

Emergency measures to secure doctors

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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.