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Women's career in medicine and public healthOKADA Reiko¹⁾, SAEKI Soichiro^{1,2)}¹⁾ Faculty of Medicine, Medical School, Osaka University²⁾ Department of Global and Innovative Medicine, Graduate School of Medicine, Osaka University

Japan's post-war growth has been heavily dependent on the social advancement of women. In particular, the Equal Employment Opportunity Law of 1985 guaranteed equal opportunities in career development for both genders. However, despite such measures, Japan ranks 120th out of 156 countries in Global Gender Gap Report 2021 released by World Economic Forum, falling behind the majority of countries in terms of women's participation in society [1].

This trend is no exception in medicine. Although the percentage of female doctors in Japan has been increasing year by year, it remains low at only 21.8%, less than half of the average for OECD countries [2], and the percentage of women in leadership positions is extremely low [3]. We believe that lifestyles specific to women, such as pregnancy and childbirth, have a significant impact on their career development in medicine.

We hereby aim to summarize the current state of careers for physicians in Japan and to provide insight on how to promote diversity in careers and lifestyles.

The careers of physicians in Japan are comprised from two main aspects: clinical practice and research. Generally, after obtaining a medical license, physicians who wish to pursue a clinical career go through a comprehensive residency training program (two years) and then proceed to a senior residency program (approximately three to five years, depending on the specialty). On the contrary, careers in research are quite diverse. Some proceed to graduate school immediately after graduating from medical school, while others do clinical work and research simultaneously. Some physicians enroll in graduate school later to obtain a doctoral degree after they complete residency, while others use their off-time to participate in research and earn their doctorate through dissertation.

However, under the current system, time constraints and employment issues pose as major problems for women. Professionalism cannot be obtained easily; it requires a decent amount of time and experience, especially if aiming for a leadership position such as professor or department head [3,4]. Female physicians expecting a baby or raising children agonize between their identities as “women” and “doctors” [4], and are troubled by the female stereotype in Japan that “child-rearing is a woman's job” even after childbirth [5].

Nonetheless, such quandaries may be resolved with adequate institutional reforms. One feasible option would be to link the career-path as a clinician or research physician with “social medicine specialists” training [6], by offering training in social medicine during the primary residency or as community medicine practice in specialty training. Although the National Institute of Public Health (NIPH) offers a training program independent from the social medicine specialist program for primary residents [7], participation is limited to the residency training programs in collaboration with the NIPH. By formally introducing such curriculum as an option in clinical training programs, physicians can not only enhance their own skills, but also have opportunities to be exposed to a variety of careers at a young age.

This type of collaboration is not limited to trainees. For example, it may be possible to integrate research activities with social medicine expertise by taking advantage of the online training program developed during the coronavirus disease (COVID-19) pandemic. Promoting a new career path in research, which relatively allows more time flexibility compared to clinical practice, would encourage more women to pursue their professional careers while raising children. This would also promote various career opportunities for

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doctors, regardless of gender, such as occupational medicine and bureaucratic administration.

In the era of diversity, career development focusing on individuals should be emphasized more in medicine. Flexible and seamless careers supported by collaboration and cooperation among clinical, research, and governmental institutions will not only benefit the individual physician but also contribute to the promotion of public health. Changes reflecting the real voices of working physicians are desperately needed.

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医学・公衆衛生学における女性のキャリア

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日本の女性医師の割合は年々増加傾向にあるが、その割合は依然としてOECDの平均以下であり、指導的立場に立つ女性も少ないのが現状だ。この背景には、妊娠・出産といった女性特有のライフイベントがキャリア形成に影響を与えることが考えられる。本稿では、日本における医師のキャリアの多様性を促進することを目的に考察を行う。

日本人の医師のキャリアは大きく臨床と研究に分けられるが、特定の分野において専門性を持って働くためには、時間的制約や雇用問題が女性のキャリア形成の問題となる。また、日本特有の慣習（「子育ては女性の仕事である」）の影響もあり、女性は「女性」と「医師」とのアイデンティティの狭間で苦悩する場合がある。

これらの解決策の1つとして、キャリア各段階において社会医学専門医プログラムを組み込むことのできる制度の構築が挙げられる。オンライントレーニング等を活用することで、若い世代はもちろん、特に時間的制約のある女性医師においても専門性を追求することが可能となるため、年代・性別に関係なく医師の多様なキャリアを促進することができるだろう。

多様性が求められる現代において、個人に焦点を当てたキャリア形成を促進することは、結果として医療界全体を資することとなる。現役の医師の声に耳を傾けたい。

キーワード：キャリア形成, 社会医学, 専門医制度, 女性医師