

JAPAN SOCIETY FOR MEDICAL EDUCATION (JSME): ITS HISTORY AND ACTIVITIES FOR THE LAST 45 YEARS

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ABSTRACT — *The Japan Society for Medical Education (JSME) [1] was established in 1969 and we are celebrating the 45th anniversary this year. In this article I describe the history of JSME as well as current activities of our society. In addition I briefly describe major changes in medical education during the last decade and current topics we are facing regarding medical education in Japan. It would be my great pleasure if this article can encourage development of the Czech and Slovak Society for Medical Education.*

HISTORY OF JSME

Foundation of JSME

Two key founders of JSME were Daizo Ushiba (Keio University) and Katsumi Kaketa (Juntendo University). In those days, the Association of Japanese Medical Colleges (AJMC), consisting of deans of medical schools and presidents of university hospitals, was the only organization that could make policy proposals concerning medical education. Unfortunately, AJMC was not able to adapt effectively or swiftly to the changing medical educational needs. Together with other physicians who were interested in medical education, they recognized that medical education required both experts in this field and appropriate educational innovation in the Japanese educational context and proposed the launch of JSME. Subsequently JSME was established in August 1969 at the inaugural academic meeting, organized by Dr. Ushiba.

Faculty development (FD) workshop

In June 1973 Dr. Ushiba together with Dr. Masatomo Tachi (Gifu University) and Dr. Shigeaki Hinohara (Saint Luke's International Medical Center) attended the WHO medical education workshop held at Regional Teachers' Training Centre (RTTC) in Sydney, Australia. Upon their return they recognized the need for an annual FD workshop in Japan and the first one was held near Mt. Fuji in 1974 (Figure 1). Since then, this Fujiken Workshop has been held once a

year. Consultants from WHO were invited to the first several workshops, but the founding physicians then took over directing the workshop.

Launching the official journal

The official journal of the JSME, 'Medical Education (Japan)' was launched in 1970.

CURRENT ACTIVITIES OF JSME

Members

Other than all medical schools in Japan, JSME has 170 additional institutional members (mainly teaching hospitals) and about 2,300 individual members as of July 2013.

Various committees

At present, our society has 23 committees (Table 1), covering a broad range of responsibilities including organization of workshops and development of educational materials, such as curricula and monographs. Most of the proposals and outcomes released from the JSME come out of those committees.

Annual academic meeting

Since the first inaugural academic meeting in 1969, the meeting has been held once a year. The annual meetings feature several invited lectures, usually by speakers from abroad, as well as symposia and

Table 1: Standing committees

	<ul style="list-style-type: none"> ▸ Editorial committee ▸ Communications committee ▸ International relations committee
Education committees for basic skills and ability <ul style="list-style-type: none"> ▸ Students admission ▸ Ethics & professional conduct ▸ Basic studies and proper behavior education ▸ Education for medical education specialists ▸ Basic medical sciences and life sciences 	Educational development committees <ul style="list-style-type: none"> ▸ Outcomes evaluation ▸ Faculty development ▸ Educational materials development ▸ Medical education research ▸ Post-graduate medical education development
Education committees for clinical medicine <ul style="list-style-type: none"> ▸ Undergraduate education ▸ Core competence education ▸ National licensure examination & common achievement test ▸ Medical residency program ▸ Life-long education 	Special committees <ul style="list-style-type: none"> ▸ Awards and prizes ▸ Research ethics and conflict of interests ▸ Elections of representatives ▸ Community medicine & interprofessional education ▸ Teaching disaster medicine

Table 2: Appeals JSME issued

2007	“Morioka appeal for community medical education”
2007	“Proposal for revision of the new clinical training system for doctors”
2008	“Appeal to the public for education of health care students and trainee doctors”
2009	“Proposal: toward revision of the clinical training system”
2010	“Proposal concerning the increase in the limit on the number of enrollees in medical schools”
2010	“Proposal: in response to the expansion of the local allocation system to reinforce community medical education”
2012	“Proposal for future renovation of national licensure examination”
2013	“Second proposal for revision of the new clinical training system for doctors”

workshops covering a variety of topics, and oral and poster presentations. Participation in the annual academic meeting has been increasing steadily such that the last several years have brought together roughly one thousand people, including health care professionals other than physicians as well as students.

FD workshop

Since the first ‘Fujiken workshop’ was held in 1974, we have been providing the FD workshop once a year in December at the same location, attracting 20 participants from the medical schools and 20 from the teaching hospitals. The duration of this workshop used to be 7 days, but it has been shortened to 5 days. The influence of this Fujiken Workshop has been widespread. There are now many educational workshops targeting both undergraduate and postgraduate educators are being held throughout Japan. These are organized by a variety of organizations in addition to medical schools.

Publication of the official journal

‘Medical Education (Japan)’ is issued every two months, including both Japanese and English articles. A peer-review system was introduced in 1991 and online subscription has been offered beginning in 2012.

Publication of white papers on medical education

An influential white paper covering recent topics in medical education, activities of the committees of JSME, and discussion of various medical education policies issued by the Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Health, Labour and Welfare has been issued every 4 years since 1972.

Appeal for medical education reform

Based on the outcomes of committee activities, JSME has been making appeals to the public, government, and political community regarding the most desirable directions for Japanese medical education and modalities of evaluation and strategies. Table 2 shows the variety of appeals we have made during last 7 years.

Internationalization of medical education activities

JSME considers peaceful contributions to worldwide medical education to be one of the important pillars of our activities. The following are examples of our recent international activities.



Figure 1: Founding members of 'Fujiken workshop'

In 2006, JSME reached an official exchange agreement with the Korean Society of Medical Education and began to exchange presenters at academic meetings in the two countries. We intend to pursue further development of practice and 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. Since 2006 we have been heavily involved in the activities of the Association for Medical Education in the Western Pacific Region (AMEWPR) and Japan has since then been extending relevant activities. One of those activities is the Vietnam project (in cooperation with Japan International Cooperation Agency, JICA), which was initiated in 2008 to contribute to nurturing supervisory doctors for postgraduate clinical training in Vietnam. There are other JICA projects 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. Many JSME members have been contributing to those activities.

MAJOR CHANGES IN MEDICAL EDUCATION DURING PAST DECADE IN JAPAN

Table 3 shows the major movements in medical education in Japan during the past decade, movements to which members of JSME have made significant contributions. In 2001 MEXT proposed the model core curriculum, by which it was recommended that each medical school provides its own unique courses accounting for one third of all courses in the curriculum. In 2003, MEXT began to award grants for unique and appealing education curricula in medical schools.

In 2004, a 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 real aim of this system is to raise the level of basic clinical competence required for all clinicians and forms the bridge between medical school and specialist/general medicine training just like the Foundation Programme in UK [2]. In 2005, the "Common

Table 3: Recent trend in medical education in Japan

2001	The model core curriculum was proposed.
2003	The Educational Grant Project of the MEXT 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 (the number is still increasing every year as of 2013).
2013	New specialty board system was proposed launching in 2017.
2013	Prime minister directed the consideration of new medical schools.

Achievement Tests” were launched. This examination, designed to evaluate 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 health care services became a significant issue, the limit on the number of enrollees in medical schools has begun to be raised in 2007. The total limit on enrollees in medical schools increased from 7,625 in 2007 to 8,991 in 2012. 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 around 1100 last 10 years.

CURRENT TOPICS IN MEDICAL EDUCATION IN JAPAN

In Japan, there is a 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, a recent issue of concern is the decrease in the number of 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 over 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 third topic is the accreditation of the medical schools triggered by the announcement of the United States Educational Commission for Foreign Medical

Graduates (ECFMG) stating that the ECFMG will require medical school accreditation for all international medical school graduates seeking certification beginning in 2023 [3]. Currently there is no accreditation system for medical schools in Japan, although accreditation system for the university level (not focused on faculties of medicine) is working. We are seeking the appropriate way to establish the organization to do the accreditation process of the medical schools.

The final topic is the propriety of establishing new medical schools. Graduate entry medical schools have been introduced in our neighboring country, Korea, and some people have advocated that Japan consider the introduction of such schools as well. Although this trend is not sufficiently steady, the Prime Minister Shinzo Abe made it clear that we should consider the necessity of new medical schools. Because this statement by the Prime Minister was issued just recently, in October 2013, it is unclear how this issue will unfold in the near future.

CONCLUSION

JSME plays significant roles in research on education in the medical sciences and medical care, propagation of educational knowledge and practice, and policy proposals concerning medical education, targeting not only doctors but also all other health care professionals.

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.

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