Primary Health Care (PHC) in undergraduate education is still poor in Japan, though its importance is being stressed worldwide as we progress towards the 21st Century. Thus, this topic has been taken up, as it is most essential that PHC be improved in our country.

In looking at PHC broadly, Dr. S. Shibata, in his introduction, has characterized medical care up to the early 20th Century as being the 1st Generation of modern medicine, a time when medical practice was really PHC. Dr. Shibata has also gone on to describe contemporary health care, which is machine and drug-centered, and differentiated into many specialties, as belonging to the 2nd Generation. Ideal health care, he then points out, would best be realized if the medical care of these two generations were to be coordinated.

The concept of and problems in PHC with regard to Japan have been discussed in three papers, the substance of which follows:

1) Dr. N. Onodera, looking at PHC from the viewpoint of our medical care system, has stressed that a community-based, health delivery system is now a common principle, and not only for developing countries but for developed countries as well, and that an urgent problem is to educate and to supply the workers, educators, and researchers for PHC;

2) Dr. A. Kitai, an officer of the Ministry of Health and Welfare, who, having considered PHC from the standpoint of health manpower development, has reported on the governmental appropriation for PHC in 1986, which budgeted 5,870 million yen for postgraduate clinical training, 58 million for the trainers, 1,383 million for the consolidation of 10 training centers for community medical care, and 2 million for a research grant to pursue study on the “family doctor” concept; and,

3) Dr. K. Watanabe in his paper, viewing PHC as a general practitioner, defines Primary Care and PHC, as well as the attributes inherent in “good medical care.” He also proposes that health care, medical care, and welfare be integrated and that health care study should be brought into the curriculum of clinical disciplines.

Continuing, the various aspects of the present status of PHC in undergraduate education in many foreign countries has been covered in seven papers:

1) In the United States, Dr. K. Uemura informs us that family medicine was established by the power of public demand. There are two sources of PHC professors there: one, the general practitioners in local communities; the other, the university doctors working in the Departments of Internal Medicine. A curriculum example at Duke University is given. He cites that PHC professors have asserted that PHC is carried out not only by all clinical departments but also by the human and comprehensive health services of all doctors concerned;

2) As for England, Dr. N. Ikemaki introduces the fairly well-established PHC system being carried on by general practitioners there and its coordination with hospital care under the National Health Service. He also introduces H.J. Walton’s inquiry survey on English PHC education. All medical schools have PHC curricula with or without departments of general practice, providing students with concrete fields to train for and chances for PHC study. The PHC curriculum at Leeds University is briefly explained. Nearly forty percent of the students choose PHC for their career;

3) Dr. S. Hosoda et al. have reported on PHC education in the Scandinavian countries, where the integrated curricula are mainly coordinated with the divisions of community health care in medical schools, and also in West Germany, where PHC education in social and general clinical medicine is conducted with the cooperation of extramural medical care facilities;

4) Dr. M. Maezawa summarizes the PHC situation in Europe. He focuses his attention on the influences
of the Declaration of Alma-Ata and on L.A. Kaprio’s paper on PHC development. According to the results of Walton’s survey, the countries in which PHC education is advanced are Belgium, Denmark, England, the Netherlands, and Norway. In contrast, almost no PHC education is carried out in Austria, Bulgaria, Czechoslovakia, East Germany, Greece, Italy, and Switzerland;

5) Dr. J. Suzuki explains the special relationship that exists between Yugoslavia and Japan through the Japan International Cooperation Agency (JICA) project on “continuing education for primary health care in Yugoslavia.” As a key person of this project, he confirms how well the primary care network has been established and is functioning. This fact seems closely related to the educational system: 1–3 months in PHC practice in the undergraduate course, obligatory PHC training for 2 years following a one-year internship, and the requirement that PHC experience is necessary for a faculty appointment, to cite but a few examples. Doctor Suzuki also summarizes a paper on “The Contribution of the General Practitioner to Undergraduate Medical Education.” In addition, he provides a table on PHC education in European countries, and gives the undergraduate curriculum of Zagreb University;

6) Dr. A. Umeda’s paper covered her very impressive experience as an elective student for three months at Newcastle University in Australia, one of the most innovative medical schools in the world. There are no lectures; students study in groups, utilizing teaching materials, audiovisual aids, and practice on simulated patients is done under the guidance of tutors. Clinical practices, conducted by general practitioners, are held each year, each time with a different objective, adding to the students’ “spiral of experience.” The education program is focused on motivating student to PHC by early exposure to society and families; and,

7) Miss M. Onishi and Mr. Y. Terashima, sixth grade students of Tsukuba University, have reported on a fruitful three months as part of Unit 6, “The Clerkship” at McMaster University in Canada, another most innovative school. They point out samples of McMaster’s philosophy of education: their Faculty of Medicine is known as the Faculty of Health Science, and the University Hospital is called the Medical Center. The university’s curriculum emphasizes community-oriented health care, self-learning utilizing human and material resources, problem distillation and solving by communicating with the various persons concerned, to cite a few examples.

Turning to our country, the following eight papers focused on the latest efforts in developing PHC undergraduate education:

1) Doctors Y. Ishibashi and M. Maezawa have reported on PHC education at Jichi Medical School, the foundation background and social mission of this school most unique, in that it fostered PHC in rural areas. They describe their present academic projects: their lectures and clinical practice in community health care: their training program—the early exposure of freshmen to PHC in rural areas; and the summer practice that the students pursue in their various fields while on their vacation return to their local communities. They stress two important factors in developing PHC: extramural education and continuing education, not only predoctoral but postdoctoral;

2) Dr. H. Hirano’s paper deals with PHC education at the Kawasaki Medical School, a private institution founded sixteen years ago. Two new departments, the first in Japan, were established here: Ambulance Medicine and General Clinical Medicine (GCM). The structure and educational activities of the GCM department, in addition to lectures, include clinical practice with its focus based on comprehensive medical care, team medical care, and the problem-oriented system (POS) of medical care, the latter a new medical recording system, devised by Dr. Weed of the United States, that deals with a patient’s problems and how to solve them most efficiently;

3) Dr. H. Orihata has written of PHC and Ambulance Medicine at Tokyo Womens’ Medical College, the former being an option for fifth grade students, conducted at local GP offices during their summer vacation, and the latter obligatory, as overnight study under proper tutorage at the School Ambulance
Center;

4) At the Jikei Medical School, an old institution, Dr. N. Hashimoto and other doctors have focused on practice training and lecturing on “the family physician.” The second and third grade students are sent to GP offices for 2-7 days during their spring vacation and the lectures take the form of panel discussions on various topics with experts. The reports of their students have revealed that these experiences have had a strong impact;

5) Dr. O. Takatani of the Defence Medical School, newly founded for special governmental needs, acquaints us with the fundamental policy of this school, which is reconsidering traditional clinical education and the relationship between general and specialized clinical care as they are being pursued. He particularly stresses the necessity of integrating the curricula of premedical, basic, and clinical medicines and of strengthening the power of administration;

6) Dr. Y. Yamane of Shimane Medical School, a new national institution, presented a paper on “Community-based Family Practice,” covering his eight years experience in this field. He assigns each of his medical students a family to look after for a period of one year. The students thus learn what “living medicine” really entails, this training changing their attitude towards society and making them more people-minded;

7) Reporting on Saga, a new national medical school, Dr. T. Sunaga stresses the following characteristics of its educational system: continuity, comprehensiveness, coordination, and self-study in their curriculum that is divided in 4 phases: I, Early exposure to the clinic; II, Studies, from molecular biology to the psycho-physical aspects of man; III, The Integration of basic and clinical medicine; and IV, Clinical Practice, for students in the fifth and sixth grades, similar to a clerkship; and, concluding this listing of Japan’s PHC endeavors,

8) Professor K. Matsushita has reported on PHC education at St. Lukes College of Nursing. She gives an outline of the educational objectives of this school, the practices for public health nursing (i.e., visits to health check centers, baby examinations, the care of chronic diseases, and home visits), and the value of this training.

Dr. H. Kikuchi also delivered a paper on the educational activities of the Japanese Medical Society of Primary Care. The Medical Educational Committee of the Society has completed two works: 1) An inquiry survey on the present situation of the members; and 2) the formulation of objectives for postgraduate clinical training of PHC physicians.

A tentative plan for a “Primary Care Course” curriculum in undergraduate education has been proposed by this Society’s Undergraduate Education Committee, chaired by Dr. A. Ojima. It consists of two parts. Part One, an integrated curriculum, is fundamental, a core that replaces or adds to the “introduction to clinical medicine” or “practice of diagnostics” in the traditional curriculum. Part Two then follows, wherein students are rotated in groups through different departments, their study focused on the specific content of each and its bearing on PHC.

In conclusion, there has been much progress in developing worthwhile PHC programs in our country. The future looks bright. The author hopes that these bold and innovative experiments in education will soon influence the curricula of many traditional schools.

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