

2012

東南アジア
看護助産
ワークショップ

The Workshop on Nursing and Midwifery in Southeast Asia



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目次

Contents

目次 / Contents	004
ワークショップ概要 / Overview	005
開会のあいさつ / Welcome Address	007
プログラム / Programme	010
参加者リスト / Participant List	012
セッション 01 2011年度ワークショップ後のレビュー Session 01 Review after the Workshop in 2011	014
セッション 02 日本における免許登録制度<看護師・助産師> Session 02 Licensing and Registration System for Nurses in Japan	042
セッション 03 東南アジアの現状と課題 Session 03 Current Situations and Issues of Southeast Asia	070
セッション 04 パネルディスカッション 看護職の資格制度整備の課題に対するアプローチ Session 04 Panel Discussion : Approaches for Issues Related to Development of the Qualification System for Nurses	106
閉会のあいさつ / Closing Address	118
資料 / Attachment	120
編集後記 / Editor's Note	124

ワークショップ概要

Overview

1. 開催の背景

今世紀に入り、国連ミレニアム開発目標が発表され、感染症や母子保健対策の強化は保健医療の重要課題である。これらの課題に携わる保健医療従事者の中で大多数を占めるのが、看護師・助産師をはじめとした看護職である。更に、近年増加傾向である生活習慣病や高齢化による健康問題、経済発展や国際化による社会の変化に伴い、看護職に期待される役割は益々拡大しつつある。

一方で、開発途上国の看護サービスはその質と量において、人々の期待に充分に応えているとは言い難い。また、看護職の質を担保するためのシステム、例えば、看護職に関する法制度や教育制度等の整備状況は各国で異なっているのが現状である。しかし、開発途上国の看護行政を担う関係者の情報共有の機会に限られている。

このような背景のもと、看護制度整備に寄与することを目的に、看護職を取り巻く課題を明らかにし、改善へのアプローチを抽出・情報交換を行うことは有用であると考えます。

昨年、国立国際医療研究センター(以下NCGM)では、カンボジア・ラオス・ミャンマー・ベトナムの看護行政官を招き、各国の法制度の現状や法制度整備へのアプローチをテーマに看護助産ワークショップ(以下WS)を開催した。結果、各国の看護行政に関する情報を共有し、互いの国から学ぶことの必要性が参加国で確認された。また、WS後はJICAプロジェクトから直接・間接的な支援を受け、看護職の資質向上に向けて取り組まれている。そのため、本ワークショップを2015年までの継続開催とするとともに、今年度は看護職の資格認定・登録制度をテーマにWSを開催することとした。

2. 目的

参加国の資格認定・登録制度の現状と課題を共有し、この分野における看護制度の整備が推進する。

1. Background

The United Nations Millennium Development Goals (MDGs) were declared in the beginning of the 21st century and enhancement of measures for infectious disease and maternal and child health is an important issue for the healthcare field. Nurses are the largest group of professional healthcare providers who are tackling with these problems. Moreover, health problems caused by increasing lifestyle diseases (non-communicable disease) and aging population, and social changes due to economic development and internationalization are enlarging the roles that nurses are expected to play.

Meanwhile, the quality and human resources of nursing service in developing countries don't meet the expectation of the people enough. The current situation of systems to ensure the quality of nurses, such as, legal frameworks or education in each developing country differs. However, there are limited opportunities to share information with concerned parties in charge of nursing administration of developing countries.

Accordingly, it is important to reveal the challenges related to nursing and to identify how to approach for the improvement and share information about it.

Last year, National Center for Global health and Medicine (NCGM) invited the nursing administrative officials of Cambodia, Lao PDR, Myanmar, and Vietnam, and held a Workshop on Nursing and Midwifery focusing on the current situation of the legal frameworks and approaches to legislation of each country (WS).

The WS contributed to sharing information about the nursing administration of each country and

3. 期待される効果

参加国が抱えている看護職の資格認定・登録制度の問題解決の具体的なアプローチ方法がイメージでき、関係者と共有される。

4. 実施概要

日時 2012年10月25日(木) - 26日(金)
場所 国立国際医療研究センター 研修棟4階
セミナールーム3・4
テーマ 看護職の資格認定・登録制度について
主催 国立国際医療研究センター
国際医療協力局
参加国及び参加者
カンボジア(3名)、ラオス(4名)、
ミャンマー(2名)、ベトナム(2名)
言語 日本語 - 各国語(カンボジア・ラオス・
ミャンマー・ベトナム)の逐次通訳

reaffirmation of the importance of learning from each other among the participant countries.

After the WS, participant countries have been working to quality improvement of nursing with assistance provided directly or indirectly by the JICA project.

Therefore, NCGM decided to hold the WS regularly until 2015, and will hold this year's WS to discuss qualification and registration for nursing.

2. Objective

To share the current situation and future challenges of the qualification and registration systems for nursing of the participant countries, aiming at promoting development of them.

3. Expected Outcome

Clear images of approaches to problems of the qualification and registration systems for nursing in the participant countries and sharing them with concerned parties.

4. Outline of the workshop

Date: October 25 (Thu.)- 26 (Fri.)

Venue: meeting room1&2, 3rd floor, NCGM

Theme: Qualification and Registration Systems for Nursing

Sponsor: Bureau of International Medical Cooperation, NCGM

Participants: 3 participants from Cambodia, 4 from Lao PDR, 2 from Myanmar, 2 from Vietnam

Language: Japanese-Each language consecutive interpretation

開会のあいさつ

Opening Address

国立国際医療研究センター 国際医療協力局 部長 武田康久

Yasuhisa TAKEDA

Director, Bureau of International Medical Cooperation, NCGM

本日はこのワークショップに参加していただきましてありがとうございます。私はNCGM国立国際医療研究センターの国際医療協力局部長をしております武田と申します。最初に、皆さんに国際医療協力局の概要を説明したいと思います。国際医療協力局は1986年に発足し、昨年創立25周年を迎えました。現在アジア・アフリカを中心に、それぞれの国の人々の健康に資するために現地の関係者との協働や日本での外国人研修の実施、研究などさまざまな活動を展開しています。これらの活動には医師だけではなく、看護師、助産師も参画し重要な役割を担っています。このような背景の下、この国際ワークショップは国際医療協力局の看護系の職員が中心となって開催をしています。

さて今世紀に入りまして国連ミレニアム開発目標が発表されまして、感染症や母子保健対策の強化が保健医療の重要課題とされてきました。生活習慣病や高齢化に伴う健康問題、それから経済発展や国際社会のグローバル化等の変化に伴い、看護職に期待される役割もますます拡大をしています。一方で質の高い看護サービスを提供するためには看護職の質を担保するシステム、例えば看護職に対する法制度や教育制度等の基盤的な整備を進めていく必要があります。それぞれの歴史的、文化的背景などから看護職の種類、業務範囲も違う各国において、その国に合った法整備や規定などを整備していくことが求められています。

昨年、NCGM国際医療協力局ではカンボジア、ラオス、ミャンマー、ベトナムの看護行政官を招くとともに日本の看護行政を担う厚生労働省看護課長、NCGM看護部長等の参加を得て、各国の法制度の現状や法制度整備のアプローチをテーマにして第1回のワークショップを開催しました。その成果として各国の看護行政に関する課題を共有し、互いの国から学び合う

Thank you very much for your participation in this workshop today. My name is Yasuhisa Takeda and I'm manager of the Bureau of International Medical Cooperation of the National Center of Global Health and Medicine (NCGM). First of all, let me explain the outline of the Bureau of International Medical Cooperation to you. This bureau was established in 1986 and marked its 25th anniversary last year. Currently, our bureau develops a wide variety of activities focusing on Asian and African countries in order to improve health care for people in these countries based on collaboration with local health care officials and by holding training programs for foreign trainees in Japan, along with other related studies. Not only doctors, but also nurses and midwives play significant roles by actually participating in these activities. Under such circumstances, we were able to hold this international workshop sponsored by the staff of nursing-related divisions and departments of the Bureau of International Medical Cooperation.

In this 21st century, with the Millennium Development Goals (MDGs) declared by the United Nations, enhancement of measures for infections and maternal-and-child health care were considered as important issues for health care. Along with health problems due to life-style diseases and aging, including changes such as economic development and globalization of international communities, the roles expected to be played by nursing personnel have increasingly expanded. On the other hand, to continue to provide high-quality nursing services, we need to

ことの必要性が確認されました。このワークショップを継続的に開催することは各国にとって有意義であると考え、今年度は看護職の資格認定、登録制度をテーマに、昨年同様4カ国の関係者の方々をお招きし、第2回のワークショップを開催することにしました。皆さんは未来に向けた大きな変革の中で、極めて重要な地位を占めることとなります。このワークショップが皆さんにとって、そして皆さんの国にとっても有意義なものになることを強く期待しています。

また、新しいものを作り上げていくときに頼りになるのは、やはり同じ志を持った仲間たちです。このワークショップをきっかけにしてアジア地域における看護職の皆さんの、国境を越えた協力関係がより強いものになることをお祈りしています。多くの方々の協力により、このワークショップが開催できましたこと心より御礼申し上げまして、私のあいさつとさせていただきます。どうもありがとうございました。

promote fundamental development of systems that keep the quality of the nursing personnel reliable. For example, legal systems and educational systems for the occupation of nursing need further development. In each of country, with its different historical and cultural background, along with different nursing occupational types and scopes of nursing services, we are now required to improve the legislation and the regulations that are suitable for each country.

Last year, the Bureau of International Medical Cooperation of NCGM was able to hold the first workshop, focusing on the current conditions of the legal systems of each country and their approaches to improving them. We invited nursing administrative officials from Cambodia, Laos, Myanmar, and Vietnam as well as other participants from Japan to the workshop. The head of the Nursing Division of the Ministry of Health, Labor and Welfare, which is responsible for the administration of nursing in Japan, and the manager of the nursing department of NCGM participated as representatives from Japan. Through the achievements of this workshop we confirmed that we need to share issues related to nursing administration among the participating countries and that there is a need for mutual learning. We think that it would surely be rewarding for each of these countries to continue to hold these workshops, and we are holding a second workshop for which we have selected nursing certification and registration systems as the theme for the year. As with the previous workshop, we invited related parties from the same four countries. Every one of you present here today can play an extremely important role during this phase of great

change in the future. I have a strong expectation that this workshop will be very meaningful for you and your country.

Furthermore, whenever trying to achieve something new, we have only our fellow workers with the same spirit to rely on. I have great hope that this workshop will be a good opportunity for those in the nursing profession in the area of Asia to reinforce cooperative relationships beyond national boundaries. I would like to conclude my greeting by expressing my sincere gratitude for the cooperation and support of many people who have made this workshop possible. Thank you very much.



プログラム

Programme

総合司会：NCGM国際医療協力局 田中由美子

日付	時間	内容
10/25(木)	8:30-9:00	受付
	9:00-9:05	開会の挨拶 NCGM 国際医療協力局 部長 武田康久
	9:05-9:15	ワークショップ開催の目的 NCGM 国際医療協力局 専門職 田村豊光
	9:15-12:00	セッション01：2011年度ワークショップ後のレビュー モデレーター 橋本千代子（JICA専門家） コメンテーター 岩澤和子（厚生労働省 医政局 看護課 課長）
	12:00-14:00	昼食
	14:00-17:00	セッション02：日本における看護助産の免許登録制度 発表者 岩澤和子（厚生労働省 医政局 看護課 課長）
10/26(金)	8:30-9:00	受付
	9:00-9:15	第一日目のまとめと本日の予定の確認
	9:15-13:00	セッション03：東南アジアの現状と課題 参加国の看護助産の資格制度・登録について モデレーター 田中由美子（NCGM国際医療協力局） コメンテーター 田村やよひ（国立看護大学校 大学校長） 赤熊めいこ（国立看護大学校 事務部長）
	13:00-14:00	昼食
	14:00-15:50	セッション04：パネルディスカッション 看護職の資格制度整備の課題に対するアプローチ モデレーター 田村豊光（NCGM国際医療協力局） パネリスト 各国より代表1名 田村やよひ（国立看護大学校 大学校長） コメンテーター 赤熊めいこ（国立看護大学校 事務部長）
	15:50-16:00	閉会の挨拶 NCGM 国際医療協力局 派遣協力第2課長 三好知明

MC : Yumiko TANAKA / Bureau of International Medical Cooperation, NCGM

Date	Time	Contents
Oct. 25th Thursday	8:30—9:00	Registration
	9:00—9:05	Welcome address Yasuhisa TAKEDA / Director, Bureau of International Medical Cooperation, NCGM
	9:05—9:15	Introduction of Workshop Toyomitsu TAMURA / Head Nurse, Bureau of International Medical Cooperation, NCGM
	9:15—12:00	Session 01: Review after the Workshop in 2011 Moderator: Chiyoko HASHIMOTO /Expert of JICA Guest speaker: Kazuko IWASAWA /Director, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
	12:00—14:00	Lunch
	14:00—17:00	Session 02: Licensing and Registration System for Nurses in Japan Presenter : Kazuko IWASAWA / Director, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
Oct. 26th Friday	8:30—9:00	Registration
	9:00—9:15	The summary of 25th and Confirmation of the schedule
	9:15—13:00	Session 03 : Qualification and Registration of Nurses and Midwives Moderator : Yumiko TANAKA / Bureau of International Medical Cooperation, NCGM Guest speaker : Yayoi TAMURA / President, National college of nursing, Japan Meiko AKAKUMA / Director, National college of nursing, Japan
	13:00—14:00	Lunch
	14:00—15:50	Session 04 : Panel Discussion Approach to Challenges of Nurse Qualification System Moderator: Toyomitsu TAMURA / Head Nurse, Bureau of International Medical Cooperation, NCGM Panelist: 1 representative from each country (Lao PDR, Myanmar, Cambodia, Vietnam) Yayoi TAMURA / President, National College of Nursing, Japan Guest speaker: Meiko AKAKUMA / Director, National College of Nursing, Japan
15:50—16:00	Closing Address Chiaki MIYOSHI / Director 2nd Expert Service Division, Bureau of International Medical Cooperation, NCGM	

参加者リスト

Participant List

	氏名	役職
ラオス	Phengdy INTHAPHANITH	保健省 看護課長
	Sengmany KHAMBOUNHEUANG	保健省 教育・研究課 教育/研修課長
	Somchay SAYSIRI	友好病院 ICU 師長
	Ammaline PHONGSAVAT	保健省 教育・調査課
	橋本麻由美	JICA専門家
	青木雅基	JICA専門家
カンボジア	Yeath Thida	コンボンチャム州地方看護助産学校 助産教育主任
	Nhem Sokhoeun	ストントレイン州地方看護助産学校 教員
	Khun Kokma	コンボンチャム州地方助産学校 技術部 副主任
	望月経子	JICA専門家
ミャンマー	Ohn Ohn Mya	保健省 看護課 課長補佐
	Hla Shwe	マンダレー看護大学 講師
	橋本千代子	JICA専門家
ベトナム	Huynh Thi Thu Thuy	コンツム省病院 副看護部長
	Vu Thi Vinh	バックマイ看護学校 看護科長
日本	岩澤和子	厚生労働省 医政局 看護課 課長
	田村やよひ	国立看護大学校 大学校長
	赤熊めいこ	国立看護大学校 事務部長
	浅沼智恵	国立国際医療研究センター 看護部長
	佐藤朋子	国立国際医療研究センター 副看護部長
	藤田則子	国立国際医療研究センター 専門職 医師
	田村豊光	国立国際医療研究センター 専門職 看護師
	花房茂樹	国立国際医療研究センター 医師
	小山内泰代	国立国際医療研究センター 助産師
	土井正彦	国立国際医療研究センター 看護師
	園田美和	国立国際医療研究センター 看護師
	稲岡希実子	国立国際医療研究センター 看護師
	羽石弓子	国立国際医療研究センター 看護師
田中由美子	国立国際医療研究センター 助産師	

	Name	Post
Laos	Phengdy INTHAPHANITH	Chief Nurse of Nursing/Midwifery Division at Department of Health care (DHC), MOH
	Sengmany KHAMBOUNHEUANG	Deputy Director Education and training Division in Department Education and Research (DER), MOH
	Somchay SAYSIRI	Head Nurse of ICU Department in Friendship Hospital
	Ammaline PHONGSAVAT	Technical staff of Education and training Division in Department Education and Research, MOH
	Mayumi HASHIMOTO	Expert of JICA
	Masaki AOKI	Expert of JICA
Cambodia	Yeath Thida	Kampong Cham RTC Chief of midwifery
	Nhem Sokhoeun	Stung Treng RTC
	Khun Kokma	Kampong Cham RTC Vice chief of Technical Department
	Noriko MOCHIZUKI	Expert of JICA
Myanmar	Ohn Ohn Mya	Assistant Director (Nursing) Department of Health
	Hla Shwe	Lecturer/Head Department of MCH University of Nursing Mandalay
	Chiyoko HASHIMOTO	Expert of JICA
Vietnam	Huynh Thi Thu Thuy	Deputy Director of Nursing, Kontum Provincial Hospital
	Vu Thi Vinh	Chief of Nursing Department of Bach Mai Nursing School
Japan	Kazuko IWASAWA	Director, Nursing Division, Health Policy Bureau, Ministry of Health, Labor and Welfare, Japan
	Yayoi TAMURA	President, National College of Nursing, Japan
	Meiko AKAKUMA	Director, National College of Nursing, Japan
	Chie ASANUMA	Director of Nursing, National Center for Global Health and Medicine (NCGM)
	Tomoko SATOU	Deputy Director of Nursing, National Center for Global Health and Medicine
	Noriko FUJITA	Doctor, Technical Officer, Bureau of International Medical Cooperation, NCGM
	Toyomitsu TAMURA	Head Nurse, Bureau of International Medical Cooperation, NCGM
	Shigeki HANAFUSA	Doctor, Bureau of International Medical Cooperation, NCGM
	Yasuyo OSANAI	Midwife, Bureau of International Medical Cooperation, NCGM
	Masahiko DOI	Nurse, Bureau of International Medical Cooperation, NCGM
	Miwa SONODA	Nurse, Bureau of International Medical Cooperation, NCGM
	Kimiko INAOKA	Nurse, Bureau of International Medical Cooperation, NCGM
	Yumiko HANEISHI	Nurse, Bureau of International Medical Cooperation, NCGM
Yumiko TANAKA	Midwife, Bureau of International Medical Cooperation, NCGM	

Session 01

2011年度ワークショップ後のレビュー

Review after the Workshop in 2011

モデレーター：JICA専門家 橋本千代子

Moderator: Chiyoko HASHIMOTO / Expert of JICA

コメンテーター：厚生労働省 医政局看護課長 岩澤和子

Guest speaker : Kazuko IWASAWA

Director, Nursing Division, Health Policy Bureau,
Ministry of Health, Labour and Welfare, Japan

Cambodia

Yeath Thida

コンポンチャム州地方看護助産学校 助産教育主任

Chief of Midwifery,

Kampong Cham Regional Training Center

Challenges of Nursing Regulation Development

Today, I would like to make a presentation about the development and adjustment of nursing and midwifery activities in Cambodia. The structure of the board committee for establishing nursing regulations is shown in this diagram.

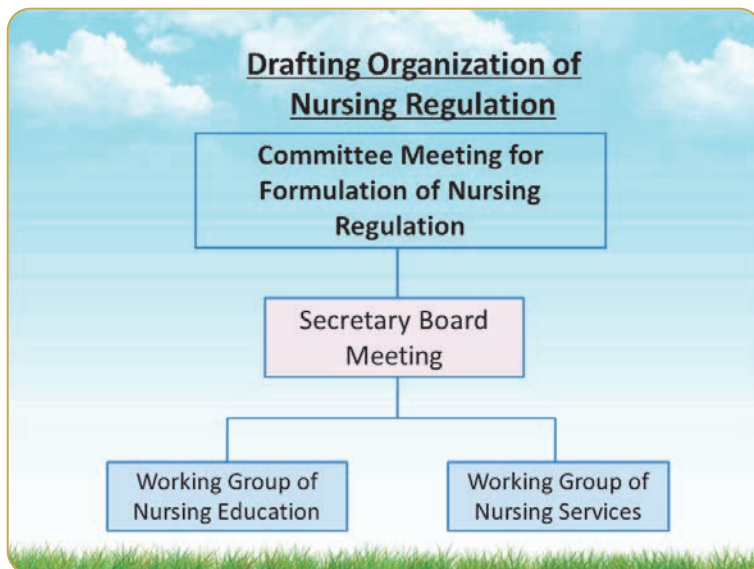
Approach and Challenges

- We still on the final table to draft of Nursing Regulation.

↓

To draft the content has been completed, but still on the discussion of Responsibility Organization for issuing the License of Professional Nurse .

本日、私からカンボジアにおける看護助産の展開と調整について発表させていただきます。去年、カンボジアの保健制度について発表しました。今年は看護規則について話します。



看護規則を作るための設定委員会の仕組みがこの図のようになっています。メンバーが保健省の病院サービス部とそれから各病院、国立病院からの関係者でなっております。教育と看護サービスの2つのワーキンググループがあり、その上にセクレタリーボードが構成されています。その人たちがそれぞれのワーキンググループで、話し合われたものをまとめるかたちになっています。



看護規則の草案を作成するまでに16回のミーティングを行ないました。他に23回のセクレタリーボードミーティング、7回の看護教育に関するミーティング、8回の看護サービスに関するミーティングを行いました。

The Committee Meeting for Formulation of the Nursing Regulation is as shown in slide 3. The members consist of the Hospital Service Department of Ministry of Health and the officials of the national hospital and various other hospitals. There are two working group: Working Group of Nursing Education and Working Group of Nursing Service, and Secretary Board Meeting as the upper level. They compile Working Groups' discussion.

We had 16 meetings for drafting of the Nursing Regulation. Also, we had 23 Secretary Board Meetings, seven meetings of Nursing Education, and eight meetings of Nursing Service.

The Nursing Regulation comprise eight chapters. Chapter 1 is the General Provisions, and Chapter 2 handles the license registration. Chapter 3 describes the national education, Chapter 4 is about nursing education, Chapter 5 is about nursing services, and Chapter 6 describes penalties. Chapter 7 talks about transitional periods, and Chapter 8 is the final chapter, which is a summary.

We had some difficulties in developing the Nursing regulation. The first point is that it was difficult to hold meetings. Each member was so busy, and therefore it was difficult for each individual to get together from different places at a different time. As for the second point, there was little participation on the part of nursing personnel. The third point is related to penalties. The associated laws and regulations have not been established or enforced, so we only made a presentation about the current conditions and circumstances.

Outline of Nursing Regulation

- Chapter 1: General provision
- Chapter 2: Licensing and registration
- Chapter 3: National Examination for Licensing of professional nurses.
- Chapter 4: Nursing Education
- Chapter 5: Nursing Services
- Chapter 6: Penalty and Rewards
- Chapter 7: Transitional Provision
- Chapter 8: Final Provision

看護規則は8章あります。1章は総則。2章は免許の登録。3章は国家試験。4章は看護教育。5章はナーシングサービス。6章は罰則。7章は移行期間。8章は終章まとめです。

Difficulty of Development Nursing Registration

- Difficult to arrange the meeting
- The small number of nurse profession in the meeting
- Difficulty to set penalty

看護規則の展開について、難航がありました。まず1つ目はミーティングを行なう難しさがあります。メンバーの皆さんが忙しいため、違う場所から違う時間に集まるのは大変でした。2つ目は看護の参加が少なかったことです。3つ目として罰則についてです。まだ法律が定まっていないので現状のみ発表しました。

Current situation

- Still under the consideration of responsibility organization on Nursing Professional License (MoH or CNC or CB???)
- But already start to prepare the Prakas of License and Registration for implementation of Licensing system supported by (JICA)

今の課題として免許制度の責任となるのが保健省なのか審議会(カウンセル)なのかという結論が出ていません。そのために看護規則の最終ドラフトが止まっています。ただ免許制度を実施するための保健省レベルの省令というものが、今JICAのプロジェクトのサポートで準備が始まりました。

■ 岩澤先生のコメント

8章からなる看護規則の最終草稿ができていいる中、今、最後に課題としてあげられた、看護師免許をどこが発行するのかが決まっていなために、完成に至ってないということを伺いました。決まりさえすれば規則ができあがり、それに基づいて免許が発行できるよう、実際的な手続としての省令の準備がされているとも伺いました。このように規則は規則だけでは運用できませんので、規則を運用するための細かな手続を記した、カンボジアの場合は省令の準備をされているということですが、同時に進めていくということは日本でもあることです。

ここに至るまで看護規則を検討する組織を先ほど紹介いただきました。ワーキンググループ、会議、セクレタリーボードでのミーティングもかなりの回数を実施されてきている中での課題として、会議にかかわる看護職の数が少ないということが挙げられていました。

看護規則は国民に提供される看護の質を上げようということで、提供する看護師の業務の内容、国家試験、そして免許のことが書かれているわけですが、国民のためでもあり働く看護師のためのもでもあります。ワーキンググループのレベルでは病院の看護部の幹部の方、あるいは教育養成をしている先生方が参加されていると思いますけども、働いている看護師はもっとたくさんいるわけで、その人たちにこの看護規則、今は草稿の段階ですけども、どのような意味があるのか、どのような内容なのか、

The current issue is that we have not reached a conclusion as to whether the Ministry of Health or the Council is actually responsible for the licensing system. For this reason, our final draft for the nursing regulations has not continued to move forward. However, preparations for establishing the ministerial ordinances for the Ministry of Health have started based on the assistance provided by JICA. These regulations should be established in order to implement the licensing system.

Comment made by Director Iwasawa

We have just heard that while the final draft of the Nursing Regulation with eight chapters is currently ready, as an issue brought up in the last portion of your presentation, it has not been determined which party or institution should issue licenses for nurses. So the regulations have not been established completely. In addition, the preparation for the ministerial ordinances is recently still in progress as a practical step for issuing licenses for nursing. Once this ordinance has been determined, the related regulations can also

be established by which the licenses are issued. Besides, it is impossible to carry out these regulations just by themselves. Therefore, there is a need to prepare such ministerial ordinances that describe and regulate detailed procedures necessary for carrying out these regulations as we have heard in the presentation made by Ms. Thida a few minutes ago. There are also similar cases in Japan, where these things have progressed simultaneously. Previously, those organizations that examine the nursing regulations were introduced in the presentation. Up until now, there are broadly four organizations that have overseen related working groups and held conferences, while a number of meetings have also taken place. As an issue amid such circumstances, Ms. Thida brought up the point that there are only a few nursing personnel attending the conferences.

The Nursing Regulation prescribes nursing services, the national examination, including the licensing system, in order to enhance the quality of nursing services provided to the people. These regulations are beneficial to the people as

そしてそれを使って業務をしていくことをこれから知っていただくための、いろいろな工夫が必要ではないかと思っています。日本では法律や通知をつくる時に専門家の方々の意見を伺い、職能団体を通してお知らせをするということをしています。カンボジアでも免許発行の責任組織が明白になって最終案ができたぐらいのところで看護職の皆さまに、私たちの規則はこのようなかたちでこれから最終決定されますよというような周知をされるといいのではないかと思います。

最後にもう一点、会議にかかわる看護職の数が少ないということがあったと思いますが、看護規則ができてそれを運用していくに当たっては、ちゃんと執行されているのか、また、作った規則がそれで十分なのかというようなことをフィードバックしていくというためにも、行政組織の中に看護職を増やされる必要があるかと思っています。生みの苦しみもあるかと思いますが、育てるということもこれから大切ですので、皆さまで力を合せて取り組んでいただきたいと思います。

well as those working as nurses. At the working-group level, I think executives of the nursing division of each hospital or those instructors working in education and cultivation of nurses are participating in such working groups. There are more working nurses. Therefore, I believe that a wider variety of efforts should be made in order to make known what these nursing regulations, which are drafts still, actually mean to working nurses, what are contained in these regulations, and how their work should be carried out based on these regulations. In Japan, when establishing new laws and ordinances, we ask experts for their opinion and release notifications through professional

organizations. In Cambodia too, I think it would be better to notify nurses of the final decision on the regulations by showing the draft around when the final draft has been completed after the responsible organization for issuing the licenses to nurses is clarified.

Finally, there is one more point I want to refer. According to the presentation, there were not many nursing personnel at the meetings. To carry out the nursing regulations after they have been established, administrative organizations should increase specific positions assumed by nursing personnel. I think this is very important and also necessary in order to give

proper feedback regarding whether the regulations are properly complied with and whether the regulations are sufficient or not. I can understand you are experiencing some growing pains, but at the same time, it is also very important to cultivate appropriate human resources. I hope you will do good job in this regard working together with cooperation.



Laos

Phengdy Inthaphanith

保健省 看護課長

Chief of the Nursing / Midwifery Division, Ministry of Health

Current Situation on Nursing and Midwifery Legal Framework in Lao P.D.R.

Let me talk about some points we learned in the workshop that was held in Tokyo last year.

The workshop was a very beneficial opportunity for us to learn opinions from other countries. Also, we could share information of the nursing and midwifery regulations with other Southeast Asia countries, and develop further our cooperative and amicable relationship. The workshop participation gave motivation to nurses of Laos and helped them get the leadership skill.

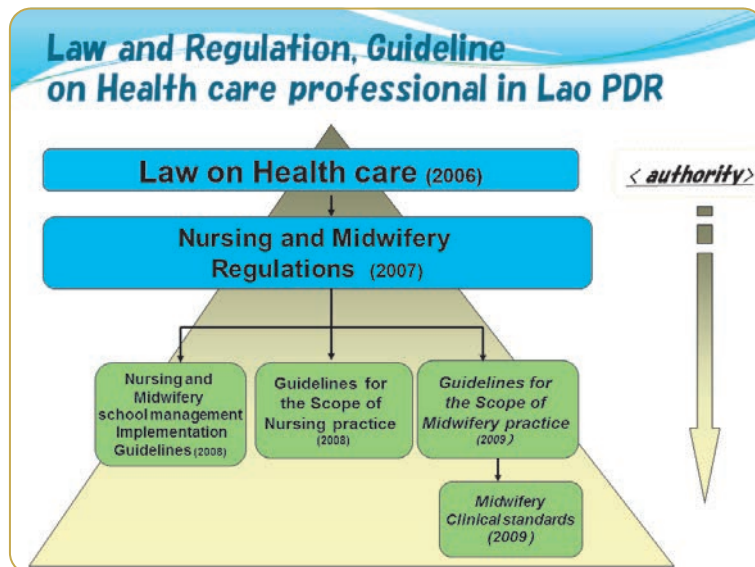
Lessons from last year WS in Tokyo

- Very good opportunity
 - to learn other countries' experiences
 - to share about Nursing and midwifery regulatory framework among south east countries
 - to strengthen the collaboration among south east Asian countries to growth together
- Motivation
- Leadership skill
- Hope that this kinds of workshop regarding nursing and midwifery legal framework will be hold annually

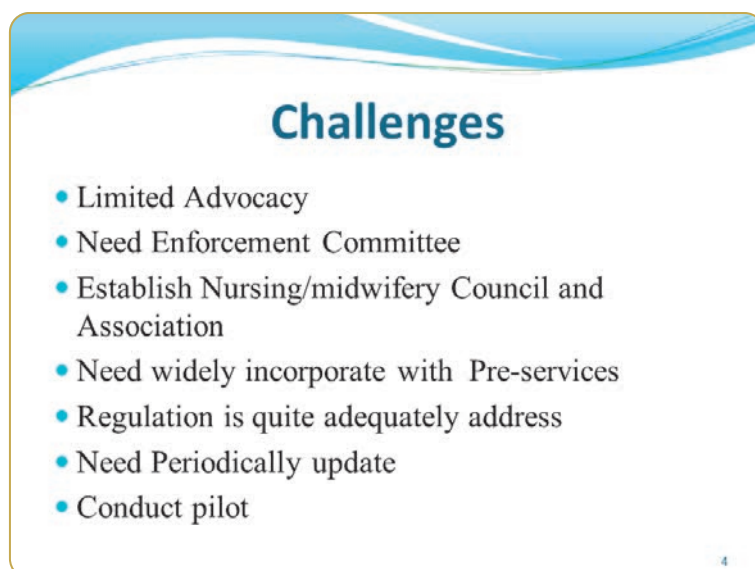
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このような素晴らしい機会をいただき看護職を取り巻く法制度の現状および発展について、話させていただくことを心より感謝いたします。昨年度の東京で行なわれたワークショップにより得たことについて話したいと思います。

このワークショップは自分の国以外の様々な国の意見も勉強することができ、非常に良い機会になりました。また、東南アジアの国々の看護・助産の法制に関する情報なども共有することができました。そして東南アジアによる各国の協力および友好を、さらに発展させることができました。また、ワークショップに参加することにより、ラオスの看護職の方に非常に動機を与えられました。そしてリーダーシップのスキルを身に付けることもできました。



このスライドはラオスにおけるプロフェッショナルヘルスケアに関する法律と規則、そしてその姿勢でございます。2006年には保健に関する法律が定められました。その後2007年には看護・助産規則が策定されました。この看護・助産規則には3つのガイドラインがあります。看護・助産学校管理運営ガイドライン、看護実践基準、助産実践基準があります。この助産実践基準の下で助産臨床実践基準も策定しております。これらが看護師、助産師に関する法制度になります。



この規則へのチャレンジが行われています。アドボカシーへの制限。実行委員の必要性。看護・助産審議会・職業団体等を設立。看護学生との協力の必要性。また、このガイドラインについて幅広く看護を学ぶ学生さんに知って欲しいということです。なぜ学生に知って欲しいか、または学校

These slides show the laws and regulations of Laos concerning professional health care along with the authority of these regulations. In 2006, the laws regarding public health were enacted in our country. Afterward, in 2007, the nursing and midwifery regulations were formulated. These nursing and

midwifery regulations have the following three guidelines: The guidelines for the operation and management of nursing and midwifery schools, the guidelines for nursing practice and the guidelines for midwifery practice. Under the guidelines for midwifery practice, the guidelines for midwifery clinical practice are also under development. These guidelines compose the legal system for nurses and midwives.

There are challenges for these regulations. These challenges include advocacy limitations, establishment of an enforcement committee, the launching of a nursing and midwifery council and professional societies, along with building cooperation with nursing students. In addition, we would like nursing students to learn about these guidelines from a

broad perspective. These guidelines are new. Therefore, we would like those nursing schools to introduce these guidelines so that students can learn them and become able to follow them after graduation. Actually, however, these guidelines are not thought to suit actual conditions. The reason is that when these guidelines were established, we had only a health-care vocational school. But currently, we have medical schools at universities, health care-related junior colleges, along with nursing faculties. As a result, we face disparities between the actual conditions and the contents of the regulations. Therefore, these regulations and guidelines need to be enforced and implemented in hospitals and schools.

As our primary issue, we want to work on implementing a nursing license certification system in Laos, in line with those which have been introduced in other ASEAN countries.

Currently, we are reviewing nursing and midwifery competencies in our designated committees. We also are considering the establishment of a new

に導入することに関しては、このガイドラインは新しいガイドラインなので学校で導入して知り、卒業した後にその運用ができるようになって欲しいという思いがあります。このガイドラインは、現状とは合っていないことが考えられています。その理由はそのガイドラインを定めたとき、まだ保健医療専門学校しかありませんでした。現在大学医学部や短期大学、看護学部ができており、現状と規則が異なっています。そのため、病院や学校でこの規則・ガイドラインを試行する必要があります。

Approach to the challenges

- ASEAN Mutual Recognition Arrangement on Nursing
 - Review nursing and midwifery core competency
 - Set up registration system for nurses and midwives
 - Set up national examination for nurses and midwives
 - Licensing system on nursing and midwifery
 - Establish regulatory body for nurses and midwives
 - Code of ethics of conduct nursing and midwifery practice

5

チャレンジとして、ASEANの中で行われている看護資格認証の取り組みをラオスでも実施していく、一致した取り組みとしてやっていきたいということです。

看護・助産の能力についての見直しに関して、現在委員会にて実施しております。将来看護・助産に関する登録のシステムを設定することと、またそれに関する国家試験も設置したいと考えております。最終的には看護・助産、実践倫理を作成することです。現在JICAのサポートのもと、進めております。今後わたしたちは意見交換のために隣の国に、タイとミャンマーに行く予定です。ありがとうございました。



■ 岩澤先生のコメント

いくつか上げられた課題のうち、2つについてコメントをさせていただきます。1点目は周知の方法として、今学んでいる看護学生に、看護規則あるいはガイドライン、スタンダードを教えるということです。実際に働いてから知るよりも、学生時代から知っておくことはとても重要だと思いますので有効な方法だと思います。今のガイドライン等というのは守ることが大切だということ、実行するということが大切だということをもちろん教えていってほしいと思います。それに加えて医療、看護はどんどん進歩していくので今後見直しがされていくもので、見直しをするのに参画するのは自分たちだということも合わせて教えていただければと思います。

2点目は病院、学校でのパイロット。モデル的という意味でしょうか、その実施についておっしゃったと思います。作られているガイドラインやスタンダードというのはこの5年の間に作られた、ということは完成年度が2007年から2008年、2009年となっています。それ以前に検討を始められて、完成したのが2008年から2009年にかけてだと思います。検討された当時の実態より少し高いレベルで、かつ実行可能な範囲ではないかと思います。このガイドラインに沿って教育あるいは病院での看護サービスを提供するに当たっては、たやすくこれを運用できる病院と、なかなか困難な病院が両方あるかも知れません。もう既にできているところは、そこに至るまでの努力があったと思います。また、努力が必要だということをモデルに選んでいただいて、実行していく上でのいろいろなプロセスをそのパイロットの中で確認をして、そのプロセスを他の病院に伝えることができればいいと思います。このパイロットについては評価も含めて、最初から評価計画をしっかり立て、その結果をどのように病院あるいは医療機関

system for nursing and midwifery registration along with introducing related national examinations in the future. Our ultimate goal is to formulate practical ethics for nursing and midwifery. Our project is now in progress based on JICA's support. In the future, we are going to visit our neighboring countries, Thailand and Myanmar, to exchange information and opinions. Thank you very much for your kind attention.

Comment made by Director Iwasawa

I would like to comment about two points among those brought up in the presentation.

The first point is to teach those nursing students the nursing regulations or guidelines, including the standards. I think it is very effective for students to know and learn about these things while they are studying at school, rather than to learn them after they start working as nurses. Besides, I believe that at schools you teach students the importance of observing and implementing the guidelines. In addition, medicine and nursing are advancing rapidly, and together with these things, the related guidelines and regulations are

also reviewed. Therefore, I think students also need to learn that they are the ones who will participate in this review work.

The second point is about models for pilots, hospitals and schools. The guidelines and standards were reportedly formulated during the past five years, which means that they were completed in the period of 2007 to 2008 or 2009. That means, the discussion had started before that. As my observation, they appear to be at a level slightly higher than the actual situation at the discussion stage, within a sufficiently workable range. When it comes to providing education or offering nursing services at hospitals along these guidelines, however, there could be hospitals that can put these guidelines into practice and other hospitals where it would be difficult to do so. I think that the hospitals that already put to practical use of the guidelines devoted their hard effort to that. I think it will be better to find a way for you to confirm various processes of implementing such trials with each pilot case, in order to share these processes with other hospitals. To implement such pilot cases, include evaluations

だけではなく全国に広げるのかを計画しながら進められるといいと思います。国家試験を実施して免許登録システムを準備すると伺っております。すでに準備されている国も大変ご苦労されています。時間が掛かりますからゴールの年月を明確にして、精力的にしないとなかなか難しいと思います。保健省の皆さん方にとってプラスのエネルギーが必要な仕事になるかと思えます。看護の質を上げていくのに有効な方法ですので是非チャレンジして下さい。

as well, and create a robust evaluation assessment from the very beginning. I strongly recommend that progress should be made with this attempt as you plan how to expand the evaluation results among not only hospitals and medical institutions, but also across the country. In your presentation, you referred to the point that your country is now preparing for establishing a licensing system based on national examinations. I think you and all of the related parties in your country have already been working very hard on this matter. It surely takes time to establish such a system, so unless you have a clearly planned date of completion and work towards it with energy, this attempt also could be quite a difficult task. And this work

requires even more energy for all of you working at the Ministry of Health, but at the same time, this is an effective method to enhance the quality of nursing services in your country. So please take up this challenge and do your best.

Myanmar

Ohn Ohn Mya
保健省看護課 課長補佐

Assistant Director, Department of Health, Ministry of Health

Nurse and Midwife Law and Legislation in Myanmar

Lessons from last year's workshop

- History of Myanmar Nurse & Midwife Council (MNMC)
- Objectives of MNMC
- Authorities & responsibilities of MNMC
- Members & Bodies of MNMC
- Major challenges (quality, quantity & competency of nurses & midwives)

本日は昨年のワークショップから学んだこと、課題に関するアプローチと成功例、または現状について説明していきたいと思えます。

最初に去年のワークショップからミャンマー看護・助産評議会の歴史、ミャンマー看護・助産評議会の目的についてお伝えしました。それに評議会の責任や役割、評議会の参加メンバーや組織についても説明をしました。主な課題として看護と助産師の質に関する課題などを学びました。



Today, I would like to talk about what we learned in the workshop last year, including valid approaches to issues and cases of success, along with the actual circumstances in our country. In the workshop last year, we were able to tell you about the history and the purpose of the Myanmar Nurse and Midwife Council. Our presentation also included an explanation of the responsibilities and the roles to be played, as well as the members and the organizational structure of this council. We learned in the previous workshop about issues regarding the quality of nurses and midwives as the main challenge.

Today let me introduce approaches we took to this issue. We made some revisions to the regulations regarding nurses and midwives, along with evaluations for the Myanmar Nurse and Midwife Council, including education and services associated with nursing and midwifery. We also devoted ourselves to reinforcing integrated clinical practice and education. Our efforts included implementing continual nursing education on a broader scale, backed up by other workshops and seminars we planned and held. We also provided practical nursing training programs as well.

Through these approaches and attempts, we were able to improve not only educational skills of teaching staff, but also students' skills in clinical practice. I'm convinced that these achievements were brought about by success in training courses and workshops we held. I also need to refer to the fact where we offered training programs about basic research and knowledge of midwifery and infant care for the members of the nursing and midwifery school. When it

Approaches to the challenges

- Review & revise of Nursing & Midwifery Rules & Regulations
- Strengthening the coordination & collaboration of Education, Services, MNMC & MNMA
- Intensification of collaboration between clinical & education sectors
- Widespread implementation of CNE programme
- Workshops
- Seminars
- Hands on trainings

次はその課題に関するアプローチについてお話ししたいと思います。われわれは看護と助産師の規約に関して改正しました。それにミャンマー看護・助産評議会と協会、それに教育またはサービスに関する評価もしました。それに臨床実践と教育を一体化させて強化することにも励みました。それに継続的は看護教育を行うことを幅広く実施いたしました。それにワークショップやセミナーなども開催されました。それに実践的なトレーニングも行いました。

Successful examples

- We have found not only improvement in teachers' teaching skill but also students' clinical skill by giving handing on training and workshop
 - Hands on training of Basic Emergency Obstetric Care, Basic Essential Obstetric Care & Essential Newborn Care for faculty members of the nursing & midwifery training schools
 - Capacity building of midwifery tutors for competency-based training on Pregnancy Childbirth, Postnatal & Newborn Care

成功例を1つ紹介したいと思います。われわれは教師の教育のスキルを向上させただけではなく、学生の臨床実践に関してのスキルの向上をさせることができました。それはトレーニングやワークショップによる成功の

結果だと思えます。看護と助産学校のメンバーに対して基礎的な研究、助産と新生児のケアについてもトレーニングを行ないました。助産の講師に関してのキャパシティについては妊娠、出産と新生児ケアに関して、出産前と新生児ケアのトレーニングなどを行いました。

Current Situation

- Overall review & revise of Nursing & Midwifery Act are submitted to MOH (31.8.2012)
- Upgrading midwifery curriculum (18 months certificate to 2 years diploma)
- Increase in production of nursing & midwifery students
- Extension of nursing organization set up & increase recruitment of nurses & midwives in secondary health centers and RHCs

それでは現状について説明したいと思います。2012年8月31日に看護と助産の倫理規約の改正を行い保健省に提出しました。それに助産師のカリキュラムを18カ月から2年の実行プログラムに質を上げました。看護師と助産師の数も増やすことにも努力をしています。それに地方の医療機関などにおける看護師と助産師の募集や数を増やしていくことによって、看護師の組織を強化しています。看護師と助産師の分布についてですが、都市部では看護師が93.2%、助産師の監督役にあたる助産師は27%、それに助産師は13.8%になります。また地方では看護師73%と助産師は86.18%になっています。

comes to the capacity of our midwifery instructors, we provided prenatal and newborn care training for them for use in delivery and neonatal care.

Now let me explain the current circumstances. We revised the nursing and midwifery ethics code and submitted it to the Ministry of Health on August 31, 2012. With that, the educational curriculum for midwives was enhanced from an 18-month program to a 2-year program. We have also been striving to increase the number of nurses and midwives. We have been reinforcing organizations for nurses by increasing the number of nurses and midwives in regional medical institutions. The next point is about the distribution of nurses and midwives. In urban areas nurses are 93.2%, overseeing midwives are 27%, and midwives are 13.8%. In rural areas, nurses are 73%, while midwives are 86.18%.

Next, I will describe the issues that we are currently facing. We feel the necessity to have a program for exchanging members along with an educational exchange program for the education sector. We also need to put our effort into enhancing the capacity of educational staff members at nursing universities and schools. It is necessary for us to form a productive educational field for these human resources. Currently, the libraries of nursing universities and schools are not supplied among other things with sufficient quantities of books for reference containing the latest information.

Sectors related to nursing services lack the latest technologies, and there are just a limited number of studies being done on nursing. We actually have only a few nurses who have master's/bachelor's degrees or higher degrees at hospitals and in the field where medical services are provided.

Challenges

At Education Sector

- Students & faculties exchange program is needed
- Need to enhance capacity building for faculty members both in Universities & Training Schools
- Need to develop productive teaching learning environment
- Limited up-to-date references in the libraries of Universities & Training Schools

それでは現在わたしたちが直面している課題について説明していきたいと思えます。教育セクターの中のメンバーの交換プログラム、交流プログラムが必要ではないかと考えています。看護大学や看護学校の教育メンバーのキャパシティにも力を入れるべきではないかと考えています。生産的な教育の場を作り上げていく必要があるのではないかと考えています。現在では看護大学とか看護学校などの図書館の中に最新情報の参考書などが不足していることになっています。

Challenges(cont:)

- At service Sector
 - Limited resources and advanced technology
 - Limited number of nursing research
 - Limited number of M.N.Sc level nurses in hospital and clinical area

ただサービスに関するセクターでは最新の技術などがまだ不足しておりまして。それに看護に関する研究も限られている数しかないという現状です。また病院や医療サービスを提供する場において修士、看護学士以上の資格を持っている看護師がすごく少ないという現状です。

Challenges(cont:)

At MNMA

- Limited contribution to community health care practices

At MNMC

- Low interest of nurses & midwives in Law & Legislation

またミャンマー看護、助産評議会に関しては、コミュニティヘルスに関する実践がまだごく少ないということが見られます。評議会に関しては、看護と助産師の法律や規約に関する関心が薄いということが問題点として挙げられます。ご静聴ありがとうございました。

■ 岩澤先生のコメント

もう少しお話を私の方が伺いたいと思うのが正直な気持ちです。昨年の課題へのアプローチの成功例としてトレーニングのことが出ておりました。看護学校の教員のスキル、それは教育のスキル、その中に当然看護実践のスキルも含めてですけれども、それを上げることが学生の臨床技能を向上させるということがわかったという発表でした。すぐれた後輩たちを輩出するためには、まず教員が教育力だけでなく看護実践力も合せて持ち続けること、そのための研修ワークショップの重要性について発表いただきました。サービスセクターでの課題として、修士レベルの看護師の数をもっといれたいということでした。学生時代に学び続けて臨床の場で臨床能力を身に付けることと、それからさらに学ぶ場としての大学院があるということ、基礎教育の時代に先生が言い続けるというのは大切だと思います。

修士号を持つ看護師が実践的な研究をして、それを実践に還元すること。あるいは、そうでない看護師にも優れた実践能力を示すことでやはり違うという、ある意味価値を皆さんに分っていただくことが、さらに回りにいる人たちが大学院に行こうと思わせたり、雇う側も大学院卒の人を雇用しようという動機付けになるのではないかと思います。

The Myanmar Nurse and Midwife Council also has less experience in community health care practice. When it comes to this council, a problem has been pointed out that they have little interest in laws and regulations for nurses and midwives. I appreciate your kind attention, thank you very much.

Comment made by Director Iwasawa

Honestly speaking, I would like to hear more from you about the present circumstances. I noticed that you referred to a training course you conducted as an example of a successful approach to issues considered last year. Through your presentation, we were able to see that improvement of educational skills of teaching staff at nursing schools, including skills in nursing practice, of course, that would serve to enhance the clinical

techniques of nursing students. To produce excellent fellow nurses and midwives, first of all, the instructors should keep on maintaining not only educational skills, but also practical nursing skills. To achieve this, training workshops play an important role, as you said. As a concern for the service sector, it is desirable that the number of nurses with a master's degree increase. These points were brought out in your presentation. It is very important for all students to acquire adequate clinical experience in an actual clinical field setting while continuing their studies. In addition, another important factor is that during the period of basic education, instructors need to continue to tell their students about the possibility of going to graduate school as the next step for learning.

Nurses having the master's degree work on practical study and then return their fruits to practice. Other than that, these nurses having the master's degree can demonstrate their sophisticated practical nursing skills to those who do not have a master's degree, while you acknowledge and admit difference in skills as well as value. In addition, this experience will surely motivate other students to go to graduate schools, and

日本でも修士号以上を持つ看護師は臨床現場では増えてきましたけども、まだ少ないと思っています。やはりある一定の数にならないと皆さんにその活躍を理解いただけないということがあります。少なくともその人たちの活躍を皆さんに知っていただく工夫が必要ではないかと思います。カウンセルや看護協会がありますので、そこで定期的に彼女彼らの活躍ぶりをお知らせすることが、修士号を持つ看護師たちがもっと頑張ろうという気にもなっていくのではないかと思います。

教育の場として最新情報を図書室でそろえることの難しさをおっしゃいましたが、最近では文献検索も含めインターネットでいろいろ把握できるようになってきているので、そういうシステムを利用されるということが一番早いのではないかと思います。

and at the same time, it will also motivate those hiring nurses to promote graduate recruitment. In Japan, the number of nurses who have a master's degree or a higher degree and work in the clinical field has increase; but I think it is still a small number. Until a certain number is reached, it should be quite hard for them to attract much attention with their active nursing performance. At the very least, some efforts should be made in order to make their activities and achievements known to many people. You have the Nurses and Midwife Council and Association in your country and you might use this association to explain how they are active in the nursing fields on a periodic

basis. I believe that this will encourage such nurses who have a master's degree to be more active in what they are doing.

In your presentation, I remember you talked about the difficulty of supplying libraries with a sufficient amount of the latest information in the field of nursing education. Recent technology of the Internet has enabled everyone to search for beneficial literature and documents for reference. I think the use of such systems may be the best way to deal with these difficulties you referred to in your presentation.

Vietnam

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Current Situation of Nursing and Midwifery in Vietnam, 2012

CONTENTS

- Review of challenges - challenges of nursing Vietnam before 2012 (made from previous workshops)
- The problem has been improved - The problem remains difficult
- An example of a successful
- The lessons are applied after the workshop last year

本日の発表内容は基本的には4つの部分から構成されております。1番目の内容は前回のワークショップで発表させていただきました困難点。2番目は1年間経って、われわれが解決できた困難点、残っている課題は何かということ。3番目は成功例についての紹介。4番目の内容は前回のワークショップから学んできたこと。以上について発表させていただきます。

I would like to let you know that my presentation today is composed basically of four points. The first point is about the difficulties brought up in the presentation we made in the previous workshop. The second point is what difficulties we were able to resolve after a year, along with remaining issues we face. The third point is the introduction of successful achievements, and the fourth point is about what we learned in the previous workshop. These points are what I would like to refer to in my presentation.

In the workshop last year, we reported in our presentation that a law called New Law on Medical Examination and Treatment was established in Vietnam. Now we have this law, but we also have many difficulties in achieving the licensing and registration system for nurses and implementing practical nursing activities. So this point is the first difficulty. The second difficulty we face is building a mutual recognition agreement (MRA) for nursing qualifications within the ASEAN regions. In order to achieve this point, specifically, we need to standardize nursing education including clinical exercise and practice conducted at hospitals. We also need to offer specialized nursing education in accordance with the standards established.

Our remaining issue is about budget. Since the GDP of Vietnam is quite low, we have an extremely limited budget assigned to medical and nursing services. Even when there are budget resources, they tend to be concentrated and assigned to hospitals in the capital and other large cities.

Review of challenges from previous workshops

- Law of medical examination and treatment:
 - Registration system: new
 - Licensing: new → Lack of experiences
- ASEAN mutual recognition arrangement on nursing services
 - Standardize in nursing education: Schools, training curriculum, training document, teachers
 - Standardize in nursing practices: nursing care procedures, facilities, equipment, scope of nursing practices
 - Qualifications of nurses and midwives

去年のワークショップでは、ベトナムにおいては診療治療法という法律ができたということを発表しました。法律はできましたが看護師免許・登録制度と看護実践活動を行なうには難しいところがたくさんあります。この点が1番目の困難点です。2番目の困難点はASEAN域内での看護資格の相互承認（MRA）の構築についてです。具体的には教育の基準化と病院での臨床や実習の基準化を行なわなければなりません。専門教育も基準に従いながら行なわなければならないということです。

Review of challenges from previous workshops

- Culture: Family members take care patients in the hospitals
- Low GDP → low health budget per capita → lack of nursing staffs, nursing care equipment and poor infrastructures

課題として残っているのは、ベトナムのGDPは非常に低い方なので、医療・看護に対する予算も非常に限られています。予算があるとしても、首都や大きな都市の大きな病院に集中されています。

The problem has been improved

- Since 1/1/2012: Starting with registration and licensing for health care worker including nurses and midwives.
- Continue preparation for implementation of MRA of nursing services among ASEAN Countries.
- Invest more in health sector that facilitating recruitment of nurses/midwives and provision of facilities for nursing and midwifery practice

2012年1月1日から全国で看護師、助産師に対して、認証と登録システムを普及することができました。補足として全国の看護師に部分導入しており、特にプライベートクリニックの看護師に登録資格が付与されています。2015年までに公立病院でも働く看護師にもそれを順次広げていくというような導入的な段階ではあります。

ベトナムは看護師、助産師に対する個別の免許登録制度を導入しているのではなく、既にベトナムの治療・診療法の中にその制度が入れられています。MRAの準備を進めております。具体的には看護師と助産師の採用に力を入れております。また医療施設への予算をさらに増やしております。

As of January 1, 2012, we have been able to start disseminating our new certification and registration system for nurses and midwives across the country. For your information, this system has been applied to nurses throughout the country but on a partial basis. So far, registration certificates have been issued particularly to those nurses working for private clinics. We are now in the introductory stage where this system is to be expanded to other nurses who work for public hospitals by 2015.

In Vietnam, we do not have any individual licensing system for nurses and midwives. Rather, this system has already been incorporated into the New Law on Medical Examination and Treatment Vietnam. Specifically, we have put our effort into recruitment of nurses and midwives. In addition, we are currently promoting the preparation for establishing MRA. We will also try to increase resources for medical facilities.

In the meantime, we are working on enhancing the standards for the nursing training course, and improving our teaching instructors qualitatively as well as quantitatively. In the hospitals, as brought up before, nurses have further strengthened their roles in providing care for patients.

However, we still have many issues to deal with. When it comes to medical facilities, we have the problem of not having appropriate work roles, operations, and ranges that correspond to nurses at the level of graduating nursing schools. To be specific, the actual condition in the majority of hospitals is that nurses are performing the same nursing work, no matter if they graduated from junior colleges, universities or technical colleges. There is a code of nursing practice for each individual school according to the year of graduation as a rule; in actuality, however, these codes are not adequately ensured.

The problem has been improved

- Setting up standard criteria for nursing school: Increasing gradually number of nurse teachers and clinical nurse tutors/preceptor; Enhancing nurse teacher's competence → Better in terms of quantity and quality.
- Enhancing nurse's independent function in taking care of patients.

またその一方では看護師訓練期間の基準を高めており、さらに教員の質的にも量的にも高めております。また先ほど取り上げました病院における患者さんに対してですが、看護師も看護という役割をさらに強めております。

The problem remains difficult

- Scope of practice of nurses with different level of training is not clearly defined in practice.
- Nurses at secondary level are still majority.
- Severe overload of patients in high level hospitals has not been solved.

まだ残っている課題がたくさんあります。まず医療施設では、学校卒業レベルに応じた仕事の役割、所掌業務・範囲という問題があります。具体的に説明しますと現在ほとんどの病院では、短大を卒業しても大学卒業しても専門学校しても同じ看護の仕事をしているのが実情です。一応規則として卒業した学校の年度別看護の実施規則がありますが、十分に徹底できていないのが現状となっています。

現在、多くの病院で働いているのは、ほとんど中学校を卒業し、2年間看護学校で学んだレベルの看護師で、この対象の数を減らすことはまだできていないままです。

Currently, in many hospitals, almost all nurses learn nursing practice and skills at two-year nursing schools after graduating from junior high schools. We have not been able to decrease the number of these kinds of nurses.

The problem remains difficult

- Unadequate professionalism of graduated nurses/midwives due to:
 - + Lack of pre-clinical practice (poor skill labs...)
 - + Lack of opportunities to have right practice while doing clinical training (lack preceptor, overload of patients, overload of nursing students...)

Other issues include a large number of patients at big hospitals, poor professional nursing skills, poor performance of nursing instructors, and deficiency in standardized medical facilities. Therefore, only a limited number of students can receive clinical practice offered in accordance with the standards.

その他、いくつかある課題のため基準に沿った臨床実習を受けられる人が限られています。

大病院の患者数の多さ、看護師の専門能力の低さ、看護教員の能力不足、十分な施設整備、標準化された施設不足が課題となっています。

Let me introduce a successful example that has taken place throughout this one year, which is about registration and the issuance of licenses. Across the country, more than 2000 nurses and midwives were newly registered and they were able to receive official licenses. Of course, we still face some difficulties when it comes to building the registration system, licensing, and the issuance of the official licenses. We have also prepared a nine-month clinical training curriculum that is offered before the nurse license is issued.

With regard to the establishment of MRA, we promulgated necessary rules and regulations according to the instructions given by the MRA Committee. We also developed promotional activities for all the nurses in Vietnam to learn and understand MRA by utilizing the power of the mass media.

Additionally, we were able to define the standards for training and education offered to nurses. At the same time, we successfully formulated an educational curriculum for nurses in accordance with the standards for nurse proficiencies. The contents and quality of clinical training courses have also been improved.

Example of a successful

■ Registration and Licensing

- More than 2000 nurses and midwives nationwide have been registered and licensed.
- Clinical Training Curriculum for 9 month practice is developing.

一方、この1年間での成功例を紹介します。まず登録、免許の発行に関することです。全国で2,000人以上の看護師と助産師が登録し、免許が発行されました。もちろん登録システムの構築、ライセンス許可、免許の発行に関しましてはまだ難しいところがあります。また、看護師免許を発行する前に9カ月の臨床トレーニングカリキュラムというものを作ってきました。

Example of a successful

■ Implementing MRA:

- Enaction of regulations, standards...according to request of MRA committee.
- Communication and information regarding MRA in Mass Media.

■ Development of nursing training:

- Develop standards of nursing education (on the way)
- Nurse and midwife teachers: Increase number.
- Curriculum and teaching material: Based on competencies.
- Improve clinical training: Preceptors/tutors

またMRAの実施に関しましてはMRA委員会に従い、必要な規則を公布しました。すべてのベトナムにおける看護師がMRAのことについて理解するためにマスメディアを使って宣伝しております。

またその一方で看護師のトレーニング、教育に関しましては一応基準を定めることができました。それと同時に看護師の能力に関する基準に従いカリキュラムを作ることができました。また臨床トレーニングに関しても向上しています。

Example of a successful

- **Enaction of Basic competencies of Vietnam nurses.**
 - **Enaction of Ethics code for Vietnam nurses**
- Having framework for nursing practice, nurses carry out and fulfil their tasks in general and their independent function better.
- Active preparation to implement MRA of nursing services in coming time.

As you can see now, we were able to set the performance standards along with the ethics standards for nurses in Vietnam. Just as I reported in this presentation, while we make a wide variety of efforts in our country, we also try to do our best so that we can exchange our opinions and human resources within various ASEAN countries.

今、皆さんもご覧になっていますようにベトナムにおける看護師の能力基準、それからベトナムの看護師の倫理に関する基準を交付することができました。発表したようにベトナムではいろいろ努力する一方、ASEAN各国の中で意見交換とか人材交換ができるように頑張っております。



In addition, nursing models with the focus on patients have been developed. Those nurses working in large hospitals everyday do their job while questioning themselves. We make nurses conscious of ideas for ensuring safety for patients as well as the satisfaction of patients.

In short, we learned through the workshop last year that, first, legislation is essential in order to enhance the quality of nursing and midwifery systems in our country. And then, we learned that we need certain standards and training education for personnel providing nursing service is very important. Also, we recognize that domestic and international communication and opinion exchange is important.

Example of a successful

■ Patient oriented working model has been implemented successfully:

- *If patient is safety?*
- *If patient is respected?*
- *If nursing techniques and nursing care are done properly?*
- *If nursing care provided is evidence based?*
- *If nursing care provided is varied from nurse to nurse?*
- *If patients satisfied with nursing quality and with nurses?*

また患者中心とする看護モデルも展開されています。大病院で働く看護師は自問しながら仕事をしています。患者の安全の確保、同様に患者が満足するにはどのような工夫が必要なのかという事についても意識してもらっています。

The lessons are applied after the workshop last year

In order to improve quality of care in general and nursing care in particular, there should be:

- Legal document/regulation
- Standard Criteria
- Training
- Communication and sharing experiences (Nationally and internationally).

要するに昨年のワークショップを通じて勉強してきたことは、自分の国における看護師、助産師のシステムの質を高めるためには、まず法制が必要だということです。それから一定の基準も必要になっていて、看護師の仕事をしている人に対するトレーニング教育が非常に重要です。また国内外のコミュニケーション、意見交換というのも重要だと意識しております。

Conclusions

- Nursing profession in Vietnam is on the developing toward integration into international nursing community;
- Lots of work to be done and improved (ie., registration and licensing for nurses and midwives, education...)
- Support and experiences from international nurse organizations are important contributions to development of nursing profession in Vietnam.

最後ですが看護業界を発展させるためには、まだ問題点もたくさん残っています。他の国の皆さんより意見をいただいて、解決策についてもご意見いただければと思います。

補足ですが、看護教育は基本的に高校卒業後、専門学校か大学にて行われます。3つのレベルがあります。1つ目は2年間の教育。これは中級レベルと言っています。この対象が助産師だと89.9%、看護師は85.9%を占めています。2つ目のレベルは短大に相当するレベルです。これは3年間教育となっています。助産師4.8%、看護師4.1%を占めています。3つ目は大学レベル、4年間の教育です。助産師4.3%、看護師5.0%になっています。



Finally, there still remain a lot of problems with developing nursing industry. I'd like to hear opinions from other countries for solutions. I will provide some supplemental information. Our country's nursing education is basically provided by professional schools or universities after high school. The nursing education offered in our country is divided into three levels. The first one is a two-year educational course. This course is referred to as the middle level. This level accounts for 89.9% of midwives and 85.9% of nurses. The second level of education corresponds to the level of a junior college course. This is a three-year educational course. Presently 4.8% of midwives and 4.1% of nurses are educated at this level. The third level of education corresponds to the level of a university course, which is a four-year educational course. Presently 4.3% of midwives and 5.0% of nurses are educated at this level.

Comment made by Director Iwasawa

According to your presentation, the percentage of working individuals with more than three years of education is 8%, while those with a two-year education are 80%. It has been more than 60 years in Japan since the Public Health Nurses, Midwives and Nurses Law was enforced. I would like to give a comment about how to increase the number of nurses with three or more years of education. I also want to talk about how to achieve improvement amid a situation where many nurses in practice have a two-year nursing education. In Japan, there are two levels of nurses. Looking back on the past 60 years, I think the number of nurses in the two levels started changing in medical practice 30 years ago. The percentage of both levels became 50% and 50% 30 years ago, while the current percentage is 70% and 30%. Considering such current conditions in Japan, we held review meetings and made other efforts to discuss what we should do to increase the number of those working in nursing with three or more years of education. As a result,

■ 岩澤先生のコメント

伺いますと3年以上の教育を受けている人の働いている割合が8%、そして2年の教育者が80%ということでした。日本でも保健師助産師看護師法という法律ができて60年数年たっております。3年以上の教育を受けた看護師をいかに増やすかということについて、そうは言っても現場では2年までの教育を受けた人が数多くいらっしゃるの、その中でどう改善を図るかということについてコメントをしたいと思います。日本でも看護師に2つのレベルがあります。この60年間を振り返りますと2つのレベルの数が現場で変わってきたのは3年前です。50%、50%になったのは30年前で、現在まだ70%、30%という割合です。このような日本の現状から考えますとやはり3年以上の教育の養成数をいかに増やすかということ。そのために日本は何をしたかということ、検討会等を開いてより高い教育が看護に必要なのだということをもとめていただきました。そうすると学校経営をする人たちは、より高い教育を準備するということになりました。

卒業生たちが現場に出て、ある一定の数になるには時間が掛かります。それまでの間、成功例で挙げていたように病院の看護サービスガイドラインとして、患者中心の看護を病院管理の中で実践していくことだと思います。それを実践するための研修は個々の病院で必要だと思います。職能団体や国、あるいは地方行政レベルでの研修を通して、今働いている人たちの質を上げることが重要になってくると思います。先ほど日本が50%、50%になるのに30年かかり、また70%、30%の割合になるのに60年近くかかったと言いました。この間、看護職員全体の数は倍以上に増えていきます。ベトナムでは医療も看護学も進んでいますので、短い時間で病院の看護の改善はされると想像します。

まとめますと3年制以上の養成校を増やすこと。そして2年制の学校もあるので、合せてその教育の質を改善すること。そして、卒業された人たちが働く医療現場の看護を継続教育、病院の人材育成というかたちで改善を図ることではないかと思います。

we reached a conclusion that higher education would be necessary for nursing. This led school managers to prepare a higher level of nursing education.

It actually takes time for graduates to go out into the medical field and to reach a certain number. As for the successful achievement brought up in the previous presentation, until then, it is important to practice nursing care centered on patients within hospital management under the nursing service guidelines. Training courses for putting this into practice need to be conducted in each

individual hospital. I think it becomes important to improve skills and quality of those nurses currently at work through such training courses offered by professional associations, government authorities, or at the level of national or regional governments. I mentioned earlier that it took 30 years in Japan until the percentage reached 50% and 50%, and 60 years until it reached 70% and 30%. During these years, the entire number of nursing individuals has more than doubled. Medical care and nursing science are progressing in Vietnam, so I think the percentage of nurses at hospitals

will improve in a short period of time.

To summarize, training institutions that offer nursing education more than three years should be increased. Because there are also two-year nursing schools, the quality of education of such schools also needs to be improved. In addition, all of the medical related parties in Vietnam need to take necessary measures for improvement by offering continuing education for nurses in medical fields where graduates are working and by cultivating proper human resources for hospitals.



Session 02

日本における免許登録制度〈看護師・助産師〉

Licensing and Registration System for Nurses in Japan

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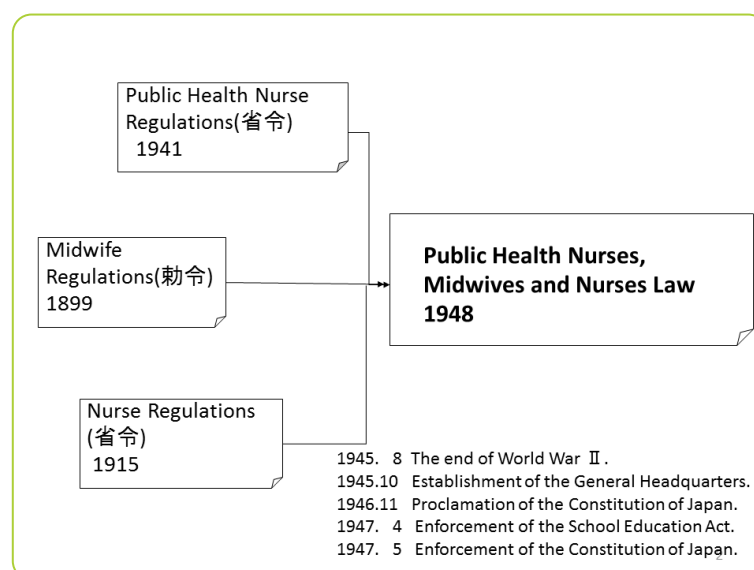
Good afternoon everyone. With the focus on the licensing and registration system for nurses, I would like to introduce the history and concept of this system. In Japan, we have the Public Health Nurses, Midwives and Nurses Law as a law for nurses and midwives. It has been 64 years since this law was established in 1948. Therefore I am talking about the law before I was born and also a law amendment of conditions to issue midwifery license six years ago when I was Assistant Director.

Nursing education is currently provided at more than 1000 schools based on this law. The Ministry of Health, Labour and Welfare conducts the national examination and issues nursing licenses.

改めまして、こんにちは。これから免許登録制度に焦点を当てて、経緯や考え方をご紹介しますと思います。

日本で看護助産に関する法律は保健師助産師看護師法と言います。1948年に制定され、64年が過ぎました。64年前ですので私が生まれる前の話も出てまいりますし、私が看護課の課長補佐をしておりました6年前に、助産師に免許を与える条件の変更という法改正が行われました。そのお話もしたいと思います。

現在、この法律に基づいて全国で1,000校を超える学校養成所で看護教育が行われ、厚生労働省は国家試験を実施して免許を発行しています。



1948年に保健婦助産婦看護婦法ができました。その前身は3つの職種として1899年に産婆、そして1915年に看護婦、1941年に保健婦の規則ができています。これら3つの資格が1つの法律になったと単にそういうものではありません。日本にとりまして1945年はとても大きな意味のある年でした。スライド右下に書いてありますように1945年に第2次世界大戦が終り日本は負け、1945年の10月から7年間連合軍総司令部GHQによる占領政策が行われました。占領政策の中で今の日本国憲法や学校教育法など、日本に必要なさまざまな法律ができたり見直されたりしました。

日本で改革が必要だったのは政治、経済、社会、教育などすべての分野にわたっていました。その一環として医療や公衆衛生、看護の改革が実施されました。GHQの中に公衆衛生福祉部が設けられ、部長は医師でした。この部に看護課があり看護婦の看護課長がいました。日本の医療、看護を改革するためにまず実情を把握しようとされました。当時厚生省には看護行政を担当する部門がありませんでした。必要な資料がない状況下で、実情の把握のために現地に赴いて、病院や保健所や看護学校等を回り、改革の方向が検討されました。

改革の方向は3つあります。1つは医療、公衆衛生関係の行政組織の中に看護を独立させるというものでした。看護は看護職が管理運営するべきで、そのためには国の行政レベルでもその体制を整える必要があるという考え方でした。そこで厚生省の中に看護課が設けられたという経緯があります。

2つ目は看護教育制度を整備すると同時に水準を高めるというものでした。そのために、ここにある3つの規則に代わる法律を新たに制定する必要がありました。

3つ目は、全国的な看護職能団体の設立を助成する必要があるというものでした。

この3つの改革の方向で実際にいろいろな制度ができていきました。特に2つ目の看護教育制度を整備すると同時に水準を高めるため新しい法律の制定に向け委員会が設けられました。看護制度審議会、あるいは看護制度委員会と言われているものです。この委員会を日本では看護制度審議会と言いましたが、GHQの方々はNursing Educational Councilと言われていたそうです。教育水準の向上と法律の関係を端的に表している言葉だと思います。

新しい法律では、それぞれの専門教育の修業年限も変更されました。最も大きいのは学校教育法が制定され、義務教育の変更が行われたということです。看護教育に入る前の教育の有り様が変わったということです。また日本国憲法も1947年に施行されています。

In 1948, the Public Health Nurses, Midwives and Nurses Law was established. As the predecessor of this law, the regulation for midwives was established in 1899, the regulation for nurses in 1915, and the regulation for public health nurses in 1941. But you should notice that this law is not just the one in which these three regulations were simply integrated. The year 1945 had great bearing on Japan. As shown on the lower right of slide 2, in this year, World War II ended when Japan was defeated, and the General Headquarters of the Allied Forces (GHQ) began to enact their occupational policies on Japan in October 1945, continuing them for 7 years. Within the occupational policies, various laws and regulations that were necessary for Japan, such as the current Constitution of Japan and the School Education Act, were reviewed or established.

At that time, Japan needed to make reforms in all areas, such as politics, the economy, society, and education. As part of these reforms, medical systems, public health, and nursing were restructured. There was a section of the GHQ called the Public Health & Welfare Division in the GHQ, which was headed

by a doctor. In this division, there was the Nursing Affairs Section which was led by a nurse. In order to reform Japanese health care and nursing, they had to first understand the actual conditions and circumstances of Japan at that time. The then Ministry of Welfare did not have any division that was in charge of nursing administration. Amid the situation where they lacked necessary materials, related parties went onsite to understand local conditions, visiting hospitals, health-care centers, and nursing schools. By so doing, they discussed the directions the reforms should take.

There were three directions established. The first one was to make nursing affairs independent within the administration organization related to public health. This direction was derived from the concept that nursing affairs should be managed and operated by nursing staff members and to achieve this, the nursing system should be developed at the national administration level. Under this backdrop, the Nursing Division was established in the Ministry of Welfare.

The second direction was to organize the nursing

education system and at the same time to enhance its standards. To achieve this point, there arose the need for establishing a new law that would be an alternative to three regulations previously in place.

The third direction was that it was necessary to subsidize the nursing professional organizations and associations nationwide.

Therefore, based on these three directions for reformation, various systems were formulated and established. In particular, a new committee was formed in order to create a new law according to the second direction, which was to organize the nursing education system as well as to enhance its standards. This was referred to as the nursing system council, or the nursing system committee. In Japan, this committee was called the nursing system council. The members of the GHQ seemed to call this the nursing education council. I think this name simply expresses the relationship between the enhancement of education level and the law.

Under this new law, the length of study for each professional education was also changed. The most significant

impact was that the School Education Act was created and based on this act, changes were made to compulsory education in Japan. The educational requirements entering into nursing education were changed. In addition, the Constitution of Japan also came into force in 1947.

The Constitution of Japan

(The right to life, and the country's obligation to endeavor to improve social developments for citizens' lifestyles)

Article 25. All people shall have the right to maintain the minimum standards of wholesome and cultured living.

In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.

3

日本国憲法の第25条に生存権、国民生活の社会的進歩向上に努める国の義務という規定があります。「すべて国民は健康で文化的な最低限度の生活を営む権利を有する。国はすべての生活部面について社会福祉、社会保障及び公衆衛生の向上及び増進に努めなければならない」というものです。国民の権利とそれを保障するための国の努力規定が、この第25条に書かれています。これが公衆衛生や医療に関係する法律の根拠になります。

Public Health Nurse, Midwife and Nurse Law (1948)

[Objective]

This law aims to improve the quality of public health nurses, midwives, and nurses, thereby improving medicine and encouraging better public hygiene.

<Methods for achieving this objective>

- ☆Elevation of educational standards
- ☆☆Establishment of position, qualifications

4

憲法の施行は1947年ですが、1948年には医療に関する多くの法律が制定されました。

1つ医療を行う場所に関する法律としての医療法です。医療を行う人に関する法律として医師法、歯科医師法と並んで、保健婦助産婦看護婦法が制定されました。第1条に目的について書かれています、この法律は

Article 25 of the Constitution of Japan stipulates the right to life and the country's obligation to endeavor to improve social developments for citizens' lifestyles. This article reads "All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and for public health." The citizens' rights and the country's obligation to endeavor to improve social developments for citizens' lifestyles are stipulated by Article 25. This article should be the grounds for laws and acts that are related to public health and medical care.

The Constitution of Japan was enforced in 1947, but many other laws regarding medical care were enacted in 1948.

One of them was the Medical Service Act that stipulates locations and places where medical services are offered. In addition to the Medical Practitioners Act and the Dentist Act, as acts for medical practitioners, the Public Health Nurses, Midwives and Nurses Law was enacted. Article 1 of this law

stipulates the objective of the law. According to Article 1, "this law aims to improve the quality of public health nurses, midwives, and nurses, thereby improving medicine and encouraging better public hygiene." To achieve this aim stipulated in Article 1, improvement the educational standards and the establishment of nursing qualifications were addressed as the means. I would like to explain about these two points in more detail.

Let me talk about the first point, the elevation of educational standards. When it comes to educational institutions, students needed to graduate from those educational institutions designated by the Minister of Education, Science, and Culture, or the Minister of Welfare. Until then, students were required to complete a two-year course for nurses or one-year course for midwives at schools designated by the governor of each prefecture. Under the new system, the entity that designates educational institutions changed to the ministers from the governors. Along with this change, the length of each education period was also changed, three years for nurses and one year for midwives. The requirements

「保健婦・助産婦・看護婦の資質を向上し、もって医療及び公衆衛生の普及向上を目的とする」というものです。この目的を達成するため、教育水準を上げることと資格を確立するという手段がとられました。この2点について少し詳しく説明したいと思います。

Public Health Nurse, Midwife and Nurse Law (1948)

☆ Elevation of educational standards

➤ Educational institutions: designated by the Minister of Education, Culture, Sports, Science and Technology, or the Minister of Health, Labour and Welfare (Nurse, 3 years; Midwife, 1 year)

← Designated by the provincial governor (governor of the prefecture) (Nurse 2 years; Midwife, 1 year)

➤ School entry requirements: Nurse, high school graduate (12 years' schooling)

← Graduate from higher elementary school, or complete 2 or more years of courses at a girls' high school (8 years)

Midwife, must have passed the National Nurse Exam

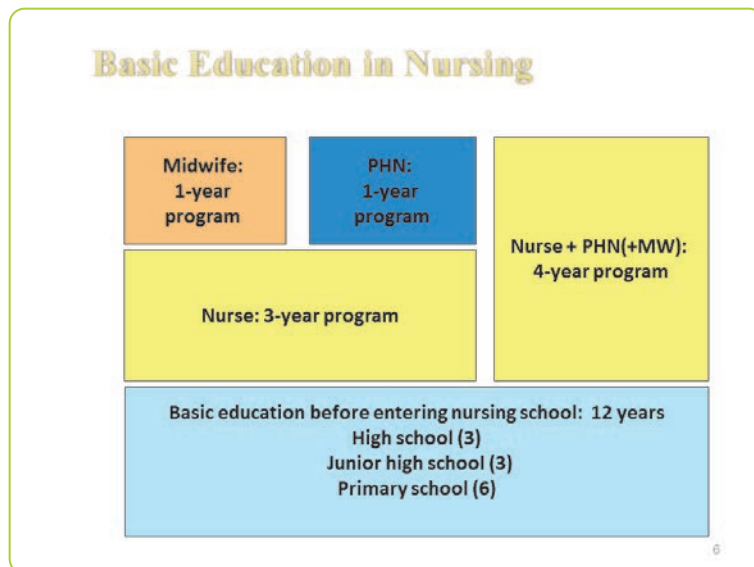
← Graduate from higher elementary school, or complete 2 or more years of courses at a girls' high school (8 years)

5

1点目の教育水準の高揚についてです。まず教育機関についてです。文部大臣または厚生大臣が指定する教育機関を卒業することが必要となりました。それまでは都道府県知事が指定する学校で看護婦ですと2年、助産婦ですと1年の教育でした。指定する主体が大臣に変わり、国に変わり、看護婦については3年、助産婦については1年という教育機関での修業年限が長くなりました。これらの学校に入るための入学資格も変わりました。看護婦については高校卒業以上、つまり小学校、中学校、高校の12年の教育を終えてから看護婦になるための学校に入るというものでした。以前は8年の基礎教育を受けて看護教育に入っていましたので、8年から12年に長くなったということです。

for entering these schools were also changed. For nurses, they needed to finish 12 years of schooling before entering a school for nursing education, in other words, they needed to graduate from an elementary school, junior-high school, and high school. Before that, they had needed only to complete

eight years of basic education to enter the course for nursing. This means that the period of their basic education was extended from 8 years to 12 years.



義務教育は小学校、中学校合わせて9年です。さらに高等学校の3年を卒業することが必要になりました。皆さま方の国の高校進学率も、高くなっているかと思います。日本の1950年の進学率は42.5%、女子は36.7%でした。つまり3人に1人しか高校に進学しない状況の中で、看護学校に入るには高校を卒業しなければならないという制度になっています。高校進学率が90%を超えたのは1974年、直近の数字で2010年は98%です。女子で言えば3人に1人程度しか高校に進まない時代に、看護教育はそれを終えてからスタートすると位置付けられました。一方、助産婦についてですが、以前は8年の基礎教育を終えて助産婦になるための学校に入っていました。新しい法律では看護教育を受けていることが条件になりました。つまり、以前の助産婦規則のときは看護婦の教育を受けてなくても助産婦になれた。新しい制度では看護助産婦になりました。これが教育水準を向上させるということでしたが、次に資格を確立するということです。

The period of compulsory education was 9 years combined with elementary school and junior-high school. They needed to graduate from high school with an additional three years of education. I think the advancement rate to high school in your country has also been increased recently. The advancement rate of

Japan in 1950 was 42.5% for boys, and 36.7% for girls. This means students who would want to enter a nursing school needed to graduate from high school amid a situation where only one out of every three students went on to high school. It was 1974 when the advance rate to high school exceeded 90%. The rate available for the most recent year, 2010, was 98%. So at that time, when only 1/3 of female students advanced to high school, nursing education was positioned to start only after they finished their high-school education. When it comes to midwives, students needed to enter midwifery schools after they had finished eight years of basic education. But under the new law, students were required to receive nursing education. In other words, under the former regulation for midwives, they were able to become midwives without receiving any nursing education. Under the new system, they became nursing midwives. This concludes this section about the elevation of educational standards. The next point I'd like to discuss is the establishment of qualifications.

Under the previous three regulations, students were required to graduate from education centers designated by the governor of each prefecture or pass the exam in order to receive a nursing license. Those who graduated from nursing schools or education centers had been able to receive a license without having any exam, because actually they did not have to take the exam. And those who did not graduate such schools or centers had also been able to receive a license if they passed the exam. Then the system was changed, where students had to graduate from educational institutions designated by the ministers and then needed to take a national exam. Additionally, the qualification license itself was also changed from a governor's license to a national license, the license of the Minister of Health, Labour and Welfare. This change meant the enhancement of the quality of nurses. Conducting the national examination meant standardization nationwide. In addition, the nursing license came to be issued by the state as a national license, and this gave the license authority.

Public Health Nurse, Midwife and Nurse Law (1948)

☆☆ Establishment of position, qualifications

- National exam
 - ← A test initiated by the provincial governor
- National qualification
 - ← Provincial governor's license
- Qualification license (regardless of employment)
 - ← Work license

7

この法律ができる前のそれぞれの規則では、免許を取るためには都道府県知事の指定した講習所を卒業するか、または試験に合格した人という条件でした。学校、講習所を卒業した人には試験がなかった。試験がなくても免許が取れました。また卒業してない人は試験に合格すれば免許は取れていたという制度でした。それを大臣が指定した学校を卒業した後、全員国家試験を受けるという仕組みになっています。また都道府県知事の免許だったのを厚生大臣の免許とした、国家免許にしたという意味は資質を向上させるということ。2点目に水準を、試験をすることによって全国的に統一すること。国が出すということで、権威あるものとするという意味があります。

Definition of Nurse

Article 5

“Nurses” hereunder mean persons who hold the license from the Minister of Health, Labour and Welfare, and engage in providing nursing care to or assisting in the medical treatment of persons with sickness and injury or puerperd.

第五条 この法律において、「看護師」とは、厚生労働省の免許を受けて、傷病者若しくはじよく婦に対する療養上の世話又は診療の補助を行うことを業とする者をいう。

日本の看護師の定義がここに書いてあります。厚生労働大臣の免許を受けて、傷病者もしくは褥婦に対する療養上の世話、診療の補助を行う者。以前は傷病者または褥婦看護の業務をするということで、看護の内容は何も書かれていませんでした。新しいこの法律では療養上の世話と診療の補助をすると、看護について具体的に書かれています。

On this slide, nurses in Japan are defined. Nurses mean persons who hold a license from the Minister of Health, Labour and Welfare, and engage in providing nursing care to or assisting in the medical treatment of persons with a sickness and an injury or are women who are recovering from childbirth. Before this definition was established, nurses only meant those persons who engaged in providing nursing care to persons with sickness and injury or women who are recovering from childbirth. There was no reference about the contents work related to nursing. But this new law refers to nursing more specifically by defining nurses as persons who engage in providing nursing care or assisting in the medical treatment.

Here midwives are defined. Similar to nurses, midwives mean women who hold a license from the Minister of Health, Labor and Welfare, and engage in assisting in delivery or providing health guidance to women who are pregnant or are recovering from childbirth, as well as their newborn infants. The midwifery qualifications were established in 1899, the earliest to other qualifications. At that time, only acts midwives were prohibited from performing were defined without specifically defining the meaning of midwives and what they actually do. When the new law was put in place, the official definition of midwives and what they engage in was incorporated. It is impossible to operate laws alone; therefore, enforcement orders, enforcement regulations, and a ministerial ordinance for designated training schools by the Minister were stipulated.

There is a ministerial ordinance under the control of the Ministry of Education, Culture, Sports, Science and Technology (MEXT) and the Ministry of Health, Labour and Welfare

Definition of Midwife

Article 3

“Midwives” hereunder shall mean women who hold a license from the Minister of Health, Labour and Welfare, and engage in assisting in delivery or providing health guidance to gravida, puerperd and neonate.

第三条 この法律において「助産師」とは、厚生労働省の免許を受けて、助産又は妊婦、じょく婦若しくは新生児の保健指導を行うことを業とする女子をいう。 9

助産師についての定義です。同じく厚生労働大臣の免許を受けて助産、妊婦褥婦、新生児の保健指導をする女子となっています。助産師の資格は1899年ですから最も早い時期にできました。そのときに助産師は何をする人かということは具体的に書かれていなくて禁止行為だけが決まっています。法律になったときに具体的に助産師がすることが書かれています。法律は法律だけでは運用できませんので実施するための施行令、施行規則、そして大臣が指定する学校養成所の指定規則が定められました。

Public Health Nurses, Midwives and Nurses Law

保健師助産師看護師法施行令

Ordinance for Enforcement of Public Health Nurses, Midwives and Nurses Law
(1953 Government Ordinance)

保健師助産師看護師法施行規則

Regulation for Enforcement of Public Health Nurses, Midwives and Nurses Law
(1951 Ministerial Ordinance : MHLW)

保健師助産師看護師学校養成所指定規則

Regulation for the designation governing schools or training schools for public health nurses, midwives and nurses
(1951 Ministerial Ordinance : MHLW & MEXT)

10

学校養成所指定規則という文部省と厚生省の共管省令が制定されています。学校養成所については文部大臣または厚生大臣が指定をします。その指定基準が指定規則に書いてあります。

Regulation for the designation governing schools or training schools for public health nurses, midwives and nurses (1951)

Designation standards for schools and training schools

Admission requirements

Number of years required for graduation

Contents of the education

Qualifications and number of full-time teachers

Facilities and equipment (classrooms, training rooms, library, etc.)

Training facilities

Full-time clerical staff

11

指定規則には入学資格、修業年限、教育の内容、専任教員の数と質、施設設備、そして教育上必要な機械、器具、図書など、そして実習施設、専任事務職員、これらのことについての基準が書かれています。さらに詳しいことについては局長通知、課長通知という通知を出しています。指定された教育機関が守る、実施する内容が決められています。

(MHLW), which is the regulation that designates the overseeing of schools or training schools. Nursing schools are designated by the Minister of MEXT or the Minister of MHLW. The standards for designation are stipulated in these standards for schools and training schools.

The designation standards for schools and training schools stipulates the standards for the admission requirements, the number of years required for graduation, the contents of the education, qualifications and the number of full-time teachers, facilities and equipment, along with equipment, instruments, and libraries required for education, including training facilities and full-time clerical staff. With regard to more detailed contents, written notifications are issued from the bureau director and the section head. The contents of these written notifications contain what should be complied with and implemented by the designated educational institutions.

Subjects of Course for Nursing School

- **Basic Fields: at least 13 credits**
Foundation for scientific thinking, Understanding of the human being and its life/society
- **Specialized Basic Fields: at least 21 credits**
Structure and functions of the human body, Process of disease and acceleration of recovery, and Health support and social security system
- **Specialized Fields: at least 51 credits (including at least 19 credits of clinical training)**
Basic nursing (10), Adult nursing (6), Geriatric nursing (4), Child nursing (4), Maternal nursing (4), Mental health nursing (4)
Clinical training (at least 19 credits in the above subjects)
- **Integrated Fields: at least 12 credits (including 4 credits of clinical training)**
Home nursing (4), Integration and practice of nursing (4)
Clinical training (at least 4 credits in the above subjects)

12

指定された学校養成所で最低盛り込まなければならない単位は全部で97単位です。基礎分野、専門基礎分野、専門分野、統合分野、実習も含めて

At least 97 credits should be incorporated in the

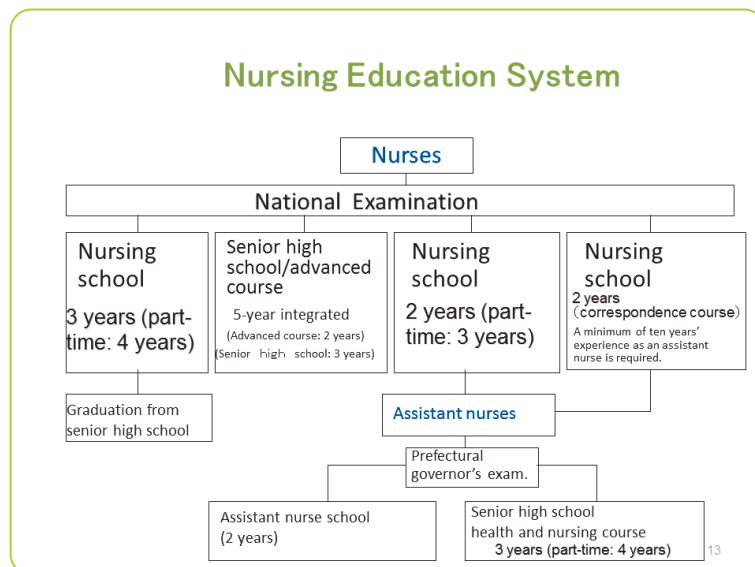
単位が規則で決められています。3年間で97単位、時間数にしますと3,000時間という基準です。これが今、使われている基準です。これまで4回見直しが行われています。最初のカリキュラムは3年間で5,000時間、講義よりも実習の方が多いという内容でした。例えば外科と外科看護、内科と内科看護という教育内容でした。今は基礎看護学、成人看護学など看護学を中心とした体系になっています。医療や医療をとりまく環境が変わって来る中で、看護師が身に付けておかなければならない知識は何かということも変わっていきます。今後どのように変わっていくのかを見据えながら教育内容の見直しが行われなければなりません。

現在の教育内容は3年前から適用されています。全国一斉に教育内容を適用していきます。これが決まった後、学校が十分に準備できるように1年以上の期間を置きました。そして新しいカリキュラムに変更しましたということ届け出て、国がその内容を認めるという手続が必要になります。

educational course offered by the designated nursing schools. Course credits are individually determined by the standards according to the basic fields, specialized basic fields, specialized fields, integrated fields, and clinical training. Students need to get 97 credits during their three-year educational course, which is considered to be 3,000 hours of course work. These are the current standards applied in Japan. Up until now, these standards have been reviewed four times. The very first curriculum was a three-year course of 5,000 hours, in which more time was spent on practical training

than in lectures. For example, the education content at that time focused on surgery and surgery nursing, and internal medicine and internal medicine nursing. Currently, the course system is centered on nursing which is basic nursing or adult nursing. Amid continuous changes in medicine and the medical environment, nursing knowledge that students should acquire is likewise changing continuously. Therefore, the contents of education offered for nurses and midwives should be reviewed in consideration of how the situation will vary in

the future. The current content of education came into effect three years ago. The educational content has been applied nationwide simultaneously. As for the procedure, after the content has been determined, a period more than a year is established in order to allow schools sufficient preparation for the new educational content. Then, notification that the curriculum has been renewed needs to be submitted to the government, and then in reply, the government approves the new curriculum. This is the procedure that should be followed.



これは看護師学校養成所として指定されている学校の種類です。一番左、看護学校3年または4年ですね。左から2つ目が高校と高校専攻科の5年で看護師教育を行うタイプの学校です。3つ目の学校は准看護師という都道府県免許を持った人が、看護師になるため2年の教育を受ける学校です。一番右は准看護師として10年以上経験のある人が入ることができる通信制の課程になります。1,000校あります。1,000校すべてが今から3年前に教育内容を変える。それを国が審査をして認めるということをしました。文部科学大臣が指定している大学や短大については文部科学省が審査をします。

厚生労働大臣が指定している養成所については、厚生労働省が新しいカリキュラムを審査しています。全国に7つの地方厚生局があり、看護師資格を有する職員が中心になって審査をします。

This slide shows the types of schools that are specified as nursing schools. The far left is a nursing school with the three-year or four-year course. The second one from the left is a school offering a 5-year integrated education at high school and senior high school. The third one is a school where licensed practical nurses with the prefectural governor's license receive a two-year nursing course. The school on the far right is a correspondence course that only those assistant nurses with 10 years of experience can take. There are 1,000 schools in Japan. Three years ago, all of these 1,000 schools changed their educational content simultaneously. The government screened and approved the changes made to the content. The MEXT is responsible for screening of those universities and two-year colleges designated by the Minister of MEXT.

When it comes to those schools designated by the Minister of MHLW, the MHLW is responsible for screening the new curriculum. There are seven local bureaus of health and welfare across the country. The nursing staff of these local bureaus plays the central role in the screening process.

Next, let me explain about the license process. This law stipulates the requirements for obtaining a license as follows: "Persons who wish to become nurses must pass the National Nurse Exam, and obtain a license from the Minister of Health, Labour and Welfare." With regard to midwives, "Persons who wish to become midwives must pass both the National Midwife Exam and the National Nurse Exam, and obtain a license from the Minister of Health, Labour and Welfare." When this law was enacted, it was stipulated that those who want to be midwives were able to receive midwifery education only after they passed the National Nurse Exam. However, there was an inconvenience. Students needed to wait one year for admission, because midwifery schools would have already started in April by the time they received their exam results. Having just finished the required three-year nursing course they would have had to wait until the following year to enter midwifery schools. To eliminate this inconvenience, this law was revised. As a result, students became able to enter midwifery schools if they met the admission requirements of

〔Licenses〕

People who wish to become nurses must pass the National Nurse Exam, and obtain a license from the Minister of Health, Labour and Welfare.

People who wish to become a midwife must pass the National Midwife Exam and the National Midwife Exam, and obtain a license from the Minister of Health, Labour and Welfare.

14

次に免許について説明したいと思います。免許について法律ではこのように書いてあります。「看護師になろうとする者は看護師国家試験に合格し、厚生労働大臣の免許を受けなければならない」。助産師については「助産師になろうとする者は助産師国家試験と看護師国家試験両方に合格し大臣の免許を受けなければならない」。法律ができたとき助産師については看護師国家試験に合格した人が助産師の教育に進むことができるという規定でした。ところが看護師の国家試験の合格が分ったときは、もう学校の新学期が始まっているので1年待たなければならないという不都合が生じました。3年の看護師教育を終えて看護師の国家試験に合格をしたらもう4月を過ぎていて、その年に助産師学校には進学ができない。次の年の入学待たなければならないという状況だったわけです。この不都合をなくすために改正が行われ、看護師の国家試験に合格しなくてもよい、看護師国家試験の受験資格があればいいと変えられました。つまり看護教育を終えていれば国家試験に合格しなくても助産師学校に入れますという改正をしています。改正によって看護師の国家試験に合格しなくても、助産師の国家試験だけ合格していれば助産師になれるという状況でした。看護師になろうとする人は看護師国家試験に合格しなければなりません。けれども助産師になろうとする人は助産師の国家試験合格だけでよかったのです。変ですよ。他の条文で助産師は看護業務もできるとされています。看護教育を受けていますから看護業務もできるというのはいいのですが、国家試験に合格していなくても看護業務ができる助産師になれるというのが、医療安全の観点からおかしいということで2006年に看護師国家試験にも合格していなければならないとされました。

nurses and they did not have to have passed the National Nurse Exam. In other words, if they have already finished the nursing education course, they are able to enter midwifery schools even though they have not passed the National Nurse Exam. Because of this revision, at that time, people who wish to be midwives could become midwives if they only passed the National Midwife Exam, even though they did not pass the National Nurse Exam. Those

who wish to be nurses must pass the National Nurse Exam. But when it comes to midwives, they just needed to pass only the National Midwife Exam. Don't you think it's strange? Other articles of the regulation mentioned that midwives could engage in nursing work too. There was no problem with the point that midwives could engage in nursing work, because they had received the necessary nursing education. At the same time, they could become and be

considered as official midwives that could offer nursing services even when they did not pass the National Nurse Exam. But from the standpoint of medical safety, this situation was not appropriate; therefore, the act was revised again in 2006. Now midwives also need to pass the National Nurse Exam.

[Examination]

The national examinations for midwives or nurses shall be held with regard to the knowledge and skills required to become respectively midwife or nurse.

The Minister of Health, Labour and Welfare shall hold a national examination for midwives and nurses at least once a year, in accordance with the standards stipulated by the Minister of Health, Labour and Welfare.

15

次に国家試験について説明したいと思います。法律の中にこのように書かれています。国家試験は必要な知識と技能について試験をします。具体的な試験科目については施行令で決められています。この試験は厚生労働大臣が毎年少なくとも1回行なうと法律で決めています。看護師については1990年からは年1回です。それまでは年2回行われていました。助産師は1987年まで年2回行われ、88年から年1回になっています。なぜ年に2回か、それは看護職員が不足していたということが1つの理由です。

The next point I would like to talk about is the national examinations. According to this law, the national examinations shall be held with regard to the knowledge and skills required to become midwives and nurses. Specific exam subjects are determined by the enforcement order. In accordance with the law,

もう1つの理由は秋に開校する学校があったということです。年に1回になった理由は秋に開校するところが無くなったということと、もう1つは2回目の受験生が減ったということがあります。年1回の国家試験にかえたときに試験の充実を図っています。具体的には助産師ですと55問を80問に増やし、看護師は95問を210問に増やしています。助産師80問と申し上げましたが内75問は多肢選択式で、5問は記述式という試験でした。助産師の現在は、記述式は無く、すべて多肢選択式です。来年の春から110問で実施されます。看護師は、現在は240問、5時間20分の試験です。看護師試験については毎年5万人の受験者がいます。助産師は2,000人程度です。

it is stipulated that the National Midwife Exam be conducted at least once a year by the Minister of MHLW. The National Nurse Exam has been conducted once a year since 1990. Until then, this exam was conducted twice a year. Until 1987, the National Midwife Exam had been twice a year. Since 1988, this exam has been conducted once a year. Why twice a year? One of the reasons was because of the lack of the number of nursing staff members. The other reason was there were some schools that were closed in autumn. The reasons for conducting this exam once a year are, first, there are no schools anymore that are closed in autumn, and second, the numbers

of examinees taking the second exam of the year decreased. When the examination system was revised to be conducted only once a year, the examination system was also improved. Specifically speaking, the number of questions on the National Midwife Exam increased to 80 questions from 50. For the National Nurse Exam, the number of questions was increased to 210 from 95. As I mentioned the National Midwife Exam had 80 questions, 75 questions were multiple-choice questions, while the remaining 5 questions were in narrative form. Nowadays, there are no narrative-form questions on the National Midwife Exam. All

questions are multiple-choice. From next spring this exam will have 110 questions. The National Nurse Exam currently has 240 questions. This exam lasts 5 hours and 20 minutes. Every year, 50,000 applicants take the National Nurse Exam, while 2,000 applicants take the National Midwife Exam.

【National Exam】

Sitting requirements

Exam contents (examined subjects)

Policy, passing levels: Deliberation council

Consider improvement of national exam system

(No. of exam questions, question formats, exam time, frequency of implementation)

Revision of standards for questions in national exam

Consider the relevance of national exam questions

Exam Committee Members

《Maintain integrity》

16

試験内容は知識と技能について行います。具体的な試験科目は施行令で決められています。国家試験の方針や合格基準については審議会で決められます。国家試験は厚生労働大臣が行います。審議会の意見を聞かなければならないと法律に書かれています。国家試験制度の改善を検討する、具体的には出題の数や出題形式、試験時間の検討、出題基準の改定、国家試験問題の妥当性の検討は審議会の部会で検討されています。国家試験は毎年行われますので、方針や合格基準については毎年審議会が開かれます。また、制度の改善は4、5年に1回、見直しを検討するための審議会が開かれます。国家試験問題の妥当性の検討については、試験を終えてから毎年審議会部会が開かれています。例えば正答率が極端に低い問題について質問文や選択肢が、受験生が正確に読み取れるように書かれていたのか分析をしていきます。その審議の結果、不適切だったと判定された問題は、採点から除外されるということが起こります。国家試験にはこれらの審議会での検討の他に試験委員というのが決められています。厚生労働大臣が任命をし、非常勤の公務員として守秘義務がかかります。秘密の保持をしなければなりません。試験委員や試験事務を担当する国の職員についても、不正行為の禁止ということが法律上に書かれています。例えば自分の兄弟、子ども、親戚に国家試験を受ける人がいる場合は、試験委員は引き受けていただかないようにしています。

These national examinations are held with regard to knowledge and skills. Specific exam subjects are determined by the enforcement order. A deliberation council stipulates the policies and the qualifying standards of the examinations. The Minister of MHLW is responsible for conducting these national examinations. The law also stipulates that the opinions of the deliberation council shall be observed. The deliberation council considers improvements to the national examination system. Specifically, the number of questions, question forms, and the examination duration are considered. Revisions for exam question standards and the relevance of the national exam questions are considered in the working groups of the deliberation council. The national examinations are conducted every year; therefore, the deliberation council is held once a year for examining the exam policies and the qualifying standards. Additionally, the deliberation council meets once every four or five years in order to consider improvements and revisions to the national examination system. To consider the relevance of the national exam questions, the deliberation council meets every

year after the examinations are finished. For example, a question with an extremely low percentage of correct answers is analyzed based on discussion whether the question and the answer sheet were really printed clearly so that each examinee could read and comprehend the question and answer options accurately. Based on the analysis result, if the relevant question is determined to be inappropriate, this question will be removed from the

scoring. In addition to this deliberation council which considers these issues, Exam Committee Members are additionally assigned for further consideration of the national examinations. These members are appointed by the MHLW. They are part-time public servants and have the duty to keep the examination contents and subjects confidential. They need to keep what they learn and know secret. Improper acts on the part of examination committee members and

the national staff members that are in charge of general affairs related to the examination are strictly prohibited in accordance with the law. For example, we do not assign individuals to the examination committee who have brothers, sisters, children, or siblings that are going to take the exam.

Causes of Disqualification

(Article 9)

Any person to whom the following items below apply may not be given a license as stipulated in Articles 7 and 8 (hereinafter referred to as the “License”).

- (i) Those who have been subject to a fine or severer penalty;
- (ii) Those who committed a crime or injustice with respect to the duties of public health nurses, midwives, nurses or assistant nurses other than those to whom the preceding paragraph applies;
- (iii) Those who are defined by MHLW Ministerial Ordinance as being unable to appropriately perform the duties of a public health nurse, midwife, nurse or assistant nurse, due to physical or mental disability; and
- (iv) Those who are addicted to narcotics, cannabis or opium.

国家試験に合格して、すぐ免許が取れるというわけではありません。国家試験に合格しても免許を与えないことがある場合として4つ挙げられています。1つ目、罰金以上の刑に処せられた人。2つ目、業務に関して犯罪、不正の行為があった人。3つ目に心身の障害によって業務を適正に行なうことができないと判断される人。4つ目に麻薬、大麻、アヘンの中毒の人。こういう方々は看護師にとって必要な知識と技能はあると国家試験に合格しても、免許を与えるに適切か確認されます。2001年までは目が見えない、耳が聞こえない、口がきけない方には免許は与えていませんでした。あるいは免許を得た後、そのような状態になったら免許を返していたという規定がありました。これについては障害者のノーマライゼーションを推進する動きの中で見直しがされ、免許を与えないというようなことは無くなりました。障害があってもできるだけ学習の機会を与えて、免許が取れるような条件を整備していこうという方針に変わったということです。

The applicant cannot always obtain the necessary license immediately. There are four cases where the applicants cannot obtain the license although they have passed the national examination: First, those

who have been subject to a fine or severe penalty, second, those who have committed a crime or injustice with respect to their nursing duties, third, those who are defined as being unable to appropriately perform nursing duties due to some physical or mental disability, and fourth, those who are addicted to narcotics, cannabis, or opium. Those suspected of any of these four cases are screened for competency required for the license even though passing the National Nurse Exam demonstrates they have the necessarily knowledge and skill as a nurse. Until 2001, those individuals who are unable to see, hear, or speak had not been able to obtain the license. Alternatively, there was a stipulation where individuals should return their licenses when they became disabled after obtaining the license. However, this point was reviewed amid a trend of promoting normalization of disabilities, and now these people can also obtain the license. Therefore, this means that a change was made in the licensing policies and conditions so that learning opportunities should be given to disabled people as much as possible to allow them to obtain the license.

Let me talk about the registration. Registration is also stipulated by the law. The MHLW shall prepare a nurse registry entry for each nurse detailing information necessary for the license, such as the date of registration. A nurse registry entry is prepared for each nurse, while a midwife registry entry is prepared for each midwife. They are registered according to these registries and licenses are granted.

According to the law, the license shall be granted to individuals who have passed the national examination for nurses or midwives when they make an application for their name to be registered. The Minister of MHLW shall issue the certificate for qualification as a nurse or a midwife when it has been confirmed the individual who applied is not prohibited by any of the previously mentioned four cases. In fact, this article was revised and the portion "when they make an application..." was added. Before this revision was made, this portion was not stipulated in this way.

〔Registry〕

The Ministry of Health, Labour and Welfare shall prepare a Midwife Registry and a Nurse Registry, on which the date of registration, items concerning disqualification, and other items regarding the midwife license or nurse license.

免許登録についてです。法律に、厚生労働省に看護師の場合は看護師籍を備えて、登録年月日など免許に関する事項を登録するとされています。看護師の場合は看護師籍、助産師の場合は助産師籍があります。この籍に登録されて免許が発行されるわけです。

〔Registration〕

- The license to become a midwife shall be granted to persons who have passed the national examination for nurses and who passed the national examination for qualification as a midwife, when they make an application for their name to be entered in the register of midwives.
- The license to become a nurse shall be granted to persons who passed the national examination for nurses when they file an application and their name is entered in the register of nurses.
- The Minister of Health, Labour and Welfare...shall issue the certificate for qualification as a midwife or a nurse when the license is granted.

19

免許は国家試験に合格した人の申請によって籍に登録をして行くと法律に書かれています。国家試験に合格した人が申請をして、先ほどの4つに該当していないことが確認されたら籍に登録をされ、厚生労働大臣は免許証を交付します。実はこの条文は改正されていまして、合格したものの申請によってというのが改正された後です。以前はそのように書いていません

でした。合格したら、もう免許が得られると誤解して免許申請をしないで働いている人がいました。そういうことがないように「本人の申請により」とされました。籍に登録されないと免許が発行をされませんので看護師とは言えません。日本の免許証は紙でできており、偽造されないように透かしが入っています。ここには「保健師助産師看護師法により看護師の免許を与える、よってこの証を交付する」と書かれています。そのときの厚生労働大臣のサインと印、そして医政局長のサインと印が押されたものです。皆さんの国ではどうでしょうか。日本では時に偽看護師や偽医師がいます。このように籍に登録をして本人に免許証を渡しているにもかかわらず偽造され、実際に診療や看護が行われていることがあります。コピー技術が発達してきましたので、免許証が偽造されることがあります。必ず本物とコピーしたものを照らし合わせることを雇用主に勧めています。免許証は亡くなったら返していただくことになっていますが、なかなかその手続がされておりません。

There were many people who misunderstood this portion, and thought that the license would be granted to them if they passed the exam. They actually worked in hospitals and other medical facilities without applying for the necessary registration. To prevent such cases from happening, this article was revised by adding phrasing to the effect that it is necessary for each individual to submit an application to be registered. The Japanese license is made of paper with watermarks to prevent forgery. The following

words are written: "Here the license of nurse shall be granted in accordance with the Public Health Nurses, Midwives and Nurses Law, and this certificate is issued hereby." On this certificate, the Minister of MHLW at that time affixes his/her signature and seal and the Director of the Health Policy Bureau also affixes his/her signature and seal. How about in your country? There are fake nurses or fake doctors at times in Japan. Even though only registered individuals are granted the license, the certificate could be

forged. In addition, medical care and nursing services can actually be provided based on a forged certificate. Recent improvements in copy technology have made the forgery of license certificates quite easy. We strongly suggest checking the original certificate against a copied when hiring someone as a nurse or midwife. This certificate is to be returned when an individual dies, but this procedure is hardly ever followed.

There are administrative punishments for those nursing personnel in Japan. As I mentioned earlier, if nurses or midwives are subject to a financial penalties or involved in illegal work activities, penalties are administered that range from reprimand, suspension of business for a period not to exceed three years, or revocation of the license. Nurses are also humans and the same as other people, they make mistakes. They could kill someone in a traffic accident or commit theft, fraud, or even murder. Those individuals who have committed such crimes are brought to justice and could become the object of administrative inspection with penalties as I have described.

I would like to briefly explain the procedures to receiving a certificate of license after passing the national exam. The government conducts screening based on the application submitted by the individual, and then prepares his/her own registry entry on which his/her license is issued as mentioned earlier. Japan has 47 prefectures, and each prefecture has health centers to which an individual submits his/her application to the health center. When

〔Revocation of Licenses, etc.〕

(Article 14)

When a public health nurse, a midwife or a nurse comes under any of the items of Article 9, or performs an act that discredits the status of a public health nurse, a midwife or a nurse, the Minister of Health, Labour and Welfare is entitled to take the disciplinary action as below.

- (i) Admonition
- (ii) Suspension of business for a period not exceeding three years
- (iii) Revocation of the license

(2) When any of the items of Article 9 apply to an assistant nurse, or the nurse performs acts that discredit the status of an assistant nurse, the prefectural governor is entitled to take disciplinary action as below.

- (i) Admonition
- (ii) Suspension of business for a period not exceeding three years
- (iii) Revocation of the license

20

日本の看護職には行政処分という処分があります。先ほど言いましたような罰金刑を受けた場合や不正な業務をした場合に、ここに書いてあるような戒告、3年以内の業務停止あるいは免許の取り消しが行われます。看護師も人間ですので、他の方々と同じようにいろいろな過ちを犯します。交通事故で人を死亡させたり、あるいは窃盗とか詐欺、殺人の加害者になることもあります。そのような場合にはまず司法処分がされますが、ここに書いてあるような行政処分の審査対象になります。

Flow of Licensing and Registration

1. Ministry level
 - Receive applications
 - Examine the application
 - Register the professional nurse
 - Issue the License and send to PHD
2. Provincial level
 - Verify application forms
 - Send application to the Ministry
 - Receive the License and provide to applicants
3. Nurses
 - Prepare and submit application forms
 - Receive the License

21

国家試験に合格してから免許を受け取るまでの手続について簡単に説明したいと思います。国は本人の申請を受け付けて審査をし、先ほど言いまし

た看護師籍に登録し免許証を交付します。日本には47の県があり、その保健所が窓口になって、ご本人はそこに申請書を出します。大臣が指定した学校養成所を卒業した人が国家試験の受験資格を得ます。国家試験を受けます。そして合格したら免許の申請をします。免許申請書と医師の診断書、業務をするのに支障がないかの診断書も添えて出します。保健所に出して県でまとめて国に届けます。そして審査です。診断書の確認あるいは罰金刑を受けてないか本人の申請で書かれていますのでその内容の確認をします。もちろん国家試験に合格した人が申請しています。国家試験に合格しているかの確認もします。条件がすべてと整っていれば登録をします。そして免許証の印刷業者に発注し、免許証が出来上がったら県に送って本人にお渡しするという流れになります。本人が申請してから、手元に免許証が届くまでに標準で2カ月近くかかります。看護師は国家試験に合格しただけでなく、籍に登録されなければ働けませんので実際の免許証が届くまでの間、籍に登録した証明書が先に出されます。本人の申請で罰金以上の刑を受けたことがある、あるいは障害があり医師の診断書があった場合、別途の審査をします。例えば何か病気があるけれども薬を飲んでいて、業務に支障がないという医師の診断書があれば免許は発行されます。

看護師の登録は毎年新規で5万件あります。つまり申請書が5万枚出てきて免許証を発行しているということです。

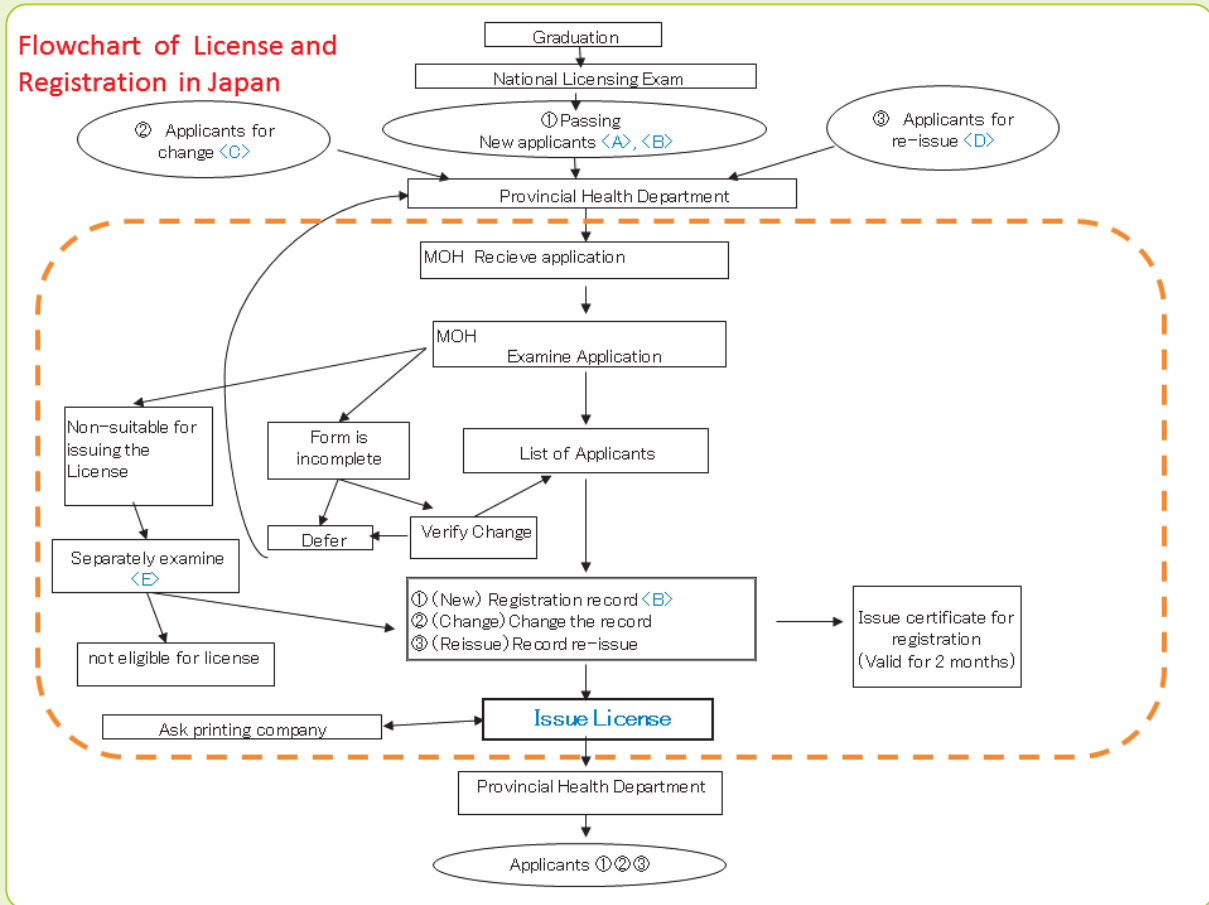
it comes to the national examinations, those individuals who graduated from schools designated by the Ministers (MHLW and MEXT) obtain the qualifications for the examination, and then take the examination. When they have passed the examination, they now apply for the certificate of the license. When this application is submitted, a doctor's medical certificate and a clinical certificate that certifies there is no problem for the individual to work as a nurse or midwife should also accompany the application. Each application is submitted to the health center, and the health

center organizes all applications and submits them to the prefectural government, where they are grouped together and sent to the national government. Then screening starts. Medical certificates are checked, and the application contents, where it is written whether an individual has been subject to any financial penalties, are also confirmed. As a matter of course, only those who have passed the national examination submit this application. So the government checks that they have really passed the national examination. If all conditions are met, the individual can be registered. Then an order

to print the certificates of license is submitted to the printer. When the certificates are ready they are sent to the prefectural government, and finally they are passed on to each individual who is newly registered as a nurse or a midwife. Normally, it takes about two months from the time of the submission of the application until the certificate is received by the individual. Nurses cannot actually work unless they have passed the national examination and have been registered. For this reason, until they receive the certificate, a temporary certificate of registration will be issued. Through the application process it is determined whether additional inspections will be conducted if the individual is or has been subject to financial penalty or severer, or if a doctor's medical certificate indicates a certain disability. For example, if the doctor's medical certificate says that the individual has a certain disease, but takes medicine and there is no problem related to work, the certificate will be issued.

Every year, 50,000 nurses are newly registered. In other words, 50,000 application forms are submitted and 50,000 certificates are issued.

Flowchart of License and Registration in Japan



(A) Application for the License

Applicants need to submit the following documents to the Provincial Health Office

- Application form
- Certificate of the National Licensing Exam (Notification of passing)
- A copy of a person's family registration
- Health check-up (applicants need to be healthy and suitable to work as a nurse defined in the law, e.g. capacity of visual, hearing, and speaking; mental condition; without drug addiction (narcotics, marijuana, opium))

Above documents have to be submitted to the Minister of Health via the Provincial Health Office of their residence

Registration and license tax : 9,000 yen (around US\$150)

(B) Items to be registered as a professional nurse

1. Registration number, date of registration
2. Name, Date of birth, Province of family register (for Japanese nationality), Nationality (for non-Japanese)
3. Sex
4. Date of National Licensing exam (Passing)
5. Administrative disposition
6. Reeducation
7. Relicensing
8. Reissuing the license (date and the reason)
9. Cancellation (date and the reason)

(C) Change the items of registration

- When nurses need to change the content of the registration, they shall apply with the following documents, within 30 days, to the Minister of Health.
 - ⇒ Application form
 - ⇒ Reason for the change (e.g. Change of the family register, etc.)
- Submission could be via Provincial Health Office of their work place, if the person works as a nurse

(D) Re-issuing the License

- When the License was lost or damaged, a registered nurse can apply re-issuing the license to the Minister of Health
 - ⇒ Application form
 - ⇒ License
 - ⇒ Fee for re-issuing the license: 3100 yen (US\$40)
- When the previous license is found after re-issuing the license, the new one need to be returned to the Minister of Health within 5 days. Submission could be via Provincial Health Office of their work place, if the person works as a nurse.

(E) Examine application

- A committee examines if applicants come under the condition of “non-eligible” to the professional license.
 - If yes → delay issuing, or
- Impaired capacity of recognition, communication and decision making to conduct professional services, e.g. visual, hearing, and speaking impairment; mental disorder.
- Eligibility is examined according to the degree of compensation of the handicap.

このような流れで、看護師になろうとする人は大臣の指定した学校に進学をし、卒業をし、卒業したら国家試験を受けます。国が学校の基準を決め審査をしています。学校は指定基準を守っていますが、卒業生の力は同じではありません。国として看護師の免許を与えるのに同じ基準で合格者を出しています。いろいろな学校のタイプがあります。卒業生が看護師として必要な知識、技能を持っているか同じテストを受けていただきます。看護師の質を一定に保つために、学校と国家試験という2つの基準を持っています。どちらかを上げたり下げたりということは可能です。今、日本は高齢者の占める割合が高くなって、医療も高度化して看護のニーズは増えています。医療機関などが必要とする看護職員の数を供給できておりません。大体95～6%の供給になっています。だからといって国家試験の合格の基準を下げるようなことはしていません。国家試験問題は毎年毎年新しく作られますので、国家試験の難易度を一定に保つことが大きな課題に

In this flow, therefore, those who wish to be a nurse need to enter and graduate from the nursing schools designated by the Ministers. After graduation, they need to take the national examination.

The national government defines the standards for schools and conducts inspections. While schools comply with the educational standards,

the capacity of each graduate varies. As a country, when issuing nursing licenses, successful examinees pass with the same criteria. There are many different types of schools. Therefore, we have and operate two different standards - school education and the national exam - in order to see if graduates possess adequate knowledge and skills for a nurse by having them take the same examination, so that we can maintain the quality of nurses at a constant level. It is possible to raise and lower the level of both of these standards. Currently, Japan has a higher percentage of the elderly people and increasing needs and demands of nursing with advancing medical care. However, so far we have failed to supply a sufficient number of nurses needed by medical institutions. The supply percentage is about 95 to 96%. But this situation does not allow us lower the acceptance standards for the national examination. The questions for the national examination are renewed every year. For this reason a significant issue is keeping the difficulty of the national examination at a constant level. The questions of the national examination are created based on the concept of confirming whether the

なっています。国家試験問題は本当に新卒レベルの看護師が必要な、持つておくべき知識なのかどうかということと、またエビデンスがあるかどうかを確認して作成されています。

看護師免許を持っているからと言って、すぐに一人前になれるわけではありません。保健師助産師看護師法の中に免許を受けた後も、臨床研修に努めなければならないという努力規定が設けられています。もちろん学校で実習はしていますが、免許を受けてから職場で1年間研修を受けるように勧めています。医療機関に雇用されて、その中で働きながら研修を受けるものです。毎年5万人を超える新しい卒業者が規模の違ういろいろな医療機関に勤めます。どこに勤めても1年間研修ができるようにガイドラインを示して活用いただいています。そのための予算の補助もしています。

看護師の資質の向上を図ることによって、医療、公衆衛生に資するという法律の第1条の目的を最初に紹介しました。この法律の中に業務、免許、国家試験という内容が盛り込まれているわけです。ご紹介しました国家試験や免許登録制度にはさまざまな人がかかわっています。教育を受ける人、教育を提供する人、機関、国家試験問題を作成する人、また試験制度について検討いただく方、免許の登録事務にかかわっている国や県の職員の人たち。国民のための看護師の法律という意味で、本当にたくさんの人たちがかかわっています。GHQが3つの改革の方向の1つ目に挙げたのが医療、公衆衛生関係行政組織に看護職が就くこと、組織があること、人がいることということでした。日本では国レベルで看護職が行政組織にも働いております。県の行政組織にも看護職が働いています。私が働いております厚生労働省、私が入省しました20年前は看護職は10人程度でした。今は地方厚生局も入れて50人の行政職の看護師がいます。うち看護行政について看護課と地方厚生局の看護職約20名ぐらいです。看護行政の他に母子保健や老人保健、あるいは障害者保健などさまざまな部署に看護職がいます。

日本に限らず皆さまの国でも、今後ますます看護職への期待は高まっていくと思います。それに応えるために看護師の資質をどう確保するのか、数を確保するのかという課題に皆さま方、私も含めて取り組んでいると思います。それぞれの保健省の看護行政担当者の方だけではなく、看護学校、看護大学や病院の看護管理者の方が一緒にこのワークショップに参加されています。看護職の資質の向上は行政だけで、もちろんできません。教育を担当されている方、医療現場の方々と一緒に、資質の向上に取り組んでいくべきものと考えております。行政職は教育現場、医療現場のために。また、教育現場、医療現場の方は、数少ない行政職の方たちを支えていただきたいと思います。

Knowledge required to answer the question correctly is really necessary for the graduate to know and whether there is evidence to back up the validity of the question.

However, a nurse cannot be a full-fledged nurse immediately only by holding a nurse certificate. The Public Health Nurses, Midwives and Nurses Law stipulates that nurses shall need to strive to engage in clinical training even after obtaining their license. Although they of course finished the training at school, the provision encourages them to receive training on the job for one year after obtaining their license. They receive training while working at medical institutions that employed them. Every year, more than 50,000 graduates start to work for various medical institutions. We have prepared guidelines for medical institutions so that nurses can participate in a one-year training course. We also provide financial assistance for this purpose. I earlier introduced the objective of this law, stipulated in Article 1, which is to improve medicine and public hygiene by enhancing the quality of nurses. This law actually incorporates the contents for nursing work, licensing, and the national examinations. A wide variety of

parties are involved in the national examinations and the license registration system I have introduced in this presentation. They include those who receive education, those individuals and institutions that provide education, those who create the questions for the national examinations, those who consider the exam system, and the officials of the prefectural and national authorities associated with license registration affairs. In terms of the laws and regulations that govern nursing in Japan, so many individuals and related parties are involved. The first one of the three medical reform policies proposed by the GHQ was to assign those having nursing as their occupation to medical and public health administrative institutions, to establish an exclusive organization, and to have adequate staff members. In Japan, nursing personnel work at these national administrative institutions. Nursing personnel are work for prefectural institutions as well. When I entered the Ministry of Welfare 20 years ago, only about 10 staff members had a nursing background. Currently, including Local Bureaus of Health and Welfare, 50 nurses are working in administrative posts. When it comes to nursing

administration, about 20 members with a nursing background are working at the Nursing Division and Local Bureaus of Health and Welfare. In addition to nursing administration, a wide variety of divisions and departments such as maternal and child health, health for the elderly, or welfare for the disabled have staff members who are nurses. Not only in Japan, but also in your countries too, I believe hopes and expectations will be raised in the future for those with a background in nursing. To respond to such increasing demands, you and I are now working on the current issues on how to ensure and maintain the quality and the number of qualified nurses. Today, I think many people, not only the people in charge of nursing administration from the Ministry of Health of each country, but also nursing administrators from nursing schools and universities actually are participating in this workshop together. It will also prove to be impossible to improve the quality of nurses only by administrative means. We need to work together with those who are responsible for education as well as medical staff members actually working in various medical fields to enhance the quality of nurses. I would really like

administrative officials to offer support and assistance for nursing education and the medical field. In contrast, I hope that those who are working in the educational field and on the medical front cooperate and support all administrative officials who are very few in number.





Session 03

東南アジアの現状と課題

Current Situations and Issues of Southeast Asia

モデレーター：NCGM国際医療協力局 田中由美子

Moderator: Yumiko TANAKA / Bureau of International Medical Cooperation, NCGM

コメンテーター：国立看護大学校 大学校長 田村やよひ
国立看護大学校 事務部長 赤熊めいこ

Guest speaker : Yayoi TAMURA / President, National college of nursing, Japan

Meiko AKAKUMA / Director, National college of nursing, Japan

Cambodia

Nhem Sokhoeun

ストントレイン州地方看護助産学校 教員
Stung Treng RTC in Cambodia

The Qualification and Registration of Nurses and Midwives in Cambodia

My name is Nhem Sokhoeun and I'm an instructor at a midwifery school located in Stung Treng Province of Cambodia. Today, I would like to make a presentation about the qualification registration system for nurses in Cambodia which is currently under consideration. First of all, let me talk about the current situation of the nursing regulations of Cambodia. We are in the final stage of our project for the nursing regulations. We have proposed the

CURRENT SITUATION OF NURSING REGULATION IN CAMBODIA

- ❑ Sub-Decree on Nursing Professional is on the final draft to be submitted to MoH before sending to the top Government
- ❑ Still discuss on responsibility organization for Registration and Licensing
- ❑ Start to develop a Prakas for License and Registration of Professional nurse.
- ❑ The National Examination will implement in December 2012, and License will be implemented in March 2013 for graduates from BSN of public Nursing Educational Institution.



私はカンボジアのストントレイン州の看護助産学校教員のナムソクエと申します。本日は現在検討中のカンボジアにおける看護師の資格認定登録制度について発表します。

まずカンボジアにおける看護規則の現状についてお話いたします。現在看護規則は最終段階にあり、保健省に提出しております。しかし登録および免許に関する責任機関を保健省にするかカンボジアの看護カOUNCILにするかの議論がまだ続いております。しかし、看護規則の中の免許の登録を実現するため省令を作成し始めました。また2012年12月に初めての国家試験が公立の看護大学を卒業した学生に対し実施予定です。この方たちの免許は2013年3月に交付する予定です。

OUTLINES OF CONTENTS OF PRAKAS ON REGISTRATION AND LICENSING SYSTEM

1-Professional License

- Step and process of applying for license

2-Condition for professional License

- Content of “Misconduct” and “Criminal conduct”.
- Contents of health certification
- Application Format

3-Registration

- Items for register
Number of registration, Date of registration, Name, date of birth, province of family register, sex, date of licensing, etc.
- Record of renewal, relicensing and reissuing, cancellation



この看護師の登録、免許制度、省令のアウトラインは、9つの柱から成り立っています。申請に関するものが最初の柱になります。2番目の柱が看護師免許に関する要件についてです。免許の付与に関する要件には、素行不良がない、刑罰がない、健康診断書、そして申請のフォーマットになります。3番目は資格登録です。この資格登録に関する項目は大きく2つに分けられます。1つは登録の番号、日付、名前、生年月日、戸籍、性別、免許を交付した日といった登録の項目です。2つめの項目は、免許の再発行や取り消しの記録などです。

regulations to the Ministry of Health. However, debates are still continuing as to which agency should be responsible for nursing licensing and the registration system, the Ministry of Health or the Cambodian Council of Nurses. Amid such a situation, we have started to create ordinances in order to complete the portion that covers the license registration stipulated in the nursing regulations. In addition, in December of this year, we are going to conduct the first-ever national exam in Cambodia for students that graduated from the public nursing universities. Those students who pass this exam will be granted licenses in March of 2013.

The outlines for the registration of nurses, the licensing system, and the ordinances are composed of nine pillars. The first pillar is about application. The second pillar is about the requirements for a nursing license. The requirements for granting the license include the fact that the applicant must not have engaged in any misconduct, have received any legal penalties, and must submit a health certificate as well as the application form. The third pillar is qualification for registration.

The items for qualification registration are broadly divided into two items. The first item is the registration information about the applicant's registry number, registry date, name, birthday, family register, gender, and date the license granted. The second item is the record of reissue or revocation of the license.

The fourth pillar is the application procedures and details for foreigner workers to work in Cambodia. The fifth pillar is about suspension or revocation of the license. We will form a committee to examine the detailed contents regarding suspension of nursing work or the revocation of a license, so these things are also included in the fifth pillar. The stipulation of revocation covers crimes, criminal punishments, mental disorders, and drug addiction. The level of each item will also be contained in this stipulation. The sixth pillar is about reissue of the license. In this pillar, the first item stipulates the procedures for reissue of the license, application processes, and

CONT.

4-Foreign Nurse

- Process of application (Who, to where, how to apply), Contents of registration, Application format, etc

5-Suspension and Cancellation

- Process of suspension and cancellation
- Committee
- Meaning of "Crime", "Mental disorder", "Drug addiction" etc.

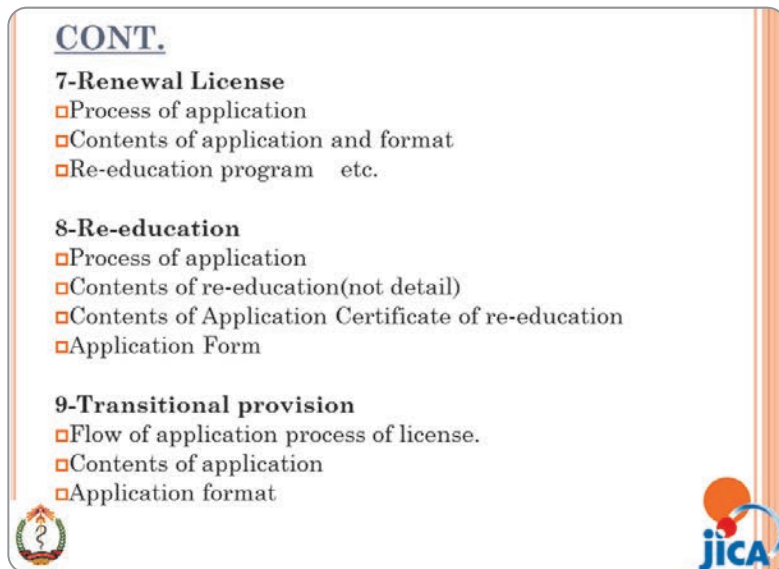
6-Re-License

- Process of application and verification
- Contents of application and format
- Re-education program etc.



4番目は外国人がカンボジアで働くための内容と申請のプロセスです。5番目は免許の一時停止と取り消しです。この業務一時停止と取り消しの内容については、委員会を作って審査をする予定ですのでその内容もここには入りません。取り消しの内容には犯罪、刑罰、精神的障害、そして薬物中毒などが書かれておりますが、それらがどの程度なのかということもこの中に書く予定です。6番目は免許の再交付についてです。その再度免許を交付するプロセス、申請、そしてそれをどのように確認していくかが1番目の項目になります。そして2番目の項目がその申請に関する内容とそのフォーマット。そして最後の項目が再教育のことについてです。

methods of how to confirm these procedures and processes. The second item includes the contents and format of the application. The last item is about reeducation.



7番目は免許の更新です。看護規則の中では、5年に1回免許を更新するというように作成しました。その免許更新にかかわる申請のプロセス、そして申請の内容、フォーマット、最後に再教育を受けてから免許更新になりますのでその再教育の内容などがこの中に入っています。8つ目は再教育についてです。再教育の項目を入れたのは看護規則の中で3年以上現場業務を離れていた看護師が再度現場に戻るときには再教育を受けなければならないという内容を入れたためです。再教育の申請プロセス、教育の内容、再教育の証明書、そして申請のフォームなどがあります。9番目は免許の移行機関です。今働いている看護師に対しどのように免許を付与していくかという内容になります。看護規則の中では、看護規則が施行されてから3年以内に、現在働いている看護師は免許を交付している責任機関に申請をしなければならないという内容になっています。カンボジアの場合、特に教育を行なうことなく申請のみで、免許が交付されるという内容に決めました。その理由として、現在働いている看護師が申請のみで免許書を与えられても、その5年後には必ず更新制度があり、そこで教育を受けなければならないため、今回の申請時に教育はいらぬという結論が出ました。

The seventh pillar is about license renewal. The nursing regulations were created so as to stipulate that the license should be renewed once every five years. This pillar includes the application processes related to license renewal, the application contents and format, and the contents of reeducation since the license will be renewed after reeducation. The eighth pillar is about reeducation. The item of reeducation was included because the nursing regulations stipulate that when nurses who have been away from their work more than three years return to work again, they must receive reeducation. This pillar includes the application processes for reeducation, the contents of reeducation, the certificate of reeducation, and the application format. The ninth pillar is about the institution that is responsible for transitioning the nursing license. This includes the contents on how the license should be granted to those nurses currently working. According to the nursing regulations, those nurses currently working should make an application to the responsible institution for issuing of a license within three years after the nursing regulations are put into force. In our case in

Cambodia, we decided to grant nurses a license with only an application, without the need for any additional education. The reason for this decision is that even though nurses can obtain a license with only an application, they absolutely have to renew their license five years later and at that time they need to receive reeducation. Therefore, we reached the conclusion that they do not need any particular education at the time of their application.

The national exam will be conducted in December this year, and then the licensing system will start in the beginning of next year. Those subjects of this exam are only those individuals who graduated from public nursing universities. We also have private nursing universities in Cambodia, and there are nurses who graduated from a three-year nursing college called ADN. Therefore, continuing a situation where only nurses that have graduated from public nursing universities are granted the license for an extended time intermixes those nurses who need to take the national exam and obtain a license and those who can work just by graduating from

FUTURE GOALS

- Conducting National examination and issue the License for BSN and ADN for:
 - ✓ Public schools and university
 - ✓ Private schools university
- Strengthening Cambodian Council of Nurses.
- Other Council has to establish the Regulation using model from Nursing regulation.



今年12月に国家試験、そして来年の初めに免許制度が始まります。その対象は公立の看護大学を卒業した者のみです。カンボジアにはプライベートの看護大学もありますし、ADNという3年制の看護専門学校を卒業した看護師もおります。ですので、免許交付制度が公立の看護大学を卒業した看護師のみに行なわれる状態が長く続きますと、国家試験を受けて免許を取らなければならない看護師と、卒業だけで働ける看護師とが混在しますので非常にアンフェアな状態が作られます。これは保健省の問題であり、この状況を早く解決しなければいけません。カンボジアには看護カウンスルという組織がありますが、まだまだ弱体組織で加入率も30%というような状況ですので、同時にカウンスルの強化も必要だと考えます。他の専門職も看護規則をモデルとして、各専門職の規則を作るというのが近い将来の予定です。

universities, creating an extremely unfair situation. This is an issue for the Ministry of Health, and we should work to resolve this problem immediately. As I mentioned earlier, we have an organization called the Cambodian Council of Nurses in our country. However, this organization is still very weak

when it comes to its influence, with only a 30% enrollment rate, so we also need to strengthen this council at the same time. In the near future, we will try to create regulations for other professional occupations by using nursing regulations as a model.

CHALLENGES AND DIFFICULTIES TO ACHIEVE THE GOALS

Difficulties

- The capacity of nurses still limit
- Nursing council is still weak
- Quality control of Nursing Profession is still limit.

Challenges

- Dissemination Sub-Decree on Nursing Professional.
- How to enforce the Sub-Decree on Nursing Professional in the field of nursing profession effectively.
- The Nursing Regulation should be established as a Nursing law in near future.



最後に、挑戦とこれから予想される困難についてお話したいと思います。難しさとして、わたしたち看護師の能力に限界があるということです。看護カウンスルも非常に弱い組織です。また看護職の質をコントロールする力が弱いということです。

課題は看護規則をどのように広めていくか、どのように周知していくかです。この看護規則を国のすべての看護師に、どのように効果的に理解してもらっても課題です。

最後の大きな挑戦になりますが、この看護規則を早く法律にしていかなければならないと思っています、以上です。ありがとうございました。

To conclude, I would like to refer to our challenges and estimated difficulties that we expect to face from now on. Our current difficulty is that we have a limitation when it comes to the competency of our nurses. As I mentioned, Cambodian Council of Nurses is still a weak organization. This means that we still have very little power when it comes to controlling the quality of nurses.

The problem is how to disseminate the nursing regulations and how do you make them well known. How to effectively get nurses from all over the country to understand these nursing regulations is also a challenge.

Our challenge is to make these nursing regulations part of the law. That concludes my presentation and thank you for your kind attention.

Question 1:

The national exam is going to be conducted in Cambodia. Could you tell us if you have an idea on how to create this national exam?

Answer:

The National Examination Committee is responsible for the national exam. This committee will determine all the matters concerning this exam, from the pooling of exam questions, to the management and implementation of the exam. We incorporated an item regarding the national exam into the nursing regulations, but the detailed stipulations were not included in these regulations. We have the guidelines for the National Examination Committee, and these guidelines actually contain more specific and detailed matters about the exam.

質問1:

カンボジアでは国家試験が今後予定されているようですが、どのように試験を作るのか案があれば教えてください。

答え:

国家試験委員会という別組織があり、問題のプール、当日の試験の管理から実施、すべてをその委員会で決定していくことになっています。看護規則に国家試験を入れましたが、あまり細かいことは今回の規則の中には入れず、国家試験委員会のガイドラインというものがありますので、そちらの方で細かいものが設定されていくという構造になっています。



Laos

Sengmany KHAMBOUNHEUANG

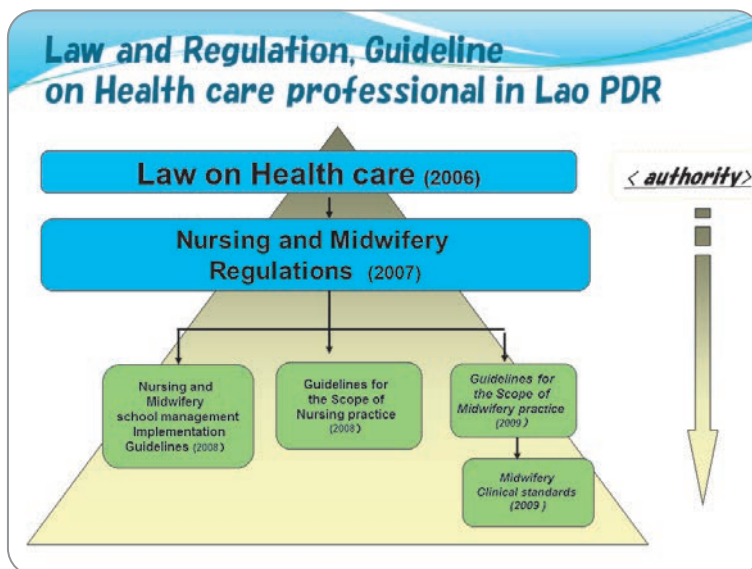
保健省 教育研究課 教育/研修課

Deputy Director,

Education and training Division

in Department Education and Research (DER) , MOH

The Qualification and Registration of Nurses and Midwives in Lao P.D.R.



I would like to talk about qualification and registration for nurses in Laos. The Ministry of Health of Laos is currently making reforms in the health system across the country. They are promoting reforms with a view to expand medical networks nationwide, while trying to raise the nursing education standards as well as nursing service quality.

私は本日ラオスにおける看護師の資格および登録についてお話ししたいと思います。現在ラオスの保健省は全国にわたり保健制度を革命し始めております。教育の水準、そして看護のサービスを高めながら、医療のネットワークを全国にわたって拡大していくことを視野に入れております。

Based on Article 3 and Article 8 of the Law on Health Care, we as medical experts must have a license certified by the Medical Management Committee of the Ministry of Health of Laos. In these articles, nurses and midwives are also considered to be one of the organizations comprising medical service operators.

Current situation of Qualification

Who are health professional in Lao P.D.R?



Health care professionals are defined by Law on Health care (2006)

- ◆ Article 3: Health care professionals are practitioners who provide medical professional treatment under the conditions defined by this law
- ◆ Article 8: Requirements of Health care professionals
 - Complete at least middle level medical professional education
 - Have never been disciplined, professionally punished or punished for any offence
 - etc.

3

Current situation of Qualification

Who are nurse , midwife or nurse- midwife in Lao P.D.R?



They are defined by the Ministerial order the Nursing and Midwifery Regulations (signed by Minister of Health, 2007)

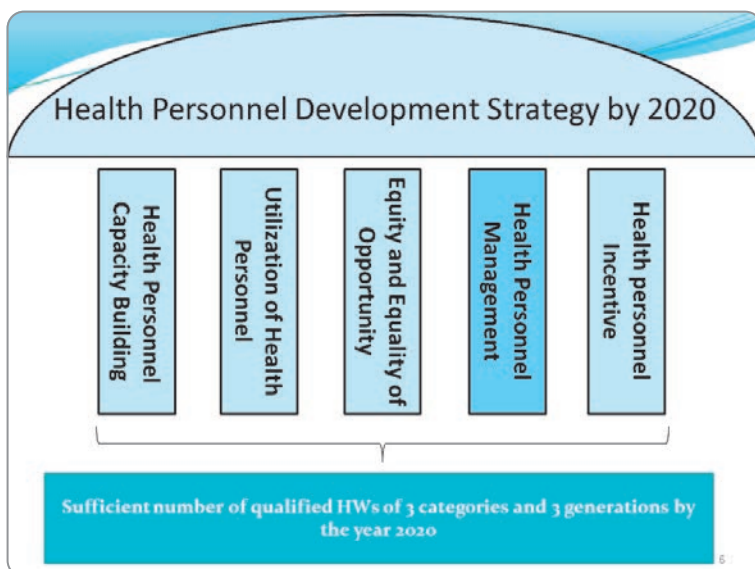
- ◆ Article 3 . Definition of title
- **Nurse:** a person who has completed any level of nursing curriculum and has graduated from the MOH the MOE recognized national or foreign education institution, or one who holds a nursing training certificate from an MOH and MOE recognized educational institution
- **Midwife:**
- **Nurse- midwife:**

4

私たち医療専門家は、ヘルスケア法の第3条および第8条に基づいて、ラオスの保健省医療管理委員によって認定された免許書を持たなければなりません。その中で看護師および助産師も医療事業者団体の中の1つです。



ラオスでは高い技術を持つ医療の専門家が非常に不足しています。そのため看護助産に関する教育の質を改善し、発展することを中心に医療人材開発戦略を作り上げました。また医療の仕事を行うに当たり、その免許の発行や登録制度の導入も考えております。



この改善計画はラオスの看護助産の技術の向上という目的があり、その中に5つの分野が含まれています。主な内容としては、保健医療人材能力育成について、そして2番目には保健医療人材の活用についてです。3番目は医療人材に平等と公平を与えること、そして4番目は保健医療人材の管理に関することです。最後に保健医療人材に対して、インセンティブを与えることです。

In Laos, we are faced with a significant lack of highly-skilled medical experts. For this reason, we improved the quality of midwifery education, while formulating a strategy for health personnel centered on development. In addition, we are considering issuing licenses and introducing a registration system for work in the medical field.

The purpose of this improvement plan, which includes five areas, is to enhance the skills of nurses and midwives in Laos. The first area is about cultivating the capacity of health-care human resources, and the second area is the utilization of these health-care human resources. The third area pertains to giving such human resources equality and justice, and the fourth area regards the management of these human resources. The final area is to provide these human resources with incentives.

As for the Health Personnel Development Strategy by 2020, the Ministry of Health needs to establish a committee for the management of nursing, midwifery, and medical services while determining the role played by this committee. Additionally, we need to improve the reference materials related to laws and regulations and cooperate in the national exam.

Based on this situation, Laos will try to enter ASEAN in 2015. Currently, we are working to establish a committee that can review the national exam and evaluate the matters associated with the registration system. To establish this system, first, we will try to visit neighboring countries including Japan in order to exchange opinions with these countries about their current situations and to observe some reviews of the past national exam questions. Through this project, we want to take in and refer to what we have learned

Health Personnel Development Strategy by 2020 (HPDS)

- **3.4.4 Registration and Medical Licensing**
- The MOH will establish and, cultivate the capacity of and work closely with the Health Professions Council
- **3.4.5 Development of Legislation**
- The MOH will develop and revise legislation and determine technical names for each department and subject

7

「保健医療人材開発戦略2020」に当たって保健省は看護や助産、医療の管理をする管理委員会をセッティングし管理委員会の役割を決めなければなりません。また、法律に関する資料などを改善して、国家試験の協力も行なわなければなりません。

ASEAN Mutual Recognition (AMR) on Health professionals

- AMR on Medicine, Dental, Nursing
- ✓ Agreement of focal point
(1923 /MoH, Nov.2011)
- AMR on Nursing
- ✓ Established committee to revise nurses' competency
(1689/MoH, 14 .Sep.2012)

8

その状況を踏まえて、ラオスは2015年にアセアンに入ろうとしております。現在、わたしたちは国家試験のレビューやこれから登録制度に関することを評価できるような委員会をつくることをやっております。

ASEAN Mutual Recognition (AMR) on Nursing

- AMR on Nursing
- ✓ Established committee
- 1. Revise nurses' competency
- 2. Study tour to observe other countries' regulatory framework on nursing (registration, Licensing, Council)
- 3. Make implementation plan of registration and licensing in Lao P.D.R

9

この制度の設立のために、まず日本を始め近隣の国へ見学に行き、各国の看護の現状についての意見交換、過去の国家試験問題などのレビューを見たりする予定です。これによって学んだことを、自分の国の制度の設立のために参考にしたいと考えております。現在、登録制度や国家試験の制度に関する準備を行なっております。そのことに関連して看護師のコンピテンシーのレビューもしています。

in order to establish a system for our own country. We are now preparing for the registration system and the national exam system. Regarding these matters, we are also reviewing the content of these systems for nursing.

To establish this system, first, we will try to visit neighboring countries including Japan in order to exchange opinions with these countries about their current situations and to observe some reviews of the past national exam questions. Through this project, we want to take in and refer to what we have learned in order to establish a system for our own country. We are now preparing for the registration system and the national exam system. Regarding these matters, we are also reviewing the competencies of these systems for nursing.

Supplemental Explanation

In Laos, the Law on Health Care actually stipulates who the health-care professionals are. Under this law, 12 medical occupations, such as doctors, nurses, and midwives, are stipulated as health-care professionals. At bare minimum, health-care professionals are those individuals who graduated from high school and received necessary education as medical specialists. As for the nursing occupation, the nursing and midwifery regulations stipulate who nurses or nursing midwives are. For example, nurses are those individuals who received necessary education designated by the Ministry of Health and the Ministry of Education and Sports.

The future policies and directions for the certification and registration system are stipulated in the Health Personnel Development Strategy by 2020. This strategy has five pillars, and one of them describes the management of the revisions to health-care human resources. Specifically, this includes licensing as well as the organizing of certification registration. From a regional viewpoint, here we can say that we are making a great

補足説明

ラオスはヘルスケア法というものの中で保健医療専門家というのがどういふ人たちかというのが定められています。この中で医師、看護師、助産師など12職種が保健医療専門家として定められています。最低、高校を卒業し医療専門職としての教育を受けた者と定められています。看護職種においては看護助産規則によって、この国で誰が看護師あるいは看護助産師かということが定められました。例えば看護師とは保健省と教育省と定めた機関で教育を受けた者となっています。

これから資格登録制度をどうしていくかということに関しては、保健医療人材開発戦略2020の中で定められています。この戦略の中には5つの柱があり、そのうちの1つに保健医療人材改定の管理に関することが書かれています。具体的にはライセンス、資格登録整備のことが書かれています。地域的に見るとASEANのメンバーに2015年までに入るという取り組みがされていて、特に医師、歯科医師、看護師に関する誰がフォーカルポイントになっていくのかというのが保健省大臣名で公式文書が出されました。この中でコンピテンシーを見直していくということで、看護師に関しては今年の9月に委員会が設立されたところです。

effort to be able to become a member of ASEAN by 2015. In particular, official documents were issued in the name of the Minister of Health as to who will be the focal point with respect to doctors, dentists, and nurses. By reviewing the competencies within this effort, we just established an exclusive committee for nurses in September of this year.

Myanmar

Hla Shwe

マンダレー看護大学 講師

Head Department of MCH Nursing University of Nursing Mandalay

The Qualification and Registration of Nurses and Midwives in Myanmar

Current situation

Nurse & Midwife Regulation

- The Midwives & Nurses Act (Burma Act, 1922; 1st Nov., 1922)
The Act used since 1922 to up to 16th Oct., 1990
- On 17th Oct. 1990 The State Law & Order Restoration Council enacted Law No.19/90. The Law has (34) acts
- The procedures of Nurse & Midwife Law was initiated on 24th June 1991. Total of (70) procedures included
- The amendment of 19/90 Law on 26th February, 2002
- Procedures are submitted in 2007- not approved yet
- MNMC Law in line with current trends & ASEAN level
- Overall review & revise final draft of nursing & midwifery Act was submitted to MOH (31.8.2012)

皆さまこんにちは。私はマンダレー看護大学の専任講師で母子保健看護課の課長でもあります。

まず最初に看護・助産師法の現状についてお話ししたいと思います。ミャンマーの看護・助産師法は1922年4月1日から1990年10月16日まで使われていました。1990年10月17日には法令番号19番の看護助産法を制定しました。その法には34の法令が含まれています。1990年に制定された法律の改定法案は2002年の2月26日に定められましたが、さまざまな理由でまだ認定はされていません。ミャンマー看護・助産評議会の法律は現在ASEANのレベルやトレンドに合うような法律を作っている途中です。また再検討された看護助産師法の最終段階草案は2012年8月31日に保健省に提出しました。

Good morning everyone. I'm a full-time instructor at the University of Nursing, Mandalay and the head of the Department of Maternal and Child Health Nursing. First of all, I would like to talk about the current situations of the Nurse and Midwife Regulation. Myanmar's Midwives and Nurses Act was enforced from April of 1922 until October 16 of 1990. On October 17, 1990, a decree No. 19, the nurses and midwives law, was enacted. This law contains 34 acts. Amendment proposals for the law enacted in 1990 were established on February 26, 2002. However, these proposals are yet to be approved for various reasons. When it comes to the law for the Nurses and Midwives Council, we are now developing laws that are suitable for the current levels and trends of ASEAN. Additionally, we submitted a reexamined final draft for the Midwives and Nurses Act to the Ministry of Health on August 31, 2012.

Next, let me talk about the registration system. We started issuing licenses for nurses and midwives on September 1, 1995. Until then, however, we had had only a registration system. Those individuals who graduated from nursing schools or universities first need register and then they have to apply to obtain a license. They are only able to start working as nurses or midwives in the medical field after obtaining the license. The license expires after a period of one year. But for those who work in public medical facilities or institutions, a two-year license is granted.

In addition, as for those who obtained the qualification as nurses or midwives out of the country will be granted a necessary license which enables them to work in Myanmar, after taking a detailed examination.

Registration System

- Nurse & Midwife license started using on 1st Sept., 1995. Only registration was done in the beginning.
- After graduation,
 - getting registration first
 - then apply for license
- License holder registered nurse is being permitted to practice in the Nursing/ Midwife Profession
- The valid time of this license is one year
- When getting Government service, they can obtain 2 years valid time of license

登録制度についてお話を進めたいと思います。看護・助産師の免許は1995年9月1日に交付し始めましたが、それまでは登録する制度しかありませんでした。看護学校、大学を卒業した卒業生はまず登録を行ない、その後、免許の申請をしなければなりません。そのように登録し免許を持って初めて、看護師、助産師として医療の現場で働くことができます。免許の期限は1年となっています。しかし公立の医療現場に在職中の者に関しては2年の免許が与えられています。

Registration System(cont:)

- After the registration or after the receipt of license, if additional Certificate, Diploma or Degree etcetera relating to Nursing Profession is obtained within the State or form abroad shall submit to the Council, to be recorded.
- Scrutinizing & accepting those who have passed the Nursing Profession or Midwife Profession examination from abroad.

また、看護師、助産師の資格を海外でとった者に関しては綿密な審査をした上で、ミャンマー国内で働ける免許を与えることが認められています。

Organization for Management and Governing

- Ministry of Health
 - Department of Health(DOH)
 - Department of Medical Science (DMS)
- Myanmar Nurse and Midwife Council (MNMC)
- Myanmar Nurse and Midwife Association (MNMA)

看護師と助産師の規則や登録制度に関して責任、管理や監督役は保健省にあります。サービスに関しては保健局やそのカリキュラムや教育に関して担当している医学局を含む保健省、またはミャンマー看護助産協議会、またミャンマー看護助産協会などが責任を持っています。

The Power of the Minister of the MOH

1. Appoint a Registrar
2. Suspend, revoke, terminate or cancel the Registraion Certificate issued by the Council or the licence issued by the Supervisory Body
3. Amend, alter or cancel the order or decision passed by the Council or the Supervisory Body

保健省の保健大臣の権限ですが、登録担当者を決めることができます。評議会などから発行された免許の一時停止や取り消し、終了させること、または無効化する権限を持っています。更にカウンスルなどから発表する命令や決定などを停止すること、また取り消すなどの権限も持っています。(巻末資料参照)

The regulations and the registry system for nurses and midwives are under the responsibility, management and oversight of the Ministry of Health. When it comes to nursing and related medical services, the Department of Health, the Ministry of Health including the Department of Medical Science that is in charge of medical education and curriculum, Myanmar Nurse and Midwife Council, and Myanmar Nurse and Midwife Association are responsible.

Regarding the authority of the Minister of Health, he/she is able to determine the responsible personnel for the registration of nurses and midwives. He/she also has an authority to suspend, revoke, terminate, or invalidate the license issued by the related institutions, such as the council and so on. In addition, he/she has the official right to suspend or revoke the orders or decisions made by the council or any other related institutions.

(See attachment)

The 11 members of the Myanmar Nurse and Midwife Council are appointed by the national government. Their term is four years. The primary authority of the Myanmar Nurse and Midwife Council is to play a significant role in implementing related laws effectively. This council organizes and holds regular conferences and urgent conferences when necessary. In addition, this council forms communities and establishes regulations for the rights and obligations of nurses and midwives as necessary in order to promote their services efficiently.

The Burma Nurses and Midwives Association was founded in 1948. This association has built a cooperative relationship with the Ministry of Health and the council, while engaging in necessary work for regulations and registration system for nurses and midwives.

Myanmar Nurse & Midwife Council (MNMC)

- The first council committee was selected by government with 11 committee members
- One term is 4 years duration
- Started from the second term, the committee members were selected & elected
- The committee members differ from 11 to 15

ミャンマーの看護・助産評議会は11名のカウンシルメンバーが政府から任命されます。任期は4年間です。ミャンマー看護・助産評議会の権限はまず第1に法律を有効に実施するための強い役割を担っています。これに関して定例会議、または緊急会議などを必要に応じて開催します。カウンシル内の業務を効率良く果すために必要に応じてコミュニティーなどの形成や義務や権利の規定などを担っています。

Myanmar Nurse and Midwife Association (MNMA)

- Burma Nurses & Midwives Association (BNMA) was established in 1948
- In 1961, it was recognized by membership of ICN in 12th conference at Melbourne, Australia
- Coordinate with MOH & MNMC for nursing & midwifery regulation & registration

ミャンマー(ビルマ)看護助産協会は1948年に設立されました。協会は保健省やカウンシルと協力関係を持ち、看護や助産師の規則や登録制度に関して働いています。

Future Goals of MNMC

- Quality care services & customers satisfaction
- Upgrade capacity building to meet the ASEAN level

We try to work on, first, providing satisfactory, high quality medical services. Second, we endeavor to enhance the nursing quality that meets the requirements of ASEAN.

まず質の高い満足していただけるようなサービスを提供することです。2番目はASEANレベルに合った看護の質を向上させることです。

Challenges and difficulties to achieve the goals

- The review & revise of nursing & midwifery Act are submitted to MOH for approval
- Advanced technology is at developing stage

But we also have issues and difficulties, and we are making great efforts to resolve these matters. The primary concern is that the review and revision of Nursing and Midwifery Act has not approved yet. Another concern is that advanced technology in Myanmar is still at developing stage and long way to go.

しかし課題や困難もあると考えており、それに向けての努力もしています。まず第1の課題というのは再検討された看護助産の法令がまだ認められていません。もう一つは、先端技術もまだまだ発達段階にあるということです。

Our priority is to resolve the issue of license renewal. The Myanmar Nurse and Midwife Council is based only in Yangon, and there are no branches in any other cities. In order for those nurses and midwives to renew their licenses, they have to come to Yangon which requires considerable time, money, and the means to do so. The development of infrastructure is also an issue under consideration along with both international development and development among all sectors in our society. Additionally, we have insufficient advanced technical skills related to providing nursing services.

Priority of the problems

- Renewing License system
- Infrastructure development of MNMC
- Interdisciplinary & intersectoral development
- Office system; inadequate in advanced technology

最も優先すべき問題というのは免許を更新するときの問題です。ミャンマーの看護助産評議会はヤンゴンにしかありませんので、免許を更新するためにはヤンゴンまで来なくてはならず、時間やお金、能力などが無駄になるということが問題点です。インフラ開発もそれと絡めなければいけないと考えています。国際的およびセクター間の開発なども必要と思っています。また業務を行なう上で先端的な技術がまだ不十分だと思っています。



質問1：

免許の更新が2年ごとの理由、更新のための要件、条件等がありましたら教えていただきたいと思います。また、ミャンマーの保健省で働いている看護職の数とそのポジションにつきまして教えていただければ幸いです。

答え：

まず2年に1回免許を更新する根拠は、質を保つためです。更新をする際に提出する必要書類ですが、自分の上司の推薦状、または看護学校の大学が学校を卒業したときの卒業証明書の原本を提出することが決まっています。またミャンマーの国民に交付されている国民登録証のコピーなどにも必要になっています。さらに看護師登録していると確認できる書類、登録証明書なども必要です。

保健省内の看護師の数ですがミャンマーは大学も含めすべて公立の看護学校です。学校を卒業後は看護師全員が公務員になり、現在29,043名の看護師が登録されています。保健省には保健局と医学局という看護に関する局があります。その中の部長クラスはすべて看護師です。その下で働く職員も看護師資格を持っている職員になります。

質問2：

ミャンマーには保健省とカウンシルと評議会がありますが、この3つの協力活動、関連がどのようなものか教えて下さい。

答え：

まずミャンマーの保健省とミャンマー看護・助産評議会とミャンマー看護助産カウンシルの3つがあります。ミャンマーの保健省の中の保健局と医学局の局長は、評議会の中にもカウンシルの中にもメンバーとして入っています。役割としてカウンシルは、ライセンスを発行するという仕事をしています。評議会に関しましては国際看護カウンシルの協力を得て、コミュニティヘルスのプロジェクトなどを行なっています。つまりNGOのような活動と理解していただければと思います。

カウンシルは保健省の管轄の下にいます。評議会の方は在籍中の看護師以外に退職した看護師なども含め公務員の人でも、それ以外の人でも評議会のメンバーとして参加しています。協力関係で一番大事なところは看護や助産師に関する規則や法律を決めるときに必ず参加し一緒に決めるということになっています。また1年に1回の全国の看護のカンファレンスが

Question 1:

Do you have any reasons for setting two years as an interval for license renewal? Do you set any specific requirements or conditions for renewal? Could you tell us about the number of people in the Ministry of Health who have nursing as their occupation, along with their positions?

Answer:

The reason for renewing the license every two years is to maintain quality nursing. Upon license renewal, each applicant needs to submit the recommendation letter written by his/her supervisor, and the original copy of the graduation certificate he/she obtained when graduating from the nursing university or nursing school. In addition to these documents, the applicant also needs to submit a copy of their National Registration Card. The applicant also needs to bring other documents and certificates that can prove the applicant's status as a registered nurse.

With respect to the number of nurses working in the Ministry of Health, all nursing schools in Myanmar, including universities,

are public. Therefore, those students become public officers after graduation. Currently, 29,043 nurses are officially registered. The Ministry of Health has two bureaus related to nursing, the Department of Health and the Department Medical Science. The managers in these bureaus are assumed by nurses. Subordinates under these managers also have qualifications as nurses.

Question 2:

In your country, you have the Ministry of Health, the Myanmar Nurse and Midwife Council, and Association. Could you tell us about their cooperative activities and relationships?

Answer:

In Myanmar, we have the Ministry of Health, the Myanmar Nurse and Midwife Council, and Association. The directors of the Department of Health and the Department of Medical Science of the Ministry of Health also belong to the Council and the Association as official members. The Association is responsible for issuing the license. Receiving cooperation from the International Council of Nurses, the

あり、それに参加することになります。評議会の4年に1度のカウンシルメンバーを決めるときも参加することになっています。それ以外に看護大学を卒業した人、学士や修士レベルの人たちに対してコミュニティヘルスに関する教育の実施なども行なっております。

Council engages in projects for community health and so forth. In other words, they develop NGO-like activities.

The Association is under the jurisdiction of the Ministry of Health. In addition to currently employed nurses, retired nurses and nurses with other employment statuses, including both public officers and those other than public offers take part in the council as members. The most important thing in the cooperative relationship is that all of the members should work together when determining the laws and regulations related to

nurses and midwives. They also need to participate in the national nursing conference that is held annually. They always participate in the conference that is held once every four years to determine the council members. Other than these activities, they also implement necessary education regarding community health for those who graduated from nursing universities, or those having a master's degree or a bachelor's degree.

Vietnam

Vu Thi Vinh

バックマイ看護学校 看護課長

Chief of Nursing Department Bach Mai Nursing School

Qualification and Registration for Nurses and Midwives in Vietnam

Comparison between population growth rate with development of hospital, bed and manpower

	2005	2007	2009
Population (people)	82,393,000	84,221,000	86,024,000
Number of public hospital	904	980	1008
Number of private hospital	35	76	110
Number of bed (10,000 population)	23.4	23.8	27.7
Total number of health personnel	259,583	280,521	301,980

Source: Health statistical yearbook of the MOH 2009 and report of dept. of Medical Service Administration

2005年から2009年までの間に、ベトナムの人口は8200万人から8600万人に増加し、それに伴って病院の数も179増えました。看護師、助産師の数も4年の間に7万人から10万人に増加しています。

During the period from 2005 to 2009, the population of Vietnam increased from 82 million to 86 million. Along with this increase, the number of hospitals also increased to 179. The number of nurses and midwives also increased to 100,000 from 70,000 during these four years.

Regarding the nursing degree, there was at one time a one-year nursing education program in Vietnam. As for now this program for the most part is not implemented. We also have a two-year program, a three-year program, and a four-year program in our country. Yet there are still many nurses who are working after receiving only the one-year nursing education program. One of the major issues related to nursing in Vietnam is that nurses who have different academic skills and different degrees are doing the same work.

Before 2005, almost all students had received nursing education from two or two and a half year programs, and there were very few three or four year programs. Therefore, many individuals are working now after completing two-year nursing education programs. As for the specific number, about 30,000 new nursing personnel enter the profession every year; but only 20% of these nurses have graduated from universities.

Nursing qualifications

	Categories	Percentage	
		Midwife	Nurses
1	Post graduate	0,0	0,01
2	Bachelor (4 year program)	4,3	5,0
3	College (3 year program)	4,1	4,8
4	Secondary (2 year program)	89,9	85,9
5	Elementary (1 year program)	1,8	4,3
	Total	100,00	100,00

Sources: the Administration Medical Services Management, 2010

看護師の学位についてですが、ベトナムには以前、1年間の教育プログラムがありました。これは今ほとんどありません。他に2年間のプログラム、3年間のプログラム、4年間のプログラムがあります。1年間のプログラムを受けて、現在看護師として働いている人も沢山います。ベトナムにおける看護職に関する課題の1つは、違う学力、違う学位を持っている看護師が同じ仕事をしているということです。

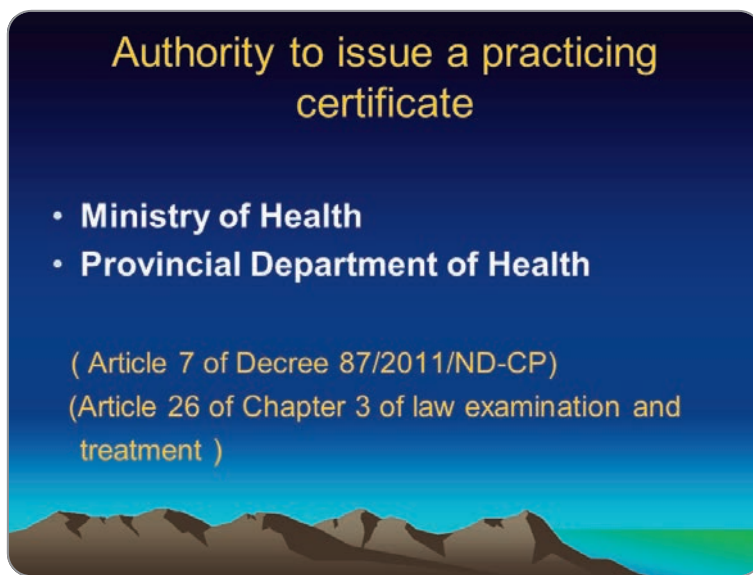
Nursing education programs and Nursing training institutions

SCHOOLS	NUMBER (2011)
Faculties and Universities program (4 years) <i>from 1995</i>	22
Colleges (3 years) <i>from 1998</i>	34
Secondary schools (2 years) <i>from 2005</i>	57
Secondary schools (2.5 years) <i>from 1968-2004</i>	
Totals	113

Training capacity: annually, about 30,000 nurses graduated (6,000 – 7,000 at college and university level).

2005年以前には2年間か2年間半の教育プログラムが大半を占めており、3年間又は4年間の教育プログラムはほとんどありませんでした。そのため2年間の教育プログラムを卒業して働いている人が非常に多いという状況です。

具体的な数字で説明しますと毎年約3万人の看護職が輩出されていますが、その中の約2割しか大学を卒業していません。



次はベトナムにおける看護職に対する認定システムについて紹介していくと同時に、この認定システムを構築するまでにどのような課題があったのかということについて、皆さんと共有したいと思います。診療法の第3章の規定に基づきまして、保健省は保健省管轄の機関に対してライセンスを発行することになっております。また各地方における保健局はその保健局が管轄している機関に対してライセンスを発行することになっております。

Next, I would like to introduce the accreditation system for nurses in Vietnam. At the same time, I want to share some information regarding what issues we are actually faced during the process of building this system. Based on the stipulation of Chapter 3 of the Law on Medical Examination and Treatment, the Ministry of Health should issue necessary licenses to those institutions under its jurisdiction. The Provincial Department of Health based in each area should issue necessary licenses for institutions under its jurisdiction.

Before 2003, there was not any kind of registration system. In other words, individuals working in the health care field did not need to register. Since 2003, an ordinance was issued which requires each private clinic in Vietnam to register their workers.

We have no specific regulation for nurses, but only a comprehensive regulation for medical practitioners including doctors, nurses, and midwives. Therefore, a lot of guidelines and circulars are issued.

Regulation/ contents of registration

- **Before 2003:** there was no registration for health worker.
- **From 2003:** Ordinance on Private medical practice regulated:
 - + Registration for medical practice of private health establishments.
 - + Registration for medical practice of the leaders of private health establishments.

2003年前は登録という制度が存在しませんでした。つまり保健分野で働く人は登録をしなくていいということでした。2003年以降はプライベートのクリニックの長は登録しなければならないということが法令で決められました。

Regulation/ contents of registration

- Ordinance on private medical & pharmaceutical practice, No. 07/2003/PL-UBTVQH11 25/2/2003 of UBTVQH11
- Circular No. 07/2007/TT-BYT dated 25/5/2007 of the Ministry of Health guidelines on the practice of medicine, traditional medicine, and private medical facilities.
- Circular No: 41/2011/TT-BYT November 14, 2011 guiding the practicing certificate for the practice and licensing activities for medical examination and Treatment

また、看護職に対する特別な法律はなく、治療診療法という医師、看護師、助産師など一般的な医療職に関する法律だけがあります。そのため、ガイドダンスや通達等が沢山交付されています。

Regulation/ contents of registration

- **From 2009, law on medical examination and treatment regulate:**
 - + Every Health Care Practitioners have to register to get license.
 - + Every healthcare establishment, including public one must register to get health care practice permission.
- **From January 1, 2012: starting registration and licensing for medical practitioners including nurses and midwives in the whole country.**

2012年1月1日から登録を開始し、それからライセンスを発行し始めました。全国にこの作業を展開し現時点で約2,000のライセンスが発行されましたが、ほとんど民間セクターに限られています。プライベートセクターで働く人にライセンスを交付して、その後2015年まで順次パブリックセクターで働くスタッフにライセンスを広げていくという段階的な施行です。

Conditions for receiving license

- Graduation from Nursing school/college/ university.
- Having 9 months of continuous practice in health establishment.
- Healthy enough
- Not violate law
- Not violate professional regulations

(Article 18 of Chapter 3 of law examination and treatment)

免許を申請するためには一応、以下の条件を満たさなければなりません。1つ目は看護大学や看護短大、看護学校を卒業すること。2番目は必ず臨床で、連続的に9カ月の実習を受けること。3番目は健康診断書を提出し、健康を証明すること。4番目は法律を犯したことがない。また看護職や助産師の職業に関しての過ちを犯したことがないということを証明する書類を提出することです。

Registration started on January 1, 2012, followed by the issuance of licenses. As this work has developed across the country, about 2,000 licenses have been issued, most of which are in the private sectors. So far, those working in the private sectors have been issued licenses and this will gradually be expanded to the public sector between now and 2015 in a step by step process.

To apply for the license, the applicant needs to meet at least the following requirements. First, the applicant needs to graduate from a nursing university, a nursing college, or a nursing school. Second, the applicant needs to take a continuous nine-month clinical practice course. Third, the applicant needs to submit a health certificate certifies that he/she is in good health. Fourth, the applicant should have a clean legal record. The applicant also submits documents that certify that he/she has never committed mistakes or offenses related to nursing or midwifery work.

If foreigners want to work as nurses or midwives in Vietnam, they too must have a license issued by the government of Vietnam. To apply for a license, they must submit a specific application for this purpose and it must be accompanied by the graduation certificates they received from their own schools outside of Vietnam. In addition, they need to certify that they do not have any linguistic problem while working in Vietnam. If they cannot speak Vietnamese, they need to ensure that they are always escorted with the interpreter. And just as required for those from this country, they need to submit health certificates and documents that prove that they have never broken the law.

Regulation/ contents of registration

- **For Foreigner** (Article 19 of Chapter 3 of law examination and treatment)
 - From January 1, 2012, foreigners, who conduct health care practice in Vietnam must get license granted by Health Care Authorities as regulated by the Law on Examination and Treatment.
- **Criteria for registration and receiving license**
 - Holding a professional certificate in health care field (recognized by Vietnamese side).
 - Good Vietnamese language or having an interpreter.
 - Require sufficient other conditions as Vietnamese

また外国人がベトナムで看護職、助産師として働きたい場合には必ずベトナムが発行したライセンスを持っていなければなりません。そのライセンスを発行してもらうためには所定の用紙に記入し、海外で卒業した学校の卒業証明書を提出しなければなりません。その他にベトナムで就業する上で言語的な障害がないということも証明しなければなりません。ベトナム語ができない場合は常に通訳がいるという条件を確保しなければなりません。その他、ベトナム人と同様に健康診断書や法律違反がないと証明できるような書類を提出しなければなりません。

granting and withdrawal of practicing certificates

- Minister of Health grant and withdrawal of practicing certificates for people who work in the medical examination and treatment of the Ministry of Health; Foreigners to medical examination and treatment in Vietnam.
- Director of the Department of Health grant and withdrawal of practicing certificates for people who work in the medical examination and treatment in the area management

Practicing certificates withdrawn, suspended from practice

(Article 29 of Chapter 3 of law examination and treatment)

- Ultra vires; - Unlawful practice
- The practice of not practicing continuous period of 02 years;
- The practice identified technical errors cause serious consequences to the health and lives of patients;
- - The practice of not updating medical knowledge continuously for a period of 02 years in a row;
- The practice is not healthy enough to practice;

ライセンスの有効、停止や剥奪は保健省と保健局がその権利を持っています。ライセンスの剥奪条件は、まず職業上のミスを行った場合、2番目は2年間連続的に仕事をしていない場合、3番目は職業を務める十分な健康を持っていない場合。この場合は、それを評価する委員会を設立して評価します。4番目は新しい医療に対する知識についていけない、医療に関する知識を更新していない場合にも適用されます。

The Ministry of Health and the Department of Health have the authority to control the license validity, suspension, and forfeiture. The license forfeiture conditions are as follows: First, if the individual made a serious occupational mistake, second, the individual has not engaged in nursing work for two consecutive years, and third, the individual is not considered healthy enough to work as a nurse. In these cases, we have established an evaluation committee. The fourth requirement is applied if an individual does not stay abreast of new medical knowledge, or if the individual has not updated his/her medical knowledge.

Difficulties, challenges

1. Limitation of qualification and capacity of N&M

- There are many levels of nurses, mainly secondary nurses (short training duration and not independent in nursing care activities).
- Scope of practice is not clearly defined among different nursing levels (they do similar work)
- Limitation of specialized nursing qualification.

We have some difficulties on the current situation of Vietnam. First, nurses and midwives receive different levels of educational programs and then they vary on their competency. Also, to register their licenses, they need to receive a nine-month clinical training course. However, since there are variations in the quality of each medical institution that provides this training course, the quality of the training course itself also varies.

今のベトナムの状況だと、いくつかの困難点があります。まず看護師や助産師はいろんなレベルの教育プログラムを受けている人たちなので、やはり、ばらつきが残っているということです。また、9カ月間臨床研修を受けるというのがライセンスを登録するための条件になっていますが、その

研修を受ける医療機関の質が違うので、研修の質にばらつきが出ています。

In addition, we have no national exam in Vietnam. For this reason, it is impossible for us to assess the ability of each individual who receives education, and also it is impossible to evaluate the performance of the medical institutions and facilities that provide education. The license issued is valid for a lifetime; therefore, once the license is issued, the license holder does not have to renew the license. Furthermore, there are some unfair portions in the process of issuing the license.

As I mentioned earlier, as one of the requirements, the individual who desires to obtain the license shall take the nine-month clinical training course. Some individuals take these training courses at large hospitals, while some other individuals take them at small clinics in rural areas. But actually they obtain the same license even though they take this course at various medical institutions with different levels. Therefore, the problem of unfairness has been raised.

Difficulties, challenges

2. Limitation of registration and grant of medical practice certificate

- No national examination → it is impossible to assess qualification of applicants.
- License granted once lifelong.

またベトナムでは国家試験がありません。そのため教育された人の能力を評価することもできませんし、教育を行なう施設の能力を評価することもできません。また発行されているライセンスも一応終身なので、1回発行されたら有効期限なしです。更にライセンスの発行に関しても公平ではない部分があります。

Difficulties, challenges

- **Difficult to assess the real-time of 9 months in the medical practice of the applicant**
 - Practice at the hospital.
 - Practice at the clinic.
 - Practice at the medical center ...
- **qualifications, practical skills will be different - the same practice certificates**

ライセンスを発行する条件の1つとして、9カ月間の臨床研修を受けなければならないということになっていますが研修を受けるといっても、ある

人は大きな病院で研修を受け、ある人は小さい地方におけるクリニックで研修を受けるという状況にあるため、規模の違う病院で研修を受けるのに同じライセンスを発行されるというのは不公平ではないかという問題も指摘されています。

Solutions for improvement of N&M qualification

- Establishment of standard nursing competency
- Development of training curriculum and materials, implementation of competency based training.
- Strengthening N&M training at college, university, specialized nursing and postgraduate training (master, Ph.D degree).
- Strengthening international collaboration.
- With the receiving nurse-midwife: Direct training and assessment practice.
- Construction of training centers in the prestigious medical facility for training organizations who apply for a practicing certificate.
- Ministry of Health, health facilities, training centers combined construction and management training

その問題を解決し9カ月間の臨床研修を受けるための施設を確保するため、わたしたちは今臨床研修のカリキュラムを作っているところです。また、すでに病院等で働いている看護師や助産師に対しても再トレーニング、再教育を行なうという対策を取っています。

Solutions for overcoming limitation of licensing system

- Strengthening monitoring and updating knowledge for nurses, midwives, who received medical practice certificate (24 hours of CME training per year)
- Proposals for revision of law:
 - + Organizing National examination to grant license.
 - + Consider to re-grant license after a certain period of time (5 years).

具体的には1年間に連続的に最低24時間の研修を受けさせるようにしています。その他に法律の改正を提案しており、できれば国家試験を行なうと同時に、発行されるライセンスの有効期限を決めることを提案しています。

In order to ensure that medical institutions where individuals can take the nine-month clinical training course resolve this issue, we are now creating a curriculum for this training course. In addition, we already have taken measures to offer retraining courses or reeducation programs for nurses and midwives working in hospitals and other locations.

Specifically we would like for all nurses and midwives to continuously receive at least 24 hours of training courses in one year. Additionally, we are trying to suggest amendments to the law to establish an expiration date for a license and also if possible to implement a national exam.

As our vision between now and 2020, if possible, we want to strive to earn mutual ASEAN certification for the medical industry in Vietnam. Thank you very much for your kind attention.



2020年までのビジョンとして、ベトナムの医療界はできればASEANと相互認定いただけるように頑張っていきたいと思っております。ありがとうございました。

Question 1:

Do you mean those individuals who took the nine-month clinical training course after graduation can obtain the license? Do they have an employment relationship with their hospitals during the nine months? Are they able to work as nurses during these nine months while taking the training course? When was the training course system put into effect? Please tell us about these points.

質問1:

卒後9カ月の臨床研修があるということですが、その後に免許がもらえるということですか。またその9カ月は病院との雇用関係があるのか。その9カ月間は看護師としての業務ができるのか。いつの卒業の方から適用されているのか。その点について教えてください。

答え:

研修を受ける人について保健省は何も管轄をしていません。これから研修のカリキュラムを作り、研修を受け入れる機関が従うよう努力をしたいと思います。研修生を受け入れる機関がきちんとできていない為、9カ月後に看護職としての仕事ができるかどうか、は確認できていません。これからの課題として残っています。適応時期ですが、2012年1月1日から適用されています。研修中の給料はなく、逆にお金を払わなければなりません。

Answer:

Those who take this training course are not under jurisdiction of the Ministry of Health. We want to prepare the training curriculum from now on, making effort so that those medical institutions that provide the training course follow our newly prepared training curriculum. Those medical institutions that receive trainees for the course are yet to be determined. Therefore, we

have not been able to confirm if they can work as nurses nine months later. This is our remaining issue. This training course system was put in practice on January 1, 2012. Trainees do not receive any salary during the period of training; rather, they need to pay for the training course.

質問2：

2005年から2009年の間に約3万人の看護師が増えています、どう増やしたのか教えてください。

答え：

これは、患者数に対して医療の仕事をしている人の数はまだ制限されているため、就業の機会が多くあるという理由で入学する人が多いのではないかと考えられます。また、ベトナムはこの数年間医療保険の普及率がすごく上がり、医療サービスにアクセスできる患者さんが増えています。そのため今、病院もベッド数を増やしているところです。

Question 2:

During the period from 2005 to 2009, nurses increased in number by about 30,000. Could you tell us how they increased?

Answer:

Comparing the number of patients to the number of individuals who engage in medical work, the number is still actually limited. Therefore, there are many individual who enroll in nursing schools or universities just because there seem to be plenty opportunities for employment. This could be the reason for the increase. In recent years in Vietnam, with a significant increase in the adoption rate of health-care insurance, the number of patients who can have access to medical services has increased. Given this situation, hospitals are also trying to raise their bed capacity.

Question 3:

To resolve the issue of the licensing system, you talked about training courses totaling 24 hours in a year will be implemented. Do you have any rules to count 24 hours within one year?

Answer:

In the nursing education system at each hospital, several training programs are implemented. For example, let's say there is a program of infection prevention measures or performing safe injections. Suppose that the program for performing safe injections takes 20 hours and the program for infection prevention measures takes 12 hours. The hospital makes a plan for this program every year, while arranging the schedule and plan so that trainees can ensure 24 hours of training by participating in some of the training courses within a year.

質問3：

免許制度の問題解決のところに、1年に24時間というトレーニングを実施するというのですが、1年間の中で24時間をどのように数えていくのか規定はあるのでしょうか。

答え：

各病院の看護職教育のシステムにおいて、毎年いくつかのトレーニングプログラムが行なわれています。例えば感染症予防策、あるいは安全な注射をしようというようなプログラムで、安全な注射をしましょうというプログラムが20時間、感染症予防対策のプログラムが12時間だとします。そうすると毎年病院が計画を立て、1年間にいくつかのコースに行かせて24時間の勉強時間を確保できるように手配します。



■ 赤熊事務部長のコメント

プレゼンありがとうございました。共通しているのはこれから国家試験、免許登録を進めていくということだと思います。何年間か実際に国家試験を実施していた立場からお話しさせていただきますと、国家試験をいかに厳正、公正にやるかというのが非常に重要です。法律や省令に書くのは簡単ですが、実際にどのように実施していくかというスキームを作るとは、どこの国にとっても非常に大変な作業になるのだろうと推測しております。良質な看護師を育成する、あるいは質の確保を図るという意味で、また看護師のモチベーションや社会的地位を上げるためには、やはり国家試験という共通の物差しで図ることが必要だと思います。教育の水準も上げていく必要はありますが、そのためには、まず制度を作って始めていくというのが大事だと思います。そこには試行錯誤があって、それぞれの国の事情だとか文化だとか社会背景がありますので、それぞれの国でそれぞれのものを作り出していくことが重要なのかと思いました。また質の担保を図るという意味においては、その完成年度をどこに置くかも大切なことだと思います。公立大学の人だけ国家試験を受けなくてはいけない反面、専門学校などは試験受けなくても業務ができるという移行期間は短くしなければいけないと思います。実効性のある試験登録制度にするため、皆さま方のご尽力はとても重要になると思います。是非実効性のあるものにしていただきたいと思います。

Comment made by Director Akakuma

Thank you very much for your presentation. The common point among the participant countries is to promote the national exam and licensing system. In my opinion, according to my experience of actually implementing the national exam for several years, the important point is how strictly and fairly the national exam is implemented. It is easy to write necessary stipulations in a law or an ordinance. However, I also

understand it must be quite a difficult task in any country to create a scheme that determines how the national exam is actually implemented. In terms of cultivating nurses with good quality or maintaining the quality of nurses, and in order to enhance the nurses' motivation and their social position, I think it is necessary to evaluate the quality of nurses using a common measure, the national exam. There is a need for improving the educational standards. But first, however, you need to

start your process by creating the necessary system. You might go through a trial and error process. There exist unique circumstances and social backgrounds depending on each country. Therefore, it is important for you to create what is necessary depending on your country. In the sense of ensuring the quality of nurses, I think it is also important to determine the year in which you will complete this process. I also think you need to shorten the transition period from the current situation where only those who graduate from public institutions have to take the national exam to the point where all graduates must take the exam whether they graduate from a public or a private school. I think your efforts should be very important in order to achieve a workable examination and registration system. I hope that your national exam system would be more workable.

Comment made by President Tamura

I was so surprised by the fact where even though each of these Southeast Asian countries that are located quite near to each other geographically, each of them has significantly different circumstances. Additionally, I thought it should be very tough work for each country to overcome issues that they are now facing in creating a license registration system. These vary with the country, for example, whereas there is a country like Myanmar where the system has already been established and operated for 90 years now, there is another country like Cambodia where the registration system is under development. This must be because each country has a different social system along with a unique historical background that has formed the social system. While there is a country like Myanmar that has laws for nurses and midwives, there exists another country like Laos where the law relating to medical services incorporates the regulations for nurses and midwives. Therefore, even when it comes to just one issue about how the license should be granted, it should be different and depend on each

■ 田村大学校長のコメント

地理的に近い位置にあるこの東南アジアの国々でさえも、これだけ事情が異なっているということに本当に驚きました。また、これから免許登録制度をどのように作っていくのかという、直面している課題を乗り越えていくのは本当に大変という思いを持ちました。ミャンマーのように90年も前から制度ができて動いていた国があるかと思えば、カンボジアのように今、作成途中段階にあるという国まで様々でした。それぞれの国の社会制度が異なり、そしてその社会制度が作られている歴史的背景も異なるからだと言えます。ミャンマーのように看護師および助産師に関する法律を持っている国もあるかと思えば、ラオスのように医療にかかわる法律という中に看護師や助産師が含まれている国もあります。そうであれば当然どのように免許を与えるかという一つの課題をとっても、どのレベルの法制度の中に書き込むかということが、かなり異なってくるだろうと思います。

カウンシルに関しても、国によってカウンシルにどのような権限を与えているのか、または、カウンシルを法律や規則のどこに書き込んであるかということにより、役割が異なっている可能性があります。同じ言葉で「カウンシル」と言っても国によりその実態が違います。例えばカンボジアのプレゼンテーションでは30%の看護師たちがカウンシルに登録しているという発言がありました。一方ミャンマーでは11人から15人のカウンシルのメンバーは、国によって選任されて構成されていたかと思えます。カウンシルという言葉は同じでも、具体的な内容も機能も異なるだろうと思います。そうしたことを踏まえて、それぞれの国が免許をどのように扱うのか、どの機関にそれを扱わせるのか、あるいはどこに対して登録を行なうのか、登録された有資格者名簿をどのように管理するのか。どうリニューアルするのか、というような本当に細かな規則作りは、それぞれの国がそれぞれの事情の中で考えていくしかないのだろうと思いました。

ASEAN諸国では2015年の看護職の相互承認を進めて行くという動きが進んでいるとのことでした。看護師ひとつを取っても、それぞれの国で教育も制度もかなり違います。国の中でも看護師になるための教育のありようが違います。本来であれば国家相互の資格承認というようなことになると、ASEAN全体として教育の基準をきちんとそろえる必要がある。今回は皆さまのお話の中には教育の具体的な基準といったようなものは提示されていませんでしたが、そういうこともやがて議論をしていかなければならないと私自身は思っています。非常に大きな課題ですし、それぞれが国の中で、また来年に向けた取り組みがされていくのでしようが、それぞれが最善と思われる道を選びつつ進めていく、その努力が今行政に求められていると考えています。みなさん、がんばってください。ありがとうございました。

country as to what level of the law system should incorporate the stipulations for this issue.

The same thing can be said about the council. Depending on what authority is given to the council and where the council itself is stipulated in laws and regulations, the role of the council of each country should differ. When you say "council," even though it sounds the same, the actual conditions differ depending on each country. For example, in the presentation of Cambodia, we heard that 30% of nurses are registered in the council. On the other hand, I remember that in Myanmar 11 to 15 council members are appointed by the national government. Therefore, although the word "council" sounds the same, the

specific contents and functions differ depending on each country. Given these things, amid respective situations, each country needs to consider how to create detailed regulations related to treating a license, which institutions should be responsible for the license, what party or organization will handle registration, how to manage the lists of registered individuals qualified as a nurse or midwives, and how to renew the license.

Now ASEAN countries are promoting mutual recognition of nursing occupations by 2015. By taking just one example of nurse, the education and the nursing system vary considerably with each country. The concept of nursing education within each country also varies. When

it comes to mutual recognition of qualifications between nations, the educational standards must be arranged as a whole for ASEAN. We have not heard from you regarding specific educational standards in your presentations, but I personally think that you also need to have discussions about these things in the future. This is such a significant issue and each country will have to make its own efforts for the next year and promote the way that seems to be the best. I think that these kinds of administrative effort are required now. I hope you all will do a good job. Thank you very much for your kind attention.

Session 04

Panel Discussion

看護職の資格制度整備の課題に対するアプローチ

Approaches for Issues Related to Development of the Qualification System for Nurses

モデレーター：NCGM国際医療協力局 専門職 田村豊光

Moderator: Toyomitsu TAMURA

Head Nurse, Bureau of International Medical Cooperation, NCGM

プレゼンテーション：国立看護大学校 大学校長 田村やよひ

Presenter: Yayoi TAMURA

President, National College of Nursing, Japan

コメンテーター：国立看護大学校 事務部長 赤熊めいこ

Guest speaker: Meiko AKAKUMA

Director, National College of Nursing, Japan

In Japan, the regulation for midwives was enacted in 1899, followed by the establishment of the regulation for nurses and the regulation for public health nurses.

After World War II, the Act on Public Health Nurse, Midwife and Nurse was enacted. This law contains both the qualifications for nurses (including the licensing system as well as the national exam system) and details about the services provided by nurses. Later, a lack of nurses became a significant social problem, and in 1992 the Act on

日本では1899年に助産師の規則が作られ、次いで看護師、保健師の法律が作られました。

第二次世界大戦後には「保健師助産師看護師法」という法律が制定されました。この法律は、看護師に関する身分(免許制度、国家試験制度を含む)と看護師等の業務に関することの両方を含むものでした。その後看護師不足が大きな社会問題になったことを受けて1992年に「看護師等の人材確保の促進に関する法律」が新たに制定されました。

法律や制度などは最初から完全なものは作れません。実際に動かしながら、社会や看護職の変化に応じてよりその時代に合ったものにしていくことが大切です。そのためには、行政を担う人間が社会や政治の流れを正しく読み取り、その流れに乗る力を持つ必要があります。

また、行政を担当する人間として、どのような法律体系を看護が持つたら良いかというビジョンを、担当者自身が持つことが重要です。具体例を挙げると、日本では看護師等の資格名称を独占するという法律改正を2006年に行っています。これは免許を持たない人が、看護師と名乗ることを禁じることです。免許を持たない人が看護業務を行うことを禁じることは、法制定当時からありましたが、この両方が大切です。こうした規定が

なかった時代には看護師が助産の仕事をする、あるいは免許のない人が看護師の仕事をするがありました。このようなことがあつては国民の命を危険にさらすため、法律の規定を加えたわけです。

大切な点は、法律にはどのような規定を書くにせよ、その規定によって利益を得る人たちと、不利益を得る人たちが出てきます。そのため、十分な関係者間の合意を得ることに努力をしなければなりません。データに基づいた説明、そして納得を得るために色々な審議会、あるいは国会議員に対しても説明が必要となります。少なくとも法律の改正内容に関して看護職が納得していること、あるいは看護職全体の意志統一ができていくことが必要です。日本には国会議員の中に複数の看護職がおります。その看護職の国会議員と連携できる多くの国会議員がいます。そういうメンバーとの連携も非常に大切になります。

私は行政官である皆さま方への期待を申し上げたいと思います。1つは社会とともに看護職は存在し、社会が変われば看護職も変わって行きます。そうすれば法律制度も変わっていきます。法律は変えられるものだということを頭の中に置いておくこと。2つ目は看護の制度を作ったり変えたりすることは、最終的に国民の健康、命を守ることにつながる、国民の生活の質の向上につながるという強い確信を持つことです。看護師のためではなく国民のために看護の制度を作る。そのスタンスを揺るがしてはいけません。

そして3つ目には、国民の声、看護職への期待、社会の流れ、それらを正確に把握してタイミングを見極めて動くということです。行政だけで何かすることは難しいので行政の応援団と連携をすることも大切です。国の事情によっては応援団がないかも知れません。なければ行政の皆さまがその応援団になる人を作ることも必要です。

最後に看護行政を担う人々は国の看護を方向付けていく、本当に重要な鍵になる人物です。行政官自身の看護に関する理念、あるいはビジョン、そして情熱、熱意が非常に大事になります。これなくして、その国の看護をかたち作っていくことはできないでしょう。そういう意味で皆さまの今後の活躍に期待いたします。ありがとうございました。

(プレゼンテーション資料は巻末に掲載)

Promote Securing Nursing Personnel was enacted.

It is totally impossible to create a perfect law or system from scratch. We need to actually have such laws and systems already in effect and then try and make them suitable to the times according to changes of society and nursing occupations. To achieve this, those in charge of administrations should possess the proper ability to read social and political trends and move with them.

In addition, each individual in charge of administrations should have a vision regarding what kind of legal systems should be prepared for nursing. Specifically, in Japan, the law was revised so that the titles of qualifications for nurses were specifically stipulated and used exclusively. This actually prohibits those who do not have qualification from claiming to be nurses. Under this stipulation, those who do not have qualification are prohibited from offering any nursing services. In times past, where such stipulations did not exist, nurses could offer midwifery services or those who did not have any qualification could engage in nursing work. But this could put people's lives in danger. Therefore, the

stipulation I mentioned earlier was added.

The important point is that no matter what stipulation is written into the law, it could produce those groups or parties that benefit from the stipulation and the others who could suffer a certain detriment. For this reason, an adequate effort should be made in order to create a consensus between each of the related parties. This requires sufficient explanations based on data and various conferences held in order to gain consent, or explanations might even need to be made to members of the Diet. At least, those groups or parties working in nursing need to consent to the contents of the revised laws. Alternatively, those nursing staff members need to come to an agreement as to the contents of revisions made to the law. In Japan, there exist some Diet members with nursing backgrounds. There are also a lot of other Diet members who can cooperate with those Diet members with nursing as their occupation. Cooperation with these members should be very important.

I have some expectations for you who are administrative officers. The first point is about

changing legal systems. The nursing occupation does exist along with society, and this occupation has become one that must change as society changes. This situation also calls for change in the legal systems. So I would like for you to have the concept that laws can be changed. The second point I would like to mention is, please maintain a strong conviction that creating and changing nursing systems will in the end lead to protecting people's health and lives, as well as to enhancing their quality of life. We must create systems, not for nurses, but for the people – This stance must be unwavering.

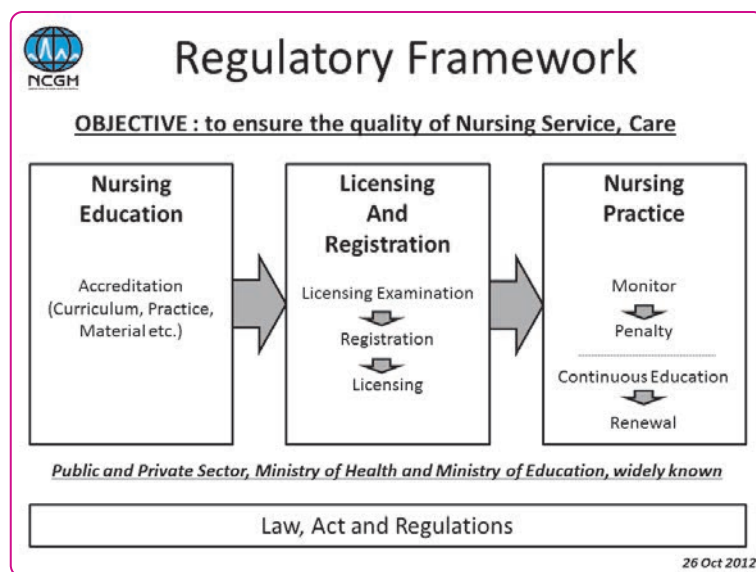
Thirdly, I would like for you to get a better understanding of the people's voice, expectations for nurses, and social trends, and to discern the best timing for taking action. Of course it is mostly likely difficult for administrations alone to cope with these expectations; therefore, cooperation with support groups or parties for administration will be essential. It is possible that support staff or teams may not be available depending on the situation of each country. If it is the case, you might need to build such support.

Finally, the people who are in charge of nursing administration are really key to determining the direction of nursing in each of your countries. Principles, visions, passion, and enthusiasm of each administrative officer for nursing – All of these things play very important roles. Without having these things, a nursing system will never be successfully implemented in your country. We really look forward to your continued endeavors and efforts in the future. Thank you very much for your kind attention.

(See attachment)

各国の課題に関して今考えられる対策
アプローチの発表とパネリストのコメント

■ NCGM国際医療協力局 田村専門職のコメント



田村大学校長より皆様に熱いメッセージおよびエールが送られましたところで、次へのステップを皆様と共に考えていきたいと思えます。午前中の議論の中で皆様の国々の現状、および課題が浮き彫りになってきたと思えます。皆様の課題を次のアクションに繋げるための1つのツールとして、このフレームワークをご紹介します。昨日から、私たちはこの免許と登録を中心に議論していると思えます。

例えば国家試験、ミャンマーは国家試験がないということでしたが、他の国々は国家試験があるとされていたと思えます。また、登録について課題を抱えている国もあったと思えます。この免許と登録ですが、看護職の資質向上にはこれだけでは不十分と考えます。国家試験を受ける前の基礎教育や看護教育も考えていく必要があると思えますし、試験を受けて免許を取得された方が実際臨床の場に就かれる、その辺りも考えていく必要があると思えます。看護実践上、故意ではないものの何かしらの事故を起してしまった、そのようなときの罰則ということも考慮していくことが必要です。

免許更新制度、これは導入している国、導入していない国があったと思えます。更新制度を導入することが良い、悪いという議論ではなく、いか

Presentations of measures and approaches for each country's issues and comments made by panelists

Comments made by NCGM Head Nurse Tamura

University President Tamura has given us a very passionate message, and strong encouragement. Having received these, I would like us to all think about the next step we shall take together. The discussions from the morning session have uncovered the current situations of each of our countries, as well as the various issues we all face. I would like to introduce a framework that could be used as a tool that will lead to the next action that must be taken to solve these issues. Since yesterday, our discussions have focused on these license and registration issues.

For instance, we heard that Myanmar does not have a national exam, while the other countries do. We also heard that some countries face problems concerning

registration. Regarding these licensing and registration, we can consider that these alone are insufficient to improve the quality of nursing work. I think we need to consider the fundamental education and nursing education to be taken before sitting the national exam, and think about the people who sit the test and obtain a license actually working on the clinical frontline. We need to think about implementing penalties if an accident is caused during nursing duties, even if this is not intentional.

There are some countries that have introduced a license renewal system, and some that have not. We do not need to discuss whether introducing a license renewal system is a good idea; the issue lies in our ability to create a system that allows licensed nurses to continuously improve their abilities. I also think that another issue that has emerged concerns how far we can make this system widely known once it has been constructed, and how deeply we can involve nurses as well as other people. I believe we will need to establish laws, rules or regulations to act as a foundation to govern these issues as a whole. This framework is not

に1度免許を取った看護師が継続的に質を高められる体制を整えることができるか、そこに課題があると思います。更にこれらが整った段階でいかに周知徹底していくか、看護職はもちろんのこと、看護職以外の人もいかに巻き込むかということも課題として出ていたと思います。これら全体を司るものとして土台になる法もしくは規則、規定というものが必要になると思います。このフレームは完璧なものではありませんので、皆様の課題を整理する上でのツールの1つとしてお使いいただければと思っております。

それでは看護職の資格制度整備に対するアプローチということで、今現在イメージできるもの、課題に関して今考えられる対策などをご発表いただきたいと思います。

■ カンボジア

課題は保健省で働いている看護師の数が少ないということです。現在、保健省には医師が多くいます。看護師は一人しかいません。そのため保健省の中での看護師の力が弱いのが問題です。近い将来、タイで勉強した看護学生が卒業後に保健省などに配属になることが大切です。将来は看護の法律を含めて大きく改善することが期待できると思います。

perfect, but I hope that you will be able to use it as a tool to organize the issues you are facing.

As one approach for creating a qualification system for nurses, I would like next for you to present what you currently have in mind and the measures that you envision for these issues.

Cambodia

As our issue, we have an insufficient number of nurses who work for the Ministry of Health. The Ministry of Health currently has many doctors. On the other

hand, there is only one nurse. For this reason, the nurses have less strength than doctors in the Ministry of Health. In the near future, we hope that nursing students who studied in Thailand will return to our country after they graduate and be assigned to the Ministry of Health. If so, we can expect a significant improvement in our nursing systems in the future including the nursing-related laws.



■ 赤熊事務部長のコメント

日本の厚生労働省でも、行政官は医師の方が看護師より多いです。数では負けても、気合いを持って取り組むということも、制度を変えていくには必要です。医療現場で働く医療職種の中では、看護師が圧倒的に多いので、やはりパワーという意味では、看護師は重要だということが厚生労働省の事務方も医師の行政官も理解しています。看護師の質を上げることが患者の回復につながることをみんなが理解しているので、質の向上につながる政策は進めなければいけないと考えています。今回カンボジアの6人の方がタイの大学を卒業され、そのうち何人かが保健省で働くことになることになりました。それば小さな一歩かも知れませんが、少しずつそういうことが進められる可能性が出てくると思います。医師に看護師の業務の重要性、質の向上の重要性を訴え、制度を変えていただきたいと思いました。

■ 田村大学校長のコメント

今のカンボジアの話で将来に向けて希望が持てると思いました。日本の看護行政には今、50人ぐらいの看護師が携わっておりますが20年ぐらい前に私が厚生労働省に入ったときには20人に満たない人数でした。そうした小さな集団であっても少しずつ看護の質を上げる、教育を上げる、免許制度を動かしていくということをやってきて今日があるわけです。そういう点で看護を学んだ人材、そして未来を語り、システムを創れる人材が行政で働くということとはとても大切なことだと思います。期待します。

Comment made by Director Akakuma

Actually, in Japan too, doctors outnumber nurses in the Ministry of Health, Labour and Welfare. Although outnumbered by doctors, you need to stir up and motivate yourselves to change the system. The number of nurses is actually much greater in a wide variety of medical occupations in the medical field. So those of administrative officials and doctors in the Ministry of Health, Labour and Welfare also know the fact that they can never overlook the power of nurses. Since everybody knows that elevation of the quality of nurses is strongly linked to a patient's recovery, I think that you must promote any policies that might enhance the quality of nurses. I

heard that six Cambodian students will graduate from a university in Thailand and some of them will be assigned to the Ministry of Health. It might be a small step for your country, but even such a small step will give you the possibility to promote new movements. So I really would like you to emphasize the importance of nursing work and the need to enhance their quality to doctors, in order to make changes to the nursing systems in your country.

Comment made by President Tamura

Hearing the story of modern Cambodia, I thought that hope certainly lies in the future. In Japan, we currently have about 50 nurses engaged in nursing administration. But when I entered the Ministry of Health, Labour and Welfare 20 years ago or so, there were less than 20. Even though it's such a small group, we have little by little worked toward enhancing the quality of nursing services, improving nursing education, and making changes in the licensing system that we have today. In such a sense, I believe that it is very important for us to have individuals that learn nursing

and can talk about the future. We all hope for your continued success.

Laos

Our current issue is about how to ensure the quality of nursing services and how to get related information. We have our own regulations for nurses and midwives, but they are actually not implemented adequately. To improve this situation, we are now considering introducing and performing a pilot project in one area of a hospital in our country. Along with this attempt, we are reviewing and devising core competencies for midwives. In addition, we need to confirm whether the review of our pilot project's results actually match our current curriculum. When it comes to the educational curriculum, the right kind of human resources are what we primarily need. We have to examine whether the current teaching staff has adequate knowledge and nursing skills for teaching nursing students. We believe that the development of human resources is extremely important. We are going to examine the results of this pilot project as to whether they match our current

curriculum. We would like to introduce findings into the national nursing examination and registration system in the future. Afterward, we will consider granting a license to nurses including enforcement of some penalties.

Comment made by Director Akakuma

I think that education is essential for the development of human resources. And I similarly feel that the quality of instructors as well as practices conducted at hospitals is very important in the field of nursing education. Promotion of these things will serve to cultivate nurses with excellent nursing skills. In the future, I thought it would be quite important for you to come up with and consider a specific image on how to achieve human resource development.

■ ラオス

看護サービスの質の確保とその情報に関することが、私たちの今の課題です。現在私たちは看護師助産師の規則を持っていますが、その実行に関してはまだ不十分です。これを改善するためパイロットプロジェクトをある病院の中の1つのエリアに導入し実行したいと考えております。それとともに看護、助産のコアコンピテンシーのレビューをしながら、またデバイスをする。そしてその結果が私たちの今のカリキュラムと一致していることを確認することです。カリキュラムに関して、一番必要となるのが人材です。今の教員が十分な知識、能力を持っていることを検討する。人材開発が非常に重要だと私たちは思っています。パイロット実験をやったあと検討し、カリキュラムに一致しているかを確認し、結論を今後の国家試験と登録制度に向けて導入したいと思っております。その後、免許を与えること、罰則も考えることにしております。

■ 赤熊事務部長のコメント

人材開発には教育が重要であると思います。また、教育の中でも教員の質と病院での実習がとても重要であるということも同様に感じております。それを推進することにより優秀な看護師が養成されると思いますので、それをどのようなかたちで描いていくかということが今後、重要になってくると思いました。

■ 田村大学校長のコメント

看護師と助産師の規則があり、教育のためのガイドライン、業務のガイドラインがある中で、これから国家試験や登録制度をつくることに向けて話を進めようということですが私が気になることは、ASEANの2015年の資格の相互承認ということが非常に皆さんの心に大きく占めているということです。それは1つの手段であって目的ではないので、ラオスの看護をどうしたいかという基盤の部分をもっと皆さん自身が明確な目標を持ち、きちんとしたデザインを作るということを是非考えていただきたいと思えます。

■ ベトナム

ライセンスを持った人の質を確保することです。ベトナムでは9カ月間の研修期間のカリキュラムを作成しました。まだ保健省に提案中で採択されていません。このカリキュラムを作る際には保健省看護課課長、看護課職員、また看護協会、大病院の方々とも意見交換を行ない、内容を決めました。このカリキュラムは全国に適用可能な内容とベトナム南部、北部、中部、それぞれの医療の特長に合わせた教育内容が含まれています。しかし

Comment made by President Tamura

Amid a situation where you already have the laws in place for nurses and midwives along with guidelines for nursing education and nursing services, you would try to move forward by preparing the national exams and the registration system according to what you said. In this respect I believe that the ASEAN Mutual Recognition Agreement scheduled in 2015 becomes a significant part of the process for you. This Agreement is not your purpose, but a means to meet your goals. So, I would like to suggest that each one of you should have a clear goal as to what you are trying to do with the nursing systems in Laos in order to create a proper design.

Vietnam

Our issue is to maintain the quality of those nurses with the official license. In Vietnam, we came up with an educational curriculum with a nine-month training course. We have just proposed this curriculum to the Ministry of Health, which is yet to be adopted. When creating this curriculum and determining the contents, we exchanged opinions with many parties such

as the head of the Nursing Division of the Ministry of Health, staff members of the Nursing Division, Vietnam Nurses Association, and officials of large hospitals. This curriculum contains educational content that can be applied nationwide and is suitable for the characteristics of medical services offered in the southern part, the northern part, and the central part of Vietnam. But this curriculum does not have any meaning if the instructors have only a little understanding of it. For this reason, we provided training programs for the instructors. Afterward, we tried to introduce this curriculum to a number of educational facilities and universities as a pilot project. These pilot projects worked quite well, so we proposed this curriculum to the Ministry of Health. The Ministry of Health is going to organize workshops and seminar courses in connection with this curriculum in order to gather opinions. When the Ministry of Health has determined this curriculum to be adequate enough through these workshops, they will specify another pilot project to be performed officially by entrusting it to a certain institution.

教員たちがカリキュラムをきちんと把握しないと意味がありません。そのため教員に対するトレーニングを行なった後に、パイロット的にいくつかの大きな教育養成施設、それから大学でこのカリキュラムを導入してみました。パイロットではうまくいったため保健省に提案しました。保健省はこれに関するワークショップやセミナーを行ない、意見を集める予定です。ワークショップを通じて保健省がこのカリキュラムが良いと判断したときには、パイロット的なプロジェクトをある機関に委託して正式に行うように保健省が指定します。

※ベトナムの法律では看護師免許取得するために9カ月の臨床研修をしなくてはならないと決まっている。

■ 田村大学校長のコメント

臨床研修のカリキュラムづくりは、同じ質の看護師を確保するというためにはとても重要なことです。カリキュラムづくりに関連して、保健省、看護協会、重要な教育施設を巻き込んでみんなの持っている知恵やパワーを集めてつくり上げていったというお話がありました。これから病院の中で実習指導者を配置しながらそれらをパイロット的にやっていく、そして評価もする。重要な関係者を巻き込んで合意を作り、その合意の基にデータを示しながら物事を変えていくという、プロセスを踏んでいると思いました。そういう点で今取り組んでいることはうまくいくと思っております。とても大切な取り組みだと思いますので是非頑張ってください。

* The related law of Vietnam stipulates that nurses should receive a nine-month clinical training course in order to obtain the certificate as a licensed nurse.

Comment made by President Tamura

It is very important to create a clinical training curriculum to ensure all nurses having the same level of quality. According to your comment, to create the curriculum, you tried to gather everyone's knowledge and

power by involving various parties such as the Ministry of Health, the Vietnam Nurses Association, and important educational facilities. From now on, you are going to develop and also evaluate a pilot project led by the Ministry of Health while deploying instructors for nursing practice in hospitals. It seemed to me that you are going through the proper procedure, involving important related parties to reach an agreement, and changing objectives while

■ ミャンマー

ミャンマーは今、制度の改革がされており、国際的な交流の場も増えてきたところです。その変化に伴って看護職に関する改革が行われています。その中の1つに看護教育のカリキュラムを改革していくとあります。例として助産師の教育期間を、18カ月から2年に延ばしたことです。質の高い助産師になるためには、カリキュラムの改善が必要不可欠になっています。ミャンマーは2010年まで看護教育に関する教育を4回改定しております。また、サービスの質を上げることに努力をしています。ライセンスを更新する場所がヤンゴンしかないという問題は今、再検討され法案が決定されれば、解決されるだろうと期待をしております。ミャンマーには国会議員に対して国民が直接働き掛ける制度というのは今の段階ではありません。

■ 赤熊事務部長のコメント

更新制の話はどの国にも言えることだと思います。ただ制度を作りましたというだけでは、更新しない人が増え、更新しないで病院で働いている人がいるという事態も考えられます。浸透させるためにはアクセスしやすいというのは非常に重要だと思います。更新だけではなく、最初の登録でも地方から行きやすい所に申請する場所があるのがとても重要なので、他の国の方々もそういうことを考慮して制度を作っていただきたいと思いました。

■ 田村大学校長のコメント

日本の経験からすると、こういう法案を通すために、地域から選出した国会議員に対して、看護の人達が働きかけをしばしば行います。待っていても本当に法案が通るかどうかわからないという状況をそのままにするのではなく声を出していく。そして、そのことを社会のみんなにも分ってもらうということを、看護職が取り組んでいくということも大切だと思います。

providing data based on the agreements produced. I believe your effort will work, and I think what you are working on now is very important for the future of your country. Please keep up good work.

Myanmar

In Myanmar, institutional reforms have been under progress and opportunities for international exchange have also been increasing. Along with such change, we have reforms regarding the nursing profession. One of these is to reform the curriculum for nursing education. As an example, we have just extended the education period for midwives from 18 months to 2 years. Improvement of the educational curriculum is essential for producing midwives of high quality and with adequate skills. By 2010, our country had made four revisions to the contents of nursing education. In addition, we have worked to increase the quality of nursing services. Our current issue is that we have only Yangon as a place where nurses can update their licenses. But this issue is now under reconsideration, and we hope that it will be resolved when the law has been

determined and enacted. At the present stage in Myanmar, we do not have any system where the people can directly reach out to their legislative representatives.

Comment made by Director Akakuma

I think the topic of license renewal issue can apply to all countries. If you have merely created a system, it is still possible that number of people who do not renew will increase and that there will still be people who haven't renewed their license working hospitals. Hence, easy access is a very important factor in order for the license renewal system to permeate. Having locations that are easily accessible from rural areas is important in terms not only of renewal, but also for initial registration. So I would like for other countries to create their own nursing systems keeping this point in mind.

Comment made by President Tamura

Based on experience of Japan, those individuals related to the nursing occupation in the medical field quite often try to reach

out to the Diet members elected from each region so as to pass certain legislation. It should be better to reach out and be heard, rather than just sitting back and allowing yourself to be content with the situation where you don't know if the legislation will really pass or not. In addition, it must be very important that nursing professions work on making the current situation known to society.



閉会のあいさつ

Closing Address

国立国際医療研究センター 国際医療協力局 派遣協力第2課 課長 三好知明

Chiaki MIYOSHI

Director, 2nd Expert Service Division,
Bureau of International Medical Cooperation, NCGM



熱心なご討議、ありがとうございました。私は国立国際医療研究センター（NCGM）国際医療協力局派遣協力課の三好と申します。簡単に私の感想やコメントなども述べながら、挨拶にしたいと思います。

今、最後のセッションを聞かせていただきながら色々考えました。私も看護の重要性を強く認識している医師の1人です。看護は非常に高い専門性を持っている職種ですから、看護の資質と向上を目指すこのワークショップは非常に大切です。しかも、法整備や免許資格制度といった基盤からアプローチするのは、とても重要と考えております。

私は25年ほど前から国際医療協力をやっておりますが、医師の場合はこうしたアプローチはしませんでした。このアプローチは時間がかかりますが、どのような看護が求められているかそれぞれの国でしっかり考えて、それを法整備、教育カリキュラム、資格に落とししていくことが一番重要だと思います。これまで、カンボジア、ラオス、ミャンマー、ベトナム、すべての国を訪れました。それぞれの国に特長があり、それは

Thank you for your lively discussion. My name is Chiaki Miyoshi, and I am at the Bureau of International Medical Cooperation, Japan of the National Center for Global Health and Medicine (NCGM). I would like to respectfully offer a few thoughts and comments.

I have been thinking very deeply about the last session. As a doctor who is acutely aware of significance of nursing, this workshop is especially important to me in that it aims to make improvements to qualifications in nursing, a job requires a high degree of professional knowledge. I also consider it important to approach nursing care from the perspective of infrastructure, including the development of legal systems and licensing programs.

I have been involved in international medical cooperation for a quarter century, but I have never taken this kind of approach to doctors. It may be time-consuming, but I believe it is critical for each country to carefully consider the nursing care ideals that it should pursue and take practical steps to create laws, educational curricula, and qualification systems. I have visited all the member countries —Cambodia, Laos, Myanmar, and Vietnam. Since each country has unique features created by a combination of social, economic, and cultural factors, I believe each country can take different measures as long as they maintain a shared base. I hope you use this workshop as a place for exchanging and sharing information that you can later customize to suit your country.

Introducing new institutions and systems always

社会的、経済的、文化的そういった色々な因子によって形作られてきたので、それぞれの国で取り組みは違ってよいと思いますが、基本的な事項は共通なので、そうしたことをワークショップで情報交換、共有し、それぞれの国の仕組みに合わせるようにしていただければと思います。新しい制度やシステムの導入というのは強いリーダーシップと、それに支えられた継続的な努力が必要です。そのためには周りの国でも同じようなことをしているという仲間意識と、情報交換ができる繋がりが重要で、このワークショップがその基盤になると思います。我々NCGM国際医療協力局は人材開発、とりわけ看護師の資質向上を目指した活動をこれからも、各国で展開している技術協力プロジェクトを通じて行ないたいと考えています。各国の皆さんのところに我々のメンバーが行っておりますので、是非よろしくお願ひします。

最後になりますが4カ国から参加された皆様、厚生労働省医政局看護課長岩澤和子様、国立看護大学校長田村やよひ様、同事務部長赤熊めいこ様、どうもありがとうございました。そして、4名の通訳の皆様、ありがとうございました。それからこのワークショップのために非常に長い間、企画・準備をしてくれたスタッフにも、お疲れさまと言いたいです。皆様方は、皆様方同士、私たちも含めて、また、いつかどこかで会えると思います。ですが、ひとまずさようならを言います。皆様の日頃の無事とますますの発展をお祈りして、簡単ではございますが、閉会の挨拶にしたいと思います。どうもありがとうございました。

requires strong leadership and tireless efforts supported by that leadership. It is important to build a sense of fellowship with neighboring countries and develop networks for exchanging information. I hope every one of you will use the workshop as a platform for reaching these goals. We at the Bureau of International Medical Cooperation at NCGM will work on human resource development while placing extra importance on improving nursing qualifications through the ongoing technical assistance projects that are taking place in each country. We will send people to you for that purpose, so please make the most of this opportunity.

In closing, I would like to express my gratitude to participants from four countries: Kazuko Iwasawa, manager of the Nursing Division at the Health Policy Bureau in the Health, Labour and Welfare Ministry; Yayoi Tamura, President of the National College of Nursing, Japan; and Meiko Akakuma, head of the National College of Nursing, Japan office. I would also like to thank our four interpreters, as well as the staff who have worked tirelessly for many weeks to plan and prepare this workshop. I must make my farewells, but I hope we will have an opportunity to meet again sometime in the future. I wish you the very best in your daily efforts to make the years to come even safer and more successful. And with that, I would like to conclude the session. Thank you.

Session 03 スライド補足資料

85ページ掲載

The Power of the Minister of the MOH

1. Appoint a Registrar
2. Suspend, revoke, terminate or cancel the Registration Certificate issued by the Council or the licence issued by the Supervisory Body
3. Amend, alter or cancel the order or decision passed by the Council or the Supervisory Body

補足資料：

Duties and Powers of MNMC

1. Undertaking responsibility for giving effect to the provisions of this Law;
2. Concerning the meeting once in three months & emergency meetings may be convened if necessary;
3. Performing the duties & functions until a new council is formed & transferring its duties & functions to the succeeding council
4. Forming necessary committees for the effective functioning of the work of Council, & prescribing the duties & powers of such committees;
5. Appointing a registrar with the approval of the MOH & prescribing his duties & powers;
6. Permitting an applicant for registration as a nurse, midwife or a nurse & midwife;
7. Revoking or cancelling the registration of a nurse, midwife or a nurse & midwife;
8. Permitting registration & reissuing the Registration Certificate if it is discovered after scrutiny that the refusal, revocation or cancellation of the registration;

9. Forming an inquiry body consisting of three members of the Council;
10. Scrutinizing & deciding the appeal cases filed by any person dissatisfied by the order or decision of the Supervisory Body;
11. Prescribing the terms & conditions relating to the professional practices of an ordinary nurse-aid or auxiliary midwife;

10

13. Raising the standard of Nursing Profession or Midwife Profession to reach the international level;
14. Submitting suggestions to the MOH for the effective implementation of PHC;
15. Scrutinizing & accepting those who have passed the Nursing Profession or Midwife Profession examination from abroad;
16. Forming & appointing office staff in accordance with the sanctioned strength;
17. Carrying out matters relating to meetings & monetary matters.

12

12. Forming the following bodies & prescribing their duties & powers;
 - Board of examiners for holding entrance examination of Nurse & Midwife Training School;
 - Board of examiners for nurse & midwife;
 - Body for the drawing up of curriculum for the nursing & midwife professions;
 - State, Division or Township Zone Supervisory Body;
 - Body for raising the standard of nursing or midwife profession & practice;

11

01

South East Asia Nursing & Midwifery Workshop
Session 4
Approach to Challenges of Nurse Qualification System

Learning from the experience of revisions to the Public Health Nurse, Midwife and Nurse Law

October 26, 2012
Yayoi Tamura
President
National College of Nursing, JAPAN

03

My experience with revisions to the Public Health Nurse, Midwife and Nurse Law during my time as MHLW nursing director (July 99~Aug 06)

June 2001

- Revision to relativize the revocation of licenses for deaf and blind persons, which had been an absolute reason for disqualification
- Deletion of the bad behavior clause
- Inclusion of the duty of confidentiality

Dec 2001 (Lawmaker legislation)

- Abolition of gender specific license name

June 2006

- Exclusive use of license name, regulations prepared
- Introduction of stricter registration requirements for public health nurses & midwives (Passing National Nurse Exam became a requirement)
- Revision to administrative penalty classification
- Implementation of re-education for nursing staff who have received administrative penalties

02

History of Japan's nursing laws and regulations

- 1899 The Midwife Regulation enacted
- 1915 The Nurse Regulation enacted
- 1941 The Public Health Nurse Regulation enacted

(World War II)

- 1948 Act on Public Health Nurse, Midwife and Nurse
- 1992 Act to Promote Securing Nursing Personnel

04

Background to the revisions...(I)

1. We must pay attention to social and political trends, and move in line with them. Timing is important.

- **Normalization of persons with disabilities:**
Relativizing the revocation of licenses for deaf and blind persons, which had been an absolute reason for disqualification
- **Protection of personal information:** Inclusion of duty of confidentiality
- **Promotion of a society participated in by males & females:**
Abolition of gender specific naming for qualifications
- **Medical safety:** Revision to administrative penalty classification, Implementation of re-education for nursing staff who have received administrative penalties
- **Disclosure of information on medical care system in hospital / clinic:**
Exclusive use of license name, regulations prepared

05

Background to the revisions...(2)

2. Government officials' vision to develop an appropriate legal system as nursing profession, and related facts, were made into data

- Deletion of the bad behavior clause
- Inclusion of duty of confidentiality
- Abolition of gender specific license name
- Exclusive use of license name

08

Towards qualification system maintenance & reform

—Expectations for the nursing government official— (1)

- The nursing profession exists alongside society. **As society changes and the nursing profession changes, so must the system.** The legal system is a living creature! **We must not give up.**
- Making systems and reforming **is useful for improving the quality of medicine and nursing for citizens, and creates faith.**
- **We must raise our antennas,** to pick up on citizens' expectations of the nursing profession and pay attention to current trends, to catch the best **timing.**

06

Background to the revisions...(3)

3. Effort was placed on creating agreement between people involved: give data-based explanations at deliberations to the committee and parliament members

- Deletion of the bad behavior clause
- Introduction of stricter registration requirements for public health nurses & midwives
(As well as the public health nurse/midwife exam, passing the National Nurse Exam became a requirement)

09

Towards qualification system maintenance & reform

—Expectations for the nursing government official— (2)

- It is **important to gain agreement** from stakeholders. For this purpose, we need to **create data** that is easy to explain and understand.
- Our alliance with the **supporters from the nursing government officials** is a strong ally! If these supporters do not exist, we must strive to obtain them.
- It is also important to have the **nursing government official's own principles, visions and passion,** to direct the future of nursing!

07

Background to the revisions...(4)

4. Gain a consistent understanding across the entire nursing profession, and approach related people in a timely fashion.

(Collaborate with parliament, members the Japan Nursing Federation, the Japanese Nursing Association, and other people/organizations who are able to influence policy)

- Abolition of gender specific license name

国立国際医療研究センター国際医療協力局では、昨年続き、2回目の東南アジア看護助産ワークショップを開催いたしました。今年は「看護職の資格認定・登録制度」をテーマにカンボジア・ラオス・ミャンマー・ベトナムからの参加者に加え、日本の看護行政や教育に携わる方々のご協力により、大変有意義な討議が行われました。

普段、私たちは法律と自分たちの資格がどのように結びついているのかを意識することは少ないのですが、このワークショップを通じて私たちもまた看護職の法制度の大切さを認識しました。

本ワークショップの開催に際し、多大なるご支援をいただきました厚生労働省 医政局看護課長 岩澤和子様、国際協力機構（JICA）関係者の皆様、国立看護大学校長 田村やよひ様、事務部長 赤熊めいこ様、国立国際医療研究センター病院 看護部長 浅沼智恵様、多くの関係者の皆様に心よりお礼申し上げます。

2013年1月

国立国際医療研究センター
国際医療協力局 派遣協力課
田中由美子

Following last year, the Bureau of International Medical Cooperation, National Center for Global Health and Medicine has held the 2nd International Workshop for Nursing in Southeast Asia.

On this year's theme of "qualification and registration system of nursing", we invited participants from Cambodia, Laos, Myanmar and Vietnam and we made very meaningful discussion with the cooperation of the people involved in the Japanese nursing administration and nursing education.

Although we are not normally aware of how our qualifications tie in with the laws, we could recognize the importance of the legal system related to nursing professions through this Workshop.

In closing, we would like to thank Director Ms. Kazuko IWASAWA of Nursing Division of the Ministry of Health, Labour and Welfare, Japan International Cooperation Agency (JICA), President Ms. Yayoi TAMURA and Director Ms. Meiko AKAKUMA of National College of Nursing, Director Ms. Chie ASANUMA of Department of Nursing of NCGM Hospital, and all the people involved for the great support in this Workshop.

January 2013

Yumiko TANAKA
Bureau of International Medical Cooperation, Japan
National Center for Global Health and Medicine

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