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**TO:** Constituent Members

**FROM:** Xaviour Walker, Chair Junior Doctors  
Network,  
Otmar Kloiber, Secretary General

**C/C:**

**DATE:** March, 2012

**RE:** Junior Doctors Network (JDN), World Medical  
Association - A brief introduction

**PAGES:** 2 plus attachment

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## **Background**

The Junior Doctors Network - JDN was newly formed in Vancouver, October 2010 to create a platform to represent junior doctors worldwide and for them to contribute to the work of the WMA. The JDN was formally accepted at the General Assembly in Vancouver, October 2010 and the Draft Terms of Reference were accepted at the 188<sup>th</sup> Council Meeting in April 2011 in Sydney, Australia. The inaugural JDN meeting was held at the WMA General Assembly in Uruguay, October 2011.

## **Who is the JDN?**

The Junior Doctors Network is made up of junior doctors who independently join the World Medical Association as Associate Members, although many are also representatives of their respective National Member Associations. Any junior doctor who is a member of the WMA may be part of the JDN. At present the JDN has participants from International Federation of Medical Students' Association (IFMSA) alumni/representatives from USA, Chile, Germany, Sudan, Rwanda, Serbia, Canada, New Zealand and Australia. We have representatives who are involved with the Korean Junior Doctors Association, Doctors-in-training Australia Medical Association, Doctors-in-training New Zealand Medical Association,

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Canadian Interns and Residents Association, Brazilian Medical Association Junior Doctors, and Singapore Medical Association and the Permanent Working Group of European Junior Doctors.

**Why the JDN**

The JDN was set up to provide a forum for experience-sharing, policy discussion, project and resource development on issues pertaining to junior doctors. The JDN, as part of the WMA, provides the natural progression and development of the existing relationship between the IFMSA and WMA. It helps fill the void that is currently missing for junior doctors to be involved on a global level. The JDN also helps strengthen the existing and development of the IFMSA Alumni network. The JDN offers those doctors in training and early practice to make an impact and contribution to the many levels of global health.

**Functions/objectives/meeting**

A detailed description is outlined in our draft terms of reference. One of the first projects of the JDN was writing a white paper literature review for the WMA's Social Media Policy. Current projects include: writing a policy on 'Physician Well Being' and 'Global Health Training and its Ethical Implications'.

Para: Miembros Oficiales

De: Xaviour Walker, Chair Junior Doctors Network  
Otmar Kloiber, Secretary General

Fecha : Marzo, 2012  
Junior Doctors Network (JDN) Asociación Medica Mundial (WMA)

Paginas: 2 mas archivo adjunto

## **Contexto**

La Junior Doctors Network (Red de Médicos Jóvenes en Programas de Residencia) JDN fue recientemente formada en Vancouver, Canadá, en Octubre 2010, con el objetivo de crear una plataforma para representar a los médicos jóvenes que están en programas de residencia alrededor del mundo, siendo por parte de ellos el contribuir al trabajo de la Asociación Medica Mundial. La JDN fue formalmente aceptada en la Asamblea General de Vancouver, realizada en Octubre 2010 y los términos de referencia fueron aceptados en el 188 Encuentro del Consejo en Abril 2011 en Sydney, Australia. El encuentro inaugural de la JDN fue llevado a cabo en la Asamblea General de la Asociación Medica Mundial en Uruguay, Octubre 2011.

Quienes forman parte de la JDN?

La Red de Médicos Jóvenes en Residencias (JDN) esta conformada por médicos jóvenes quienes independientemente se hacen miembros de la Asociación Medica Mundial como Miembros Asociados, aunque muchos son también representantes de sus respectivas Asociaciones Nacionales. Cualquier medico joven en programas de residencia o entrenamiento, siendo miembro de la WMA, puede ser parte de la JDN. En el presente la JDN tiene como participantes a ex alumnos de la Federación Internacional de Estudiantes de Medicina (IFMSA) de países como Estados Unidos, Chile, Alemania, Sudan, Ruanda, Serbia, Canadá, Nueva Zelanda y Australia. Además, se encuentran como miembros representantes de la Asociación de Médicos Jóvenes de Corea, la Asociación Australiana de Médicos en Entrenamiento, Asociación de Médicos en Entrenamiento de Nueva Zelanda, la Asociación de Internos y Residentes de Canadá, Asociación Brasileña de Médicos Jóvenes, Asociación Medica de Singapur y el Grupo Permanente de Trabajo de los Médicos Jóvenes Europeos.

Por que la JDN?

La JDN fue organizada para proveer de un foro para compartir experiencias, discusión de políticas, proyectos y desarrollo de recursos en ámbitos que se relacionan con los médicos jóvenes. La JDN, como parte de la WMA, provee la progresión y desarrollo natural de la relación existente entre IFMSA y la WMA. También ayuda a llenar el vacío existente en relación a los médicos jóvenes involucrados en salud global. La JDN además ayuda a fortalecer la red de Ex Alumnos de IFMSA. La JDN ofrece a aquellos doctores en entrenamiento hacer un impacto y contribución en salud global.

## Funciones y Objetivos

Una detallada descripción de las funciones y objetivos de la JDN es posible encontrar en los términos de referencia. Uno de nuestros primeros proyectos como JDN fue escribir una revisión acerca de la literatura para la política de social media de la WMA. Los proyectos actuales incluyen: Redactar una política en Bienestar de los Médicos y Entrenamiento en Salud Global e Implicancias Éticas.



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**À:** Membres constituants

**DE:** Xaviour Walker, Président du réseau des  
Jeunes Médecins,  
Otmar Kloiber, Secrétaire général

**C/C:**

**DATE:** Mars 2012

**RE:** réseau des Jeunes Médecins (RJM),  
Association Médicale Mondiale – Une courte  
introduction

**PAGES:** 2 plus pièce jointe

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### **Historique**

Le Réseau de jeunes médecins (RJM) a été créé à Vancouver en Octobre 2010 pour créer une plateforme visant à représenter les jeunes médecins dans le monde entier, et pour qu'ils contribuent au travail de l'AMM. Le RJM a été formellement approuvé lors de l'assemblée générale de Vancouver en octobre 2010, et le projet de mandat acceptés à la 188ème réunion du Conseil en avril 2011 à Sydney, en Australie. La réunion inaugurale du RJM s'est déroulée à l'assemblée générale de l'AMM en Uruguay, en octobre 2011.

### **Qui est le RJM?**

Le réseau des Jeunes Médecins compte parmi ses membres associés des jeunes médecins membres indépendants de l'Association médicale mondiale, bien que beaucoup d'entre eux sont aussi représentants de leurs Associations nationales respectives. Tout jeune médecin membre de l'AMM peut faire partie du RJM. Actuellement, le RJM comprend des membres de la Fédération internationale des associations d'étudiants en médecine (IFMSA), des Anciens élèves et représentants des États-Unis, du Brésil, du Chili, d'Allemagne, du Soudan, du

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Rwanda, de la Serbie, du Canada, de la Nouvelle-Zélande et d'Australie. Certains de nos représentants participent à l'Association coréenne des jeunes médecins, l'Association australienne des médecins en formation, l'Association canadienne des médecins résidents, l'Association médicale brésilienne des jeunes médecins, et l'Association médicale de Singapour, ainsi qu'au Comité permanent des jeunes médecins Européens.

### **Pourquoi le RJM?**

Le RJM a été créé afin de partager des expériences, de discuter de politiques de santé, de projets, et de développement des ressources affectant les jeunes médecins. Le RJM, dépendant de l'AMM, est la suite logique et le développement de la relation préexistante entre l'IFMSA et l'AMM. Elle permet aux jeunes médecins de s'impliquer au niveau mondial. Le RJM permet aussi de renforcer et de développer le réseau des anciens étudiants de l'IFMSA. Il permet aux médecins en formation et aux nouveaux praticiens de faire une différence et de contribuer aux nombreux aspects de santé globale.

### **Fonctions/Objectifs/Réunion**

Une description détaillée est indiquée dans le projet de mandat. L'un des premiers projets du RJM a été la rédaction d'un livre blanc sur la littérature concernant la Politique des Médias Sociaux de l'AMM. Nos projets actuels se portent sur la rédaction d'une politique sur "Le bien-être du médecin" et "La Formation en santé globale et ses implications éthiques".

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# THE WORLD MEDICAL ASSOCIATION, INC.

L'ASSOCIATION MEDICALE MONDIALE, INC

ASOCIACION MEDICA MUNDIAL, INC



## Draft Terms of Reference

The goal of the WMA Junior Doctors' Network (JDN) of Associate Members is to provide a forum for experience-sharing, policy discussion, project and resource development on issues of interest to junior doctors, including (but not limited to) global health, postgraduate training, safe working conditions, and physician migration.

### Functions

The JDN will:

1. Participate, advocate, and consult with Constituent and Associate members of the WMA on issues of interest to junior doctors.
2. Collaborate with Constituent and Associate members of the WMA and other stakeholders to increase the number of junior doctors registered as Associate members of the WMA.
3. Develop reference materials on issues of interest to junior doctors, including (but not limited to) literature reviews, surveys, reports, and policy papers.
4. Communicate information on emerging issues of interest to junior doctors internationally, in collaboration with the National Medical Associations of the WMA and other stakeholders.
5. Organize professional development activities and develop resources for junior doctors
6. Coordinate and disseminate information on global health research and clinical elective opportunities and resources for junior doctors worldwide.
7. Develop and implement relevant junior-doctor led projects and programs.

### Structure & Processes

Composition:

- The WMA JDN of Associate Members will be open to all junior doctors registered as Associate Members of the WMA.

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- The Network will elect a **Chair** for a one-year term. The role of the Chair will be to coordinate meetings of the JDN, update Associate and General Assembly members on JDN projects, and lead efforts to liaise with other key stakeholders.
- The Network will appoint a **Deputy Chair** and **Secretary** to assist with coordination of Network functions and to help out with any tasks or roles needed.
- The Network will appoint the following positions as deemed necessary to assist with functions and goals of the Network:
  - Medical ethics Officer** – involved in coordinating policy, issues to medical ethics
  - Social Medical Affairs Officer** - involved in coordinating policy, issues to social medical affairs
  - Education Officer** - involved in coordinating policy, issues to medical education, WFME
  - Membership Officer** – membership database, liaise with regions
  - Publications Officer** – monthly newsletter, educational materials
  - Communications Director** – web, social media
  - IFMSA Alumni Director** – allows close communication between the JDN, IFMSA/alumni
  - Immediate Past Chair (ex-officio)**
- The Network will be based at the WMA General Secretariat and supported by its administrative staff.

#### Meetings:

- The JDN will meet on a yearly basis in conjunction with meetings of the General Assembly of the WMA.
- The JDN will meet independently prior to the annual WMA Associate Members' Network meeting.
- Other meetings and teleconferences will be scheduled as deemed necessary.
- In consideration of the international nature of participation in the JDN and the limited resources available to many Junior Doctors, efforts will be made to reduce costs for JDN meeting participants.

Accepted in principle WMA Council Meeting, April 2011

Amended by the JDN and accepted in principle WMA executive September 13, 2012



## First Global Body of Junior Doctors formed under Auspices of World Medical Association

(19.04.2011) The world's first international body of junior doctors has moved a step closer with the approval by the World Medical Association Council to proceed towards setting up a junior doctors' network.

Membership will be for registered physicians in their early postgraduate years who are yet to complete their specialist training.

Dr. Xaviour Walker, an internal medicine resident working in Boston, USA, but originally from New Zealand, and one of those responsible for setting up the network, said:

'This network will provide a forum for junior doctors worldwide to meet and to discuss issues facing them and will provide the junior doctors' perspective on health and healthcare. We want the network to be as inclusive as possible. These junior doctors will be members of their National Medical Associations but not be the representatives of their NMA. They will be able to contribute greatly to issues we face worldwide and provide unique perspectives and bring skill sets which will enhance the agenda.

'We hope the Junior Doctors Network will help to contribute towards WMA policy development on issues such as medical education, well being and social media. We believe this network can benefit the WMA and ultimately help the general public who we serve.'

He said that at the moment there was a gap in international representation of junior doctors. There was no world body of junior doctors existing and the vast majority of countries in the world did not have junior doctors' committees'.

Dr. Mukesh Haikerwal, Chair of WMA Council, said: 'This is a unique opportunity for the world's emerging health specialists and leaders to influence the international health agenda and bring their vital viewpoint to our organisation'.

Dr. Wonchat Subhachaturas, President of the WMA, said: 'We encourage junior doctors from around the world to be active participants of this network and to take advantage of the platform to ensure it is a vibrant and relevant group'.

WMA Secretary General Dr. Otmar Kloiber added: 'We can mutually benefit from this network. To have a global platform for junior doctors will be a real gain for the profession, not only young doctors, and the WMA'.



# **WORLD MEDICAL ASSOCIATION**

News Release

16 October 2012

## **WMA GENERAL ASSEMBLY**

Delegates from almost 50 national medical associations attended the annual General Assembly of the WMA in Bangkok, Thailand from 10 to 13 October. Among the issues discussed were:

### **DECLARATION OF HELSINKI**

The meeting received an oral report on the process of revising the Declaration of Helsinki and plans for two expert conferences, in Cape Town in December and in Tokyo in February 2013. It was hoped to present the first draft revision of the Declaration to the next Council meeting in Bali in April 2013.

### **ORGAN TRANSPLANTS**

Opposition to the idea of a commercial market in organs allowing donors to be paid for donating kidneys and other organs was reiterated. Revised policy document said that the only costs involved should be contributions towards funeral costs given to the family of those who donated after their death. New policy was adopted, setting out ways in which medical associations, physicians and others could increase the number of donor organs available in the world. It said that prisoners and others in institutions should be eligible to donate after death only in exceptional circumstances. Executed prisoners must not be considered as organ and/or tissue donors. Organs or tissue suspected to have been obtained through unlawful means must not be accepted for transplantation and transplant surgeons should refrain from transplanting organs and tissues that they know, or suspect, have not been procured in a legal and ethical manner.

### **CAPITAL PUNISHMENT**

Physicians must not participate in executions and should not assist in the importation or prescription of drugs for execution, according to revised policy guidance. In a development of its policy opposing the use of capital punishment, the Assembly reaffirmed 'that it is unethical for physicians to participate in capital punishment, in any way, or during any step of the execution process, including its planning and the instruction and/or training of persons to perform executions'.

It said participation was incompatible with the physician's role as healer. But the guidance adds: 'As citizens, physicians have the right to form views about capital punishment based on their individual moral beliefs. As members of the medical profession, they must uphold the prohibition against participation in capital punishment.'

### **COLLECTIVE ACTION BY PHYSICIANS**

New advice on the ethical implications of collective action by physicians was agreed, stating that physicians who take part in collective action are not exempt from their ethical or professional obligations to patients. If involved in collective action, national medical associations should act to minimize the harm to the public and ensure that essential and emergency health services, and the continuity of care, are provided throughout a strike.

Dr. Cecil Wilson, President of the WMA, said: 'Unfortunately it is a fact that collective action by physicians has become increasingly common in recent years as dissatisfaction with their working conditions has increased. This is always action taken in the last resort. What this guidance attempts to do is to advise physicians about their continuing duty to individual patients during times of collective action and the inevitable tension between their rights to improve the health system and their own working conditions and their duty not to cause harm.'

## **VIOLENCE IN HEALTH SECTOR**

Healthcare institutions should adopt a zero-tolerance attitude to violence in the workplace, including the right for physicians to refuse to treat previously violent patients, according to a new policy statement. It stated that healthcare institutions should develop and implement a protocol to deal with acts of violence.

Dr. Cecil Wilson said: 'Violence against physicians and other health professionals has become a real problem and cannot be tolerated. We are asking healthcare institutions to adopt a zero-tolerance policy for the workplace, with a system of prompt reporting and a mechanism to ensure that employees who report violence do not face reprisals.'

## **THE PRIORITISATION OF VACCINATION**

The meeting called for people to be educated on the benefits of immunisations and how to access services. In a new statement designed to counter recent opposition to vaccination, the WMA said that governments should be encouraged to commit resources to immunisation programmes and they should promote vaccination and the benefits of immunisation, targeting in particular those populations at risk who are difficult to reach. Vaccination and immunisation had been acknowledged as an effective preventive strategy for several communicable diseases and were now being developed for the control of some non-communicable diseases.

The statement declared: 'The medical profession denounce any claims that are unfounded and inaccurate with respect to the possible dangers of vaccine administration. Claims such as these have resulted in diminished immunisation rates in some countries. The result is that the incidences of the diseases to be prevented have increased with serious consequences for a number of persons'.

## **HEALTH CARE IN ARMED CONFLICT**

Hospitals and health care facilities must be respected by all combatants during armed conflict and civil unrest, according to revised guidance for physicians. Medical ethics in times of armed conflict were identical to medical ethics in times of peace, and physicians' primary obligation was always to their patients. Physicians should refuse to obey an illegal or unethical order.

Governments, armed forces and others should comply with the Geneva Conventions during armed conflicts to ensure that physicians could provide care to everyone in need. This included a requirement to protect health care personnel and facilities. Physicians had to be granted access to patients, including patients in detention centres and prisons, and hospitals and health care facilities must be respected by all combatants at all times.

## **STERILISATION**

The meeting called for concerted action by national medical associations to advocate against forced sterilisation. It said no-one should be subjected to coerced permanent sterilisation and that the decision to undergo contraception, including sterilisation, must be the sole decision of the individual concerned.

## **ABUSE OF PSYCHIATRY**

The practice of detaining religious practitioners in psychiatric institutions and subjecting them to unnecessary psychiatric treatment as a punishment was condemned as unacceptable. A resolution noted with concern recent evidence of this happening from a number of countries.

Dr. Cecil Wilson said: 'Detention of this kind and the unwarranted treatment of religious practitioners is abusive, unethical and unacceptable. We urge all physicians and psychiatrists to resist involvement in these abusive practices and call on national medical associations to support their physician members who resist involvement in these abuses.'

## **PRESIDENT AND PRESIDENT ELECT**

Dr. Cecil Wilson was installed as President for 2012/13 and Dr. Margaret Mungherera, President of the Uganda Medical Association, was elected unopposed as President-elect.

## **NEW MEMBERS**

The Medical Associations of Myanmar and Sri Lanka were admitted as members of the WMA, bringing the total number of NMAs in the WMA to 102.

Separate news releases were issued on:                      Professor Karabus  
Plain cigarette packaging  
Minimum alcohol pricing

### **For further information please contact:**

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**Follow WMA twitter:    <https://twitter.com/#!/medwma>**

**The World Medical Association is the independent confederation of national medical associations from 102 countries and represents more than nine million physicians. Acting on behalf of patients and physicians, the WMA endeavours to achieve the highest possible standards of medical care, ethics, education and health-related human rights for all people.**



## **Junior Doctors Network Executive Summary**

**Tuesday October 9, 2012 Bangkok, Thailand**

**Lotus Board Room, Centara Grand & Bangkok Convention Centre at CentralWorld**

The Junior Doctors Network met for the third time in Bangkok, Thailand, since forming in 2010. There were participants from ten countries including Taiwan, Germany, Thailand, Singapore, Brazil, United States of America, Canada, Spain, Israel and the President of the European Junior Doctors. There were also electronic presentations from the British Medical Association Junior Doctors and from Sudan. The WMA executive also was in participation throughout the meeting.

A review of the years activities highlighted the White Paper on Social Media and Medicine which was accepted by the World Medical Association executive. This complements the recent WMA social media policy from Uruguay 2011. During the year, Junior Doctors Network has participated in the following meetings: The WHO Council meeting, World Health Assembly, Patient Centered Medicine conference in Geneva, European Juniors Doctors meeting in Zurich and the American Medical Association Residents and Fellows meeting in Chicago. This has given the network opportunity to contribute and discuss issues relevant to junior doctors.

An outline of the WMA policies for Bangkok was discussed with a focus on the policy paper on the ethics of collective action by physicians, which the JDN is a workgroup member. This is of particular interest given recent industrial action in the United Kingdom, Korea, Israel and other National Member Association countries.

The JDN is currently working on two policy papers, Physician Wellbeing (where there will be an accompanying white paper) and Global health training and its ethical implications. Both these papers, like the social media white paper, have workgroups from National Member Association countries worldwide. They will look to be submitted to the WMA in the upcoming Bali and Brazil meetings.

The JDN had its election for its working executive, which will help assist the function and objectives of the JDN. The JDN executive for 2012-13 are as follows

**THE WORLD MEDICAL ASSOCIATION, INC.**  
L'ASSOCIATION MEDICALE MONDIALE, INC  
ASOCIACION MEDICA MUNDIAL, INC



Chair

Thorsten Hornung (GER)

Deputy Chair

Jean Marc Bourque (CAN)

Secretary

Nivio Moriera (BRA)

Medical Ethics

Pavan Mankal ( USA)

Socio Medical Affairs

Fatima Cody Stanford (USA)

Education

Ricardo Correa (USA)

Membership

Caline Mattar (LEB, USA)

Publications

Kostas Roditis (GRE)

Communications

Deborah Shin (KOR)

Immediate Past Chair

Xaviour Walker (NZ/USA)

Participants from each country had a chance to present current issues which they are currently facing. These include

- Supervision and support of trainees, especially in the rural sector
- Working conditions effective the wellbeing of physicians and safety of patients
- Standardization and accreditation of post graduate training
- Loss of physicians through global migration and change of career for financial reasons

Further discussions were had on areas of JDN operations relating to capacity building, recruitment and planning for the JDN.

The next meeting will be held in Bali on 3 April, 2013.

Respectively submitted on behalf of the JDN

Xaviour Walker  
Chair 2011/2012  
Junior Doctors Network

Thorsten Hornung  
Chair 2012/2013  
Junior Doctors Network