



CMAAO

Country Report

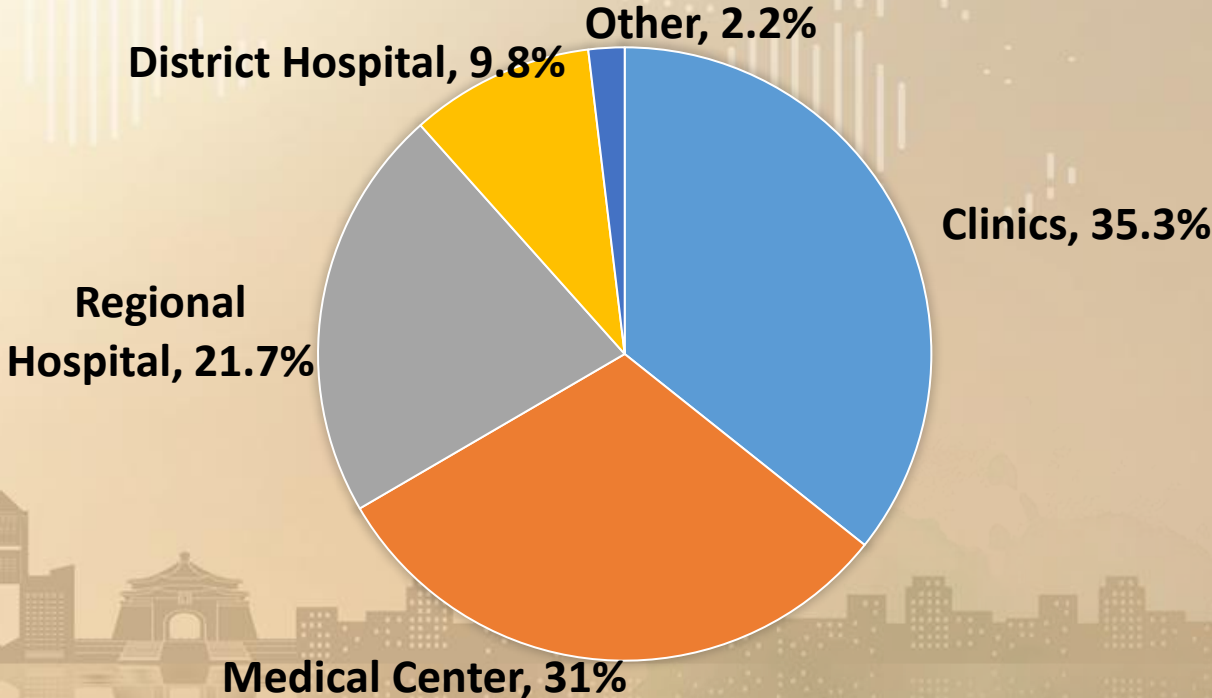
2020-2021

Taiwan Medical Association



Distribution of Practitioners by Categories of Healthcare Facilities, 2020

- Number of practicing physicians: 51,237
- Physician population ratio: 1:460



Important Activities

Cap control over physician manpower on “teaching, testing, and training” principles to enforce the Physicians Act (1/2)

- “No shortage but uneven distribution” of physician manpower in Taiwan
- TMA’s countermeasures:
 1. Visited the MOHW and advised on physician manpower.
 2. Attended the meeting on the amendment draft of some articles of the Physicians Act called for by the MOHW and provide related suggestions:
 3. “Examinees or those being screened with a foreign diplomat”: It is advised that all graduates of medical schools in other countries attend the diplomat-based screening test held by the Ministry of Education without distinguishing the nine major regions from the remainder.
 4. “Short-term medical practice on offshore island and outlying areas”: It is advised to establish a separate act devoted to dealing with the shortage in manpower for these areas and that senior specialists in acute and critical care medicine, OBGYN, and pediatrics from domestic metropolitan areas be encouraged to make the best of their specialty in remote areas with their existing salary and treatment protected and to make up for the wanted manpower.



Important Activities

Cap control over physician manpower on “teaching, testing, and training” principles to enforce the Physicians Act (2/2)

5. Held public hearing on the “amendment draft of some articles of the Physicians Act” at the Legislative Yuan together with Legislator Tai-Yuan Chiu to discuss the impacts of the said amendment draft on development of physician manpower in our country and planning of medical manpower.
6. Attended the expert meeting held on the “2018 Western Medicine Practitioners Manpower Development Evaluation Project” undertaken by the National Health Research Institutes as authorized by the MOHW and provided advice.
7. Sent a letter to the MOHW to advise on policies about medical care in remote areas, including substantial suggestions on state-financed medical education and retention of the physicians.
8. Released the statement “unevenness instead of shortage to be a concern for the physician manpower in Taiwan and required cap control to protect quality of medical care instead of brashly increasing the number of medical departments or state-financed students” to seriously call on related ministries to strictly abide by empirical cap control during review and planning and not to brashly add the number medical schools or state-financed students.



Important Activities

Stipulation of MOHW “Draft Prevention of Medical Accidents and Settlement of Medical Disputes” (1/2)

- In order to properly and quickly address medical disputes and to boost a harmonious relationship between doctors and patients, the MOHW announced in advance on January 28, 2021 the “Draft Prevention of Medical Accidents and Settlement of Medical Disputes.”
- For the sake of clarifying medical disputes as quickly as possible and to render a solution as well as to prevent against any difficulty confronted during implementation by medical institutions, the TMA advised on the following:
 1. It is advised to change the title of the Act to “Draft Act to Prevention of Medical Events and Settlement of Medical Disputes.”
 2. The central competent authority shall sponsor the establishment or be authorized to sponsor the establishment of a corporation to help with professional medical consultations and comment and analyze medical disputes.



Important Activities

Stipulation of MOHW “Draft Prevention of Medical Accidents and Settlement of Medical Disputes” (2/2)

3. There shall be a medical event care group in hospitals to explain to, communicate with, or provide assistance and care services to patients, their families, or their representatives. For a hospital with less than 99 beds, however, it is allowed to designate a professional or a professional institution or group to perform the said tasks. The central competent authority shall provide counseling as well as suitable educational training to members of the medical event care group.
4. The central competent authority shall subsidize medical institutions so that the latter may purchase medical liability insurance for the medical staff they hire, form a medical liability fund, and provide comparable protection in any other way.
5. For the jurisdiction where mediation is to take place, it is advised to be where the medical dispute or the medical institution is located or to be a municipal or county (county-level city) mediation committee mutually agreed upon by the parties concerned.
6. For the penalty, it is advised to first set a deadline for correction and then impose a fine upon failure to make the desired correction to make sure that there is a chance for improvement.



Important Activities

“Deliberation on Issue of Telemedicine”

The TMA held a meeting to discuss the amendment to the Rules of Medical Diagnosis and Treatment by telemedicine and came up with related suggestions for the MOHW regarding the Rules according to the conclusions reached in the meeting:

1. Telemedicine shall be exceptional instead of normal and shall be limited to unique circumstances where it is impossible for primary care facilities to provide local services for the sake of fulfilling the belief in levels of care and community medical network.
2. For the protection of patients' rights, telemedicine shall be initiated from the patient's end as needed for his/her condition.
3. Respective highlights of the World Medical Association Statement on the Ethics of Telemedicine shall be fulfilled, including that the physician-patient relationship shall be based on face-to-face consultation and that telemedicine shall not be considered the same as face-to-face medicine.
4. Based on the foregoing principles, the TMA does not have advice on the amendment to the current Rules of Medical Diagnosis and Treatment by Telecommunications for the time being.



Important Activities

Deliberation on Addition of Barrier-free Facilities to “Clinic Establishment Criteria”

- It is emphasized that encouragement instead of mandatory requirements shall be the principle to avoid a reduced number of primary care facilities and the inconvenience for patients to seek medical attention.
- Emphasis over compliance with the non-retroactivity principle: For existing clinics, the MOHW shall encourage them and provide them with subsidies instead of imposing mandatory requirements. The budget shall be excessive funds from the NHI Global Budget Payment System. For newly established clinics, different regulatory criteria for barrier-free facilities shall apply, reflective of their total floor area and assistance is provided accordingly.
- It is advised that the MOHW set aside budget to help establish barrier-free user-friendly clinics in respective townships, county-level cities, and counties, or municipalities and divide newly established and existing clinics into three levels, A, B, and C according to the equipment fulfilled under the barrier-free facility criteria while at the same time sufficiently announcing the locations and quantity of the different levels of user-friendly clinics so that physically-disabled people may receive convenient professional medical services locally and their right to medical care is protected.



Important Activities

Ministry of Health and Welfare “Stage 9 Medical Care Network Program: A Vigilant and Resilient Medical Care System”

- Between 2021 and 2014, the capabilities of the medical care system to cope with challenges such as global environmental trends in the future and the transformed domestic social structure will be reinforced to continue the protection available for all citizens wherever they are; the vision is that they are entitled to comprehensive, continuous, and coordinated healthcare services.
- The overall goals of the program while it is being implemented include the following: (I) To improve the utilization efficacy and reasonable distribution of medical care resources. (II) To build a population-centered integrated care network. (III) To reinforce response capabilities of medical care and medical care available in outlying areas and on offshore islands. (IV) To continue to improve the medical practice environment. (V) To create a resilient and smart medical care system.
- As far as the Program is concerned, the TMA believes that unevenness instead of the shortage of physician manpower in Taiwan is a cause of concern. As such, it is advised that while planning home care, telemedicine, and the openings available for medical students, local circumstances shall be considered in order to enforce a policy that truly addresses the needs in Taiwan.



Important Activities

Improved Quality of Medical Care on Offshore Islands for Reinforced Medical Care and Anti-epidemic System

President of Taiwan Medical Association, Dr. Tai-Yuan Chiu, along with respective cadres with medical background, heeded the medical difficulties, anti-epidemic effort update and demand at respective levels in Kinmen, such as the local health authority, hospital, and primary care facilities and the local experiences shared by several publicly-funded physicians at Kinmen Hospital so that everyone was on solid ground while getting to know the current situation and difficulties encountered on offshore islands and while discussing together how to improve the overall quality of local medical care and address the issue of how to retain medical manpower.



National Health Insurance

High satisfaction in survey of health care quality and accessibility

“Overall health care result” and “the way your doctor consults and treats” have always maintained a good level of satisfaction at higher than 95% every year.

Satisfaction with Clinic



● Overall health care result
● The way your doctor consults and treats

2016	2017	2018	2019	2020
97.30%	96.70%	98.90%	97.30%	97.30%
95.50%	97.00%	97.60%	98.20%	97.20%

National Health Insurance

High satisfaction in survey of primary care quality and accessibility

Satisfaction with hospital

In the 2020 survey of quality and accessibility of medical care, the “overall satisfaction with the outcome of medical care” and the “satisfaction with how a physician sees and treats a patient” at the hospital were 96.0% and 97.0%, respectively, showing that the general public was quite satisfied with the quality of medical care provided in the hospital.



National Health Insurance

High satisfaction in survey of health care quality and accessibility

For more than a year, Taiwan has been faced with the stern challenge brought about by the pandemic. The medical capacity of hospitals nearly reached the limit. Physicians throughout the nation fulfilled their duties in the fight against the pandemic. They answered to the TMA's call and devoted themselves to helping the community prevent against an outbreak. Primary care facilities and hospitals worked on division of labor and shared the workload and the existing diagnostic and therapeutic services were not affected! Despite the COVID-19 outbreak, over 80% of people continued with their medical care; nearly 90% of people believed that they did not reduce medical visits because of the pandemic and experience accordingly worsened health condition. This shows that the pandemic did not have an effect on the people's right to medical care.

Did you not seek medical attention because of the COVID-19 outbreak? (Unit: %)

	All	Primary care facilities	Hospitals
No	83.0	84.2	82.0
Yes	16.9	15.7	17.8
Don't know/Do not want to answer this question	0.1	0.1	0.1
Total	100.0	100.0	100.0

Did your condition get worse because of not seeking medical attention due to the COVID-19 outbreak? (Unit: %)

	All	Primary care facilities	Hospitals
No	89.6	92.9	86.9
Yes	8.0	5.2	7.3
Don't know/Do not want to answer this question	2.4	1.9	5.8
Total	100.0	100.0	100.0

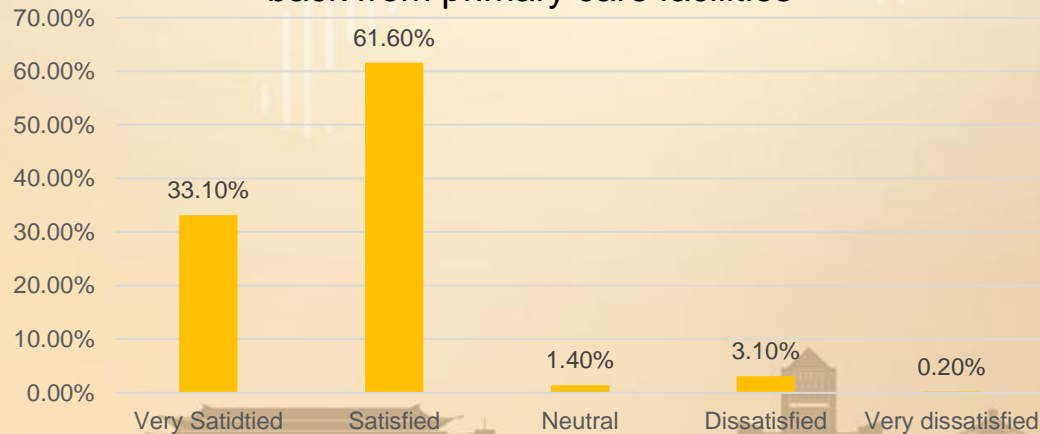


National Health Insurance

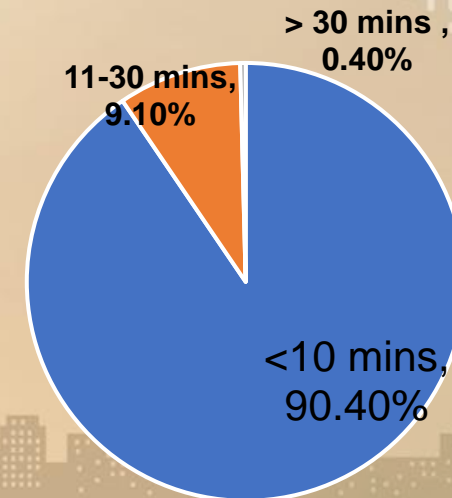
High satisfaction in survey of primary care quality and accessibility

The “satisfaction with convenient transportation to and back from primary care facilities” also reached above 95%, showing that our people are entitled to high accessibility to medical care. The pie chart on the lower right corner also shows that more than 90% of people can arrive at the location where they receive medical care in less than 10 minutes.

Satisfaction with convenient transportation to and back from primary care facilities



Travel time for people to arrive at the location of medical care



National Health Insurance

Hierarchy of medical care

- Establishment of vertically-integrated alliance in every region
 - By March 2021, there has been 81 strategic alliances of 7,166 member facilities.

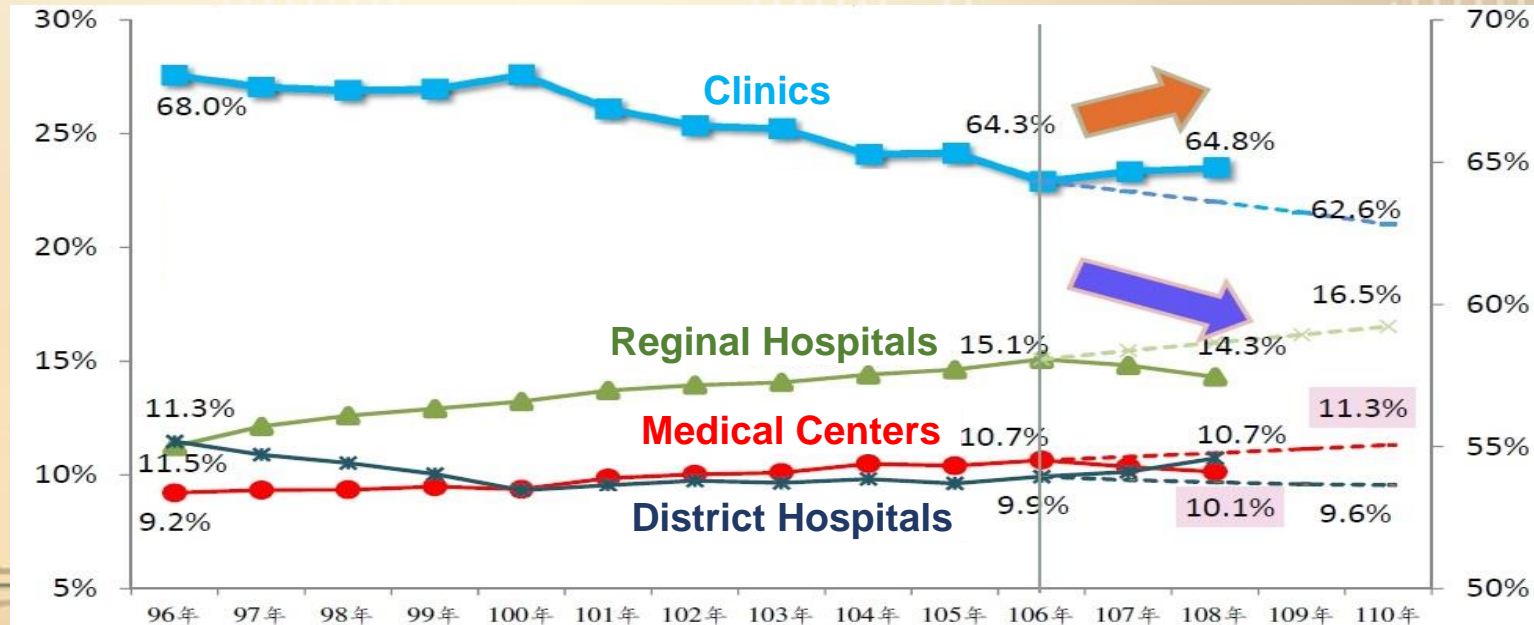
Type of medical care	No. of Institutions	Type of medical care	No. of Institutions
Medical center	24	Home care center	158
Regional hospital	82	Halfway house	8
District hospital	308	Birth center	1
Primary care clinic	6,580	home-based ventilation center	3
Pharmacy	1		



National Health Insurance

Hierarchy of medical care

- Since 2017 when the hierarchy system was introduced, the descending trend of primary care facility visits has slowed down and even slightly reversed.
- Regional hospitals reported a small increase of visits while visits to medical centers and district hospitals marginally decreased.

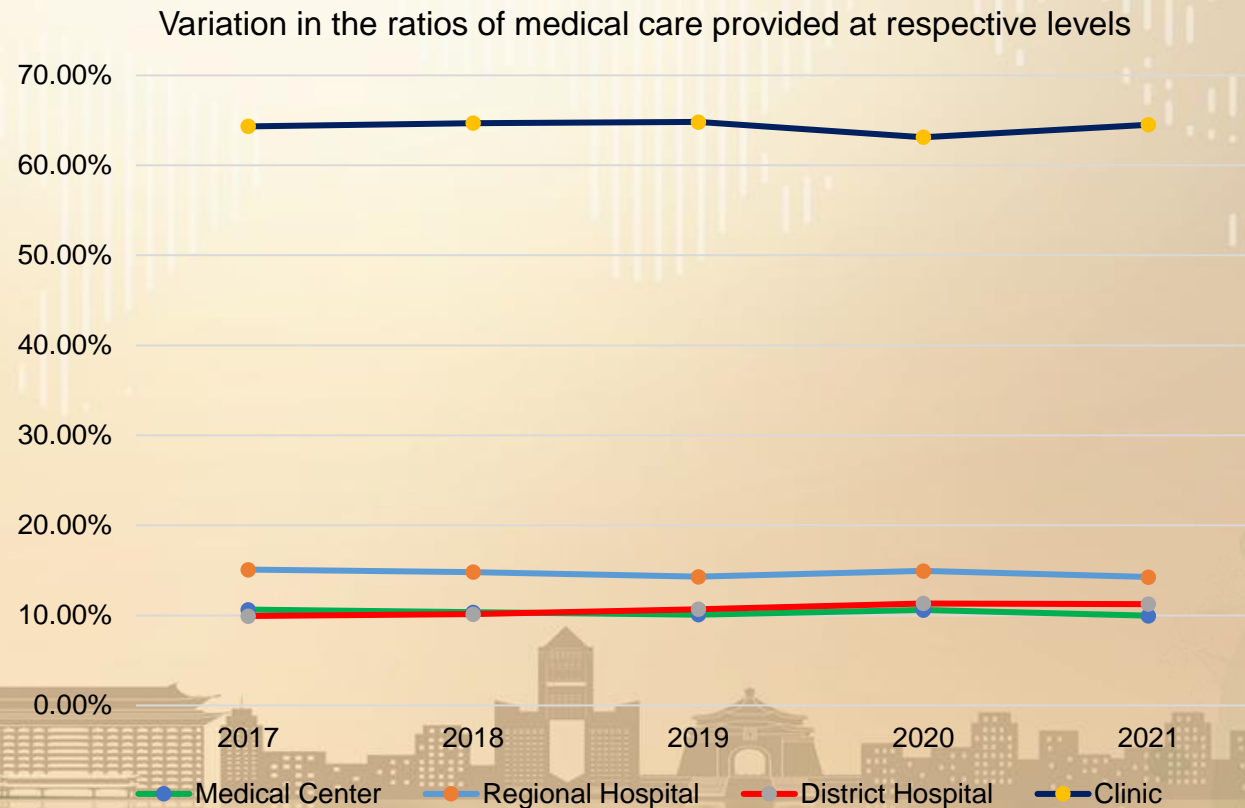


Note: The dotted line shows the estimated values

National Health Insurance

Hierarchy of medical care

As of March 2021, the headcount ratio of primary care facilities and regional hospitals showed a slight growth from last year.



Note: The dotted line shows the estimated values

National Health Insurance

Hierarchy of medical care

- 81.2% satisfied with referral to primary care clinics
 - 2020 statistics show that around 30% of the cases referred to primary care clinics was made by physicians in regional hospitals and medical centers.
 - Over 80% of referred patients satisfied the referral service in the health care quality and accessibility survey.



Governmental Programs

Implementing “Primary care services review ” project commissioned by the NHIA.

- The TMA planned and established the Primary Care Services Review Board and its chapters within the respective jurisdictions of the six divisions under the NHIA to promote and manage reviews as needed for medical care cases.
- The bilateral communication channel with the NHIA is created to facilitate discussions about the reform of the review system and advice to be provided regarding NHIA policies. Goals fulfilled include the implementation of the review of quality of medical care provided by physicians and the exit mechanism, the creation of a cross-regional system for the review of special cases, the creation of the file analysis and assistance management mechanism, and the deliberation of the follow-up review procedure to reduce disputable reviews to a minimum.
- Impacted by the COVID-19 outbreak, the administrative mechanism for reviews tend to be streamlined. The number of cases reviewed is reduced. The number of random reviews is decreased. The criteria for a waiver of review and the random review frequency are lowered. Lean reviews and professional management are combined to facilitate focus of medical manpower to the fight against the pandemic.



Publication

- Taiwan Medical Journal



- Statistics on Practicing Physicians and Healthcare Facilities in Taiwan 2020

中華民國醫師公會全國聯合會
Taiwan Medical Association

首頁 理事長 理監事 醫學倫理 醫療統計 國際事務

醫療統計

醫療統計說明 歷年統計年鑑

- 公會簡介
- 台灣醫界雜誌
- 會員服務
- 醫師繼續教育
- 團體保險
- 台灣醫療典範廳
- 影片專區
- 會議紀錄

加入好友

歷年統計年鑑

- 2018年台灣執業醫師·醫療機構統計(PDF)
- 2017年台灣執業醫師·醫療機構統計(PDF)
- 2016年台灣執業醫師·醫療機構統計(PDF)
- 2015年台灣執業醫師·醫療機構統計(PDF)
- 2014年台灣執業醫師·醫療機構統計(PDF)
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- 2009年台灣執業醫師·醫療機構統計(PDF)
- 2008年台灣執業醫師·醫療機構統計(PDF)
- 1998-2012年台灣執業醫師·醫療機構統計查詢

International Relationship

Participation in international conferences and events

2020 WMA General Assembly
26th-30th October 2020, Cordoba, Spain Online Meeting



International Relationship

Participation in international conferences and events

2020 WMA General Assembly Resumed SMAC
26th-30th October 2020, Cordoba, Spain Online Meeting



International Relationship

Participation in international conferences and events

WMA Council Session
20th-23rd April 2021, Seoul, Korea Online Meeting



International Relationship

Participation in international conferences and events

Dr. K K Aggarwal Online Mourning
18 May 2021



International Relationship

Participation in international conferences and events

74th World Health Assembly
24th May-1st June 2021



International Relationship

Participation in international conferences and events

Indian Medical Association COVID-19 Fund Donation Ceremony 21st June 2021

