February 2013

External Evaluation Report

Tokyo Women's Medical University

Association for Medical Education in the Western Pacific Region

Preamble

The Association for Medical Education in the Western Pacific Region (AMEWPR) is an umbrella organization for national associations of medical education and medical colleges in the Western Pacific Region. It advocates for the advancement of quality medical education in the region, and represents the region in bodies such as the World Federation for Medical Education (WFME). Its objectives relate to promoting the development of medical education in the region, promoting quality assurance and improvement in medical education, foster communication and exchanges of information and experiences in medical education, and contributing to the development of a global directory of medical schools.

In November 2011, the AMEWPR accepted an invitation from the Tokyo Women's Medical University to conduct an external evaluation of the basic medical program of the University's School of Medicine, known as the MD program. This is a voluntary process, initiated by the University as part of its commitment to continuous improvement.

A Memorandum of Understanding was signed between AMEWPR and the University outlining the scope of the review, which was for the purpose of quality improvement and quality assurance in accordance with the WFME global standards.

The Evaluation Team (the Team) undertook a thorough evaluation of the Tokyo Women's Medical University medical program. It bases its assessment on the School's self-evaluation report, provided in June 2012, and a program of meetings and site visits from 29 October to 2 November 2012. The Team conducted the evaluation using the World Federation for Medical Education *Global Standards for Quality Improvement in Basic Medical Education* (2003) with AMEWPR's regional specifications. They include annotations which highlight issues of special relevance for the countries of the Western Pacific Region and aspects of the 2001 document 'WHO Guidelines for Quality Assurance of Basic Medical Education in the Western Pacific Region'.

The national and international context of the review is explained below.

A. Quality assurance of medical education in Japan

In Japan, under the School Education Law, all universities need to undergo quality assurance and accreditation. This review is completed every seven years. The quality assurance and accreditation system checks that national minimum standards are met, and supports continuous quality improvement. The system requires that universities conduct self-assessment and evaluation processes before the external assessment.

Tokyo Women's Medical University underwent an external evaluation in 2006.

Medical schools in Japan offer a six-year medical program, and accept students who have completed a high school diploma or higher qualification. On graduation, students receive a bachelor of medicine degree, which enables them to complete the national medical board examination. Those who pass the national medical board exam complete a two-year residency program to be eligible for practice.

Japan is moving towards specific accreditation of medical programs, and the team's visit coincided with a great deal of interest in Japan in the development of a national process for

accreditation of medical programs. The team's assessment was observed by representatives of the Japanese medical education society, the Medical Deans' association, and the Ministry of Education. The team was honoured by the presence of these distinguished observers.

B. International quality assurance of medical education

In 2003, following extensive consultation, the World Federation for Medical Education adopted a trilogy of Global Standards for Quality Improvement covering all three phases of medical education: Basic, Postgraduate and Continuing Professional Development. WFME then embarked on pilot studies in each of its six Regional Associations to determine the validity and value of the WFME Global Standards in Basic Medical Education for medical schools of different age, size, location, traditions and resources. These studies demonstrated that the standards were realistic and that self-evaluation using these standards confers 'immediate and lasting' benefits.

The standards encompass 9 areas with 36 sub-areas. These 9 areas define the broad components in the structure, process and outcome of medical education. Sub-areas are defined as specific aspects of an area, corresponding to performance indicators. Standards are specified for each sub-area.

In the Western Pacific Region, AMEWPR had independently developed regional guidelines for medical education. These were progressively refined at AMEWPR biennial meetings in Seoul, South Korea (1996), Manila, Philippines (1998), and Townsville, Australia (2000). The resultant WHO/ AMEWPR Guidelines on Quality Assurance of Medical Schools were published in all eight regional languages of instruction in 2002. Workshops were then held in Malaysia, China, Vietnam and Cambodia to trial them.

The regional and Global Standards have been used for quality improvement in institutional self-evaluations, and in peer review processes. Under AMEWPR and WFME auspices, several medical schools in the Western Pacific Region have completed external reviews using a combination of the Regional WHO/AMEWPR guidelines and the WFME Global Standards. These reviews do not provide international accreditation or official recognition of the medical school or its program.

C External review process

The AMEWPR Evaluation Team (members listed in **Appendix 1)** visited the Tokyo Women's Medical University from 29 October to 2 November 2012. A copy of the schedule of the visit is attached as **Appendix 2**.

In conducting its review, the Team drew on the Manual for WFME Advisors (2008) and the experience of the Team members in conducting assessments of medical programs in their own countries and elsewhere internationally.

In June 2012, the School made its Self Evaluation Report available in English translation to the Team. Team members sought some clarification and additional information, which the School provided before the Team's visit. The team commends the high quality submission prepared by the University which greatly assisted the assessment. The School conducted a very thorough assessment of its strengths and challenges and the team's assessment of School's areas for improvement builds on this self- assessment. The team acknowledges that the School is actively addressing many of the areas for improvement identified in the report.

During the visit, Team members attended presentations by senior officers of the University and the Medical School and interviewed committees, key staff in various departments in the School of Medicine and other Schools that contribute to teaching in the Medical Program, and students. The Team visited teaching, clinical skills and research laboratories, and the library as well as affiliated teaching hospitals.

Each day, the Team met separately to share its experiences and plan the next day. On the final day, the Team produced a preliminary report of its findings, which it presented orally to senior members of the University.

The Team expresses its thanks to the University for its support and warm hospitality. It is grateful to the many people who met the Team, and engaged in open and collegial discussions.

The Team provides this draft report to the University to assist in the School and University processes of reform and improvement.

The team acknowledges that it visited at a time of transition for the School. The School implemented its revised MD Program in 2011. While the new program retains the basic structure of the successful and innovative 1994 MD Program, in the MD Program 2011 the content and sequences have been revised, and outcome-based education has been introduced. Significant achievements were evident, across a wide range of areas. As expected, some plans and strategies were still being finalised and some others were at an early stage of implementation. As a result, the team has made recommendations in some areas of the report that it expects the School will address as the later years of the program are implemented. The team emphasises its commendation of the Medical School and Tokyo Women's Medical University for their commitment to medical education and training. Although the team has made suggestions for improvement, this does not detract from the School's quality and standing.

The School is invited to respond to any factual errors or misinterpretations contained in the draft report. Copies of the final report will be sent to the University, the WHO Western Pacific Region Office and WFME.

A brief supplementary technical report will be provided to AMEWPR and WFME on the planning and implementation of the site visit so that lessons can be learned for future work.

Summary: TWMU Performance on Standards for Basic Medical Education

Standard	Basic	Quality Development
1. Mission and Objectives		
1.1. Statement of mission and objectives	Met	Met
1.2. Participation in formulation of mission and objectives	Met	Met
1.3. Academic autonomy	Met	Met
1.4. Education outcomes	Met	Partly Met
2. Educational programs		
2.1. Curriculum models using instructional methods	Met	Met
2.2. Scientific method	Partly Met	Met
2.3. Basic biomedical sciences	Met	Met
2.4. Behavioural and social sciences and medical ethics	Met	Met
2.5. Clinical sciences and skills	Met	Not Met
2.6. Curriculum structure, composition and duration	Met	Met
2.7. Programme and management	Met	Partly Met
2.8. Linkage with medical practice and the healthcare system	Met	Met
3. Assessment of students		
3.1. Assessment of methods	Met	Partly Met
3.2. Relation between assessment and learning	Met	Not Met
4. Students		
4.1. Admission policy and selection	Met	Met
4.2. Student intake	Met	Met
4.3. Student support and counselling	Met	Met
4.4. Student representation	Met	Met
5. Academic Staff / Faculty		
5.1. Recruitment policy	Met	Met
5.2. Staff policy and development	Met	Met
6. Education Resources		
6.1. Physical facilities	Met	Met
6.2. Clinical training resources	Met	Met
6.3. Information technology	Met	Met
6.4. Research	Met	Met
6.5. Educational expertise	Met	Partly Met
6.6. Educational exchanges	Met	Met
7. Programme Evaluation		
7.1. Mechanism	Met	Partly Met
7.2. Teacher and student feedback	Met	Partly Met
7.3. Student performance	Met	Met
7.4. Involvement of stakeholders	Met	Met
8. Governance and Administration		
8.1. Governance	Met	Met
8.2. Academic leadership	Met	Met
8.3. Educational Budget and Resource Allocation	Met	Met
8.4. Administrative Staff and Management	Met	Met
8.5. Interaction with the Health Sector	Met	Partly Met
9. Continuous renewal	Met	Met

1 Mission and Objectives

Summary

Tokyo Women's Medical University was founded on December 5, 1900 as Tokyo Women's Medical School by Yayoi Yoshioka, the 27th female physician in Japan. The school evolved into the Tokyo Women's Medical Professional School in 1912, and was renamed as Tokyo Women's Medical College in 1952. For nursing, the Vocational School for Midwives and Nurses was founded in 1930, and was joined to Tokyo Women's Medical University as the School of Nursing in 1952. The philosophy of the School of Medicine, as expressed by the founder, is "high integrity" and "loving-kindness" or simply, "Sincerity and Compassion" to which faculty and students are required to adhere in every educational, research and clinical setting.

The University's current mission is to provide education so as to foster professionals in medicine and nursing as well as researchers who can combine noble personality with knowledge and skills to practise the best medicine. The mission of the School of Medicine and the School of Nursing is to raise more female medical professionals who can contribute to society based on the University's founding spirit.

The School has defined the outcomes of the MD Program, and lists eleven competencies to be obtained by graduates of the MD Program 2011 including:

1. Competencies towards practice of medicine
   - Ability to use knowledge and skills properly
   - Ability to find and pursue problems
   - Ability to solve problems
   - Ability to transmit information
   - Ability to make decisions based on evidence
   - Ability to conduct medical practice based on law and ethics

2. Competencies towards sincerity and compassion:
   - Understanding and supporting patients
   - To be a life-long learner
   - Exercise leadership and partnership
   - Contribute to social welfare
   - Contribute to personal welfare and life

1.1 Statement of Mission and Objectives

Basic standard

The medical school must define its mission and objectives and make them known to its constituency. The mission statements and objectives ***must*** *describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.*

Basic standard MET

Quality development standard
The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

Quality development standard MET

Strengths

- The School of Medicine has a clear mission statement that links well to the overall mission of the University.
- The University's commitment to the mission is evident in its approach to student selection and support, to the professional development and support of the alumni, and to fostering graduates who contribute to society.
- The mission is well known by the medical students, faculty and external stakeholders.
- The mission clearly articulates the School's commitment to social responsibility, to research, and to involvement in its local and wider community.

Recommendations/suggestions for improvement

Nil

1.2 Participation in Formulation of Mission and Objectives

Basic standard
The mission statement and objectives of a medical school must be defined by its principal stakeholders.

Basic standard MET

Quality development standard
Formulation of mission statements and objectives should be based on input from a wide range of stakeholders.

Quality development standard MET

Strengths

- The mission and objectives take into consideration the opinions of the stakeholders broadly involved in the University's education.

Suggestions for improvement

- It is a challenge for all schools to continue to review and refine their mission taking account of changing social needs and social responsibilities. The School acknowledges the need to strengthen mechanisms to engage stakeholders in the review of its mission.

1.3 Academic Autonomy

Basic standard
There must be a policy for which the administration and faculty/academic staff of the medical school are responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

Basic standard MET

Quality development standard
The contributions of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

Quality development standard MET

Strengths

- The academic autonomy of the University and the School is defined in the Endowment Rule.
- There is appropriate capacity to design and implement the curriculum within the policies of the University and the School itself.
- The successful implementation of the MD Program 2011 demonstrates the School's capacity to focus faculty and resources to support the curriculum as it evolves. It also demonstrates the School's autonomy to do so.

Recommendations/suggestions for improvement

Nil

1.4 Educational Outcome

Basic standard
The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

Basic standard MET

Quality development standard
The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

Quality development standard PARTLY MET

Strengths

- The School has defined graduate outcomes.
- The Team commends the School's planning of outcomes and roadmaps for the curriculum. Students will have a clear understanding of their competencies and the outcomes for stages of the program.

Recommendations

- The School does not have any systematic information about the ongoing competencies of its graduates, and should consider developing a process for tracking the performance of graduates of the medical program and use this to inform program development. The team suggests the School consider methods such as surveying graduates at the end of their first year of medical practice, and surveying program directors on the skills and abilities of the graduates.

Suggestions for improvement

- The School might like to suggest a national process to track medical school outcomes development of a systematic process for tracking the performance of graduates of the medical program. Given the School's leadership in medical education developments, it is in a strong position to pilot such a process.

2 Educational Program

Summary

Tokyo Women's Medical University has for several decades been a leader in Japan in modernising the educational curriculum. The MD programs 1990 and 1994 established the place of problem-based learning and curriculum integration in the early years of the medical course, and developed the humanitarian (human relations) component of the curriculum ahead of other Japanese schools at that time. The MD Program 2011 extends these innovations, and develops further the opportunities for early clinical contact. Importantly, the new curriculum also establishes a sound outcome-based roadmap for student acquisition of competencies over all six years of the course. This is an admirable achievement, and is well ahead of most medical schools elsewhere in the world.

In the 2011 revisions, the curriculum has retained a six-year structure, in which the first four years are focused on basic science and preclinical disciplines, with introduction of students to clinical issues as well as some early exposure to patients in a variety of practice settings. There is considerable integration between related elements of the teaching in the first four years, particularly in the three Organ System segments in Years 2 and 3. A compact preparation for entry to the clinical clerkships is provided in a three-week Introduction to Clinical Medicine course at the end of Year 4. Most of Years 5 and 6 are devoted to rotations through clinical clerkships of variable duration. Although these are mostly in teaching hospital settings, the first month of segment 9 is a community practice experience. The 2011 MD Program curriculum structure is shown in the diagram on the following page.

The curriculum is enriched by longitudinal strands running through all years of the program. These include a strong curriculum in Human Relations, as well as Basic and Medical Writing Skills, International Communication (English lessons). Teaching in Information and Communications Technology and Statistics runs through Years 1 to 4. There is also a requirement for students to undertake electives in Years 1 to 4, including humanities in conjunction with Waseda University, and to participate in a Science Research Project between second semester Year 2 and the end of Year 4.

2.1 Curriculum Models and Instructional Methods

Basic standard
The medical school must define the curriculum models and instructional methods employed.

Basic standard MET

Quality development standard
The curriculum and instructional methods should ensure the students have responsibility for their learning process and should prepare them for lifelong, self-directed learning.

Quality development standard MET

Strengths

- The medical program uses a wide variety of instructional methods. The curriculum is delivered through a mix of lectures, PBL tutorials, laboratory and practical class exercises, clinical simulation, and clinical experience.

Structure of the 2011 MD Program

<table>
<tr><th>Year</th><th>Semester</th><th>Segment</th><th colspan="5">Topic content</th></tr>
<tr><td>First</td><td>1st
April-July</td><td>1</td><td>Basics of Human Body</td><td rowspan="11">Tutorial</td><td rowspan="5">Human Relations

Basic and Medical Writing Skills

International Commun-ication</td><td rowspan="3">ICT/ Statistics

Electives</td><td></td></tr>
<tr><td></td><td>2nd
Sept - May</td><td>2</td><td>Human Microstructure & Function</td><td></td></tr>
<tr><td>Second</td><td>1st
April-July</td><td>3</td><td>Human Macrostructure & Defense System</td><td></td></tr>
<tr><td></td><td>2nd
Sept - May</td><td>4</td><td>Organ System 1</td><td rowspan="2">Research project</td></tr>
<tr><td>Third</td><td>1st
April-July</td><td>5</td><td>Organ System 2</td></tr>
<tr><td></td><td>2nd
Sept - May</td><td>6</td><td>Organ System 3</td><td rowspan="2"></td><td colspan="2" rowspan="2"></td></tr>
<tr><td>Fourth</td><td>1st
April-July</td><td>7</td><td>Systemic Disease/Life Cycle</td></tr>
<tr><td></td><td>2nd
Sept - May</td><td>8</td><td>Social Medicine</td><td colspan="3"></td></tr>
<tr><td>Fifth</td><td>1st
April-July</td><td rowspan="2">9</td><td rowspan="3">Clinical Clerkship</td><td colspan="3" rowspan="5"></td></tr>
<tr><td></td><td>2nd
Sept - May</td></tr>
<tr><td>Sixth</td><td>1st
April-June</td><td rowspan="2">10</td></tr>
<tr><td></td><td>2nd
June - March</td><td>Final exam</td></tr>
</table>

Strengths

- The evaluation team had the opportunity of observing several teaching sessions. It was impressed by the facilities available and the expertise of the teachers, particularly in the lectures, PBL tutorials and large group practical class teaching sessions. The latter were well supported with appropriate information technology and support staff.

Recommendations

- The timetable for the first four years of the course is quite crowded, with a high number of scheduled contact hours each week, so students have relatively little unallocated time for reflection and self-directed learning. The School should explore opportunities for reducing the amount of direct teaching time (see also the following recommendation).
- The School should consider further reducing the length of lectures, which at 70 minutes are still considerably longer than the benchmark used in Western medical schools (50 minutes). Evidence suggests that students are unable to concentrate fully for this length of time, which reduces the effectiveness of their learning. Reducing lecture hours would give students more time for self-directed study and enhance their development as independent learners.

Suggestions for improvement

- The keypad responder system, introduced in lectures, has the potential to make these sessions more interactive. However, according to the students, the equipment is not yet used effectively by many lecturers, and some additional staff training may help teachers and students get maximum benefit from the system.

2.2 Scientific Method

Basic standard
The medical school must teach the principles of scientific method and evidence-based medicine (EBM), including analytical and critical thinking, throughout the curriculum.

Basic standard PARTLY MET

Quality development standard
The curriculum should include elements for training students in scientific thinking and research methods.

Quality development standard MET

Strengths

- In the development of the MD Program 2011, the School has affirmed the importance of scientific thinking and evidenced-based medicine in medical education and practice.
- The introduction of the Science Research Project, which is formally scheduled for the second half of Year 3, is commended. The establishment of the Clinical Research Centre, as well as the development of other research facilities will ensure that a wide range of research opportunities will be available to medical students as well as graduate students in the future.

Recommendations

- The scientific method is covered through instructional sessions about biostatistics and the application of epidemiological methods. From the team's observations, the evidence-based medicine curriculum needs to be strengthened for the School to achieve its goal of placing this at the core of the curriculum. The team suggests that the School consider appointing an EBM curriculum coordinator to ensure the students recognise its importance in clinical practice. This might involve introducing an exercise in the application of EBM to a real patient problem during students' clinical clerkships. However, the team recognises that the MD program is in transition and the School intends to strengthen EBM in the later years of the program.

2.3 Basic Biomedical Sciences

Basic standard
The medical school must identify and incorporate in the curriculum the contributions of the basic biomedical sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science.

Basic standard MET

Quality development standard
The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological and clinical developments as well as to the health needs of society.

Quality development standard MET

Strengths

- The curriculum includes a strong program of biomedical science instruction.
- In the early years of the program, the biomedical sciences curriculum is made clinically relevant through teaching methods such as PBL, and the engagement of clinicians as tutors.
- The team was impressed with the introduction of an anatomy elective in the final year of the course.

Suggestions for improvement

- It would be desirable for the School to introduce a wider range of attractive basic science electives, to allow more students to access this initiative during the clinical clerkship years.

2.4 Behavioural and Social Sciences and Medical Ethics

Basic standard
The medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.

Basic standard MET

Quality development standard
The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.

Quality development standard MET

Strengths

- The 94 and 2011 MD Programs both include a strong human relations strand, which runs through all segments of the curriculum. The human relations syllabus covers professionalism, communication, ethics, and professional attitudes. The School has been a leader in this area.

Recommendations/suggestions for improvement

Nil

2.5 Clinical Sciences and Skills

Basic standard
The medical school must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

Basic standard MET

Quality development standard
Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study programme.

Quality development standard NOT MET

Strengths

- The School is committed to ensuring that TWMU medical graduates have sufficient clinical preparation to begin Japan's compulsory two-year residency.
- The new curriculum includes plans to increase student contact with patients, particularly in the early years of the program, although this is largely in the human relations and clinical communications areas and does not include physical examination.
- The outline of the new Introduction to Clinical Medicine (introductory clerkship) to be completed before students enter the Year 5 clinical clerkships, shows good planning. At three weeks' duration. This unit is rather compressed, and ideally it should be extended.
- Students have good opportunities to engage in clinical learning during their immersion in practice settings during Years 5 and 6 when allocated to clinical clerkships, although the total available time for these placements appears limited to 15 months.

Recommendations

- Compared to some comparable international medical schools, the clinical training component of the TWMU curriculum involves less overall patient contact and less student responsibility for patient care. Some senior students and recent graduates who met the team indicated that they felt inadequately prepared to commence their clinical clerkships, and later lacked confidence to commence their first residency appointment. While the team recognises that the regulations governing the Japanese health system impose constraints on the clinical training, it recommends the School explore ways of strengthening the development of the students' clinical skills through closer contact with patients over the duration of the whole course. Some suggestions are given below.

Suggestions for improvement

- The School should seek opportunities for students to start learning physical examination of patients before the Introduction to Clinical Medicine course at the end of the Year 4. This could be done in parallel with their clinical communication training, where supervisors could lead students in patient examination tutorials. The evaluation team understands this would be legally permissible, given appropriate safeguards.
- In the clinical clerkships of Years 5 and 6 the students could have greater opportunity to share responsibility for patient care, within the constraints of the Japanese hospital

system. This could include, for example, incorporating student clinical summaries and progress notes in the patients' files.

- Clinical placements during the clerkships have been of one to three weeks duration, with the emphasis on gaining breadth of clinical experience rather than depth of involvement in clinical teams. The evaluation team supports the School setting a minimum length of two weeks for placements. It also encourages the School to introduce some longer clerkships (e.g. four weeks) to allow the students more thorough engagement and longitudinal participation in patient care.
- In Years 5 and 6, the students' clinical experience appears to be eroded by the extensive time given to preparation for the national medical board examinations. The School should investigate approaches to expanding the time spent in clinical immersion during these years.
- Students appeared to have good opportunities for practice-based learning when attending case presentation sessions in the hospital. While these were of value in involving the students in the activities of the clinical care team, the active participation of all students in these discussions should be encouraged and their opinions sought.

2.6 Curriculum Structure, Composition and Duration

Basic standard
The medical school must describe the content, extent and sequencing of courses and other curriculum elements, including the balance between the core and optional content, and the role of health promotion, preventive medicine and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices.

Basic standard MET

Quality development standard
Basic sciences and clinical sciences should be integrated in the curriculum.

Quality development standard MET

Strengths

- The School describes the curriculum well, with clear sequencing of courses in an educationally sound fashion.
- There is good integration of basic and clinical sciences in the early years through the PBL format, and clinicians have played an important role in influencing the content of the preclinical curriculum.
- The curriculum incorporates health promotion, preventive medicine and rehabilitation, as well as the interface with traditional medicine.
- The School of Medicine has managed the education program in an interdisciplinary fashion for many years. This has supported educational collaboration between educational units and the best use of teacher resources.

Recommendations/suggestions for improvement

Nil

2.7 Programme Management

Basic standard

A curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school.

Basic standard MET

Quality development standard
The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.

Quality development standard PARTLY MET

Strengths

- The School's curriculum management structure is defined and appears to work well. The Medical Education Executive Council is responsible for setting direction and enunciating principles of the curriculum, while the Educational Steering Committee is responsible for implementation.

Recommendations

- While representative students are invited to attend and report to the Curriculum Committee, this is as observers. Student participation would be strengthened if they were full committee members.

2.8 Linkage with Medical Practice and the Health care System

Basic standard
Operational linkage must be assured between the educational programme and the subsequent stage of training or practice that the student will enter after graduation.

Basic standard MET

Quality development standard
The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake programme modification in response to feedback from the community and society.

Quality development standard MET

Strengths

- The Team was pleased to note that the outcomes for the MD Program 2011 are linked to the objectives of postgraduate clinical training and the School has actively collaborated with the Resident Training Program in the development of the curriculum.

- The School gives considerable attention to the needs of women medical students and female staff, through facilities such as childcare, and through the Gender Equality Promotion Office which promotes lifelong learning for women as well as re-entry programs after time out of practice, and development of researchers.

Recommendations/suggestions for improvement

Nil

3 Assessment

Summary

In order for a young women to be worthy of an MD degree from TWMU, the School has decided that she must be able to: appropriately use her knowledge and skills, find and pursue problems, solve problems, communicate effectively, engage in evidence base decision making, practice ethically, provide supported and dignified patient care, be a life-long learner, provide service to the community, be a leader, a collaborator, and teach others.

Now the School has the challenge of developing ways to determine if the graduates have achieved the outcomes it has defined.

The MD program uses a variety of types of formative and summative assessment methods.

In the MD Program 2011, each of the 10 segments includes summative assessment. The student's final assessment result in each subject is based on their combined written examinations and practical training scores. Knowledge is assessed by written examinations, essays, fill-in-the-blank questions and multiple-choice questions depending on the teaching content. Practical training is assessed by teacher observation, oral tests and reports. Performance in tutorials is assessed separately from other subjects.

A passing grade requires a score of 60 points (the percentage of correct answers should be 60% or more). Some subjects in Human Relations and Basic Medical Expression use an A to D grading scale (where D is equivalent to a score of less than 60%).

There are also attendance requirements. Students are required to attend more than two-thirds of annual class hours to take an examination.

In common with other Japanese medical students, TWMU students sit the Computer Based Testing (CBT). This examination is administered nationally by the Common Achievement Tests Organisation. Individual medical schools decide on the passing grade and when the students sit the exam. TMWU students sit at the end of Year 4. Performance of TWMU students is at the "average' level in the general population of Japanese medical students.

TWMU students also complete two objective structured clinical examinations (OSCE). The OSCE at the end of Year 4 is also run by the Common Achievement Tests Organisation and is common across the 80 Japanese medical schools. It is a seven-station OSCE, using simulated patients, with all stations being five minutes except for the medical interview station which is 10 minutes. The advanced OSCE, at the end of Year 6, was developed by the TWMU Medical School. Students' clinical skills, medical knowledge and planning are assessed through three, 15-minutes stations, using the SNAPPS method. This involves the following steps: (1) Summarize briefly the history and findings; (2) Narrow the differential to two or three relevant possibilities; (3) Analyse the differential by comparing and contrasting the possibilities; (4) Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches; (5) Plan management for the patient's medical issues; and (6) Select a case-related issue for self-directed learning.

There are clear policies on retesting for specific assessments. Students may have three consecutive attempts at an academic year. Failure at the third attempt may result in expulsion

from the University. Students graduate based on their score in comprehensive examinations (multiple-choice questions) of 12 areas in segment 10, the clinical clerkship.

3.1 Assessment Methods

Basic standard
The medical school must define and state the methods used for assessment of its students, including the criteria for passing examinations.

Basic standard MET

Quality development standard
The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

Quality development standard PARTLY MET

Strengths

- The program has strong knowledge and skills assessment methods through the subject examinations and OSCEs.
- The School is engaged in ongoing work to develop assessments for each step of the curriculum roadmap.
- The program has elevated the importance of human relations in the curriculum. If the student doesn't pass human relations, she needs to repeat the entire academic year.
- There is formative assessment in the problem-based learning program through a tutorial comment sheet.
- The School has a comprehensive array of assessment tools, including plans to develop methods to assess outcomes within the eleven competencies.

Recommendations

- As the 2011 curriculum is newly underway, the School is still designing and implementing the assessment tools. The School will need to plan for the development of these methods and ways to check their validity and reliability.
- The School should review the structure of its OSCE assessments. International comparisons indicate that for optimum reliability, the total number of stations is generally greater than the number currently used by the School.

Suggestions for improvement

The team suggests the School consider the following:

- Continue to create assessment methods to evaluate a student's progress in the ten competencies other than medical knowledge and skills
- Provide formative assessment opportunities in basic science courses in segments 1 to 8.
- In basic science courses, develop assessments that require students to integrate knowledge and thinking across organ systems. For example, instead of testing cardiovascular, pulmonary and renal subjects separately, create an integrated exam in homeostasis.

- Continue to develop methods of assessment for clinical reasoning and diagnostic decision making.
- Directly observe students in a clinical setting near the end of the segments.
- Involve psychometric expertise in reporting assessment performance.

3.2 Relation between Assessment and Learning

Basic standard
Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

Basic standard MET

Quality development standard
The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

Quality development standard NOT MET

Strengths

- The plan to assess the outcome and roadmap matrix at specific times and with appropriate instruments is impressive.

Recommendations

- Students have multiple summative assessments of knowledge. The School should consider reducing the amount of summative assessment by testing integration of knowledge.
- Basic science assessment is not integrated. The development of truly integrated assessment instruments will assist in reducing the number of assessments and be more representative of the kind of thinking and reasoning that students are expected to apply in the clinical setting.
- While formative assessment is well implemented in PBL, the proportion of formative assessment, to guide learning in the basic sciences, should be increased.

4 Students

Summary

In Japan, the enrolment quota in medical universities is fixed under the guidance of the government. Tokyo Women's Medical University has an enrolment quota of 110. This was increased from 100 in 2009, in response to a request from the government for expanded enrolment across the medical universities. At that stage, 1000 new places were created across Japan's 80 medical universities.

The School admits female students, and it generally admits students on completion of their high school diploma. The University Admission Committee sets the admission policy and enrolment quota, which are ultimately approved by the Board of Directors. Admission requirements are reviewed annually.

There are three admission categories as follows: general admission following completion of the entrance examination and personal interview; recommendation by designated schools and personal interview; and admission on recommendation, plus personal and group interviews. The majority of students are admitted through the general admission category.

The School provided the following data concerning its annual intake and numbers of graduating students for the last five years.

Year	Total number of students entering	Number of students attending for 6 years	Number of students graduated
2011	110	104	103
2010	110	105	105
2009	110	96	96
2008	102	96	96
2007	102	101	101

The Student Affairs Committee provides life, health and mental health support. The Educational Steering Committee is responsible learning support.

Students facing financial difficulty can apply for external scholarships at the time of entrance to the medical program. Students face financial difficulty due to family reasons in their second year or later, they can apply for a TWMU internal scholarship. The scholarships are awarded based on financial conditions and academic performance of the applicants.

As is the case for medical universities in Japan, students actively engage in activities outside the curriculum. The Student Affairs Committee supports these activities. There are 19 athletic clubs and 15 cultural clubs, and 90% of the students participate in one or more clubs. The University supports the clubs financially through the student-operated student union. Each club has a supervising teacher to enable collaboration with the university.

4.1 Admission Policy and Selection

Basic standard

The medical school must have an admission policy including a clear statement on the process of selection of students.

Basic standard MET

Quality development standard
The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational programme and desired qualities of graduates should be stated.

Quality development standard MET

Strengths

- The School has clear admission policy and processes for selecting students. These are published on the School's website.
- As well as the general admission process, there are two other innovative admission pathways into the Medical School, via high schools selected by the University and by recommendation from high schools. These allow factors other than academic performance, such as commitment to the School's mission and motivation for success in medical practice, to be considered.

Recommendations/Suggestions for improvement

Nil

4.2 Student Intake

Basic standard
The size of student intake must be defined and related to the capacity of the medical school at all stages of education and training.

Basic standard MET

Quality development standard
The size and nature of student intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of community and society.

Quality development standard MET

Suggestions for improvement

- The School's mission demonstrates a strong commitment to the social responsibility to improve women's status. Entry to the school is competitive, and as TWMU is a private medical school, students pay significant fees. This may limit the diversity of the student cohort. The team suggest the School consider mechanism to increase this diversity, perhaps with greater opportunities for scholarships.

4.3 Student Support and Counselling

Basic standard

A programme of student support, including counselling, must be offered by the medical school.

Basic standard MET

Quality development standard
Counselling should be provided based on monitoring of student progress and should address social and personal needs of students.

Quality development standard MET

Strengths

- The School offers impressive student support services, which have recently been strengthened by the development of the new Healthcare Centre in 2011.
- As well as offering support to students who seek it, the School has processes for teachers to recommend students for support services, based on their observation.
- An example of TWMU's care of its female students is the special targeted support for pregnant students, which has meant that no students has repeated the same academic year or postponed their graduation due to childbirth over the past 10 years.
- There are strong informal mechanisms for students to support each other through clubs and school alumni groups.

Suggestions for improvement

- Students would benefit from having a close relationship with one specific academic for the duration of their course. This person can provide mentorship, and assist the students' development, reflection and career planning.

4.4 Student Representation

Basic standard
The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

Basic standard MET

Quality development standard
Student activities and student organisations should be encouraged and facilitated.

Quality development standard MET

Strengths

- The School has mechanisms for student contributions to the bi-annual curriculum review and to the Student Affairs Committee.

- Students are actively engaged in athletic and cultural clubs which are financially supported by the University.

Suggestions for improvement

- Students are not full members of the curriculum committees, and therefore are not fully participating in the design and management of the curriculum. Extending these responsibilities to student members would also provide good leadership development opportunities for students.

5 Academic staff/faculty

Summary

Tokyo Women's Medical University School of Medicine has 1,393 academic staff including assistant professors, lecturers, associate professors and professors, as well as 204 junior residents, and 563 senior residents. Professors are generally in charge of basic science/clinical divisions/departments.

The heads of TWMU's affiliated hospitals and clinics are selected from among the professors who are also physicians. All physicians of the hospitals (except for junior and senior residents) are appointed by the Medical School and teach in the School.

The University has clear policies for recruitment and promotion of faculty. Performance criteria are set for contributions in the domains of education, research, medical practice and social contribution.

The Dean of the School of Medicine appoints the heads of each department and principal professors of each department (including the graduate school) select their staff.

Appointments for positions between professor and lecturer level follow a process of review by the Human Resource Review Committee, and vote by the Faculty Council after making a presentation, and approved by the Board of Directors. For assistant professors and assistant lecturer positions, the final decision is made by the Faculty Council.

The University employs both faculty on limited term appointments and tenure track faculty.

The University and the Medical School offer a range of faculty development opportunities. The School's submission listed specific programs for tutor and preceptor training, and examiner training, as well as opportunities relevant to writing research grants and disseminating the School's research findings.

5.1 Recruitment Policy

Basic standard

The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, and between full-time and part-time staff, the responsibilities of which ***must*** *be explicitly specified and monitored.*

Basic standard MET

Quality development standard

A policy should be developed for staff selection criteria, including scientific, educational and clinical merit, relationship to the mission of the institution, economic considerations and issues of local significance.

Quality development standard MET

Strengths

- TWMU has quite a large number of teachers as compared to the average number in medical schools in Japan. This makes it possible for a lot of the clinical staff to participate in education as tutors in small-group instruction.
- Medical trainees, senior residents and junior residents are actively involved in teaching students. When the team observed lectures, tutorials, and clinical training in wards and clinical conferences, the members noted that tutors seemed very enthusiastic about teaching students.
- The system of tenure track faculty assists in keeping these faculty motivated for education and research.
- TWMU considers the balance between education, research and clinical achievement when reviewing employment and considering promotion.
- Decisions about recruitment and promotion of faculty are based on clear criteria for education, research and clinical practice. This should promote improvements in the quality of education.

Suggestions for improvement

- The School has indicated that it plans to improve systems for faculty distribution, educational programs, and personnel management, acknowledging inconsistencies in roles and positions, through a number of rules and regulations. The Team agrees with the plan.
- Consistent with the School's mission, the team encourages a policy of mentoring women to take up positions of leadership within the School, the University and Japanese society.
- The quantitative assessment of the balance between education, research, and clinical achievement may be introduced and published for the reviewing employment and promotion of faculty.

5.2 Staff Policy and Development

Basic standard

The medical school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

Basic standard MET

Quality development standard

The staff policy should include teacher training and development and teacher appraisal. Teacher-student ratios relevant to the various curricular components and teacher representation on relevant bodies should be taken into account.

Quality development standard MET

Strengths

- Despite 90 per cent of the teachers being clinical staff, the School's policy requires that all teachers should be responsible for education.

- TWMU offers a significant number of faculty development opportunities to enhance educational quality. Students can participate in faculty development, particularly PBL tutor training.
- A tutor training program is important for newly employed teachers of small group tutorials. From its discussions, the team understood newly employed teachers were able to attend tutorials as observers. This is a good opportunity for on-the-job training.
- The University's future plan, Vision 2015, which was set in 2010, outlines an ideal status of Tokyo Women's Medical University faculty, which is to foster individuals who can contribute to the well-being of humanity through pursuing an advanced, holistic, and safe practice in medicine.

Suggestions for improvement

- The School's requirement for high level performance across all domains (education, research and service) for promotion does not support the development of leadership in education. The team suggests the School explore introducing a teaching track for promotion and support of faculty with an interest in this area.

6 Educational resources

Tokyo Women's Medical University has educational facilities, equipment, and systems for 690 medical students as well as for graduate students, and junior and senior residents.

The educational facilities at the Kawada-cho Campus support a variety of learning and teaching activities, and include library facilities, lecture theatres, tutorial/PBL rooms, a Clinical Skills Training Center, autopsy rooms and practice rooms, and laboratories. Students have access to LAN-connected computer terminals with CBT system and virtual slides.

Teaching and learning is well supported by information and communications technology. There is a wireless LAN in each classroom so students can access the School intranet and the Internet. The School communicates with students about the medical program through a student portal.

The Medical School uses the University's four affiliated hospitals and seven clinics for clinical teaching. These include the Tokyo Women's Medical University Hospital, the Medical Center East, the Institute of Oriental Medicine in Arakawa, the Yachiyo Medical Center, Aoyama Hospital, the Institute of Rheumatology, the Institute of Oriental Medicine, Institute of Women's Health, the Institute of Geriatrics. Collectively, they include over 100 clinical departments and 2,000 beds, and treat approximately 5,000 outpatients per day.

Approximately 100 medical facilities staffed by TWMU graduates are registered as a cooperative facility for community healthcare education. Although Japan does not have private medical doctors and/or family doctor, the TWMU MD Program provides opportunities for medical students to learn about medical care in community clinics through visits to these clinics owned by TWMU graduates.

6.1 Physical Facilities

Basic standard
The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

Basic standard MET

Quality development standard
The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

Quality development standard MET

Strengths

- Within the current building stock, the University has made renovations as necessary, demonstrating regular planning and development of the facilities.
- The School is planning a new school building which will integrate and support the expansion of new educational practices. The team commends the plans for the new building which will be constructed within the next five years.

Recommendations/suggestions for improvement

Nil

6.2 Clinical Training Resources

Basic standard
The medical school must ensure adequate clinical experience and the necessary resources, including sufficient patients and clinical training facilities.

Basic standard MET

Quality development standard
The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

Quality development standard MET

Strengths

- The School has an impressive range of clinical teaching settings.

Suggestions for improvement

- The School acknowledges the increasing importance of training in community sites and has elements of the curriculum already delivered in the community. There is a need for more such venues and preceptors able to lead student education in community settings.
- As the range of settings expands, the School will require increasingly robust quality assurance processes so that it can be assured that all students have clinical experiences that are equivalent in quality and structure.

6.3 Information Technology

Basic standard
The medical school must have a policy which addresses the evaluation and effective use of information and communication technology in the educational programme.

Basic standard MET

Quality development standard
Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.

Quality development standard MET

Strengths

- The team commends the customised audience response system used in lectures.

Suggestions for improvement

- There may be opportunity to further develop the website to support the presentation of the curriculum to both staff and students.
- The School acknowledges the need for further debate on the balance of educational material to be available online.

6.4 Research

Basic standard
The medical school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

Basic standard MET

Quality development standard
The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.

Quality development standard MET

Strengths

- The team had the opportunity to tour impressive research facilities and commends the plans to make these increasing available to students in the research project.
- The introduction in the 2011 MD Program of the research project is an important development.

Recommendations/suggestions for improvement

Nil

6.5 Educational Expertise

Basic standard
The medical school must have a policy on the use of educational expertise in planning medical education and in development of teaching methods.

Basic standard MET

Quality development standard
There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development and for research in the discipline of medical education.

Quality development standard PARTLY MET

Strengths

- The School has had a Department of medical education since 1994.

Recommendations

- While the School has a strong record of innovation in curriculum development, this is not yet supported by strong scholarship in medical education. Medical education expertise, including input from experts in fields other than medicine, should inform future curriculum innovation and underpin faculty development.

6.6 Educational Exchanges

Basic standard
*The medical school **must** have a policy for collaboration with other educational institutions and for the transfer of educational credits.*

Basic standard MET

Quality development standard
*Regional and international exchange of academic staff and students **should** be facilitated by the provision of appropriate resources.*

Quality development standard MET

Strengths

- The School has a number of international exchange opportunities for students and appreciates that these enrich the academic environment.
- Students are very supportive of exchange opportunities and many have opportunities to participate in them.

Suggestions for improvement

- While there have been opportunities for faculty members to acquire educational experience though education exchange, this has not been continuous, and a sustained regular program of opportunities would support engagement in the international community of medical practice and medical education.

7 Programme evaluation

There are two levels or program evaluation that TWMU can undertake. The first is to evaluate how well the program is working at the University and what to do to improve it there. The second is to look at how the innovations introduced at TWMU influence medical education in general. This includes looking at how students can self regulate their learning, how the MD program's innovations affect learning retention and transfer of knowledge and skills from the class room to the clinical setting.

7.1 Mechanisms for Programme Evaluation

Basic standard
The medical school must establish a mechanism for programme evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

Basic standard MET

Quality development standard
Programme evaluation should address the context of the educational process, the specific components of the curriculum and the general outcome.

Quality development standard PARTLY MET

Strengths

- TWMU has a well defined structure of educational committees that appropriately review the program and how well it is working at TWMU, and make adjustments as needed.
- Feedback is sought from tutors on the PBL cases as well as the curriculum in general.
- Student course evaluations are conducted each year.
- Students attend and present feedback at biannual curriculum meetings.
- TWMU plans to analyse student performance along the outcome roadmap.

Recommendations

- The medical program includes a number of innovations, such as the outcomes and roadmaps. In order to evaluate the success of these innovations in a scholarly manner, the School should add an individual with training and expertise in evaluation to educational leadership group.

Suggestions for improvement

- In addition to continuing TWMU's rigorous internal program evaluation assessment, the team recommends the School look more broadly at the impact of the curriculum and the educational program on medical education. This would be best done with collaboration by a program evaluation expert who would work with faculty to design and implement a way to assess overall educational outcomes.
- The TWMU medical program demonstrates excellent educational curriculum design. The University is encouraged to engage in educational scholarship by studying the curriculum changes, analysing the findings, and publishing the results.
- TWMU should involve students more regularly in program evaluation by incorporating them as members of program evaluation committee as well as other faculty committees.

- TWMU should develop surveys and focus group assessments to study student perceptions of their confidence in their clinical skills and their readiness for residency.
- The team encourages the School to make the results of program evaluation available on-line so that they are widely available to faculty and students.
- To support objectivity in program evaluation, the chair of the evaluation committee should be at arms' length from the curriculum committee chair.

7.2 Teacher and Student Feedback

Basic standard
Both teacher and student feedback must be systematically sought, analysed and responded to.

Basic standard MET

Quality development standard
Teachers and students should be actively involved in planning programme evaluation and in using its results for programme development.

Quality development standard PARTLY MET

Recommendations

- Students should be actively engaged in planning programme evaluation and in using its results for programme development. The team suggests that there be student members of the evaluation committee.

7.3 Student Performance

Basic standard
Student performance must be analysed in relation to the curriculum and the mission and objectives of the medical school.

Basic standard MET

Quality development standard
Student performance should be analysed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

Quality development standard MET

Strengths

- Student performance is well defined in the roadmaps. Evaluation methods are under development to align evaluation with the outcomes.
- The School analyses student performance relative to their admission characteristics.

Suggestions for improvement

- The team is impressed that the School is in the process of developing methods for analysing student performance in relation to their competencies and roadmaps.

7.4 Involvement of Stakeholders

Basic standard
Programme evaluation must involve the governance and administration of the medical school, the academic staff and the students.

Basic standard MET

Quality development standard
A wider range of stakeholders should have access to results of course and programme evaluation, and their views on the relevance and development of the curriculum should be considered.

Quality development standard MET

Strengths

- There is already a system of institutional evaluation in Japan, and the School of Medicine has its educational programs evaluated regularly according to university requirements.
- The involvement of observers from government, other Japanese medical schools and professional societies in this external evaluation demonstrates broad stakeholder involvement in program evaluation.

Suggestions for improvement

- Increased student involvement in analysis of results of program evaluation and in the development of changes as a result of the analysis is encouraged.

8 Governance and administration

Summary

Under University regulations, the President oversees the University, Deans oversee the School of Medicine and the School of Nursing, and a Director of the graduate school oversees the Graduate School Committee.

The President supervises academic affairs of the undergraduate schools, graduate schools, and research centers. The Dean of the School of Medicine is responsible for the management and operations of education and research in the School. The Dean is supported by the Director of the Educational Steering Committee and the Director of Student Affairs.

The Board of Directors, presided over by the President, decides on important university matters such as human resources, educational plans, education and research budget, and educational facilities.

The Faculty Committee makes decisions for the operations of the School of Medicine. Other key committees include the Medical Education Executive Council (with authority for educational plans, budgets, and educational management) and the Educational Steering Committee (which plans, implements, and assesses the educational programs). Students are not members of these upper level governance committees but do participate in committees dealing with education and student life.

The University has a clear annual process for budget allocation. Each educational unit draws up and submits a budget plan, which includes material development costs and honoraria for external lecturers. Purchase of expensive educational equipment is discussed by the Educational Steering Committee and compiled as the educational budget by the Division of Academic Affairs. The Board of Directors of the school educational foundation makes decisions on major projects related to the operations of the school educational foundation.

In addition to funding through the University, the School receives external funding through the award of competitive educational funds for educational excellence.

8.1 Governance

Basic standard
Governance structures and functions of the medical school must be defined, including their relationships within the University.

Basic standard MET

Quality development standard
The governance structures should set out the committee structure, and reflect representation from academic staff, students and other stakeholders.

Quality development standard MET

Strengths

- The School's governance structures are clearly defined and follow the requirements of the University's Endowment Regulations as well as external requirements. These structures appear to work well. The University consists of two academic faculties and the separation of the academic roles of each faculty is quite obvious.

Recommendations

- As noted earlier in this report, student representation on committees is limited and greater student involvement is recommended.

8.2 Academic Leadership

Basic standard
The responsibilities of the academic leadership of the medical school for the medical educational programme must be clearly stated.

Basic standard MET

Quality development standard
The academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

Quality development standard MET

Strengths

- The responsibilities of the leaders are stated.
- The academic leadership is regularly evaluated through clear processes.

Suggestions for improvement

- Senior leadership roles are occupied by a relatively small group of capable individuals. For succession planning and to engage a wider group of staff, the team suggests that some of these roles be delegated to faculty with competencies and interest in these roles.
- For historical reasons there is some overlap between the roles of President and Dean of the School of Medicine. While good relationships and good will ensure effective management, the School may wish to further review these roles.

8.3 Educational Budget and Resource Allocation

Basic standard
The medical school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

Basic standard MET

Quality development
There should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.

Quality development standard MET

Strengths

- The School has a long and successful history of operation. The school foundation owns the hospitals which generate good revenue.
- The School has an appropriate budget and resources to support its educational activities.
- As a private institution, the University is in control of its own resources. With a strong mission relating to education, the School has autonomy to direct resources to achieve its overall objectives.
- The School's autonomy to direct resources is clearly stated.
- Through academic staff membership of the Board of Directors of the school educational foundation, education and research consideration are considered in making decisions on major School projects.

Recommendations/suggestions for improvement

Nil

8.4 Administrative Staff and Management

Basic standard
The administrative staff of the medical school must be appropriate to support the implementation of the school's educational programme and other activities and to ensure good management and deployment of its resources.

Basic standard MET

Quality development
The management should include a programme of quality assurance and the management should submit itself to regular review.

Quality development MET

Strengths

- While the information in the section of the School's submission relating to administrative staff suggested a misunderstanding of the term, the team is confident that the School has sufficient staff to manage the medical program. Staff of the Department of Academic Affairs of the School of Medicine administer the educational curricula, education-related committees, admission processes, student support, and student health systems.
- The University has processes for regular review of senior managers against performance criteria including the School's mission and objectives.

Recommendations/suggestions for improvement

Nil

8.5 Interaction with Health Sector

Basic standard
The medical school must have a constructive interaction with the health and health-related sectors of society and government.

Basic standard MET

Quality development
The collaboration with partners of the health sector should be formalised.

Quality development standard PARTLY MET

Strengths

- The School has long standing links with its own hospital networks.
- The School has active interaction with governmental and non-governmental health related agencies domestically as well as internationally.
- The School contributes to organisations such as the Association of Japanese Medical Colleges, and the Japanese Association of Private Medical Schools, which provide opportunities to interact officially with relevant government departments.

Suggestions for improvement

- While the School clearly has good interactions with its own hospitals and facilities, it acknowledges that collaboration between hospitals, clinics and local communities need to be improved. The team agrees that the School should work on a more formal and active relationship with the broad health sector and particularly with the local communities it serves.

9 Continuous renewal

Summary

In Japan, the School Education Law requires all universities to undergo external quality assurance and accreditation every seven years. The quality assurance and accreditation system checks that national minimum standards are met, and supports continuous quality improvement. The system requires that universities conduct self-assessment and evaluation processes before the external assessment.

Tokyo Women's Medical University underwent an external evaluation in 2006.

The University also has an internal program of ongoing development and self-evaluation, which operates on a two to three yearly cycle. This process covers the University as a whole, the individual schools, hospitals and research centres. From 2010 individual departments are also includes in the self-evaluation process.

Basic standard
The medical school must as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and must rectify documented deficiencies.

Basic standard MET

Quality development
The process of renewal should be based on prospective studies and analyses and should lead to the revisions of the policies and practices of the medical school in accordance with past experience, present activities and future perspectives.

Quality development standard MET

Strengths

- The team commends the School's openness to the exchange of new ideas and to curriculum improvement.
- There is good evidence of a culture of review within the School and the University. There is evidence of continuous renewal. The introduction of the 2011 MD Program is a recent example of a significant review leading to major change.
- The University and the School have shown great capacity to improve and to benchmark against international standards for medical education by participating in this first external evaluation by the AMEWPR in Japan.

Recommendations/suggestions for improvement

Nil

Appendix One Members of the Evaluation Team 2012

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Appendix Two Assessment Visit Schedule

Date	Time	Schedule	Attendees from TWMU・
October 29 (Monday)	9:30 - 13:30	Meeting with Committee for the Establishment of Program Accreditation System in Japan	
	14:00 - 18:00	Evaluation team meeting (external evaluators only)	
	18:30- 20:30	Dinner reception	Chairperson, Board of Regents; Vice-Chairperson, Board of Regents; President; Vice-President; Dean, Medical School; Director, Student Administration Office; Director, Student Affairs; Director, TWMU Hospital; Chair, Basic Medicine Professors Committee
October 30 (Tuesday)	9:00 - 9:25	Opening of meeting	Chairperson, Board of Regents; President; Dean, Medical School; Director, Student Administration Office; Director, Educational Committee; Director, Student Affairs; Head, Educational Affairs Section; Head, General Affairs Section; Vice-Chairperson, Board of Regents; Director, Board of Educational and Research Affairs; Director, Educational Committee Segments 1-8
	9:25 - 10:45	AREAs 1, 7, 8 Presentation and Questions	President; Vice-President; Dean, Medical School; Vice-Chairperson, Board of Regents; Vice-Director, Resident Training Center, Director, Comprehensive Test Committee
	11:00 - 11:25	**A** Observe 1st yr lecture（Human Metabolism)	
		B Observe 3rd yr practical training (Biochemical lab.)	
	11:30 - 12:00	**A** Observe hospital practical training (Department of Medicine I: Pulmonary and Respiratory Medicine)	
		B Observe hospital practical training (Department of Medicine III: Metabolism and Diabetology)	
	12:05 - 13:30	Lunch	President; Vice-President; Dean, Medical School; Vice-Chairperson, Board of Regents; Director, Educational Steering Committee; Director, Students Affairs Committee
	13:30 - 15:00	AREA 2 Presentation and Questions	Director, Educational Steering Committee; Dean, Medical School; Director, Education Committee for Segments 1-8; Professor, General Medicine; Director, Research Project Committee; Director, OSCE Committee; Director, Tutorial Committee

Date	Time	Schedule	Attendees from TWMU・
October 30 (Tuesday)	15:15 - 16:30	Evaluation team meeting (external evaluators only)	
	16:30 - 17:00	Library (University Museum); Observe Room 524	
	17:00 - 18:00	Presentation by student Kendo, Japanese Tea Ceremony and Japanese Harp (Koto) Clubs	Dean, Medical School; Director, Student Affairs Committee
October 31 Wednesday	9:00 - 9:15	**A** Observe 1st year lecture (International Communications)	
		B Observe 4th year lecture (Clinical Epidemiology)	
	9:20 - 9:35	**A** Observe Practical Training in East Ward (Emergency and Critical Care)	
		B Observe Practical Training at the General Outpatient Clinic (Ophthalmology)	
	9:50 - 11:00	AREAs 3, 4 Presentation and Questions	Dean, Medical School; Director, Student Affairs Committee; School Physician; Director, Educational Steering Committee; Director, Student Health Care Center
	12:00 - 13:00	Lunch at TWMU Medical Center East	Director,TWMU Medical Center East; Prof, Dept. of Pediatrics and/or Radiology; Board Certified Physician
	13:10 - 13:40	Observe clinical training in the Dept. of Pediatrics (TWMU Medical Center East) and facilities	Professor, Dept. of Pediatrics (TWMU Medical Center East)
	13:50 - 14:20	Observe Practical Training in Dept. of Radiology (TWMU Medical Center East)/Observe facilities	Professor, Dept. of Radiology (TWMU Medical Center East)
	14:50 - 16:20	AREA 5 Presentation and Questions	Dean, Medical School; Director, Educational Steering Committee (Segment practical training); Director, TWMU Medical Center East; Professor, Dept. of Pediatrics and/or Radiology (TWMU East)
	17:15 - 18:25	Evaluation team meeting (external evaluators only)	
		Questions and Answers from Observers to the University	Dean, Medical School; Director, Educational Steering Committee (Segment practical training); Director, TWMU Medical Center East; Professor, Dept. of Pediatrics and/or Radiology (TWMU East)

Date	Time	Schedule	Attendees from TWMU･
October 31 Wednesday	18:30 - 20:30	Social gathering	Vice-Chairperson, Board of Regents; Vice-President; Dean, Medical School; Director, TWMU Medical Center East; Prof. Ueno (Radiology); Prof. Sugihara (Pediatrics); Observers/Participants
November 1 (Thursday)	9:00 - 10:30	Observe educational research facilities (auditorium, anatomy training room, skills laboratory, TWIns, In-house daycare, TIIMS, General laboratory)	
	10:40 - 12:00	AREAs 6，9 Presentation and Questions	Director, Self-inspection & Evaluation Committee; Dean, Medical School; Professor, Dept. of Anatomy
	12:00 - 13:00	Lunch	President; Vice-President; Dean, Medical School; Vice-Chairperson, Board of Regents; Director, Educational Steering Committee; Director, Students Affairs Committee
	13:00 - 14:00	Students/Graduates Interview (evaluators only)（1- 6th year (1 student each, 1 graduate (2012))	
		Students/Graduates Interview (evaluators only)（1- 6th year (1 student each, 1 graduate (2011))	
	14:10 - 14:30	Observe 1st year practical training (Structure of Tissue/Organ)	
	14:40 - 15:10	Observe 2nd year tutorial	
	15:30 - 16:30	Questions and Answers from Observers to Evaluators and/or University	President; Vice-President; Dean, Medical School; Vice-Chairperson, Board of Regents; Director, Educational Steering Committee; Director, Students Affairs Committee
	16:30 - 18:00	Evaluation team meeting (external evaluators only)	
November 2 (Friday)	9:00 - 12:00	Evaluation team meeting (external evaluators only)	
	12:00 - 13:00	Lunch	
	13:00 - 14:30	Disclosure of Evaluation	President; Vice-President; Dean, Medical School; Director, Educational Steering Committee; Director, Education Committee; Director, Student Affairs Committee; Head, Academic Affairs Section; Head, General Affairs Section; Vice-Chairperson, Board of Regents; Dean, School of Nursing; Director, Education Committee for Segments 1-10

Date	Time	Schedule	Attendees from TWMU・
November 2 (Friday)	14:30 - 15:00	Closing of meeting	President; Vice-President; Dean, Medical School; Director, Educational Steering Committee; Director, Education Committee; Director, Student Affairs Committee; Head, Academic Affairs Section; Head, General Affairs Section; Vice-Chairperson, Board of Regents; Dean, School of Nursing; Director, Education Committee for Segments 1-10
	15:00 - 15:30	Press Conference	President; Dean, Medical School, Director, Educational Steering Committee; Evaluation Team
	18:30 - 20:30	Dinner reception	Vice-Chairperson, Board of Regents; President; Vice-President; Dean, Medical School; Director, Educational Steering Committee; Director, Student Affairs Committee; Director, TWMU Hospital; Director, Shiseikai; Executive Director, TWMU; Board member; Dean, School of Nursing; Head, Educational Affairs Section

Basic Medical Education: WFME Global Standards for Quality Improvement

AREA 1：Mission and Objectives
AREA 2：Educational Programme
AREA 3：Assessment of Students
AREA 4：Students
AREA 5：Academic Staff/Faculty
AREA 6：Educational Resources
AREA 7：Programme Evaluation
AREA 8：Governance and Administration
AREA 9：Continuous Renewal

Non- External Evaluation Committee Member Attendees (Observers)：

・Ministry of Education, Culture, Sports, Science and Technology, Medical Education Section 3～4 persons
・Japan Society for Medical Education 2 persons
・Association of Japanese Medical Colleges 2 persons