Japan Society for Medical Education (JSME): Its activities and current topics

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Introduction

The Japan Society for Medical Education (JSME)[1] was established in 1969, and is currently chaired by Nobutaro Ban, the 6th president. Our society, in which all medical schools of Japan participate as institutional members, plays significant roles in research on education in the medical sciences and medical care, propagation of educational knowledge and practice, and policy proposals concerning education, targeting not only doctors but also all other healthcare professionals. This society has 2,143 individual members and 224 institutional members (as of July 2010).

Activities of JSME

The current activities of JSME are broadly classified into three categories.

Various committee activities

At present, our society has 23 committees expanding their activities into the realm of providing workshops and seminars and developing educational materials.

Appeal for medical education reform in Japan

Based on the fruits of committee activities, JSME is making appeals to the public, government, and political community as to the most desirable directions for Japanese medical education and modalities of evaluation and strategies that should be taken in view of the influences of education on the future of medical sciences and medical care in Japan. In recent years, we have made the following appeals: "Morioka appeal for community medical education" (2007); "proposal for revision of the new clinical training system for doctors" (2007); "proposal to the nation for education of healthcare students and trainee doctors" (2008); "proposal: toward revision of the clinical training system" (2009); "proposal concerning the increase in the limit on the number of enrollees in medical schools" (2010); and "proposal: in response to the expansion of the local allocation system to reinforce community medical education" (2010).

Internationalization of medical education activities

Our society considers making peaceful international contributions through medical education to be one of the important pillars of our activities. The following are examples of our recent international activities.

In 2006, JSME concluded an official exchange agreement with the Korean Society of Medical Education, and began to exchange presenters at academic meetings in the two countries. Korea is interested in the new clinical training system for doctors and shared examinations in Japan, and Japan is paying attention to the Objective Structured Clinical Examination (OSCE), a national examination initiated in 2009 in Korea. We intend to pursue further practice of medical education and development of research in medical education through medical education exchange between the two countries. Activities to contribute to the promotion of medical education in Pacific Rim countries will also be aims of our society.

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Table 1 Recent trend in medical education in Japan

2001	The model core curriculum was proposed.
2003	The Educational Grant Project of the Ministry of Education, Culture, Sports, Science and Technology was initiated.
2004	The new clinical training system for doctors was started.
2005	The shared examination (Common Achievement Tests) was officially launched.
2006	Rapid expansion of the local allocation system began.
2008	The projected raising of the limit on the number of enrollees in medical schools was initiated.

Toshimasa Yoshioka (Tokyo Women's Medical College) assumed the position of president of the Association for Medical Education in the Western Pacific Region (AMEWPR) in 2006, and Japan has since then been extending relevant activities, taking an important role in medical education activities in the Western Pacific Region.

The Vietnam project (in cooperation with Japan International Cooperation Agency, JICA) was initiated in 2008 to contribute to nurturing supervisory doctors for postgraduate clinical training in Vietnam.

There is another JICA project in which the University of Tokyo has been taking a central role in providing support for medical education in Afghanistan since 2003 and in Laos since 2008.

Recent Trends in Medical Education in Japan

Table 1 shows the major movements in medical education in Japan during the past decade. In 2001, the Ministry of Education, Culture, Sports, Science and Technology (MEXT) proposed the model core curriculum, by which it was recommended that each medical school provide their own unique courses accounting for one-third of all courses in the curriculum. In 2003, MEXT began to bestow grants for unique and appealing education curricula in medical schools. In 2004, the new clinical training system for doctors was launched in Japan, and basic clinical competence education for 2 years after graduation became compulsory. Some people misunderstand this to mean an obligation for primary care training, but the true aim of this system is to raise the level of basic clinical competence required for all clinicians. In 2005, the "shared examination" (officially called "Common Achievement Tests") was officially launched. This examination, designed to guarantee the clinical competence of medical students prior to clinical training, is carried out in all medical schools nationwide. It consists of testing in the cognitive area by Computer-Based Test (CBT) and a skill test in the OSCE format. As the shortage of doctors became obvious in Japan, and collapse of community healthcare services became a significant issue, the limit on the number of enrollees in medical schools began to be raised in 2007. The total limit on enrollees in medical schools was increased from 7,625 in 2007 to 8,846 in 2010. Because the lack of doctors is particularly noticeable in areas already suffering a shortage of medical services, raising the limit on the number of enrollees allocated to local applicants has been strongly promoted in recent years. The total limit on the number of such enrollees was increased from 43 in 2004 to 1,076 in 2010.

Topics in Medical Education in Japan

In Japan, there is the dominant view that it is desirable for teaching staff who are engaged in fundamental medical research in medical schools to have the title of Medical Doctor. However, the recent issue of concern is a decrease in medical students who go into fundamental medical research. The National Medical Licensure Examination in Japan consists of 500 multiple choice questions (MCQ) and is carried out during a 3-day period. There is an increasing trend toward the view that performance-based evaluation should be adopted in the graduation examination in each medical school or in the National Medical Licensure Examination.

The final topic to be referred to is the propriety of establishing new medical schools. Graduate

entry medical schools have been introduced in our neighboring country, Korea, as well as in the UK and Australia, and some people have advocated that Japan consider the introduction of such schools as well. Although this trend is not sufficiently steady, the Democratic Party of Japan that held the reigns of governmental power in 2009 proposed the establishment of new medical schools. Because the current new administration still has an unstable foundation, it is unclear how this issue will unfold in the near future.

Conclusion

JSME aims at international contributions through medical education. Our society intends to actively respond to requests from interested foreign countries as to international exchange and support. Contacts from interested parties are eagerly awaited.

Reference

1. http://jsme.umin.ac.jp/eng/index.html.