

Topics: Recent topics in public health in Japan 2021

< Review >

Labor reforms for physicians in Japan

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Abstract

“The Work Style Reform Bill” was enacted on June 29, 2018, with proposed amendments to eight laws, including the Labor Standards Act. Since April 1, 2020, the bill has been applied to all cases except a few professionals including physicians, considering their current long working hours. The special committees on physicians’ labor reform under the Ministry of Health, Labour and Welfare have reported that, behind the long working hours, aside from the issues of organizational management, there are additional issues, including insufficient functional differentiation/cooperation in the regional medical care provision system. The committees proposed three levels of overtime depending on the conditions of the individual physician and institution’s roles in a community, which should be applied by 2024.

keywords: labor reforms, work style reform, working hours, physicians, aging societies, working-age group population

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I. Why do we need labor reforms?

Japan is one of the fastest-aging societies in the world. Its total population has already been declining (Figure 1) [1]. Consequently, it is getting increasingly difficult to sustain Japan’s labor forces, including health care services. Based on the National Institute of Population and Social Security Research (IPSSR) estimates, the group of people aged 75 or older (so called the late-stage elderly) will continue to increase and then peak around 2030 [2]. Then, it will slightly decrease but will remain constant. The ratio of the late-stage elderly to the total population will rise constantly, and its value will reach 25% in 2065. That is, one of four people in Japan is predicted to be advanced-age elderly, requiring substantial medical services. The early stage of elderly aged 65 to 74 years peaked out in 2016, and then it has been gradually declining. The young population under the age of 15 years has decreased constantly. The working-age group population has steadily increased during the post-war years and reached its peak in 1995. However, this population has

subsequently entered a declining phase, and it is expected to fall below 70 million in 2030, eventually dropping to 53.89 million in 2050. The health care labor market will be more competitive in the future. Thus, we need to create better working environments for health care providers.

II. Work Style Reform Bill

“The Work Style Reform Bill” was enacted on June 29, 2018. The bill is a comprehensive legal package with proposed amendments to eight laws, including the Labor Standards Act (LSA) and the Industrial Safety and Health Act (ISHA). Under the amended LSA, the legal limit on overtime working hours is restricted to 45 hours per month and 360 hours per year in principle, with penalties stipulated for employers who violate the regulations. Since April 1, 2020, the bill has been applied to all cases except a few professionals including physicians, considering their current working hours. If the bill limits the current physicians’

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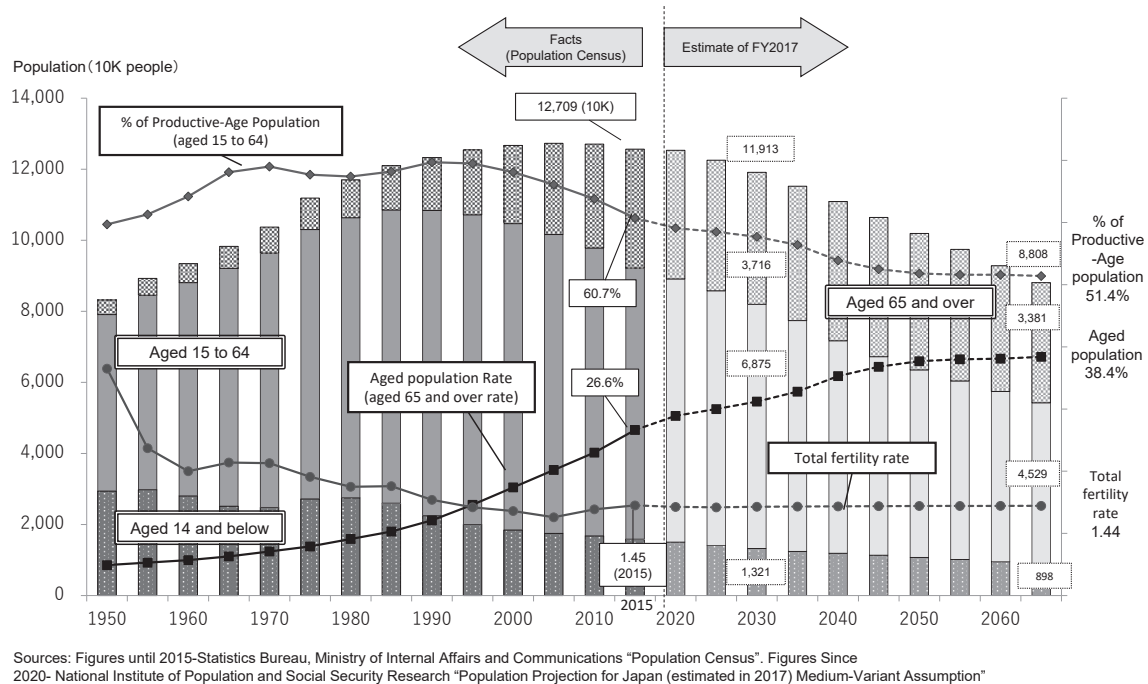


Figure 1 Population Trends of Japan

overtime, many hospitals cannot sustain the current health care services for patients.

III. Current working hours for physicians

According to a survey of the physician workforce conducted in 2016 and 2019, around 40% of responding physi-

cians work for more than 60 hours per week or 960 hours in a year, which could be beyond the 80 hours of overtime per month, also known as the so-called *karōshi* (death by overwork) line. This is the overtime limit at which people risk death or illness. Furthermore, around 10% of responding physicians work for more than 80 hours per week or 1,860 hours per year (Figure 2).

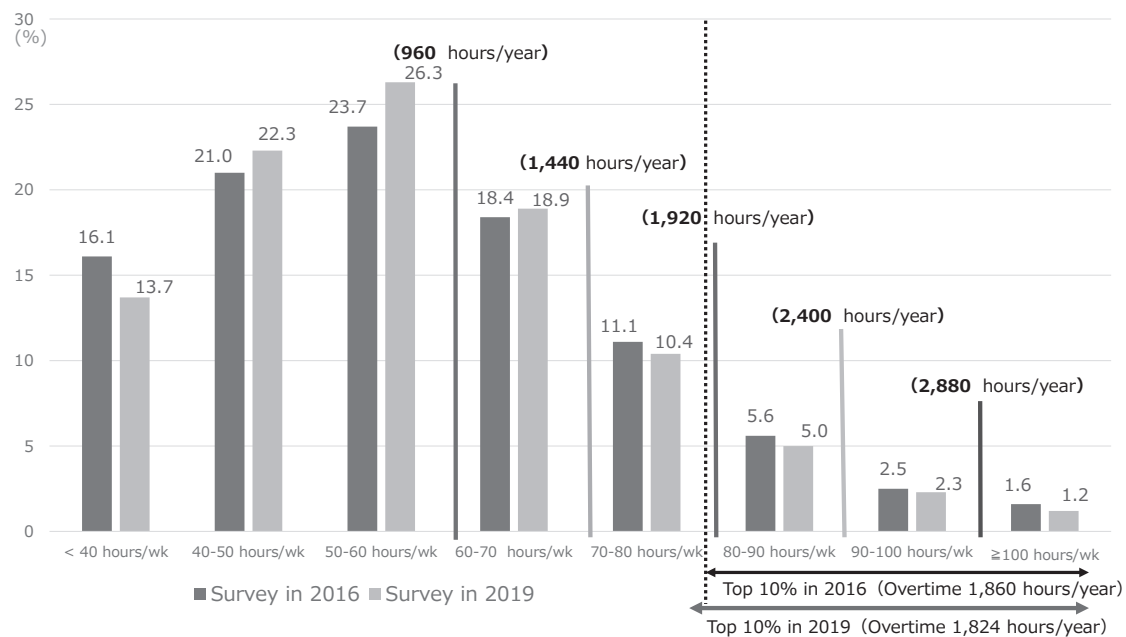
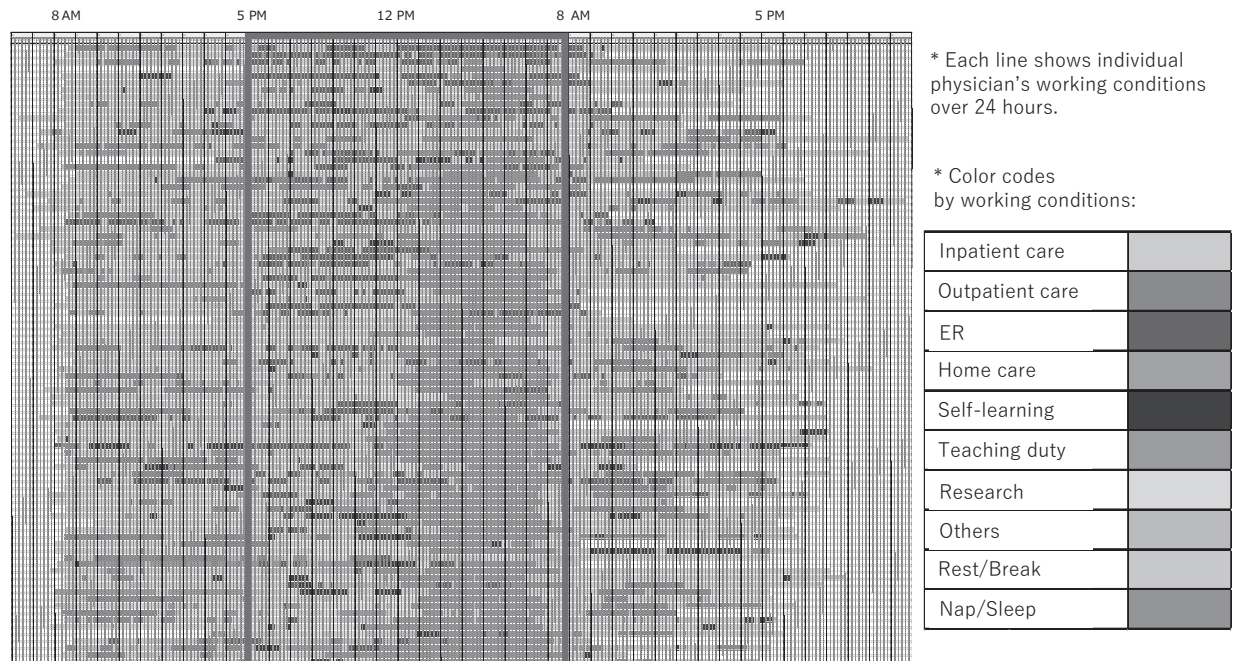


Figure 2 Weekly Working Hours for Hospital Physicians (converted yearly working hours)



Source: Health and Labor Sciences Research Grant "Research on Physicians Working Conditions" in 2017 conducted by Taneda K @ NIPH

Figure 3 Working Conditions of Hospital Physicians on night duty

The author's study also reveals that many physicians on night duty cannot take enough rests; some just continue to work throughout the nighttime (Figure 3) [3].

IV. Committees on Physicians' Labor Reform

The Ministry of Health, Labour and Welfare (MHLW) has set up special committees on physicians' labor reform since 2017 [4,5]. The committees have reported that, behind the long working hours of physicians, aside from the issues of organizational management at individual medical institutions, there are additional issues: the supply and demand and uneven distribution of physicians, the way doctors are trained, the insufficient functional differentiation/cooperation in the regional medical care provision system, and how patients and citizens receive medical care. The committees have concluded that they should consider each measure related to these issues and the reform of physicians' labor reform comprehensively. They also said that it is necessary to promote establishing conditions and working environments to comply with the reform regulations.

V. Number of physicians in Japan

The overall number of physicians per capita varies widely among Organisation for Economic Co-operation and Development (OECD) countries, ranging from approximately two per 1,000 population in Turkey, Chile, and Korea, to

above five per 1,000 population in Greece and Austria. The average of the OECD countries is 3.4 physicians per 1,000 people; in Japan, there are 2.4 doctors per 1,000 people. Additionally, Japan faces geographic disparities in the distribution of physicians. In Japan, the number of physicians leaving major local hospitals that provide acute treatment is increasing because of work overload. This has become a recent public health issue. Some hospitals have fallen into a vicious cycle of increased workload for the remaining physicians because filling vacant posts is usually difficult. The lack of physicians is a serious problem, particularly in Japan's obstetrics/gynecology and pediatric departments. Globally, physicians and nurses also report higher rates of skill mismatch than other professional workers.

A related issue is an increase in female physicians. Their ratio to the total number of physicians has been increasing, accounting for 21.1% as of 2016. In recent years, the number of female students at a medical school has also increased, and the ratio of females enrolled in medical schools is now about one-third. These situations require better working environments for female physicians.

VI. "Doctor's Duty of Responding to Call-up"

Another attributable issue regarding physicians' long working hours is the so-called *Ōshō gimu* (Doctor's duty of responding to call-up) in the Medical Practitioners' Law, which sets a legal obligation for physicians to provide med-

ical services. That is, physicians are principally unable to refuse to treat patients when requested. However, the special committee on physicians' labor reform under the health ministry discussed its legal obligation in light of the planned reforms and they have concluded that "Doctor's duty of responding to call-up" does not necessarily require physicians unlimited overtime.

VI. Other attributable issues

Furthermore, the maldistribution of physicians across communities and the lack of coordination of hospitals and clinics in a community are also attributable to physicians' overtime. At the hospital level, the management of physicians comprises another issue. Some patients misuse health care services, and then they need to consider the necessity of hospital visits and their timings, which may increase the unnecessary burden to physicians.

VII. Recommendations by the committee on physicians labor reform

The committee on labor reform for physicians under the Ministry (MHLW) has been discussing how to reduce physicians' work hours. They set the three levels as the targeted overtime depending on their working conditions, which should be implemented after April 2024.

1) Level A: This overtime is applied to all physicians except for those under Level B or C below.

- 960 hours per year/less than 100 hours per month with some exceptions (Both patterns include holiday work.)
- ✓ Face-to-face guidance for monthly overtime and employment measures or doctor orders if needed
- ✓ Best endeavors: up to 28 hours for their continuous work and a minimum rest period of 9 consecutive hours after the work or an alternative rest. (These are not applied to those who are under the general principles* based on the Article 36 agreement under the Labor Standards Act their employer and the labor union sign.)
 - * General principles of overtime
 - 45 hours per month/360 hours per year
 - Exceptions under the Article 36 agreement that could be applied for up to 6 months in a year: 720 hours per year/80 hours per month on average including holiday work/less than 100 hours in a month including holiday work
- ✓ If overtime is more than 155 hours, they need to work on concrete annual plans to reduce overtime.

2) Level B: This overtime is applied only to the designated facilities to contribute to the special needs of local health care services. The facilities that dispatch physicians to other healthcare facilities can also be designated as "Level B for Cooperation".

- 1860 hours per year/less than 100 hours per month with some exceptions (Both patterns include holiday work.)
- ✓ Face-to-face guidance for monthly overtime and employment measures or doctor orders if needed
- ✓ Required conditions: up to 28 hours for their continuous work and a minimum rest period of 9 consecutive hours after the work or an alternative rest
 - If they cannot meet these conditions, they need to take alternative rests by the end of the next month.
- ✓ If overtime is more than 155 hours, they need to work on concrete plans to reduce overtime.
- ✓ Their reform activities are reviewed by a third party to support them.

This Level B will be eliminated in 2035 by achieving an even distribution of physicians and the sufficient functional differentiation/cooperation of health care facilities in the regional medical care provision system.

3) Level C: This overtime is applied to physicians who require intensive training at the designated facilities.

- The C-1 category is for physicians under junior or senior residents programs.
- The C-2 category is for physicians who require advanced clinical skills after 5 PGY (Post-graduate Year).
- 1860 hours per year/less than 100 hours per month with some exceptions (Both patterns include holiday work.)
- ✓ Face-to-face guidance for monthly overtime and employment measures or doctor orders if needed
- ✓ Required conditions: up to 28 hours for their continuous work and a minimum rest period of 9 consecutive hours after the work or an alternative rest
- ✓ For junior residents, the limitation of their continuous work is strongly requested. Consequently, there is no need for an alternative rest.
- ✓ If overtime is more than 155 hours, they need to work on concrete annual plans to reduce overtime.
- ✓ Their reform activities are reviewed by a third party to support them.

In the future, the overtime of Level C will decrease based on better evidence.

IX. Support centers to improve healthcare work environments

In 2014, the amendment to the Medical Care Act took effect, and health care facilities were encouraged to improve work environments under the Act by implementing the PDCA cycle. Prefecture governments are required to support health care facilities to improve work environments, and they have started establishing support centers to do so. The center is different from the Labour Standards Inspection Office. In 2017, a support center was established in all prefectures. In 2018, the Act on the Arrangement of Related Acts to Promote Labor Reform was enacted. The support center plays a more important role in promoting the reform by providing useful information on the website and organizing seminars with some case studies.

X. Other measures to support health care facilities

- Instruction for management to improve the work environment in health care has been published. It proposes the following four areas to work on:
 - 1) To improve how to work and how to take rests
 - 2) To support employee's health
 - 3) To improve work environments including both hardware and software
 - 4) To motivate employee
- To raise awareness that it is important not to misuse health care services among patients and citizens: For example, patients are suggested to have their own primary care doctors, consult via designated telephone services first, and refrain from misuse of ambulances. There are also some commercials broadcasted on TV to raise awareness.
- To amend relevant laws, if needed, in order to facilitate task-sharing with other health care professionals such as medical assistants, nurses/midwives, pharmacists, medical radiographers, clinical laboratory technologists, clinical engineering technologists, and emergency medical technicians.
 - It is essential to work as a team in collaboration with various professionals.
- To provide health care facilities with a financial subsidy to facilitate the labor reforms

XI. Conclusion

The current pandemic of coronavirus has further increased the burden of physicians and other health care providers and the subsequent risk of burnout. Burnout is a

manifestation of the enormous strain on the health workforce and can be a threat to safe and high-quality care [6]. Burnout also contributes to attrition, exacerbating human resource shortages [7]. The reform of physicians' labor is an urgent but challenging issue in Japan. Our institution, the National Institute of Public Health, Japan, has also contributed to the reform and better-coordinated health care services in a community by conducting research and holding workshops for hospital directors recommended by each prefecture in collaboration with the MHLW since 2019. Now is the moment to tackle the issue together as a team at all levels to sustain safe and quality care services.

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<総説>

日本における医師の働き方改革

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抄録

2018年6月に働き方改革関連法が成立した。これは労働基準法など8つの法律を改正するもので、2020年4月1日からは全職種に適用されているが、医師など少数の職種においては現在の長時間労働を考慮して猶予されている。厚生労働省の医師の働き方に関わる検討会においては、医師の長時間労働の背景には、医療機関における業務・組織のマネジメントの課題の他に、地域の医療提供体制における機能の分化と連携が不十分であるなど様々な課題が報告されている。検討会からは3つのタイプの医師の時間外労働規制が提案され、2024年までに適用される。

キーワード：働き方改革，勤務時間，医師，少子高齢化，生産年齢人口