



European Junior Doctors

## EJD Report to the UEMS Council

*October 2026*

*Valentina Pugelj | Chair of the Postgraduate Training Committee*

Since the last UEMS Council in Tunis, the European Junior Doctors Association (EJD) has continued in collaboration with UEMS and advanced its work on postgraduate training, working conditions, and workforce sustainability. This report brings together the main points of work from spring to early autumn 2026.

### **Strategy and organisational development**

At our 50th Anniversary General Assembly in Bad Nauheim, members adopted the EJD Strategy 2026–2031, our first comprehensive strategic framework. The Executive Board subsequently adopted the Strategy Workplan 2026–2027 at its meeting in Riga on 28–29 August. The workplan translates the strategy into initiatives with timelines and indicators, with further member input scheduled for the Autumn General Assembly.

### **Collaboration with UEMS**

Feedback from our representatives indicates increasingly positive experiences within UEMS Sections and MJC's. At the Spring General Assembly, new EJD representatives were elected across fourteen specialties. Polona Gams from Slovenia also joined the Workforce, Working Conditions and Welfare group. These steps strengthen opportunities for junior doctors to contribute to specialist training and professional standards across Europe.

I represented EJD at the first UEMS Congress in Leuven on 27–30 May. During the accreditation session, I emphasised that accreditation should safeguard meaningful education and ensure that trainees receive the training they need alongside their service responsibilities. EJD has been invited to join European Training Requirements (ETRs), I tried my best to be involved despite some challenges.

### **Mapping postgraduate training across Europe**

The PGT Committee presented a new mapping project covering training access, employment status, funding, mentorship and portfolios. Members provided feedback at the Spring General Assembly. The project aims to make differences between national training systems easier to understand and to provide a basis for further discussion on training quality and support for trainees. Currently, it is in the piloting phase. Some of the results might be shared with you at the next Council meeting.

### **Working conditions and workforce wellbeing**

EJD continues to use REST-JD and MeND findings to inform European discussions on workforce wellbeing. Together, these reports highlight excessive working hours, including 57-hour working weeks, precarious contracts, burnout and anxiety. At the WHO/Europe and EUPHA webinar on 8 May, President Álvaro Cerase emphasised the pressures facing junior doctors and the need for policy responses grounded in their experience.

REST-JD findings were presented by Medical Workforce Committee Chair Anna Klēšmīte-Blūma at the WHO/Europe Small Countries Initiative meeting in Riga on 4–5 June, drawing on responses from 6,165 junior doctors across 26 countries. EU/EEA Committee Chair Ema Karmelić also presented the study at the European Health Management Conference in Barcelona on 10–12 June, alongside outcomes from the EJD-WHO Academy on organisational culture, psychological safety and frontline involvement.

Following a query from the Swiss delegation, EJD reviewed the REST Report and corrected country profile graphs in which annual leave figures had been replaced by night-shift data. The main findings remain valid, and the corrected report replaces the previous version.



European Junior Doctors

### **European advocacy on training and staffing**

EJD's advocacy contributed to the European Parliament committee report on the EU health workforce crisis plan. Eight of our fourteen submitted amendments were incorporated, including recognition of junior doctors and residents as both learners and workers. The committee text links compliance with the Working Time Directive to patient safety and calls for legal protection and minimum quality standards for residency programmes. The report is due to proceed to plenary; it is an own-initiative report and does not itself change legislation.

EJD has also sought member input for CPME's consultation on safe staffing levels. Our contribution focuses on junior doctors' experience of workforce shortages, the relationship between staffing and training capacity, and accountability when staffing targets are not met.

### **Further priorities affecting junior doctors**

The Medical Workforce and EU/EEA Committees are developing work on violence and harassment between healthcare professionals, drawing on national studies and member discussions. The project covers conduct between colleagues, peers and superiors. Findings and EJD's possible role will be discussed at the following Ljubljana General Assembly.

Interviews with junior doctors on digitalisation and artificial intelligence are underway to document their effects on daily clinical work. EJD also contributed to the WHO/Europe Pan-European Commission on Climate and Health Call to Action, which recognises the importance of education, accreditation and preparedness in building climate-resilient health systems.

### **Next steps and continued engagement**

Our Autumn General Assembly will take place in Ljubljana on 6-7 November 2026. Applications for open EJD-UEMS representative positions are invited until 5 November. We will continue to encourage active participation in UEMS and develop the PGT mapping project. I thank UEMS colleagues for their openness and collaboration, and for the opportunities to contribute junior doctors' experience to the improvement of specialist training.

