, a follow-up visit may be undertaken in two years. Improvements reported on the annual reports will not lead the TMAC to cancel such a follow-up visit. Newly established medical schools must undergo a small-scale annual assessment until the first class graduates. If the annual assessments are satisfactory, at that point the school can begin undergoing accreditation on a normal schedule.

Documentation:

Answers to Questions of ED NCFMEA, pp. 19-20

Appendix 5: TMAC Guidelines, pp. 8-11

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

Prior to the establishment of TMAC, medical schools were required to submit the plan of any substantive changes to MOE for advance approval. MOE's standing Committee on Medical Education was to be consulted on these matters. These matters are now in the process of being transferred to TMAC for consultation and evaluation. Any switch in the teaching model is considered a substantive change and is to be under intense TMAC scrutiny.

The TMAC Guidelines specify that the accreditation council should be notified of any major reforms adopted in the curriculum of a medical school. TMAC will review the relevancy of the reform to determine if a site visit is needed. If this is necessary and cannot be scheduled as part of a routine visit, a special site visit will be undertaken.

Documentation:

Answers to Questions of ED NCFMEA, p. 20

Appendix 5: TMAC Guidelines, p. 30

5. Controls against Conflicts of Interest and Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.

According to the narrative, this topic "was an important issue that led to a long debate at the Planning Committee meetings among the committee members." It is stated that LCME's conflict of interest policies will be very hard to enforce in Taiwan, since it is a small island and the medical community is closely interconnected. Further complicating the issue is the fact that until the 1950s, Taiwan had only one medical school, National Taiwan University School of Medicine. Many of the more senior and accomplished medical academicians are graduates of this one school.

TMAC has specified in its guidelines that no faculty member of a school will be allowed to assess his or her own school. The narrative states that TMAC will avoid, to the best

of its ability, choosing an alumnus to become a member of an assessment team for his alma mater. Anyone who has a consulting job is also disqualified from serving on an assessment team for that school, as well.

That said, the narrative notes that during the first round of assessment for Taiwan National University School of Medicine, the team leader was a graduate of that school, as were a "fair number" of the team members. It also notes that the final assessment report on that school was passed without major revision.

Documentation:

Answers to Questions of ED NCFMEA, pp. 21-211
Appendix 5: TMAC Guidelines, pp. 8, 14

6. Accrediting/Approval Decisions

The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.

The TMAC Guidelines specify that council members meet three times year. Included in their duties is the responsibility to "audit the report by the on-site evaluation team, make the final conclusion, and submit that decision to MOE."

Regarding the performance of graduates, Taiwan does not have an independent organization equivalent to the United States' National Board of Medical Examiners. Taiwan does have a national board type of examination that all medical school graduates must take in order to be licensed. The authority for this exam is vested in a special branch of the executive wing of the government. It is stated that there has been controversy over the years regarding the quality of the questions on the exam, and that test scores fluctuate widely from year to year. As a result of this problem, TMAC has not tried to set benchmark passing rates, although they state that the pass rate is taken into consideration. It is unlikely that benchmarks will be set until TMAC deems that the results of the exam have become more stabilized and consistent.

Documentation:

Answers to Questions of ED NCFMEA, pp. 22-23
Appendix 5: TMAC Guidelines, p. 9



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2002	S (W)

000231
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01 Agenda

Country Materials for 56

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- 21 Staff Analysis
- 23 Agency Response
- 24 Addendum
- 29 Secretary's Decision Letter

- 02 Decision Memo
- 04 Federal Register Notices
- 05 General Correspondence
- 06 Handouts
- 07 Minutes
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- 10 Transcripts

Date - -
 yyyy mm dd

30 By-Laws

- 62 Appointment Letters
- 64 Membership Lists
- 66 Guidelines
- 68 Miscellaneous

*Country
Response
to draft
Staff
Analysis*

Greathouse, Robin

From: ¶À+XÁÉ [kunyaen@nhri.org.tw]
Sent: Thursday, February 14, 2002 9:08
To: Greathouse, Robin
Subject: Re:

Dear Ms. Griffiths:

I just received your e-mail communication of February 15, 2004, after Chinese New Year's break of several days. I have read the accompanying analysis of how the business of medical school accreditation has evolved and what its status is in Taiwan. I find no major errors in your analysis, that will require my answer at this moment. If your committee members have any questions, I am prepared to answer them in person on March 1, 2002. Wish you a Happy Year of the Horse!

Sincerely yours,

Kun-yen Huang, M.D., Ph.D.
Chairman, TMAC



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2002	S (W)

000230

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01 Agenda

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Country Submission

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30 By-Laws

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醫學院評鑑委員會
National Health Research Institutes
Taiwan Medical Accreditation Council
台北市內湖區 114 民權東路六段一〇九號三樓
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Ms. Bonnie L. LeBold
Executive Director, NCFMEA
U.S. Dept. of Education
1990 K St. NW
Washington, D.C. 20006-7563

Dear Ms. LeBold:

I am sending you the materials related to the medical school accreditation in Taiwan for your committee to review.

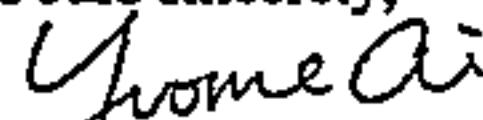
These materials consist of three parts. One: a summary of events or changes that have taken place in Taiwan since 1998. I am sure this summary will facilitate your committee members to grasp the whole picture. Two: answers to your questions. They are lined up according to the order you have listed them in the sheets you gave me before. Some points in my judgment needed special emphasis were painted in boldface. Three: the collection of supporting documents. They are all numbered according to the order in which they appear. Some specific supporting pieces of information have been cited in the list.

There is one exception though. In order to show the quality our accreditation, we include the report on National Taiwan University College of Medicine as a sample. The translation of this document into English language has taken a little longer time than expected, and to date it has been completed. Please allow me to send it after the holiday break as I am flying to Mountain View, California tomorrow. This report is listed as No. 12 document. If any additional material is needed, please let us know as soon as possible.

I will call you from California, perhaps even before the materials reach you.

Have a Merry Christmas and Happy New Year

Yours sincerely,



Yvonne Ai, Executive Assistant, TMAC

for Kun-Yen Huang, M.D., Ph.D.

Chairman, Taiwan Medical Accreditation Council

**Summary of Events Leading
to the Present Status of
Medical School
Accreditation in Taiwan**

Taiwan Medical Accreditation Council

Summary of Events Leading to the Present Status of Medical School Accreditation in Taiwan

October 8, 1998 marks a very important turning point for medical education in Taiwan. That day, the Founding Dean of National Cheng Kung University College of Medicine, Kun-yen Huang, MD, Ph.D., led a delegation of three medical educators from Taiwan to answer the questions of National Committee on Foreign Medical Education and Accreditation (NCFMEA) regarding the nature of medical school accreditation in Taiwan. Several key deficiencies according to the Committee's standards were found and Taiwan's medical school accreditation was determined to be "not comparable" at the time. This determination touched off a series of actions aimed at establishing a new and effective method of accreditation, taken at the initiative of the delegation upon its return to Taiwan.

A report on that mission and a proposal to completely overhaul the process of accrediting medical schools were drafted by Dr. Huang and submitted to the Ministry of Education (MOE) in late November 1998. On December 16, 1998 a meeting was called by the MOE of deans of all existing ten medical schools to consider the recommendation, which after deliberation was accepted as proposed.

The recommended approach consisted of two major phases. Phase 1 was the planning phase, during which an eleven-member Planning Committee was to be established. The tasks of the Committee were to draw the blue print of the structure of the accreditation body to be newly established, to define its function and its relationship to the MOE, and to draft the standards of accreditation. This phase of the work was to be completed in three months upon the approval of the budget, and the report submitted to the MOE, which would in turn call a Deans' Conference meeting to consider its acceptability to medical schools. If the results of the Planning Committee were accepted, the new accreditation body would be established and the accreditation of all medical schools would begin according to the developed scheme. This latter phase of action would constitute what we call the Phase 2, which will in essence continue indefinitely.

The proposed plan was accepted in its entirety by the MOE and the Planning Committee was organized and inaugurated on July 1, 1999. The Committee completed its work by the end of September. The entire plan for the new accreditation process was then reviewed and agreed upon by the Deans' Conference. According to

the approved plan, the new accreditation body, which functions totally independent of MOE, is called Taiwan Medical Accreditation Council (TMAC). The first five years' budget of TMAC is provided by MOE in the form of a contribution. The approval of this contribution took several months so that the establishment of TMAC was delayed until July 1, 2000.

The Council is located within National Health Research Institutes (NHRI) with two administrative assistants. The eleven members of TMAC are chosen and recommended from three constituencies: five members are recommended by NHRI, three by Deans' Conference and the remaining three by MOE. The Council meets three times a year to discuss, develop and decide on major policies and related matters regarding medical school accreditation. These details are all spelt out in the accompanying TMAC publication, Guideline for the Accreditation of Medical Schools (Appendix 5), which has been disseminated among all medical schools. The current Chairman of the Council is Dr. Kun-yen Huang, who was Professor of Microbiology and Medicine at the George Washington University Medical School for twenty years until he came back in 1982 to Tainan, Taiwan to found and serve as its first Dean of the medical school now known as National Cheng Kung University College of Medicine.

At its first meeting in September 2000, TMAC decided to conduct the first round of accreditation visits beginning the second week of April 2001. Four schools were selected. They were Chang Gung University College of Medicine, National Taiwan University College of Medicine, National Yang-Ming University School of Medicine, and Fu Jen Catholic University College of Medicine. (The Fu Jen Catholic University College of Medicine is newly established in July 2000 and, therefore, will be visited every year until the first class of students is graduated). Each school to be assessed was allowed a six-month period to complete self-evaluation, for which TMAC has a defined format. It was distributed to the school selected for assessment in September 2000, requiring the schools to return it to TMAC in early March 2001.

According to the process of accreditation, it is mandatory for each member of TMAC to participate in the assessment of at least one school each year. Since each assessment team consists of at least nine members and, therefore, non-TMAC members have to be chosen from a pool of medical educators who are willing to contribute time to do the work. TMAC has built a pool with more than seventy individuals, a number quite adequate for the current need. Our new process also stipulates that each assessment team has to have two overseas professors. Thus, a fair

number of experienced medical school professors, mostly of North American medical schools, is included in the pool. In order to facilitate communications during the assessment, these overseas assessment members are all required to be proficient in Chinese language. Unlike those recruited from the domestic institutions, they are asked to visit three schools instead of only one. For the Year 2001 assessment, we had Professor Ray Chiu, Chairman of Cardiothoracic Surgery, McGill University Medical School, Montreal, Canada, and Rucy J. Sung, Professor of Medicine, Stanford University School of Medicine, Palo Alto, California. In putting together the assessment team for each school, care is taken to make sure that the special interests of assessment team members can adequately cover all aspects of medical school operation.

A training and organizing session for assessment team members was conducted on March 29, 2001. TMAC even prepared a small booklet listing important issues to be looked into with special attention. Each assessment member was assigned with the responsibility of a specific area, such as teaching of basic sciences, administration, etc. for special attention. When an assessment member is writing the report, the assigned area becomes its center of gravity of his report though he is not limited to contribute his opinions within that particular area.

Several areas, especially in regard to teaching, received special emphases and their importance was stressed. To list just a few:

- Humanities, ethics and general education
- Communications and decision-making skills
- Reading and writing skills (English)
- Socio-behavioral awareness and sensitivity
- Clinical relevance of basic biomedical sciences teaching materials
- Responsibilities of students on the floor during the clinical years
- Evaluation of students' clinical skills
- The effectiveness of committee systems overseeing the quality of education

Special attention is paid to determine how much the school visited is trying to make students aware of the major local medicosocial problems. Of particular importance among these problems is the abuse of antibiotics, which has resulted in an alarmingly high rate of antimicrobial resistance of common pathogenic bacteria. The resurgence of tuberculosis and medical problems caused by child abuse are other areas TMAC considers to deserve special emphasis.

TMAC also developed a unique method of looking into the quality of education. Each school to be visited is asked to submit a complete schedule of teaching activities that will take place on Thursday, including clinical conferences requiring students to attend, not to mention all didactic lectures or small group discussions. Since the assessment of a school begins on a Monday and lasts for four days, this means Thursday is the last day. On this day, each assessment team member is free to attend any number of conferences or lectures of their choice in order to observe and evaluate teaching in action. TMAC may change this activity from Thursday to some other days in the next round of accreditation. The assessment activities on other three days consists briefings by the school officers, question and answers, clarifications and discussion, and site visit, covering all areas of administration, resources, teaching and student counseling, etc. Student and faculty interviews are an integral part of accreditation. At the end of the day, before the dinner the assessment team again gathers in the hotel to discuss the day's results and findings and compare each other's notes.

The Year 2001 assessment was conducted according the following schedule:
Chang Gung University College of Medicine, April 9 through Thursday, April 12
National Yang-Ming University School of Medicine, April 16 through April 19
National Tuiwan University College of Medicine, April 23 through April 26
Fu-Jen Catholic University College of Medicine, May 14

Each assessment team member is asked to write up the draft of evaluation results and critiques, and hand it over to his team leader, who in turn has to organize the reports into one complete draft and submit it to TMAC office by mid July. The final drafts are reviewed, discussed and revisions made, where necessary. Complete and final reports for all school visited were sent to MOE in August

This year, TMAC found none of the four medical schools evaluated in this round of assessment measured up in all aspects to the expectation of TMAC. Some inadequacies were common to all schools while others were more specific to a particular school. Therefore, all schools received "accredited with conditions attached." Each school will be revisited by a small assessment team within one or two years, depending on the gravity of the deficiency. Of particular concern was the newly established Fu-Jen Catholic University College of Medicine. This school is facing serious problems in the recruitment of faculty, development of curriculum and, most

importantly, financial resources. TMAC may have to take a drastic step after the next round of visitation if the conditions are not improved. The problems of National Taiwan University, which is regarded as the best medical school in Taiwan, are much more minor. All problems detected by TMAC assessment teams were pointed in unmistakable terms in the report.

The report of National Taiwan University College of Medicine was translated into English and included as a supporting document (Appendix 12) for your reference.

On October 17, 2001 MOE convened a special meeting inviting TMAC to brief on the entire process of accreditation of the four schools. MOE thereupon decided to send the reports to the respective school with deadline set for the school to explain or rebut. Otherwise the opinions and actions recommended by TMAC will stand and the entire reports will be put on the computer network for public scrutiny and consumption. If any school is found to be less effective in rectifying the deficiency in the educational program, which the school failed to explain to the MOE or TMAC's satisfaction, the school may face reduced budgetary assistance until satisfactory remedial measures are taken. From the intelligence collected by TMAC so far, all indications are that the school evaluated in 2001 are taking TMAC's reports very seriously and changes are brought about to improve their program.

The plan to place the accreditation report on the website has a special significance in Taiwan at this juncture. The old system of standardized, written examination that all students have to sit for in order to get into a college has been abolished as of 2001. The replacing new mechanism of entering a college is not unlike those operative in the US. In other words, students are to go through the SAT-, or MCAT-like tests for that matter, and apply for the college of their choice. Each school will have to set the acceptance standard and conduct interview of applicants who have passed the initial scrutiny. Students thus need accurate and fair information on the strengths and weaknesses of each school for them to decide on which school to apply for. We believe TMAC's assessment reports will serve as an important medium of information for students.

Another important indicator of TMAC's success and impact on the medical education in Taiwan is the seriousness with which the schools selected for assessment in 2002 are getting ready for the event. TMAC's medical school accreditation process is essentially the product of mixing the essence taken from the US and Australian

system and the local thoughts on education, cultural factors and social needs to make it workable and effective in keeping and improving the quality of medical education in Taiwan. In order to bring the system of accreditation process to perfection, TMAC's Chairman, Dr. Huang, participated as a guest assessment member in the accreditation of University of Western Australia in Perth, conducted by Australian Medical Council July 26 through 30, 1999. In addition, two additional current members of TMAC have participated in some activities of LCME.

In closing this summary report on the new phase of quality control of medical education in Taiwan, it must be stressed that this major reformation in medical school accreditation, although triggered by the event of October 8, 1998, is not as much to answer the critiques of NCFMEA as to promote the quality of medical education in Taiwan to a higher level. Our efforts caught the attention of Hong Kong Council on Academic Accreditation, which as a result requested us to accept a delegation of three, including its Chairman, Professor John C. Y. Leong, its Executive Director, Miss Wong Wai Sum and a member, Professor Mary Ip, who is also an Assistant Dean of University of Hong Kong Medical School, as observers to join the assessment teams to visit National Taiwan University College of Medicine and National Yang-Ming University School of Medicine. They were allowed to ask questions and actively took part in the discussion. This gave our first round of medical school accreditation a distinct international perspective.

**Answers to Questions of
U.S. Department of Education
National Committee on
Foreign Medical Education and
Accreditation**

Taiwan Medical Accreditation Council

**Answers to Questions of U.S Department of Education
National Committee
on
Foreign Medical Education and Accreditation**

Part I: The Entity Responsible for the Accreditation/Approval of Medical Schools

Question: *What is the name of the entity responsible for evaluating the quality of medical education in your country?*

Answer: Taiwan Medical Accreditation Council (TMAC).

Question: *By what authority does this entity accredit or approve medical schools?*

Answer: When the proposal to develop a new system of medical accreditation made by the current Chairman of TMAC (see accompanying summary), he had to maneuver through the bureaucratic channels so that obstacles that might kill the proposal could be avoided. The plan, therefore, was handed over to the Ministry of Education (MOE). MOE then according to our proposal convened a meeting of deans of all the medical schools of Taiwan to consider the entire plan. Authority as spelled out in the proposal, therefore, was conferred to TMAC by MOE and the entire medical educational community of Taiwan at this conference (see Appendix 1), which took place on December 16, 1998. None of the medical societies was consulted on the matter of structuring TMAC, because all medical societies in Taiwan have increasingly become arenas of factional infightings, and, if allowed to involve would not only increase to difficulties but also tarnish the image and the prestige of TMAC.

Documentation: Minutes of the Deans' Conference called by MOE on 12/16/1998 (Appendix 1) , Accreditation Result Official Letter by MOE (Appendix 2) , Official Letter on Budgetary Contribution and Agreement to Set Up TMAC signed between MOE and NHRI (Appendix 3)

Part II: Accreditation/Approval Standards

1. Mission and Objectives

Question: *What are your country's requirements related to the educational mission of medical schools in your country? How does the mission serve the general public interests?*

Answer: The program of medical education in Taiwan was switched from Japanese to the one similar to that of the US in the late 1940s when Japan pulled out of the island at the end of World War II. The system of Duke University Medical School was taken as the model, modified to suit the local tradition and philosophy of educational program. This unique system has evolved further since. However, the educational mission of the medical school has not undergone drastic changes. The mission of medical education is to produce new generation of compassionate and competent health care providers for the general public. A high school graduate enrolled in a medical school has to go through two years of very highly compressed general college education with strong premed character. After that, a student has to go through four years of medical education, which consisted of approximately one and half years of basic biomedical sciences courses and approximately two and half years of clinical education, namely, clerkship. That stage completed, students have to spend a year as one rotating intern before they receive. In order to obtain the license as a physician, graduates of medical schools have to take the national board examination within two years of graduation.

The fundamental mission of the medical educational institution, regardless of whether the education is conducted in a public fund- or private fund-supported school, is to provide the nation with well-rounded and clinically competent doctors. We believe the efforts of medical schools here in Taiwan serve the general public interest very well.

Question: *What are your country's requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?*

Answer: MOE and Department of Health (DOH) had been until the establishment of

