World Organization of Family Doctors

Report on Accreditation Assessment to
Japan Primary Care Association
Postgraduate Training Program

21st-22nd July 2024

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The above two members attended in person on behalf of the accreditation team.

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Chair Elect, WONCA Working Party on Education
Professor, Family Medicine; Director, Medical Education Center; Director, Assessment and Quality Assurance Center
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Acknowledgements

The WONCA team thanks Professor Tetsuhiro Maeno and all their colleagues (listed at Annex A to this report) for their help and support during this on-site visit.

The process of an in-person accreditation carries with it a significant workload. The WONCA team would like to acknowledge all the work it has taken to prepare the documentation and related translation. This was provided to the WONCA team prior to the on-site visit. In particular, the team would like to acknowledge Mr. Atsushi Igaki, chief administration officer at the JPCA for the excellent planning of the on-site visit and careful attention to detail to facilitate a smooth accreditation visit. The WONCA team would also like to acknowledge the residents who provided a trainee perspective of the training program.

Glossary

JPCA – Japan Primary Care Association

JMSB – Japan Medical Specialties Board

CEX – Clinical Evaluation Exercise

DOPS – Direct Observation of Procedural Skills

FM – Family Medicine

GME – Graduate Medical Education

WONCA – World Organization of Family Doctors

Executive Summary

1. Background

The World Organization of Family Doctors (WONCA) is a not-for-profit organization representing over 550,000 family doctors in 130 countries and territories. Through its Working Party on Education, WONCA has developed ***"Standards for Postgraduate Family Medical Education"*** against which academic programmes in family medicine (FM) can be assessed, and accreditation granted if the assessment is judged satisfactory.

The Japan Primary Care Association (JPCA) has developed and implemented a three-year Family Medicine postgraduate programme, initiated in 2019 and with the first residents graduating in 2022. The programme was accredited by WONCA at its inception. The JPCA has made continuous improvement to the training program since the recommendations and feedback from the 2019 WONCA accreditation visit and has extended training to now also offer this new four-year programme.

2. Aim of on-site Visit

To assess in depth following the virtual accreditation visit of the current postgraduate FM training programme of JPCA against the ***WONCA "Standards for Postgraduate Family Medicine Education"*.**

3. Methods

The JPCA submitted comprehensive paperwork outlining and evaluating the programme prior to a two-day on-site visit from the WONCA team. The team received a comprehensive briefing on the medical training program and the current state of the health care system in Japan. Faculty, graduates of the programme, residents and family medicine trainers were interviewed. Verbal feedback was given at the end of the visit.

4. Findings

The JPCA has developed and implemented a sound residency programme which is supported by both faculty and residents. The FM faculty are keen to further improve the programme. Residents feel appropriately supervised and respected, and with good support from their mentors/preceptors. The in-person visit confirmed much of the information gathered during the virtual visit (see Annex D) and allowed for further discussion and understanding in depth.

5. Conclusions

The WONCA assessment team continue to be impressed by the work of the JPCA team and their commitment to continuous quality improvement following the on-site visit. **We strongly recommend offering WONCA Accreditation.**

6. Recommendations for ongoing development.

The recommendations below are produced based on information gathered during both the virtual and in person accreditation visit. Additionally, these recommendations are further informed and solidified through conversation and discussion with the JPCA team.

Recommendation 1.
When conceptualizing the mission and outcome of the training program, including a stronger presence of community members would create a program more responsive to the needs of the community.

Recommendation 2.
There needs to be a process to understand how each training program provides a similar training experience.
Additionally, how is service and learning balanced in the training environment?

Recommendation 3.
The WONCA team recommends that more robust and defensible methods of assessing and recording the competencies are required. Ensure that faculty members have ongoing training in best practices in work-based assessment such that trainee assessments are specific to their eventual scope of work and competencies required.

Recommendation 4.
There is a need for FM faculty development and explicit succession planning. An adviser system for FM Faculty is suggested to provide additional support.

Recommendation 5.
Consideration should be given to identifying and appointing a "Visiting Professor" potentially from WONCA, who could offer short term inputs into the training programme and faculty development.

Recommendation 6.
The JPCA and individual residency training program should consider developing an award program to recognize and acknowledge superior teaching and contributions to the education program.

Summary of the on-site accreditation visit

Day one

The first day began with a summary of the medical training system and health care system in Japan. Professors Maeno and Takeda provided this overview with input and feedback from additional members of the JPCA team. This is important as medical training is based on context and health system needs. This provided the accreditation team with excellent background to further continue its two-day accreditation visit. After lunch, the accreditation team observed several clinical skills examination stations including a station on management of insomnia and a station on health-related emergencies. Each station is marked by two examiners and the standardized patient also provides a score. In addition to the observing the OSCE stations, Professor Onishi discussed the different end of training evaluation methods including multiple choice question and the portfolio review/viva in addition to the clinical skills assessments. After the examination was concluded, the accreditation team had the opportunity to interview 3 candidates who just completed their examination. We discussed their perception of the JPCA program including its strengths and potential areas for improvement. The residents viewed the program positively and engaged working with their faculty. They felt that they were invited to give feedback to their local training programs and their feedback would be acted upon. Overall, they felt that the program offered them excellent training and prepared them well for a career in family medicine.

Day two

The second day of the accreditation started at Kawasaki Municipal Tama Hospital where Professor Kenya Ie led the tour of the hospital. The Tama hospital is considered a large community hospital with approximately 360 beds and has a number of general and specialized clinical services. We toured the outpatient department where both family medicine and other specialties held their clinics. Often, they are in clinical rooms beside each other. This allowed for excellent cross-pollination of learning and case discussions. We also rounded with the general medicine in patient team and observed the attending physician teaching the residents and the senior residents teaching those who are their junior. This created many different opportunities for learning. Having a full clinical teaching unit where there are a number of different level of learners allows senior trainees to teach junior trainees thereby reinforcing their own knowledge and learning through teaching. The accreditation team also toured the palliative and paediatric floors and met many of the engaged faculty in both specialties – all interested and keen to teach and mentor family medicine residents.

In the afternoon, the accreditation team visited the Tama Family Clinic where 6 faculty members worked, and they would host 3 residents at any given time. The residents roughly saw 15-20 patients per clinical day. They have a graded level of responsibility where junior residents would have to review every case with their attending specialists and senior residents would review only if they had questions. Attending physicians also observed clinical encounters of the residents and their patients and regularly offer feedback. The clinic had access to a number of nurses and

social workers thereby offering a team-based practice environment. Additionally, the clinic has in house laboratory analysers, Xray and ultrasound; allowing for learner to easily occur for residents at the clinic.

Additional information from the on-site visit

At the virtual visit, there were a number of questions for each of the standards that the accreditation team requested for the JPCA team. During the on-site, these questions were answered and discussed in detail. This report will detail the questions from each of the standards that were asked and summarize the findings.

1. Standard 1 – Mission and Outcomes

Question:

a) How was the mission and outcome of the training program established? Is there a process to review this iteratively?

The mission and outcome were developed mainly by the leaders of the JPCA. Other stakeholders were consulted including those in other specialties and governmental representatives. On the advisory board, there was one community member. The mission and outcome will be reviewed every 5 years. Given that the JPCA FM specialist program is primarily community based, the accreditation team recommends a stronger community presence when the mission and outcome of the program comes up for future review to ensure the community voice is captured.

b) How are the training outcomes mapped to the eventual scope of practice of the graduates of the program?

The goal of the program is meant to develop specialists in family medicine to be able to practice anywhere in Japan. The training outcomes of the program ensures a broad scope.

Recommendation 1.
When conceptualizing the mission and outcome of the training program, including a stronger presence of community members would create a program more responsive to the needs of the community.

2. Standard 2 – Training process

Question:

a) (Standard 2.1 – Learning approaches) – Do the residents have access to online modules? Are there e-learning or asynchronous learning?

The residents have access to online modules for asynchronous learning – some of them required and others optional.

b) (Standard 2.5 – The relationship between service and training). As well, how do we ensure there is a similar experience across many sites?

The residents work approximately 60 hours per week on average between hospital and clinic rotations. When the JPCA surveyed the residents, the majority felt that this amount of work is appropriate. Each of the sites is accredited by the JPCA every 5 years with an on-site visit and each site needs to provide an annual report detailing its activities. Through this process, the JPCA is able to provide a standardized and equivalent program among the different sites.

Recommendation 2.
There needs to be a process to understand how each of the training program provides a similar training experience.
Additionally, how is service and learning balanced in the training environment?

3. Standard 3 – Assessment

a) Are there daily evaluations of residents?

Residents receive monthly feedback from a number of trainers. They can also receive real time feedback from trainers who observe their clinical encounters.

b) How are residents evaluated on hospital and elective rotations?

They receive feedback and evaluations on both hospital and elective rotations. However, given that the elective rotation is away from the home site, the feedback may not be as formalized. Residents are assessed in a variety of ways including mini-CEX. Faculty should ensure that they have a strong understanding of assessment methods and ensure that feedback to trainees is prompt and specific.

c) How does the summative assessment map to the learning of the residents?

There is a blueprint which maps out what exam questions are assessing and in which area of the curriculum syllabus.

d) How do we ensure that the teaching and learning that takes place in different sites is consistent with the intended learning objectives that are mapped?

Each site is accredited every 5 years and required to submit an annual progress report to the JPCA. The evaluations and exam scores are analysed to ensure they are comparable across the residents at all the sites. If there is a trend where residents from a particular site are performing poorly and an outlier then the JPCA would further investigate.

e) Standard 3.1 (assessment method) – Is there a psychometrician that works with the JPCA? How are exams questions reviewed for internal consistency i.e.. Cronbach's alpha?

Professor Onishi is the chair of the physician certification committee and has a PhD in medical education. He functions as the psychometrician for the exam and ensures that there is good internal consistency, and the exam is sampling knowledge acquisition appropriately.

Recommendation 3.
The WONCA team recommends that more robust and defensible methods of assessing and recording the competencies are required. Ensure that faculty members have ongoing training in best practices in work-based assessment such that trainee assessments are specific to their eventual scope of work and competencies required.

4. Standard 4 – Trainees

a) Is there a graduated level of independence that a resident will gain during their training?

Speaking with the different faculty and residents during the onsite visit, it appears that this is the case. Those who are more junior in their training receive more supervision while those closer to completing their training are offered more independence.

b) How is the supervising different in hospital compared to in outpatient clinic learning?

Residents are supervised by experienced faculty in both outpatient and inpatient settings. We met several general medicine and other specialist attendings including palliative care and paediatrics. They were all keen teachers and worked alongside their resident trainees.

c) It appears that residents are working upwards of 60 hours per week of service provision and need to study in addition to that. Is there dedicated study or learning time built into the work week? Is there appropriate consideration for work life balance?

The residents were asked and surveyed by their faculty and they felt their amount of work and working hours is reasonable and appropriate.

5. Standard 5 – Staffing

Questions:

a) Please provide an organization chart of a local FM training program including local leadership and faculty.

This was shown to the accreditation team during the visit where each program has a program director and works with a number of faculty.

b) What is the requirement for faculty development beyond the faculty trainee course?

There is faculty development at the annual JPCA conference and each JPCA region, known as blocks, conducts their own professional development. They also receive feedback from the residents and other faculty for their teaching.

c) Are faculty evaluated for their teaching abilities? And by whom?

Faculty are given feedback by the residents and other faculty.

d) Can we meet non-family medicine faculty?

During the onsite visit, we met 3 support staff who managed the scheduling for the residents and general administrative tasks for the program. They were very knowledgeable and seemed to be a great support system for both the faculty and the residents. At the clinic we met a multidisciplinary team which included nurses and social workers working alongside family doctors and the trainee residents.

e) How are faculty members supported in their professional development and career progression? Do the faculty have mentors?

Faculty are supported and mentored informally by senior faculty. The accreditation team discussed the importance of both formal and informal mentorship for career development and succession planning. This also supports the sustainability of the residency program.

f) Is there a mechanism for recognizing strong faculty? Are there teaching awards?

There are currently no teaching awards. An area we can explore.

Recommendation 4.
There is a need for FM faculty development and explicit succession planning. An adviser system for FM Faculty is suggested to provide additional support.

Recommendation 5.
Consideration should be given to identifying and appointing a "Visiting Professor" potentially from WONCA, who could offer short term inputs into faculty development.

Recommendation 6.
The JPCA and individual residency training program should consider developing an award program to recognize and acknowledge superior teaching and contributions to the education program.

6. Standard 6 – Training settings and resources

Questions:

a) Standard 6.1 (Clinical settings and patients) and Standard 6.2 (Physical Facilities and Equipment
    a. What are the training facilities like? What settings are they learning in – such as emergency medicine, surgery?
    b. Is there any simulation lab or other setting for additional learning?

We were able to see these during the in person visit – both the hospital and clinic learning spaces. They are excellent. We also saw simulation equipment and clinical skills examination spaces which were also impressive.

b) Standard 6.3 (Clinical Teams)
    a. Is the training organized in teams? Are there other health care professionals including nurses, physiotherapists, social workers participating in the learning of the residents?

Yes, there are other team members working the residents including nurse practitioners and social workers. We observed this both in the inpatient and outpatient setting.

c) Standard 6.5 (Research)
    a. What is the research requirement for the program?

The residents are expected to do a scholarly project either preparing a manuscript for a book chapter or presenting at the JPCA conferences.

d) Standard 6.7 (Training in other settings and abroad)
    a. What are examples of this training that have occurred? How do the residents find out about these opportunities?

Most of the elective opportunity is within Japan. There are fewer opportunities to go abroad for training recognizing, however, that training is excellent within Japan.

Good Practice:
The longer JPCA training program for family medicine allows for greater community exposure and reinforces practicing in team-based care. This should be positively acknowledged as having stronger community-based care allows patients to receive care closer to home and likely prevents unnecessary hospital visits.

7. Standard 7 – Evaluation of training process

Question:

a) Standard 7.2 (Feedback from Trainers and Trainees) – how is this feedback solicited and how does the program and the JPCA use this information to incorporate changes?

The information is collected by the resident program training committee. This is fed back to the JPCA during their annual reporting each year. This is in addition to the 5-year accreditation cycle where each training program receives a site visit.

b) Standard 7.4 (Authorization and monitoring of Training settings)
    a. What is the list of standards that sites need to comply with?
    b. What is the process if a training site is deemed to not meet the standards of the JPCA?

The list of standards and syllabus is available from the JPCA. The JPCA would work with each site to improve any identified issues but up until now, there has not been a training program that has been deemed to have a significant concern.

8. Standard 8 – Governance and administration

Question:

a) Standard 8.3 (funding and resource allocation)
    a. How is the program funded? Why would the faculty want to participate in teaching this program when it is not recognized by the government and only focus on the JMSB program?
    b. How are the resident salaries funded?
    c. What strategies are in place to secure sustainable funding for the overall JPCA program and individual program?
    d. Where does each training site receive funding? Is this equitable across sites?

Each program is funded by the local community hospital or clinic and the residents are mainly employed by the hospital. The salary for the residents is not the same and in underserved areas, such as in rural areas or northern Japan, the salary for these residents can be higher. The faculty are paid by the hospital and teaching is part of their obligation for working at the hospital.

b) Standard 8.4 (program administration)
    a. Are there administrative staff at each site to support the program?

The number of administrative staff depends on the size of the program. We visited a larger training program where there are 3 support/administrative staff.

9. Standard 9 – Continuous renewal

The JPCA takes note of all feedback received and endeavours to respond positively to suggestions and criticisms. The fact that they sought WONCA accreditation, as a way of further improving their program, is a testament to their commitment to quality improvement.

The team is satisfied that Key Standard 9 (Continuous Renewal) is fully met.

10. Conclusions

Based on our virtual visit (Annex D) and on-site visit, the accreditation team was impressed by the positivity of both the faculty and residents. The JPCA is committed to quality improvement and creating an excellent family medicine learning experience for the residents. We recommend that the JPCA is awarded WONCA accreditation and offer some recommendations from a quality improvement perspective. We look forward to returning to Japan at the next accreditation cycle to see the excellent progress they will make.

Annex A: List of Persons Consulted

Japan Primary Care Association Leadership Team and Faculty

Prof Tetsuhiro Maeno

- Executive Vice President; Certified Family Physician
- Professor, Program Director, University of Tsukuba

Mr Atsushi Igaki

- Chief Administrative Officer

A.Prof Hirotaka Onishi

- Chair, the Physician Certification Committee, Certified Trainer Physician
- Assistant Professor, University of Tokyo

Prof Yuko Takeda

- Chair, Committee for Social Determinants of Health
- Professor, Juntendo University

Prof Shoji Yokoya

- Chair, the Program Management and FD Committee, Certified Trainer Physician
- Professor, University of Tsukuba

Dr Hiroyasu Ishimaru

- Chair, the Hospital Medicine Committee, Certified Trainer Physician
- Professor, Kansai Medical University

Dr Kazushige Fujiwara

- Chair, the Expert Training Support Committee, Certified Family Physician, Certified Trainer Physician
- Trainer physician, Oomagari Clinic

A.Prof Hirotaka Onishi

- Chair, Physician Certification Committee
- Certified Trainer Physician, Assistant Professor, University of Tokyo

A.Prof Kenya Ie

- Chair, Mental Health Committee, Certified Family Physician, Certified Trainer Physician
- Associate Professor; Kawasaki Municipal Tama Hospital

Dr Hiroki Ohashi

- Executive Vice President, for Finance and General Affairs, Certified Family Physician
- President, Tama Family Clinic

Dr Shori Tomita

- Certified Family Physician, Certified Trainer Physician
- Program Director, Tama Family Clinic

Resident Doctors Consulted:

Dr Satoko Sasaki	Fukushima Medical University
Dr Itsumi Tanaka	Shiga Center for Family Medicine
Dr Shun Yashima	The Hokkaido Centre for Family Medicine

Annex B: Draft of Training Schedule

training rotaition

		April	May	June	July	August	September	October	November	December	January	February	March
resident 1st year	facility	Kawasaki Municipal Tama Hospital											
	Clinical department	General Practice						Emergency room			Pediatrics		
	領域	General Practice II						Emergency room			Pediatrics		
resident 2nd year	facility	Kawasaki Municipal Tama Hospital											
	Clinical department	Nephrology		Neurology		Respiratory medicine		Gastroenterology		Cardiology		General Practice	
	領域	Internal Medicine											
resident 3rd year	facility	Omaezaki City Family Medicine Center (shirowa clinic)											
	Clinical department	Collaborative facilities/depopulated area clinic											
	領域	Family Medicine I											
resident 4th year	facility	kuji clinic						Kawasaki Municipal Tama Hospital					
	Clinical department	kuji clinic						General Practice			Palliative care	Dermatology	Psychiatry
	領域	Family Medicine I						Family Medicine II					

Annex C: Agenda for In Person Visit (July 21-22, 2024)

Itinerary

21st July

- 09:30-09:45 Transfer (09:30 at hotel lobby) with Prof. Maeno and Takeda at International University of Health and Welfare Narita Campus
- 10:00-12:00 Briefing
- 12:00-13:00 Lunch
- 13:00-14:00 Meet the exam operation team
- 14:00-15:00 observation of the exam
- 15:00-16:00 Meet the exam candidates
- 16:00- Transfer to Tokyo - at the Keio Plaza Hotel Japanese Cuisine Kagari
- 18:30-20:00 Casual Dinner with JPCA executives

22nd July

- 08:30-09:30 Transfer (08:25 at hotel lobby)
- 09:30-11:30 Site Visit 1 at Kawasaki Municipal Tama Hospital
    - 09:30 Meet at the emergency entrance of Tama Hospital (Dr. Ie)
    - 09:35 - 10:00 Inpatient Ward Round observation
    - 10:00 - 10:30 Hospital tour
        - Outpatient clinic
        - Pediatrics ward
        - Emergency department, meet the director Dr. Tanaka
    - 10:30 - 10:45 Program overview: Program Director Dr. Sakai and Ie
    - 10:45 - 11:00 Interview with a program graduate: Dr. Aihara
    - 11:00 - Q&A
- 11:30- Lunch
- 12:00-14:00 Free time ; Meeting Room Available; Bizcomfort Mizonokuchi
- 14:30-16:00 Site Visit 2 at Tama Family Clinic

Annex D: Report on Virtual Assessment to Japan Primary Care Association Postgraduate Training Program

The annexed report on the following pages presents a preliminary summary based on the virtual assessment conducted on June 27, 2024, for informational and reference purposes only. The recommendations within are provisional and have been superseded by the final recommendations in the main section of this document. The final recommendations represent the most current and validated conclusions and should serve as the primary guidance for any actions or decisions related to this assessment. The assessment team authored both the annexed preliminary report and the final recommendations.

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Acknowledgements

The WONCA team thanks Professor Tetsuhiro Maeno and all of their colleagues (listed at Annex A to this report) for their help and support during this virtual visit.

Carrying out a virtual visit such as this has not been easy, but the flexibility and collaboration shown by the hosts made the process as smooth as could be hoped for. The team also thanks them for the documentation provided in advance of the visit and for the briefings and discussions which took place during the virtual visit day. Finally, the team expresses its gratitude to the Faculty, trainers and fellows (residents) for sharing their experiences of the programme.

Glossary

JPCA – Japan Primary Care Association

JMSB – Japan Medical Specialties Board

CEX – Clinical Evaluation Exercise

DOPS – Direct Observation of Procedural Skills

FM – Family Medicine

GME – Graduate Medical Education

WONCA – World Organization of Family Doctors

Executive Summary

1. Background

The World Organization of Family Doctors (WONCA) is a not-for-profit organization representing over 550,000 family doctors in 130 countries and territories. Through its Working Party on Education, WONCA has developed ***"Standards for Postgraduate Family Medical Education"*** against which academic programmes in family medicine (FM) can be assessed, and accreditation granted if the assessment is judged satisfactory.

The Japan Primary Care Association (JPCA) has developed and implemented a Family Medicine postgraduate programme, initiated in 2019 and with the first residents graduating in 2022. The programme has been accredited by WONCA since its inception. The JPCA has made continuous improvement to the training program since the recommendation and feedback from the last WONCA accreditation visit.

2. Aim of Visit

To assess the current postgraduate FM training programme of JPCA against the ***WONCA "Standards for Postgraduate Family Medicine Education"*.**

3. Methods

The JPCA submitted comprehensive paperwork outlining and evaluating the programme prior to a one-day virtual visit from the WONCA team. The team received a short briefing and had the opportunity to seek clarifications on several issues. Faculty, graduates of the programme, residents and family medicine trainers were interviewed. Verbal feedback was given at the end of the visit.

4. Findings

The JPCA has developed and implemented a sound residency programme which is supported by both faculty and residents. The FM faculty are keen to further improve the programme. Residents feel appropriately supervised and respected, and with good support from their mentors/preceptors. As this was a short virtual visit, the findings will be better articulated after the on-site in person visit in July 2024.

5. Conclusions

The WONCA assessment team were impressed by the work of the JPCA team and their commitment to continuous quality improvement. Further conclusions will be made after the in person visit.

6. Recommendations for ongoing development.

Some preliminary recommendations are offered below based on findings from the file review and the virtual visit. Some of these recommendations may change or augmented after the on-site

visit. It is likely more recommendations will follow the in person visit in the spirit of continuous quality improvement.

Recommendation 1[*]
There needs to be a process to understand how each of the training program provide a similar training experience. Additionally, how is service and learning balanced in the training environment.

Recommendation 2[*]
The WONCA team recommends that more robust and defensible methods of assessing and recording the competencies are required.

Recommendation 3[*]
There is a need for FM faculty development and explicit succession planning. An adviser system for FM Faculty is suggested to provide additional support.

Recommendation 4[*]
Consideration should be given to identifying and appointing a "Visiting Professor" who could offer short term inputs into the training programme and faculty development.

[*] This recommendation has been superseded by the final recommendations found in the main section of this document. Please refer to the updated guidance for the most current and validated conclusions.

Full report against WONCA Postgraduate Accreditation (Standards)

1. Background to visit request

The World Organization of Family Doctors (WONCA) is a not-for-profit organization representing over 550,000 family doctors in 130 countries and territories. Through its Working Party on Education, WONCA has developed "***Standards for Postgraduate Family Medical Education***[†]**"** against which academic programmes in family medicine can be assessed, and accreditation granted if the assessment is judged satisfactory.

The Japan Primary Care Association has the responsibility to promote family medicine and ensure that family doctors in Japan are well trained. Traditionally, family medicine vocational training in Japan was 3 years. In 2019/2020, a new training program of at least 4 years was developed by the JPCA. This program would be delivered at multiple universities and clinics across Japan. This new program is felt to include more in-depth training and higher level of competency than the 3-year Japan Medical Specialties Board training program.

WONCA was asked in 2019 to accredit the new JPCA program. At that time, several virtual and on-site visits were undertaken to review the program as initially this was a new program without any trainees or graduates. WONCA ultimately provided accreditation to the program and in 2024, the JPCA requested another review of the postgraduate training program to continue the accreditation of the training program.

2. Accreditation process

A team of three WONCA assessors, with the appropriate expertise, was appointed to undertake the virtual visit:

- **Prof Dr Victor Ng** (Assistant Dean, Schulich School of Medicine and Dentistry; Associate Director, College of Family Physicians of Canada; North America Region President, WONCA; Chair WONCA Working Party on Education)
- **Prof Nagwa Nashat Hegazy**
- **Prof Krishna Suvarnabhumi**

A three-hour virtual visit was scheduled for a Zoom interaction to meet time zone constraints across the Egypt, Thailand, Japan, Canada.

The JPCA post graduate training program has received 154 new registered residents in the program in 2022 and 155 in the 2023 year. The resident training is carried out over [not provided] sites (please also send a map of all the sites in Japan). In 2022, 59 residents took part in the

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† http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Education/WONCA%20ME%20stds_edit%20for%20web_250714.pdf

examination and 52 passed yielding a pass rate of 88.1%. Approximately 1/3 of residents who start the program complete the JPCA program. Some reasons for not completing the program may include lack of additional remuneration or career opportunities gained from completing the longer JPCA program compared the shorter 3 year JMSB general practice training program.

Significant documentation on the programme had been provided to the WONCA team in advance of the visit, including the standards and many of the JPCA policy papers on topics such as Rules for certification of Expert Physicians and Certified physicians and accreditation of training programs. Additionally, detailed rules on the Family Medicine Expert Training Program based on the new Accreditation System for Expert Family Physicians including training and facilities criteria were shared.

The agenda of the virtual visit on June 27, 2024 is included in Annex B at the end of this document. The visit commenced with than introductory presentation from Professor Meano and the leadership of the JPCA. Three key stakeholder groups: program leadership, key faculty and residents were interviewed and consulted. All provided their respective perspectives on the program including strengths of the program and areas for potential improvement from the perspective of continuous quality improvement.

All nine domains have been assessed against the WONCA standards, and in particular - the identified "Key Standards", achievement of which is vital to ensure full accreditation.

3. Standard 1 – Mission and Outcomes

The goal of the JPCA postgraduate training program is the following:

> "It is our intention to generate competent family physicians contributing not only to the health of individual patients but also to the health and welfare of the patient's family members and local community members. The family medicine experts certified under this system are physicians capable of providing high-quality primary care based on deep understanding of family medicine and exhibiting leadership in each local community. These physicians are expected to practice evidence-based, high-quality patient-oriented medical care characterized by easy access and continuity and to provide comprehensive/integrated care without limitation by age, sex, illness, social background, or place of care and to collaborate with professionals and personnels involved in care, and to work with patients' family members. In addition, these physicians are expected to manage organizations and develop manpower for effective achievement of such goals as well as scientific activities to contribute to advancement of family medicine."

The process to develop this program is to ensure high quality family doctors to provide primary health care to the people of Japan. The training outcome appears to be based on the premise that the new JMSB program is not adequately producing enough physicians. Additionally, there

are some concerns that the JMSB program does not include enough learning and time for skills acquisition that a longer JPCA program is able to provide.

An area of clarification needed is how the mission and outcomes are developed and what did the process entail and if this process is reviewed iteratively to capture any new changes in community need. There is some suggestion that learning acquired in the longer JPCA program, while welcomed, may be too extensive for the eventual scope of practice of most family doctors in Japan.

The team would like some further details on Key Standard 1.2 (Participation in formulation of mission and outcome and Key Standard) and 1.4 (Training Outcomes).

Question:

c) How was the mission and outcome of the training program established? Is there a process to review this iteratively?
d) How are the training outcomes mapped to the eventual scope of practice of the graduates of the program?

4. Standard 2 – Training process

Family Medicine training is at least 24 months in duration and takes place after a 2-year mandatory clinical foundation or internship year. The JPCA training takes place in both hospital and outpatient environments including outpatient mental health clinics and home visits to patients. The residents complete Family Medicine expert training course 1 (12 months) which is longitudinal patient care in a clinic setting. The Family Medicine expert training course 2 (6 months) is hospital and includes training in internal medicine and emergency medicine.

This training occurs in different hospitals and clinics throughout Japan and each site is responsible for managing their own residency program based on the curriculum of the JPCA. Each may have different training and service ratios. It would be important to ensure that each site is able to have a comparable educational product.

The proportion of time and balance between learning and service provision needs to be defined.

Question:

c) (Standard 2.1 – Learning approaches) – Do the residents have access to online modules? Are there e-learning or asynchronous learning?
d) (Standard 2.5 – The relationship between service and training). As well, how do we ensure there is a similar experience across many sites?

In addition to the good practice above, the accreditation team does wonder whether one year of clinic practice is enough to develop the Family Medicine identity and skills of continuity of care

in the short amount of time. Would it be beneficial to have an integrated approach where outpatient and inpatient care is integrated over 18 months and residents could follow a panel of patients through this longer period of time and gaining more insight into developing continuity of care.

Recommendation 1.[‡]
There needs to be a process to understand how each of the training program provide a similar training experience.
Additionally, how is service and learning balanced in the training environment.

5. Standard 3 – Assessment

Residents in the JPCA program undergo assessments in their own training site, both formative and summative evaluation. There is a maximum ratio of 1 trainee for every 3 resident trainees. Mini-CEX, 360-degree evaluations and video reviews of clinic encounters are conducted by the individual training site. A summative assessment of 200 multiple choice questions and 10 clinical skills assessment or OSCE stations are conducted at the end of residency training. There appears to be an appeals process for struggling residents or those who are not successful both at the level of their individual site by the local program administration and the FD committee. If the issue is at the summative exam level, the Specialty medical program accreditation committee will address the concern.

Whilst the programme uses different methods of formative and summative assessment they risk, given the distributed nature of the programme, being subjective and are not always formally documented. Internationally many postgraduate programmes now use more objective ways of workplace based assessment to ensure that the required competencies are achieved in a safe and proficient manner enabling further learning needs to be identified. Having a diverse method of assessment sampling allows the Faculty to assess different levels of Miller's Learning Pyramid[§] based on the resident's level of training/skill. By assessing at different levels of the pyramid, particularly at the level of "does" i.e. in the workplace, faculty can determine the degree of proficiency and further learning can be tailored accordingly. Additionally, this would make any future potential challenge easier to defend for the struggling resident.

A number of methods are suggested:

- Field notes/Assessment Portfolio
- Workplace Based Assessment (WPBA)
- Greater use of mini-CEX and DOPS
- Clinical Performance Assessments
- Simulation/OSCEs

[‡] This recommendation has been superseded by the final recommendations found in the main section of this document. Please refer to the updated guidance for the most current and validated conclusions.
[§] Miller GE. The assessment of clinical skills/competence/performance. Acad Med. 1990 Sep;65(9 Suppl):S63-7.

- Short Answer Tests/Multiple choice questions

Additional Areas for clarification:

f) Are there daily evaluations of residents?
g) How are residents evaluated on hospital and elective rotations?
h) How does the summative assessment map to the learning of the residents?
i) How do we ensure that the learning that takes place in different sites are teaching to the learning objectives that are mapped?
j) Standard 3.1 (assessment method) – Is there a psychometrician that works with the JPCA? How are exams questions reviewed for internal consistency ie. Cronbach's alpha?

Recommendation 2.[**]
The WONCA team recommends that more robust and defensible methods of assessing and recording the competencies are required.

6. Standard 4 – Trainees

Each local program is responsible for its admission process for the program. It would be interesting to understand if the process and standard is similar and how that is decided.

The trainees are paid a salary by the local program, and this can be different depending on the sites. The committee would be interested to see how much the salary might be for the residents and whether this is an appropriate wage for someone living in Japan as a professional.

For standard 4.3 (Support and Counselling of Trainees), the trainees are supported by their trainer during the FM expert training course one. Does this also occur in the non-clinic training experiences? What is the mechanism for supporting the residents during their non-clinic rotation? As well trainees mentioned that they are able to manage the patient in the outpatient clinic and can see advise from their supervisor if there are any questions or areas of uncertainty. For the hospital rotations such as emergency medicine, they are asked to manage the entire case and often there may not be an assessable supervising doctor particularly at night.

For standard 4.4 (Working Conditions), it appears that the residents are providing service 8-10 hours daily, 5-6 days of the week. They need to conduct research and self-directed learning outside of these times.

Questions:

[**] This recommendation has been superseded by the final recommendations found in the main section of this document. Please refer to the updated guidance for the most current and validated conclusions.

d) Is there a graduated level of independence that a resident will gain during their training?
e) How is the supervising different in hospital compared to in outpatient clinic learning?
f) It appears that residents are working upwards of 60 hours per week of service provision and need to study in addition to that? Is there dedicated study or learning time built into the work week? Is there appropriate consideration for work life balance?

7. Standard 5 – Staffing

All of the trainees are family doctors, and most have been trained by the JPCA training program. Some of the trainers have not completed the JPCA program but have completed the JMSB training program. This may be due to the JPCA program being new and not enough faculty have gone through this new program. As more JPCA postgraduate program trainees graduate, it would be advisable that the faculty training the JPCA program would have completed the JPCA program themselves. This would be beneficial from the perspective of professional role modelling and highlight the added benefits of the longer JPCA program.

The faculty all completed a faculty trainer program and every five years they need to retrain to ensure they are current as teachers. Faculty do not receive addition salary for teaching but rather is part of their contractual obligation.

Succession planning for all key roles within the residency program. Faculty themselves could have mentors to help guide and facilitate faculty development – perhaps pairing up senior and junior faculty. This is important for succession planning but also for supporting individual professional growth as well.

Identifying an adviser to work with FM Faculty is suggested. This Visiting Professor could assist in further developments of curriculum and assessment and could facilitate networks with other programmes within the Japan and internationally.

Questions:
g) Please provide an organization chart of a local FM training program including local leadership and faculty.
h) What is the requirement for faculty development beyond the faculty trainee course?
i) Are faculty evaluated for their teaching abilities? And by whom?
j) Can we meet non-family medicine faculty?
k) How are faculty members supported in their professional development and career progression? Do the faculty have mentors?
l) Is there a mechanism for recognizing strong faculty? Are there teaching awards?

Recommendation 3.[††]
There is a need for FM faculty development and explicit succession planning. An adviser system for FM Faculty is suggested to provide additional support.

Recommendation 4. [††]
Consideration should be given to identifying and appointing a "Visiting Professor" who could offer short term inputs into faculty development.

8. Standard 6 – Training settings and resources

As this was a virtual visit, no site visits were possible on this occasion. When circumstances permit, an onsite visit will be carried out, in order to confirm findings and impressions and finalise the accreditation process

The residents advised they typically have 2-3 months of elective time where they can pursue learning in keeping with their own interests. One resident mentioned that he is interested in haemodialysis and finding a learning opportunity to pursue this.

Questions:

e) Standard 6.1 (Clinical settings and patients) and Standard 6.2 (Physical Facilities and Equipment
    a. What are the training facilities like? What settings are they learning in – such as emergency medicine, surgery?
    b. Is there any simulation lab or other setting for additional learning?
f) Standard 6.3 (Clinical Teams)
    a. Is the training organized in teams? Are there other health care professionals including nurses, physiotherapists, social workers participating in the learning of the residents?
g) Standard 6.5 (Research)
    a. What is the research requirement for the program?
h) Standard 6.7 (Training in other settings and abroad)
    a. What are examples of this training that has occurred? How do the residents find out about these opportunities?

9. Standard 7 – Evaluation of training process

The JPCA visits the training sites at least once every five years to ensure that they meet their standards. The review and evaluation of these sites include both physician and non-physicians and resident learners.

[††] This recommendation has been superseded by the final recommendations found in the main section of this document. Please refer to the updated guidance for the most current and validated conclusions.

Question:

c) Standard 7.2 (Feedback from Trainers and Trainees) – how is this feedback solicited and how does the program and the JPCA use this information to incorporate changes?
d) Standard 7.4 (Authorization and monitoring of Training settings)
    a. What is the list of standards that sites need to comply with?
    b. What is the process if a training site is deemed to not meet the standard of the JPCA?

10. Standard 8 – Governance and administration

The program is not yet recognized officially in Japan by the government or the JMSB. The goal is for the program to be recognized as additional subspecialty training.

Question:

c) Standard 8.3 (funding and resource allocation)
    a. How is the program funded? Why would the faculty want to participating in teaching this program when it is not recognized by the government and only focus on the JMSB program?
    b. How are the resident salaries funded?
    c. What strategies are in place to secure sustainable funding for the overall JPCA program and individual program?
    d. Where does each training site receive funding? Is this equitable across sites?
d) Standard 8.4 (program administration)
    a. Are there administrative staff at each site to support the program?

11. Standard 9 – Continuous renewal

The JPCA takes note of all feedback received and endeavours to respond positively to suggestions and criticisms. The fact that they sought WONCA accreditation, as a way of further improving their program, is a testament to their commitment to quality improvement.

The team is satisfied that Key Standard 9 (Continuous Renewal) is fully met.

12. Conclusions

This is currently an interim report based on a short virtual accreditation visit. An on-site visit is scheduled for July 2024 at which point many of the above questions will be clarified.

List of persons consulted

Japan Primary Care Association Leadership

Tetsuhiro Maeno	University of Tsukuba	Professor, Program Director	Executive Vice President, Certified Family Physician
Akira Matsushita	Family Practice Center of Okayama	Director	Executive Vice President, Certified Trainer Physician
Hirotaka Onishi	University of Tokyo	Assistant Professor	Chair, the Physician Certification Committee, Certified Trainer Physician
Shoji Yokoya	University of Tsukuba	Professor	Chair, the Program Management and FD Committee, Certified Trainer Physician
Hiroyasu Ishimaru	Kansai Medical University	Professor	Chair, the Hospital Medicine Committee, Certified Trainer Physician
Kazushige Fujiwara	Oomagari Clinic	Trainer physician	Chair, the Expert Training Support Committee, Cetified Family Physician, Certified Trainer Physician
Yuko Takeda	Juntendo University	Professor	Chair, Committee for Social Determinants of Health

Faculty

Akira Matsushita	Family Practice Center of Okayama	Director	Executive Vice President, , Certified Trainer Physician
Shoichi Masumoto	University of Tsukuba/Tsukuba Central General Clinic	Assistant Professor	Cetified Family Physician, Certified Trainer physician
Shogo Kawada	Kameda Family Clinic Tateyama	Vice Program Director	Cetified Family Physician, Certified Trainer physician

Residents

Satoshi Inaba	Fukuchiyama City Hospital	Resident	3rd year resident
Sae Tsuchida	Iizuka/Kaita hospital	Resident	2nd year resident
Ryoyu Hayashi	Awa Regional Medical Center	Resident	Representative, Trainee Physicians Group - 3th year resident
Keita Morikawa	Kameda Medical Center / Kameda Family Clinic Tateyama	Resident	3 year resident

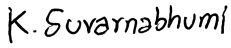
Also consulted:

Atsushi Igaki	Japan Primary Care Association	Staff person	Chief Administrative Officer

Respectfully submitted

Prof Dr Victor Ng (Chair)

Prof Nagwa Nashat Hegazy



Prof Krishna Suvarnabhumi