

A Report on the Junior Doctors Network (JDN) Meeting: The JDN's Challenges and Future Prospects

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Introduction

We would like to report on the Junior Doctors Network (JDN) Meeting held in conjunction with the 2013 World Medical Association (WMA) General Assembly in Fortaleza, which we were given the opportunity to attend as practitioners representing junior doctors in Japan. The meeting preceded the opening of the WMA meeting and took place on the 14th and 15th of October in Fortaleza, the capital of Ceará, a northeast state of Brazil.

JDN History

Approved at the WMA conference in October 2010, the JDN is the world's first international platform for young medical practitioners around the world. The goal of the JDN is to provide a forum for experience-sharing, policy discussion, and project/resource development on issues of interest to junior doctors, including (but not limited to) global health, postgraduate training, safe working conditions, and physician migration. The new organization presently has members in about 50 countries. In Japan, the domestic version of the JDN was launched in 2013, initiated by young doctors and the members of the Medical Student Subcommittee of the Japan Medical Association (JMA). The group has just recently become active, with 21 young Japanese doctors registered as members. In 2013, one of the member doctors attended the WMA General Assembly in Indonesia in April, and

another member took part in the Confederation of Medical Associations in Asia and Oceania (CMAAO) meeting held in India.

JDN Meeting Report

For the JDN's two-day meeting in Fortaleza, 21 members from 11 countries, including Japan, joined the activities. On the first day, representatives from participating countries introduced their current JDN activities and issues they are facing. In this meeting, members from Canada, Jamaica, Korea, Turkey, Germany, Brazil, and France made presentations and shared their experiences. Except for Turkey, which established their JDN as an entirely new organization, all participants were representatives of existing groups for young doctors. One presentation which impressed us greatly was the one by Canada, which also has the Canadian Association of Interns and Residents (CAIR), an organization representing about 8,000 residents nationwide. This group is engaged in activities such as medical education and policy/advocacy, as well as physicians' well-being, and has already implemented a large number of projects. At the time of the presentation, the organization was carrying out the Annual Survey of Canadian Residents, a questionnaire survey evaluating practitioners' well-being in terms of various aspects, such as working hours and working environments, mentorship, career counseling, and employment opportunities. We found their activities and organization particularly inspiring

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as a guiding reference for our future activities in Japan. The participants then went through a review of WMA policy then presented their member country's respective statements and discussed them. Among the topics concerning human sexuality, a policy statement asserting that homosexuality is not a disease but within the scope of nature (normality) attracted an extremely lively debate. The depth of social, cultural and religious differences among the participating countries, some of which legally prohibit homosexuality, left a strong impression.

The participants were then briefed on current JDN activities regarding the "Well-being Policy White Paper," "Global Health and Ethical Implications," "Global Survey: Postgraduate Medical Education," and "Workforce Policy Paper," as well as the JDN's participation at various international conferences. In particular, a Working Group on Patients' Well-being has been established within the JDN; this working group has been very active and formulated a policy statement. This policy proposal was approved by the WMA General Assembly, and it was decided to carry on the discussion within the framework of the WMA. Also, during this session, the Japanese and Korean JDNs took the initiative in proposing that a JDN meeting be held in conjunction with the WMA Mid-term Council Meeting to be held in Tokyo in April 2014, which was approved by the Assembly.

JDN Election Term for 2013/2014

On the second day of the JDN meeting, executive members of the JDN were elected. Prior to this event, the organization announced the election and called for candidates through the JDN mail magazine, and the candidates' profiles, (including Motivation Letters and CVs), were shared online. As some candidates were unable to attend the meeting in Brazil, the organizer arranged an online system through which participants could ask the candidates questions. This time, Korean and Myanmar representatives were elected from the Asian region, promising further involvement of the region in JDN activities.

The JDN's Challenges and Future Prospects

Exchanges during the JDN meeting suggested

that young doctors across the globe share largely the same problems, such as working hours and labor environments. In this sense, it seems very beneficial for junior doctors to step beyond the boundaries of their specialties to work and voice their opinions together on the JDN platform. At the same time, however, the organization has issues in terms of its operational structure. The group is still young and therefore is immaturely structured, with no clear divisions between different roles. This makes it difficult for the organization to coordinate its activities with outside establishments. Future JDN meetings will focus on the importance of the meeting itself.

As for the JMA-JDN (Japan Medical Association-Junior Doctors Network), the group is currently working on three core activities: establishment of a structured affiliation between the organization and the JMA; promotion of JDN visibility; and implementation of Annual Survey targeting junior doctors. Through its Annual Survey, the group aims to identify the concerns and preferences of young doctors in Japan regarding their work, living, and study environments and make policy proposals based on these findings as the consensus of the young generation. JDN has members across the country, and these members are in regular contact through online and actual face-to-face meetings to discuss these issues.

With regard to the JDN meeting in Tokyo scheduled for April, as the host of event, the JMA-JDN is committing itself to making the meeting an opportunity for the JMA-JDN to establish close ties with Asian countries and strengthen the network between Asia and the world. Through this event, we expect that more young practitioners in Japan and Asia will involve themselves in JDN activities, identify common problems and concerns shared among them, and voice these issues within the international community in order to promote the presence of the organization. Although the history of the JDN has only just started, its activities have great potential to connect young doctors across the world. Through policy making, learning about other countries' medical systems and practices, and researching and studying abroad within the new framework, the future JDN will be able to provide young doctors with a new platform of learning. As for the JDN-JMA, it will expand its activities as one of the few organizations representing junior doctors in Japan.

Conclusion

At the WMA General Assembly held after the JDN Meeting, we had the opportunity to closely observe the historic decision following discussions on the revision of the Helsinki Declaration. It was highly educational to watch prominent doctors from around the world exchanging opinions backed by solid visions and to witness the roles and significance of national medical associations. We would like to make the best use of this precious experience to enhance the activities of the JMA-JDN. Last but not least, we would like to express our heartfelt thanks to the WMA and JMA for giving us such a precious opportunity.

References

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