

# Analysis of Taiwan Aesthetic Medicine Program Certification

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## Objective

In recent years, because of improvement of the economy and the impact of foreign atmosphere, accelerating Taiwan's aesthetic medicine industry development. However, there is no any qualification for the doctors and without any specification when they perform the medical procedure, in the light of this, Joint Commission of Taiwan (JCT) has begun to conduct Aesthetic Medicine Program certification since 2013, for reduce medical disputes and help institutions to improve medical quality.

Chapter1	group	n	Mean	SD	t	P value
1.1 There are well-functioning organizations, and clearly define the aesthetic of medical services	group 1	37	8.3216	.75199	-2.213	.031
	group 2	24	8.7688	.79984		
1.2 Medical care members have the ability to take care and legally sign in the local department of health	group 1	37	8.3405	.95116	-3.274	.002
	group 2	24	9.1188	.83299		
1.3 Medical care members have education and training	group 1	37	7.8446	.75312	-1.793	.078
	group 2	24	8.2229	.87984		
1.4 Implement infection control action	group 1	37	8.0527	.98495	-2.709	.009
	group 2	24	8.2208	.86739		
1.5 Implement environmental safety action	group 1	37	8.2203	.74119	-2.152	.036
	group 2	24	8.6146	.62788		
1.6 Surgery and anesthesia department can take care of surgery	group 1	26	8.2115	.81453	-2.417	.020
	group 2	24	8.7563	.77576		
1.7 The equipment can provide legal documents, correct data and regular maintenance management mechanisms	group 1	37	8.2905	.83648	-1.198	.844
	group 2	24	8.3333	.80645		
1.8 Purchases of medical material and supplies are legally and properly stored and managed and documented	group 1	37	8.2703	.71535	-1.948	.056
	group 2	24	8.6375	.72566		
1.9 There is a government license to provide the product and the trial product for the treatment and to properly manage the product	group 1	37	7.7162	.69708	-.426	.672
	group 2	24	8.8125	.65628		
Chapter2	group	n	Mean	SD	t	P value
2.1 Properly manage the information and privacy of the recipient	group 1	37	8.5608	.73929	-.499	.620
	group 2	24	8.6667	.90790		
2.2 Implement medical care routine and clinical care guidelines to ensure care quality	group 1	37	7.9797	1.61952	-1.673	.100
	group 2	24	8.5688	.72259		
2.3 Medical care routine and clinical care guidelines are regularly revised and applied appropriately	group 1	37	7.7162	1.50134	-2.481	.016
	group 2	24	8.5271	.67983		
2.4 Implement a comprehensive assessment of the health information of the recipient	group 1	37	7.9797	.88266	-2.921	.005
	group 2	24	8.6292	.79138		
2.5 The recipient will be able to fully understand the recommended medical treatment and selection before performing the treatment	group 1	37	8.0743	.64782	-1.787	.079
	group 2	24	8.3625	.56091		
2.6 Preparations for medical treatment are completed	group 1	37	7.9459	.72919	-2.824	.006
	group 2	24	8.4792	.70679		
2.7 Implement safety medical treatment	group 1	37	8.1419	.78071	-2.708	.009
	group 2	24	8.7333	.90957		
2.8 Conduct medical care after treatment	group 1	37	8.0068	.80469	-3.678	.001
	group 2	24	8.7792	.78590		
2.9 Safe medication	group 1	37	7.9054	.88653	-4.268	.000
	group 2	24	8.8438	.75833		
2.10 Effective in response to the treatment of the sudden situation	group 1	37	8.1676	1.18645	-1.662	.102
	group 2	24	8.6375	.88505		
2.11 With the ability to care the case who takes the treatment or medicine with mild, moderate and deep sedation, analgesic, general anesthesia	group 1	23	8.0804	.77456	-3.363	.002
	group 2	24	8.9208	.92806		
2.12 Create a comfortable and warm environment	group 1	37	8.5878	.72700	-.215	.831
	group 2	24	8.6250	.54174		
2.13 Actively provide and assist follow-up care and effectively track the medical outcomes of recipients	group 1	37	8.1284	.72078	-2.246	.028
	group 2	24	8.5438	.68084		
2.14 Effective handling mechanism for guest complaints	group 1	37	8.2838	.80399	-1.101	.275
	group 2	24	8.4792	.58009		
Chapter3	group	n	Mean	SD	t	P value
3.1 Establish quality management mechanism, the pursuit of good quality	group 1	37	7.6757	.80118	-3.442	.001
	group 2	24	8.3958	.79371		
3.2 Medical care teams are actively involved in health care activities	group 1	37	7.5608	.79583	-4.217	.000
	group 2	24	8.4438	.80357		
average score	group 1	37	8.114009973	.5342723859	-3.662	.001
	group 2	24	8.624833333	.5288221257		

## Results

This study collected the score data of 79 institutions/times, using independent-Sample T-Test and One-way ANOVA to analyze the score data with other factor. The results as follows:

1. The average score of the hospital is 8.72(SD=0.48), and the clinic is 8.00(SD=0.53), so the score of hospital is higher than clinic significantly( $p<0.001$ ).
2. There are 21 criteria score of hospitals are significantly higher than clinics.
3. We exclude 18 institutions which were scored by documentary review. There are 61 institutions' score data were certificated first time, which is type 1, 24 institutions' score data were certificated second time, which is type 2, and the average score of type 1 is 8.11(SD=0.53), type 2 is 8.62(SD=0.52), so the score of type 2 is significantly higher than type1( $p=0.001$ ).
4. There are 15 criteria score of institutions who were certificated the second time are significantly higher than institutions who were certificated first time.
5. We control the gender and age of the surveyor, the result shows that is significant differences in surveyor background and institutions' score( $F=2.447, P=0.049$ ). Using the scheffe to operate post hoc found out the surveyor which is anesthesia were significantly different with orthopedic surgery ( $P=0.018$ ) and dermatological ( $P=0.036$ )

## Methods

This study collected the score data of 79 institutions/times, which participate Aesthetic Medicine Program Certification from 2013 to 2016, there are 50 hospitals/times and 29 clinics/times. And the surveyor background was classified into three types, including orthopedic surgery, dermatology, anesthesiology. The standards have 25 criteria and the rating is 10-point scale. The institution passes if each criteria gets over 6 points

and average gets over 7.5 points. In order to know the impact of institutional scoring factors, this study uses independent-Sample T-Test and One-way ANOVA to analyze whether the score data differ significantly with other factor.

## Conclusion

In the international community, there is no accreditation system for Aesthetic Medicine institutions, the results of this study show that institutions with this program have upgraded their quality, including personnel qualification, infection control, environmental safety, the safety of surgery and anesthesia, postoperative care, medication management, quality management, etc. Joint Commission of Taiwan (JCT) will continue to conduct Aesthetic Medicine Program certification to help Aesthetic Medicine institutions continue to improve medical quality.

In the past, there was no training program for surveyor until 2016. It is suggested that the meeting and the course should be held annually, and being designed by what the surveyor' competency needs, to strengthen the consensus and professionalism among the different background surveyors. Another suggestion is that revising the evaluation form from score into grades, and set the proportion of pass criteria, so that it could enhance the consistency and objectivity of the surveyors.

We also advise that setting two standards for hospitals and clinics, and strengthening the consultation task for clinics, in order to improve the quality of medical treatment.

