

Improved Quality of Doctors

Overview

History of Clinical Training System

- 1948 1-Year internship system after graduation started (1-year program necessary to be qualified for National Examination)
- 1968 Creation of clinical training system (effort obligation of more than 2 years after obtaining medical license)



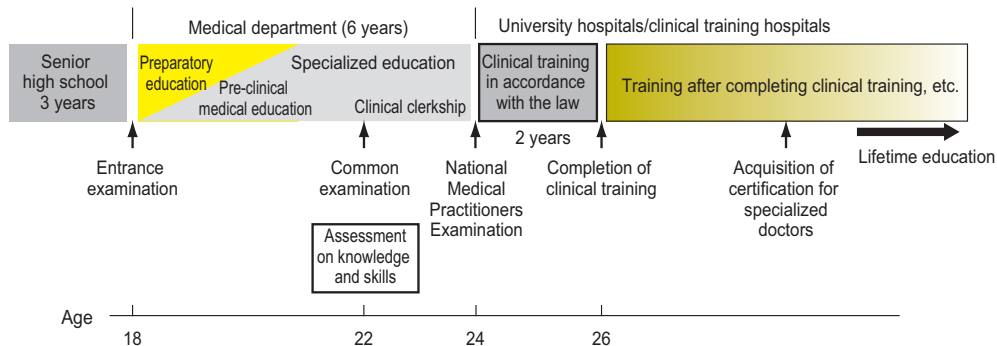
- [Issues of the conventional system]
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| 1. Training was voluntary | 5. Insufficient guidance system |
| 2. Training programs were not clearly defined | 6. Insufficient evaluation of training achievements |
| 3. Mainly focused on straight training for specialized doctors | 7. Unstable status/work conditions → part-time jobs |
| 4. Remarkably large disparities existed among institutions | 8. Heavy concentration of trainees in large hospitals in urban areas |

- 2000 Revision of the Medical Practitioners Act and the Medical Care Act (obligating clinical training)
- 2004 Enforcement of the new system
- 2007 Holding of Conference on Ideal Clinical Training System, etc. (September – February 2008)
- 2008 Revision of the system (applied at the start of training in FY2010)

Overview of Clinical Training System

1. Medical Education and Clinical Training

- Article 16-2 of the Medical Practitioners Act
Doctors to engage in clinical practice must take clinical training in hospitals attached to universities with medical training courses or hospitals designated by the Minister of Health, Labour and Welfare for no less than 2 years.



2. Basic Ideas of Clinical Training

(Ministerial Ordinance on clinical training provided in paragraph 1, Article 16-2 of the Medical Practitioners Act)

Clinical 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.

3. Status of Execution

[1] Clinical resident training facilities (as of April 1, 2009)

Clinical resident training hospitals (nucleus type)	947
Clinical resident training hospitals (cooperative type)	1,449
University hospitals (nucleus type)	112
University hospitals (cooperative type)	24

[2] Enrollment status of residents

Classification	University hospitals	Clinical resident training hospitals
Old system (FY2003)	72.5%	27.5%
1st year of new system (FY2004)	55.8%	44.2%
2nd year of new system (FY2005)	49.2%	50.8%
3rd year of new system (FY2006)	44.7%	55.3%
4th year of new system (FY2007)	45.3%	54.7%
5th year of new system (FY2008)	46.4%	53.6%
6th year of new system (FY2009)	46.8%	53.2%
7th year of new system (FY2010)	47.2%	52.8%

Outline of System Reform

(1) Flexible Training Program

- Training program standards are revised to offer more flexibility while maintaining the basic ideas and achievement goals of clinical training.
- “Compulsory courses” comprise of internal, emergency, and community medicine. Surgery, anesthesiology, pediatrics, obstetrics and gynecology, and psychiatry are included in Åelective compulsory coursesÅh, of which two courses are selected for training.
- Training periods are no less than 6 months for internal medicine, no less than 3 months for emergency medicine , and no less than 1 month for community medicine.
- Training programs are available for those who wish to become obstetricians or podiatrist (hospitals with 20 or more recruitment quotas for internship).

(2) Reinforcement of standards for designation of core clinical training hospitals

- Requirements for the annual number of inpatients being 3,000 or more, and placement of 1 or more preceptor for each 5 interns, etc. are included in standards for designation of core clinical training hospitals.

(3) Revision of recruitment quotas for internship

- Establishment of a limit on the total number of recruitment quotas that reflects the number of training applicants and the limit of recruitment quota in each prefecture for conducting appropriate regional arrangement of medical interns.
- A recruitment quota of each hospital is set after taking into consideration the actual results of accepting of interns in the past and dispatching doctors, etc. and making necessary adjustment with the prefectural limit.

(4) Provision for the review

- Provisions of Ministerial Ordinance on Clinical Training shall be reviewed within 5 years from the enforcement of Ordinance, and necessary measures to be taken

Re-education Training for Administratively Punished Doctors, etc. (Medical Practitioners Act, etc.)

