Junior doctors: towards a solution?
John Scott Werry

The current industrial dispute between junior doctors and their employers is but the latest in a long running saga. The last one resulted in the Hunn report of 2009, commissioned two years earlier. While there were a number of specific recommendations, the central leitmotif was that junior doctors should be regarded primarily as trainees rather than a pair of hands, with some of the employer powers to be transferred to an independent national body. It is also clear that the commissioners saw the junior doctors as victims.

Seven years later, one of the members says that almost none of the recommendations have been enacted. The reasons he gives are primarily the implacable opposition of the DHBs and, to lesser degrees, of the profession, the Ministry of Health and the Medical Council; no one seemed in favour. The incoming National Government did not see this as their report and so let it die. To sum up, it appears that the employers and other authorities over the lives of junior doctors are unwilling to cede power, so the only recourse the junior doctors have is industrial action.

As far as I can see, conspicuous by their absence were the two Medical Schools—despite the fact that this was framed by the Hunn report as an educational issue. Yet in my view they could be the white knights in this impasse. For this to happen, two things are necessary—to use research rather than rhetoric and to think in a scholarly way about medical education.

In the first instance there needs to be a properly designed study to test two hypotheses: that some of what junior doctors do is wasted effort and, second, that some of what junior doctors do could be done by less highly-trained, expensive staff such as nurses or technicians. It seems sad that a profession of applied scientists has not done this fundamental research adequately to allow some relief for junior doctors.

Then the whole structure of medical education, which is basically unchanged since Otago Medical school opened its doors in 1875, needs a thorough review as to its fitness for the 21st century. The current structure is that of a six-year double Bachelor’s degree followed now by an apprenticeship training governed by the guilds and Medical Council, not the universities.

Looking now at the pathways of non-medical students, there has been a massive shift toward graduate programmes in masters and doctoral programmes. Why could medical education not follow suit?

This would require following the Hunn report’s recommendations to regard junior doctors not as trainees but as university graduate students. There could be two streams; MD for practitioners and the other, PhD for academics. This would of course return the MD as the qualifying degree as it was in the 13th century and for five centuries thereafter when the guilds emerged as omnipotent.

To accommodate the usual doctoral stream of five years, the undergraduate medical course could be cut to four years and the graduate phase to five years, or nine years in all.

The implication that is likely to stick in the craw of junior doctors and students is that they would have to pay, not be paid. This would free up monies for employing substitutes for the current junior doctors, which could include some senior doctors as well as nurses etc. Also why should doctors think they are entitled to a more lucrative path than other doctoral students? Our neophyte doctors and students are likely to live and practise for 40 to 50 years and recoup a thousand-fold any costs of the unpaid graduate training.

I am not suggesting that this would be easy or could be done in short time, but
as a profession we need to put aside unre-searched medical education and practice and think creatively for a change instead of being caught between the Scylla of the licensing bodies and the Charybdis of the DHBs. Medical schools are supposed to be like the University—a community of scholars not what Flexner4 so deplored: "trade schools".

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Nil.

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