

ally getting a job. "In terms of practicality, I cannot contact the president [of a company]," she says, "but I can contact someone at a lower level; they'd be more approachable." Paul Wong, also a postdoctoral fellow at NEI, agrees. Wong says that, with more junior people, "at least you know its in the same time era, they've gone through the same problems and the same environment you're in right now." Although Wong says that hearing from more senior people is valuable, he would also like information on the nuts and bolts of successfully applying for a job: "Do you just send them a CV? Do you wait for a job announcement? How do you get your foot in the door?" Both Rengarajan and Wong think the series is basically a good idea, however, reflecting the feelings of many other NIH postdoctoral fellows frustrated with current job prospects.

Although there are many hopes for the seminar series, Gottesman cautions that it is not intended to be a "cure-all"; its purpose is "to expand the options so that people have the maximal opportunities of having exciting careers in the sciences" he says. Despite the caution against too-high expectations, this seminar series brings, for the first time, open discussion of the current problems and the hope for change to postdoctoral fellows on the NIH campus. Says one NICHD post-doctoral fellow: "This is the first time I'm hearing the administration say there is a problem, and to me that's an enormous step."

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## ERRATUM

In last month's news story, "UK drug discovery unit takes shape" (1, 1229; 1995), the amounts in the fourth paragraph concerning the new London-based Institute for Strategic Medical Research (the Cruciform Project), headed by Salvador Moncada, should have read:

The Institute, which will be part of University College London, has attracted UK£14.5 million (US\$21.8 million) of government money and \$17.3 million from the medical charity, the Wellcome Trust. In the first commercial funding agreement with a company, Glaxo Wellcome is investing \$10.5 million over seven years for research into nitric oxide. Moncada says this could lead to drugs for cardiovascular disease, cancer, septic shock and inflammation.

## Japan considers clinical internship

In an effort to improve the quality of medical care in Japan, the Ministry of Health and Welfare is planning to introduce measures that would make multidisciplinary postgraduate clinical training compulsory for all newly qualified doctors.

The move follows a critical report by the Science Council of Japan, an advisory panel linked to the Prime Minister's office, which, last year, called on the government to make it compulsory for all recent medical graduates to undertake a broadly based internship in clinical medicine, similar to programs run in Europe and the United States. Council and ministry officials are concerned that the current system, which is voluntary, is not well-coordinated and produces too few doctors with a good general grasp of clinical practice.

A system that turns out mainly specialists wastes precious resources, at a time when Japan's health care costs are escalating, says Yoshiio Gyoten, a medical commentator and member of the panel reviewing the proposed changes. Patients often receive multiple, expensive tests from different specialists where one general consultation would suffice, he says.

Health ministry officials hope that introducing a compulsory two-year clinical training course will formalize the training process and provide all new medical graduates with a uniform and comprehensive knowledge of clinical medicine. The plan now under discussion would require that all doctors gain clinical experience in internal medicine, surgery, pediatrics and emergency medicine before specializing.

Currently, newly qualified doctors, who number on average 8,000 a year, are strongly advised — though not legally obliged — to undertake clinical training after graduating. Although most (80 percent) do remain at university hospitals for an average of two years to receive some form of clinical experience, government statistics show that 60 percent of doctors receive clinical training in only one area of medicine after graduating, 35 percent in two or three areas, and very few (5 percent) in four or more. The quality of training at university hospitals, which now comes under the administrative umbrella of the Ministry of Education, Science, Sports and Culture (not the health ministry) often varies from hospital to hospital as there is no nationally set curriculum, critics say.

Another problem with the voluntary system is that newly qualified doctors who

remain at university hospitals are paid only a nominal salary during their training period, and so, despite their often limited clinical experience, an estimated 60 percent find it necessary to work part-time at small clinics and hospitals to supplement their income. The health ministry's plan would put an end to this situation by not allowing young doctors to practice clinical medicine until they had completed the proposed two-year course.

Although most medical students feel training programs under the current system are often poorly coordinated, underfunded and understaffed, many feel the plan has not been well thought through and does not provide sufficient flexibility. "We do not think the answer is to make it compulsory," says Tomoyuki Tanigawa, chairman of the All Japan Federation of Medical Students' Unions, who says the federation would rather see improvements made within the existing framework.

Officials at the education ministry also acknowledge the need to improve the current system but are similarly unconvinced that making clinical training compulsory is the answer. "It is not necessary for everyone to be a generalist," one official says.

According to Masamichi Sakanoue, vice-president of the Japan Medical Association, the association and other groups have been campaigning for years to improve the system, but to no avail. Sakanoue supports the proposed changes, but doubts whether the health ministry will be able to come up with the necessary funds to implement such a program. Health ministry officials estimate that it will cost the government an extra ¥80 billion (US\$800 million) a year to operate the program. (Together, the education and health ministries now spend \$170 million per year on clinical training.) It is proposed that funds for the program will come from national health insurance.

Health ministry officials hope to present a bill to the Japanese *Diet* (parliament) early next year. Despite the health ministry's optimism and the urgent need to improve the current system, bureaucratic rivalry between it and the education ministry over who should ultimately be responsible for educating and training Japan's doctors, could, says some observers, throw a spanner in the works and slow (or even halt) the progress of any reforms.

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