

THE WORLD MEDICAL ASSOCIATION, INC.

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During the reporting period, the JDN working groups (WG) have continued their activities, those including Working conditions, and Medical care for the psychiatric patient.

Additionally, the WG Global Medical Exchanges on surveying the membership on interest and mapping existing initiatives. The survey is currently at its pilot stage.

The working group on Antimicrobial Resistance (AMR) is gearing up towards another AMR social media campaign in collaboration with the WMA secretariat to promote the WMA policy and AMR course during Antibiotic Awareness Week in November. The Working Group contributed to comments to the Interagency Coordinating Group on AMR along with other organizations on the aspects of surveillance and stewardship in human health as well as working with the BMA on the proposed revision of the WMA policy on AMR. Some members of the working group will be contributing to the Innovate4AMR competition organized by the IFMSA and Johns Hopkins School of Public Health.

As part of a revision of the internal processes of the network, new terms of reference are now proposed to regulate the JDN WGs. Those will be reviewed with the WMA secretariat and proposed for adoption at the next April meeting. The strategic objectives of the network have been finalized and will be presented to the membership at the October meeting.

The JDN Chair and Medical Education Officers attended the World Federation for Medical Education Executive Council Meeting in Yogyakarta, where the JDN was voted as a full member of the Council to join the WMA, WHO, IFMSA and the regional associations.

The JDN Chair and Socio-Medical Affairs Officer have been involved in the preparation of the Alma Ata Conference for Primary Healthcare which will take place in October, particularly on the organization of activities and contributions on young professional groups to the conference.

We had our yearly Pre-WHA JDN meeting in Ferney-Voltaire for 2 days with the participation of 25 junior doctors from all regions. Several JDN members took part in the WMA delegation to the

World Health Assembly and contributed to the organized WMA events and others of interest in coordination with the WMA secretariat.

We continue to have monthly management team meetings in addition to the general membership teleconference to ensure coordination of activities and appropriate follow up. We continue to have a reporting system with half yearly reports submitted by the JDN officers in April, and end of year reports submitted in September. JDN working groups as well will start reporting on their activities twice yearly. The next report is due prior to the start of the Reykjavik meeting.

We have planned our JDN meeting in Reykjavik under the theme of Wellbeing and Postgraduate Medical Education.

JDN continues to support regional collaborations. There is an active group of Junior Doctors in Latin America which continues to evolve and new members from the Eastern Mediterranean are joining the network. JDN is also working on establishing close collaboration with the European Junior Doctors EJD, on several topics of mutual interest, and increasing bilateral exchanges.

The JDN continues to foster its partnership with the IFMSA through continued collaboration and coordination.

Since the last meeting, we have seen an increasing number of Junior Doctor representatives of National Associations join the network. We highly value close collaboration with NMAs in order to continue to increase participation of young physicians from the national organizations.

This report was prepared by Dr Caline Mattar, Chair of the Junior Doctors Network.



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