

Outline of System Reform

(1) Flexible Training Program

- Presupposing the basic principle of clinical resident training and achievement goal, standard of training program will be more flexible.
- “Compulsory courses” are Internal Department, Emergency Division, and Community Medicine. Surgical Department, Anesthesiology, Pediatrics, Obstetrics and Gynecology, and Psychiatry are “elective compulsory courses”, and training is held for 2 selected courses.
- Training periods are 6 months and more for Internal Department, 3 months are more for Emergency Department, and 1 month and more for Community Medicine.
- Training programs for residents who wish to become obstetricians and gynecologist, or podiatrist are provided. (Hospitals with 20 or more resident recruitment quotas)

(2) Reinforcement of Designated Standard of Fundamental Clinical Resident Training Hospital

- For fundamental clinical resident training hospitals, conditions of designated standards such as the number of annual inpatients has to be 3,000 or more, and 1 or more medical clinical instructor for each 5 residents has to be arranged, are added.

(3) Revision on Recruitment Quotas of Residents

- Framework of recruitment quota corresponding to training applicants is to be established, and in order to conduct appropriate regional arrangement of residents, the limit of recruitment quota in each prefecture is to be established.
- Considering the past performance of accepting residents and doctor dispatch, etc, recruitment quotas of residents in each hospital should be established with necessary adjustment with the limit of recruitment quotas in each prefectures.

(4) Reviewed Provision

- Ministerial ordinance on clinical resident training has to be reviewed within 5 years from the enforcement of Ministerial Ordinance on Clinical Resident Training, and necessary measures are to be taken.

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

