



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](mailto: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.

