

# Program Evaluation Summary

## Rural Generalist Program Japan (2017-2019)



### Background

Medical practitioners are concentrated in urban areas, and the Japanese specialist-driven approaches in medical education and public health have resulted in disproportionate distribution of medical services in different parts of the country.

Of the 10 million Japanese people residing in rural and remote areas, more than 50% of the population are elderly. Their communities are facing social, economic and political difficulties with a shrinking labor force, health inequalities and disappearance of cultural heritage. Figure 1 outlines the issues and challenges in rural and remote medicine in Japan.

There has been an effort by the Japanese government to increase the number of rural generalists to overcome such situations. However, the intricate balance is required in developing an effective program which focuses on connectedness with local communities, understanding local culture and provision of specialist care.

Rural Generalist Program Japan was born out of such concerns and strives to train and develop a network of rural generalist who contribute to remote medicine in Japan.

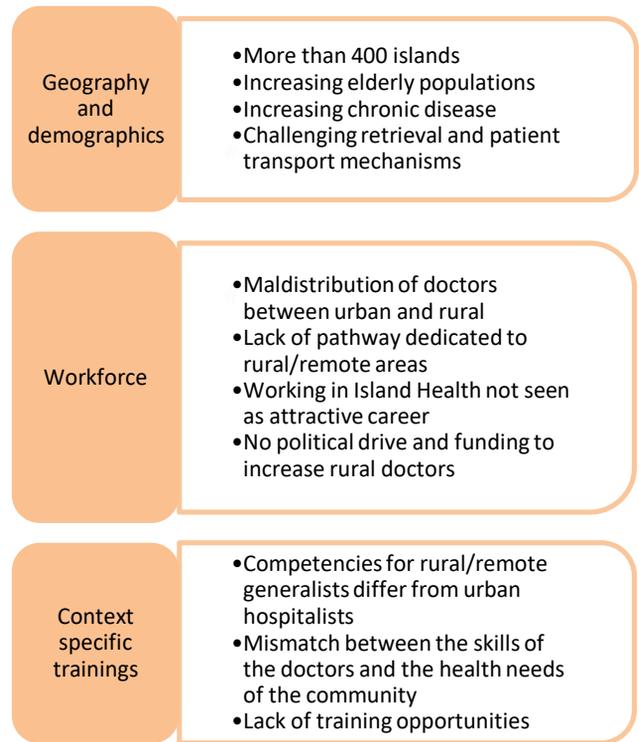


Figure 1. Issues and Challenges in rural and remote medicine in Japan

### Current Training System for Rural Generalists in Japan

A new board-certification system started in 2018 by the Japanese Medical Specialty Board (JMSB) and 'General Practice' was added as the 19th major clinical discipline in Japan. Certification of family physicians/general practitioners is currently managed by the Japan Primary Care Association (JPCA), but has been in the process of transition from JPCA to JMSB. The total number of JPCA-certified family physicians was only 672 (0.2%) of 311,205 physicians in 2018.

Training system for general medicine/family medicine under JMSB is heavily based on the hospitalist model. Rural Generalist Program Japan is considered as the only training model in Japan that has been developed to educate and train physicians to serve in the rural and remote communities.



Figure 2. General Practice Training in Transition



## Overview – Rural Generalist Program Japan

The program was developed to ensure it was tailored to regional and local contexts, focussing on provision of a broad scope of clinical care with a unique combination of abilities and aptitude to respond to the community needs. This brought together various members of the health care team including General Practitioners or Family Physicians (GPs/FPs) with community-based primary care roles, hospitalists, emergency physicians and a range of consultant medical specialists.

The purpose of the Rural Generalist Program Japan was defined as:

1. To improve access to health care and health outcomes for rural and remote areas in Japan
2. To increase rural medical workforce
3. To increase in appeal and generate interest in doctors pursuing career in rural medicine
4. To introduce the concept of rural generalism and establishment as a specialty

The RGPJ is a 15-month training program which includes both local and distance supervision of registrars, on-site training at training hospitals, webinars and elective placements as illustrated in Figure 3. There are three components of registrar training: 1) onsite domestic training in a rural or remote hospital; 2) webinars featuring online discussions and lectures by rural generalists; 3) elective training.

The program is certified by the Australian College of Rural and Remote Medicine (ACRRM). Registrars who complete training requirements and the assessment program are awarded the "Certificate of Rural Medicine" jointly by ACRRM and RGPJ.



**Figure 3:** Overview of the Rural Generalist Program Japan (RGPJ)

## Registrars

Registrars have substantial prior experiences. A pre-requisite for entry to the RGPJ training is completion of two years of postgraduate internship and commitment to rural/remote medicine. The median age for registrars in Cohort 1, 2 and 3 was 35 years old with the median postgraduate years of 8. Most had achieved specialist status, including Emergency Medicine. Table 1 is the summary of registrar demographics for Cohort 1-3.

Cohort and commencing year	Registrars Commencing	Median Age Range at commencement	Post Graduate Year at commencement (median)	Registrars Completing
1 – 2017	7 (6M/1F)	37	4-13 (9)	6 (5M/1F)
2 – 2018	12 (10M/2F)	31	3-25 (6)	10 (8M/2F)
3 – 2019	6 (3M/3F)	38	5-13 (9.5)	6 (3M/3F) *
Total	25	35	8	22

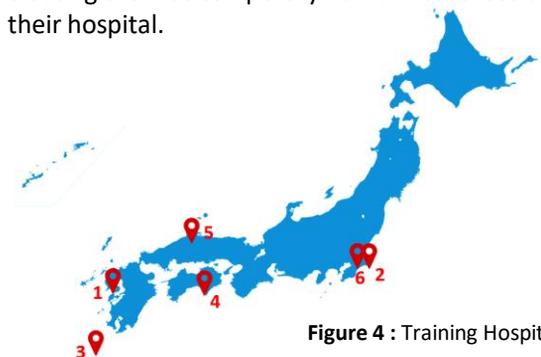
**Table 1:** Registrar demographics

\*Cohort 3 is expected to complete in June 2020.

## Training Hospitals

Registrars have undertaken training at six hospitals. GENEPRO's training hospitals are selected based on the following criteria:

- rurality/population,
- deep and acute understanding of issues surrounded the rural medicine
- dedication to solving workforce shortages
- commitment to training young doctors as future investment/collaborative endeavour rather than treating them as temporary human resources at their hospital.



**Figure 4 :** Training Hospitals

## Evaluation Purpose

Program evaluations were conducted to inform improvements (formative) and provide impartial and independent evidence for accountability and decision making (summative). In order to understand the extent to which the overall objectives were met, the evaluation incorporated organizational and managerial aspects. The scope of this evaluation included; needs assessment; lessons learnt from the first two cohorts of registrars; organizational and management systems to support the registrars; and refining and improving the training program.

The first program evaluation took place in 2019, with the main focus on registrars from cohort 1 and 2. Other key stakeholders included directors at training hospitals, administrative staff, mentors and learning advisors. Since most stakeholders were Japanese, surveys and interviews were conducted in Japanese.

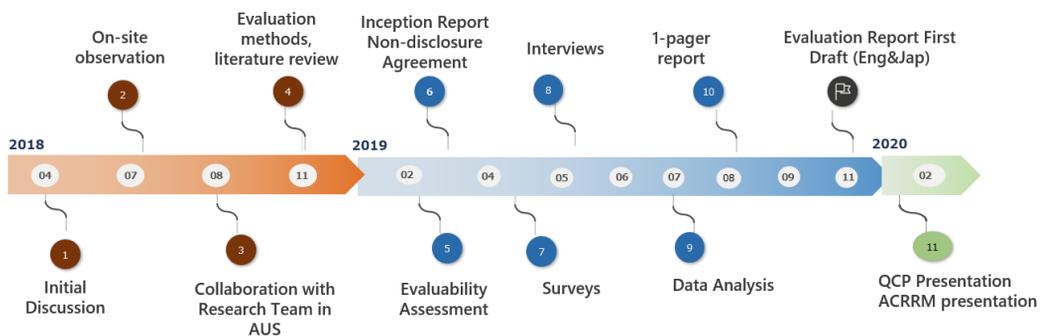
Program evaluation is important for setting future directions and producing lessons learned for further improvement. However, given the program is in its infancy and the number of registrars are still small, there may well be lack of consensus, but this data and analysis from the first program evaluation is expected to inform program development and subsequent evaluations for the future.

### Evaluation Questions

- What effect, if any, does RGPIJ have on the growth of registrars?
- What effect, if any, does RGPIJ provide competencies and confidence in registrars?
- What, if any, changes occur in registrars' awareness of different socioeconomic circumstances in rural and remote settings?
- What, if any, effect does RGPIJ have on registrars' behavioral and aspirational changes and their future prospect?

## Evaluation Process & Approach

The approach for this program evaluation was non-experimental and relied on mixed-methods. The evaluation and research methods applied were primarily qualitative, with a quantitative element limited to descriptive statistics. The approach had participatory characteristics and aimed at contributing to the learning/action-oriented approach. The evaluation approach was also utilization focused in that there was clarity from the onset as to who the evaluation was for and how the results would be disseminated and used.



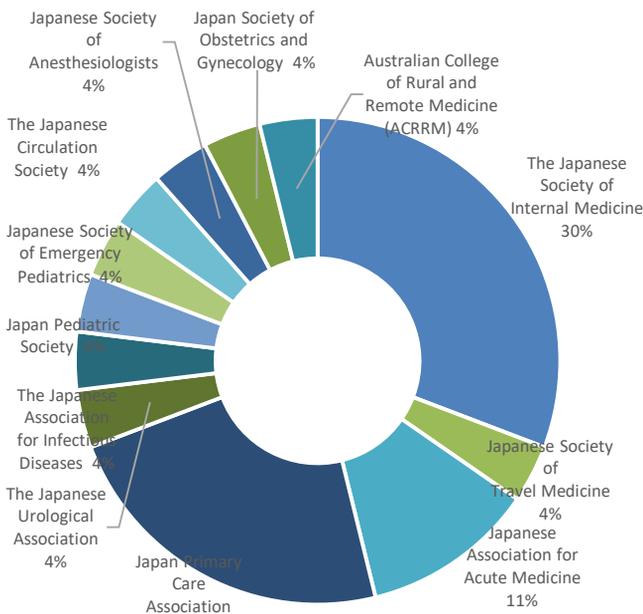
1. Survey administration (Typeform with video introduction). The overall response rate was 75%. QCP elective training survey response rate was 100%
2. Face-to-Face and online interviews (60 min X 14 respondents)
3. Transcription and data analysis (mixed-methods coding with DeDoose)

## Data Snapshot

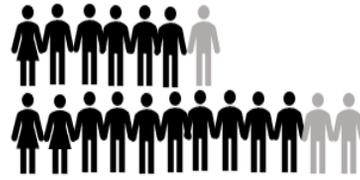
The following data collection and analysis methods were used to collect data for RGPJ program evaluation.

- Document review: program documents, Handbook, academic journal, policy papers, conference presentations, newspaper articles, and program reports.
- Surveys administered to registrars and supervisors at the teaching hospitals in Japan
- Key informant interviews: Program Director, management staffs, registrars (Cohort 1 and 2), and supervisors at the teaching hospitals

### Membership to Medical Associations and Societies



6 from the 1<sup>st</sup> Cohort & 10 from the 2<sup>nd</sup> Cohort



**84%**  
Completed

Immediate Workforce  
contributed in rural/remote  
and islands

**6,080** days

Original Online Webinars and  
On-site Workshops

**43** hrs./Year



Elective Trainings in

**5** countries **1,440** days  
**3** regions

- Australia
- United States
- Nepal
- Mongolia
- Cuba
- Nagasaki
- Okinoerabu islands
- Munakata





## Career aspirations and confidence

RGPJ program stimulated and reaffirmed registrars' interests in rural/island generalist practice.

*"In Japan, remote/rural/island medicine is supported primarily by the dedication of a few enthusiastic doctors."*

*"I had felt that it would be extremely difficult for female doctors with children to continue engaging in remote, rural and island medicine; however, I now [after the elective training] see some hopes that it is possible. My experiences through the elective training reaffirmed that there are ways to secure and retain medical professionals in rural Japan."*



## Advocacy, Research and Policy

Building public awareness and engaging in research and policies are integral part of developing better rural generalist practice in Japan.

*"In Japan, medical decisions are often left on the shoulders of the medical professionals and doctors are solely responsible for making important decisions. This can be overwhelming. Building awareness and education in the general public is important."*

*"I learned about the importance of having a bigger picture and system approach in rural medicine. There are issues that can be tackled on site, but some are related to policy issues. Australia taught me different ways of looking at issues and problems we are facing in Japan."*

*"Research is an integral part of the general practice. I now understand the importance of research while engaging in practice. I want to learn how to do research especially where research is neglected -- rural and remote areas in Japan."*



## Leadership and Management

Developing competencies in both individual and team levels are essential to bring the rural generalist practice to a higher level in Japan.

*"I learned about the importance of standardization of competencies and guidelines, supporting system of patients transfer, securing of continuous training opportunities, and assuring sufficient income and holiday for rural generalists."*

*"I was impressed by how QCP was managed under clear philosophy and vision, rather than relying on the efforts of individual hospitals and [ad hoc] efforts by medical doctors or staffs."*

*"It may take a long time, but I have come to believe more strongly that systematic approach is necessary in Japan."*



## Lessons-Learned transferred to Japan

Registrars are contributing their learnings and experiences in their homeland.

*"Physicians are always leaders in hospitals as well as in communities. In remote areas, it is important to be humble and have accurate understanding of his/her competencies."*

*"I work as a GP in the General Practice Department in a small town and continue providing the necessary medical care in the community. At the same time, I initiated a new GP training program for medical students and residents based on my learning and experience [through RGPJ and elective training]."*

# Recommendations

The following themes emerged as recommendations for program improvement. Roles and perspectives of registrars and supervisors at training hospitals are key predictors for success. As identified below, there were multiple (sometime contesting) perceptions of success and various definitions around rural/remote/island medicine and rural generalist medicine.

Communication and relationship building among stakeholders are crucial as they have direct implications for program delivery, recruiting, and public relations.

## Articulation of vision and objectives

→ Clarifying what “Providing the best training program for Japanese rural generalism” means for each stakeholders, what qualifications they need to have, and what components would contribute to these qualifications.

## What do we measure? What do we value?

→ Increase in quantitative values (#s) or qualitative values for registrars/training hospitals?

## Timeline. When do we know that we are on the right track?

→ Immediate outcome/impact on the program level?

Long-term effect on the policy level and educational reform in Japan?

## Individual capacity? Collective impact?

→ Immediate outcome/impact that can be measured and assessed on individual level (competencies) ?  
collective capacity development as a team of rural generalists?

## Next Step

- 1 Rural workforce development with focus on quality, safety and efficiency
- 2 RGPI as leadership development program – “beyond” generating #s of rural generalists in Japan
- 3 Develop assessment tools and explore evaluation approaches to evaluate program impact and training outcomes for RGPI - longitudinal study and cost-analysis
- 4 Engage in international research and comparative studies in rural generalist medicine

## Lessons Learned: Program Director



Clear focus of the program and areas of improvement

- Human relations, communication with stakeholders etc.



Increased accountability and transparency

- For registrars and training hospitals in Japan

- For accrediting institutions in Australia



Empowerment in every aspect of management and programing

- Multiple definitions of success and goals based on different values

- Changes in perspectives and behaviors



Evidence-based public relations and development of communication tools



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Dr. Manabu Saito is an Emergency Physician and a General Practitioner in Japan. Graduated from Juntendo University School of Medicine in 2000, Dr. Saito worked as an emergency physician at Okinawa Urasoe General Hospital and Tokunoshima Island Tokushukai Hospital in Kagoshima Prefecture, and has extensive experience in home care and remote island medicine.

In 2015, he established GENEPRO, a joint venture aimed at eliminating the shortage of doctors on rural areas and remote islands. In April 2017, Rural Generalist Program Japan (RGPJ) was launched to support medical training in rural areas and remote islands in Japan. Training scheme and curriculum of RGPJ have adopted the best practices and lessons-learned from around the world to meet the needs of Japanese context in rural, remote and island medicine.

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**Takara Tsuzaki, MSc.** is an evaluation professional with 15 years of experience in providing strategic planning and execution, policy research, fund raising, public relations and monitoring and evaluation in four sectors: academic institutions, public sector, private sector, and the nonprofit sector. She has worked extensively in the fields of international development, community development, economic development, social impact and medical education at UN-HABITAT, National Graduate Institute for Policy Studies (GRIPS), Goldman Sachs Japan and Kurume University Graduate School of Medicine.

Ms. Tsuzaki is currently enrolled in the Ph.D. Program in Interdisciplinary Evaluation at Western Michigan University and pursuing her research in evaluation theories from both Western and Eastern philosophies, socio-cultural and language translatability issues in evaluation, and evaluative thinking in education. Her academic qualifications include MSc. in Non-governmental Organisational Management, Social Policy at London School of Economics and Political Science and B.A. in Anthropology and International Studies at Macalester College. She has lived and worked in India, Nepal, Switzerland, the UK, and the USA, and fluent in Japanese and English.

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