

# Medical Practitioners' Act

## Article 1

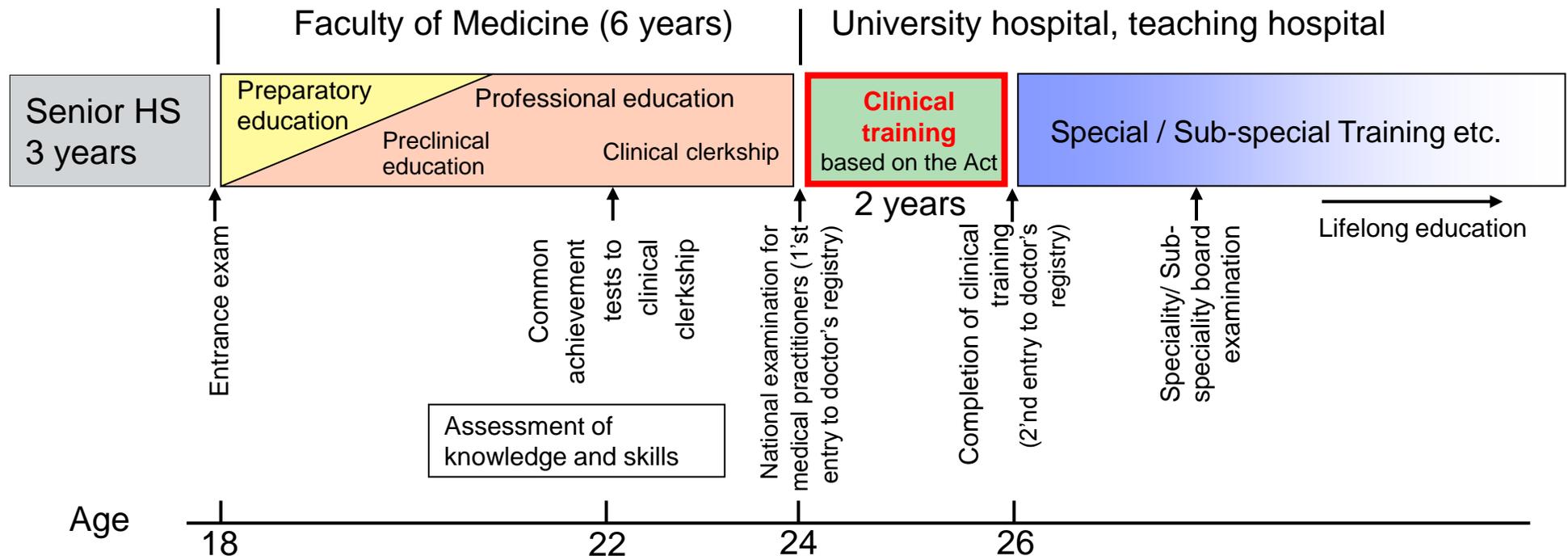
Medical practitioners are to contribute to the promotion and extension of public health and thereby ensure the healthy life of the nation by governing the medicine and health guidance.

# Outline of Clinical Training System for Medical Practitioners

## 1. Clinical training during medical education

- Clinical training based on the Act (Article 16-2 of the Medical Practitioners' Act)

Medical practitioners who are going to engage in clinical practice are required to undertake medical training for no less than 2 years at a hospital of a university that has the Faculty of Medicine or a hospital designated by the Minister of Health, Labour and Welfare.



## 2. Basic philosophy of clinical training (Ministerial Ordinance Concerning Clinical Training Stipulated by Paragraph 1, Act 16-2 of the Medical Practitioners' Act)

- Clinical training **must enable medical practitioners to develop basic medical practice capabilities to appropriately handle injury or diseases that are frequently encountered in general medical practice**, regardless of future specialization, with recognizing the social role of medicine and medical practice while fostering their personality as medical practitioners.

# History of Clinical Training System

- 1948 Internship system started (curriculum required to obtain the qualification to take national exam)  
(Issues at the time) Status and treatment of interns were unclear. The instruction system was unsatisfactory.
- 1968 Clinical training system established (obligation to make effort for 2 years after obtaining the medical license)

[Issues that were pointed out]

1. Too much emphasis was placed on speciality training, while acquisition of basic medical treatment capabilities for primary care was inadequate
2. Supervision of trainees was unsatisfactory
3. Personal management and labour relation of trainees were inadequate, and trainees had to support their living via part-time jobs
4. Training locations were limited (e.g., the university the trainee graduated from)

- JFY2004 New system implemented (Revision of Medical Practitioners' Act) **<Obligation of clinical training>**

Review of the system considered (from September 2008 onward)

[Issues that were pointed out]

1. Smooth linking to the career path (e.g., medical specialist) is hindered
2. There are gaps among the instruction systems at hospitals receiving medical interns
3. Physician dispatching function of university hospitals waned, affecting the shortage of physicians in local areas
4. The maximum number of medical interns recruited went up to 30% more than the number of people looking to undertake the training, resulting in more people gathering in urban areas

- JFY2008 Clinical training system reviewed

- (1) Enhanced the flexibility of training program (from 7 compulsory subjects to 3 compulsory subjects + 2 elective compulsory subjects)
- (2) Enhanced the designation standards for core teaching hospitals (the minimum annual number of inpatients set to 3000)
- (3) Reviewed the maximum number of medical interns recruited (e.g., maximum number set for each Prefecture)

# Attainment Target of Clinical Training

## I Goal for ethics and attitude

### Basic stance and attitude as a medical practitioner

- (1) Doctor-patient relationship, (2) Team medicine, (3) Problem handling capability, (4) Safety management, (5) Case presentation, (6) Sociality of the medicine

## II Goal for clinical experience

### A Basic medical practice, examination and techniques to be experienced

- (1) Medical interview, (2) physical examination methods, (3) Basic clinical tests, (4) techniques, (5) therapeutic methods, (6) Medical records, (7) Treatment planning

### B Symptoms, conditions, and diseases to be experienced

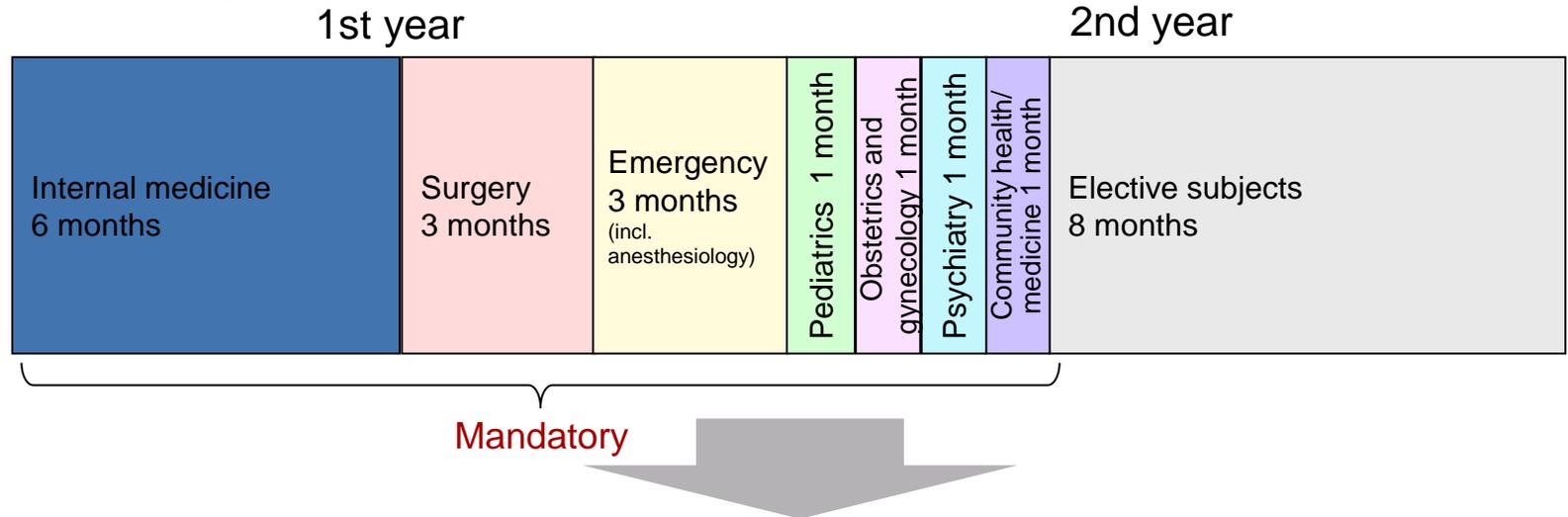
1. Symptoms with high frequency (35 items, of which 20 items are mandatory. Submit reports)
2. Symptoms and conditions that require urgent care (17 items, of which 11 items are mandatory)
3. Diseases and conditions that require experience in treatment (88 items; it is ideal to have experience for 70% of them)
  - Disease A: Requires inpatient case report: 10 items (e.g., stroke, renal insufficiency, dementia)
  - Disease B: Requires experience for outpatient/inpatient: 38 items (e.g., fracture, hepatitis, infantile asthma)
  - Being in charge of more than 1 surgery case (including operation) → Submit case reports

### C Experience at specific medical situation

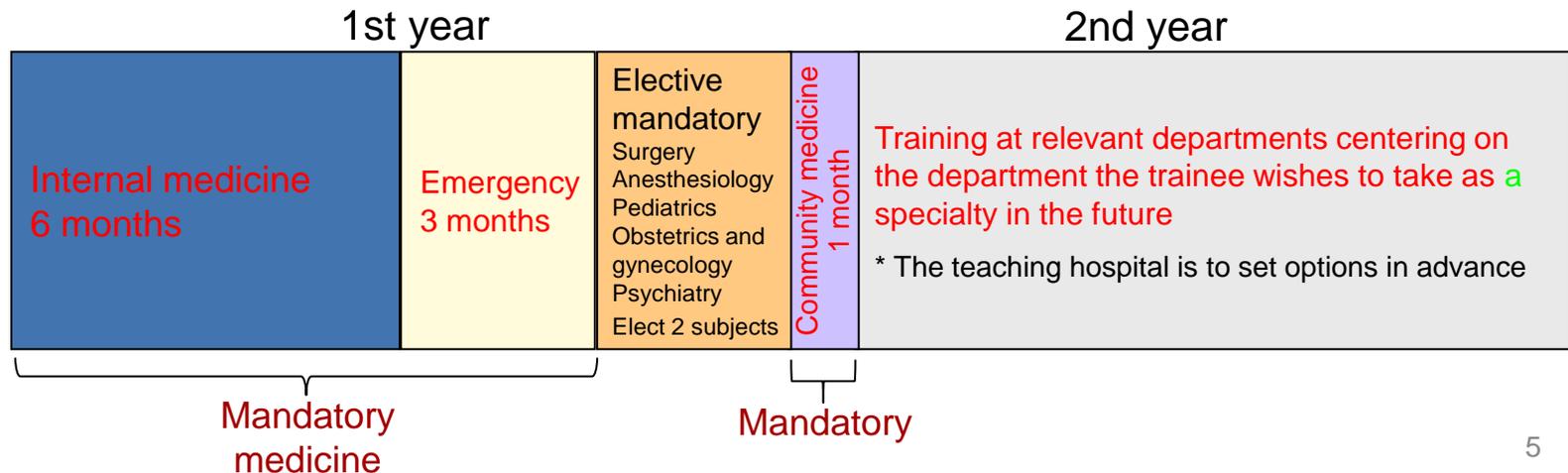
- (1) Emergency medicine, (2) Preventive medicine, (3) Community medicine, (4) Perinatal, pediatric, child health and development, (5) Mental health/medicine, (6) Palliative care, terminal care, (7) Community health

# Review of Mandatory Medical Department

Before the review (**7 subjects** were mandatory) (Up to JFY2009)

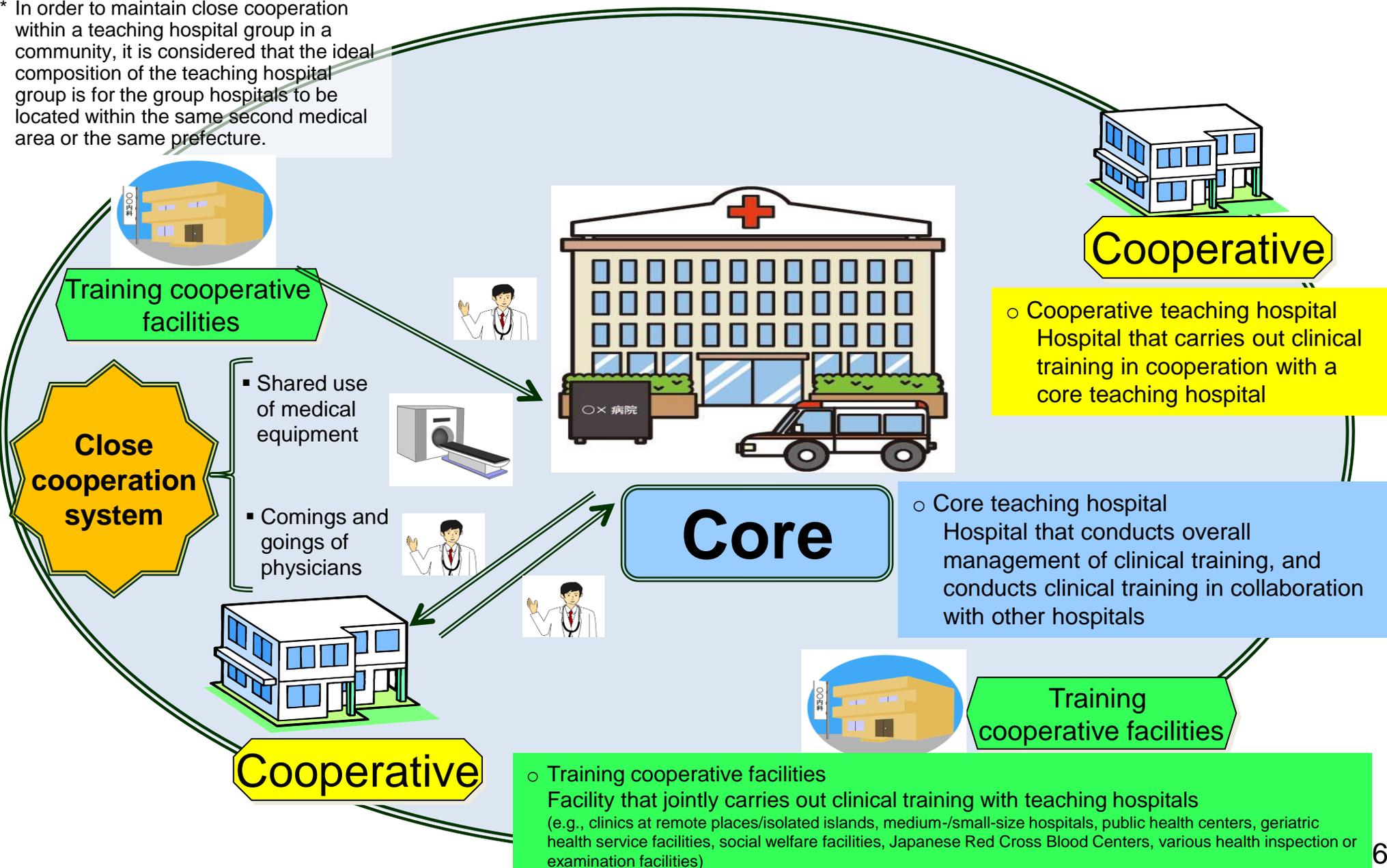


After the review (**3 subjects are mandatory**) (From JFY2009 onward)



# Outline of Teaching Hospital Group

\* In order to maintain close cooperation within a teaching hospital group in a community, it is considered that the ideal composition of the teaching hospital group is for the group hospitals to be located within the same second medical area or the same prefecture.



**Cooperative**

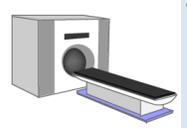
- Cooperative teaching hospital Hospital that carries out clinical training in cooperation with a core teaching hospital

- Core teaching hospital Hospital that conducts overall management of clinical training, and conducts clinical training in collaboration with other hospitals

**Core**

**Close cooperation system**

- Shared use of medical equipment



- Comings and goings of physicians



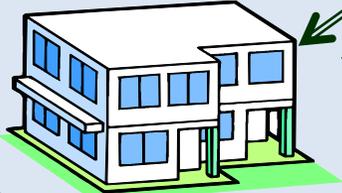
**Training cooperative facilities**



**Training cooperative facilities**



**Cooperative**



- Training cooperative facilities Facility that jointly carries out clinical training with teaching hospitals (e.g., clinics at remote places/isolated islands, medium-/small-size hospitals, public health centers, geriatric health service facilities, social welfare facilities, Japanese Red Cross Blood Centers, various health inspection or examination facilities)

# New System for Medical Specialists (Outline of report from Review Meeting on Ideal Medical Specialists)

2013.4.22

## View

New System for Medical Specialists is established for the purpose of improving the quality of medical specialists and providing quality medicine.

## Status

<Quality of medical specialists> Since each academic society manages individually, there are concerns over the uniformity of the criteria among societies and the guarantee on the quality of medical specialists.

<Desired image of medical specialists> A gap in the understanding of the capability as medical specialists between doctors and the general public.

<Relation with community medicine> Uneven distribution of physicians (location, specialty) is an important problem of recent medicine.

## Outline of new system

### (Basic concept)

- Establish the system with focusing on the viewpoint of career development for the participants, while standing on the viewpoint of the nation.
- Design the system based on professional autonomy.

### (1 Neutral third-party organization)

- Establish a neutral third-party organization and uniformly conduct accreditation of medical specialists and assessment/accreditation of training programs.

### (2 Training, accreditation, and renewal of accreditation)

- Assign past activity performance (e.g., number of cases experienced) as the requirements for accreditation of medical specialists.
- Review the advertising system (advertisement of the name of certificate etc. on the specialty of physicians), and basically allow for advertising of medical specialists accredited by a third-party organization.

### (3 Specialist of general medicine\*)

#### (\* To be determined)

- Add "Specialist of general medicine※" as one of the medical specialists of the basic field.

### (4 Relation with community medicine)

- Conduct training of medical specialists by core hospitals (e.g., university hospitals) and local cooperative hospitals etc. (incl. clinics) forming **hospital groups**, based on training programs that are accredited by third-party organizations.

### (5 Schedule)

- Commence training of new medical specialists **around JFY2017**. Set the training period in accordance with the actual situation of each field, with a standard period of, for instance, 3 years.

## Anticipated effects

- Further improvement of the quality of medical specialists (provision of high-quality medical services)
- Improvement of the medical service provision system