



Durham
University



The Teikyo Symposium on:
**THE ROLE OF THE DOCTOR:
PAST, PRESENT AND FUTURE**

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Durham University
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Dr. Kyoko Nomura is an associate professor in the School of Public Health at Teikyo University. She obtained her MD at Teikyo University School of Medicine in 1993 and joined Teikyo University Public Health in 2001. She had been engaged in clinical practice for several years during which she qualified as a specialist in general internal medicine and body-psycho-somatic medicine.

Dr. Nomura earned a Masters in Public Health in quantitative methods at Harvard University in 2002 and a Doctorate of Medical Science at Teikyo University in 2004. She has published widely on medical education, the effective use of medical doctors in Japan, clinical research, psycho-social science, and industrial hygiene.

Recently, her work has included an evaluation for postgraduate medical education programmes supported by the Ministry of Health, Labour, and Welfare during 2004-2007; and a role as principal investigator of alumnae surveys from 14 private medical schools in Japan during 2009-2011.

Now she serves as an executive board member of the Teikyo Medical School Alumni Association and on a Non-Profit Organization to support women physicians and medical students in Japan to establish their career development. She is also a member of a working group tasked with studying a future vision of the Japan Medical Doctor's Association.

History of postgraduate medical education in Japan

Postgraduate medical education (PGME) is very important for a newly certified physician in Japan because any first-hand clinical procedures performed by medical students were strictly prohibited by law. Thus, PGME provides residents the first opportunity to learn basic clinical skills. In 1946, soon after World War II, the Japanese government established the National Board of Medical Examiners and clinical internship prior to the National Board Exam (the former postgraduate education program).

Effects of old and new PGME on clinical competency of residents

The quality of the clinical internship was very poor and therefore it was abolished. In 1969, a postgraduate medical education programme was first introduced. The newly introduced PGME programme adopted monospecialty training style. After all, this old PGME created wide difference in clinical competency among residents.

In 2004, the government reformed the PGME programme. Under the new programme, a varied clinical rotation-based training system was adopted which greatly increased the clinical experience of residents.

Adverse effect of the new PGME

Although the new PGME successfully increased residents' clinical skills, the new PGME caused physician mal-distribution (unequal-distribution) in geography, clinical department and gender, which further created physician shortages nationwide. I will talk about how physician shortages have been created related to physician mal-distribution in geography, clinical department and gender.

Role of the doctor in an era of physician shortages

Now Japan faces a serious physician shortage. After I will introduce several countermeasures against physician shortages in Japan, I would like to propose the role which medical doctors are expected to play in an era of physician shortages.