

# Measures for Securing Doctors

## Overview Major Points of New Comprehensive Measures for Securing Doctors

(Meeting of related ministries and agencies on regional medical care on August 31, 2006)

### [The overall status with the number of doctors]

① Estimated national demand and supply  
 The demand and supply will have reached a balance in 2022 while required number of doctors having been fulfilled at the macro level.  
 \* Changes in number of doctors working at medical institutions:  
 237,000 doctors in 1998 → 257,000 doctors in 2004  
 (increase of approximately 3,500 to 4,000 doctors every year)  
 Estimated number of doctors working at medical institutions:  
 305,000 doctors in 2022 ..... Balanced

② Status of issues in regions/clinical areas or between hospitals and clinics:  
 • Issues of an imbalance remain in some regions/clinical areas.  
 \* Imbalance in regions: Has the trends of being higher in the west and lower in the east (per population of 100,000 people).  
 ..... Average of 187.6 doctors in the Tohoku region  
 Maximum of 282.4 doctors in Tokushima  
 Minimum of 134.2 doctors in Saitama  
 Average of 211.7 doctors nationwide

\* Imbalance in clinical areas:  
 ① Pediatrics: increase in total number  
 [13,989 doctors in 1998, 14,677 doctors in 2004]  
 The number of doctors per 10,000 children also increased  
 [7.3 doctors in 1998, 8.3 doctors in 2004]  
 ② Obstetrics: decrease in total number  
 [11,269 doctors in 1998, 10,594 doctors in 2004]  
 The number of doctors per 1,000 births has levelled off  
 [9.4 doctors in 1998, 9.5 doctors in 2004]

• Work load of hospital doctors has become severe, leading to a imbalance of doctors at hospitals/clinics. (The possibility of a further increase in that imbalance exists in the future)  
 (Example) Changes in the number of pediatricians [from 1998 to 2004]  
 Hospital pediatricians: increase of 4.6%  
 \* Decrease of 0.4%, however, from 2002 to 2004  
 Practicing pediatricians: increase of 5.3%  
 Total: increase of 4.9%

### [Background of (major) causes of a shortage of doctors in recent years]

**Changes in the consciousness of doctors**

- Many doctors left hospitals and became private practitioners, resulting in the shortage of doctors at hospitals, because they were not distinctive or attractive places to work.
  - Unable to withstand the heavy work load or the risk of being sued in certain clinical areas at hospitals
  - Medical institutions offering attractive career paths have increased, etc.

**Changes in the environment surrounding universities**

- ◆ Implementation of the clinical resident training system after graduation (since FY 2004)
  - Decrease in young doctors at university hospitals  
 (Example) The number of residents at university hospitals  
 (71.2% in 2001 → 44.7% in 2006)
- ◆ Securing system at universities (since FY 2004)
  - Secure doctors of the prime age at national universities to become incorporated national universities and secure a system for providing guidance to residents

Universities have difficulties responding to requests of referrals from regional medical institutions as they were able to do previously

### [Measures]

#### Short-term measures

Reflected in FY 2007 budget requests

- Establishment of a system to dispatch doctors mainly to prefectures as substitutes for medical offices
  - \* Councils mainly conducted at the prefectural level with participation from universities, public medical institutions, and regional medical institutions.
  - \* Example of measures: Prefectural or related institutions pool doctors and dispatch them to hospitals that have a shortage (Nagasaki)
- Support for measures of dispatching doctors to prefectures through establishment of a central conference at the national level consisting of those related to hospitals
  - \* Key members: Jichi Medical University, public medical institutions (Japanese Red Cross Society, Social Welfare Organization Saiseiki Imperial Gift Foundations Inc., etc.), and university hospitals
  - \* Advice/guidance → Notification of improvement measures → (in case securing doctors is extremely difficult) emergency/temporary dispatch of doctors
- Dissemination and improvement of pediatric emergency telephone consultation programs (abbreviated dial "#8000")
  - ... Available ① from cellular phones as well as ② during the night
  - \* Telephone calls from parents are accepted at any time if they are worried about the state of their children and advice made available by doctors or nurses
  - Reduce the anxiety of minor patients and relieve the crowding at hospitals
  - \* Implemented in each prefecture (31 prefectures as of July 1, 2006)
- Creation of core hospitals to provide team-based emergency medical care including pediatrics and obstetrics
  - ... Promotion of centralization/concentration mainly by prefecture (identify current situation → include plans for centralization in goals of FY 2006 → reflect in medical plans)
- Clarification and evaluation of roles of practicing doctors
  - ... Clarify roles of practicing doctors including home visits and availability at night time and review the evaluation of them according to the results of clarification → Reduce the anxiety of minor patients and relieve the crowding at hospitals
- Discuss a relief system for patients who have suffered medical accidents in deliveries

#### Long-term measures

- Improve the stability of medical graduates in communities
  - ... ① Active utilization of scholarships for medical students by prefecture with the condition that they remain in those communities (regional reserves in medical departments)
  - ② Provisional increase in quotas in prefectures in severe shortage of doctors (10 people at maximum in 10 prefectures for 10 years. On condition that the review will be conducted in case they do not stay in communities for the purpose of front-loading doctors-in-training)
  - ③ Provisional increase in quotas at Jichi Medical University for prefectures that have a shortage of doctors (10 people at maximum for 10 years)

## Emergency measures to secure doctors

May 31, 2007  
The government and ruling party

Measures to secure doctors have been expanded in FY 2007 budget and new measures are being promoted. However, nationwide appeals regarding a shortage of doctors are growing every day. These appeals must be taken seriously and required number of doctors in communities needs to be secured.

Medical care is essential for community life. Hence all possible measures should be taken to realise that people can receive required medical care as well as to create workplaces where medical professionals in communities can have decent work.

In consideration of this, the following additional effective emergency measures will be implemented so that people can "really feel that regional medical care has improved".

### **1. Establishment of national level emergency/temporary dispatching system of doctors for regions in shortage of doctors**

In response to requests from prefectures, emergency/temporary dispatching system of doctors will be established at national level for regions in shortage of doctors. With implementation of the above, required measures are implemented including relaxation of regulations.

### **2. Improvement of work environment to reduce heavy work load of doctors in hospitals**

In order to reduce heavy work load of doctors in hospitals, efforts will be made to create better work environment for doctors including rotating shift, review role sharing among doctors and nurses, and utilize midwives and doctor's assistants. In addition, improved support will be provided to hospitals with extremely heavy work load that are supporting regional medical care in regions in severe shortage of doctors. Furthermore, discussion will be made on general practitioners to provide regional medical care including primary emergency medical care.

### **3. Creation of ideal workplaces for female doctors, etc.**

In order to prevent doctors from being underemployed due to child delivery or childcare and encourage them to return to work, efforts will be made to promote ideal work environments for female doctors by providing facilities such as day care centers at hospitals. Additional measures include support hospitals that will provide training on returning to work and enhance the resource bank of female doctors by supporting their reemployment.

### **4. Review of quotas at clinical resident training hospitals to redress the heavy concentration of residents in urban areas**

Efforts will be made to redress the heavy concentration of residents in urban areas through reviewing clinical resident training systems and quotas at clinical training hospitals for doctors including university hospitals. In addition, discussions will be made on trainings for specialized doctors after completing clinical resident training linking with engagement in regional medical care and dispatching system of doctors.

### **5. Establishment of a system to help prevent medical risk**

Support system for preventing medical risk will be established including early realization of obstetric compensation system and establishment of investigation system of death cause related to medical practices (medical accidents investigation committee).

### **6. Promotion of training doctors to work in regions or departments in shortage of doctors**

The number of trainees for doctors will be increased to cope with the current situation of shortage of doctors in regions or certain departments so that doctors are secured for certain in regions and departments designated by prefectures through utilization of scholarships. Furthermore, in order to increase the number of doctors to work in communities, expand regional reservations in medical departments and increase the number of trainees for doctors in prefectures that are low in the number of trainees. In addition, discussion will be made on medical training institutions to train clinicians.