[Japan]

Current Status of Task Shifting in Japan and the Response of the Japan Medical Association

Yoshitake YOKOKURA*1

The issue of task shifting is currently under discussion by the World Medical Association (WMA) as an important item for consideration. The WMA has already adopted a statement on this theme[1] in 2009. This continuing discussion also involves the issue of prescription rights, which is truly one of the most-focused topics for physicians, and the content is fundamental to physicians' achieving their mission as physicians.

The Japan Medical Association (JMA) holds grave concerns about the movement towards transferring certain tasks of medical diagnosis and treatments that currently only physicians are allowed to perform to non-physicians under the concept referred to as "task shifting" due to worsening of national finance. In this paper, I would like to explain two examples of task shifting in Japan. The response of the JMA to this movement, both measures taken in the past and actions planned for the future, are also discussed.

Two Examples of Task Shifting in Japan —"Nurse practitioner" and emergency life-saving technicians

The first example concerns the introduction of a new type of qualification tentatively called "nurse practitioner"; the second example concerns the duties of "emergency life-saving technicians."

"Nurse practitioner" is an occupational category whose introduction is being proposed by the Japanese Government mainly as a means of compensating for the shortage of physicians in medical workplaces; the qualification would permit nurse practitioners to perform certain medical practices. This occupational category stems from thinking that dispenses with fundamental measures for resolving the shortage of physicians and believes that medical practices can be removed from the supervision of physicians. The JMA is adamantly opposed to the introduction of this qualification.

With regard to "emergency life-saving technicians," their actions at the scenes of emergencies are expected to increase rescue rates. There is debate in Japan at the moment about the extent to which emergency life-saving technicians should be permitted to perform medical practices, and if they are permitted to perform certain procedures, under what circumstances they should be permitted to do so.

What Is "Nurse Practitioner" in Japan?

Nurse practitioner is a special occupational category that is for neither physicians nor nurses. The duty includes the performance of certain medical practices. However, medical practices primarily have invasive effects to the human body. Medical diagnosis and treatment involve a high degree of uncertainty regarding a patient's condition. Regardless of whether their condition is mild or stable, there is always the risk of worsening or sudden changes. Accordingly, unless medical practices are performed by qualified physicians who have high-level skills and the ability to make high-level medical decisions, it is impossible to protect patients' safety.

The national government needs to be extremely careful about creating a new professional occupation that expands the duties of nurses, giving the current shortage of physicians as its main reason. Should only the division of duties move ahead, it is clear that the locus of responsibility will

*1 Vice-President, Japan Medical Association, Tokyo, Japan (jmaintl@po.med.or.jp).
This article is based on a presentation made at the Symposium themed "Task Shifting and Medical Profession" held at the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 18, 2010.

become vague. This also means that patients' safety will be jeopardized.

JMA's Proposals on "Nurse Practitioners"

In Japan, the Act on Public Health Nurse, Midwives, and Nurses defines that the nurse is a person who holds a license from the Ministry of Health, Labor and Welfare, and engage in providing nursing care to or assisting in the medical treatment of persons with injuries and/or illnesses or postnatal women.

Efforts need to be made under the current laws in Japan—namely, the Medical Practitioners Law and the Public Health Nurse, Midwife, and Registered Nurse Act—to ensure that the people involved in each of these occupations are able to more fulfill their potential skills. Medical care as a team should be promoted while the opinions of physicians, nurses and the general public in communities should be fully collected and reflected to solve the problems with regard to the expansion of nurses' duties.

Although the JMA opposes the creation of a "nurse practitioner" qualification, we agree to the expansion of nurses' "diagnostic assistance" role under the existing laws. This expansion should proceed under the conditions that a wide variety of opinions of the government, medical profession, and local residents are combined and regional healthcare is improved.

There are many measures under the current laws that should be attempted before a new occupational category is created, including resolving the issue of medical fees which may be the major cause of the shortage of physicians. The JMA is strongly opposed to taking shortcuts to resolve the shortage of physicians, such as introducing measures employed in other countries with different social and cultural backgrounds, as well as the easy introduction of qualifications that in due course will lead to medical cost containment.

What Is "Emergency Life-saving Technician" in Japan?

In the area of pre-hospital emergency care in Japan, diagnostic assistance roles are expanding in some medical areas. One example is the duties of emergency life-saving technicians. They are permitted to perform certain procedures under the Paramedic Law, established in 1991. Emergency life-saving technician is a national qualification, and currently approximately 34,000 technicians are registered.

Their basic duties are: 1) to transport emergency patients to physicians as quickly as possible, 2) to secure patient safety during transportation as far as possible, and, 3) to ensure medical control or physician supervision as far as possible within the overall flow.

Three Specific Actions of Emergency Life-saving Technicians

The three specific emergency life-saving procedures are intravenous infusions to secure venous paths, airway management including endotracheal intubation, and administration of limited medicines. At the scene of emergencies, the technicians are to contact physicians both directly via rario or phone and online via internet, and receive specific instructions to perform these actions.

What Are Necessary to Establish Medical Control (Physician Supervision) in Task Shifting?

As task shifting takes place, the establishment of medical control (i.e., physician supervision) is most important, and the following are most necessary:

1) Local medical associations take a leadership role.
2) Functional disparities among emergency medical care centers must be corrected. Emergency medical care centers should be the core of medical control system. More acute physicians should be trained and their numbers should be secured. "Ambulance with a doctor" should become more widely used, and methods of transporting physicians to the scenes of emergencies should be improved.
3) The technicians must receive specific instructions from physicians for emergency procedures on a case-by-case basis, and the technicians or fire-fighters must record and save the instructions in the national standard format to ensure smooth post-emergency follow-up.
4) In the follow-up, the technicians should provide the physician who supervised the initial diagnosis and treatment with the necessary information about the patients.

What Are Important to Establish Off-line Medical Control?

The important items related to off-line medical control are as follows.

1) Protocols must be formulated beforehand for determining cases and procedures that emergency life-saving technicians can follow as sufficient pre- and post-emergency medical controls.
2) Expansion of duties must begin from emergency rescue squads which have training and post-emergency follow-up systems in place.
3) Emergency medicine-related laws that take into consideration emergency medicine overall must be developed.
4) When duties are outsourced, appropriate agreements must be concluded with contractors to clarify the legal responsibilities of fire-fighters, emergency life-saving technicians, cooperating physicians, and medical institutions.

Basic Position of the JMA on Task Shifting

In the Declaration of Seoul, the WMA uses the terms "professional autonomy" and "self-regulation" to describe the ideal form of medical practice by physicians as medical profession. Medical practices, that is to say, medical diagnosis and treatment, are practices traditionally carried out by physicians only. Accordingly, task shifting should be allowed only when certain medical practices must be carried out by non-physicians due to unavoidable circumstances, and must be performed under reliable medical controls or doctor's supervision, with local medical associations actively taking a leadership role in medical controls and supervision.

There is a trend towards the performance of some medical practices being imprudently shifted to non-physician, using the shortage of medical resources as an excuse. We must take the current situation even more seriously than ever. To ensure that the delegation of one medical practice does not spread little-by-little to others, physicians must remain fully vigilant and unite in making the utmost effort to preserve professional autonomy in order to continue meeting the expectations of patients who require sufficient quality care in the future.

Reference

1. WMA Resolution on Task Shifting from the Medical Profession. Adopted by the WMA General Assembly in New Delhi, India, October 2009. http://www.wma.net/en/30publications/10policies/t4/index.html

Current Status of Task Shifting in Japan and the Response of the Japan Medical Association

Yoshitake Yokokura
Vice-President,
Japan Medical Association

46th CMAAO Mid-term Council Meeting
Symposium Topic "Task Shifting"
Kuala Lumpur, Malaysia
September 18, 2010

Two Examples of Task Shifting in Japan

- The introduction of a new type of qualified nurse, **"nurse practitioner"**
  -The JMA is against this qualification
- The actions of **"emergency life-saving technician"**
  -Expectations to increase rescue rates
  -Debate about the extent to which they should be permitted to perform medical practices, under what circumstances?

2

What is Nurse Practitioner in Japan?

- A special occupational category
- Neither physicians nor nurses
- Includes the performance of medical practices

JMA's Viewpoints

-Medical diagnosis and treatment involve a high degree of uncertainty and are the duties of physicians.

-The national government needs to be extremely circumspect about creating a new professional occupation

3

JMA's Proposals on Nurse Practitioners

Under the current laws…

- Ensure that qualified people in each occupation are able to fulfill their skills
- Promote medical care as a team
- Expand nurses' duties under conditions combining a wide variety of opinions and improving regional healthcare
- Improve the medical fee schedule first

✓Measures employed in other countries are not necessarily applicable to Japan

✓The easy introduction of qualifications will lead to medical cost containment

4

What is Emergency Life-saving Technician in Japan?

- A national qualification
- Permitted to perform certain procedures
- The Paramedic Law (1991)
- Approx. 34,000 technicians are registered (2009)

Basic Duties

-Transport emergency patients to physicians
-Secure patient safety during transportation
-Ensure medical control

5

Three Specific Actions of Emergency Life-saving Technicians

- Intravenous infusions to secure venous paths
- Airway management, including endotracheal intubation
- Administration of medicines permitted only under medical control

6

1. Supervision by local medical associations
2. Measures to correct functional disparities
3. Necessary information for physicians
4. Instructions from physicians

1. Protocols for medical control
2. Training and follow-up systems
3. Emergency medicine related laws
4. Appropriate agreements

- Professional Autonomy
- Self-regulation

(WMA Declaration of Seoul)