

Support System for Women Doctors

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Women Doctors in Japan

In Japan, the number of newly-graduated women doctors has been increasing rapidly since 1985 (Fig. 1). The physician population was about 290,000 and the percentage of women medical doctors was 17.1% (Ministry of Health, Labour and Welfare reports in 2008). The ratio indicates that women doctors are still in the minority in Japan. However, the number of women physicians under age 30 has increased to about 34%. That seems to indicate in the near future, one in three doctors will be women. In several fields, such as ophthalmology, the ratio of women doctors is increasing already by 50%. Women doctors are actually preferred especially by female patients and the elderly, but they often have difficulty continuing to work after starting a family. In 2006, a research analysis of the situation of women doctors by the Association of Japanese Medical Colleges showed that 26% of women doctors ages 35–40 work part-time (Fig. 2). Only 49% have a full time job. The data warns us that in the near future we may be confronted with a shortage of doctors. A support system such as nursing schools for women doctors to keep working is still insufficient in Japan. In addition, due to the declining birthrate of Japan, there should be women workers in all fields including the medical field. Now, we should seriously consider a support system for women doctors to enable them to continue their clinical work throughout their life.

Support for Women Doctors by Japan Medical Association

The Japan Medical Association (JMA) established a “Gender Equality Promotion Committee” aim-

ing to support women doctors in 2004. Since then the committee has taken action on behalf of women doctors and made proposals to the government to promote gender equality. The committee organizes the national conference on gender equality in Japanese medical community every year. This year, we had the 6th annual conference in southern Kyushu, Kagoshima, with more than 500 participants. The symposium was titled “The Revolution of Awareness of Gender Equality.” Presenters spoke of their experiences and how to develop gender equality (Fig. 3). Another project of the committee is workshops on support for women doctors in all prefectures by the committee and prefectural medical associations. Hospital directors, young women doctors and medical students in the area enrolled in the workshop. Another prominent action of the committee was the establishment of a pool of capable women doctors, “Josei Ishi Bank.” Hospitals that offer jobs and women doctors who are looking for jobs register with the Bank. The Bank matches the applicants with suitable hospitals. Members of the “Josei Ishi Bank,” who are also members of the JMA, take part as coordinators. As of December 2010, there were 1,156 applicants and 271 registered hospital. So far, we have had 3,270 applicants, 573 hospitals and 247 successful matches.

Tokyo Women’s Medical University (Fig. 4)

Married women physicians, especially those with children, often have difficulties balancing their obligation as doctors and their domestic responsibilities. Tokyo Women’s Medical University (TWMU) has only women students and about 9,000 women physicians have graduated since

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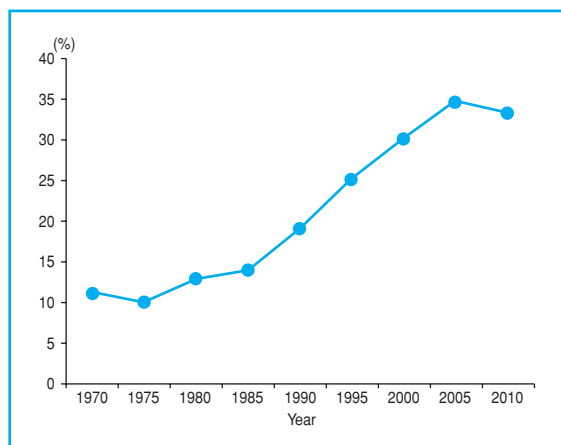


Fig. 1 Increase of newly-graduated women doctors

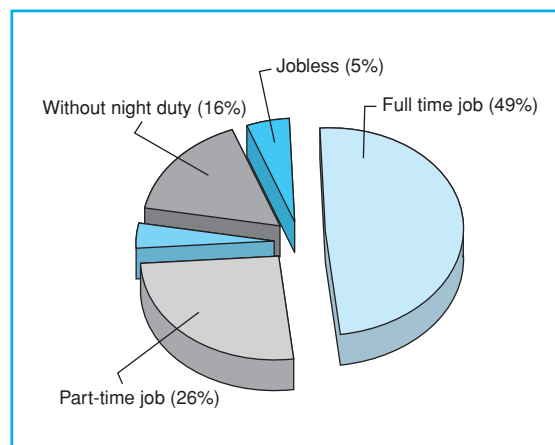


Fig. 2 The situation of women doctors ages 35-40



Fig. 3 The national conference in Kagoshima 2010

1900. Currently, 521 of 1,429 doctors and 25% of our faculties are female in the university including the hospital and medical facilities. The percentage of women doctors is quite large compared with other medical universities in Japan. Over the years the university has learned what is necessary to provide support and currently runs two main support centers for women doctors, (1) Support Center for Women Health Care Professionals and Researchers, and (2) Professional Reentry Support Center for Women Physicians. The Support Center for Women Health Care

Professionals and Researchers provides support to doctors working in the university. There is a nursery school for young children available 24 hours a day and another special nursery school for children with illnesses. This center has also established scholarship programs for research as career development support. The Professional Reentry Support Center for Women Physicians supports all women doctors outside of the university returning to medical practice after taking leave. First, we select an affiliate hospital in the applicant's residential area. Second, circum-

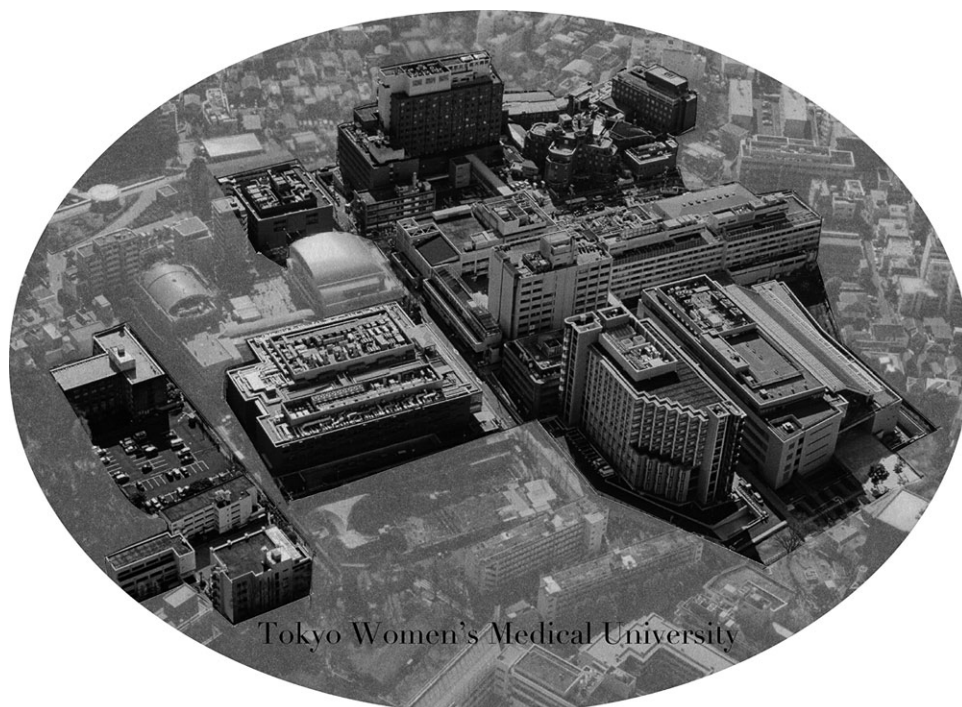


Fig. 4 Tokyo Women's Medical University

stances of the applicant are taken into consideration such as specialty, experience and lifestyle, so that the chosen hospital, the applicant and the center combine to create a custom-made training curriculum. We also provide a hands-on training course of endoscopic and echographic examination. Over three years, 117 women doctors applied to the center for reentry training and 93 had practical training in the hospitals. The major hospitals accepting re-trainees are our university hospital, Japan Red Cross Society Hospitals and the Saiseikai Hospital Group. Applicants even outside Tokyo can receive training. The other program is e-learning for studying up-to-date clinical medicine. The contents include learning experience from women doctors who received training. The e-learning assists applicants in practical training. Enrollment in e-learning currently is about 2,600. We received the Minister of Education, Culture, Sports, Science & Technology Prize in the 2010 e-learning competition.

TWMU Medical Association

Our university medical association was founded in 1993. Since that time, all of the directors except one are women. Moreover, 30% of our board members are women doctors. This is a distinctive feature of the TWMU medical association. Of course, activities are provided equally for men as well as women in the university, but many of our workshops and scholarships are related to supporting women doctors.

Conclusion

The programs provided by our university positively support the career development of women doctors in Japan. We hope that this movement toward gender quality development will not only continue to progress at our institution, but also in other institutions in addition to academic and medical societies.