

Maintain Sufficient Manpower to Support Social Security System

2022 Edition Annual Health,

Labour and Welfare Report

Part 1 (Outline)

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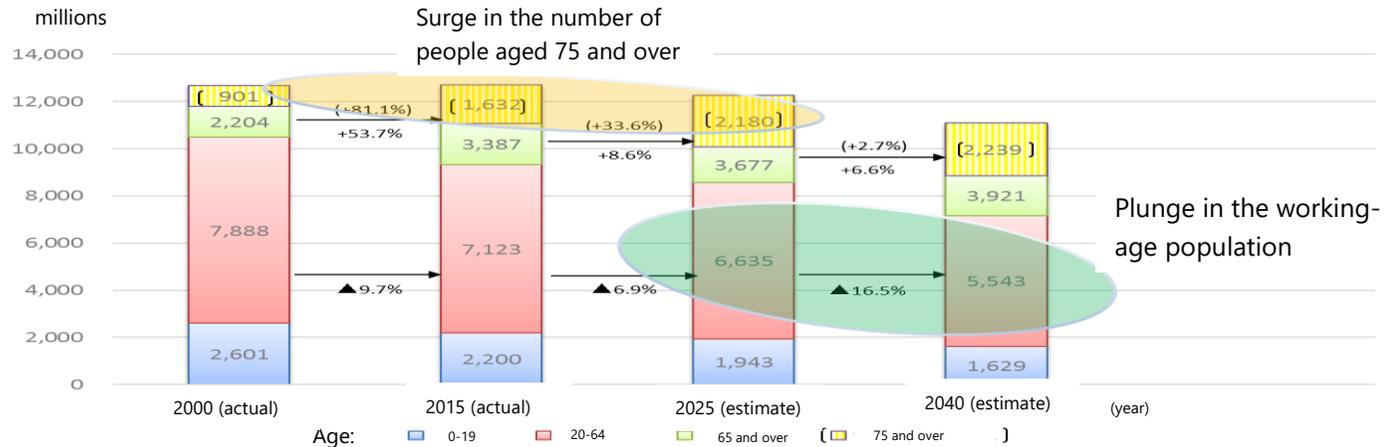


厚生労働省
Ministry of Health, Labour and Welfare

1. Current situation and prospect

From a surge in the elderly to a plunge in working generation

- The decline in the working-age population is projected to accelerate in 2025.



Boosting manpower is one of the top priority issues for the country's social security system in the Reiwa era

- About 10.7 million medical and welfare service workers are projected to be necessary in 2040.
- It is estimated that only about 9.74 million such workers will be available.

Demand side		Supply side
2018 (actual)	2025 (estimate)	2040 (estimate)
8.26 million workers (12%)	9.4 million workers (14~15%)	9.74 million workers (16%)
	(The required number of workers estimated based on future demand for health care and nursing care services that reflects actual data and the country's population structure)	(The number of medical and welfare service workers calculated based on the assumption that the economy keeps growing and workforce participation increases)

- ※ The figures in parentheses are the percentage of medical and welfare service workers in the total number of employed persons.
- ※ The data above are calculated based on the MHLW's manpower simulation carried out in May 2019.

2. Major efforts in the past and challenges (1)

- Medical and welfare services are provided by workers and members of a wide variety of organizations and groups including those qualified by a state examination, local government employees, members of NGOs and NPOs.

List of qualifications authorized by the MHLW (medical and other health services and welfare services sectors)

Medical care-related					
physicians	337,625 (※1)	speech therapists	17,905 (※3)	Judo therapists	75,786 (※4)
dentists	106,223 (※1)	orthoptists	10,130 (※3)	Health-related	
pharmacists	310,158 (※1)	clinical engineers	30,409 (※3)	registered dietitians	264,181 (※6)
public health nurses	64,819 (※2)	prosthetists	128 (※3)	Welfare- and nursing care-related	
midwives	40,632 (※2)	dental hygienists	142,760 (※4)	childminders	644,518 (※7)
nurses	1,272,024 (※2)	dental technicians	34,826 (※4)	certified social workers	257,293 (※8)
clinical radiologists	55,624 (※3)	emergency life-saving technicians	66,899 (※5)	certified care workers	1,754,486 (※8)
clinical laboratory technicians	67,752 (※3)	massage and shiatsu practitioners	118,103 (※4)	psychiatric social workers	97,339 (※8)
physical therapists	100,965 (※3)	acupuncturists	126,798 (※4)	licensed psychologists	54,248 (※9)
occupational therapists	51,056 (※3)	moxibustion practitioners	124,956 (※4)	※1-4: employed persons, ※5: license holders, ※6-9: registered persons	

※1 Statistics of Physicians, Dentists and Pharmacists 2020

※2 Data as of 2019, Health Policy Bureau, MHLW

※3 Number of employed persons working in medical institutions (hospitals and clinics) calculated based on the full-time equivalent (FTE), Survey on Medical Institutions, 2020

※4 Report on Public Health Administration and Services FY2020

※5 Health Policy Bureau, MHLW (as of March 2022)

※6 Health Service Bureau, MHLW (as of December 2021)

※7 Number of full-time and part-time workers, Survey of Social Welfare Institutions (as of October 1, 2020)

※8 Public Interest Incorporated Foundation Social Welfare Promotion and National Examination center (as of the end of March 2022)

※9 General Incorporated Association Japan Center for Certified Public Psychologists (as of the end of March 2022)

(Note) The 2022 Annual Health, Labour and Welfare Report Part 1 focuses on people who have worked on nurturing and maintaining manpower in line with growing demand for medical and welfare services. The paper also looks at their achievements.

2. Major efforts in the past and challenges(2)

Physicians and nursing staff

➤ Physicians

○The number of physicians increased about 3,500 to 4,000 every year after the government called on medical schools to temporarily increase enrollment limits in 2008 in order to deal with serious shortages of physicians caused by an uneven geographical distribution of physicians in rural areas. Supply and demand are estimated to balance each other around 2029.

Number of physicians : 284,556 (December 2008) → 337,625 (December 2020)

○Still, it is necessary to address an uneven distribution of physicians by region and specialty.

➤ Nursing staff

○The number of nursing staff has increased due to various efforts such as training new staff, preventing workers from leaving jobs and supporting people returning to nursing jobs.

Number of nursing staff : 802,299 (December 1989) → 1,683,295 (December 2019)

○ Still, it is necessary to address an uneven distribution of nursing staff by region and type of services and a growing demand for home-visit care.

Nursing care and child care workers

➤ Wages have increased by 75,000 yen a month for nursing care staff and 44,000 yen a month for child care workers since the government launched a wage-increase program.

➤ The average turnover rate for nursing care workers fell below the average for workers in all industries for the first time in 2019. It has continued to decline since then.

Nursing care workers : 17.8% (2010) → 15.4% (2019) → 14.9% (2020)

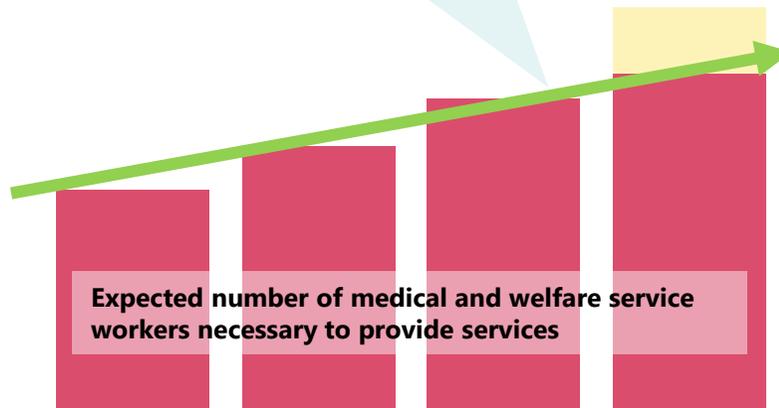
Workers in all industries on average : 14.5% (2010) → 15.6% (2019) → 14.2% (2020)

➤ The active job openings-to-application ratios for jobs in the fields of nursing and child care have remained higher than the average ratio for jobs in all occupations.

3. Future direction

It is crucial to provide medical and welfare services whenever needed in order to make the country's social security system sustainable for the long run. To achieve the goal, the Ministry is working to increase manpower that helps support the social security system while promoting innovation.

Aiming to ensure that services continue to be provided even if the country's population keeps shrinking while maintaining a sufficient pool of manpower and promoting reform



- ✓ **Extend healthy life expectancy**
- ✓ **Medical and welfare service reform**
(innovation, task shifting, task sharing)
- ✓ **Measures suited to local circumstances**
(local communities, efforts to deal with an uneven distribution of manpower, operation of multiple businesses by medical corporations and social welfare corporations, partnerships between those corporations)
- ✓ **Wage increase**
- ✓ **Promote workforce diversity**

Maintain a sufficient pool of manpower in sectors that need to increase workforce in line with local needs.
(home-visit services, child care services, child abuse prevention, COVID-19, etc.)

4. Examples of efforts

Efforts suited to local circumstances

<Measures taken by local communities>

- Establish a multi-layered support system for everyone
- Establish comprehensive support systems in fields targeting the elderly, persons with disabilities, children and others
- Social farming

<Efforts to address an uneven distribution of physicians by region and specialty>

- Set regional quotas for medical school enrollment
- Train medical and other health care service workers for in-home medical care and home-visit nursing services



Workers leaning how to use a portable ultrasound device in a workshop (Hakodate city, Hokkaido)



Shopping assistance in communities with high percentages of the elderly (Sakai city, Fukui prefecture)

<Operation of multiple businesses by medical corporations and social welfare corporations, and partnerships between those organizations>

- Promote personnel exchange programs between participating corporations while making sure that they maintain independence

(Regional medical coordination promotion corporation system and social welfare coordination promotion corporation system)



Nursing care robot exhibition · job seminar (Akita prefecture)



The elderly putting their knowledge and experience to work (Sakata city, Yamagata prefecture)

Investment in people and investment in the future

<Wage increase>

- Child care and nursing care workers, workers providing welfare services for the disabled, etc.
increase equivalent to 9,000 yen per month (from February 2022)
- Nursing staff, etc.
increase equivalent to 12,000 yen per month on average (from October 2022) ※4,000 yen per month between Feb. and Sep. 2022

Aiming to establish a sustainable social security system amid the shrinking population through various efforts



Information posted by nursing care workers under the "KAIGO PRIDE" project (Kumamoto prefecture)

<Promote workforce diversity>

- Provide information that attract people to jobs in sectors facing labor shortages through public job placement centers (Hallo Work offices)
- Offer benefit-type scholarships with no obligation of repayment to students, etc.
- Provide the active elderly with opportunities to work for communities (for instance, opportunities to work as child care assistants or food servers at nursing care facilities)
- Improve workplace environment for foreign workers

Service reform

<Robots, AI, ICT>

- Promote remote diagnosis and treatment of patients including telemedicine
- Support for the introduction of nursing care robots and other technologies in facilities for the elderly



Using transfer aids to reduce the burden on care providers and maintain the quality of care (Setagaya ward, Tokyo)

<Task shifting, task sharing>

- Interprofessional collaboration in health care (team work in health care)
- Promote work-style reform for physicians
- Boost hiring of nursing and child care assistants

Interprofessional team conference (Kanagawa prefecture)



Child-care room for hospital workers' children who are sick or recovering from an illness (Tsukuba city, Ibaraki prefecture)

<Organizational management reform>

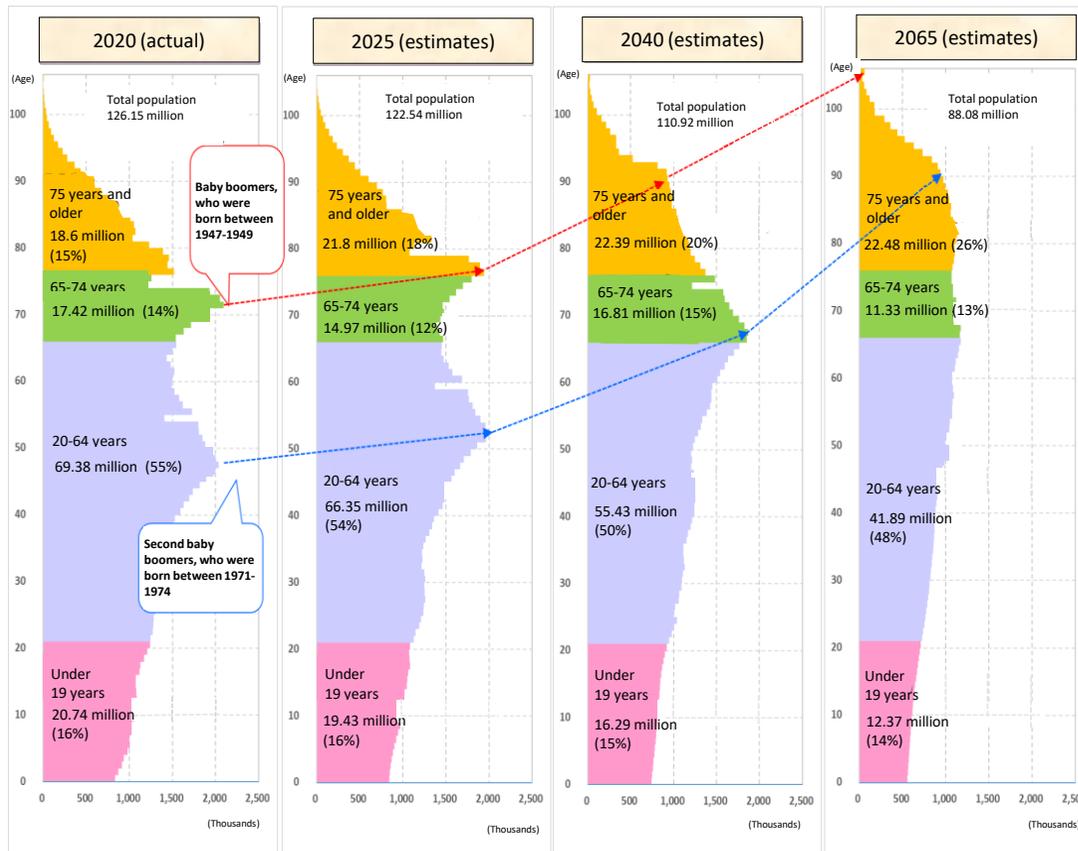
- Organize seminars and workshops designed to change the mindset of managers and corporate executives and improve their management skills

Improvement in work environment

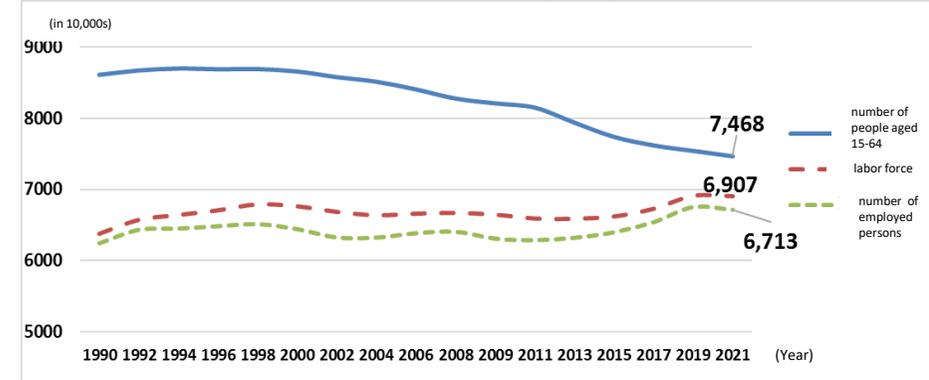
Reference for "1. Current situation and prospect"

- The total number of employed persons stood at about 67.13 million in 2021, maintaining the levels seen in the late 1990s. This is because increasing employment rates among women and the elderly have pushed up the number of employed persons.
- The number of medical and welfare service workers increased by 4.1 million in about 20 years.
- The number of people aged 20-64 is expected to decline by about 14 million over the next 20 years.

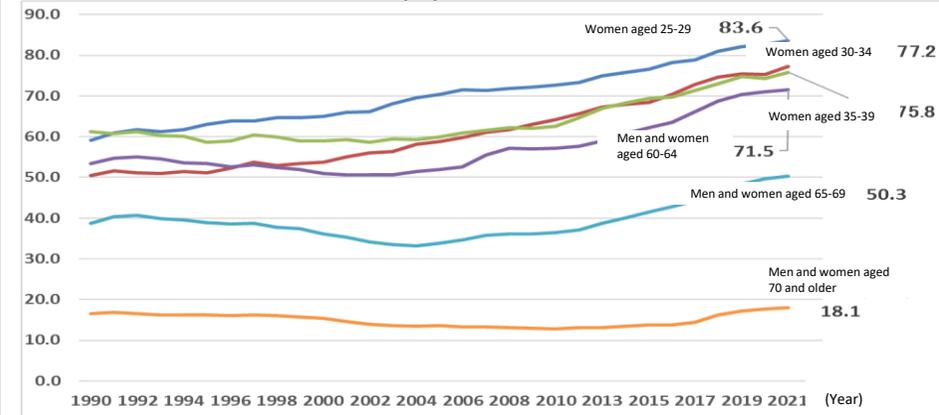
Population pyramid



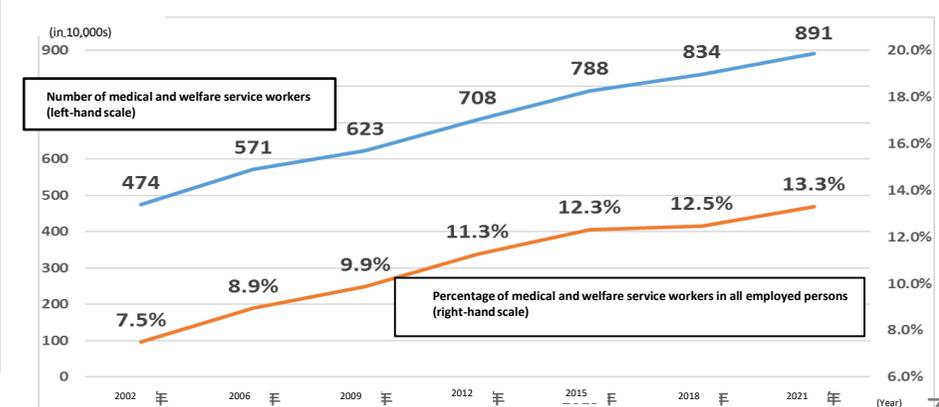
Labor force and number of employed persons



Employment rate



Number of medical and welfare service workers



Reference (1) for "2. Efforts in the past and challenges"

- The number of physicians increased by 3,500-4,000 every year after the government called on medical schools to temporarily increase enrollment limits in 2008 in order to deal with a serious shortage of physicians caused by an uneven geographical distribution. Still, it is necessary to address an uneven distribution of physicians by region and specialty.
- The pace of increase in the number of dentists has slowed. But the number of dentists per 100,000 people has been on the rise. Meanwhile, there are regional disparities in access to dental care when it comes to the number of dental clinics and hospital dental departments. In fact, some communities have no dentists.

Physicians

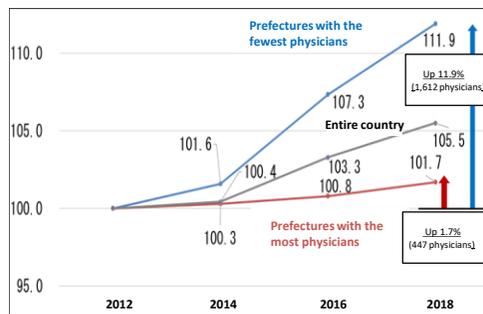
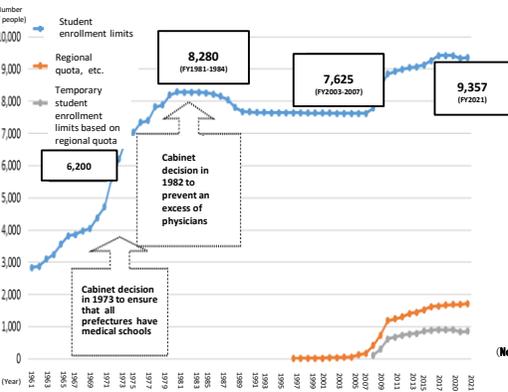
Dentists

Student enrollment limits at medical schools and regional quota

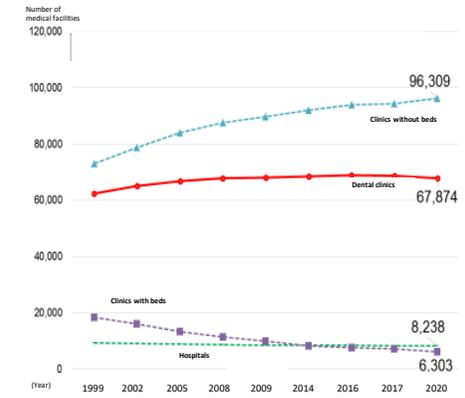
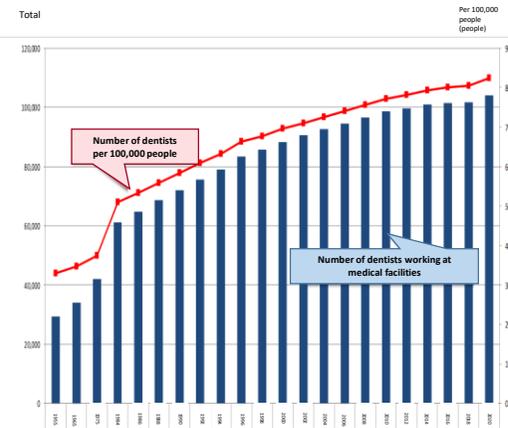
Physicians working at medical facilities under the age of 35 (year 2012=100)

Number of dentists

Number of medical facilities



(Note) Prefectures with the most physicians: top 33.3 percent prefectures of the physician uneven distribution indicator
 Prefectures with the fewest physicians: bottom 33.3 percent prefectures of the physician uneven distribution indicator

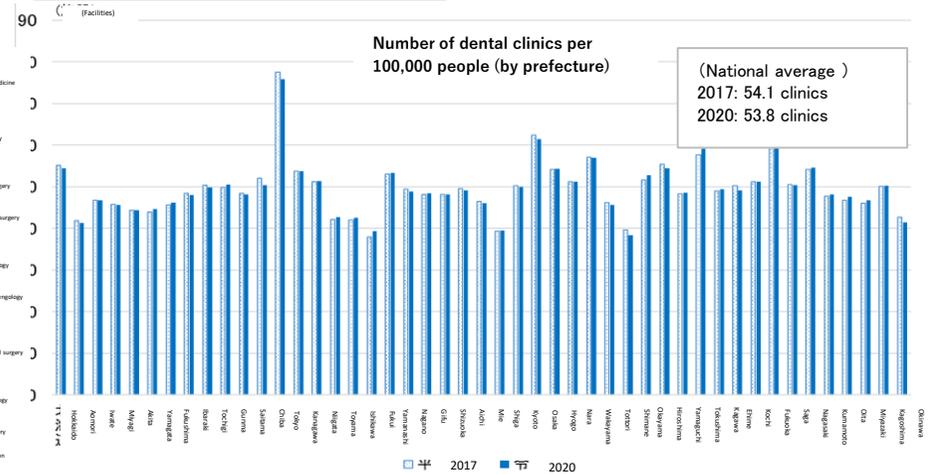
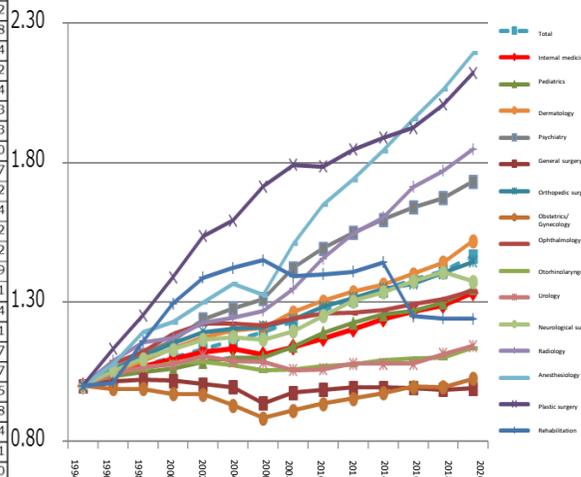


Physician uneven distribution indicator by tertiary medical area (By prefecture)

Prefecture code	Prefecture	Indicator
00	Entire country	239.8
01	Hokkaido	224.7
02	Aomori	173.6
03	Iwate	172.7
04	Miyagi	234.9
05	Akita	186.3
06	Yamagata	191.8
07	Fukushima	179.5
08	Ibaraki	180.3
09	Tochigi	215.3
10	Gunma	210.9
11	Saitama	177.1
12	Chiba	197.3
13	Tokyo	332.8
14	Kanagawa	230.9
15	Niigata	172.7
16	Toyama	220.9
17	Ishikawa	272.2
18	Fukui	233.7
19	Yamanashi	224.9
20	Nagano	202.5
21	Gifu	206.6
22	Shizuoka	194.5
23	Aichi	224.9

Prefecture code	Prefecture	Indicator
24	Mie	211.2
25	Shiga	244.8
26	Kyoto	314.4
27	Osaka	275.2
28	Hyogo	244.4
29	Nara	242.3
30	Wakayama	260.3
31	Tottori	256.0
32	Shimane	238.7
33	Okayama	283.2
34	Hiroshima	241.4
35	Yamaguchi	216.2
36	Tokushima	272.2
37	Kagawa	251.9
38	Ehime	233.1
39	Kochi	256.4
40	Fukuoka	300.1
41	Saga	259.7
42	Nagasaki	263.7
43	Kumamoto	255.5
44	Oita	242.8
45	Miyazaki	210.4
46	Kagoshima	234.1
47	Okinawa	276.0

Number of physicians by specialty

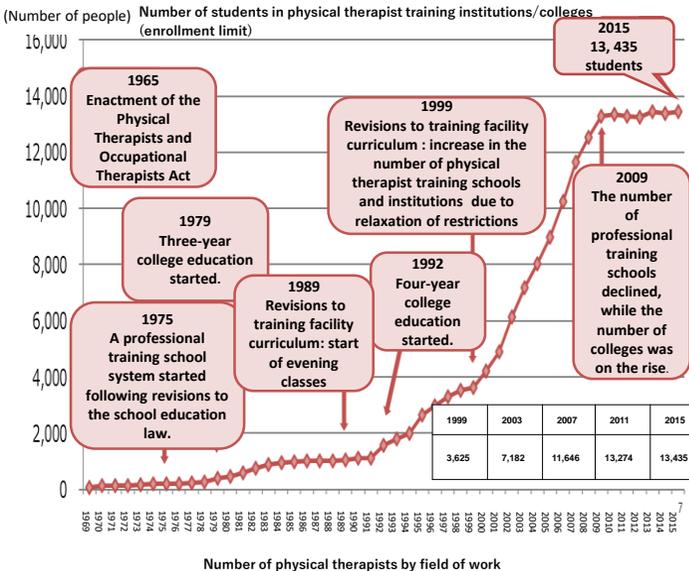


(※) For more information about the charts, please refer to the 2022 Annual Health, Labour and Welfare Report.

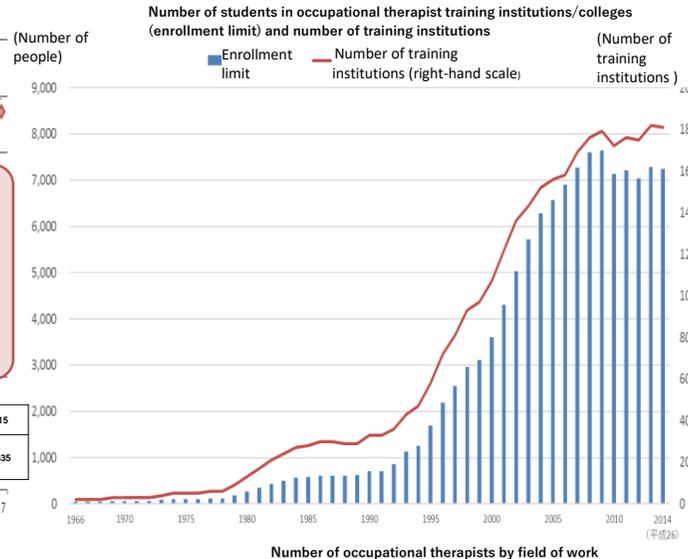
Reference (3) for "2. Efforts in the past and challenges"

- The numbers of physical therapists and occupational therapists have increased. About 70-80 percent of them are working at hospitals or clinics.
- About 30 percent of registered dietitians are working at hospitals or clinics while 20 percent are working at facilities such as childcare centers.

Physical therapists



Occupational therapists

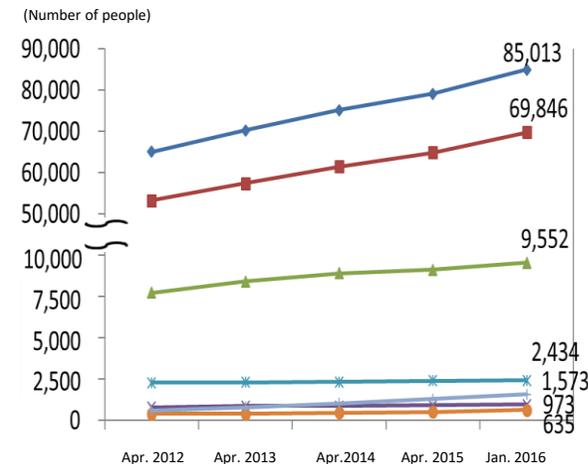


Registered dietitians

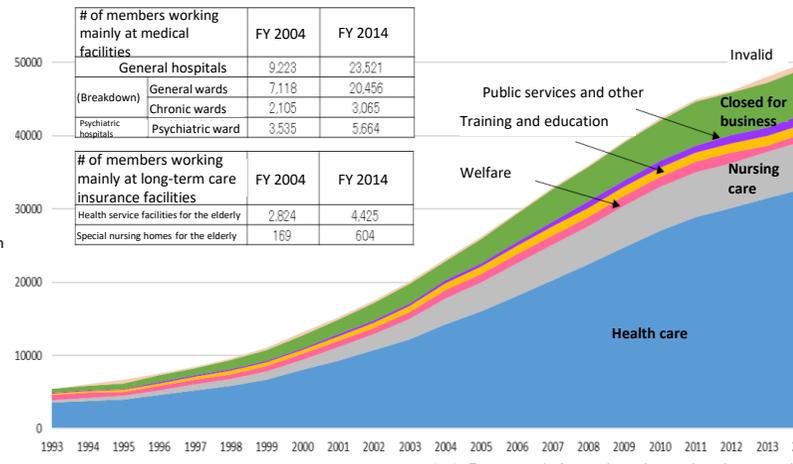
Allocation of registered dietitians/ dietitians

	Number of registered dietitians/ dietitians
total	110,906
Hospitals, clinics	33,189
Nursing-care facilities	19,599
Childcare centers, etc.	23,499
Schools	13,398
Diet and nutrition teachers	6,752
Dietitians	6,646
Local governmental agencies	7,085
Social welfare facilities (excluding child welfare facilities)	8,401
Business establishments	4,190
Child welfare facilities (excluding childcare centers)	1,545

Number of physical therapists by field of work



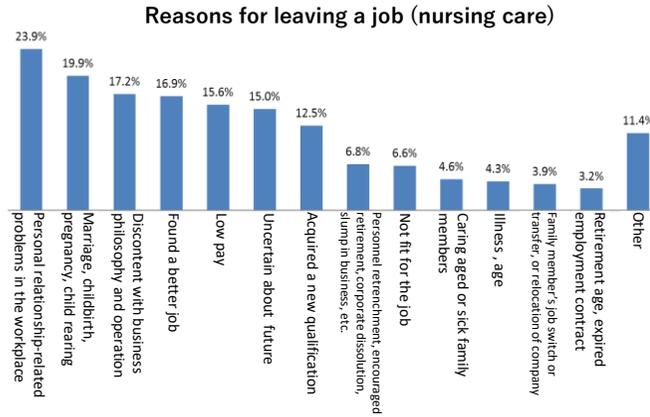
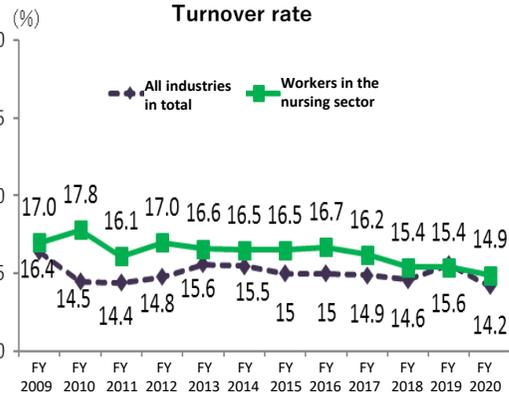
Number of occupational therapists by field of work



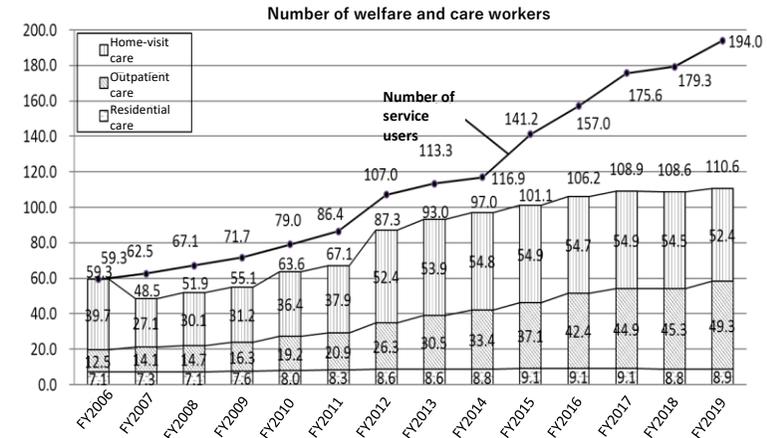
Reference (4) for "2. Efforts in the past and challenges"

- The number of workers has been increasing in such sectors as nursing care, mental health and welfare, and child care including after-school child care as more and more people use services.
- Nursing care workers and child care workers cite wages, work hours, other working conditions and life events as major reasons for leaving their jobs.

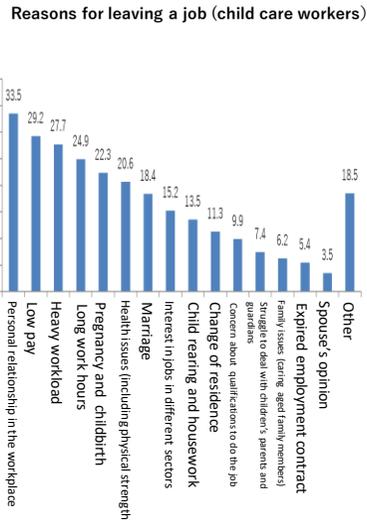
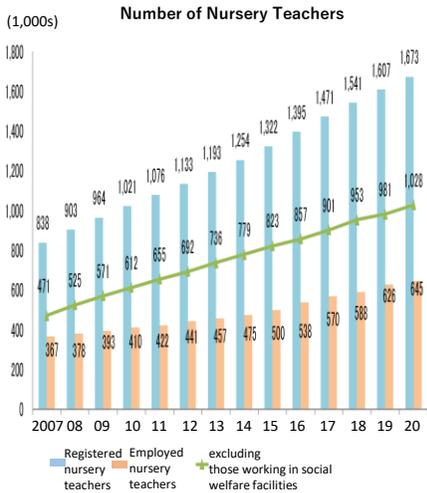
Workers in the nursing care sector



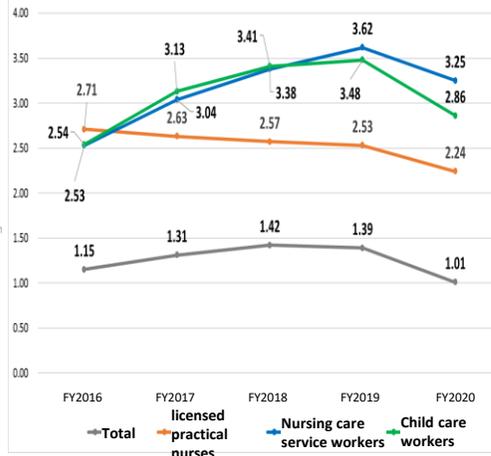
Workers in the field of health and welfare for persons with disabilities



Child care workers

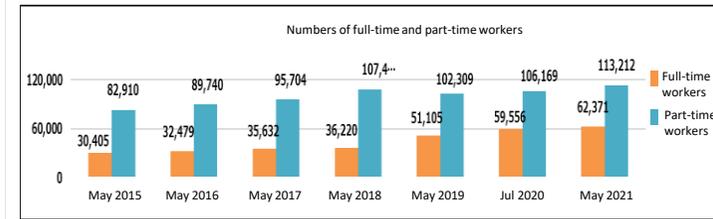
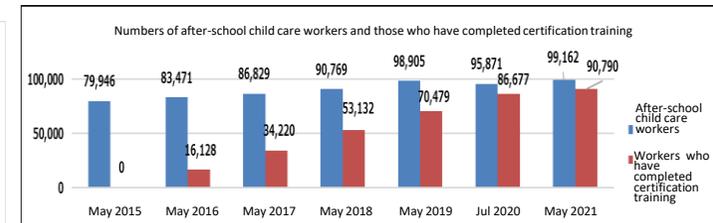


Active job openings-to-application ratios by occupation



After-school child care workers

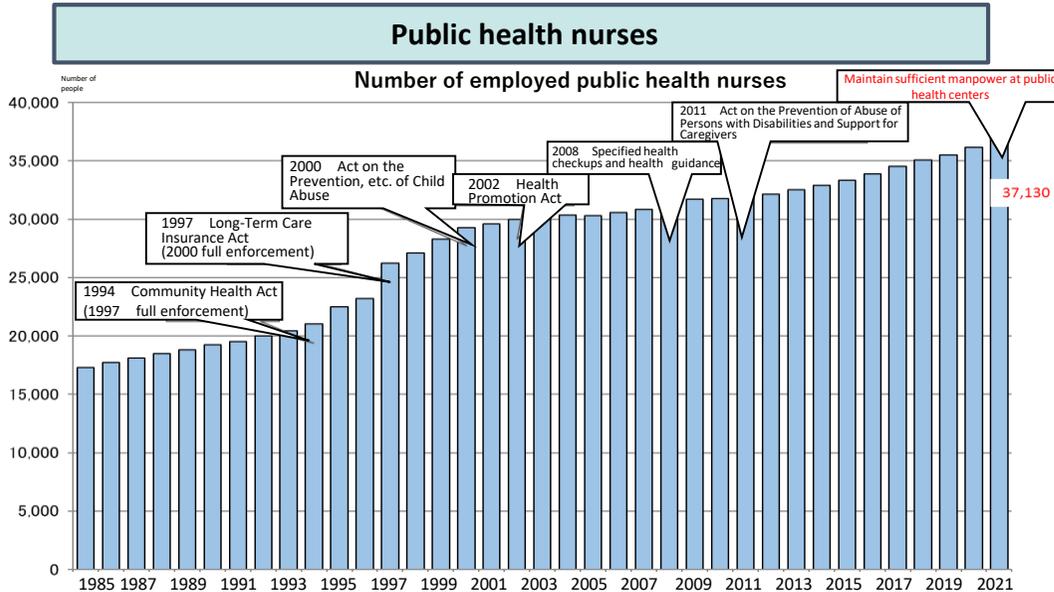
Number of after-school child care workers, etc.



(*) For more information about the charts, please refer to the 2022 Annual Health, Labour and Welfare Report. 11

Reference (5) for "2. Efforts in the Past and Challenges"

- The number of public health nurses employed by local authorities has increased as their job responsibilities diversify and the role they play expands.
- It is necessary to provide services according to the number of households and children in need of support as the numbers of caseworkers and child welfare workers have increased.



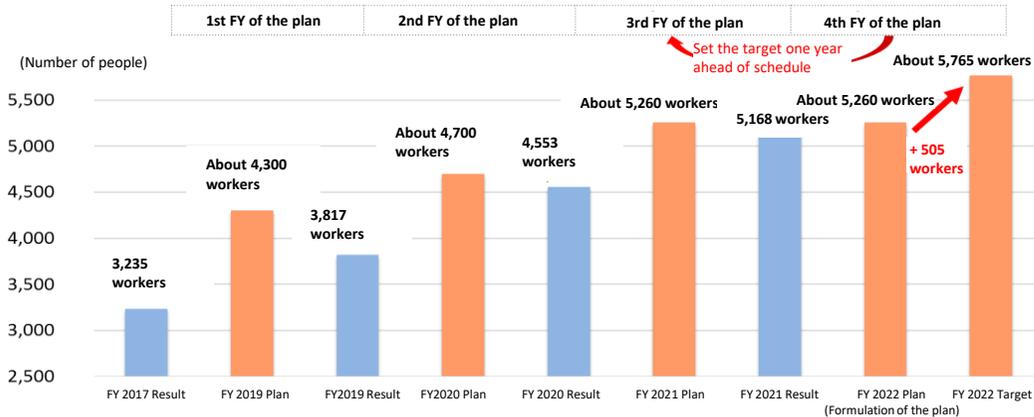
Caseworkers

Allocation

	Number of case workers ①	Number of households on welfare ②	Household on welfare-to-caseworker ratio (②/①)
April 2011	15,429	1,456,855	94.4 households
April 2021	19,195 (+3,766)	1,638,787 (+181,932)	85.4 households (▲9.0)

Child welfare workers

Allocation of child welfare workers



Wage increase of child welfare workers, etc.

	FY2019	From FY2020
Child welfare workers	12,160 yen	20,000 yen
Child psychologists	—	20,000 yen
Public health nurses	—	20,000 yen

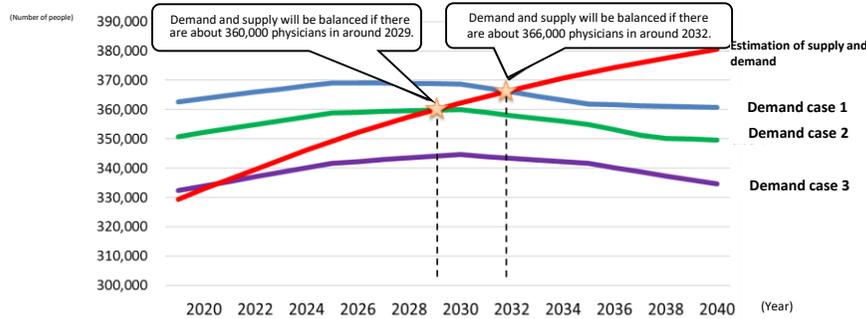
(Note) The plan above refers to the comprehensive plan to step up child abuse prevention measures (new plan) that was approved in the Liaison Meeting Among Ministries and Agencies Concerning Child Abuse Prevention Measures in December 2018.

(※) For more information about the charts, please refer to the 2022 Annual Health, Labour and Welfare Report.

Reference for "3. Future Direction"

- As the level and pace of population aging vary widely by geographic region, demand for health and nursing care services is expected to be declining through 2040 in some regions.
- It is necessary to maintain a sufficient pool of manpower to meet future local needs.

Estimation of supply and demand of physicians

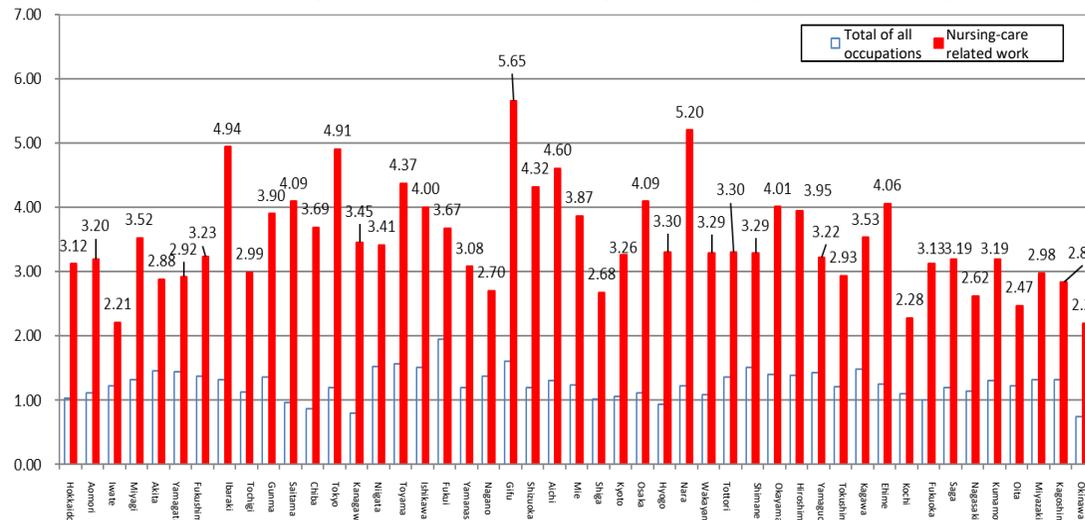


(Note) Estimation of supply: the estimates are calculated based on the assumption that the enrollment limit at medical schools will remain at 9,330, the limit set in fiscal 2020.

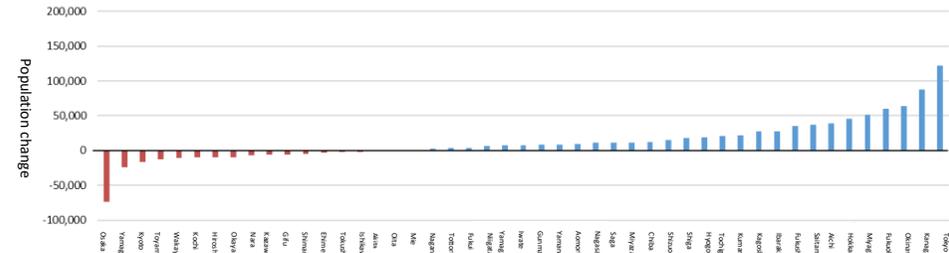
Estimation of Demand:

- Case 1 (Limitation of 55 hours on weekly working, etc. ≒ Equivalent to 720 hours of overtime and holiday work per year)
- Case 2 (Limitation of 60 hours on weekly working, etc. ≒ Equivalent to 960 hours of overtime and holiday work per year)
- Case 3 (Limitation of 78.75 hours on weekly working, etc. ≒ Equivalent to 1,860 hours of overtime and holiday work per year)

Active job openings-to-application ratio of nursing care workers by prefecture (February 2022)



Demographic outlook: Number of people aged 75 and older from 2025 to 2040

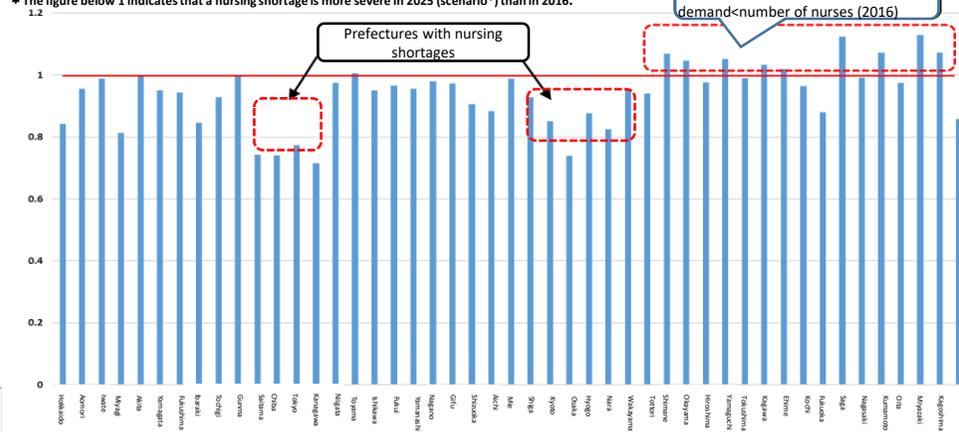


Estimation result of supply and demand of nursing staff

[Comparison by prefecture between FY 2016 and FY2025 (scenario*)] (FY 2016 / FY2025 (scenario*))

★ The figure below 1 indicates that a nursing shortage is more severe in 2025 (scenario*) than in 2016.

Achievement of the regional medical care vision in 2025: demand < number of nurses (2016)



Scenario: Overtime hours per month: 10 hours or less / Number of paid vacation days taken per year: 10 or more days

Year-on-year comparison: active job openings-to-application ratio of child care workers by prefecture (January of each year)

	Jan 21	Jan 22		Jan 21	Jan 22		Jan 21	Jan 22
Total	2.94	2.92	☆Toyama	2.49	2.53	☆Shimane	1.85	2.02
☆Hokkaido	1.92	2.10	☆Ishikawa	1.72	1.93	☆Okayama	4.66	4.74
☆Aomori	1.67	1.92	Fukui	3.88	3.73	☆Hiroshima	3.27	3.79
☆Iwate	1.74	2.00	☆Yamanashi	2.34	2.89	☆Yamaguchi	1.58	1.89
Miyagi	3.50	3.06	Nagano	2.93	1.89	Tokushima	3.55	3.47
Akita	1.66	1.46	☆Gifu	2.67	2.71	☆Kagawa	2.26	3.04
Yamagata	2.23	2.15	☆Shizuoka	3.90	4.40	☆Ehime	2.86	3.36
Fukushima	3.14	2.79	☆Aichi	2.42	2.90	☆Kochi	1.62	1.94
Ibaragi	4.34	3.97	Mie	2.23	1.96	☆Fukuoka	2.46	2.84
☆Tochigi	4.44	5.32	Shiga	3.43	2.40	☆Saga	2.02	2.33
Gunma	2.07	1.92	☆Kyoto	2.38	2.93	☆Nagasaki	1.55	2.11
Saitama	4.44	3.51	Osaka	4.37	3.92	☆Kumamoto	1.72	2.36
Chiba	3.02	2.54	Hyogo	2.63	2.53	☆Oita	2.05	2.58
Tokyo	3.72	3.43	☆Nara	3.23	3.26	☆Miyazaki	1.91	2.64
Kanagawa	3.03	2.00	☆Wakayama	1.80	3.59	☆Kagoshima	2.37	2.80
Niigata	2.95	2.82	☆Tottori	2.42	3.49	☆Okinawa	3.43	3.43

(Note) The figures above are not adjusted and show the active job openings-to-application ratio of permanent workers including part-timers. The ratio rose year-on-year in prefectures marked with ☆. The figures inside green backgrounds indicate they are above the national average.

(※) For more information about the charts, please refer to the 2022 Annual Health, Labour and Welfare Report. 13

