Two decades have passed since the two-year postgraduate clinical training course was institutionalized in 1968, but it still presents various problems regarding its status as an institutional system and its implementation as well.

Nearly 90% of the graduates from medical schools take the postgraduate clinical training course. However, the fact that a little less than 10% are not taking training under this program is a problem. Their failure to do so seems attributable to the fact that the program lacks absolute legal compelling power.

The clinical training course is given at hospitals affiliated with universities and institutions designated by the Ministry of Health and Welfare, but the problem is undue concentration of training at a university; about 80% of the graduates have been taking the postgraduate clinical training course at university hospitals.

Apart from the need to improve the educational function of the existing clinical training institutions, the postgraduate clinical training program is distorted in large part by the desire of graduates and medical schools to suit their own convenience first of all.

Another problem is the fact that although the clinical training program has as its purpose preparing clinicians in such a way that they may become versed in a broad range of primary care, the designated training institutions do not necessarily meet the intended purpose of the training. Clinical training at large medical centers and advanced hospitals would not produce the desired effect. In this respect it seems appropriate that the criteria for designation of training institutions be reviewed and, if necessary, revised.

If the clinical training program at university hospitals is not improved, there is little hope of amelioration in the Japanese clinical training system.

Postgraduate clinical training is of critical importance in the preparation of clinicians for health care activities.

No acceptable system or program for training and preparing competent doctors has yet been established in Japan. This is a very deplorable fact, when the future progress of the Japanese medical profession and the importance of national health care are taken into due consideration. This situation should be corrected promptly.

In light of such various problems frank opinions have been expressed by various authors from their own viewpoints concerning the Japanese postgraduate clinical training system.

M. Abe presents in the introduction of his paper a concise, well-digested summary of those problems of postgraduate clinical training in Japan, pointing out four problems as to why graduates stay on at universities after graduation and six problems on the part of university hospitals. He discusses them in the context of specific circumstances of university hospitals and in relation to the training institution designation system.

Having made a review of the present practice of clinical training at his own university hospital, N. Hashimoto points out that many graduates are trained only in the medical schools from which they graduate and that the training staff is inadequate. At the same time he proposes that the clinical training system be improved by establishing a proper clinical training curriculum, limiting the number of trainees per institution, increasing the number of designated training institutions, improving such institutions, and guaranteeing the compensation of trainees during the training period.

T. Imanaka, who has made a review of the “Clinical Training Study Meeting” held six times
in the past, concludes that postgraduate clinical training should be received by trainees as a course in basic learning, irrespective of the direction of their desired future medical activities. Furthermore, he discusses how the objective of postgraduate clinical training should be defined, how the curriculum should be formulated to meet said objective, and how the results of training should be evaluated. Lastly he emphasizes it is the trainee that should play the principal role in the clinical training program and that the director of the designated training institution must “come forward” first of all to bring the training program to success.

S. Iwasaki proposes that the present postgraduate clinical training system be reviewed within the context of the existing law, pointing out that the present clinical training is ambiguous as to legal obligation and that university hospitals undertake training without looking into the training program or curriculum. He brings to task the fact that a scale is the only measure by which to designate the training institutions and suggests that the purpose of training can be better served at smaller institutions if trainees are to be prepared for primary care.

Calling into question the concentration of postgraduate clinical training at university hospitals, Y. Yazaki asserts that the intern system as the historical background of postgraduate clinical training and the medical education system are to blame. He proposes that a new curriculum be formulated whereby university hospitals and designated clinical training institutions can cooperate with each other in an organic manner in fulfilling the objective of nurturing clinicians.

S. Hayashi considers that postgraduate clinical training is concentrated at university hospitals in large part because the trainees entertain fears that they may not find a position after having completed the training course if trained elsewhere. He therefore thinks it necessary that postgraduate clinical training should be made a legal obligation, while financial assistance should be provided for both trainees and training institutions.

N. Ogihara, J. Ohtaki et al., K. Sensaki, R. Yamamoto and S. Miyake emphasize the superiority and necessity of a rotating system of training from the viewpoint of specialists who were trained at the medical school from which they had graduated. On the one hand they point out the problems of rotating system training, and on the other propose that the present training program be improved and expanded and that new curricula be worked out that will induce the trainees to pay more attention to the relationships between health care and society.

K. Uemura, as a training staff member at a university hospital, charges that not only does the present postgraduate clinical training program have neither a clearly defined objective nor thought-out curriculum, but also is oriented only toward preparing specialists in individual organs. He blames the egoism of the clinical instructing staff engrossed in narrow specialized research and health care for this distorted training practice. He also touches on the barriers for reform of the postgraduate clinical training system and makes a proposal for reform in concrete terms, consisting of legal obligation of clinical training, disapproval of training at university hospitals alone and exclusion of postgraduate studies from the legal period of clinical training.

T. Nakayama who is on a training program at a clinical training institution is satisfied that his objective of research is consonant with the institution’s objective of training, but acknowledges that the training institution has shortcomings relative to clinical training.

Y. Yamane, as an instructing doctor at a clinical training institution, divides the clinical training institutions into a group of hospitals where trainees are not treated as house staff members, a group of hospitals where trainees are treated as house staff members so that they are allowed to treat patients, watching what regular house staff members do, and an intermediate group between the two. He points out that what dampens the passion of training institutions for education is problems associated with hospital management and human resources. If the
present postgraduate clinical training system is to be improved, he argues, the barriers between departments should be removed and the vertical division of the health care organization should be abolished.

A. Ochi, Y. Sugii, K. Tomii and S. Mukohbara who were trained at clinical training institutions all are nearly satisfied with what they received from the training program at the institution they had chosen. Under this program training is provided by the rotating method so that the trainee takes more than one course of clinical medicine. This program is characterized not by the vertical division of the health care organization but by the absence of barriers between departments. They acknowledge that they felt rewarded for their efforts, since the objective of this program which consists of preparing competent clinicians was in agreement with what they aspire after. They also point out, however, that no matter how hard they study during training, there is no assurance that competent clinicians are properly valued and given a worthy position.

K. Kawauchi, as a student learning medicine, thinks that he would better be trained at a private hospital since he wants to learn the practice of primary care. He hopes that not only will the equipment of hospitals be improved, but that the instructing staff will also be improved, both quantitatively and qualitatively. Furthermore, he is worried that the level of instruction differs from instructor to instructor. In this respect it can be said that institutions must have an excellent instructing staff to be chosen as a training facility.

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Medical Education (Japan), Vol. 19 No. 6 December