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Supplementary text

Scientific evidence relevant to issues raised by early career researchers is provided below as supplementary information.

Research

- The difficulty in data sharing was mentioned during the early phase of the pandemic (e.g., number of COVID-19 cases among healthcare workers) ⁽¹⁾. To promote research on the impact of health-related policies, sharing data on policies is important⁽²⁾.
- A Japanese survey showed that 83% of 66 post-doctoral researchers in health sciences perceived the influence of COVID-19 on their research activities in 2020⁽³⁾.
- COVID-19-related restrictions were associated with a decrease in research motivation and anxiety about future research activities, especially among young researchers⁽⁴⁾.
- Science Council of Japan and Japan Science and Technology Agency, which plays an important role in Japan's Science and Technology Basic Plan, also summarized issues and solutions^(5,6).

Practice

- In legal medicine, challenges in infection control related to forensic autopsies⁽⁷⁾. A report during the COVID-19 pandemic also pointed out the importance of good infection control measures for autopsies⁽⁸⁾. Other reports during the COVID-19 pandemic also pointed out the importance of good infection control measures for autopsies^(9,10).
- While guidelines on implementing practice during the pandemic have been published and updated ⁽¹¹⁾, a report described a disparity in implementation of infection control by company size in occupational settings⁽¹²⁾. Evidence for implementation of practice is needed⁽¹³⁾.

- Some practitioners felt hard to find and digest an enormous volume of information on COVID-19⁽¹⁴⁾.
- A survey in Japan showed that total claimed charges decreased during the early phase of the pandemic⁽¹⁵⁾. Surveys in Japan showed a 30% drop in the total number of individuals who participated in cancer screening in 2020 and 9.2% drop in the number of people with newly diagnosed cancer between 2019 and 2020^(16,17). A recent cohort study also found fewer new diagnoses of early-stage gastrointestinal cancer during the COVID-19 pandemic⁽¹⁸⁾.
- Japanese studies have shown that income level is not clearly associated with healthcare utilization, diabetes care and telemedicine use⁽¹⁹⁻²¹⁾, although these findings may have been influenced by selection bias and timing of exposure assessment.
- Physician shortage in local areas has been a long-standing problem in Japan⁽²²⁻²⁴⁾ and their working hours will be limited by law in Japan⁽²⁵⁾. To maintain the quality of medical services, information and communication technology might be helpful, especially in rural areas⁽²⁶⁾.
- A recent Japanese survey showed that 54.1% of 37 occupational health practitioners experienced problems when using an online meeting service for interviews⁽²⁷⁾. Another Japanese survey found that disparities in telemedicine use had widened across generations during the pandemic⁽²⁸⁾.
- Working from home or teleworking has been recommended in Japan for infection control since the early phase of the pandemic^(11,29). Evidence on the effect of working from home on behavioral, health, and economic outcomes is limited in Japan⁽³⁰⁻³⁵⁾. Similarly, health management for individuals working from home and effective vaccination procedure in remote settings were raised as challenges^(36,37).
- The importance of the flexible operation of administrative systems at various levels during

the pandemic was emphasized by participants. Examples include governmental response to COVID-19⁽³⁸⁾, research funding⁽³⁹⁾, approval for COVID-19 vaccines and treatments^(40,41), public healthcare systems⁽⁴²⁾, healthcare at hospitals and clinics⁽⁴³⁾, community activities by volunteers⁽⁴⁴⁾ and education at universities⁽³⁹⁾.

Social contribution

- Experts should respond to inappropriate information circulating on social media⁽⁴⁵⁾. A recent report in Japan showed that the younger generation was more unsure about and unwilling to have COVID-19 vaccinations than older generations⁽⁴⁶⁾.
- Lessons from the history of Hansen's disease are raised in relation to bioethical problems and violation of any human rights^(47,48).
- Development of resources for risk communication was recommended by Japanese government⁽⁴⁹⁾, while only limited opportunities are available for researchers to receive training or education. Evaluation of researchers' performance in social contribution is unclear for early career researchers, who are often in a precarious employment position⁽⁵⁰⁾. The roles of experts and governments in risk communication were a major issue during the early phase of the pandemic⁽⁵¹⁾.

Education

- Live streaming for remote teaching was used in only 25.5% of universities in Japan in 2016, but used at most Japanese universities during the pandemic^(39,52).
- A copyright exemption in teaching was announced by the government⁽⁵³⁾. The extent of instruction to teachers about copyright and personal information protection issues might have varied by institution⁽⁵⁴⁻⁵⁷⁾.
- Problems related to online learning have been pointed out in Japan by researchers in

medical education since the early phase of the pandemic ^(58,59). These findings on education during the pandemic will be important in improving the quality ⁽⁶⁰⁾.

- Increased suicide rates among undergraduate students were observed during the pandemic⁽⁶¹⁾. First-year university students in 2020 had higher academic distress than the previous year's students ⁽⁶²⁾.
- The disparity in the information environment was identified during the very early phases of the pandemic⁽⁶³⁾ while online learning has been introduced everywhere. It seems likely that online learning will remain a feature of universities even after the end of the pandemic⁽⁶⁴⁾.

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Figure S1. Top page of special website for Social Medicine Young Retreat 2019. The image is reprinted with permission from The Japanese Medical Science Federation and Senkyo Co., Ltd.

一般社団法人日本医学会連合
The Japanese Medical Science Federation

社会部会若手リトリート
2019

社会部会若手リトリート
2019

医学と社会の未来をつくる

日時 2020年3月5日(木) - 6日(金) ▶ 開催延期
(2021年3月5日)

場所 山梨県笛吹市 ▶ オンライン開催

この度の新型コロナウイルス感染症の流行状況を踏まえ、会期を延期し、
2021年3月5日にオンライン開催することいたしました。
限られた時間ではありますが、分野の垣根を越えて交流できることを楽しみにしてお待ちしております。

一般社団法人 日本医学会連合 社会部会若手リトリート 2019実行委員会

開催概要

参加登録

Table S1. Member societies belonging to the social division of the Japanese Medical Science Federation

	Name	Founding year	Website URL
1	Japanese Society of Legal Medicine	1887	http://www.jslm.jp/en/index.html
2	Japanese Society for the History of Medicine	1892	http://jsmh.umin.jp/index_e.html
3	The Association of Insurance Medicine of Japan	1901	https://aimj.org/
4	Japanese Association of Transportation Medicine	1914	http://jatm.umin.jp/
5	Japanese Society of Medical Instrumentation	1923	https://www.jsmi.gr.jp/
6	Japan Society for Occupational Health	1929	https://www.sanei.or.jp/?mode=view&cid=352
7	The Japanese Society for Hygiene	1929	http://www.nihon-eisei.org/en/
8	The Japanese Society of Health and Human Ecology	1930	http://jshhe.com/index.htm
9	The Japan Society of Medical Entomology and Zoology	1943	https://server51.joeswebhosting.net/~js4308/en/
10	Japanese Society of Public Health	1946	https://www.jsph.jp/en/index.html
11	The Japanese Society of Physical Fitness and Sports Medicine	1949	http://www.jspfsm.umin.ne.jp/en/index.htm
12	The Japanese Association of Correctional Medicine	1951	http://jams.med.or.jp/members-s/52.html
13	The Japanese Association of Rural Medicine	1952	http://www.jarm.jp/
14	Japanese Society of Occupational Medicine and Traumatology	1953	http://www.jsomt.jp/
15	Japan Society for Healthcare Administration	1963	http://www.jsha.gr.jp/jsha_en/index.html

16	The Japan Society for Medical Education	1969	http://jsme.umin.ac.jp/eng/index.html
17	Japan Association for Medical Informatics	1983	http://jami.jp/english/
18	Japan Epidemiological Association	1991	https://jeaweb.jp/en/
19	Japanese Association for Disaster Medicine	1995	https://jadm.or.jp/contents/en/

Data were retrieved from <https://jams.med.or.jp/members-s/index.html> as of Apr 21, 2021

Table S2. Time schedule of the Social Medicine Young Retreat 2019 held on March 5, 2021

Time course	Contents
8:30-9:00	Video introduction of <i>Schistosoma japonicum</i>
9:00-9:15	Opening ceremony
9:15-9:25	Self-introduction
Group work session	
9:25-10:00	In-group introduction and free-style conversation
10:00-10:50	First group work
10:50-11:00	Break
11:00-11:45	First presentation
11:45-12:05	Second group work
12:05-12:30	Second presentation and feedback from the senior member
Closing session	
12:30-12:40	Taking group photos of participants
12:40-12:50	Closing ceremony

Table S3. Webpages of Social Medicine Young Retreat and Forums

Name of the event	Date	Website URL
Social Medicine Young Retreat 2019	Thursday-Friday, March 5-6, 2020 (postponed) Friday, March 5, 2021	https://www.jmsf.or.jp/news/page_340.html https://www.senkyo.co.jp/sretreat2019/
1 st Social Medicine Young Forum	Saturday, June 26, 2021	https://www.jmsf.or.jp/news/page_729.html
2 nd Social Medicine Young Forum	Friday, August 27, 2021	https://www.jmsf.or.jp/news/page_938.html
3 rd Social Medicine Young Forum	Saturday, December 4, 2021	https://www.jmsf.or.jp/news/page_312.html
4 th Social Medicine Young Forum	Friday, March 4, 2022	https://www.jmsf.or.jp/news/page_398.html