WYDO Annual Report 2012
Mission
The World Young Doctors’ Organization is dedicated to provide young doctors around the world with opportunities to work together for the improvement of public health in developed and developing countries, to facilitate networking between young doctors for professional collaboration and recreation, and to improve the general environment of young doctors in their place of practice.

Vision
By 2015 the World Young Doctor’s Organization will be the main forum for young doctors around the world to network, collaborate and improve public health.

Values
Respect the individual, regardless of culture, religion or philosophy of life.
Recognize teamwork and compassion as central for working towards our mission and goals.
Emphasize collaboration with partner organizations for mutual benefit.
Be independent of political and commercial influences contradicting the values of the foundation or limiting the activities of the foundation.
Commit to apply our mission, vision and values in all that the foundation does.

Goals
Be an international forum for young doctors to work on the improvement of public health.
Support and advocate for the improvement of young doctors’ issues, in particular working environment and career opportunities.
Survey and convey the opinions of young doctors on a variety of issues.
Establish partnerships with other organizations.
Collaborate with partner organizations towards the mission of the foundation.
Provide and support social and cultural activities for young doctors.
Perform any further actions, which are related to the aforementioned goals or which work towards the mission of the foundation.
Introduction
This is the second annual report of the World Young Doctors' Organization (WYDO). Over the past year we have seen the network of WYDO grow and the organization taking shape. More and more individuals and organizations contacted us to discuss collaboration. It strengthens us in the opinion that there is a need for such an umbrella organization that brings individual young doctors as well as organizations of young doctors together.

With WYDO taking more shape it is also becoming more clear how WYDO as an organization is different from the traditional organizations. WYDO does not have paying members, but instead functions as a forum in the sense of a public space for discussion, a place to meet, an assembly for listening, discussing and advocating. WYDO invites all young doctors to take part in and/or organize discussions, projects and activities. It is this hands-on approach that we think can make a difference.

We hope you enjoy reading the annual report.

The WYDO board

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1. Strategic planning and daily management
The board met once a month via an online conference call. All other communication took place through online discussion, using specialized software. From 24-26 August 2012 the board met in Copenhagen, Denmark, for a weekend of strategic planning and team building. The development of WYDO, with its accomplishments and challenges, was evaluated and a strategic plan was made for the mid- and long-term.

i. Governance
The organization is run by an international board, consisting of young doctors from various countries. Decision-making within the board encourages collaborative problem-solving, critical thinking, constructive criticism, value of minority views and collective ownership; all aspects of an inquiry process rather than an advocacy process. The board itself is a board of equals, with democratic decision-making and commitment to transparency and accountability.

The WYDO team in 2012 consisted of a Publication Officer, a Fundraising Officer, and National Focal Points from 20 countries. Although the main decision-making remains within the board, WYDO is most committed to hearing what medical doctors around the world have to say; to this end the organization shall make use of active discussion and debate, polls and other tools to better convey medical doctors’ opinions and activities.
2. Communication

a. Website evaluation
As the website is central in the aim to provide young doctors with functional and practical tools, as well as to provide a stage for sharing opinions we find it important to keep optimizing it. We evaluated the website together with a communication expert to improve navigation and content of the website. Several changes have been made to the website since, but it remains a work in progress.

One of the new features that we operated since then is the resources section, where we post articles, books, websites and courses on a variety of topics that may be of practical use for young doctors, such as statistical tools, communication in science, career development. All young doctors are invited to share more resources there.

b. Online forum
The online forum was not yet as active as we would liked it to be. From 20-22 July a debate weekend was organized on the online forum. This generated interesting discussions, but did not mobilize many people.

The board evaluated the debate weekend and discussed the possible reasons for the fact that the online forum is not active. We came to the conclusion that we have probably not yet reached a critical mass to keep the online forum dynamic and active. We therefore decided not to promote the forum for the time being, and instead to focus on building the network of WYDO.

c. Social media
We used Twitter, Facebook and LinkedIn to announce new developments in WYDO, such as new vacancies and introducing new persons active in WYDO. These channels proved to be effective in communicating with young doctors and we will expand the use of it.

d. Publications in scientific journals
On the 8 June WYDO wrote a rapid response to the article Education tomorrow's doctors by Neil Chanchlani, editor, Student BMJ and Fiona Godlee, editor, BMJ. The rapid response was later published in the printed version of StudentBMJ. The rapid response is available from the BMJ website: Rapid Response in BMJ, 8 June 2012.

3. Projects
Two projects were initiated in 2012 and expected to start running in 2013.

a. Financial crisis project
WYDO is preparing a project for the evaluation of the consequences of the financial crisis on healthcare, with specific focus on young doctors in Southern Europe. The project shall consist of two parts: a series of interviews and a written survey among young doctors and possibly other healthcare personnel about their impact of the situation and a campaign to raise awareness about the issue.

b. Residency database
The Residency Database Project (RDb) is a joined project of the Hellenic Medical Students' International Committee (HelMSIC) and WYDO. The project has been initiated by HelMSIC and IFMSA-Spain in 2002 and from 2003 until 2012 it has been a transnational project of the International Federation of Medical Students' Associations (IFMSA).

The RDb facilitates international medical students and young doctors to find information to do a residency in another countries. The objective of the project is to construct a comprehensive database, where every medical student and young doctor will find information about the residency system, the financial state and the application procedure for a residency position in different countries and will have the chance to compare the advantages and the disadvantages of the different residency systems, along with the opportunity for further research in this field.

The major tool for the data collection is the RDb Survey, an online questionnaire, completed by recruited young doctors and medical students. An international team of coordinators analyses, evaluates and publishes the data in the website of the RDb.
4. Collaboration

Collaboration lies at the basis of WYDO. WYDO has been informally in contact with several young doctors’ organizations. In addition, we agreed on Memorandums of Understanding with the Doctors Society of Nepal (DSON), the magazine Global Medicine and the Hellenic Medical Students’ International Committee (HelMSIC).

a. Doctors Society of Nepal

The Doctors Society of Nepal (DSON) was created to work for the highest possible standards of ethical behavior and healthcare by doctors. It is a non-governmental, non-political and non-profit making professional association of the medical doctors of Nepal. DSON strives for enhancing the quality of the health care that will best serve the Nepalese people. DSON provides a forum for its members to communicate freely, to co-operate actively, to achieve professional competence, and to promote the professional security.

The Memorandum of Understanding between WYDO and the DSON states that both organizations will actively engage in setting up collaborative initiatives and projects.

b. Global Medicine

Global Medicine is a magazine about global health, written for and by medical students and young doctors. It was founded in 2004 by the International Federation of Medical Students’ Associations-The Netherlands. Global Medicine’s goal is to inform students and young professionals about news, research and opinions in the field of global health, to encourage them to get involved in this field and to be part of the next generation of global health workers. Also, Global Medicine gives a chance to young people to write and publish articles in an international magazine. Global Medicine is published three times a year and is available online.

The Memorandum of Understanding between WYDO and Global Medicine includes the agreement that both organizations will share news about the other organization and collaborate in the writing of articles.

c. Hellenic Medical Students’ International Committee

The Hellenic Medical Students’ International Committee (HelMSIC) is an independent society, non-profitable and non-governmental organization, founded in 1958 by medical students with the main goal to sensitize and activate medical students to public health, medical education, healthcare of refugees and vulnerable social groups, establishment of global peace, prevention of sexually transmitted diseases.

The Memorandum of Understanding between WYDO and HelMSIC specifically focuses on the collaboration on the Residency Database.
5. Financial report

In 2012 the expenses were kept to the very minimum. All activities were carried out with free software. Travelling costs for the board meeting were covered by the board members personally.

<table>
<thead>
<tr>
<th>Fixed operational costs</th>
<th>Period</th>
<th>Total (euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosting/server for website</td>
<td>May 2012-2013</td>
<td>59.88</td>
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<tr>
<td>Service costs ABN AMRO</td>
<td>Jan-Dec 2012</td>
<td>30.00</td>
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<td>Renewal of domain names</td>
<td>Jan-Dec 2012</td>
<td>12.50</td>
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<tr>
<td>Registration fee Chamber of Commerce</td>
<td>Jan-Dec 2012</td>
<td>24.08</td>
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</tbody>
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| Flexible operational costs                  |                    |              |
| Videoconference                             |                    | 1.75         |

| Outstanding                                  |                    |              |
| Costs from 2011, not yet covered by sponsoring|                    | 1493.65      |

| Total                                        |                    | 1621.86      |
6. Perspectives for the next year

The coming year will be characterized by the rolling out of projects. On the 24th June 2013 we will announce the first World Young Doctors’ Day. With this event we hope to encourage young doctors around the world to initiate activities and work together. We also hope to run the project on the financial crisis and the Residency Database.

We will also work on further developing the network. Social media will be an important tool for this. We have used Twitter, Facebook and LinkedIn in a moderate way until now. These could however be used in a more active way, for example by posting health news, conference calls and useful tools. In the respect of developing the network we will also be developing materials that can be used to explain the concept and vision of the organization.

One of the challenges that we have had is to find sponsors. The expenses of the organization are not high, so we do think it should be feasible to find a sponsor in the coming year, which can cover the costs.
7. WYDO Team in 2012

a. Board
Sophie Gubbels, co-chairperson and treasurer
Jade Khalifé, co-chairperson
Maniraj Neupane, secretary
Maximilian Mehnert, information technologies and ethics
Kyriakos Martakis, committee director
Akihito Watabe, general board member

b. Officers
Despina Polidou, publications officer
Nadeem Kasmani, fundraising officer

c. National Focal Points (NFPs)
Li Do, NFP Austria
Valeria Mateeva, NFP Bulgaria
Anselme Simeon Sanou, NFP Burkina Faso
Tatiana Alvarez, NFP Colombia
Romance Dissieka, NFP Côte d'Ivoire
Despina Polidou, NFP Greece
Paul Yonga, NFP Kenya
Maniraj Neupane, NFP Nepal
Oumarou Maimouna, NFP Niger
Shafik Yusuff, NFP Oman
Faseeh Shahab, NFP Pakistan
Kharla Heredia, NFP Peru
Agnieszka Gaczkowska, NFP Poland
Sofia Ribeiro, NFP Portugal
Rasheed S Alameer, NFP Saudia Arabia
Luis Ensenyat Martin, NFP Spain
Elif Keles, NFP Turkey
Jamil Kasmani, NFP UAE