

Effects of Mandatory Residencies on Female Physicians' Specialty Choices: Evidence from Japan's New Medical Residency Program

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Abstract

Female physicians continue to be underrepresented in surgical specialties in Japan. Prior to 2004, most medical residents received training in only one specialty. However, since the introduction of the 2004 New Postgraduate Medical Education Program (NPGME), which is a mandatory two-year *rotating* residency training program, medical residents choose their specialty after receiving mandatory residency training in multiple specialties. After the reform, female physicians were more likely to choose either surgery—one of the mandatory training specialties—by 3.0 percentage points, or urology (a surgical specialty with one of the shortest workweeks) by 1.6 percentage points, while they were less likely to choose internal medicine by 4.0 percentage points. In moving away from internal medicine, female physicians chose more male-dominant surgical specialties. However, the shift of female physicians to surgical specialties has been limited to surgery and urology, with little increase observed in female physicians choosing orthopedics (a specialty viewed as requiring more physical demands than other surgical specialties).

Keywords: specialty choice, policy reform, gender

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