Quality Improvement of Doctors

Overview of Clinical Resident Training System for Doctors

1. Clinical Resident Training System for Doctors

- Article 16-2 of the Medical Practitioners Law

Doctors to engage in clinical practice must take clinical resident training in hospitals attached to universities with medical training courses for 2 years or more or hospitals designated by the Minister of Health, Labour and Welfare.

2. Basic Ideas of Clinical Resident Training

Clinical resident 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. (Ministerial Ordinance to provide for clinical resident training pursuant to Article 16-2, paragraph 1 of the Medical Practitioners Law)

3. Programs of Clinical Resident Training

- Clinical resident training is mandatory for internal medicine, surgery and emergency departments (including anesthesiology), pediatrics, obstetrics and gynecology, psychiatry and regional health/medical care and individual courses must be provided for at least 3 months.
- Basic training courses are provided, in principle, for the first 12 months. It is desirable to provide training for 6 months or more for internal medicine and for 3 months or more for surgery and emergency departments. Of the first 12 months, compulsory courses may be provided for not less than 3 months.
- With regards to regional health/medical care, training facilities can be selected freely in clinics in remote areas/islands, small- and medium-scale hospitals/clinics, health centers, health care facilities for the elderly requiring long-term care, Social Welfare Facilities, Japanese Red Cross Blood Centers, and various other facilities offering medical examination and health checkups (clinical resident training cooperative facilities).

4. Status of Execution

(a) Clinical resident training hospitals (as of April 1, 2008)

- Clinical resident training hospitals (independent/management type): 1,004 hospitals
- Clinical resident training hospitals (cooperative type): 1,298 hospitals
- University hospitals (independent/management type): 109 hospitals
- University hospitals (cooperative type): 24 hospitals

(b) Enrollment status of residents

<table>
<thead>
<tr>
<th>Classification</th>
<th>FY 2003 (old system)</th>
<th>FY 2004 (1st year of new system)</th>
<th>FY 2005 (2nd year of new system)</th>
<th>FY 2006 (3rd year of new system)</th>
<th>FY 2007 (4th year of new system)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University hospital (%)</td>
<td>72.5%</td>
<td>55.9%</td>
<td>49.2%</td>
<td>44.7%</td>
<td>45.3%</td>
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<tr>
<td>Clinical resident training hospital (%)</td>
<td>27.5%</td>
<td>44.1%</td>
<td>50.8%</td>
<td>55.3%</td>
<td>54.7%</td>
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(Reference) The course of improvement of clinical resident training system

- 1948: Started 1 year internship system after graduation (under the guidance of GHQ)
- 1968: Creation of clinical resident training system (*voluntary* training)
- 1994: Suggestion by the council for those engaged in medical services → “make it compulsory and improve contents”
- 2000: Revision of the Medical Practitioners Law and the Medical Care Law
- 2004: Enforcement of new system

Problems of the old system

1. Resident training was voluntary
2. Resident training program is not clarified
3. Straight training mainly for specialized doctors
4. Remarkably large disparities among institutions
5. Insufficient guidance system
6. Insufficient achievement evaluation of resident training
7. Unstable status/work conditions All part-time jobs
8. Heavy concentration of residents in large hospitals in urban areas
Re-education Training of Administratively Punished Doctors, etc. (the Medical Practitioners Law, etc.)

From the viewpoint of securing safe, secure, and high quality medical care for the people, obligate administratively punished doctors and such to take re-education training to reconfirm their professional ethics and medical skills so that competent and reasonable medical care can be provided.

Administrative punishment

- Suspension of medical practice
- Admonition
- Re-certification

Subject professions: doctors, dentists, pharmacists, public health nurses, midwives, nurses, and assistant nurses

Punishable acts

Order to take re-education training by the Minister of Health, Labour and Welfare

Completion of re-education training

Period and contents of re-education training will vary according to the details and causes of administrative punishment.

* One cannot be a manager of a hospital/clinic until completion of re-education training.

Recorded in medical books after completion