

WONCA News

An International Forum for Family Doctors



Contents

From the President: Family doctors tackling serious global health challenges – examples from India and Africa	2
From the CEO: Chennai over, Taiwan coming and more	4
Policy bite: Quality in primary care – walking the walk.	6
FEATURE STORIES	7
Ebola Outbreak: WHO meeting, resources and more	
Rural Round-up : Peter Sloane writes on being young and rural	
AFMC Charles Boelen international social accountability award	
European Commission publishes Opinion on Primary Care	
REGION NEWS	10
WONCA Lisbon in videos.....	
WONCA president and editor visit clinic near Lisbon	
Iberoamericana: A virtual dialogue on FM training	
Region President report on South Asia conference	
WORKING PARTIES	14
Rural Health - Gramado abstracts online	
Next year's Lille Mental Health conference	
YOUNG DOCTORS	15
Ramnik and Jyoti Parekh create a scholarship for young doctors	
First virtual global meeting of Young Doctor Movement leaders	
ESPAÑOL	17
Del Presidente: Los Médicos de familia afrontan los retos serios de salud global	
Fragmentos de política: Calidad en atención primaria – Haciendo el camino.	
FEATURED DOCTORS	21
TSAI, Dr 'Steve' Shih-Tzu : Taiwan - region conference HOC	
Asst/Prof Tonka SUSIČ : Slovenia - WONCA Europe 5-star doctor	
RESOURCES - PEARLS added	23
CONFERENCES	24

World Organization of Family Doctors
www.GlobalFamilyDoctor.com

WONCA President
 Prof Michael Kidd AM
 Faculty of Health Sciences, Flinders University
 GPO Box 2100, Adelaide SA 5001, Australia
 Tel: +61 8 8201 3909
 Fax: +61 8 8201 3905
 Mob: +61 414 573 065
 Email: President@WONCA.net
 Twitter @WONCApresident
 LinkedIn WONCA president
 Facebook Michael Kidd - WONCA president

WONCA Chief Executive Officer
 Dr Garth Manning

WONCA World Secretariat
 World Organization of Family Doctors
 12A-05 Chartered Square Building,
 152 North Sathon Road,
 Silom, Bangrak, Bangkok 10500, THAILAND
 Phone: +66 2 637 9010
 Fax: +66 2 637 9011
 Email: admin@WONCA.net

President-Elect
 Prof Amanda Howe (United Kingdom)

Executive Member at Large & Honorary Treasurer
 Dr Donald Li (Hong Kong, China)

Executive Member at Large & WHO Liaison Person
 Dr Luisa Pettigrew (United Kingdom)

Executive Member at Large
 Dr Karen Flegg (Australia)

Regional President, WONCA Africa
 Dr Matie Obazee (Nigeria)

Regional President, WONCA Asia Pacific
 Prof Jungkwon Lee (South Korea)

Regional President, WONCA East Mediterranean
 Dr Mohammed Tarawneh (Jordan)

Regional President, WONCA Europe
 Prof Job FM Metsemakers (Netherlands)

Regional President, WONCA Iberoamericana-CIMF
 A/Prof Inez Padula (Brazil)

Regional President, WONCA North America
 Prof Ruth Wilson (Canada)

Regional President, WONCA South Asia
 Prof Pratap Prasad (Nepal)

Young Doctor Representative
 Dr Raman Kumar (India)

Editor, WONCA News & Editorial Office
 Dr Karen M Flegg
 PO Box 6023
 Griffith ACT 2603 Australia
 Email editor@WONCA.net



From the President: Family doctors tackling serious global health challenges – examples from India and Africa



Photo: Low cost, effective care clinic in Vellore, India, providing subsidized primary care services, delivered by family doctors and the members of their teams, to the local community

Over 25% of the world's population lives in South Asia, many in dire poverty with limited or no access to health care. WONCA continues to provide strong support, through our member organisations, for improvements in primary care access for the people of this region.

India in particular is struggling with universal health coverage. India faces the challenge of providing health care to all 1.2 billion people of this vast country, with 80% of the population living in rural areas. The national government of India, like the World Health Organization, has recognised that universal health care can only be achieved through strengthening of primary care, and the key to this is strong family medicine.

Last month I attended the WONCA South Asia Region annual conference held in Chennai in Southern India. Passionate committed family medicine pioneers from India, Bangladesh, Sri Lanka and Nepal, came together with enthusiastic young family doctors and medical students, and with friends from WONCA member organisations from around the world. The conference was organized by the three WONCA member organisations in India, the Indian Medical Association College of General Practitioners, the Federation of Family Physician Associations of India, and the Academy of Family Medicine of India. Our colleagues, led by Dr Abul Hasan, did a wonderful job organizing the meeting.

For the first time, colleagues from Bhutan joined a WONCA conference, led by Dr Chhabi Lal Adhikari from Paro. We welcome our colleagues from Bhutan to the WONCA

family. WONCA South Asia Regional President, Professor Pratap Prasad, is working with our colleagues in Bhutan to support the introduction of postgraduate family medicine training.

One highlight was the program of events organised by the Spice Route Movement, WONCA South Asia's organization for young family doctors, led by Dr Raman Kumar. Senior colleagues, Dr Ramnik Parekh and Dr Jyoti Parekh, who have been members of WONCA since its establishment, announced their commitment of generous financial support to enable participation of young doctors from the Spice Route Movement in international exchange programs.



Photo: Waiting area in the courtyard of the Shalom Family Medicine Centre in Vellore, India

The conference heard about many of the challenges facing family medicine in India. Many medical graduates seek to train to become consultant specialists and then subspecialize further becoming, what is called in India, a superspecialist. This focus on increasing specialisation has skewed health care expenditure away from community-based primary care to high technology tertiary care. It has resulted in a health care system with

persisting huge inequities in health care access and outcomes.

This diversion of health care expenditure also means that India is struggling with universal health coverage. But things are turning around. I had the opportunity to visit one of the nation's centres of excellence in family medicine at the Christian Medical College in Vellore where Dr Sunil Abraham and his team are leading the way in providing experience in community-based family medicine for all their medical students, and in providing opportunities for postgraduate training in family medicine, both onsite and by distance education. One of the innovations in Vellore is the low cost, effective care clinic, run by family doctors and the members of their teams, which provides highly subsidized, high quality primary and secondary care services to the poorest members of the local community.



Photo : New campaign of the Indian Medical Association College of General Practitioners raising community awareness about the contributions of family doctors to the health care of the people of India

One of the founders of WONCA was Dr Prakash Chand Bhatla from India, who wrote that *“Every national health program should involve general practitioners. Education and motivation of the community has to be done on a personal basis. And who is nearer to the community than the family doctor?”*

Who is nearer to the community than the family doctor? As family doctors we need to be engaged by our governments and international health organisations in the

planning and delivery of national and local health programs. Family doctors are part of their local community and have the trust of their local community and can be part of ensuring the successful delivery of health care programs, especially to the most vulnerable members of our populations.

I hope over time, through initiatives like these, we will see the specialists in family medicine in India become recognized as the true superspecialists that they are.

Ebola Crisis

Our thoughts are with our colleagues working in West Africa with people with Ebola. WONCA offers our condolences to those families who have lost loved ones to the Ebola outbreak, including the families of brave doctors, nurses and other health workers who have been infected while providing treatment and support to their patients.

WONCA has been in contact with our member organisations in West Africa and with individual members involved in the response to the Ebola outbreak that continues to affect hundreds of people. Many of our colleagues from other nations are also involved in the response, through global organisations like Médecins Sans Frontières (Doctors Without Borders) and the International Red Cross/Red Crescent, and through international response teams.

The World Health Organization (WHO) has reported that this is the largest outbreak ever recorded with the potential for further spread. Community education is essential, and so is the training and support of front line health workers. We remain concerned that community-based doctors and other primary care health providers have adequate access to appropriate protective personal equipment to ensure the safety of health personnel working with patients and their carers from affected communities.

The challenges witnessed in the initial response to the outbreak reinforce the essential need for strong primary care systems in every nation with well trained and suitably equipped primary care teams, and the ongoing need for strong and coordinated national and international support.

Michael Kidd
President

From the CEO: Chennai over, Taiwan coming and more

August was another busy month for the Secretariat, though by the time you read this I hope to be basking in the Cyprus sunshine for a couple of weeks of rest and relaxation, before a busy final quarter of the year.

International Federation of Medical Students' Associations (IFMSA)

I was in Taipei at the beginning of August, to attend the General Assembly of the IFMSA. WONCA has had a Memorandum of Understanding with IFMSA for several years, and we had agreed a new MOU covering the next three years. IFMSA, like WONCA's own Young Doctors' Movements, are massively energetic and enthusiastic, and I thoroughly enjoyed my time with them. As well as talking about WONCA (of course!) I also co-led a workshop on family violence, and I'm most grateful to Leo Pas (Chair of the [WONCA SIG on Family Violence](#)) and Jan Coles for the materials they provided to help me.

I also attended a session on research exchanges. Research is one of many areas where IFMSA wants to collaborate more closely with WONCA, and Professor Waris Qidwai, Chair of the [WONCA Working Party on Research](#), has responded very positively to requests from IFMSA for WONCA involvement in mentorship. In fact many of our Chairs of Working Parties and SIGs have responded really positively to the MOU, and want to engage fully with IFMSA in whatever way they can, and I thank them for that. The medical students – like our young doctors – are the future of our profession, and we need to encourage and nurture them, and convince them of the benefits of a career in family medicine

Taipei Conference 2015

Photo at bottom: WONCA CEO Garth Manning (centre) with members of the Taiwan HOC - (l to r) Dr Brian Chang, Prof Ching-Yu Chen, Prof Tai-Yuan Chiu, Ms Phoebe Peng, Dr Steve Shih-Tzu Tsai

Whilst I was in Taiwan I also met with the Host Organizing Committee (HOC) for the [2015 Asia Pacific Region conference](#), which will be held in Taipei from 4th to 8th March 2015. An excellent programme has been arranged, with the theme "Family Medicine: New Horizons and Challenges". The abstract deadline has just been put back until 1st October, so there is still time to submit an abstract to the Scientific Committee. Abstracts can be [submitted on line](#).

The Chinese Taipei Association of Family Medicine has also very generously made available a number of scholarships through the Taiwan Family Medicine Research Awards (TFMRA). They wish to encourage junior and emerging researchers to attend WONCA conferences to present their research and have made three awards available (each of \$1,000) to support travel to Taipei to present his/her paper at the WONCA Asia Pacific Regional Conference. A further two awards (each of \$1,500) will also be made to support attendance at Rio in 2016. This is a really generous offer from our colleagues in Taipei and we are most grateful to them for their support. Full details of eligibility and how to apply will be published in *WONCA News*.

South Asia Region Conference - August 2014

August also saw the South Asia Region conference in Chennai, India, on 16th and 17th August, which I attended along with Michael Kidd and Pratap Prasad (WONCA



South Asia Region President). This conference was jointly organised by our three Indian Member Organizations – Indian Medical Association College of GPs (IMACGP), the Federation of Family Physicians Associations of India (FFPAI) and the Academy of Family Physicians of India (AFPI). It was fantastic to see the three organizations collaborating so closely on what was a great conference, and our congratulations go to Dr K Abul Hasan and the rest of the HOC for such a successful event. The key message was that young doctors need to be encouraged into family medicine by choice, and not by chance, which I thought was a really good way of expressing the situation.

There were many highlights during the conference, but of especial note was the contribution of Spice Route – the Young Doctors Movement for the South Asia Region. Spice Route is really starting to take off in South Asia, under the dynamic chairmanship of Raman Kumar, and it hopes to have a pre-conference meeting next year in Dhaka, just ahead of the South Asia Region conference on 13th and 14th February 2015. Spice Route will also benefit from an extremely generous annual donation offered by Drs Ramnik and Jyoti Parekh (pictured) who have pledged 100,000 rupees annually (about \$1,700) to Spice Route through an award scheme.

Life Direct Membership

Whilst at the South Asia Conference Ramnik and Jyoti also signed up for Life Direct Membership – our first married couple to do so. (pictured, having signed up, with Garth Manning and Michael Kidd)



We now have 20 Life Direct Members, who are supporting the work of WONCA through their gift of \$750 each, and whose names appear on a roll of honour on the website. Please do consider joining WONCA directly as a Life Member – not only are you supporting the excellent work that we are doing, but you also benefit from discounts on all WONCA conferences and publications. Further details of how to apply can be [found online](#).

Men's Health

Finally for this month let me return to the topic of men's health. Last month I mentioned that we would very much like to establish a Special Interest Group on men's health. Several people have already contacted me to express an interest, but we need more, so if anyone else would be interested in starting this SIG then please contact me on ceo@wonca.net.

Dr Garth Manning



Policy bite: Quality in primary care – walking the walk.



*Professor
Amanda Howe,
our President-
Elect*

I have just finished writing a paper for the Council of my

member organisation (Royal College of General Practitioners) to consider. We want to review what we do via our members for patient quality of care – not just safe care, not even just quality checks, but quality improvement. This means first of all knowing what we are aiming to achieve – our recent NHS contract has five domains so we can be in no doubt!

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm .

But these are high level outcomes, and community based clinics have different patients from hospital settings. WHO offers six domains by which we can measure quality of care - care that is “effective, efficient, accessible, acceptable to patients, equitable and safe”. All very important – but how do you judge that in daily practice?

For busy family medicine doctors, we often start from problems – things that have gone wrong, where patients have complained, or we know ourselves that things could have been done better. Three tips for quality improvement – don’t jump to conclusions: look at what happened, what else we can find out about the background to the problem, and what could have been done differently that might have led to a better outcome . Then make a good space to discuss it, especially if people are feeling upset or defensive – i.e. not in the corridor at the end of a busy day, when everyone is tired and it can all be overheard! And turn every problem into a proposal for improvement – it

encourages people to think they won’t have to go through all that upset again.

Patterns matter too – data on what the commonest problems were last month can be a rich source for analysis and making changes. In one UK general practice, a simple audit of how often patients had to come in to get prescriptions rechecked or items renewed led to a whole new system which was much more efficient –patients liked getting everything sorted on one occasion as well as staff! Supply chain problems such as lack of vaccine availability or disposable gloves also need auditing and reporting – sometimes firm quantitative evidence of a problem forces people to act when a personal complaint goes unheard.

One of the tenets of quality improvement science is that you must look at things at an individual, team and organizational level. Too often, I will be doing the right thing in my room, but ‘the system’ is not efficient because it is calling people back too often, or not enough – or not keeping track of the people who have not had their diabetes checks – or not offering enough telephone lines for the patients’ enquiries Please fill in your own examples here!

Again, talking to the team, just like listening to patients, can bring out both problems and solutions – and also reduce clinician stress and burnout. The cycle of ‘Plan, Do, Study, Act’ is both professional (analytic, controlled, reflective) and motivating, because it allows a sense of shared purpose while being open to different answers. And it makes us look at all the levels where changes put together can bring about improvement.

It’s hard work of course – and often taking everyone in the team with you is the hardest bit. But if we are to persuade people that family medicine is an important speciality with something to offer, we have to offer quality. And it can be fun!

Aim high, but be realistic, and be persistent – as Gandhi is reputed to have said, “*You must be the change you want to see in the world*” – others will follow.

FEATURE STORIES

Ebola Outbreak: WHO meeting, resources and more

Note this item was written on 11 August, 2014



In Liberia - Atai Omorutu

As mentioned in Amanda Howe's most recent [Policy Bite](#), well known WONCA personality Atai Omorutu, of Uganda, is working with people with Ebola. She

writes from Liberia *"It is not easy out here.*

Situation is quite volatile. Much international support is needed although internal systems also need serious strengthening.

Misconceptions in the community abound and are fueling the epidemic. The Ebola virus in this epidemic is particularly aggressive and quite virulent. Mortality is close to 70% and may be higher because people are dying in the community faster than we can count!"

We hope to provide more updates about Atai's work from time to time.

WHO Public Health Emergency of International concern

The first meeting of the Emergency Committee convened by the Director-General regarding the 2014 Ebola Virus Disease (EVD, or "Ebola") outbreak in West Africa was held by teleconference on Wednesday, 6 August 2014. [Read report.](#)

After discussion and deliberation on the information provided, the Committee advised that:

- the Ebola outbreak in West Africa constitutes an 'extraordinary event' and a public health risk to other States;
- the possible consequences of further international spread are particularly serious in view of the virulence of the virus, the intensive community and health facility transmission patterns, and the weak health systems in the currently affected and most at-risk countries.
- a coordinated international response is deemed essential to stop and reverse the international spread of Ebola.

The World Health Organization (WHO) has reported this is the largest outbreak ever recorded with the potential for international

spread. [Refer FAQ sheet](#) It was the unanimous view of the Committee that the conditions for a Public Health Emergency of International Concern (PHEIC) have been met.

As of Saturday 11 August 2014 the WHO confirmed 1,975 clinically-compatible cases of Ebola virus disease across Guinea, Liberia and Sierra Leone in West Africa, of which 1,069 have died.

Risk of infection

In the current outbreak in West Africa, the majority of cases in humans have occurred as a result of human-to-human transmission.

Infection occurs from direct contact through broken skin or mucous membranes with the blood, or other bodily fluids or secretions (stool, urine, saliva, semen) of infected people. Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles. Exposure risk includes unprotected sexual contact with an infected person up to seven weeks after they have recovered.

Key information from WHO

- [Advice for travellers](#) - Information for travellers on risk, precautions and symptoms
- [Frequently asked questions on Ebola virus disease](#) - Updated 8 August 2014
- [Fact sheet on Ebola virus disease](#) - Essential information on disease, transmission, prevention

Find out more about Ebola in Harrison's textbook

Due to the WHO declaring the Ebola outbreak a global health emergency, Harrison's have made the [chapter on Ebola and Marsburg Viruses](#) in *Harrison's Principles of Internal Medicine*, 18th ed openly available with no subscription required

Rural Round-up : Peter Sloane writes on being young and rural



This month Peter Sloane who is the newly elected chair of the WONCA Europe's movement for young doctors, the Vasco da Gama movement, writes about being a rural GP (and a young GP) in Ireland.

Being a New Rural Family Doctor in Ireland and Europe

During the summer of 2014 I had the great privilege and honour of being elected as Chairperson of the Vasco da Gama Movement. VdGM is a diverse group of new and future European GPs which includes GPs and Family Medicine trainees working in rural practice. Whilst I may be the Chair, I too am also first and foremost a Family Doctor, who during the last 2 ½ years since qualifying as a GP has done Locum work, mostly in rural parts of the West of Ireland.

My personal passion for rural practice developed during my GP training when I spent a year working in a rural practice in a village called Crossmolina in North County Mayo. There I met elderly people living alone well into their 80s in poor quality very isolated housing with few or no social supports. A visit from the GP meant much more than simply seeing the doctor and I gained first hand understanding of the pivotal role of the Family Doctor within isolated, rural and socially deprived communities in the West of Ireland. I have also seen at first hand the vast distances over which the patients of these rural practices are spread, sometimes living up to one hour's drive from their GP. With colleagues working on and looking after island patients, I have also gained a detailed understanding of the financial and resource challenges which Irish GPs face in looking after a population of rural patients.

And yet, despite the challenges, it seems to me that rural Irish patients are more forgiving, more tolerant, less demanding and generally more appreciative of their Family Doctor than urban counterparts.

While rural practice in Ireland may feel rural to us, compared to the situation in other parts of Europe and in the global context generally, no one in Ireland is actually that rural. The great beauty of VdGM and through VdGM the linkages with the other global [WONCA young doctor movements](#) such as AfriWon Renaissance, the Spice Route and the Rajakumar Movement is that we have a reference point against which to appreciate and understand the diversity of rural practice around the world. And therein lies the importance of groups such as the WWPRP ([WONCA Working Party on Rural Practice](#)) which provides a platform for those working in and with a passion for rural Family Medicine to appreciate the sheer diversity and range of challenges that exist globally within rural General Practice.

AFMC Charles Boelen international social accountability award

The Association of Faculties of Medicine of Canada (AFMC) has announced a new award - the AFMC Charles Boelen International Social Accountability Award. Named after Dr Charles Boelen, a world leader in Social Accountability, it aims to celebrate people or organizations whose professional accomplishments are an example of the principles of social accountability implemented as defined in the Global Consensus for Social Accountability of Medical Schools (www.healthsocialaccountability.org) and in internationally recognized references.

It is with great pride that the AFMC is joining forces with Dr Charles Boelen to create this new international award and reach out to our colleagues from around the world. Social Accountability is a major focus for our

association and we look forward to collaborating with you and hopefully awarding this inaugural prize to someone within your organization at next year's Canadian Conference on Medical Education in Vancouver, Canada.

Nomination process

Nominations may be proposed by an individual or by an organization and must be submitted before the closing date for nominations, on October 31.

The following documentation must be provided for each nomination: name and affiliation, a resume if the nominee is an individual or a description of the mission if a team, a department, an establishment or an

organization is nominated, a description of the works corresponding to the criteria enumerated above, as well as a recommendation letter no longer than 1000 words.

You can read more about the AFMC – Charles Boelen International Social Accountability Award on the [AFMC's website](#) or see the [attached flyer](#).

About Dr Charles Boelen

Charles Boelen is a Belgian born physician, specialized in public health, health system management and medical education, with a large experience in international health, namely as staff member of the WHO for 30



years. His work focuses on partnership in health, social accountability of academic institutions and the development of health professions. The concept of the "5-star doctor" was an initiative of Charles' which WONCA continues in its [5-star doctor awards](#).

European Commission publishes Opinion on Primary Care

Prof Jan de Maeseneer announces the report on primary care of the Expert Panel on Effective Ways of Investing in Health of the European Commission.



referral systems".

On July 15, the Expert Panel on Effective Ways of Investing in Health (EXPH), published an opinion on: "*Definition of a frame of reference in relation to primary care with a special emphasis on the financing systems and*

The Expert Panel considers that primary care is the provision of universally accessible, integrated person-centered, comprehensive health and community services, provided by a team of professionals accountable for addressing a large majority of personal health needs. The services are delivered in a sustained partnership with patients and informal care givers, in the context of family and community, and play a central role in the overall coordination and continuity of people's care. The professionals active in primary care teams include, among others, dentists, dieticians, general practitioners/family physicians, nurses, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists and social workers."

The Expert Panel studies the role of referral systems, and looks at different ways of remunerating primary care professionals. In the conclusion and recommendation, there is a strong plea for strengthening primary care, using appropriate referral systems and financing mechanism that enhance accessibility and quality. Questions for further research are defined.

A public consultation on the Opinion took place from March 20 to May 19 2014. Fifty-nine organizations and one individual participated and provided input to the opinion. In total 286 contributions were received. Also WONCA-Europe and EQUIP (European Society for Quality and Safety in Family Medicine) contributed to the public consultation.

The final version of the Opinion on Primary Care [is available online](#) or [download here](#). By the way, the Expert Panel is actually very active, as they published a new preliminary [Opinion on Quality of Care and patient safety](#). This Opinion is open to [Public Consultation](#) until the September 21, 2014:

WONCA welcomes the interest for primary care that has been raised by this Opinion of the Expert Panel, that has been quoted in the editorial of [The Lancet: 2014\(384\):281:"Making primary care people-centered: a 21st century blueprint"](#).

REGION NEWS

WONCA Lisbon in videos

Did you miss WONCA Lisbon or want to revisit your favourite moments? Produced courtesy of the Host organisation, the Portuguese Association of General Practice (APMGF) and featuring the opening and closing sessions, TV footage from each day and the much requested keynote of Rich Roberts.



[videos available here](#)

- Prof Richard Roberts, WONCA Immediate Past President keynote speech (28 minutes)
- Opening ceremony (29.43 minutes)
- Closing ceremony (36.49 minutes)
- Best of WONCA (4.10 minutes)
- Day 1 Day 2
- Day 3 Vasco da Gama day

WONCA president and editor visit clinic near Lisbon



Photo: WONCA President Michael Kidd with staff from the clinic

While in Lisbon to attend the recent WONCA Europe conference, the WONCA President, Michael Kidd and WONCA editor, Karen Flegg, were invited by local GP, Dr Carlos Canhota, to visit his unit which is part of a health centre and meet some of the staff.

Our visit was to the ACES Lisboa Ocidental e Oeiras which serves a population of 233,465 - ACES stands for Agrupamento de Centros de Saúde and refers to a group of health centres, and the actual Centre we visited was in Oeiras a suburban area just to the west of Lisbon.

Michael Kidd noted in his WONCA News July 2014 column "Portugal has an impressive network of primary care clinics with teams of health care workers led by specialist family doctors. Outreach community nursing teams work alongside family doctors to provide services to marginalized communities that would otherwise have no access to health care at

all".

Specifically we visited a unit run by Dr Helena Febra called Unidade de Saúde Familiar (USF) de S. Julião. At the unit we saw a group of family doctors working together in a clinical setting, each with their own spacious consulting room computer-generated records.

However it was not just 8-10 family doctors working in the team including registrars - there are also 8-10 nurses and six administrative assistants. All doctors except the one academic doctor are full time but hours vary for each doctor.

Photo: Dr Helena Febra in animated discussion with Dr Carlos Canhota.



Housed in the same building as the family medicine clinics was a very impressive outreach nursing unit (called Unidade de Cuidados na Comunidade – UCC). Nurse, Luísa Horta e Costa described to us a wonderful system where the nurses undertake outreach visits to the poorest and most marginalised people. They deliberately target people who avoid health care and try to encourage them to attend clinics. Such an initiative has been successful at increasing the percentage of the population accessing healthcare.

This is despite free treatment being offered by the health person to a significant number of groups in the population: including children; unemployed and families with very low income (as defined by the Ministry of Finance); people with 60% of incapacity or above (from medical problems); blood and organ donors; firemen; transplant patients; follow up consultation for diabetes patients; patients on haemodialysis; pregnant women. As well as free care for these groups of people, family planning services, smoking cessation services and immunisation are also provided free.

Our gratitude to Carlos Canhota who invited us to visit, to the clinic staff who enthusiastically showed us around, and to overall manager of this ACES Dr Fatima Nogueira and Medical Director Dr Nordin Rafic who gave us some vital statistics over a delicious morning tea.

Photo below: (from l to r) Karen Flegg and Michael Kidd with the manager of this ACES Dr Fátima Nogueira and the President of the Medical Council Dr Nordin Rafic.

Dr Karen Flegg
WONCA Editor and Executive member



Iberoamericana: A virtual dialogue on the training of specialists in family medicine

Background

Access to health services, especially for people living in underdeveloped countries, is still a major challenge. This is despite the decision taken by 134 countries to provide [Health For All In 2000](#), at the historic international health conference of Alma Ata, sponsored by the WHO, in 1978. At this conference, it was concluded that Primary Health Care (PHC) is the basis of the health system of every nation that wanted to assure

health for all their citizens, with equity and in a cost-effective way.

Unfortunately, 36 years later, it is still necessary to rediscover Primary Health Care. Why?

In 2008, 34 years after Alma Ata, the WHO released a publication, entitled [Primary Health Care, Now More than Ever](#) and stated that “People are increasingly impatient with the inability of health services to deliver levels of national coverage that meet stated demands

and changing needs [...]. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. PHC can do that."

In this document, it seems that WHO has overcome one of the biggest challenges to assure quality in Primary Health Care: the comprehension that Primary Health Care cannot be confused with "Primitive Care". PHC needs high quality professionals and good work conditions to be effective and result in the care of people, families and communities, offering assistance and care to maintain or recover health to the most part of health problems that people have during the most part of their lives.

We must understand why health and education managers have difficulty in understanding that Primary Health Care is complex, as are the secondary or tertiary level of health care, although these have different kinds of complexities.

Nowadays, Universal Health Coverage has been assumed as a compromise by the 197 countries that are part of the WHO. So we must have good PHC now, more than ever.

A virtual dialogue on the training of specialists in family medicine

Thus in July, it was a good opportunity that a group of family doctors had the opportunity to participate, in a virtual dialogue on the training of specialists in Family Medicine under universal coverage "*Diálogo Virtual sobre la formación de especialistas en Medicina Familiar en el marco de la Cobertura Universal de Salud*". This event was promoted by the Panamerican Health Organization (PAHO) and

organised by Dr Rosa Maria Borrell, a PAHO Regional Associate for Health Sciences Education. We are grateful to her for doing this.

The major purposes of this 'Dialogue' were to:

- Contribute to strengthening the educational processes for the future Family Doctors, to meet the needs of Universal Health Coverage and PHC
- exchange experiences of "best practice" in training Family Doctors by residency programs;
- present the progress and recognition that Family Medicine has been achieving in recent years in the context of health systems' reforms;
- generate a community of "innovative practices" on policies regarding family medicine training using the WHO Health Human Resources Observatory website.

Besides my participation, as the President of WONCA Iberoamerica- CIMF, seven other Family Doctors from Argentina, Brazil, México, Peru, Spain, United States of America and Uruguay attended this event. Many people sent online questions and we had the opportunity to clarify some questions and to broaden our comprehension of others.

There is a good material [available at the website](#): videos and power point presentations and some documents of interest on the theme.

We would like to suggest the use of this lecture and material in different places – by and with students, residents, managers.

Inez Padula
WONCA Iberoamericana- CIMF President

Region President report on South Asia conference

It is my pleasure to report that WONCA SAR conference 2014 held in Chennai, India, has been smoothly conducted.

There were more than 600 participants and delegates from Bangladesh, Bhutan, Nepal, Sri Lanka, and Malaysia.

I am happy to report that a number of doctors from Bhutan joined as Direct members of WONCA and so Bhutan doctors will have an involvement in the WONCA South Asia region. WONCA President, Prof Michael Kidd; WONCA CEO, Dr Garth Manning; and

WONCA South Asia region President, Prof Pratap Prasad were in attendance at the conference. Prof Michael Kidd was the chief guest of the conference and his presence delighted the conference -he also inaugurated the conference.

Keynote speeches were delivered by Profs Kidd and Prasad. There were workshops, around 40 papers, as well as poster presentations and a quiz contest.

It is pleasing to also report that an executive meeting of the WONCA South Asia region

was held. The highlight of the meeting was presence of Michael Kidd, Garth Manning and Raman Kumar, the representative of young doctors.

Our next WONCA South Asia REGION conference is from Feb 16-17, 2015 and is

being held in Dhaka. Sri Lanka is proposed that 2016.

Prof Pratap Narayan Prasad, MBBS, MD President, South Asian Region, WONCA

[Photo gallery here](#)



WORKING PARTIES

Rural Health - Gramado abstracts online

Did you miss the WONCA Rural Health conference held in Gramado, Brazil earlier this year - [abstracts of presentations are now available online](#). A large number of digital poster abstracts are also available. Titles are in both English and Portuguese

Also at the conference Prof Roger Strasser (pictured), inaugural chair of the WONCA Working Party on Rural Practice delivered the 2014 John Macleod oration at Gramado. The oration is titled "*Improving the Health of Rural People through Health Workforce Policy*". Read the oration in [WONCA News' August Rural Round-up](#)



Next year's Lille Mental Health conference



Photo: Working together on mental health issues at the recent WONCA Europe conference in Lisbon

(l to r), Henk Parmentier, Sandra Fortes, Luis Gálvez, Juan Mendive and Gabriel Ivbijaro.

WONCA is pleased to have endorsed the "Mental Health for all, connecting people and sharing experience" conference coming to Lille, in France, in April next year. The chair of WONCA's Working Party on Mental Health, Luis Gálvez invites colleagues to attend.

Dear colleagues and friends,

Next year, an international conference with the theme of "*Mental Health for all, connecting people and sharing experience*" will take place from 28-30 April 2015, in the city of Lille, France, Europe.

The conference is being organised by Gabriel Ivbijaro and numerous frontline colleagues in the world of mental health worldwide.

The conference is being organised along the lines already established over past years by the World Psychiatric Association and WONCA, now in conjunction with World

Federation on Mental Health and other scientific societies of mental health. Years of collaboration involving all professionals who are involved in mental health has used the ongoing slogan "*Working Together*". WONCA's participation in this conference will be in the same spirit and also as many of its members

are part of the scientific committee of the event.

Because I know the organization first hand, I can say that the conference will be useful to professionals and patients. It should provide a new opportunity to work together, with the aim not only to strengthen the cooperation and communication between primary and secondary care structures, but also working to benefit those people affected by mental illness, as well as their families and carers.

The conference offers us the opportunity to see colleagues and friends and also build new relationships and collaborate with mental health professionals from different regions of the world.

I hope to see you there.



Best wishes,
Luis Gálvez
Chair of [WONCA Working Party on Mental Health](#)

[more about the conference](#)

YOUNG DOCTORS

Ramnik and Jyoti Parekh create a scholarship for young doctors

An exciting and generous scholarship has been created by two well known Indian colleagues, Drs Ramnik and Jyoti Parekh (pictured above), who are also WONCA's first couple to join as Direct Life Members - Dr Raman Kumar, WONCA Executive Young Doctor representative provides this report.

At the recent WONCA South Asia Regional Conference Chennai, Dr Jyoti Parekh and Dr Ramnik Parekh, senior colleagues from Mumbai, announced a special gift for the young family doctors of the South Asia region. The couple committed Indian Rupees 100,000 every year to support the Spice Route Movement (the South Asia region movement for young family doctors).

The scholarship shall be awarded every year to deserving young doctors in South Asia region towards supporting their participation in regional exchanges, global exchange program FM360 and WONCA conferences. The Parekh couple has also generously offered to host any exchange visitor from across world at their home in Mumbai. They live in a three bedroom apartment and one AC room shall be made available with vegetarian food with a prior request.

WONCA acknowledges the significant generosity of this scholarship and on behalf of the future young doctor recipients says a big "thank you" to Ramnik and Jyoti.

From Jyoti and Ramnik: A Message to Young Family Physicians

Having spent over 50 years in healthcare and decades as family doctors in Mumbai, the one remarkable fact we have observed is that the family physician is the only doctor who can provide 'easily accessible, affordable, continuing, comprehensive healthcare; being fully aware of a family's socio-economic and psychological aspects.' Your choice to practice family medicine is a rare privilege.

We must confess that being direct members of Royal College of General Practitioners (UK) and WONCA from our early professional life has contributed significantly to our growth, professionalism and high values in life. We encourage all young professionals to do the



same. Be a part of an incredible world community - WONCA. May God bless you all to bloom to become ideal family doctors.

About Jyoti Parekh

Jyoti practiced Family Medicine in South Mumbai, with successful family and paediatric practice for over 40 years starting from 1964.

She was the first doctor in Mumbai to start a private immunisation centre, where Smallpox, Triple, Polio, measles, MMR, Typhoid and anti rabies injections were given. She maintained the records of all the children and a reminder system for future follow-ups. Records of more than 5000 childrens' immunisations were kept in her clinic. Along with immunisation, guidance about child care and a diet chart was given. Parents were regularly reminded by mail for repeat and booster doses. She was also the first family doctor to use a computer in practice, in 1982. She conducted a child guidance clinic with a team of a child psychologist, a counsellor and a psychiatrist.

She has, in the past served as the President of General Practitioners Association of Greater Mumbai and Honorary Secretary of IMA College of General Practice, Mumbai. She has presented a number of scientific papers in national and international conferences. She also had teaching assignments in Sophia College polytechnic and SNDT University.

Since her retirement in 2011, she has taught science, history, geography etc. to street

children, through Vatsalya (an NGO). At present, she continues writing a health column in Good Housekeeping Magazine. She is also a Trustee for Antim Samskar Seva, a community service for dignified funeral and cremation of the departed. She, with Dr Ramnik Parekh, coach family physicians on Art, Culture, Music etc under the banner of Culture Club.

About Ramnik Parekh

Born in 1936 in Karachi, Ramnik graduated in medicine in 1962, and after 20 years of Family Practice qualified in Occupational Health from Mumbai & London. He is an Honorary Fellow of IMA College of General Practice and also an Honorary Fellow of Indian Association of Occupational Health.

He was conferred the Lifetime Achievement Award by the General Practitioners' Association - Greater Bombay and National Safety Council. He is the Immediate Past President of Federation of Family Physicians' Associations of India (FFPAI). He is a foundation member and past-president of General Practitioners' Association of Greater Bombay and has provided pioneering activities for the cause of family practice. He is

the official representative of FFPAI on WONCA world council.

Ramnik founded the "*Journal of General Practice*" and co-authored three books including "*Introduction to General Practice*" and "*Tax & Accounting for Medical Professionals*". His recent international publication with an Australian co-author is "*Occupational & Environmental Health – A Practical Manual*". He was previously editor of the "*Indian Journal of Occupational and Environmental Medicine*" and that of "*Physician's Digest*".

After retiring from healthcare practice, he acquired Diplomas in Graphic Design and Digital Film Making from the New York Film Academy. A solo and later a joint exhibition of his photographs was held at Mumbai in March 2009, and in November 2012. He also was casted in a film 'Ship of Theseus' which won several international awards and won India's Best Feature film 2013 award.

Contact Details: 1004 Phoenix tower 'b', Senapati Bapat Marg, Lower Parel, Mumbai 400013

e-mail: ramnik.parekh@gmail.com

First virtual global meeting of Young Doctor Movement leaders

On Tuesday July 23, 2014 – for the first time ever – all seven Young Doctor Movement leaders/representatives met via teleconference. The meeting's agenda included important topics such as the relationship between the Young Doctor Movements (YDMs) with WONCA proper, the sharing of resources, exchange of best practices, and current YDM-led initiatives including the Family Medicine 360 Exchange Program (FM360) and the ASPIRE Global Leader Program.

FM360 was launched just over a year ago and has been gaining strength and popularity worldwide in all seven YDM regions. This program aims to unite trainees and junior physicians from around the world through exchange experiences in a manner that offers a more standardized format for both host and visitor. While still allowing individuals to personalize their specific exchange goals and objectives, FM360 seeks to ensure a high quality with each experience. The program has received support from all the leads as well as WONCA as a whole. Currently, arrangements are being finalized regarding hosts, WONCA's overall role, and limiting liability risk. A

separate teleconference is being arranged to further discussions on these important components.

Though in its infancy, the ASPIRE Global Leader Program has gained much support over the last several months and is still pending necessary approvals before any official launch occurs. The name itself is an acronym representing the following – Academics, Students, Preconferences, International collaborations, Residents/Research, and Exchanges. The program aims to augment participants' basic leadership skills through participation in international collaborations, research, conference presentations, and exchanges – among other areas. ASPIRE will also serve to recognize participants' accomplishments and development of such skills while augmenting the junior physician base necessary for the existence of our YDMs as well as the future of WONCA.

Finally, similar virtual meetings are scheduled to occur monthly to ensure continued contact between all YDM regions. By improving interconnectedness at the top levels, the intent

is to ensure enhanced information flow throughout the rest of the global YDM community allowing for more numerous and higher quality interactions between each region's members. Keep your eyes peeled as more good things are soon to come!

Nagwa Nashat (Al Razi Movement) & Kyle Hoedebecke (WONCA Polaris)

Leaders of each Young Doctor Movement can be contacted as follows:

Movement	WONCA region	Leader	Email
AfriWON	Africa	Kayode Alao	Afriwon@WONCAfrica.org
Al Razi	East Mediterranean	Nagwa Nashat	alrazi@wonca.net
Polaris	North America	Kyle Hoedebecke	polaris@wonca.net
Rajakumar	Asia Pacific	Shin Yoshida	rajakumar@wonca.net
Spice Route	South Asia	Raman Kumar	dr_raman@hotmail.com
Vasco da Gama	Europe	Peter Sloane	dr.peter.a.sloane@gmail.com
Waynakay	Iberoamericana	Rodolfo Deusdará Andrea de Angulo Karina Vilarroel	waynakay@wonca.net

ESPAÑOL

Traducción: Dr José Miguel Bueno, Spanish Society of Family and Community Medicine (semFYC)

Del Presidente: Los Médicos de familia afrontan los retos serios de salud global: ejemplos de la India y África

Foto: Clínica de bajo costo y alta efectividad en Vellore, India, donde se prestan servicios de atención primaria subvencionados, por médicos de familia y miembros de sus equipos, a la comunidad local

Más del 25% de la población del mundo vive en Asia meridional, muchos de ellos en extrema pobreza y sin acceso o con acceso muy limitado a los servicios de salud. En WONCA seguimos prestando un decidido apoyo, a través de nuestras organizaciones miembro, para mejorar en el acceso a la atención primaria de los habitantes de esta región.

La República de la India, en particular, está luchando para conseguir la cobertura sanitaria universal. La India se enfrenta al desafío de proporcionar asistencia sanitaria a todas las personas, más de 1,200 millones, de este vasto país, donde 80% de la población vive en zonas rurales. El gobierno nacional de la República de la India, al igual que la



Organización Mundial de la Salud (O.M.S.), ha reconocido que la atención sanitaria universal sólo puede lograrse a través del fortalecimiento de la atención primaria, y la clave de esto está en disponer de una medicina familiar fuerte.

El mes pasado asistí a la conferencia anual región de Asia meridional WONCA celebrada en Madrás en la India meridional. Llegaron médicos de familia pioneros, muy comprometidos y apasionados, de la India, Bangladesh, Sri Lanka y Nepal, junto con

jóvenes médicos de familia entusiastas y estudiantes de medicina así como los amigos de las organizaciones miembros de WONCA de todo el mundo. La conferencia fue organizada por las tres organizaciones miembros de WONCA de la India, the India Medical Association College of General Practitioners, the Federation of Family Physician Associations of India y the Academy of Family Medicine of India. Nuestros colegas, liderados por el Dr Abul Hasan, desarrollaron un trabajo excelente de organización de la reunión.

Por primera vez, colegas de Bután participaron en una conferencia WONCA, liderada por Dr Chhabi Lal Adhikari de Paro. Damos la bienvenida a nuestros colegas de Bután a la familia WONCA. El presidente de la [Región de Asia meridional de WONCA](#), profesor Pratap Prasad, está trabajando con nuestros colegas de Bután para apoyar la introducción de la formación de postgrado de medicina familiar.

El momento álgido lo constituyó el programa de eventos organizados por el movimiento de la ruta de especias ([Spice Route Movement](#)), organización para jóvenes médicos de familia de la Región de Asia meridional de WONCA, dirigido por el Dr Raman Kumar. Colegas senior, el Dr Ramnik Parekh y el Dr Jyoti Parekh, que han sido miembros de WONCA desde su creación, anunciaron su compromiso de un cuantioso apoyo financiero para permitir la participación de médicos jóvenes del movimiento Spice Route en programas de intercambio internacionales.

La Conferencia fue testigo de muchos de los desafíos que enfrenta la medicina familiar en la India. Muchos médicos graduados buscan formarse para convertirse en especialistas Consultores y luego subspecializarse cada vez más para convertirse en, lo que se denomina en la India, un superespecialista. Este enfoque, consistente en aumentar la especialización, ha distorsionado los gastos sanitarios de una atención primaria centrada en la comunidad derivándola hacia unos cuidados terciarios de alta tecnología. El resultado es un sistema de cuidado de la salud con una enorme desigualdad tanto en acceso al cuidado de la salud como en sus resultados, todo ello de un modo permanente.

Foto: Área de espera en el patio del centro de medicina familiar Shalom en Vellore, India



Esta desviación de los gastos de cuidado de la salud también significa que la India está luchando por conseguir la cobertura sanitaria universal. Pero las cosas están cambiando. Tuve la oportunidad de visitar uno de los centros de excelencia en medicina familiar en la Christian Medical College en Vellore donde el Dr Sunil Abraham y su equipo están liderando el camino ofreciendo una experiencia en medicina familiar a la comunidad para todos los estudiantes de medicina y en brindar oportunidades de formación de postgrado en medicina familiar, tanto en el centro médico como por medio de educación a distancia. Una de las innovaciones en Vellore es el centro sanitario de bajo costo y alta efectividad, dirigido por médicos de familia y todos los miembros de sus equipos, que proporciona de un modo altamente subsidiado, servicios de atención primaria y secundaria de gran calidad a los



miembros más pobres de la comunidad local.

Foto: Nueva campaña del Medical Association College of General Practitioners de la India para sensibilizar la comunidad sobre las contribuciones de médicos de familia para el cuidado de la salud de los habitantes de la India

Uno de los fundadores de la WONCA fue el Dr Prakash Chand Bhatla de la India, quien dijo que "todos los programas nacionales de

salud deben implicar generalistas. Educación y motivación de la comunidad debe hacerse en forma personal. ¿Y quién está más cerca de la comunidad que el médico de familia?"

¿Quién está más cerca de la comunidad que el médico de familia? Como médicos de familia debemos comprometernos a través de nuestros gobiernos y las organizaciones internacionales de salud en la planificación y entrega de programas de salud nacionales y locales. Los médicos de familia forman parte de su comunidad local y tienen la confianza de su comunidad local y pueden desempeñar un papel decisivo en que los programas de salud se desarrollen con éxito, especialmente entre los miembros más vulnerables de nuestra población.

Espero que con el tiempo, a través de iniciativas como éstas, seamos reconocidos como los verdaderos superespecialistas, que son los especialistas en medicina familiar en la India.

La crisis del Ebola.

Estamos muy preocupados por la situación en que se encuentran nuestros compañeros que trabajan en África occidental con los pacientes que padecen la enfermedad de Ébola. Desde WONCA enviamos nuestras condolencias a las familias que han perdido a sus seres queridos debido brote de Ébola, incluyendo las familias de los valientes doctores, enfermeras y otros trabajadores de salud que se han contagiado mientras que proporcionaban tratamiento y apoyo a sus pacientes.

En WONCA hemos en contacto con nuestras organizaciones miembros en África occidental y con los miembros individuales implicados en la respuesta al brote de Ébola que sigue afectando a cientos de personas. Muchos de nuestros colegas de otras naciones también están implicados en la respuesta, a través de organizaciones globales como Médecins Sans Frontières (médicos sin fronteras) y la Internacional Cruz Roja/Media Luna Roja y a través de equipos de respuesta internacional.

La Organización Mundial de la Salud (OMS) ha informado que este es el brote más grande jamás conocido con un potencial de propagación enorme. La educación sanitaria comunitaria es esencial, así como lo es la formación, el entrenamiento y el apoyo de trabajadores de salud de primera línea. Seguimos preocupados de que los médicos comunitarios y otros proveedores de salud de atención primaria dispongan de un acceso adecuado a equipos protección individual adecuados para garantizar la seguridad del personal de salud que trabajan con los pacientes y sus cuidadores de las comunidades afectadas. ([mas](#))

Los retos en la respuesta al brote inicial refuerzan la necesidad esencial de que cada nación disponga de un sistema de atención primaria fuerte, con equipos de atención primaria bien entrenados y bien equipados, así como la necesidad de un continuo apoyo nacional e internacional sólido y coordinado.

Michael Kidd
Presidente

Fragmentos de política: Calidad en atención primaria – Haciendo el camino.

Acabo de finalizar la elaboración de un artículo para que lo valore el Consejo de la organización de la que soy miembro (Royal College GPs, Reino Unido). Deseamos revisar lo que hacemos a través de los miembros de nuestra sociedad para mejorar la calidad del cuidado que prestamos a nuestros pacientes – no solamente la seguridad, ni la calidad de los chequeos, sino la mejora de la calidad. Esto significa, en primer lugar, saber lo que estamos intentando conseguir – nuestro contrato con el Sistema Nacional de Salud (británico) tiene cuatro campos que no pueden quedar en duda:

1. Prevenir a la población de la muerte prematura
2. Mejorar la calidad de vida de los pacientes con enfermedades crónicas
3. Ayudar a la población a recuperarse de episodios de enfermedad o tras una lesión
4. Asegurarse de que la población tenga una experiencia positiva de los cuidados
5. Tratar y cuidar a la población en un ambiente seguro y protegerla de daño prevenible

Pero estos son resultados de alto nivel, y los clínicos que realizamos nuestra labor en la comunidad tenemos pacientes distintos que

los que lo hacen en el hospital. La Organización Mundial de la Salud (OMS) reconoce seis campos por los que podemos medir la calidad del cuidado “cuidado que es “efectivo, eficiente, accesible, aceptable para los pacientes, equitativo y seguro”. Todo muy importante – pero ¿Cómo evaluamos eso en nuestra práctica diaria?

Los médicos de familia ocupados, a menudo comenzamos desde los problemas – cosas que han ido mal, de las que los pacientes se han quejado, o que sabemos por nosotros mismos que se podrían haber hecho mejor. Tres consejos para la mejora de la calidad:

1. No llegar a las conclusiones precipitadamente: mirar lo que ha ocurrido, qué se podría además encontrar sobre los antecedentes del problema, y qué podría haberse hecho diferente que podría haber conducido a un resultado mejor.
2. Después dedicar un espacio adecuado para discutirlo, especialmente si la gente se siente molesta o defensiva – por ejemplo no hacerlo en un pasillo al final de un día atareado, cuando todo el mundo está cansado y podría no ser escuchado debidamente.
3. Y convertir todo problema en una propuesta de mejora – esto anima a la gente a pensar que ellos no tendrán que sufrir esas molestias otra vez

Los patrones también importan – los datos sobre cuáles fueron los problemas más frecuentes el mes anterior pueden ser una fuente importante para el análisis y para hacer cambios. En una consulta de medicina de familia de Reino Unido, una simple auditoría sobre la frecuencia con la que los pacientes tenían que acudir a que sus recetas fuesen autorizadas y otros efectos renovados condujo a diseñar un sistema completamente nuevo que fue mucho más eficiente. – A los pacientes les gusta que le solucionen todo en una ocasión al igual que le gusta al personal del Centro de Salud! Los problemas en la cadena de provisiones, como por ejemplo la carencia de vacunas o guantes desechables, también precisan ser auditados y declarados –

a veces la firme evidencia cualitativa de un problema obliga a la gente a actuar cuando una queja personal es pasado por alto.

Una de los principios de la ciencia de la mejora de calidad es que debemos mirar las cosas a nivel individual, de equipo y de organización. Con demasiada frecuencia estaré haciendo las cosas correctamente en mi habitación pero “el sistema” no es eficiente porque está volviendo a llamando a los pacientes con demasiada frecuencia, o de modo insuficiente – o no realizando seguimiento de los pacientes que no han seguido sus controles de diabetes, o no ofreciendo líneas telefónicas suficientes para las demandas de los pacientes... por favor añada sus propios ejemplos aquí!

Nuevamente, hablando al equipo, solamente escuchando a los pacientes pueden aportarnos tanto problemas como soluciones – y también reducir el estrés y el burnout del médico. El círculo ‘Plan, Do, Study, Act’ es tanto profesional (analítico, controlado, reflexivo) como motivador, porque crea una sensación de intenciones compartidas, estando a la vez abierto a diferentes respuestas. Y nos hace prestar atención a todos los niveles en los que aunando los cambios puedan traer consigo la mejora.



Por supuesto es un trabajo duro –y a veces la parte más difícil es implicar a todo el equipo. Pero si logramos persuadir a la población de que la medicina de familia es una especialidad importante con algo que ofrecer, tenemos que ofrecer la calidad. ¡Y además puede ser divertido! Hay que apuntar alto pero ser realista y persistente – como es conocido Gandhi “*usted debe ser el cambio que quiere ver en el mundo*”- los demás le seguirán.

Prof Amanda Howe



FEATURED DOCTORS

TSAI, Dr 'Steve' Shih-Tzu : Taiwan - region conference HOC



Steve' Shih-Tzu TSAI is vice-chair and head of the main program of the organising committee of the [WONCA Asia Pacific region conference](#) coming to Taiwan in March

Current Work

'Steve' Shih-Tzu TSAI, MD, is currently Head of the Center for Preventive Services and Chief of Section of Rheumatology–Immunology in Buddhist Tzu-Chi Medical Foundation Hualien Tzu Chi Hospital, which is a major unit of the world-renowned Buddhist Tzu-Chi Compassion Relief Foundation, Taiwan. He is also the incumbent President of the Taiwan Academy of Hospice Palliative Medicine as well as President of Taiwan Medical Alliance for Tobacco Control (more about his interest in tobacco control later).

Other interesting things he has done

Dr Tsai graduated in 1975 and after his residency was board-certified in internal medicine, allergy-immunology and rheumatology.

He founded the Department of Family Medicine of Taipei Veterans General Hospital (TVGH) in 1985. During his 15-year chairmanship, he devoted himself to residency training and medical education, founded the hospice-palliative care unit of the hospital and contributed to establishing the regional medical network of I-Lan County.

Between 1994 and 1995, he was President of the Taiwan Association of Family Medicine (TAFM), one of the largest medical societies in Taiwan, with a membership at the time of more than 4000.

Steve set up the first smoking cessation clinic in Taiwan in 1992. Since 2002, he has led a nationwide program for smoking-cessation services subsidized by Ministry of Health and Welfare of Taiwan Government. By May, 2014, the program had so far helped more than 605,000 smokers to quit smoking and

achieved a 6-month point abstinence rate of around 30%.

WONCA editor's questions

You established the first quit smoking clinic in Taiwan so can you tell me more about smoking in Taiwan?

Prior to the 1970s, smoking was prevalent in the social culture of Taiwan. The smoking rate among male adults reached as high as 60%. By 2011, the male smoking rate has declined to 30.2%. The smoking rate of adult males in our country remains higher than the rates posted by many developed nations (a mere 29% of male smokers had quit smoking).

Today Taiwan has a population of 23 million, of whom around 3.5 million are current smokers. Smoking kills more than 20,000 people each year and the total costs attributable to smoking are 120 billion new Taiwan dollars (over USD 3.6 billion) in 2009.

You are of the vice-chair and head of the main program of the organising committee of the WONCA Asia Pacific region conference coming to Taiwan in March 2015. How did you get involved with the conference and what do you hope for the conference?

I am involved in the conference because of numerous roles relating to international liaison that I have had in the past:- President of Taiwan Association of Family Medicine (TAFM) between 1994 and 1995, Chairman of TAFM Public Relations and WONCA Affairs Committee from 2008 to 2014, and as a result the official delegate or observer from the TAFM to many WONCA World Council Meetings and Regional Council Meetings since the 1990s.

My wish for the wish the 2015 WONCA Taipei Conference is that we can get together with the best minds of family medicine, and we can share the development of primary health care with the world.

Your other passions?

To bring visibility of the family medicine specialty to medical society and the community and to encourage more medical graduates to opt for a career in family practice

Asst/Prof Tonka SUSIČ : Slovenia - WONCA Europe 5-star doctor



Asst/Prof Tonka Poplas Susič, MD, PhD, is WONCA Europe's 5-star doctor for 2014

What work do you do now?

I have been working at the Health Centre

Ljubljana (HCL) as a family physician for 25 years and as a medical director at the same health centre for last four years. I have more than 1600 registered patients (capitation). Health Centre Ljubljana the biggest primary care health centre in Slovenia with 1400 employees and more than 2.6 million patient visits per year. We provide medical care for the Ljubljana municipality region with 280,000 inhabitants (Slovenia has 2 million inhabitants in total).

Additionally, I am a senior researcher at the Department of Family medicine, University of Ljubljana, a counsellor/tutor for medical students; a lecturer for medical students and vocational trainees in family practice; and speaker at various professionals' meetings in Slovenia. I am also a lecturer at the Faculty of Health Care Jesenice

What other interesting activities that you have been involved in?

I have been involved in different international research projects:

- Home-visits in general practice: a focus group research work (head of the project - Prof P Van Royen) in 1997-1998;
- ECATOD research (European community actions to support primary health care actions against tobacco consumption and hazardous drinking) in 1998- 2001;
- WHO - phase IV: Implementing Country-wide Opportunistic Identification and Brief Intervention Strategies in Primary Health Care from 2001-2003;
- IATPAD research project (Improvement of access to treatment for people with alcohol- and drug-related problems) in 2006- 2009;
- Montenegro Health System Improvement Project from 2011 until 2012: a component leader.

Research projects in Slovenia: Qualitative analysis of reports from Medical Faculty students about practical work in general practice in the period from 1991-1994; Information Technologies for communication

with patients at family practice: 2010-in progress.

I was the Slovenian representative in WONCA Europe 2003-2010, a delegate at UEMO (European Union of General Practitioners/Family Physicians) from 2008-2012, a member of INEBRIA (International Network on Brief Interventions for Alcohol Problems) since 2006, and a member of EGPRN since 2006.

I am also a member and president of numerous Slovenian professional associations/ commissions (Commission for rational use of Antibiotics at Ministry of Health; Committee for waiting list at the Ministry of Health; Council of Experts of the Slovenian Medical Association; Commission for classification of medicaments on the list; Committee for accreditation at the Ministry of Health; etc)

I am an advisor to the Minister of Health for primary health care and a leader of the project "The Model practices in family medicine" which started in 2011, in which a new organisational and substantive concept of work in family practice was introduced.

In 2012, I was awarded as the GP who has most significantly contributed to the development of the profession by the Slovenian Medical Association – Slovene Family Medicine Society and in 2014, I have been awarded the "5-star doctor" award by WONCA Europe.

What are your interests as a GP and also outside work (e.g. hobbies)?

I am very interested in the development of integrated medical care for chronically ill patients and in involvement of high quality of work in every-day patient management . This is what I try to combine in my work on one hand, as a family physician and medical director at HCL; and on the other hand, as a researcher at the academic level.

I also enjoy sports; it is a vital part of my life. I like cycling, jogging, swimming and skiing. I relax by gardening around the house and cultivating of orchids. Due to lack of free time, I have postponed painting as one of my hobbies for a later time. Once a week I take dance lessons and find tango, one of the most impressive dances.

What is it like to be a family doctor in Slovenia?

In Slovenia, The National Insurance Company (NIC) pays the GPs medical program based on capitation, e.g. capitation per 1700 patients amounts to about 108,000 euros per year. That amount covers cost of materials, medicines used in the outpatient clinics, sanitary equipment and also administrative services, cleaning services, laboratory tests and salaries for the staff (GPs and nurses).

Therefore it is not important where the GP is employed, because for the same patient numbers the payment is the same. Two-thirds of GPs are employed in the public health centre and the rest of them are self-employed. Patients do not pay for medical services if they are insured. There are no private GPs (without a contract with the NIC).

In Slovenia, additional to the majority of clinical specialists who have the contract with the NIC (free of charge for insured patients), there are also private specialists (cardiologists, pulmonologists, gynaecologists, psychiatrists, ophthalmologists, dentists, surgeons, ultrasound, MRI...) who do not have a contract with the NIC. Patients are obliged to pay full price for their services, without the possibility of getting any money back.

Patients can visit their GP in the same day if it is necessary (acute illness/event, worsening of the chronic disease), the longest waiting time is 5-7 days (patients with stabile chronic

illnesses). According to the nationwide study, an average consultation time with a GP lasts 7.5 minutes. Patients who only need prescription have shorter appointment times than patients with worsening health statuses.

GPs are the gate-keepers for all patients. It is impossible to see specialists in the hospital without a referral except when using self-paid private service, but in this case all costs have to be covered by patients themselves. Therefore patients usually use private services as a first visit to a clinical specialist (almost no waiting time) and after that enter the public-service system with a referral from their GP.

There is significant pressure on GPs to reduce health system costs. Firstly, HIC has decided to reduce labour costs by decreasing the contractually guaranteed annual amount of money. Because salaries of GPs are fixed nationwide (through a collective agreement for doctors), doctors then have to decrease other costs (laboratory, ampoules, material costs).

Secondly, HIC checks and controls drug prescription rates, frequency of prescribing of medical support equipment (e.g. wheelchairs, crutches, bandages), eligibility for sickness status over 30 days that is paid by HIC, referrals, and use of ambulances. Every mistake or deviation from the rules is financially penalised.

In July last year, prescribing by therapeutic group of drugs started and GPs will now have a key role in decreasing the costs of medicines through this initiative.

RESOURCES

PEARLS added this month

[433 Endometrial resection/ablation as effective as hysterectomy for heavy menstrual bleeding](#)

[432 Exercise programmes beneficial for people with dementia](#)

[431 Physiotherapy effective for Parkinson's disease](#)

[430 Combination therapy most effective for psychotic depression - July 06, 2014](#)



Breaking down barriers:
Bringing People Together
15th - 18th April 2015

Dubrovnik, Croatia



WONCA CONFERENCES 2015

February 13-14, 2015	WONCA South Asia Region conference	Dhaka, BANGLADESH	For more information on these conferences as it comes to hand go to the WONCA website conference page :
February 18-21, 2015	WONCA Africa region conference	Accra, GHANA	
March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

WONCA Direct Members enjoy *lower* conference registration fees. To join WONCA go to:
<http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>



**ABSTRACTS DEADLINE
for WONCA Taipei
extended until 1 October**

WONCA ENDORSED EVENTS

For more information on WONCA endorsed events go to
<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

April	Mental Health for All
28-30	
2015	Lille, France

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

September 12-13 2014	Balearic Meeting of Residents & Young GPs of Ibamfic 
	Palma de Mallorca
September 23-27 2014	EURACT - International course in Bled 
	Bled, Slovenia
October 02-04 2014	RCGP annual primary care conference 
	Liverpool, United Kingdom
October 09-11 2014	RACGP GP '14 conference 
	Adelaide, Australia
October 21-25 2014	AAFP annual scientific assembly 
	Washington DC, USA
October 23-26 2014	EGPRN Autumn meeting 
	Heraklion, Crete, Greece
November 13-15 2014	Family Medicine Forum / Forum en médecine familiale 
	Québec, Canada
November 19-23 2014	The Network: Towards Unity for Health conference 
	Fortaleza, Brazil
April 25-29 2015	STFM Annual Spring Conference 
	Orlando, Florida, USA
May 07-10 2015	EGPRN Spring meeting 
	Timisoara, Romania
May 29-30 2015	IPCRG scientific meeting 
	Singapore
June 16-18 2015	19th Nordic Congress of General Practice 
	Gothenburg, Sweden