EMP in Japan:
AJMC Survey Findings and Topics for Discussion

From Current Practice to Common Expectations

A short bridge from the invited lectures to the panel discussion

29th JASMEE Conference
第29回日本医学英語教育学会学術集会

Symposium framing report
July 11, 2026 | Kansai Medical University

The basic premise of English education at medical schools

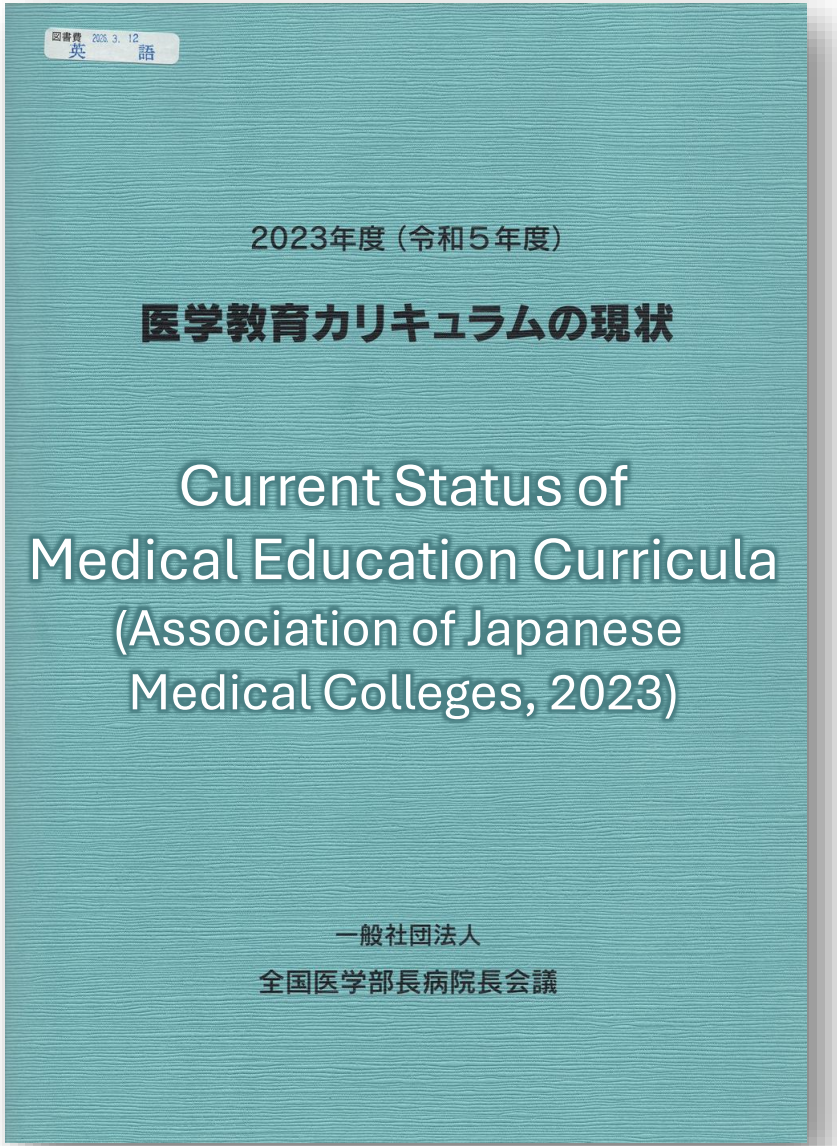
Acquisition of

the **English skills** needed by **medical doctors**

↓

Outcomes

Competencies



Theme 11

Internationalization of the Curriculum

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

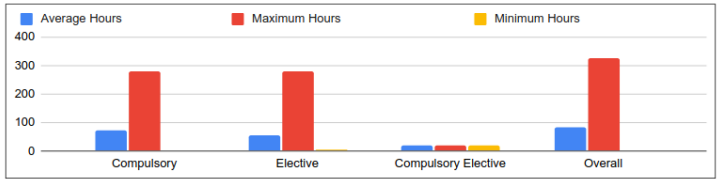
While most schools teach EMP, there is no standardization regarding how much they teach.

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**



EMP is already widely implemented

Medical/healthcare English education is present in most Japanese medical schools

78 / 82 schools

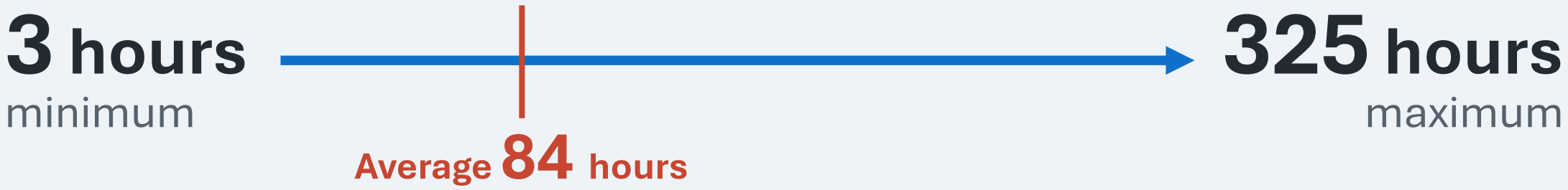
95% of Japanese medical schools report having implemented medical/healthcare English education

But implementation alone does not tell us what EMP means in practice.

Source: AJMC 2023, Theme 11, adapted and translated for the 29th JASMEE Conference

Implementation hours vary widely

The reported amount of EMP education differs greatly across institutions



This suggests very different assumptions about the role and scope of EMP.

Variation is not necessarily a problem.

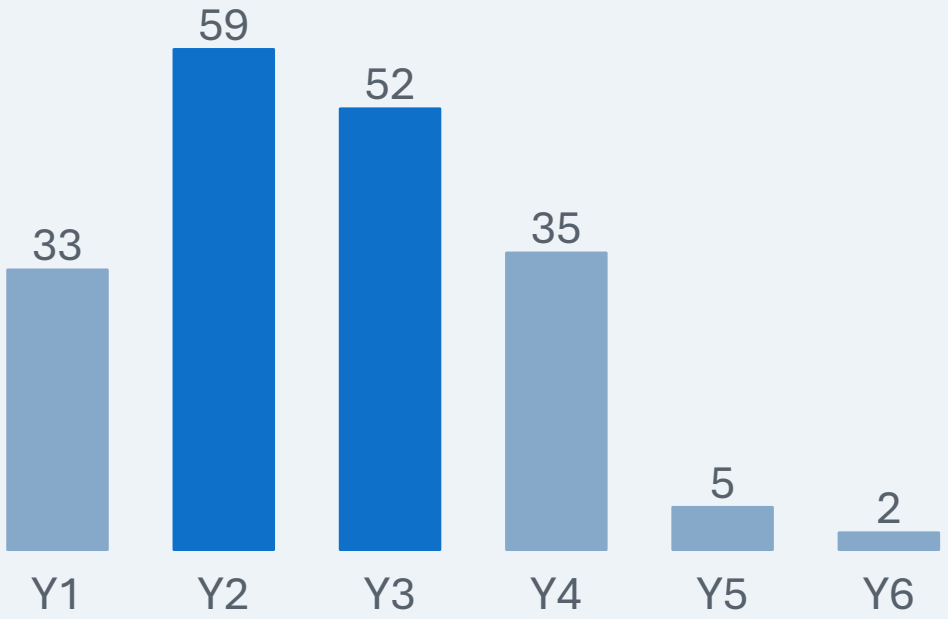
Unclear expectations may be.

Source: AJMC 2023, Theme 11, adapted and translated for the 29th JASMEE Conference

EMP is mainly pre-clinical and classroom-based

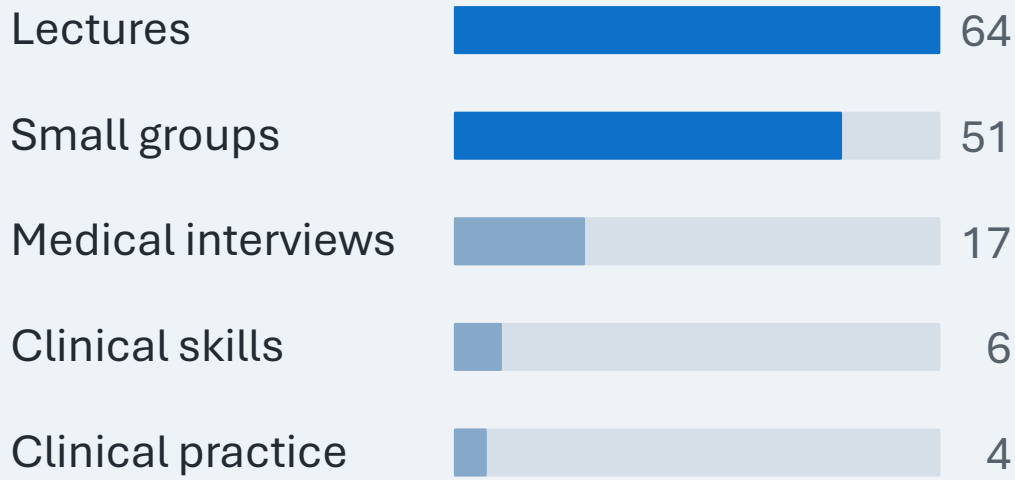
Timing and teaching formats raise questions of alignment with professional outcomes

Timing



Compulsory EMP peaks in Years 2-3 and drops sharply in Years 5-6.

Teaching formats



Classroom-based formats dominate; clinical formats are much less common.

Question: Are timing and formats aligned with intended outcomes?

Source: AJMC 2023, Theme 11, adapted and translated for the 29th JASMEE Conference

How to have students acquire the English skills needed by medical doctors

“Reinventing the wheel”

Photo from iStockphoto.com (#14695828)

JASMEE Guidelines 2015

Japan Society for Medical English Education

Medical English education guidelines corresponding to the Global Standards for Quality Improvement, Basic Medical Education: Japanese Specifications

Japan Society for Medical English Education Guidelines Committee

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Jun Takata (Center to Promote Creativity in Medical Education, Kochi Medical School)

Adviser:

Toshimasa Yoshioka (Tokyo Women's Medical University)

(1) Vocabulary

1. Minimum requirements

- Understand and be able to use basic technical terms* related to body parts and functions, and medicine and health care.
- Be able to search for information in English-language textbooks and on the web using medical English terms.

Note: Basic technical terms*: The English equivalents of Japanese medical terms included in the Criteria for Questions on the Japanese National Medical Licensing Examination.

Specific aims

Vmin1 Basic English terms (general and technical vocabulary)

Vmin1a Understand and be able to use basic technical terms related to body parts and functions, signs and symptoms, medical examination, care and equipment, disease and diagnosis.

Vmin2 English expressions

Vmin2a Be able to use basic English expressions necessary for conducting medical interviews and physical examinations, giving explanations and instructions/advice to the patient, entering medical information (into medical records, electronic medical records), and giving case presentations.

Vmin2b Be able to search for information consisting of English terms and expressions necessary for research in medicine and health care.

2. Advanced requirements

- Have a thorough understanding of English terms and expressions necessary for medicine and health care.
- Be able to adequately use information consisting of English terms and expressions necessary for research in medicine and health care.

Specific aims

Vadv1 Medical English terminology

Vadv1a Understand the medical terminology necessary for clinical training and medical practice, and be able to practice health care in English.

Vadv1b Be able to give explanations to the patient appropriately distinguishing between general and technical vocabulary.

Vadv1c Have a sufficient command of medical English terminology to provide guidance on participatory clinical training while explaining the meaning of the terminology.

Vadv1d Have a sufficient command of medical English terminology to write research articles and give presentations and participate in discussions at scientific meetings.

Vadv1e Have a sufficient command of medical English terminology to give lectures and participate in discussions while explaining the meaning of the terminology.

Vadv2 Medical English expressions

Vadv2a Be able to use and learn from English-language publications and research articles without frequently consulting a dictionary.

Existing reference point: the JASMEE Guidelines

One attempt to articulate expectations for medical English education in Japan

The JASMEE Guidelines remain one of the few attempts to define expectations for medical English education in Japan.

Visible?
Do educators know they exist?

Usable?
Can they inform curriculum design?

Fit for purpose?
Do they reflect current needs?

Before today, were you familiar with the JASMEE Medical English Education Guidelines

Questions for the panel

From current practice to possible common expectations

Do we need common expectations on what medical graduates in Japan should be able to do in English

Should we aim for...

Revised JASMEE Guidelines

Update and reposition the existing reference point

EMP representation in the MCC

Make EMP visible in national curriculum expectations

A separate EMP model core curriculum

Define EMP competencies aligned with medical education

The goal is not to impose rules and regulations, but to provide guidance and support.