

国際シンポジウム「医学部入試の課題と改革」

International Symposium on Medical School Entrance Examinations: Challenges and Reforms

日時: 10月26日(土) 午後1時30分～午後5時 (情報交換会つき)

会場: 東京大学 伊藤国際学術研究センター 伊藤謝恩ホール

Date & Time: Saturday, 26th October 2013, from 1:30 to 5:00 p.m., followed by an information exchange gathering

Venue: Ito Hall, Ito International Research Center, The University of Tokyo

プログラム Program	
1:30 ~ 1:45	<p>開会あいさつ Opening Remarks</p> <ul style="list-style-type: none"> - 北村 聖 氏(きたむら きよし 氏) 東京大学大学院医学系研究科医学教育国際研究センター 教授 Dr. Kiyoshi Kitamura, Professor, International Research Center for Medical Education Graduate School of Medicine, the University of Tokyo - 岩瀬 鎮男 氏(いわせ しずお 氏) 文部科学省 高等教育局 医学教育課 課長補佐 Shizuo Iwase, Deputy Director, Medical Education Division, Higher Education Bureau Ministry of Education, Culture, Sports, Science and Technology Japan - 中田 勝己 氏(なかた かつみ 氏) 厚生労働省医政局医事課 課長補佐 Katsumi Nakata, Deputy Director, Medical Professions Division, Health Policy Bureau Ministry of Health and Labour and Welfare, Japan
1:45 ~ 2:15	<p>講演 1. 世界の医学部入試の状況と国際的な課題 クラレンス・クライター 米国アイオワ大学教授 “A Global Perspective and an International Agenda for Medical School Admission Testing” Clarence D. Kreiter, PhD Professor, Department of Family Medicine & Office of Consultation and Research in Medical Education, University of Iowa College of Medicine, USA</p>
2:15 ~ 2:45	<p>講演 2. 日本の医学部入試の現状と課題 大滝 純司 北海道大学教授 “Present status and issues of medical school entrance examinations in Japan” Junji Otaki, MD, DMedSc Professor, Hokkaido University Graduate School of Medicine, Japan</p>
2:45 ~ 3:15	<p>講演 3. 格差社会における医学部入試ーロンドン大学キングス・カレッジの試み 武田 裕子 米国ハーバード大学ベスイスラエル・ディーコネス病院フェロー “Unequal societies and medical school enrolment: Extended Medical Degree Programme (EMDP) at the King’s College London” Yuko Takeda, MD, FACP, MSc, Research Fellow, Division of General Medicine and Primary Care Beth Israel Deaconess Medical Center, USA</p>
3:15 ~ 3:30	Break 休憩
3:30 ~ 4:00	<p>講演 4. 英国全体とロンドン大学セントジョージ校の医学部入試の状況 ピーター・マクロリー 英国ロンドン大学教授 “Overview of selection processes used by St George's and other UK Medical Schools” Peter McCrorie, BSc, PhD Professor, St George’s, University of London, UK</p>
4:00 ~ 4:30	<p>講演 5. 台湾における医学生選抜の概略 ライ チーフン 台湾 医学認証評価協会会長 “Overview of the selection of medical students in Taiwan” Chi Wan Lai, MD Chairman, Taiwan Medical Accreditation Council, Taiwan</p>
4:30 ~ 4:45	<p>特別発表: マギル大学の医学生選抜、その新手法 ジョイス・ピカリング カナダ マギル大学医学部准教授 “Admissions at McGill University Faculty of Medicine” Joyce Pickering, MD, FRCPC, FACP Interim Physician in Chief, MGill University</p>
4:45 ~ 5:15	<p>意見交換・まとめ Wrap-up discussion 閉会あいさつ Closing Remarks 平形 道人氏(ひらかた みちと 氏) 日本医学教育学会入試選抜委員会委員長 Michito Hirakata, MD, PhD Chairman, Medical Student Selection Committee, Japan Society for Medical Education</p>
情報交換会 Post-session Gathering for Information Exchange	
5:30 ~ 7:30	2階 ファカルティクラブ Faculty Club, 2nd fl., Ito International Research Center

講演者略歴と抄録 **Speakers' Biosketches and Abstracts**

講演 1 . 世界の医学部入試の状況と国際的な課題

“A Global Perspective and an International Agenda for Medical School Admission Testing”

クラレンス・D・クライター

米国アイオワ大学医学部 家庭医療・医学教育研究支援室 教授

Clarence Dennis Kreiter, Ph.D.

Professor

Department of Family Medicine & Office of
Consultation and Research in Medical Education,
University of Iowa College of Medicine, USA



Clarence Kreiter is a professor at the Carver College of Medicine and the Office of Consultation and Research in Medical Education. He received his doctorate in Quantitative Psychology from the University of Iowa. He serves on the editorial boards of three research journals and has published on topics related to innovative cognitive and clinical skill assessment, selection methods for medical school admissions, Bayesian reasoning, clinical reasoning, generalizability theory, OSCE design, and validity generalization. He consults extensively on statistics and research design and teaches two graduate level medical education assessment courses.

A Global Perspective and an International Agenda for Medical School Admission Testing

Clarence D. Kreiter

This presentation provides an international perspective on admission testing for selection in medical education. The prevalence and reason for using selection tests, the variation in testing formats, and the social, educational and medical impact of using test scores for selection are discussed.

While admission testing for medical education is widely employed around the world, there is large variation in testing formats, medical education programs, and applicant pools. Despite this variability, it is still possible to generate a validity argument that roughly applies to virtually all medical school admission testing internationally. Validity evidence related to admission testing within medical education is not as highly developed as in other selection contexts. There has been an over-reliance on anecdotal evidence and the existing validity research has not been interpreted using methods designed to correct for unreliable outcome measures. When faced with uneven research, sophisticated meta-analytic techniques can yield key insights that are highly generalizable and internationally relevant. Although virtually all medical schools endorse the importance of selecting intelligent applicants, few can formally quantify the impact of using admission testing to promote the universal goals of medical education. While both aptitude and achievement admission tests predict important outcomes, however an emphasis on aptitude over achievement can narrow score difference related to educational experience and

social background. While it is important to acknowledge the uniqueness of each selection context, there is strong reason to believe that a highly generalizable and internationally relevant validity argument, similar to what has been used in organizational psychology, applies to medical school admission testing. All admission tests are highly correlated with general mental ability, and a large body of existing research evidence convincingly demonstrates that measures of general mental ability strongly predict performance across a wide range of professional outcomes.

世界の医学部入試の状況と国際的な課題

クラレンス・D・クライター

今回の講演では、医学部入試を国際的な視野で概説する。各種の選抜試験がどのような理由でどの程度普及しているのか、選抜試験の方法にはどのような多様性があるのか、そしてその試験の点数で選抜することが、社会や教育そして医学にどのような影響を与えているのかについて議論していく。

医学教育への入学試験は世界中で幅広く行われているが、その試験の方法や医学教育のプログラム、そして入学志願者の層には大きな違いが存在する。そうした差はあるものの、医学部入試の妥当性に関する論点は、世界中のどの医学部にも概ねあてはまる。他の領域に比べると、医学教育における入試の妥当性に関する根拠は、十分には得られていない。多様な研究結果を検討する際にメタ分析の手法を用いることにより、一般化可能で国際的にも通用する重要な知見が得られる。事実上すべての医学部が、知的能力に優れた志願者を選び出すことが重要だとしているものの、その入学試験の内容が医学教育の普遍的な目標に適っていることを、正しく測定できている医学部はほとんど無い。適性を見る試験と学業成績を測定する試験のどちらによっても、その後の重要なアウトカムは予測されるが、学業成績よりも適正試験を重視することにより、教育歴や社会背景による点数の差を狭めることができる。それぞれの選定方法の特性を把握することは重要であるが、組織心理学で用いられるような、より一般化可能で国際的に適用できる妥当性の議論を、医学部入試でも行えると確信している。すべての入学試験は一般的な知能に相関しており、その一般的な知能は専門職者としてのさまざまな活動のアウトカムの予測につながることで、既存の多くの研究結果から強くうかがえる。

講演 2. 日本の医学部入試の現状と課題

“Present status and issues of medical school entrance examinations in Japan”

大滝純司 北海道大学大学院医学研究科 医学教育推進センター教授

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Dr. Junji Otaki is professor and acting chief of the Center for Medical Education, Hokkaido University Graduate School of Medicine. He graduated from Tsukuba University School of Medicine in 1983, and completed his residency training at Kawasaki Medical University Hospital in 1988. While devoting himself to patient care and management of residency program at Tsukuba University Hospital, Dr. Otaki took an opportunity to study at Beth Israel Deaconess Medical Center, Boston, USA, as a visiting research fellow in the field of medical education from 1996 to 1997. He holds a doctorate in Medical Science conferred by Hokkaido University Graduate School of Medicine in 1998. He worked as a clinician educator in the field of primary care at Hokkaido University Hospital for 5 years. From 2002 to 2005, he was appointed Associate Professor at the International Research Center for Medical Education, the University of Tokyo. In 2005, he became a professor of the Department of General Medicine and Primary Care, Tokyo Medical University (TMU) and also a professor of the Department of Medical Education of TMU from 2008. Since he returned to Hokkaido University in 2012, he has been enjoying his dual appointments (Hokkaido Univ. and Tokyo Medical Univ.), and has been engaged in teaching residents, medical students and graduate students. He has been a fellow of the Japanese Society of Internal Medicine since 1989, a board member of the Japan Society for Medical Education since 2003 and an executive board member of the Japan Primary Care Association since 2010. His research interests include teaching and learning basic clinical competence, fostering competent primary care physicians, and international cooperation in the field of medical education.

大滝純司（おおたき じゅんじ）

現在、北海道大学大学院医学研究科医学教育推進センター教授、同センター副センター長、医学部医学科教務委員会委員長、北海道大学教育改革室委員、東京医科大学兼任教授（医学教育学講座と総合診療科）。1983年、筑波大学医学専門学群卒。川崎医科大学の総合診療部門での研修を修了後に講師として勤務。1990年、筑波大学臨床医学系卒後臨床研修部講師。1996年、米国ボストン市ベスイスラエル・ディコネス・メディカルセンターのプライマリ・ケア総合内科部門にて客員研究員。1997年、北海道大学で博士（医学）号取得。1998年、北海道大学医学部附属病院総合診療部助教授。2002年、東京大学医学教育国際協力研究センター助教授。2005年、東京医科大学病院総合診療科教授、2008年、同医学教育学講座主任教授。2012年より現職。日本内科学会認定内科専門医、日本プライマリ・ケア学会理事、日本医学教育学会評議員。

日本の医学部入試の現状と課題

大滝 純司

日本の医学部は入学者の大半が将来医師になることから、その入学試験(以下、医学部入試)が社会へ与える影響は大きい。医学部入試の学力試験では、当然のことながら受験学力を測定している。受験学力のみで入学者を選抜することについては、厚生労働省や日本医学教育学会が、かねてから改善するよう勧告がなされている。それに呼応して、面接や高校時代の活動などを重視する評価や推薦入試が医学部でも少しずつ導入されている。しかし、入学後の過密なカリキュラムから脱落しないためには高度な学力が必要であるとする意見も多い。結局、受験学力が、日本の医学部入試の尺度の中心になっている。

今回のシンポジウムでは、この受験学力が重視されている日本の医学部入試に関して、二つの論点に着目したい。

ひとつ目の論点は、高度な学力を測定することの妥当性である。日本では、医師不足の地域出身の志願者を医学部に入学させるための、いわゆる「地域枠」が政策的に導入され、大学によっては入学定員の過半数を占めている。たとえばこの特別枠の志願者に求める受験学力は、一般枠の受験者に求める受験学力と同じ基準にする必要があるのだろうか。

ふたつ目の論点は、教育格差の影響である。格差社会が日本の大きな課題になる中、教育格差も深刻になっている。現在の日本の医学部入試は、進学校の成績上位者、そして予備校で受験対策を学ぶことができる者でなければ、合格することがきわめて困難になっている。裕福な家庭の出身者、進学校の多い都会の出身者が医学部入学に有利になっているという懸念がある。

Present status and issues of medical school entrance examinations in Japan

Junji Otaki

The majority of students who enter Japanese medical school will become physicians in the future. Consequently, the impact of medical school entrance examinations (hereinafter entrance exams) on society is considerable. In the achievement test of entrance exam, we have to take the measure of academic achievement, of course. Japanese government and Japanese Society for Medical Education have been repeatedly recommended not to select enrollee only by the score of it. In order to meet them, interview, records of high school activities and other measurements and admission by recommendation have been introduced little by little in the selection process. On the other hand, some faculties of Japanese medical schools insist the need of the highest passing grade in achievement tests in order not to fall out of overcrowded curriculum after admission. After all, the achievement tests have been the center of the measure of the entrance exam in Japan.

In this symposium, I want to focus on two issues about Japanese medical school entrance exam where academic ability for achievement tests is highly valued.

Firstly, the validity of measuring an advanced academic ability will be addressed. For example, so-called "regional quotas" have been introduced in Japan as a policy measure to admit many regional applicants from areas with a shortage of physicians to medical schools. For the selection of these quotas, do we need set the same pass levels of the achievement tests with the candidates of the general frame?

The second issue is the effect of education gap. As societal stratification continues to develop into a major problem in Japan, educational disparities are also becoming serious. Presently, entrance exams in Japan are extremely difficult to pass unless a student is ranked among the top at his or her high school and can learn how to prepare for the exam at a preparatory school. We are concerned about the advantage of the candidates from a wealthy family, and from urban fame high school with special curriculum.

講演 3. 格差社会における医学部入試 ロンドン大学キングス・カレッジの試み

“Unequal societies and medical school enrolment: Extended Medical Degree Programme (EMDP) at the King’s College London”

武田 裕子 米国ベスイスラエルディーコネスメディカルセンター フェロー



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Dr. Yuko Takeda began her Hinohara Fellowship at Beth Israel Deaconess Medical Center, Boston in September 2013, after spending three years in London where she obtained a Master’s of Science degree in Public Health (Health Promotion Stream) from the London School of Hygiene and Tropical Medicine in 2011. She also worked as a research fellow with King’s Undergraduate Community Medicine Team in King’s College London School of Medicine. Dr. Takeda graduated from the University of Tsukuba School of Medicine in 1986, then from their Graduate School of Medicine in 1990. She completed her Internal Medicine residency at Beth Israel Hospital in Boston, and is a Fellow of the American College of Physicians (FACP) and board certified by the American Board of Internal Medicine. Dr. Takeda returned to Japan in 1994 and after a pulmonary fellowship, was appointed as assistant professor in the Division of Medical Education at the University of Tsukuba. In 2000, Dr. Takeda joined the Division of Community-Based Medicine at the University of the Ryukyus in Okinawa, where she was involved in curriculum development for primary care medicine. Between 2005 and 2007, Dr. Takeda was Associate Professor at the University of Tokyo’s International Research Center for Medical Education, where she greatly enjoyed being involved in international cooperation. In August 2007, Dr. Takeda became Professor at Mie University where she chaired the Department of Community-Oriented Medicine until 2010. Because of her experiences in Okinawa and in Kumano, a rural area of Mie, and Afghanistan, she became convinced that the principles of primary health care were relevant, effective and necessary even in a developed country like Japan, especially considering increasing inequity and the growing disparities of human resources in health care. She thus decided to pursue her studies at the London School of Hygiene and Tropical Medicine.

Dr. Takeda is currently enjoying her recent return to Beth Israel Deaconess Medical Center to review the advancements in the practice and teaching of primary care medicine over the last 20 years with a special interest in comparing it to GP practice in the National Health Service, England. She is also an Honorary Research Fellow at King’s College London School of Medicine.

武田裕子（たけだ ゆうこ）

ハーバード大学医学部プライマリ・ケア総合内科部門フェローシップ研究員（日野原フェロー）。1986年筑波大医学専門学群卒。1990年筑波大学医学研究科博士課程修了後、米国臨床留学。ハーバード大学教育病院であるベス・イスラエル病院にて内科・プライマリ・ケア研修を行い、1994年に帰国。呼吸器内科研修後、筑波大学卒後臨床研修部講師（1997-2000）、琉球大学医学部附属病院地域医療部講師（2000-5）として主にプライマリ・ケア診療・教育に従事。2005年、東京大学医学教育国際協力研究センター准教授。2007年、三重大学医学研究科地域医療学講座教授。2010-11年ロンドン大衛生熱帯医学大学院修士課程に在籍。MScを取得後、ロンドン大学キングスカレッジ医学部地域医療教育部門特別研究員としてヘルス・プロモーション教育・研究に従事。2013年9月より現職。米国内科専門医（ABIM）、日本内科学会認定内科医、日本呼吸器学会専門医、日本医学教育学会編集委員会委員、日本プライマリ・ケア連合学会評議員、米国内科学会（ACP）日本支部副支部長、東京大学大学院医学系研究科附属医学教育国際研究センター客員研究員。

格差社会における医学部入試 ロンドン大学キングス・カレッジの試み：
Extended Medical Degree Programme (EMDP)

武田裕子

医学部は、十分な臨床技能教育はもちろんのこと、変化を続ける社会情勢に対応できる能力・使命感を育む医師を育成する責任を有している。多様な学習環境は、あらゆる学生に社会の抱える問題への気付きや、省察的实践を促すために、非常に重要である。

本発表では、社会経済的状況が人々の健康や地域に与える影響について述べ、それによって生じる健康格差に対して医学部がどのような役割を果たせるかを、ロンドン大学キングス・カレッジの入学者選抜の取り組みを例に議論する。

健康の社会決定要因(Social determinants of health: SDH)、例えば、医療アクセスの偏在や貧困、失業、教育機会の喪失は、健康格差を生み、助長するものである。他の先進国同様、日本でも、社会経済的な状況が個人によって大きく異なる時代となってきた。そのような社会で生じている健康を脅かす状況に、的確に対応し、医療を効果的に提供するには、医学部卒業生は社会要因が複雑に個人の行動に影響を与えることを理解する必要がある。しかしながら、医学生も多くは比較的恵まれた環境の中で生育し、社会的困窮や格差を実感する機会に遭遇することはまれである。

英国の医学部では、近年、女性の入学者が増加し、人種や年齢においても多様な学生が増加している。しかしながら、社会経済的背景はかなり共通している。これまでの報告によると、特定の集団に属する学生は医学部入学に不利な要件を有しており、教育の機会均等や平等といった観点から、問題を指摘されるに至っている。所得格差の大きい国では、階層間で明らかに学習能力の差異が存在する。英国は先進国の中でも所得格差の大きい国であり、機会均等の指標となる階層間の移動も乏しい。そのため、社会経済的立場の違いにかかわらず教育を受ける機会を拡大することは、英国政府の中心的な政策課題となっている。

キングス・カレッジ医学部では、入学者選抜に拡大枠を設けている(Extended Medical Degree Programme : EMDP)。これは、公立一般校のみで学んだために受験に不利な状況におかれたロンドン市内の生徒に、医学部入学の機会を増やすためのものである。A levels といわれる学科試験成績と臨床能力テスト(UKCAT: UK clinical aptitude test)、面接、事前提出エッセイがキングス・カレッジの選抜方法として用いられている。面接では、学業成績以外に優れているところを抽出する質問がなされ、これまで2名の面接者が担当していた。今年度から、マルチプル・ミニ面接を導入することになっている。拡大枠で入学した学生は、医学部5年間の教育課程のうち、最初の2年間で3年間かけて行うことになっている。拡大枠の導入は、大学に多様な文化・社会的な要素が加わり、医学教育への新たな見方を得ることにつながっている。

長引く不況とグローバル経済は、多くの国に所得格差の増大を生じ、健康格差や教育格差をもたらしている。その影響は、社会経済的に恵まれない状況にある子供たちに特に顕著に表れている。日本も例外ではない。医学部として、こうした社会情勢の変化にどのように応答すべきであろうか。医学部入学者枠の再考を、検討する段階に来ているといえないだろうか？

Unequal societies and medical school enrolment: Extended Medical Degree Programme (EMDP) at the King's College London

Yuko Takeda

Medical schools are responsible for preparing not only clinically competent doctors but also professionals who are responsive to society needs. Diverse learning environments are essential to provide students an awareness of social issues, enhance reflective practice and benefit students regardless their background.

Aims of this presentation are to illustrate how the health of people and communities are impacted by socioeconomic conditions, and to discuss how medical schools can respond to the health inequities. The initiatives to broaden access to medical school at King's College London in the UK are described as an example of one approach to address the evolving needs of patients.

Social determinants of health such as unequal access to healthcare, poverty, unemployment and lack of education are underlying and contributing factors to health inequalities. Japan, like many other industrialised countries, has become increasingly diverse socioeconomically. In order to respond to current health challenges and practice medicine effectively, medical graduates must understand the complex relationships of individual behaviour and social factors. However, many medical students have relatively privileged backgrounds with limited personal exposure to social deprivation to understand the inequity.

Although UK medical schools have become increasingly diverse in gender, ethnicity and age, they are less so in regard to socio-economic background. Analysis has shown that certain groups of students seem to face disadvantage in entering medical schools, and it has raised concern about fairness and equal opportunity. Social gradient of educational achievement becomes steeper, when income inequality is greater in the country. Income inequality in the UK is the highest among industrialised countries and social mobility, often indicating equality of opportunity, is low in fact in UK. Therefore, widening participation in higher education for all sections of society has become a central policy aim for the UK Governments.

At the King's College London, the Extended Medical Degree Programme (EMDP) was established to widen access to include bright students who are disadvantaged due to attending non-selective state schools in inner city areas. In addition to academic score (A levels) and clinical aptitude test (UKCAT), the interview is an important part of selection process at King's and utilised to elucidate applicant's non-academic achievements, and multiple mini interviews are conducted. The EMDP takes 6 years compared to 5 years for the standard programme to allow the students to study at a slower pace for the first 3 years. The increased diversity provided by the EMDP students brings different cultural assets and preconceptions about medical education to the college.

Long-lasting recession over last several decades has widened income inequality in many countries with negative consequences in health and education among vulnerable populations especially children. Japan is no exception. Is this time for medical school to consider change to respond to those unprecedented challenges? Could widening access to medical school be a part of that change?

講演 4. セントジョージ校及び英国の医学部における入学者選抜

“Overview of selection processes used by St George's and other UK Medical Schools”

ピーター・マクローリー

英国 ロンドン大学セントジョージ校 医学教育学 教授

キプロス ニコシア大学医学部長 (医学教育部門)

Peter McCrorie

Professor of Medical Education

St George's, University of London, UK

Dean for Medical Education

University of Nicosia Medical School, CYPRUS



Peter McCrorie studied Biochemistry at Glasgow University. He obtained a PhD in Biochemistry at St Thomas's Hospital Medical School and moved to The London Hospital Medical School to take up a post as a Research Assistant in Haematology and subsequently as a Lecturer/Senior Lecturer in Biochemistry. He became Curriculum Co-ordinator for the new course which started at St Bartholomew's and The Royal London in 1990. He soon became Head of the Centre for Medical and Dental Education and took a full role in the planning of the 1999 curriculum at St Bartholomew's and The Royal London. He left just before the curriculum was introduced, to take up the post of Director of the 4-year MBBS Graduate Entry Programme at St George's, University of London - the first of its kind in the UK. He was granted a personal chair in Medical Education in 2002 and was Head of the Centre for Medical and Healthcare Education until August 2012. He was appointed Associate Dean for International Affairs (Education) in 2007. Peter McCrorie now works half-time as Professor of Medical Education at St George's and half-time as Dean for Medical Education at the University of Nicosia, Cyprus, which runs the St George's Graduate Entry Programme as a franchise. His roles in Cyprus include advice & support, quality assurance, and staff development & training.

Peter McCrorie also works on a consultancy basis for the General Medical Council. He is a trainer and Lay Assessor for the GMC Performance Procedures. He is also a member of the Training Team for the National Clinical Assessment Service. He has been involved in the Quality Assurance of 8 UK Medical Schools on behalf of the GMC and has been Team Leader for two of these, including The University of Newcastle MBBS programme in Malaysia.

He has been involved in the training of general practitioners and other clinicians at a postgraduate level in Russia, Romania, Macedonia and Brunei. He led a St George's team working with the Universiti Brunei Darussalam to establish a 3 year Bachelor in Health Science degree, which formed the basis for entry to the clinical courses run by specific partner medical schools in the UK, Australia and Canada.

In his role as Associate Dean for International Affairs, he has worked in collaboration with universities in Australia, Japan, Ireland, Cyprus, Portugal, Malta and Italy. He has been part of a team from the Australian Medical Council validating the University of Queensland's medical programmes in Australia, Brunei and New Orleans. He has also worked as an educational consultant for The Belgian Red Cross HIV/AIDS relief programme in Libya.

His interests lie in curriculum development, assessment, graduate entry, self directed and problem based learning, community oriented medical education, interprofessional learning and staff development.

Overview of selection processes used by St George's and other UK Medical Schools

Peter McCrorie

I have carried out on-line research about UK selection processes by collating information from the websites of each of the 34 medical schools in the UK. Each school uses its own selection process – no two are the same.

An overview will be presented which will summarise the types of medical programmes available, their entrance requirements, admissions and aptitude tests, interview processes and other requirements such as work experience, personal statements, English language certificates, health and criminal record checks. As an exemplar, the various selection processes carried out at St George's, University of London, will be described in detail.

St George's is proud of its reputation for widening participation and has indeed won many awards for it. I will outline the nature of our widening access selection process and will describe the many activities undertaken by staff and students to promote a career in healthcare education at local schools. St George's approach to attracting into medicine people who would otherwise never have even considered it as a career, is unique in the UK. I will also touch on some reasons why some selection methods used for medicine may actually discriminate against applicants from less privileged backgrounds.

セントジョージ校及び英国の医学部における入学者選抜

ピーター・マクローリー

英国の医学部 34 校のウェブサイトから情報を収集し、入学者選抜方法についてオンライン調査を行った。各校は独自の選抜方法を用いており、同一のものはなかった。医学教育プログラムの種類、入学要件、入学適性試験、面接試験の方法に加え、実務経験や自己アピール、英語の語学能力に関する証明、健康診断や犯罪歴の確認を含むその他の要件について、全体像をまとめた。

個別の例として、ロンドン大学セントジョージ校で行われている様々な選抜方法について詳しく紹介する。

セントジョージ校は入試の門戸が広いことで知られており、それに関する多くの賞を授与している。ここでは、同校の選抜過程が門戸を広く開いている様子について概説するとともに、スタッフや学生が地域の学校で行っている、保健・医療教育への進路を促す様々な活動について述べる。そのようなことを考えていなかった人たちに、セントジョージ校で医学を学ぶという進路に興味を持たせるというアプローチは、英国ではユニークなものである。医学部における選抜方法が、実際に非特権階級層からの志願者に対して差別的になることがある理由についても言及していく。

講演 5. 台湾の医学部入試の状況

“Overview of the Selection of Medical Students in Taiwan”

チーワン ライ

Chi-Wan Lai, MD

Chairman, Taiwan Medical Accreditation Council (TMAC)



Chi-Wan Lai, M.D.

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Education

- Residency in Neurology, and Fellow in Electroencephalography and Epilepsy, Department of Neurology, University of Minnesota Hospitals, Minneapolis, MN
- Residency in Neurology & Psychiatry, Department of Neurology and Psychiatry, National Taiwan University Hospital, Taipei, Taiwan
- M.D. College of Medicine, National Taiwan University, Taipei, Taiwan

Career Path

Present

- Chairman, Taiwan Medical Accreditation Council (TMAC)
- Chair Professor, Andrew T. Huang Medical Education Promotion Fund
- Attending Neurologist, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan

Past

- Professor with tenure, Department of Neurology, University of Kansas School of Medicine, Kansas City, KS
- Director, Neurology Residency Program, University of Kansas School of Medicine, Kansas City, KS
- Vice Chairman, Department of Neurology, University of Kansas School of Medicine, Kansas City, KS
- Co-Director, Kansas University Comprehensive Epilepsy Center, University of Kansas Medical Center, Kansas City, KS
- Dean, College of Medicine & Vice President, Tzu Chi University, Hualien, Taiwan
- Executive Secretary, Medical Education Committee, Ministry of Education, Taiwan
- Chairman, Medical Education Committee, Ministry of Education, Taiwan

Overview of the Selection of Medical Students in Taiwan

Chi-Wan Lai, M.D., Charity Tsai, M.D., Ph.D.

The first medical school in Taiwan was established in 1897 while Taiwan was under Japanese governance, and since then, the medical profession has been recognized by the public as one of the best choices of career. Even though there are currently a total of 12 medical schools in Taiwan, entering medical schools continue to be a fierce competition.

Medical educators in Taiwan are aware of the connection between outstanding academic capability as well as good personal character and experiences, and becoming a competent and compassionate physician, yet medical admissions remain solely based on a single written test, the Joint College Entrance Examination (JCEE), until the 1980s when interviews were added to the admission process of the graduate-entry medical programs (GMPs). At that time, the GMP was introduced in five medical schools besides the traditional “high school leaver” program. However, the interview method was not nationally adopted, and it soon faded with the abolishment of the GMP within 2 to 12 years, except for one medical school which continues to run the dual system and adopt the interview process in addition to the JCEE for their GMP.

It was not until the 1990s when the Taiwanese Ministry of Education approved of interview-based examinations through the tracks of “School Recommendation (SR)” and “Self-Application (SA)”, whereby candidates have to pass the Step I, a national written exam, and the Step II, where they have to submit to schools they are applying to their personal profile (including personal statement, letters of recommendation, high school grades, prerequisite studies, portfolio, extra-curricular activities, volunteer experiences and awards, and other supplementary information forms) as well as go through an interview. The latter can be either traditional interviews (one-on-one, one-on-a panel, group interview, semi-structured interviews) or a series of one-on-one structured interview, i.e. the “multi-mini interview” (MMI).

Although it varies from school to school, in the last few years, on average, up to 40% of all newly-enrolled medical students were selected through interview-based procedures, with the rest through a single written exam (JCEE). The performance of students through these different tracks has been monitored and compared, and so far, no consistent major differences have been shown.

Further details will be presented at the conference.

台湾における医学生選抜の概略

チーワン・ライ、チャリティ・ツァイ

台湾初の医学部が設立されたのは、日本の統治下にあった1897年であった。以来、医療専門職は最良の進路選択の1つだとみなされている。現在、台湾には12校の医学校があるにも関わらず、医学校への入学は難関であり続けている。

台湾の医学教育関係者は、優れた人格と経験に加えて高い学力が、能力と思いやりを兼ね備えた医師となることに関連していると認識しており、医学部入試が大学間共通の入学試験（JCEE）という単一の筆記試験のみに基づいて行われていた中で、1980年代までに医学部学士入学プログラム（GMPs）の入試方法に面接が追加された。当時、このGMPは従来の高卒者向けの入試プログラムと並行して、5つの医学校に導入された。しかし面接試験が全国的に採用されることはなく、GMSの廃止と共に2~12年の間に行われなくなった。例外的に1校のみが、GMPのためのJCEE以外にも面接試験を採用し、二つの試験方法を継続した医学学校があった。

1990年代によりやく台湾の教育省が『学校推薦（SR）』と『自己出願（SA）』の枠で面接試験を行うことを承認した。志願者はステップ1で全国一律の筆記試験に合格した後に、ステップ2では出願校へ個人プロフィール（自己紹介、推薦状、高校の成績、必修科目の履修歴、ポートフォリオ、課外活動、ボランティア経験、受賞歴、その他の補足情報）を提出するのに加え、面接を受けねばならなくなった。面接は従来の方法（1対1、1対パネル、グループ面接、半構造化面接）もしくは1対1での構造化面接を連続して行うMMI（Multiple Mini Interview）が行われる。

医学部により異なるが、ここ数年で医学部に入学した学生の平均40%が、面接試験に基づいて選ばれており、残りは1回の筆記試験（JCEE）で選抜されている。これらの異なる枠で入学してきた学生の成績をモニターして比較したが、今のところ恒常的な大きな差異は確認されていない。

詳細はシンポジウムにて発表する予定である。

特別発表 マギル大学の医学生選抜 –その新手法
“Admissions at McGill University Faculty of Medicine”

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Biosketch

Joyce Pickering is a general internist, with a Master's degree in epidemiology and particular interests in global health and medical education. She was trained at McGill University, in Montreal, Canada. She has taught epidemiology and supervised Master's theses in both Ethiopia and Canada, and coordinated a course on research methods for developing countries, which was given in Canada in 1995, and in Uganda in 1997. She has won a number of awards for her teaching. She has also been active in clinical education, with roles as hospital site director of a general internal medicine teaching clinic, hospital site director of the medical clerkship, and hospital site director of the internal medicine residency training program. She was the associate dean for undergraduate medical education at McGill University for 7 years (2004-2011) where she implemented a number of changes, including a new system for selection of medical students, a strengthened family medicine clerkship and structured patient safety teaching. From 2009 to 2010 she led a strategic planning task force to revise the medical school curriculum, and is currently on the steering committee of the new curriculum implementation group, for a new curriculum that will begin in August, 2013. She is presently the interim head of the McGill University Health Centre Department of Medicine.

