

Insights on English Education in Japanese Medical Schools Based on the AJMC 2023 National Survey

2023年度（令和5年度）医学教育カリキュラムの現状（一般社団法人全国医学部長病院長会議 発行）に基づく
Based on "Current Status of Medical Education Curricula", FY2023 (Reiwa 5) by the Association of Japanese Medical Colleges (AJMC, 2023).

The AJMC survey report includes data from 82 medical schools in Japan across a broad range of topics related to medical education addressing 15 main themes.

Theme 11, Internationalization of the Curriculum: Sections 11-A to 11-F from the AJMC 2023 survey report which relate to English education have been summarised and translated into English below.

11-A English for Medical Purposes (EMP) Education Implementation

A1. Overall EMP Implementation is High at 95%

The survey shows that EMP is heavily integrated into Japanese medical schools.

Out of the 82 schools surveyed, 78 schools (41 National, 6 Public, and 31 Private) responded that they implement Medical/Healthcare English education.

Only 4 schools reported not implementing it.

A2. Implementation Hours Show Massive Disparity

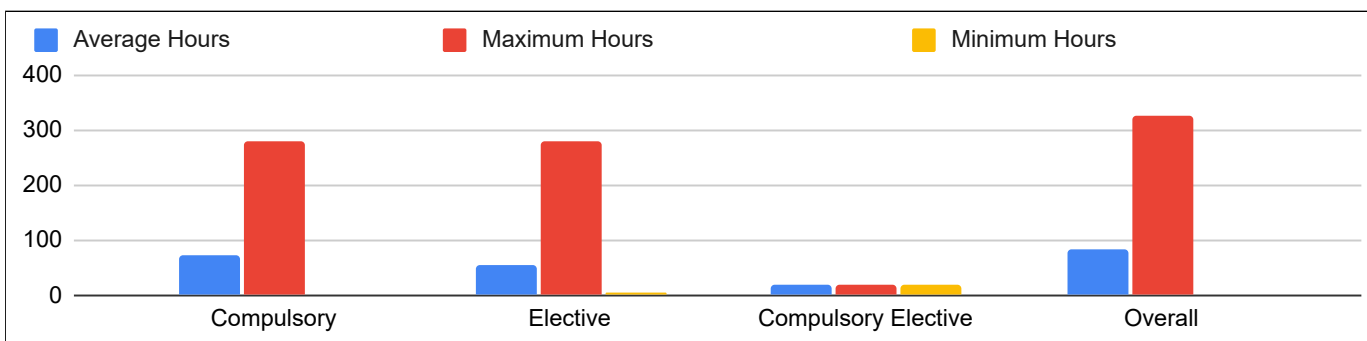
While most schools teach EMP, there is no standardization regarding how much they teach.

Across the 78 schools, the overall average time spent on EMP is 84.0 hours.

However, the range is wide: the maximum reported was 325.0 hours, while the minimum was only 3.0 hours.

Looking specifically at compulsory courses, the average is 74.0 hours (across 77 schools), the gap between the maximum (280.0 hours) and minimum (3.0 hours) is extreme.

Course Type	Average Hours at all institutions	Maximum Hours at a single institution	Minimum Hours at at single institution
Compulsory	74	280	3
Elective	55	280	6
Compulsory Elective	21	21	21
Overall	84	325	3



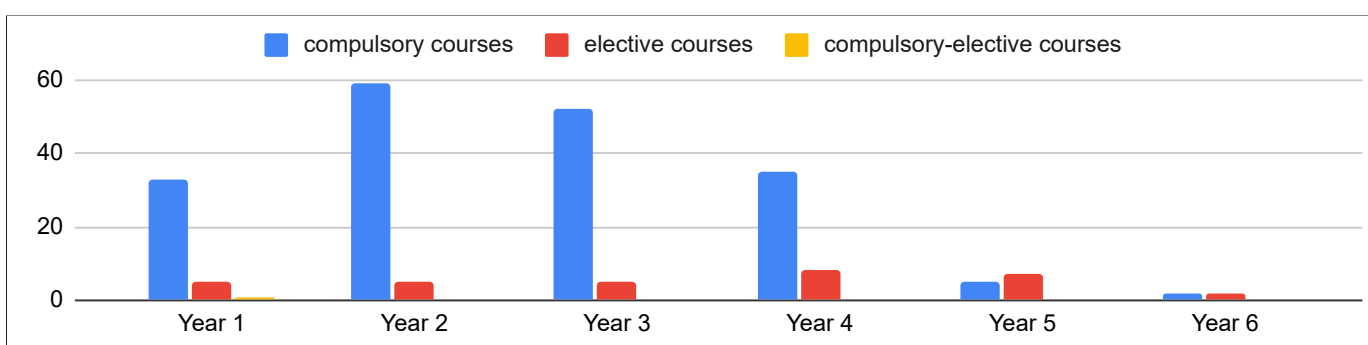
A3. The Pre-Clinical vs. Clinical Divide (Implementation by Academic Year)

EMP is heavily front-loaded in the pre-clinical years (Years 1-3).

Compulsory EMP peaks heavily in Year 2 (implemented by 59 schools) and Year 3 (52 schools).

As students enter their clinical rotations, language training almost vanishes: by Year 5, only 5 schools mandate it, and by Year 6, only 2 schools have compulsory EMP.

Academic Year	Number of schools providing compulsory courses	Number of schools providing elective courses	Number of schools providing compulsory-elective courses
Year 1	33	5	1
Year 2	59	5	0
Year 3	52	5	0
Year 4	35	8	0
Year 5	5	7	0
Year 6	2	2	0



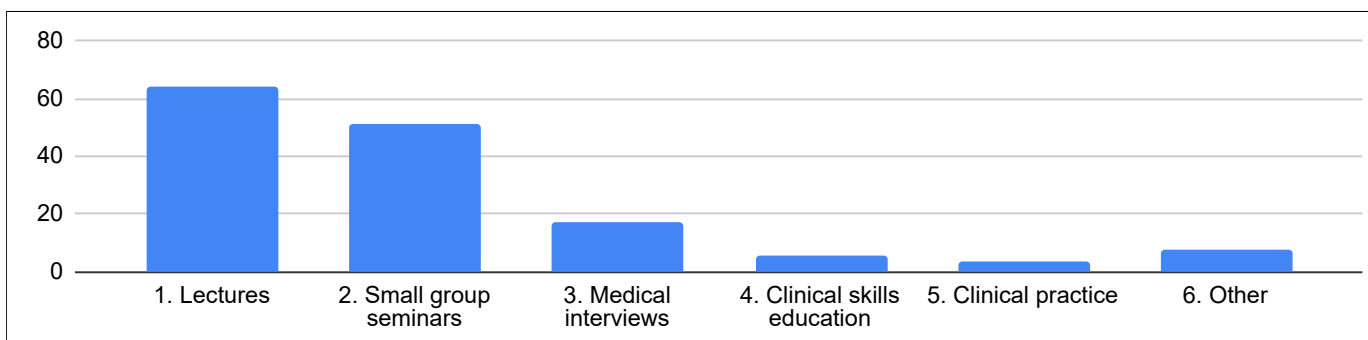
A4. Teaching Formats: Passive vs. Active Methods

Lectures are the dominant format, utilized by 82% of schools (64 schools).

Small group seminars are also quite common, used by 51 schools.

However, active, clinical-based formats drop off sharply: Medical interviews are taught by only 17 schools, Clinical skills education by 6 schools, and Clinical practice by only 4 schools.

Teaching Format	Number of Schools (out of 78)	%
1. Lectures	64	82%
2. Small group seminars	51	65%
3. Medical interviews	17	22%
4. Clinical skills education	6	8%
5. Clinical practice	4	5%
6. Other	8	10%



11-B Implementation of Specialized Education Conducted in English (Non-Language Courses)

B1. Overall Implementation is Very Low (15%)

The survey shows that teaching actual medical science or clinical subjects entirely in English remains rare in Japan.

Out of 82 schools, only 12 schools (15%) reported implementing this. According to the report's commentary, this is actually a slight decrease from two surveys prior, where implementation was at 21%.

11-C Implementation of English Education other than 11-A or 11-B

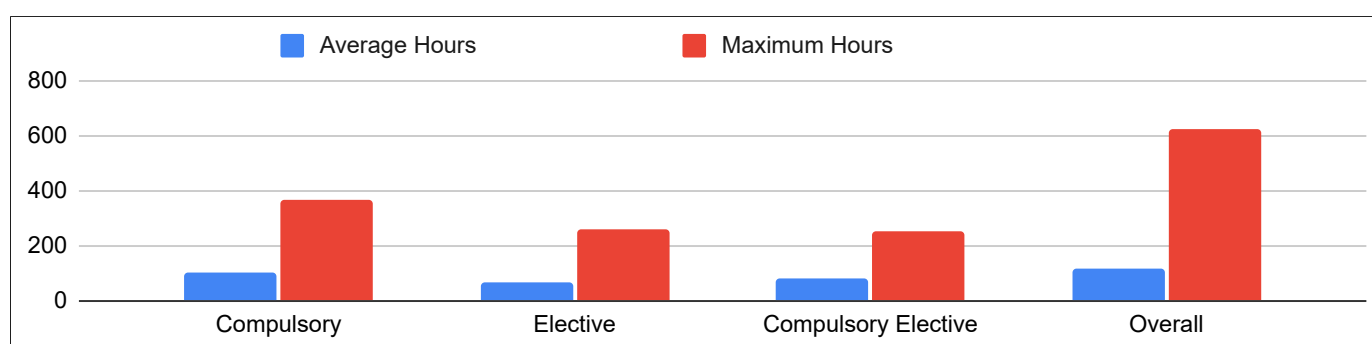
"Other English" refers to courses that do not fall under 11-A (Medical English) or 11-B (Specialized Education subjects taught in English).

C1. Other English Hours Far Exceed Medical English Hours

The overall average time spent on other English is 118.3 hours across 63 schools.

The maximum reported time spent on other English at a single institution reaches 625.0 hours.

Course Type	Average Hours at all institutions	Maximum Hours at a single institution	Minimum Hours at a single institution
Compulsory	103.3	368.3	15
Elective	70.3	256.7	8
Compulsory Elective	83.2	255	16
Overall	118.3	625	8



C2. The First-Year Other English Peak (Implementation by Academic Year)

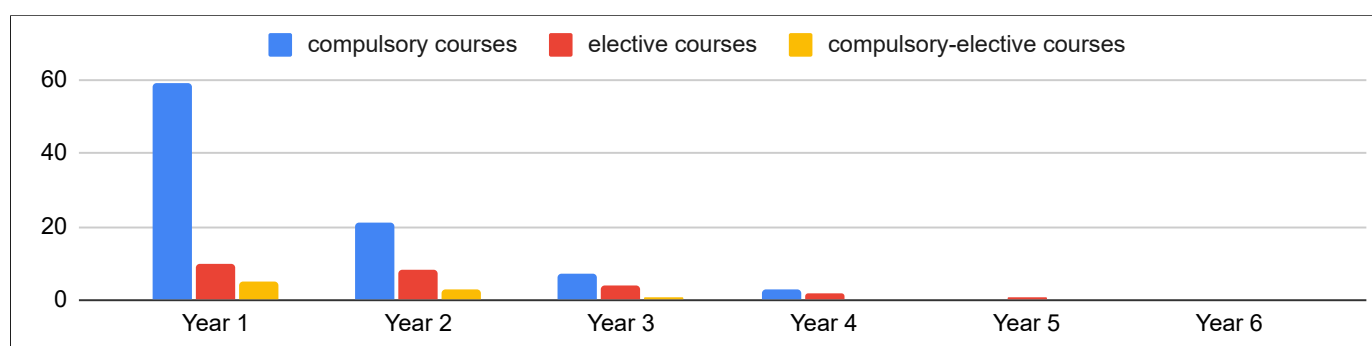
Unlike EMP, which peaks in Years 2 and 3, Other English is overwhelmingly concentrated in the very first year of medical school .

Compulsory Other English is mandated by 59 schools in Year 1 .

This drops sharply to 21 schools in Year 2, and down to just 7 schools by Year 3 .

During the clinical years (Years 5 and 6), zero schools require it.

Academic Year	Number of schools providing compulsory courses	Number of schools providing elective courses	Number of schools providing compulsory-elective courses
Year 1	59	10	5
Year 2	21	8	3
Year 3	7	4	1
Year 4	3	2	0
Year 5	0	1	0
Year 6	0	0	0



11-D Adoption of External English Examinations into the Curriculum

TOEFL ITP and TOEIC IP are overwhelmingly the dominant choices for institution-wide testing with others such as GTEC and VELC also being used.

D1. High Adoption Rate of External Testing (60%)

A clear majority of medical schools have integrated external English proficiency examinations directly into their curriculum (excluding entrance examinations).

Out of 82 schools nationwide, 49 schools (60%) have introduced these exams, while 33 schools (40%) do not use them.

Introduced External Exams	Number of Schools	% (out of 82)
Yes	49	60%
No	33	40%
Total	82	100%

11-E External English Examinations as Progression or Graduation Requirements

While many schools utilize external examinations to monitor proficiency, very few enforce them as a mandatory barrier for student advancement or graduation.

E1. Low Enforcement Rate for Promotion and Graduation (21%)

Only about one-fifth of medical schools in Japan require students to meet a specific external English score milestone to advance to the next academic year or graduate.

Out of 82 schools nationwide, 17 schools (21%) use these exams as a hard promotion/graduation requirement, while 65 schools (79%) do not.

Used as Requirement	Number of Schools	% (out of 82)
Yes	17	21%
No	65	79%
Total	82	100%

11-F Support and Performance Trends for the United States Medical Licensing Examination (USMLE)

While only a small percentage of Japanese medical schools actively campaign for or encourage students to sit for the USMLE, the total volume of successful candidates has experienced substantial growth.

F1. Low Institutional Support (17%)

A vast majority of medical schools do not officially promote or encourage taking the USMLE Step 1 or Step 2 CK. Out of 82 schools nationwide, 14 schools (17%) actively encourage it, while 68 schools (83%) do not.

Encourage USMLE	Number of Schools	% (out of 82)
Yes	14	17%
No	68	83%
Total	82	100%

F2. Rapid Growth in Passing Candidates (Passing Trends over 3 Years)

Despite low institutional promotion, the total number of medical students successfully passing USMLE Step 1 and Step 2 CK nationwide has climbed significantly, driven largely by high performance in private and national institutions.

Step 1: Total passing students surged from 19 in 2020 to 45 in 2022 (a 136% increase).

Step 2 CK: Total passing students spiked from 8 in 2020 to 55 in 2022 (a 587% increase).

Exam Type	2020 Total Passing	2021 Total Passing	2022 Total Passing
Step 1	19	27	45
Step 2 CK	8	12	55
Total Passes	27	39	100