JMA-certified Occupational Physician System

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Occupational Physicians in Japan

The occupational health system in Japan is governed by such laws as the Industrial Safety and Health Act (ISHA) and the Labor Standards Act (LSA). In the following sections, the history, the present system, and the duties of occupational physicians are described.

History of the Industrial Safety and Health Act

In 1947, the LSA came into effect to regulate the standards of working conditions, and stipulated that physicians should supervise the safety and health of workers. The ISHA, which stemmed from the LSA in 1972 and was aimed to assure the safety and health of workers in a comfortable working environment, stipulated for the first time that an occupational physician should be a specialist in workers’ health in the workplace. The new law required an employer of 50 full-time workers or more to appoint an occupational physician to take care of his/her workforce.

The revision in 1996 stipulates that the occupational physician has to be a medical doctor who satisfies the following requirements regarding knowledge about workers’ healthcare: An occupational physician should (1) complete training in medical science needed for the management of workers’ health, (2) pass the Qualification Test for a Occupational Health Consultant in the health category, (3) be either a professor, associate professor or lecturer at a university who teaches industrial health. The “Basic Training Course of Occupational Health for Japan Medical Association (JMA)-certified Occupational Physicians” is one type of training that satisfies the requirement (1).

Present occupational physician system

The ISHA provides for the employer’s duty to assure the safety and health of workers, and the workers’ duty to comply with the industrial hygiene procedures their employer provides. The employer should prevent workers’ accidents, prepare an industrial safety and health system, prevent health hazards, offer an appropriate working environment, and provide workers with health check-ups.

An employer is obliged to appoint an occupational physician in a workplace of 50 or more regular workers. An occupational physician who works exclusively in the workplace should be appointed in a workplace with 1,000 or more regular workers or where a specified hazardous operation is carried out by 500 full-time workers or more. A workplace with 50–999 full-time workers needs at least one contract occupational physician.

For a small workplace with fewer than 50 regular workers, there is no obligation to appoint an occupational physician, but the national government offers healthcare by occupational physicians to every worker by establishing regional occupational health centers all over Japan, which is one way of governmental support of health promotion in small-scale establishments. Municipal and prefectural medical associations are in line with this policy, and offer health consultation services.
and industrial health guidance by visiting each workplace.

The LSA stipulates a workers’ accident insurance system, whereby an employer has to pay compensation for the medical expenses of a worker when s/he has a work-related injury or illness.

**Duties of the occupational physician**

The duties of the occupational physician are stipulated by the ISHA and the Industrial Safety and Health Ordinance as follows: (1) Health check-ups, guidance and other measures to protect workers’ health, (2) maintenance of a proper workplace, (3) management of operations, (4) health education and consultations, (5) hygiene education, (6) inspection of the cause of health damage and its prevention.

More specifically, the occupational physician should conduct health check-ups and take appropriate care of workers depending on the outcome, set preventive measures for work-related illness and lifestyle diseases, provide mental health care, take precautions against overwork, support workers return to work, evaluate health risks in the workplace, evaluate the working environment, improve the circumstances of hazardous operations, maintain equipment for workers’ health properly, provide industrial health education, inspect the workplace, and attend Health Committee meetings.

Furthermore, the authority of the occupational physician is protected by law, and the physician can advise the employer to improve the situation to protect workers’ health if s/he considers it necessary. The law also states that the employer should value the physician’s recommendation and should not dismiss him/her or act unreasonably against him/her.

**JMA-certified Occupational Physician System**

The JMA-certified Occupational Physician System is deeply related to the occupational health system in Japan, and many occupational physicians certified by the JMA actually work as occupational physician in workplaces all over Japan. Here is a summary of the system, including its history, present system, and a new approach for better training courses.
History
The JMA recognized the importance of occupational health and started the Occupational Health Workshop in 1965, seven years before the establishment of the ISHA. In 1979 it launched the JMA Occupational Health Committee, which continues its work to date, to discuss the operation of occupational physicians and their institutionalization.

In 1986, the 5th Occupational Health Committee advised, “the proper training system and the ideal JMA-certified occupational physician,” and the need for a systematic training system, a new certification system and training in it with transitional measures and a renewal system were proposed. This led to the concrete principle of a certification system at the 6th Occupational Health Committee meeting held in 1988, which produced the Guidance for the JMA-certified Occupational Physician System, the transitional measures, the training curriculum, and the Ethics Guidelines for JMA-certified Occupational Physicians.

Thus, the JMA-certified Occupational Physician System started in 1990, to improve the quality of occupational physicians and to promote occupational medical practices as one of the healthcare activities in each region. The number of certified physicians has increased and there are 80,043 certified occupational physicians in total as of July 2010 (Fig. 1). The number of applications for the occupational health training
sessions remained 200 to 300 since 1992 to 1999, but the number jumped sharply to 2,398 in 2009 (Fig. 2). This is probably due to the revision of the ISHA, where the Basic Training Course for JMA-certified Occupational Physicians was included in the requirements of the occupational physician.

In this system, the prefectural medical associations provide administrative services such as issuing the Handbook for the JMA-certified Occupational Physician Training Course and receiving applications.

**Certification and renewal**

**Registration**
The president of the JMA certifies the physician as a JMA-certified Occupational Physician, after s/he completed 50 hours or more of the Basic Training Course that provides the basic knowledge and techniques, and applied for the certification. The certified physician is registered with the JMA-certified Occupational Physician Registry. The registration is valid for 5 years (Fig. 3).

**Basic Training Course**
The Basic Training Course is 50-hour training that includes three different types of training sessions, namely introductory sessions on general occupational medicine, health management, mental health care, health promotion, environment management, management of operations, hazardous operation management and the practice of occupational physicians, hands-on training sessions including on-site inspection and work environment measurement, and professional sessions on the specific duties of occupational physicians. The training is provided by the JMA or the prefectural medical associations, and approximately 2,000 sessions are held each year in Japan.

**Renewal**
The certification system aims to maintain and improve the quality of its physicians to better serve the society, and to provide physicians with the trends in the industrial health and up-to-date information in the social situations including revisions of the related laws. To this end, the certification is periodically renewed, and the certified physician should take 20 units or more of the Lifelong Learning Course before it expires (Fig. 3).

**Lifelong Learning Course**
The Lifelong Learning Course includes lectures on laws and regulations that are recently revised, hands-on training of on-site inspection and work environment measurement, and professional sessions on the specific duties of the occupational physicians. To complete the course, the physician should take 20 units or more of these sessions.

Approximately 2,300 sessions are held annually in Japan, including Occupational Health Workshop by JMA and the Lifelong Learning Course for certified occupational physicians by the prefectural/municipal medical associations and educational institutions designated by JMA.

**Occupational Health Workshop**
The Occupational Health Workshop (3 days) that JMA has been holding since 1965 is one such lifelong learning course, and the written test for the Occupational Health Consultant has been exempted if the applicant has completed this workshop after 1973.

The workshop offers specific information such as legal matters concerning industrial health administration trends, general occupational medicine, mental health care, management of operations, countermeasures to dust hazards and chemical hazards, and an overview of health management such as health monitoring, education, and check-ups.

**Loss and revocation**
The JMA-certified Occupational Physician loses the certification when s/he (a) does not renew the certification, (b) rejects the certification, (c) dies, or (d) loses the medical license.

The president of JMA shall revoke the certification after the resolution of the Steering Committee for the JMA-certified Occupational Physician, and the Board meeting or Executive Board meeting if the physician acts inappropriately as a certified occupational physician.

**New approach for better training**
In 2008, JMA approved the occupational health training sessions using a teleconference system as the ones designated by JMA. The Occupational Health Committee and the Steering Committee set such requirements as the organizer, preparing a good study environment, reporting attendance, and assuring interactive properties, to be met by the designated training sessions.

The Basic Training Course, however, shall not employ a teleconference system, because it is training stipulated by law that requires to main-
tain a certain level of quality and strict management. This will be reviewed once we have enough experience in teleconference training sessions in the Lifelong Learning Course, including the possibility of using teleconference systems among all prefectural medical associations.

JMA will actively pursue a way to improve the training system, since offering greater convenience to the trainees is also an important part of organizing the training sessions.