

# Current state of International Medical Graduates in Japan

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# Background: what is an IMG/FMG?

IMG: International Medical Graduate or FMG : Foreign Medical Graduate are people who has graduated from a medical school outside of the country where he or she intends to practice.

For e.g.

I have graduated from a university in Malaysia, and currently practicing in Japan. This makes me an IMG.

A physician who graduated from United Kingdom is practicing in Japan. This person is also an IMG.

A physician who is originally Malaysian, went to a university in United Kingdom, graduated, and practicing in United Kingdom = not an IMG.

Background: entry procedure into japanese  
healthcare system

Graduate from foreign medical school

Medical license from respective country

Submission of documents to the Ministry of Health and Welfare of Japan  
Subsequent case-by-case consideration

Medical licensing exam permitted

Japanese language and clinical  
aptitude exam

Preliminary exam permitted

Preliminary exam

1 year clinical posting

Declined

Japanese Medical Qualifying Exam

Residency in Japanese hospital

厚生労働省 (2023, September). 令和5  
年度医師国家試験予備試験の施行

# Current state of IMG in Japan

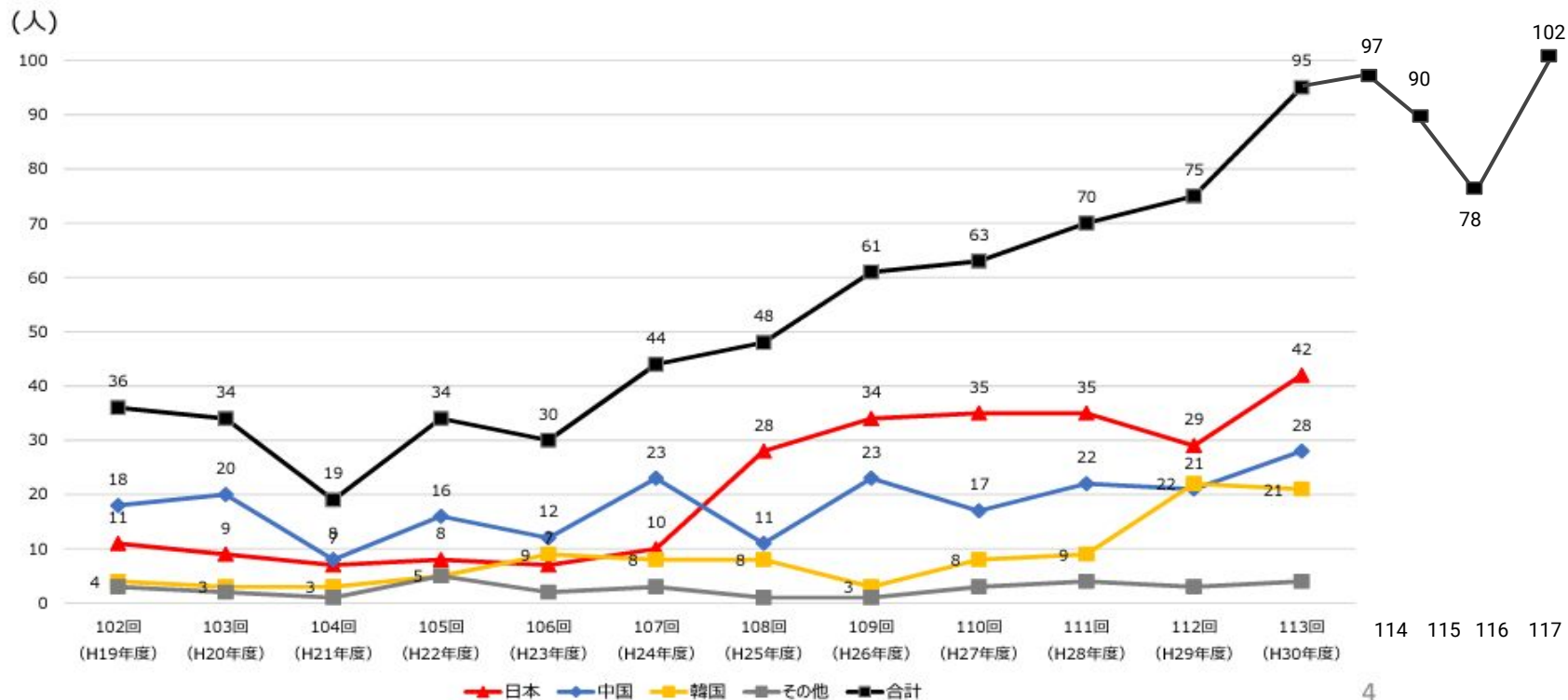
There has been a steady increase in the number of IMG entering the healthcare system.

A total of 102 IMGs passed the the most recent (2023) Medical Licencing Exam, which is about 1.1% of total(9432) number of doctors licensed in 2023\*.

The above number of IMG includes mostly Japanese people who graduated from East European countries like Hungary.

\*[厚生労働省 (2023, September). 第117回医師国家試験の合格発表について]

# Transition of Licensed IMG over the years by nationality





Why it matters



# The issues surrounding IMG - why it matters

The issue of increasing number of IMG has varying effects on multiple aspects of healthcare and the public.

- In terms of Japanese healthcare demand and supply, IMGs have (just like the other Japanese nationals who passed the Licensing exam) the freedom to apply and practice in any prefecture and hospitals that offers a place for junior residents in Japan. That being said, majority of IMGs prefer to practice in the city - i.e. Tokyo, Osaka, Kanagawa prefecture etc. It could be said that the presence of IMG does not contribute positively to the distribution of healthcare workers. (Since the current policy does not differentiate IMG with local graduates)
- There is a gradual increase in the number of foreign resident population in Japan. This would lead to an increase in the amount of foreign people seeking healthcare - which calls for diversity in the healthcare provider as well. The presence of IMG may help with the diversity that is needed by the increasing number of foreign residents in Japan
- The presence of IMG is thought to positively influence the culture of medical education, as diversity and interaction between multiple learning culture is thought to give diversity to



# Comparison between other countries and Japan

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- In US / UK / Australia, there is a higher proportion of IMGs among the total healthcare providers.
  - There are almost 325,000 IMG physicians practicing in the U.S., which accounts for around 25% of the physician workforce. The number of IMGs practicing in the U.S. has grown by nearly 18% since 2010. That figure is bigger than the 15% rise in U.S. medical graduates over that same time period (According to a report released by the Association of American Medical Colleges).
- In the above mentioned countries however, there are many more graduating students that are originally from foreign countries. This means that given a higher proportion of incoming IMGs, there are also higher proportion of “foreign originated but local medical graduates”.
  - A total of 3,656 medical students graduated from Australian medical schools in 2020, of which 3,066 (83.9%) were domestic and 590 (16.1%) international students.

# Comparison between other countries and Japan

- The situation in Japan may be more similar to that of taiwan :
  - The number of practicing IMGs in Taiwan increased from 834 (3.1% of 26,991 physicians) in 1998 to 1,733 (3.7% of 46,452) in 2017.
  - Their medical schools were distributed across 37 countries, with graduates of schools in the Philippines (n = 550), Poland (n = 420), and Myanmar (n = 364) accounting for 77.0% of all practicing IMGs in 2017.
  - However, only 29, 0, and 253 physicians were themselves Filipinos, Polish, and Myanmarese, respectively.
- Taiwan has a larger proportion of IMGs as compared to Japan - but the origin of the IMGs are, like Japan, mostly local. Perhaps in terms of diversity in origin of IMGs, Japan is slightly more diverse.

# Comparison between other countries and Japan

- In summary-
  - Japan has a growing but small number of IMGs compared to US/UK/Australia
  - Japan does not utilize IMGs in a way the above mentioned countries does - in a sense that IMGs (by right) have the same amount of freedom as the locally graduated doctors.
  - In the US/UK/Australia, IMGs tend to serve in less popular, under-supplied areas due to high competition.
  - That being said, it is up to debate whether the doctors originating from other countries in Japan would get the same treatment as the “local” IMGs. (so in the end, “fair” might be an overstatement)



# Areas of research surrounding IMGs

Research article

Open Access

## International medical graduates (IMGs) needs assessment study: comparison between current IMG trainees and program directors

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## Abstract

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**Background:** International Medical Graduates (IMGs) training within the Canadian medical education system face unique difficulties. The purpose of this study was to explore the challenges IMGs encounter from the perspective of trainees and their Program Directors.

**Methods:** Program Directors of residency programs and IMGs at the University of Toronto were anonymously surveyed and asked to rate (using a 5-point Likert scale; 1 = least important – 5 = most important) the extent to which specific issues were challenging to IMGs and whether an orientation program (in the form of a horizontal curriculum) should be implemented for incoming IMGs prior to starting their residency.

**Results:** Among the IMGs surveyed, Knowledge of the Canadian Healthcare System received the highest mean score (3.93), followed by Knowledge of Pharmaceuticals and Hospital formularies (3.69), and Knowledge of the Hospital System (3.69). In contrast, Program Directors felt that Communication with Patients (4.40) was a main challenge faced by IMGs, followed by Communication with Team Members (4.33) and Basic Clinical Skills (4.28).

**Conclusion:** IMGs and Program Directors differ in their perspectives as to what are considered challenges to foreign-trained physicians entering residency training. Both groups agree that an orientation program is necessary for incoming IMGs prior to starting their residency program.

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# Issues for clinicians training international medical graduates: a systematic review

Louis S Pilotto, Geraldine F Duncan and Jane Anderson-Wurf

The number of international (overseas-trained) medical graduates (IMGs) filling general practice training positions in Australia has been steadily increasing since the end of the 1990s, particularly in rural areas of need.<sup>1</sup> Currently, IMGs occupy more than 25% of the medical workforce, with about 65% of them working in locations outside capital cities.<sup>2,3</sup> Figures presented at the 9th International Medical Workforce Collaborative Conference in Melbourne in 2005 indicated that the largest single group of IMGs practising in Australia was from the United Kingdom, closely followed by the Indian subcontinent, Malaysia and Singapore, followed by the rest of Asia.<sup>2</sup>

IMGs, especially from Asia and the Middle East, are likely to encounter difficulties adjusting to life in a Western culture and reactions to separation from extended family and friends.<sup>4</sup> In addition, IMGs have to cope with practising medicine in an English-language environment and adjusting to the "medical culture" or way that medicine is practised in Australia. IMGs need to quickly grasp the protocols of the medical practices to which they are attached and

## ABSTRACT

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**Objective:** To ascertain the specialised communication issues clinicians need to understand when preparing international medical graduates (IMGs) for clinical practice in Australia.

**Study design:** Systematic review.

**Data sources:** A series of searches using MEDLINE (1990–2006) was conducted with relevant keywords. Literature from countries with experience in the integration of IMGs into their medical workforces was included. All except four articles were published between 1997 and 2006.

**Study selection:** The initial search identified 748 articles, which reduced to 234 evidence-based English language articles for review. Of these, only articles relating to postgraduate medical training and overseas trained doctors were selected for inclusion.

**Data extraction:** Titles and abstracts were independently reviewed by two reviewers, with a concordance rate of 0.9. Articles were included if they addressed communication needs of IMGs in training. Any disparities between reviewers about which articles to include were discussed and resolved by consensus.

**Data synthesis:** Key issues that emerged were the need for IMGs to adjust to a change in status; the need for clinicians to understand the high level of English language proficiency required by IMGs; the need for clinicians to develop IMGs' skills in communicating with patients; the need for clinicians to understand IMGs' expectations about teaching and learning; and the need for IMGs to be able to interact effectively with a range of people.

**Conclusion:** Training organisations need to ensure that clinicians are aware of the communication issues facing IMGs and equip them with the skills and tools to deal with the problems that may arise.



# Experiences of non-UK-qualified doctors working within the UK regulatory framework: a qualitative study

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**Design** Individual interviews and focus groups.

**Setting** United Kingdom.

**Participants** Non-UK-qualified doctors who had registered with the GMC between 1 April 2006 and 31 March 2008, doctors attending training/induction programmes for non-UK-qualified doctors, and key informants involved in training and support for non-UK-qualified doctors.

**Main outcome measures** Themes identified from analysis of interview and focus group transcripts.

**Results** Information and support for non-UK qualified doctors who apply to register to work in the UK has little reference to the ethical and professional standards required of doctors working in the UK. Recognition of the ethical, legal and cultural context of UK healthcare occurs once doctors are working in practice. Non-UK qualified doctors reported clear differences in the ethical and legal framework for practising medicine between the UK and their country of qualification, particularly in the model of the doctor–patient relationship. The degree of support for non-UK-qualified doctors in dealing with ethical concerns is related to the type of post they work in. European doctors describe similar difficulties with working in an unfamiliar regulatory framework to their non-European colleagues.

**Conclusions** Non-UK-qualified doctors experience a number of difficulties related to practising within a different ethical and professional regulatory framework. Provision of information and educational resources before registration, together with in-practice support would help to develop a more effective understanding of GMP and its implications for practice in the UK.

## Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study

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**Objective** To determine whether patient outcomes differ between general internists who graduated from a medical school outside the United States and those who graduated from a US medical school.

**Design** Observational study.

**Setting** Medicare, USA.

**Participants** 20% national sample of data for Medicare fee-for-service beneficiaries aged 65 years or older admitted to hospital with a medical condition in 2011-14 and treated by international or US medical graduates who were general internists. The study sample for mortality analysis included 1 215 490 admissions to the hospital treated by 44 227 general internists.

**Main outcome measures** Patients' 30 day mortality and readmission rates, and costs of care per hospital admission, with adjustment for patient and physician characteristics and hospital fixed effects (effectively comparing physicians within the same hospital). As a sensitivity analysis, we focused on physicians who specialize in the care of patients admitted to hospital ("hospitalists"), who typically work in shifts and whose patients are plausibly quasi-randomized based on the physicians' work schedules.

**Results** Compared with patients treated by US graduates, patients treated by international graduates had slightly more chronic conditions. After adjustment for patient and physician characteristics and hospital fixed effects, patients treated by international graduates had lower mortality (adjusted mortality 11.2% v 11.6%; adjusted odds ratio 0.95, 95% confidence interval 0.93 to 0.96;  $P < 0.001$ ) and slightly higher costs of care per admission (adjusted costs \$1145 (£950; €1080) v \$1098; adjusted difference \$47, 95% confidence interval \$39 to \$55,  $P < 0.001$ ). Readmission rates did not differ between the two types of graduates. Similar differences in patient outcomes were observed among hospitalists. Differences in patient mortality were not explained by differences in length of stay, spending level, or discharge location.

**Conclusions** Data on older Medicare patients admitted to hospital in the US showed that patients treated by international graduates had lower mortality than patients cared for by US graduates.

# Conclusion

- So far, there is a shortage in the research in the state of IMG in Japan.
- As the number of IMGs increase in Japan, and increasing number of foreign resident population in Japan, there may be an increase in the need for assessment of the current state of IMGs in Japan.
- There is an ongoing issue of healthcare provider distribution in Japan. The role of IMG may be able to mitigate the distribution issue, though this may be a sensitive topic.
  - It is up for discussion if Japan will remain an attractive destination for international medical graduates, if the destination of employment becomes limited.
  - On the other hand, it may help greatly if there is a match in demand and supply of healthcare workers, in terms of recognizing the need (cultural, language and others) of the society and recognizing the skills that the IMGs can offer.

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