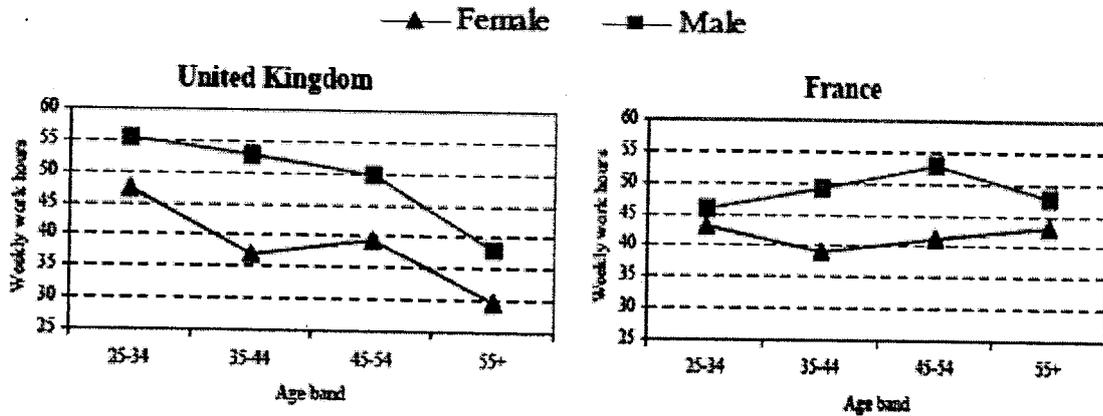


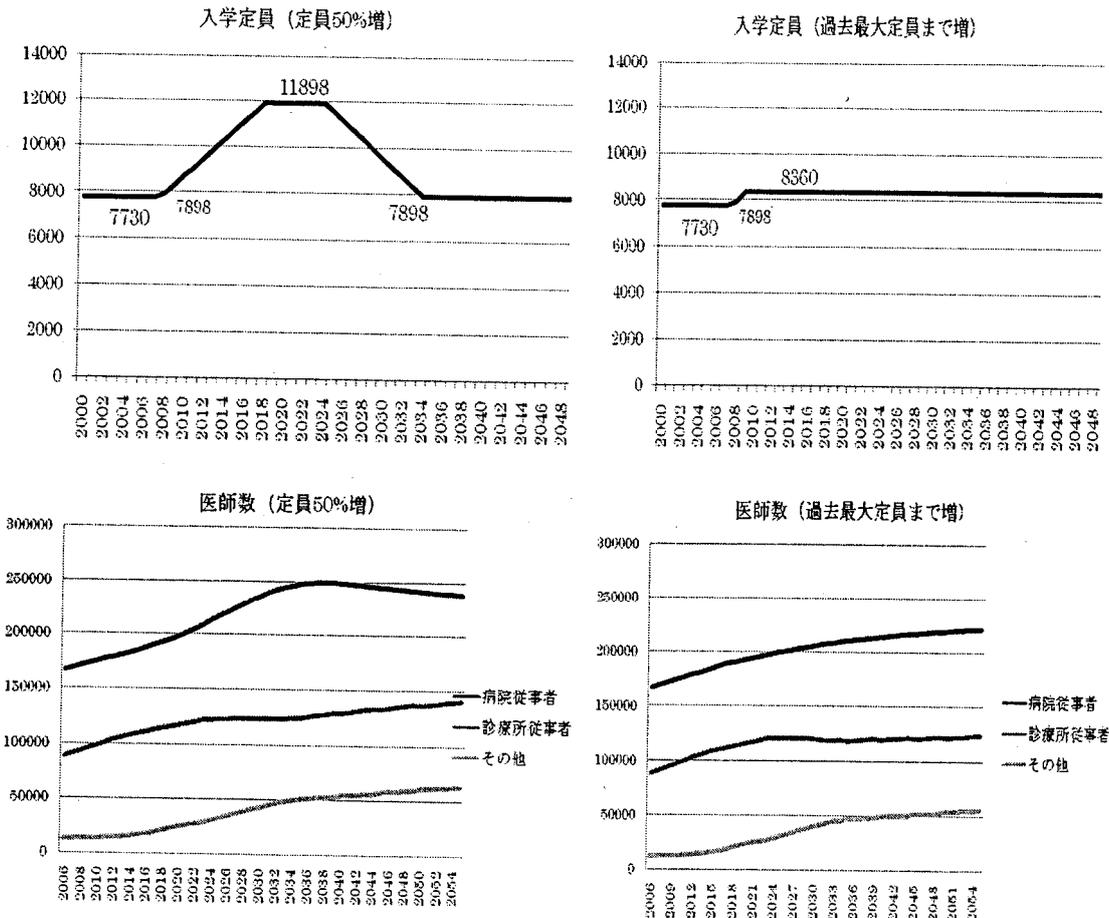
<ヨーロッパ 30~55時間程度>

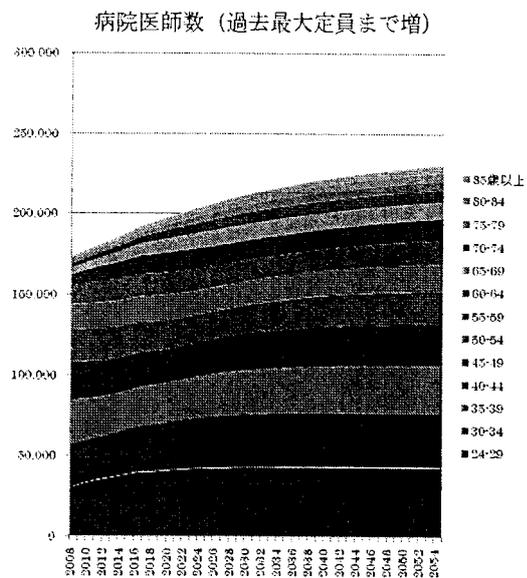
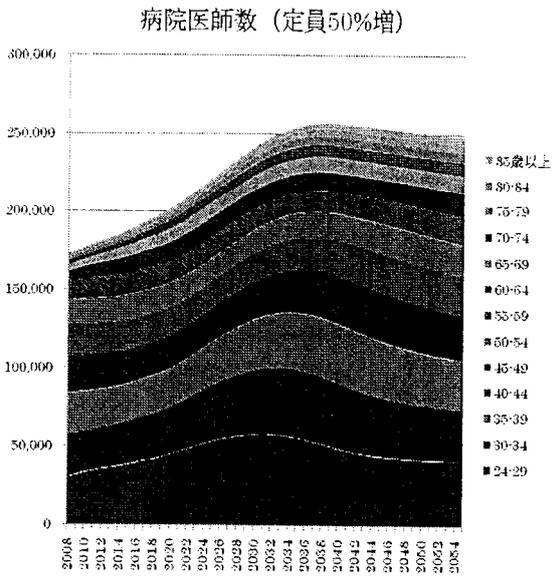
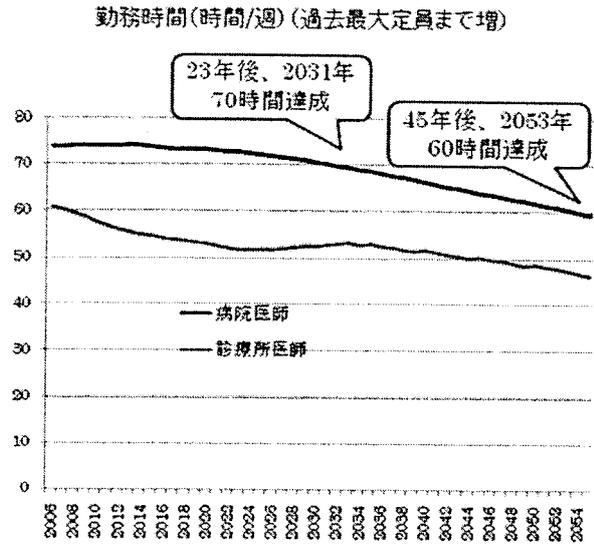
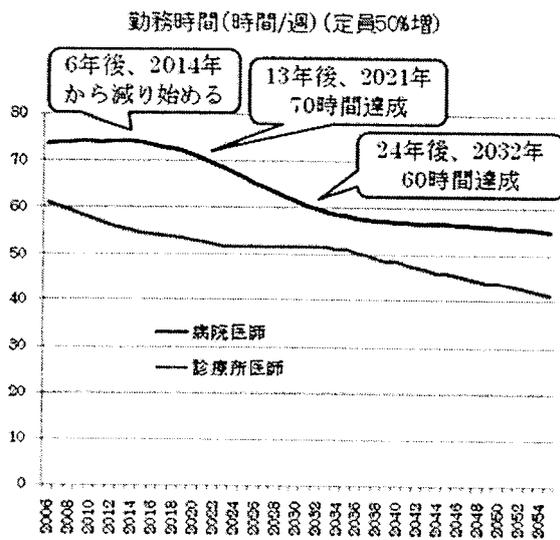


OECD Health Working Papers
The Supply of Physician Services In OECD Countries

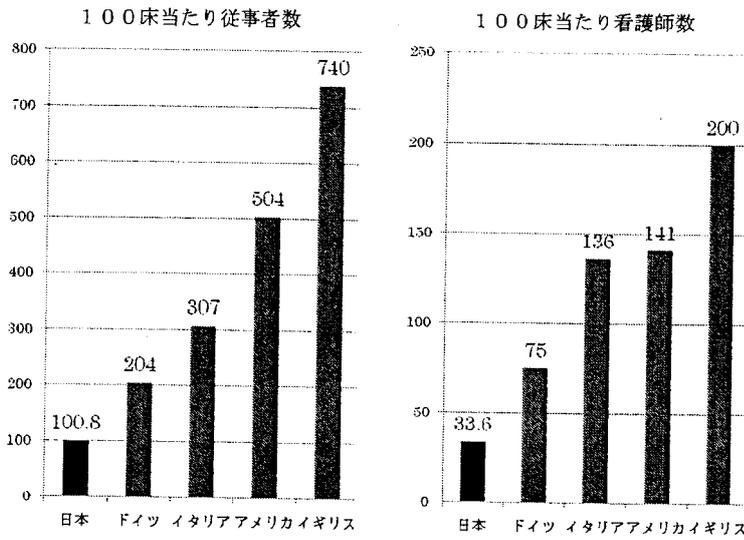
【図7】医師養成数を増員した場合の将来推計

医師養成定員を50%増員した場合(左)と、過去最大定員の8,360人まで増員した場合(右)の推計グラフを示す。





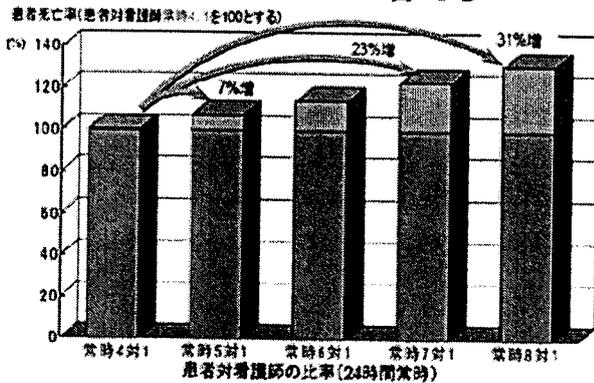
【図 8】日本の病院コメディカルは欧米平均の4分の1



OECD Health Data 2007、病院報告(厚生労働省)

【図 9】患者の安全性のために必要なコメディカル増員

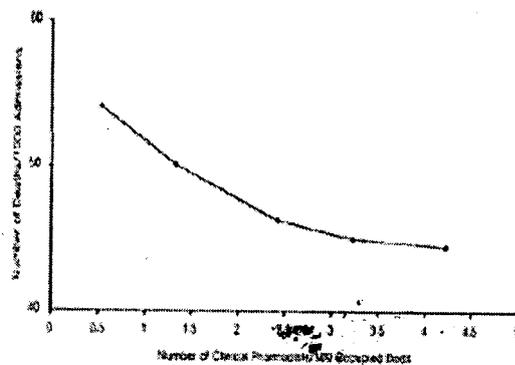
受け持ち患者が1人増えると
死亡率が7%増える



Watanabe, Nurse Staffing and patient Mortality, Nurse Turnover, and Job Dissatisfaction. JAMA. 2002

日本看護協会「看護職員の人員配置について」2005/11/15

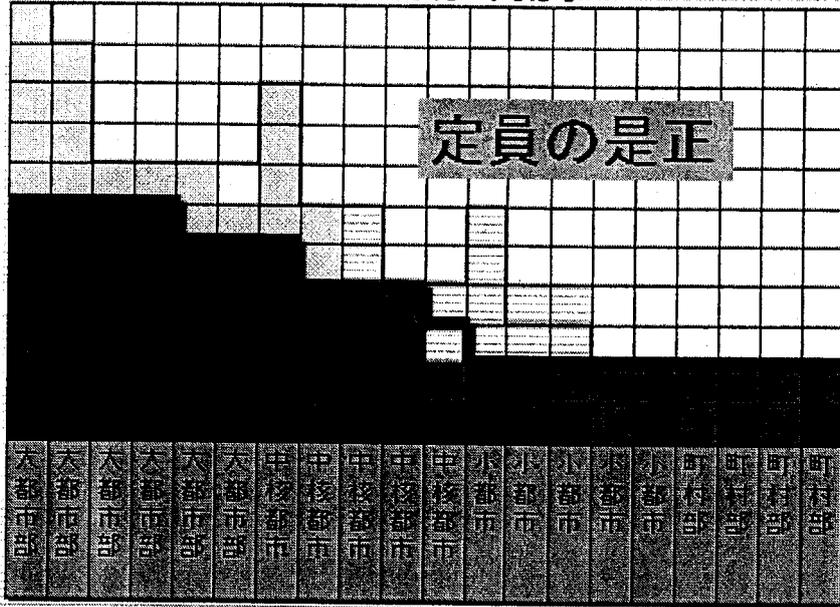
薬剤師数増加による患者死亡率低下



Relationship between clinical pharmacist staffing levels and deaths/1000 admissions.

Bond CA, et al. Pharmacotherapy 2007;27(4):481-493

臨床研修制度



臨床研修制度

