

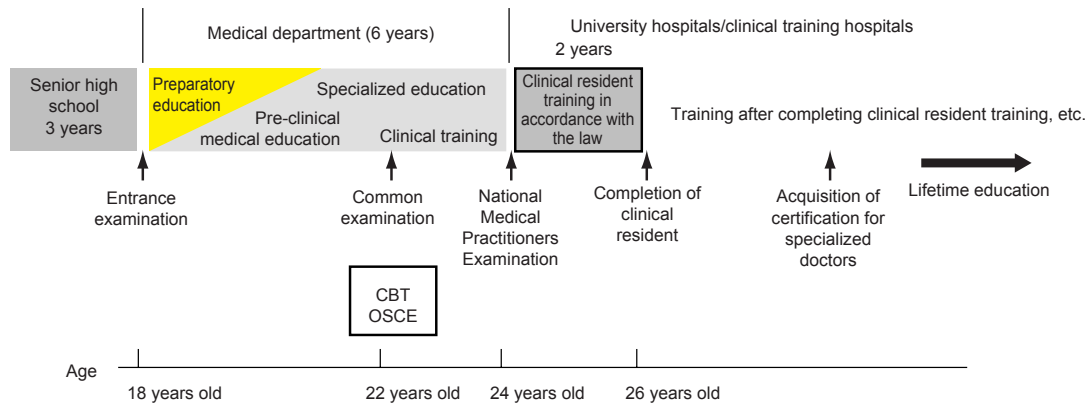
# Quality Improvement of Doctors

## Overview of Clinical Resident Training System for Doctors

### 1. Clinical Resident Training System for Doctors

○ Article 16-2 of the Medical Practitioners Law

Doctors to engage in clinical practice must take clinical resident training in hospitals attached to universities with medical training courses for 2 years or more or hospitals designated by the Minister of Health, Labour and Welfare.



### 2. Basic Ideas of Clinical Resident Training

Clinical resident training must offer doctors the opportunity to cultivate the appropriate bedside manner and acquire basic diagnosis and treatment abilities while recognizing the social role to be fulfilled by medicine and medical services regardless of their future specialty so that they can provide appropriate treatment for injuries and diseases that frequently occur. (Ministerial Ordinance to provide for clinical resident training pursuant to Article 16-2, paragraph 1 of the Medical Practitioners Law)

### 3. Programs of Clinical Resident Training

- ① Clinical resident training is mandatory for internal medicine, surgery and emergency departments (including anesthesiology), pediatrics, obstetrics and gynecology, psychiatry and regional health/medical care and individual courses must be provided for not less than one month.
- ② Basic training courses are provided, in principle, for the first 12 months. It is desirable to provide training for 6 months or more for internal medicine and for 3 months or more for surgery and emergency departments. Of the first 12 months, compulsory courses may be provided for the period not exceeding 3 months.
- ③ With regards to regional health/medical care, training facilities can be selected freely clinics in remote areas/islands, small- and medium-scale hospitals/clinics, health centers, health care facilities for the elderly requiring long-term care, Social Welfare Facilities, Japanese Red Cross Blood Centers, and various other facilities offering medical examination and health checkups (clinical resident training cooperative facilities).

### 4. Status of Execution

① Clinical resident training facilities (as of April 1, 2008)

Clinical resident training hospitals (independent/management type)	1,004 hospitals
Clinical resident training hospitals (cooperative type)	1,298 hospitals
Clinical resident training cooperative facilities	5,047 facilities
University hospitals (independent/management type)	109 hospitals
University hospitals (cooperative type)	24 hospitals

② Enrollment status of residents

Classification	University hospitals	Clinical resident training hospitals
FY 2003 (old system)	72.5%	27.5%
FY 2004 (1st year of new system)	55.9%	44.1%
FY 2005 (2nd year of new system)	49.2%	50.8%
FY 2006 (3rd year of new system)	44.7%	55.3%
FY 2007 (4th year of new system)	45.3%	54.7%

#### (Reference) The course of improvement of clinical resident training system

- 1948 Started 1 year internship system after graduation (under the guidance of GHQ)
  - 1968 Creation of clinical resident training system ("voluntary" training)
  - 1994 Suggestion by the council for those engaged in medical services → "make it compulsory and improve contents"
  - 2000 Revision of the Medical Practitioners Law and the Medical Care Law
  - 2004 Enforcement of new system
- Problems of the old system
1. Resident training was voluntary
  2. Resident training program is not clarified
  3. Straight training mainly for specialized doctors
  4. Remarkably large disparities among institutions
  5. Insufficient guidance system
  6. Insufficient achievement evaluation of resident training
  7. Unstable status/work conditions A@ part-time jobs
  8. Heavy concentration of residents in large hospitals in urban areas

**Re-education Training of Administratively Punished Doctors, etc. (the Medical Practitioners Law, etc.)**

