New Training Programme for Nurse Mentors

The Nursing Division of the Ministry of Health, Labour and Welfare (MHLW) has selected 21 hospitals to participate in a programme for fiscal 2007 aimed at raising the clinical practice skills of nurses.

The programme will reimburse the hospitals for part of the costs of providing practical training to mentors of new graduates. A committee to be established by the ministry in the current term will study performance reports from participating hospitals to provide input for a plan to establish a system of clinical training for new nurses.

In addition, 12 hospitals were selected to participate in a training programme in FY 2007 for midwives charged with raising the clinical skills of new midwives.

For many years the need has been felt for a system of training new nurses that will insure the quality and safety of medical and nursing care. The Japanese Nursing Association submitted a formal request to the MHLW for such a system in 2006. JNA has also established its own committee to consider making such training mandatory. This committee has discussed specifics with a view to implementing the clinical training of new nurses.

The only way to insure successful implementation of the system is to win full acceptance of it by the public beforehand. The task before the JNA is to adequately inform the public of the system’s benefits in a way that is responsive to the sensitivities of those we serve, both as patients and as citizens.

Sanctioned Nurses to be Reeducated

A revision to the Law for Public Health Nurses, Midwives and Nurses requires that nurses subject-ed to administrative disciplinary measures on or after April 1, 2008 must undergo reeducation.

In June 2007, the MHLW set up a committee to consider the idea of giving additional education to public health nurses, midwives, or nurses when they commit an infraction requiring administrative action. JNA executive officer Mariko Kusumoto was a member of this committee, which released a report after three meetings.

The reeducation provision applies to licensed nurses or nurses seeking to be relicensed following receipt of reprimands or more serious levels of administrative discipline. The instruction they are required to receive will depend on the seriousness of the punishment. All those subject to reeducation will receive group instruction on topics like professional ethics and nursing skills related to medical safety. Nurses whose punishment involved suspension of their licenses or even more serious measures will be given additional reeducation - consisting primarily of field observation and practical exercises - that is commensurate with the individual circumstances and the term of the punishment imposed. In principle, the reeducation is to take place

(See "Reeducation" on page 3)
Certified Nurse Headcount Reaches 3,383 Nationwide

In 2007 the JNA gave new certification to 909 nurses who each tested in one of the 17 nursing specialities. This brought the total number of Certified Nurses in Japan to 3,383. CNs in one or another of the specialities now work in 45% of hospitals having 300 beds or more, and every one of Japan’s 47 prefectures has at least one CN specializing in infection control, palliative care, or wound, ostomy and continence (WOC) nursing. After nurses obtain certification, 45% assume duties that involve working throughout the entire medical facility in addition to their own units. Moreover, the proportion of CNs scheduled to do work outside their facility has increased from 7 to 33%.

Training Institutes in 23 Locations

Since the first credentialing courses were begun at JNA’s Nursing Education and Research Center in 1996, the number of training facilities has grown to 23, largely in response to a 2002 revision of the medical service billing rules that created a demand for specialist personnel from hospitals and clinics. Under the new billing regime medical facilities are rewarded for offering palliative care and outpatient chemotherapy, but financially penalized if they have insufficient infection and bedsore control programmes. In 2003, the MHLW began issuing grants for certification training according to a programme for improving the clinical skills of nurses.

The needs of society have increased recognition of the importance of specialization in nursing, with the result that more training facilities became necessary. Revision of the law governing how medical service providers calculate their charges has had an especially big impact on the fields of infection control, palliative care and WOC nursing.

Door Opens to Ads for Nursing Specialities

Revisions to the Medical Law that were enacted in April 2007, allowed medical facilities to advertise the nursing specialities they offer, beginning in July 2007. After filing with the MHLWC and receiving notice of acceptance, hospitals and clinics will be allowed to put up signs or otherwise publicize nursing specialists on their staffs, just as they do with doctors. The ads may specify "Certified Nurses" in any of the seventeen possible fields and "Certified Nurse Specialists" in any of that credential’s nine fields who are represented on the staff. It is anticipated that prospective users of medical facilities will use this additional information as a guide in making their choices.

Nurses in Hospital VP Post Triple in 3 Years

According to a survey by the National Association of Hospital Managers, the vice-presidents in 168 hospitals were nurses as of May 1, 2007. This amounts to a more than three-fold increase over the previous three years.

Previous surveys have found steady increases, with 51 hospitals having nurses as vice-presidents in 2004, 75 in 2005 and 115 in 2006. University hospitals have shown the most dramatic increase, with only three having nurses as vice-presidents in 2004 and 28 in 2007, almost a tenfold increase that now includes about 20% of the 126 university hospitals nationwide.

National Association of Hospital Managers director Hiromichi Take gave the following explanation for the rising importance of nurses as hospital administrators:

"Doctors’ work tends to be involved mainly with their own specialties, while nurses are very well familiar with the entire hospital, and are always attuned to patients’ needs. Nurses normally constitute about sixty percent of a hospital’s staff, so they are well positioned to represent the patient’s point of view in hospital management. Since administrative reform is a top priority in many hospitals, they are increasingly recruiting nurses in vice-presidential slots as a way to make the best use of human resources."

Kizuna Yamazaki previously served as director of an association of hospital vice-presidents who are nurses. She offered this comment on the trend:

"Hospitals always had a tendency to revolve around the physicians. Now we have the opportunity to restructure the system so it starts being all about the patients. At a time when hospitals are proclaiming the need for multi-disciplinary medical teams to treat patients, the rise of nurses as vice-presidents has great significance."

Nurses serving as vice-presidents of hospital nevertheless remain a minority. They cannot become presidents because the Medical Law reserves that position for physicians.

(Source: Nihon Keizai Shimbun, May 19, 2007.)
Nurses from Philippines, Indonesia Set to Practice in Japan

In accordance with economic partnership agreements concluded with the Philippines in 2006 and Indonesia in 2007, the Japanese government has decided to recognize the hiring of nurses from those countries in Japan. Domestic opposition in the Philippines has halted implementation of the agreement from that country, but the prospects are that a limited number of Indonesian nurses will be entering Japan before long. Therefore, let us once again make clear our views on the issue and explain the conditions that apply to implementation of the agreement.

The Japanese Nursing Association has a two-part strategy for righting the imbalance between the demand for nurses and the present supply. One part involves filling nursing positions with qualified nurses who are not currently working as nurses. At the same time, working conditions need to be improved to the level where worker retention is not a problem. We do not regard bringing in nurses from abroad as the right solution to the problem.

The JNA has set out four conditions for employing foreign nurses that are designed to ensure quality of care and better working conditions for all. They are: (1) Foreign nurses must obtain a Japanese nursing license, (2) They must have enough Japanese language proficiency to be able to provide safe nursing care, (3) Employers must ensure that conditions of employment for foreign nurses are at least on the same level as for Japanese nurses, (4) Nursing licenses in Japan and other countries will not be mutually recognized.

Japan’s agreements with the two countries are compatible with these conditions. That means their nurses will have to pass our national nursing examination in Japanese. An agency called the Japan International Corporation of Welfare Services has been designated to mediate the process by which foreign nurses obtain a Japanese nursing license and work in hospitals or clinics. It will arrange for them to obtain a visa for up to three years residence in Japan. For the first six months they must take classes in Japanese and nursing. Then the agency will mediate with the contracting medical facilities to put them to work as nursing assistants (for the same wages a Japanese would receive) while they study for the national exam. If they don’t pass the exam within three years, they must leave Japan. Once licensed, they can work as nurses in Japan, renewing their visas at three-year intervals without limit.

The JNA will cooperate with all parties involved in this programme to insure sound working conditions for the nurses it employs.

("Reeducation" continued from page1)

Within a month after imposition of the punishment, a qualified nurse will be appointed as advisor to support and evaluate the reeducation trainee’s performance throughout the reeducation period, which is to begin with the trainee preparing a plan for various types of individualized training and end with the trainee’s final report.

The MHLW oversees the group and individualized reeducation, which can be carried out either by a government agency or a medical organization. Individualized training can also be implemented by the trainee’s medical institution, school of graduation or other body, as appropriate to the training.

A nurse who is sanctioned because of medical malpractice is apt to suffer extreme consequences, both mental and physical. The JNA is committed to cooperating with prefectural nursing associations and other organizations on an ongoing basis to help insure the successful return of nurses to their jobs upon completion of retraining.

It is a matter of concern to the JNA that despite our attempts to have the ministerial committee on reeducation address the situation of nurses found guilty of criminal malpractice, the committee has engaged in little discussion of that issue. This failure may unfortunately result in undue burdens being imposed on institutions or individuals participating in the reeducation programme.
Midwifery in Japan Today

**OBs in Short Supply**

The pressure of excessive workloads on obstetricians and an increasing risk of lawsuits is discouraging medical students from entering obstetrics and has caused a national shortage of obstetricians. The problem has been addressed by concentrating obstetricians in centrally located hospitals throughout the country. The scarcity of hospitals offering obstetric services is forcing many women to become “refugees” from their own communities to have their babies.

**Midwives Face Rising Expectations, While Some Maternity Homes Face Crisis**

The scarcity of obstetricians has raised expectations for the role of midwives. The view that they should handle normal pregnancies, leaving high-risk cases for the doctors is gaining in acceptance.

Midwives in Japan have the right to practice on their own. In 2004, a total of 722 maternity homes - facilities run entirely by midwives - were handling normal deliveries nationwide. Then a revision to the Medical Law in April 2007, placed some maternity homes at risk of having to close down. The new legal provision requires them to have contracts with hospitals able to accept emergency cases on a 24-hour basis. Coming at a time when many obstetric wards are being shut down, some maternity homes are not able to meet the requirement.

The nonprofit Childbirth Support Japan surveyed maternity homes in September, 2007. It found that 58.9% had been successful in concluding the required contract and 34.45% had been unable to do so, but, of the latter group, 51.6% reported that they expected to have their contracts by March, 2008.

**JNA Working With Midwives**

The Japanese Nursing Association’s Professional Committee on Midwifery is promoting two plans to deal with the shortage of obstetricians and the growing trend for hospitals to phase out their obstetric services. One plan involves the establishment of maternity homes inside hospitals, where midwives function with much more independence than hospital midwives have traditionally enjoyed. The other plan is for midwives to provide services at hospital offices to women who come in for pregnancy health checks (=photo below).

In Japan, hospitals and clinics handle the vast majority of deliveries (98.8% in 2005), and those are the places where most midwives practice (86.2% in 2004).

The hospital based maternity homes being advocated by our Professional Committee on Midwifery are defined as follows:

"A hospital based maternity homes is a system set up within a medical facility equipped to deal with emergencies, in which midwives and doctors work cooperatively, upon recognition of their respective roles and on the basis of diagnostic determinations of normal or abnormal conditions, to independently provide maternity services to women, their babies and families, from pregnancy through delivery and the postnatal period."

Having the facilities inside hospitals allows for the cooperation of the obstetric and pediatric departments to insure the safety of the women and their babies. Midwives assigned to them typically find the work very satisfying because it allows them to fully exercise their professional skills in dealing with the many and diverse needs of their clients.

Having midwives provide such services to women visiting the hospital as health care consultation and health checks is also an effective way of dealing with the shortage of obstetricians.

The benefits to be gained from midwives working independently involve maximizing the effectiveness of their job skills and their personal satisfaction, but of course ultimately lie in the fact that what they do is very good for the women and the family members they serve.

Because midwives are currently the object of widespread expectations, the committee thought it was a good time to issue a pamphlet entitled "How to Work of Midwives in Hospitals and Clinics." Telephone counseling services in support of in-hospital maternity homes and midwifery services to hospital visitors are also being established. These actions are part of a programme aimed at building up the infrastructure for autonomous midwifery services.

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**Numbers of midwives in Japan by place of employment, 1965-2004**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Health centers</th>
<th>Municipal</th>
<th>Hospitals</th>
<th>Clinics</th>
<th>Maternity homes</th>
<th>Schools/Institutions</th>
<th>Others</th>
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<tr>
<td>1965</td>
<td>46,349</td>
<td>166</td>
<td>5,855</td>
<td>4,033</td>
<td>35,946</td>
<td>36</td>
<td>313</td>
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<td>1985</td>
<td>25,528</td>
<td>175</td>
<td>13,453</td>
<td>4,250</td>
<td>6,637</td>
<td>262</td>
<td>751</td>
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<td>24,985</td>
<td>249</td>
<td>17,584</td>
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<td></td>
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<td>25,877</td>
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<td>4,465</td>
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<td>2004</td>
<td>26,040</td>
<td>231</td>
<td>17,753</td>
<td>4,680</td>
<td>1,654</td>
<td>1,048</td>
<td>197</td>
<td></td>
</tr>
</tbody>
</table>

Source: Statistical data on Nursing Services in Japan 2006