

## **SESSION 3: DILEMMAS AROUND THE JUNIOR MEDICAL WORKFORCE**

Authors were asked to use the following guidelines in preparing their papers.

The postgraduate training of junior doctors has traditionally been based almost entirely on an indentured service/apprenticeship model. Although structured training programs and the use of various forms of clinical simulation are increasingly important, junior doctors still need extensive clinical experience for their training, and hospitals depend on them to sustain services.

What can be a very beneficial mutual dependency is frequently the source of major problems:

- a) the numbers, geographical location and speciality mix of training posts can be determined more by the immediate needs of the hospital system rather than longer term educational or workforce planning considerations;
- b) a chronic imbalance between training and career posts leads to inappropriate large scale importing of overseas doctors; and
- c) day to day service pressures can swamp structured training and reflective learning, while the service dependency on junior doctors makes it difficult to close educationally substandard posts.

These problems appear to exist to different but significant degrees in all four countries, and the session will use these different perspectives to explore:

- a) the approaches used to plan numbers of doctors in postgraduate training and their relative success in achieving a correct trainee:career post balance;
- b) the impact of different approaches to funding postgraduate medical education on these problems;
- c) the challenges of delivering appropriate education for primary care specialists from a hospital base;
- d) innovative approaches to relieving junior doctors of inappropriate or excessive service burdens, and their relative success; and
- e) the potential impact of new teaching/learning methods, particularly clinical simulation, on the traditional service/education balance.