

JUNIOR DOCTORS NETWORK

Newsletter

The World Medical Association, Inc.
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Junior Doctors Network,

WMA Press Release

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Picture: AFP/CELLOU BINANI

Junior Doctors Condemn Working Conditions in Dealing With Ebola Fever

Serious deficiencies in the working conditions of junior doctors dealing with the Ebola virus in West Africa have been highlighted by the World Medical Association.

Following concern raised by its junior doctor members about the situation in Guinea, Liberia and Sierra Leone, the WMA has urged the authorities to take immediate action to protect junior doctors and other health personnel who are on the front line treating those with Ebola virus infection. Since the outbreak began several months ago, hundreds of people have died or become infected, including physicians and health care staff.

Dr. Nivio Moreira, Chair of the WMA's Junior Doctors Network, said: 'Junior doctors are the most vulnerable healthcare staff as they are in first line contact with the infected and their next of kin. We are appalled by reports that many junior doctors are not provided with protective equipment essential for dealing with such a deadly disease.

"We are also concerned about reports of unsupervised junior staff in the current Ebola outbreak, which needs high level of expertise to support the junior staff. These are major threats to all those working in these situations and go to the heart of safe working conditions."

Dr. Margaret Mungherea, President of the WMA, said: 'The authorities and stakeholders must take appropriate action to constitute supervised and protected working conditions for junior doctors and all healthcare staff. The WMA also would like to emphasize the importance of handling all suspected cases of Ebola as seriously as the diagnosed ones. While engaging the infected individuals, WHO endorsed protocols should be adopted by health authorities.

"Governments have a responsibility to ensure that health workers are trained and provided with a safe workplace and protective gear."



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Editorial

Written by Dr. Wunna Tun, Editor in Chief, WMAJDN Newsletter



Starting from last issue, World Medical Association Junior Doctors' Network (JDN) Newsletter received its own ISSN (2312-220X) as WMA JDN continues to grow and becomes the leading voice for young doctors globally.

The cover highlights recent WMA and WMAJDN statement on about "Junior Doctors Condemn Working Conditions in Dealing With Ebola Fever".

This issue includes:

- Elizabeth Wiley, MD, JD, MPH highlights our Current project on wellbeing.
- Caline Matter, MD shares update from WMA-JDN and IFMSA collaboration at the Alumni meeting.
- Chiaki Mishima, MD presents social activities from the WMA Council meeting at Tokyo.
- Eugene Macalinga reports on AMSA Philippines alumni club activities.
- Pasqualina Coffey, MBBS discuss about physicians' work hour survey in Australia from the national Doctors in Training Annual Meeting.
- Roy Shen et al recounts medical services given by Taiwanese Doctors to the local population in Malawi and to flood victims in Solomon Islands.
- Joanna Xanthaki, MD share about the newly created JDN in Greece.
- Ahmet Murt MD Share share about his observing report on European Junior Doctors Meeting.

I am sure you will enjoy the stories in this issue.

Written by Dr. Elizabeth Wiley Socio Medical Affairs Officer WMA JDN



Physician Well-being

Earlier this year, National Member Associations (NMAs) were invited to submit comments on the physician well-being policy statement initially submitted by the Junior Doctors Network (JDN)

for consideration at the last WMA General Assembly in Fortaleza. NMAs submitted a diverse array of comments.

During the WMA Executive Board meeting held in April in Tokyo, an Expert Working Group was established to provide recommendations on the physician well-being policy statement. The Expert Working Group includes representatives from the American Medical Association (chair), Japanese Medical Association, German Medical Association, French Medical Association and South African Medical Association. This group has begun its work and will present its recommendations on the physician well-being policy statement at the next WMA General Assembly in Durban, South Africa. JDN Chair Nivio Moreira will be representing the JDN on the Expert Working Group.

Within the JDN, the Physician Well-being Working Group continues to meet to prepare the physician well-being white paper for consideration at the upcoming WMA General Assembly in Durban, October 6-11, 2014. The white paper focuses on several dimensions of physician well-being:

- › Stress and distress
- › Mental health
- › Fatigue, sleep deprivation and medical error
- › Bullying and harassment
- › Substance abuse
- › Physician support

The Junior Doctors Network of the World Medical Association was formed in 2010 and is the first global platform representing all Junior Doctors worldwide.

The views expressed in this newsletter are opinions of authors and not necessarily reflect the opinion of WMA.

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JDN at the IFMSA General Assembly in Hammamet, Tunisia

By Caline Mattar, M.D. Deputy Chair, WMA JDN



Since the foundation of JDN by IFMSA alumni, several more have joined our network, and have participated in shaping its work. JDN was represented at the IFMSA General Assembly by three officials, Elizabeth Wiley, Socio-Medical Affairs officer and Supervising Council Member of the IFMSA, Fabian Klein, Liaison to IFMSA and IFMSA Alumni Director, as well as Caline Mattar, JDN Deputy Chair.

JDN actively participated in the Alumni meeting, and we had the chance to present JDN and its activities as Drs. Margaret Mungherera, (WMA President), Xavier Deau (WMA President Elect), Dana Hanson (former WMA President), and Mukesh Haikerwal (Chairman of the Council) were also present at the meeting,

and we had the opportunity to discuss JDN and its future with them. The WMA organized the North African Regional Forum in parallel to the IFMSA Meeting in Hammamet, Tunisia which featured local health leaders alongside leaders in health care from Morocco, Algeria and Libya.

Overall, it was a wonderful collaboration experience with the IFMSA, and an opportunity to reach out to the North African Region, both for the WMA and the JDN.

Things gained from the behind-the-scenes activities of Tokyo meeting

By Chiaki Mishima, M.D. Deputy Chair, JMA-JDN

In conjunction with the WMA Council Meeting in Tokyo, JDN meeting was held on 27 April. We would like to report on social activities and a facility visit to a Japanese medical institution, arranged primarily by Japanese JDN members. On 25 April, 10 JDN members visited Disease Control and Prevention Center (DCC) of National Center for Global Health and Medicine. DCC was established in 2004 when SARS outbreak took place, and it is made up of three departments; Global Infectious Disease Prevention Division, Travel Clinic (health checkup services for overseas travelers) and Infectious Disease Division.



Opinions were exchanged regarding preventative measures of infectious diseases, vaccination systems, and reporting frameworks of new/re-emerging infectious diseases in various countries. It had been an immensely interesting experience to share and discuss the different systems and social backgrounds.

In addition, during WMA conference social gatherings were organized at izakaya (Japanese style pub) and karaoke. Fellow members who actually met each other face to face for the first time enjoyed music and food together. This mixture of music of numerous languages, enjoyment of singing together even if words are unknown must be something unique to JDN. In addition, with WMA members joining, we were able to deepen the conversations beyond the boundaries of nations and generations.

Furthermore, in sightseeing tours of Japan arranged by JMA, people walked around Tokyo Tower, Asakusa and Zoujouji Temple, and I am sure they had enjoyable experiences of the comfortable Japanese public transportation systems, Japanese food and considerate "omotenashi (hospitality)" culture of Japanese people. By having those events held before the meeting, participants were able to share their thoughts and background with each other, which surely made the discussion in JDN meeting smoother and helped with creation of new ideas generated from offline conversations. We hope that this friendship and ties of JDN that had deepened in Tokyo would help with the development of future activities, and that such social events would be organized as part of JDN meeting in the future as well.

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AMSA Philippines Alumni Club (AMSA-PAC) talks about Junior Doctors Network (JDN)

By Dr. Eugene Tordecilla Macalinga

AMSA-PAC, a network of young medical doctors from the Philippines, The AMSA Philippines Alumni Club (AMSA-PAC) is an organization of young medical doctors in the Philippines involve in several projects related to health and it actively participates in both local and international medical and health related conferences.

AMSA-PAC members are once members of Asian Medical Students' Association (AMSA). Now, as most members are pursuing their residency and specialty programs, the group is continuously finding ways to make its organizations active through its regular meetings plan of actions and future activities.

Among the young doctors who initiated the formation of AMSA-PAC included Dr. Wilfredo Santos, Dr. Joel Buenaventura, Dr. Eugene Tordecilla Macalinga, Dr. Joanna Choa, Dr. John Ong, Dr. Michael Pineda, and Dr. Renzo Guinto.

In the last meeting of AMSA-PAC, Dr. Eugene introduced Junior Doctors Network and distributed printed of JDN Newsletters. AMSA-PAC is continuously working to engaged and is active for future collaborations and activities.



Working hours and access to quality training –have we got the balance right?

By Dr. James Churchill, MD CDT Chair & Dr. Pasqualina Coffey, MD Northern CDT representative



In March the Australian Council of Doctors in Training (CDT) held its annual Trainee Forum. This yearly event brings together young doctors from all around Australia who are training in their respective specialties to discuss common issues, share ideas and formulate priorities for Australia's strong medical training system.

One of the issues discussed was the perception of trainees regarding working hours and quality of their training. While many junior doctors feel that limits on working hours are a beneficial development that improve work life balance, fatigue and stress, to many it represents an unnecessary limitation on their training and ability to gain skills. To inform the discussion the Australian Medical Association conducted a Training Hours survey of hospital-based trainees. The survey was conducted over a one-week period from 5-12 March 2014. A total of 619 responses from college trainees working full time hours were received, with a rough half-half split between basic and advanced trainees.

The key results were:

- The average weekly hours worked was 54.6 hours.
- 51% said they were working about the same hours in 2014 compared to 2013.
- 69% said their working hours were 'about right' and adequate for training, including meeting College requirements.
- 55% said their working hours were 'about right' and provided an appropriate work/life balance.

In contrast, the Royal Australian College of Surgeons trainee Association found that surgical trainees felt that approximately 60 hours per week proved an appropriate balance of working hours for surgical training. Study and lifestyle demands were better met at around 55 hour a week. This is consistent with the average weekly hours reported by procedural trainees in the AMA survey who reported working 60.8 hours a week on average, compared to 52.8 hours a week for non-procedural trainees. Interestingly, the same proportion of trainees among both procedural and non-procedural specialties felt their hours were excessive (22-23%).

Historically, trainees across a range of disciplines worked additional hours and incurred significant overtime.

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However, growing trainee numbers have introduced the option to state health departments to employ more trainees and reduce their overtime budgets. Surgical trainees at the Forum reiterated their concerns that any mandated decline in working hours would have an adverse impact on training, with insufficient clinical exposure and potential patient safety issues.

This tension has led to the proposal for procedural trainees to seek alternative industrial agreements that would allow certain trainees to work longer on a salaried basis without needing overtime payments. Individualising industrial arrangements risks hard won entitlements, entrench long working hours, and create difficult precedents for other trainee groups.

As such CDT will continue working with college trainee groups to forge workable answer that balances quality of training with doctor safety and wellbeing. We would be very interested if this is an issue that you have faced in your own countries and what the outcomes were.

Junior Doctors' Network Hellas

By Dr Joanna Xanthaki, MD



February 27, 2014 marks the formation of Junior Doctors' Network Hellas - JDN-Hellas. A group of 8 young doctors, sharing the same views on international communication and collaboration in the fields of Medicine and Health, decided to join JDN-WMA as a team willing to participate in various actions.

In our first online meeting, after we established our internal regulation as an independent, nonprofit organisation of Greek junior doctors, we started planning our orientation and goals. Shortly after, our Facebook page (<https://www.facebook.com/pages/Junior-Doctors-Network-JDN-Hellas>) and Twitter account (<https://twitter.com/jdnhellas>) were created in order to make our existence more widely known. Celebrating the World Health Day on 7th April 2014, we promoted a video based on WMA's campaign about influenza vaccination and we also spread helpful information as far as flu symptoms, cautions and vaccination against it are concerned. The reason we dedicated WHD 2014 to influenza vaccination awareness, especially aiming to motivate vaccination among our peers and other healthcare workers, is because of the very high annual death rates from the flu in Greece, the highest in Europe.

As a result, our first action as JDN Hellas proved quite effective and it also raised our popularity; making us even more willing to schedule and organize lots of other actions in the future. More information about us and our WHD 2014 campaign can be found at our above mentioned Facebook page.

We hope to a fruitful international collaboration with all of you, our colleagues in JDN-WMA. Hopefully, you will be hearing more news from us in the near future, as our team grows... Greetings from Greece!

Stepping into the Warm Heart of Africa - Malawi

By Dr. Shun-Chun Richard Lo & Dr. Jen Hsiang Roy Shenna Xanthaki, MD

The Republic of Malawi, located in southeast Africa, is also nicknamed "The Warm Heart of Africa". It is still developing and relatively densely populated, while around 85% of the population lives in rural areas. More than one-third of GDP and 90% of export revenues come from agriculture. Under pilot training program of Taiwanese Ministry of Health and Welfare (Taiwan MOHW) and Luke- International-Norway (LIN), we were relocated to the office in Mzuzu. About 80% of the staff are local Malawians. As we know, the contemporary concept of community empowerment emphasize the grass roots effort to improve health of its residents.

We would like to share the medical part in this article, and would like to share the community projects in the next newsletter.



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We were introduced to the Mzuzu Health Center (MHC), and arranged to take part in their outreach services to . The MHC has pediatric OPD, adult OPD, maternity, VCT, pharmacy, dental, eye, and health education. There is no official inpatient facility, but a make-shift room with 4 beds were available for observation. The staff are supported with clinical officers and technicians. The clinical officers are health workers empowered to provide basic medical services to the community that they serve.

On the following days, we went to Kaweche, a town 21km away from Mzuzu. Its health center is still under construction, but already has many operating departments like the MHC. Another service module is needed, in which near-households posts stand out. We visited a CCM (child care manager) in Doroba Village. CCM offer the first aid to children under 6 years old. There is a flow-chart for the CCM to distinguish the danger and non-danger signs, such as the respiratory rate, or seizures. If there is no danger sign, basic medicine will be given. Though it may seem simple, it is an effective way to disseminate medical services in a region lacking medical resources. Additionally, the CCM is also in charge of monitoring children's nutritional status. If there are under-nourish children, the CCM will give proper education or supplements to the caregivers.

After learning about the infrastructure, we had rotations in the Mzuzu Central Hospital (MZH). It is really touching to see how the staff there are putting up their service to their highest quality with the limited resources available to them. There are also many UN volunteer doctors working there alongside the grass roots efforts.

Thinking back to the JDN concepts, we are trained strictly under well-equipped hospitals. The actual service module in the rural area would be different from what we have learned in the classroom. Doctors could not work alone; they must cope with the restrictions, and take account of the socio-economic determinants. We will elaborate about the community projects in our next briefing.

In end, we humbly grab this chance to convey a message from one intern doctor, Dr. Enerst Katiyi. We have spoken about the shortage of pocket medical books for Malawian young doctors. There is very limited access for these books. We frankly don't have a sustainable model for providing young doctor in need of pocket medical books. However, if you would like to donate your resources, please contact (Dr. Enerst Katiyi: katiyiene@gmail.com). As we plan, our next JDN meeting in Durban, we hope to continue our efforts to integrate young doctors, particularly ones from challenging socio-economic situations.



Young Doctor in Medical Rescue Action toward Solomon Islands' Flash Flood

By Dr. Yin-Shuo Chang & Dr. Jen-Hsiang Shen

Solomon Islands is a charming tropical island country locate in the South Pacific with plenty of natural resources and beautiful beaches. Nevertheless, Solomon Islands encountered a tremendous heavy rain on April 3-5, 2014 and resulted in massive flooding in Honiara, the capital city, and the rest of Guadalcanal province. The disaster has caused at least 23 death and more than 52,000 people lost their homes, livelihoods and basic infrastructure. Until now, there are only 31 temporary evacuation centers housing more than 9,000 people. The Government of Solomon Islands has declared a state of emergency in Honiara and Guadalcanal province.

As a young medical doctor and a member of Junior Doctors' Network of World Medical Association, I have engaged myself in the medical rescue action efforts to help victims of the flash flood in Honiara and the rest of Guadalcanal province. I participated in general treatment of patients at the temporary evacuation centers and the Good Samaritan Hospital in east Guadalcanal.

Due to the increasing number of emergency patients, shortage of medical doctors and potential outbreak of diseases after the flood, I also collaborated with the National Referral Hospital medical team. The National Referral Hospital is the final retreat for all advanced care in Solomon Islands. However, they have also encountered similar shortages of medications and doctors during this disaster period.



Health cluster coordination meeting in WHO Solomon Islands of fice: From left to right: Dr. Audrey Aumua(WHO SI head officer), Australian medical rescue doctor, Dr Arun K Mallik(Health Cluster Coordinator)

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I provided medical service in the emergency department and the mobile clinic that visited many temporary medical sites to render free medical services to people in the flooded communities.

The World Health Organization (WHO) and Ministry of Health and Medical Services have also made priorities for health including access to safe water and sanitation facilities, nutrition and food safety, maternal and child health services, mental health and psychosocial support, preventing the spread of communicable diseases as well as environmental sanitation.

As the health cluster lead of the disaster response, WHO Solomon Islands also held several meeting to coordinate the works and medical recourses provided by other health partners like UNICEF, Australian Aid, MSF, Taiwan Health Centre, etc. As one of the doctor from Taiwan Health Center, I have the chance to participate in the health cluster coordinate briefings and

shared the lessons and mistakes of our efforts and account for resources we have in hand right now. It's a good opportunity to be part of the international effort and cooperation as mentioned at the recent World Health Assembly, global warming is a problem and it has made the sea level rising and caused drastic weather changes. This kind of natural disaster may become more frequent in this Pacific island country in the future. Dr. Audrey Aumua, head officer of WHO Solomon Islands, said "Health is our first priority, and we need to make a Humanitarian Action Plan for this kind of disaster immediately." I am so glad to have the chance to engage in the rescue action and participated in the international cooperation. It's an unforgettable and useful experience for young doctor like us to keep practicing medicine in the emergency and medical rescue status.

From 2006, the Taiwanese government has implemented global health training into the national military service system, served by all healthy male for 1 year. Annually, 2 - 6 MD or DDS graduates would be trained to be the officers for international co-operation in the Ministry of Health and Welfare. This year, 2 other doctors, Dr. Shun-Chun Lo and Dr. Jen-Hsiang Shen and I have completed this training before we were expatriated for service.



Dr. Eugene Yin-Shuo Chang(middle) provided free medical service with mobile clinic from Taiwan Health Center in temporary evacuation centers, Honiara, Solomon Islands.

European Junior Doctors Spring Meeting(Observing Report)

By Dr. Ahmet Murt (Secretary of WMAJDN)



Representatives of 25 European Countries and Medical Organizations met on 9th-10th May 2014 in Debrecen, Hungary for the Spring Meeting 2014 of the European Junior Doctors (EJD) Permanent Working Group to discuss main issues related to working conditions and education of junior doctors. The meeting was hosted by Hungarian Resident Doctors Association. The meeting also included General Assembly of the organization where rules and procedures as well as new membership issues and other managerial plans were discussed. One of the hot topics

for in Europe for a while is Working Times and invited speaker European Commissioner Laszlo Andor gave a presentation about EU Commission's perspective for the issue. Junior Doctors were happy to hear that EU Commission does not only initiate court cases for the countries who fail to apply European Working Time Directive, but they also provide technical assistance to countries. The discussion continued with specific examples from France and Ireland. With 19 member countries presenting their interim reports, working conditions, the employability and brain drain, mobility and migration, and specificities and challenges related to postgraduate education were discussed to provide a wide European perspective. Sweden has been approved by General Assembly to join EJD as a member country. In the past year, EJD has organized several workshops in different countries across Europe to touch specific issues related to junior doctors in own environment. This helped EJD to get closer to country specific topics. These initiatives helped junior doctors to raise awareness about their working conditions. In order to cope with potential pitfalls in health workforce, joint action on the planning is crucial and this was also discussed by the representatives at the meeting

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White Paper

Social media and medical professionalism

Relevant Junior Doctor Policy

Ethical Implications of Collective Action
by Physicians

Current projects

Doctors' health and wellbeing
Global health training and its ethical implications
Quality in postgraduate medical education
and training

Save the date! Upcoming meetings in 2014-2015

- › October 6 - 7, 2014 :WMA Junior Doctors Network Meeting Durban, Africa
- › November 22-23 2014 : Eastern Mediterranean Regional Meeting Beirut, Lebanon
- › April 15, 2015 (tentative): WMA Junior Doctors Network Meeting Oslo, Norway
- › May 16- 17, 2015 (tentative): JDN Working Meeting in WMA, France

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are opinions of authors and not
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