The JDN is an initiative of individual Associate Members of the WMA. The views expressed in this newsletter represent the opinions of the authors and not necessarily the opinion of the WMA.

Now Accepting Submissions
Send to: shy801117@gmail.com

This year’s annual WMA Council took place in Bali, Indonesia April 4th-6th. JDN members present met one day prior to the council for a face to face meeting and preparations of the meeting.

Current key JDN projects
1. A white paper on Physicians’ Wellbeing
The current status of the project was presented. Currently the steering committee is finalizing the first draft that will head out for review soon.
2. Global Survey on Postgraduate Medical Education
Jean Marc Bourque (Canada) proposed a project to do a global survey on Postgraduate Medical Education. The draft survey form and technical details were extensively discussed during the meeting. The working group aims to consult with experts and will send out the final survey shortly.
3. Global Health and its ethical implications
A new policy paper on global Health and its ethical implications was proposed. JDN consulted with WMA and WMA members. It was decided that the most practical approach will be to have a draft paper ready by the WMA General Assembly in Fortaleza Brazil and to table it during the associate members meeting to be submitted to the general assembly. Further activities during the entire WMA meeting were liaising with various WMA officials and meeting attendants. We had a very productive meeting with the WMA president elect to talk about upcoming plans for the next year.

Important JDN specific discussions where a strategic plan to reach out to Junior Doctors around the world to get them more involved within our network.

Acknowledgements
Editors: Hyunyoung Deborah Shin (Communications) Kostas Roditis (Publications) Xaviour Walker (Past Chair)
Report on the Environmental Caucus

Environmental Caucus at World Medical Association 194th Council Session, Bali, Indonesia.

Background: In April 2012, the Environmental Caucus was set up on the initiative of the Korean, British Medical associations and Peter Orts. This caucus is an informal coalition of medical associations focusing on environmental and health issues. The Environmental Caucus conducted a survey during the WMA Conference in Bangkok, Thailand to assess WMA’s green policies and its implementation within its membership. The results will be used as guidelines for further actions and WMA activities.

Out of 103 organizations, 13 members replied or 13.3% including 2 associate members. The four (4) policies included in the survey are:

1. Role of Physicians in Environmental Issues – October 2006
3. Delhi Declaration on Health and Climate Change – October 2009
4. Environmental Degradation and Sound Management of Chemicals – October 2010

Results of the survey showed that members are active in the Role of Physicians in environmental issues. The members are also active and dynamic when it comes to its participation on issues of climate change. When it comes to mercury and management of chemicals, half of the association surveyed indicated that they are not active in said issues.

Highlight of the Environmental Caucus:

1. To see future possibilities to collaborate with World Health Organization (WHO) on funding to do research on environmental issues.
2. To encourage World Medical Journal publications on Environment topics and the use of green energy.
3. To study and consider writing resolutions to further cause of environmental protection in relation to climate change and the use of green energy.

Meeting report – 2013 March Meeting (MM 13) of the International Federation of Medical Students’ Associations (IFMSA) and IFMSA Alumni

OVERVIEW

IFMSA is the world’s largest medical students’ organization, representing nearly 1 million medical students in 95 countries around the world, represented through over 100 national member organizations (NMOs). The World Medical Association Junior Doctors’ Network (WMA JDN) remains closely connected to the work of the IFMSA, as many of the WMA JDN members are alumni of the IFMSA, and JDN is recognized by the IFMSA as the “next step” following graduation as a medical student in order to remain connected to global health policy work and forum provided through international physicians’ bodies. As a stepping stone between the IFMSA and the WMA it was important for JDN members to attend the recent meeting.

The majority of the work undertaken by the JDN focused largely on the parallel IFMSA alumni meeting, held for currently practicing physicians who were formerly heavily involved with IFMSA as members of the IFMSA’s executive board or NMO executive committee members. Many of these members remained involved in global health and have taken on academic positions. For the purposes of recruitment, therefore, participants at the alumni meeting were heavily recruited. Overall objectives in JDN’s attendance at the meeting were therefore:

- Participation in the organization and planning of the IFMSA alumni meeting section, with specially prepared JDN sessions targeted to inform, recruit, and raise the visibility of JDN and JDN’s activities among this key population
- Meetings with high level current IFMSA executive board members to further solidify the linkages between IFMSA and WMA JDN and the ongoing recognition of WMA JDN as the successor organization for interested IFMSA alumni
- Promotion of the WMA JDN’s activities to other IFMSA GA participants / current medical students
- Liaison with Dr. Cecil Wilson, current president of the World Medical Association, as well as other key WMA partners to continue promoting the JDN within the WMA

Dr. Eugene Tordescull
Occupational Medicine

1. The role of physicians in environmental issues – October 2006
3. Delhi Declaration on Health and Climate Change – October 2009
4. Environmental Degradation and Sound Management of Chemicals – October 2010

In preparation for the IFMSA alumni meeting, Dr. Lawrence Loh (deputy chair, WMA JDN, 2011-12) will provide a voice for the JDN on the alumni meeting committee. This committee consisted of the current IFMSA Alumni Support Division Director, two immediately past IFMSA Alumni Support Division Directors, a representative from the MM13 organizing committee, various support staff, and the representatives from the Junior Doctors Network.

Planning for the meeting began approximately six months in advance, with a proposal written by the committee of plans and program. Together with dedicated sessions to advance the discussions about JDN, other proposals included discussions about the IFMSA alumni network structure, research symposia, keynote speakers and addresses. Numerous social and informal networking opportunities were built in to the meeting as well.

Specific to JDN sessions, there was given approximately two half days with which to present work. Part of the presentation would be a basic introduction to the JDN. There were plans to have wider discussion groups on some of the work that the JDN has been involved with that had specific relevance to a wider alumni meeting. Despite these intentions, approximately one week prior to the actual meeting, it was identified that actual materials for the JDN sessions had not yet been sought from the current committee. This was quickly rectified and some presentations as well as plans for focus group discussions were quickly identified and put together.

Dr. Wilson was invited as a keynote speaker for the alumni meeting in view of his attendance and further attempt to bolster the visibility of the WMA JDN. Finally, plans were also made to engage the current IFMSA student body by having Lawrence Loh speak at the opening ceremony and provide a bit of background about the WMA JDN in his opening address.

IFMSA ALUMNI MEETING – PREPARATION

Over the two weekend sessions, approximately 25-30 IFMSA alumni from all over the world attended the sessions put together by the IFMSA Alumni Committee. These included a mix of general welcoming / IFMSA alumni network sessions, WMA JDN information sessions and discussion groups, and talks both from alumni sharing their research and work as well as keynote speakers (Dr. Ceci Wilson and Dr. Predrag Stocic.) Representatives of the WMA JDN who were in attendance included Xaviour Walker, past-chair, JeanMarc Bourque, current deputy chair, Caline Mattar, membership coordinator, Kristin Robitaille, publications coordinator and Lawrence Loh, past deputy chair. Due to scheduling issues and delays WMA JDN sessions were truncated and ultimate discussion groups were not held. That said, the sessions that were held were well received, as was Dr. Loh’s opening address.

IFMSA ALUMNI MEETING – OUTCOME

1. In the future, there should be a clear coordinator for the content working alongside the coordinator for the logistics on the alumni meeting. This will ensure that any time that is provided to the JDN will be well used to showcase the work of the JDN.
2. Membership requirements need to be streamlined to make it easy for interested people to quickly join and get involved; this would make it easier to recruit at future meetings of this nature.
3. Attendance at future IFMSA meetings is critical for future JDN chair, deputy-chair etc. in order to solidify the relationship between IFMSA, WMA JDN, and the wider WMA as the logical succession path for interested IFMSA alumni
4. WMA JDN logistic partners should advocate more strongly for less formal sessions and more informal networking opportunities in IFMSA alumni meetings, while fairly recognizing that IFMSA alumni meetings are very much the purview of IFMSA and their Alumni Director.

JDN-Meets at WHA General Secretariat prior to World Health Assembly

Junior Doctors from three continents met at the WHA GS in Ferney-Voltaire for two days prior to participating in the annual World Health Assembly, the annual WHO meeting.

Topics discussed at the meeting where ongoing JDN projects on Physicians Wellbeing, especially working conditions related factors around the globe, and the Global Environmental Scan on Postgraduate Medical Education. Furthermore participants learned and discussed about WHO and WMA structures in preparation for the General Assembly. Following the meeting participants took part in WHA as WMA observers. Besides the main WMA meeting numerous side events focused on various topics.

Notably, a WMA side event launched the new WMA’s Influenza Immunization Campaign.

Thornber Hammond
Chair, JDN

WMA Video
http://www.youtube.com/watch?v=LOQkKerpMs&feature=youtu-be
Junior Doctors Network – Report from Australia

G’day from Australia! I would like to introduce myself as Dr Sarah Gamboni, the new Australian Medical Association Council of Doctors in Training (AMACDT) Representative for the World Medical Association Junior Doctors’ Network. I would like to sincerely thank our outgoing Representative, Dr Ross Roberts-Thomson, who recently stood down from this role.

The AMACDT is the primary advocacy group for junior doctors in Australia and is a subdivision within the larger Australian Medical Association (AMA); the peak representative group for doctors in Australia. The AMA provides a strong voice in influencing government health policy at a state and national level, as well as liaising with hospitals and medical schools to ensure safe and fair working environments for doctors and their patients in Australia.

From a junior doctor perspective, there are currently a number of issues on the AMACDT agenda. The most pertinent of these is the workforce issue relating to the medical training pathway. Approximately a decade ago the Australian government projected that insufficient doctors were being trained in Australia to meet community demand. Ashopted-sighted decision was made to found a number of new medical schools and increase medical student enrolments. No plan was put in place as to how these new medical graduates would be trained or where they would work in their obligatory internship year or how they would undertake specialty training.

As background, the current situation is that after finishing medical school in Australia, new graduates must undertake a one year internship in an approved training post in order to become a doctor with full registration. Failure to complete an internship results in a medical student being unable to gain unrestricted registration and therefore practice medicine. As a result of rapidly increasing medical graduate numbers we now have insufficient internship places available to accommodate the entire graduating cohort of medical students. Subsequently, doctors who are second and third year out of medical school are also having difficulty finding jobs and gaining entry into specialty training programs as a result of this surplus in the junior doctor workforce.

“Failure to complete an internship results in a medical student being unable to gain unrestricted registration and therefore practice medicine.”

This myopic workforce planning has led to the development of the Health Workforce Australia (HWA) 2025 report, [http://www.hwa.gov.au/health-workforce-2025], which models medical workforce supply and demand out to 2025. Currently, a National Medical Training Advisory Network (NMTANs) is being created by HWA to assist in coordinating a more effective medical training pathway.

With the support of the AMA, the AMACDT is communicating with government and hospital administration regarding the importance of making necessary changes in order to utilise this growing workforce, create more jobs for junior medical staff and create the highly trained workforce that Australia needs. Tasks include creating and funding appropriate clinical rotations and improving and providing clinical supervision to ensure quality postgraduate specialist training. In addition, the AMACDT is working tirelessly to halve the number of medical schools and the increased enrolment of medical students.

Other issues being addressed by AMACDT include promoting generalism in the medical workforce due to the fear of the loss of general medical service and training programs rather than subspecialisation. Other issues being addressed by AMACDT include promoting generalism in the medical workforce rather than sub-specialisation due to the loss of general medical and surgical skills, involvement in developing funding models for teaching, training and research and discussion regarding quality of postgraduate training and support for doctors working in rural and underserved environments.

I look forward to hearing any reports of similar situations around the globe and further discussions in the future.

Dr Sarah Gamboni
Australian Medical Association Council of Doctors in Training (AMACDT) Representative for the World Medical Association Junior Doctors’ Network.