

Front page

Hello, everyone.

I would like to introduce myself briefly.

I am the founder and director of the Rural Generalist Program Japan, a postgraduate rural training program that started in 2017.

Originally, I worked as an emergency physician, but then changed careers when I discovered the challenges and difficulties of work on remote islands while transporting patients from those islands by helicopter.

However, when I wanted to become a rural doctor, there was no such a rural training program in Japan, so I was almost at a loss as to what to do. Then my colleagues advised me to attend Rural Medicine Conference, I met Dr Wynn-Jones and Professor Strasser at the conference in Norway in 2016, they have supported the development of rural medicine in Japan.

Thanks to them, I was able to launch the Rural Generalist Program Japan in 2017.

Currently, our program is being run by a private company supported by teaching hospitals, I am the CEO of that company GENEPRO.

Since April this year, I have also been working as the Medical director of Rural hospital in Shimo-koshiki Island, which is seen in Japan as the pinnacle and magnet for island medicine in Japan.

I am currently a PhD candidate at Juntendo University in Tokyo, studying the evaluation and impact of this rural training program.

Similarity with UK



- large urban conurbations
- rural communities with elderly
- 400 populated island



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Parliamentary Inquiry:
Rural Health and Social Care

Slide 1

So, let me tell you a little about Japan and rural health.

It's similar to the UK, but while many people are concentrated in urban areas such as Tokyo, there are also mountainous and remote areas in Japan including more than 400 populated islands, perhaps a bit similar to Scotland.

Currently I am living at this red arrow.

As you might expect, the geographical maldistribution of doctors is a serious problem, and our Ministry of Health is constantly considering various strategies to address it.

There are more elderly people living in the islands and the young people leave for work and are not coming back because there are no jobs.

However, as these islands lie on the border with China and Korea, the Japanese government has to keep island health as a matter of national policy.

Challenges in rural health



- Ageing workforce
- Recruit and retention
- Lack of pathway to rural health



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Rural Health and Social Care

Slide 2

So, what are the challenges Japan currently facing with rural health?

First of all, health care workers are getting older and older. As you can see in this picture, there used to be midwives on the islands, but since the number of women giving birth has decreased, island medicine needs for emergency care and elderly care. is increasing.

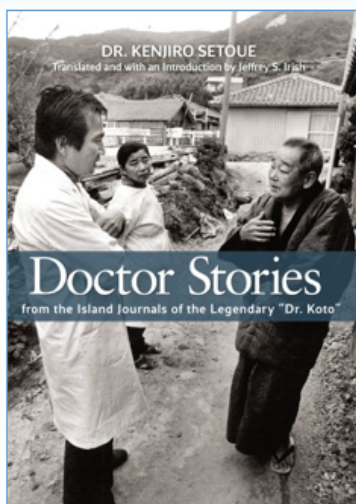
Generally speaking, rural hospitals are mostly publicly funded and have historically not been very good at recruiting medical workforce. There are more young doctors in the city who want to work in the islands than is generally thought, but few of them actually come to the islands.

Also, working on the island is considered to be a self-sacrifice. The doctors who have lived on the island for many years found that they could not take a break. As a result, for life-work balance reasons, it is difficult for a doctor to remain on the island.

Even if you want to work on an island, you may not have the skills to do so. It is also true that many young doctors think that their skills are not good enough to work in the islands.

Young doctors wanting to work in the islands want to have training to acquire the necessary skills.

Medical care in rural communities



- Hospital based medical care
- Access to mainland
- From solo to group practice



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Rural Health and Social Care

Slide 3

The doctor on the left side of this picture is known as "Doctor Koto" who is one of the most famous doctors in Japan. He lived on an island for 40 years and was a medical superstar, doing everything from surgery to childbirth and veterinary care, just like a lot of rural doctors all over the world. A fictional television drama was produced based on his island medical work.

I was a junior doctor at the time of the TV drama of Doctor Koto, I dreamed of becoming such a doctor someday. However, it was also true that there were many people who said that Doctor Koto was no longer needed in Japan. In today's litigious society, doctors who do everything are considered dangerous.

In fact, there are many typhoons during the rainy season in Japan and a few days when it is not possible to transport patients to the mainland. We cannot predict this as well.

The only way to get to the mainland is to charter an ambulance helicopter during the daytime, and the Self-Defense Forces' helicopter or a fishing boat at night. My mentor once joked that on typhoon days, we can use a doctor submarine.

I am currently working on the island where this Doctor Koto worked, taking over his hospital. Thanks to him, this hospital has already gained the trust of the islanders, so it's very easy to work here for me.

But the hospital also has high expectations from the islanders, we need to keep the quality of care.

The population is only 2,000, but there are people who live in the mountains on site in the region like Machu Picchu, and it takes an hour to get to the clinic, so we provide them one day clinic.

So the rural doctor's scope of practice is diverse: one day clinics, outpatient and inpatient care, home care, dialysis and emergency services. It's hard to believe that Doctor Koto was doing this work all by himself. Now in this island, there are three doctors working together, including me. So it's much easier than in the past. We had to explain and negotiate this change of model from one-doctor serving for the

community to a team-delivery model to the municipality when we signed the contract.

Social care in Japan



- Coordinator has a key role
- Variety of services
- Go together with medical care



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Rural Health and Social Care

Slide 4

Now, I would like to explain how social care is provided in islands.

In Japan, there are two types of insurance policies, one for medical care and the other for social care.

Medical care is mainly coordinated by doctors, and social care has its own coordinator, named “social care managers”, and their background is nursing care. Social care is divided into level 1 to 7. Social care manager can choose the services depending on patient’s level of care.

There is a wide variety of services available, from home improvements such as the installation of handrails and ramps at the entrance.

They also offer services ranging from bringing nursing care staff, nurses, and rehab staff to patient's home, to day trips to a nursing home for bathing, recreation, and rehabilitation. Patients with terminal stage of cancer, Parkinson's disease and other sever conditions can also receive home care medicine by using medical and social care insurances.

In fact, my wife's parents also had dementia and Parkinson's disease, and it was a huge relief for us as a family to be able to receive all of the services. Patients are also able to receive services for a 10% fee.

This is a picture of a man living alone who wished to meet his end at home and was celebrating his discharge with medical and social care staffs.

Five days after the party, medical and social care staffs worked together and the man passed away peacefully at home.

Innovations in rural medicine



- Rural Generalist Model
- Partnership with Australia
- Distant education



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Rural Health and Social Care

Slide 5

So how do we recruit these rural doctors?

The Japanese people have no concept of general practice and prefer to be seen by specialists in large hospitals.

GP training in Japan has only officially started just two years ago.

At the moment, few doctors want to be a GP, much less rural doctors working on the islands.

I was determined to build a world standard best practice rural training program based to attract young doctors to the islands.

I traveled to see many successful training programs and attended conferences around the world to establish a best possible evidence base of knowledge.

And then I learned about the concept of a Rural Generalist, who not only provides outpatient care, but also delivers babies in hospitals, gives anesthesia, performs simple surgeries, but also provides public health care.

In Japan, the Rural Generalist is starting to become famous as a medical specialty, and many young doctors are starting to become aware of this dying breed of doctors.

Doctors in Japan can't play such a diverse role in an urban hospital, but can as a Rural Generalist on the island. When we were medical students, the Island doctor that is able to do everything was thought of as the 'ideal' doctor, and is still thought of by many as the 'ideal doctor' in Japan today.

The training to become a Rural generalist cannot be done in a urban hospital. You can only learn it by training in a rural and remote area.

However, there may be limited supervision available on remote islands.

Australia's RVTS, which stands for "Remote Vocational Training Scheme", started in 2001, is a groundbreaking scheme of remote supervision for distant medical education.

It is the training organization founded by Australian Commonwealth Government.

We launched a Japanese version of RVTS, named Rural Generalist Program Japan in 2017, the number of graduates will be about 50 next year.

Trainees and teaching hospitals



- Six in rural and islands
- 38 y(mean) with specialty
- Education scheme
 - Webinar
 - Face to face workshops
 - Teaching visits
 - Overseas elective training



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Rural Health and Social Care

Slide 6

So what kind of doctor is best suited for rural medicine?

Studies from around the world show that students from rural areas and those who have had a long-term training in rural placement in medical school are more likely to choose rural medicine as their career.

The trainees' average age of our program is 38 years old, nine years after graduating from medical school, and they often come to us to test themselves. There is a group of younger recent graduates, and another more diverse group of doctors looking for a career change. Our program offers them a retraining pathway to work in rural areas.

Also, because the program is limited to one year in duration with return relocation transport costs, the barriers to moving to remote areas are relatively low. In fact, about 10% of trainees extend their training period, suggesting that remote supervision and mentoring could be related to retention.

There is also an elective training opportunity for the Japanese trainees, which is a highly coveted incentive of the program to go overseas to see real rural medicine in the world such as Australia, Cuba, Mongolia Africa and so on.

Most trainees enter this program in order to realize their career aspirations and become a doctor who can deal with everything – that is, the Japanese idea of 'the ideal doctor'.

Currently, there are six teaching hospitals, two of which are located on remote islands.

Next year, a Cambodian hospital run by a Japanese company is also scheduled to become one of our teaching hospital.

Summary



Dr. Kotos from the east and the west

- Specialized pathway
- Short term workforce
- Collaboration



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Slide 7

Not all doctors who are willing to come to the rural area are suitable for rural medicine. A doctor who does not have the right skills is a concern for both the local people and himself.

Therefore, I think it is desirable to establish a rural training program.

However, it is not easy to recruit doctors who can work there for many years.

I think it is more realistic at this point to recruit rural doctors for a limited period of time with transport and relocation support to and from the area..

Finally, I would like to mention the importance of collaboration.

One of the main reasons why social care in Japan is functioning so well is because it is well coordinated with medical care.

Also the Rural Generalist Program Japan is successful because of its partnership with Australia.

It would be wonderful to see collaboration between the UK and Japan in the future.

Please come and visit us. I think you will see the beautiful scenery of Japan.

Thank you for your attention.