

WONCA News

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WONCA
World family doctors. Caring for people.

From the President: Family Medicine in Costa Rica



Photo: Delegates from Nicaragua, with WONCA president, president-elect and CEO, at the 1st WONCA Mesoamericano Congress

Alejandro Alvarez is a family physician working in the town of Barva in provincial Costa Rica. Alejandro works with his large primary care team, providing community-based health care services to a population of 45,000 people in Barva and the surrounding rural areas. His clinic team includes 10 general practitioners (GPs), primary care nurses, health promotion staff, community dental services and a social worker, dietician, and psychologist.

Alejandro's clinic also serves a network of ten Basic Primary Health Care Teams, working out of clinics based in rural communities, with each team comprising a GP, a primary care nurse and a primary care technician. The primary care technician is a skilled and well-supported community health worker, who visits every house in the local community, identifying people at risk and referring them to the GP and nurse, gathering data for health planning and resource allocation, and implementing basic health interventions such as vaccination programs. There is a current strong focus on preventing mosquito-borne illnesses due to dengue, Zia and chikungunya



viruses.

Photo: Dr Alejandro Alvarez, Family Physician at the Barva Health Clinic in provincial Costa Rica

Costa Rica (Spanish for the Rich Coast) is a small country of 4.5 million people in Central America, bordered by Panama to the South, Nicaragua to the north, the Pacific Ocean to the west, and the Caribbean Sea to the east. It

is renowned for the remarkable biodiversity of its wildlife, for its coffee and chocolate, and for its national commitment to the use of clean technology and reversal of past environmental degradation. It is also well known for its effective model of primary health care, ensuring universal health coverage, with health care for all delivered by community-based health teams. Each Basic Primary Health Care Team provides care for around 4,000 people and there are now teams covering the entire population, ensuring that



all citizens have equitable access to health care services.

Photo: Dr Jose Martin Rojas Castro, general practitioner at the Basic Primary Health Clinic in the rural community of San José de la Montaña

The national social security insurance program of Costa Rica dates back to the 1940s, and the nation ensures free primary care and hospital care for people in rural areas, those on low incomes, and vulnerable populations including mothers and children, indigenous people, the elderly and those with disability. A single health insurance scheme for all people means that Costa Rica avoids some of the health care inequities that occur in some other nations in this part of the world. The nation's health care budget is also augmented by taxation on soft drinks and alcohol.

I was in Costa Rica to participate in the 6th Iberoamericana Family and Community Medicine Summit (Cumbre in Spanish), hosted in the capital city, San José, by the Association of Family and Community Medicine of Costa Rica, and our WONCA Iberoamericana CIMF Region, which includes the Spanish speaking nations of Central and South America, as well as Brazil, Portugal and Spain. 164 delegates from 23 countries came together to discuss the role of Family Medicine in ensuring universality, equity and quality in

health systems across the region. Waynakay, our WONCA Young Doctor Movement in Central and South America, was also well represented, ensuring the voice of the next generation of family doctors in the deliberations.

The outcome report of the Summit is the Letter of San José (La Carta de San José), which I was invited to sign along with Dr Fernando Llorca Castro (Minister of Health of Costa Rica), Professor Inez Padula Anderson (our WONCA Iberoamericana Regional President), Dr Thomas Meoño Martín (President of the Summit) and representatives of the Costa Rica Social Security program, and the Pan American Health Organization (PAHO) of the World Health Organization. The Letter of San José will be published in Spanish and English on the WONCA website.

The Summit was followed by WONCA's first-ever Central American Family Medicine Conference (Congreso Mesoamericano de Medicina Familiar y Comunitaria) where delegates shared developments in family medicine clinical care, education and research in each of the nations of the region.



Photo: Dr Alexander Paz (in red tie), WONCA's first direct member from Honduras, with WONCA president and CEO and other delegates from Honduras

I was impressed with the primary health care system in Costa Rica and the potential for family doctors to make further contributions. Costa Rica has the second longest life expectancy in the Americas, following Canada, with current life expectancy at birth of 81.5 years for females and 76.7 years for males. Yet challenges remain, especially with the rise in non-communicable diseases, and the complex co-morbidities that accompany an increasingly elderly population. This is where family medicine offers great hope for the

future with an increasing cohort of trained specialist family doctors providing effective leadership of the networks of primary health care services, ensuring the provision of coordinated, comprehensive, integrated care for all people.

The family doctors in Costa Rica ensure that health care costs are kept low through appropriate referral to consultant services only when indicated, that essential health information is made available between health care providers to support quality care, and that there is efficient and effective integration of primary, secondary and tertiary care services.

Michael Kidd
President

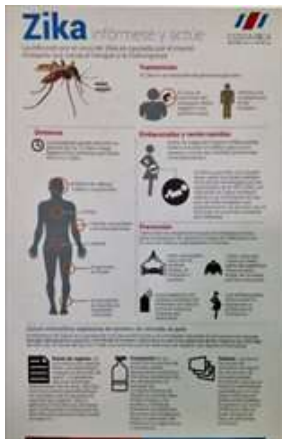


Photo : Zika virus public awareness campaign poster from Costa Rica

Photo : Basic Primary Health Clinic at San



José de la Montaña



Photo: Representatives from Waynakay (WONCA's young doctor movement in Central and South America) attending the 6th Iberoamericana Family Medicine Summit

Del Presidente: Medicina de Familia y Cobertura

Foto: Delegados de Nicaragua, con el Presidente de WONCA, la Presidenta-electa y CEO, en el Primer Congreso de América Central de WONCA



Alejandro Álvarez es un médico de familia que trabaja en la ciudad de Barva, en una de las provincias de Costa Rica. Alejandro trabaja con su gran equipo de Atención Primaria, ofreciendo servicios sanitarios basados en la comunidad para una población de 45.000 personas en Barva y en las áreas rurales que rodean la ciudad. En su equipo clínico hay 10 médicos de cabecera, enfermeras de Atención Primaria, personal de promoción de la salud, servicios comunitarios odontológicos y trabajadores sociales, nutricionistas y psicólogos.



Foto: Dr Alejandro Alvarez, Médico de Familia en el Centro de Salud Provincial de Barva, en Costa Rica.

El Centro de Salud de Alejandro también sirve como punto de encuentro de diez equipos básicos de Atención Primaria, que trabajan en centros de salud que dan cobertura a comunidades rurales, cada uno de ellos con un médico de cabecera y una enfermera especialista en Atención Primaria. El especialista en AP forma parte de una comunidad de trabajadores de la salud con destacadas habilidades que visita los hogares de la comunidad local e identifica a las personas que corren un riesgo mayor, e informando al médico de familia y a la enfermera, recopilando datos para poder diseñar un plano de salud con recursos localizados. Actualmente las acciones están muy focalizadas en la prevención de las enfermedades relacionadas con las picaduras de mosquito, como las relacionadas con los virus del dengue, el zika y el chikungunya.

Costa Rica es un pequeño país con una población de 4,5 millones de personas en Centro América, que limita con Panamá en el sur, Nicaragua en el norte, el Océano Pacífico en el oeste y el mar del Caribe en el este. Se trata de un país conocido por la remarcable biodiversidad de su fauna, por su café y por su

chocolate, y por su compromiso nacional con el uso de una tecnología limpia y en la inversión para frenar la degradación medioambiental. El país es también muy conocido por su efectivo modelo de Atención Primaria y su cobertura universal de salud, con una atención ofrecida a las comunidades por parte de equipos especializados. Cada uno de estos equipos, ofrece cobertura a unas 4.000 personas y en la actualidad hay suficientes equipos para dar cobertura a toda la población, asegurando de esta forma que todos los ciudadanos y ciudadanas tienen un acceso equitativo a los servicios sanitarios.



Foto: Dr José Martín Rojas Castro, Médico de AP en el Centro de Atención Primaria en la comunidad rural de San José de la Montaña

El sistema nacional de Seguridad Social de Costa Rica es anterior a 1940, y el país ofrece Atención Primaria y hospitalaria gratuita a la gente que vive en las áreas rurales, a aquellos con ingresos bajos y a la población vulnerable, incluyendo madres y niños, población indígena, mayores y población discapacitada. Hacer una esquematización rápida del funcionamiento de Costa Rica es suficiente para darnos cuenta de que el país ofrece una cobertura mayor en muchos aspectos respecto a la que existe en otros países vecinos con más desigualdades e inequidad. Los recursos económicos del país también se han visto aumentados debido a una tasación mayor de los impuestos sobre el alcohol.

Estuve en Costa Rica participando en la 6ª Cumbre Iberoamericana de Medicina de Familia y Comunitaria que tuvo lugar en la capital del país, San José, organizada conjuntamente por la Asociación de Medicina de Familia y Comunitaria de Costa Rica y por nuestra Región WONCA CIMF Iberoamericana, en la que se encuentran los países de habla española de la América Central, así como Brasil, Portugal y España. En total, 164 delegados de 23 países se

reunieron para debatir acerca del papel de la Medicina de Familia en la cobertura universal de salud, equitativa y de calidad en todos los sistemas sanitarios de la región. Waynakay (nombre de nuestro Joven Movimiento de Médicos de WONCA en América Central y en Sur América) también estuvo representado en la Cumbre con el fin de asegurarse de que la voz y la opinión de una nueva generación de médicos de familia en las deliberaciones tuviera su espacio.



Foto: Dr Alexander Paz (con corbata roja), primer miembro directo de WONCA de Honduras, con el Presidente de WONCA y CEO y otros delegados de Honduras

Como resultado de la Cumbre se consensuó el texto de La Carta de San José, que me invitaron a firmar, conjuntamente con el Doctor Fernando Llorca Casto (Ministro de Sanidad de Costa Rica), el Catedrático Inez Padula Anderson (Presidente Regional de nuestra región de WONCA Iberoamericana), el Doctor Thomas Meoño Martín (Presidente de la Cumbre) así como representantes del Programa de Seguridad Social de Costa Rica, y de la Organización Sanitaria Pan Americana (PAHO) de la Organización Mundial de la Salud. La Carta de San José será publicada en español y en inglés en la página web de WONCA.

Tras la Cumbre Iberoamericana hubo el primer Congreso de WONCA de América Central en Medicina Familiar y Comunitaria (Congresos

Mesoamericano de Medicina Familiar y Comunitaria) en el que los delegados compartieron los cambios en Medicina de Familia y en cuidados clínicos, educación e investigación de los países de la región.

El Sistema de Atención Primaria de Costa Rica me impresionó mucho y el potencial que tienen los médicos de familia a la hora de contribuir en él también. Costa Rica tiene el segundo mayor índice de esperanza de vida de América, después de Canadá, con una edad media al nacer de 81,5 años para las mujeres y de 76,7 años para los hombres. Aun así, los retos siguen existiendo, especialmente en lo que respecta al crecimiento de las enfermedades no contagiosas, y a la complejidad de la comorbilidad que siempre afecta a la población mayor. Aquí es donde la Medicina de Familia ofrece una gran esperanza para los futuros y cada vez más numerosos médicos de familia con formación, dotando a los equipos y redes de Atención Primaria del liderazgo que necesitan, y asegurando de esta forma de que se ofrece una asistencia coordinada, completa e integrada para toda la población.

Los médicos de familia de Costa Rica ayudan a asegurarse de que los costes de la asistencia sanitaria se mantienen bajos en relación a otros servicios, de que la información de salud esencial es accesible entre los profesionales de la atención sanitaria para apoyar la calidad de la asistencia, y de que la integración entre los servicios de Atención Primaria, secundaria y terciaria es efectiva.

Michael Kidd
Presidente de WONCA

Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación

Du président: Médecine familiale au Costa Rica



Photo: Des délégués du Nicaragua, avec le président de WONCA, le vice-président et le PDG, au 1er Congrès WONCA d'Amérique centrale.

Alejandro Alvarez est médecin de famille dans la ville provinciale de Barva au Costa Rica. Alejandro travaille avec sa grande équipe de soins primaires, fournissant des services de santé communautaires à une population de 45 000 habitants à Barva et dans ses environs ruraux. L'équipe de sa clinique inclut 10 médecins généralistes, des infirmiers en soins primaires, du personnel de promotion de la santé, des services dentaires communautaires, un travailleur social, un diététicien et un psychologue.



Photo : Dr Alejandro Alvarez, médecin de famille à la clinique de santé de Barva au Costa Rica

La clinique d'Alejandro dessert également un réseau de dix équipes en soins de santé primaires qui travaillent depuis des cliniques communautaires rurales, chaque équipe comprenant un généraliste, un infirmier et un technicien en soins primaires. Le technicien en soins primaires est un travailleur social qualifié soutenu par la communauté. Il visite chaque maison dans la communauté locale, identifie les personnes à risque et les met en rapport avec le généraliste et l'infirmier. Il recueille des données pour la planification médicale et l'attribution de ressources, et met en application des interventions de soins de santé primaires telles que les programmes de vaccination. L'accent est fortement mis sur la prévention des maladies portées par les moustiques telles que les virus de la dengue, le zika et le chikungunya.

Le Costa Rica (la côte riche en espagnol) est un petit pays de 4 millions et demi d'habitants en Amérique Centrale, encadré par le Panama au sud, le Nicaragua au nord, l'océan Pacifique à l'ouest et la mer des Caraïbes à l'est. Le Costa Rica est renommé

pour la biodiversité remarquable de sa faune, pour son café et son chocolat, ainsi que pour son engagement national dans les technologies propres et la lutte contre la dégradation de l'environnement. Le Costa Rica est également bien connu pour son modèle efficace de santé primaire, son assurance universelle de santé, et la prestation des services de santé pour tous fournie par des équipes communautaires. Chaque équipe de soins de santé primaires sert environ 4 000 personnes et il y a maintenant des équipes qui couvrent la population entière, assurant l'accès équitable de tous les citoyens aux services de santé.



Photo : Dr Jose Martin Rojas Castro, médecin généraliste à la clinique de soins de santé primaires dans la communauté rurale de San José de la Montaña

Le programme national d'assurance de sécurité sociale du Costa Rica remonte aux années 40, et la nation assure les soins primaires et les soins hospitaliers gratuits pour les habitants des zones rurales, pour ceux dont les revenus sont modestes, et pour les populations vulnérables telles que mères et enfants, peuples autochtones, personnes âgées et personnes handicapées. Un régime d'assurance maladie unique pour tous signifie que le Costa Rica évite certaines des injustices d'accès aux soins de santé qui existent dans certaines des nations voisines. Le budget de la santé nationale est également supplémenté par l'impôt sur les boissons gazeuses et sur les boissons alcoolisées.

J' étais au Costa Rica pour participer au 6ème sommet ibéro-américain de médecine familiale et communautaire (Cumbre en español), tenu dans la capitale San José, par l'association de médecine familiale et de médecine Communautaire du Costa Rica et de la région ibéro-américaine de WONCA CIMF, qui inclut les nations de langue

espagnole d'Amérique Centrale et d'Amérique du Sud, ainsi que le Brésil, le Portugal et l'Espagne. 164 délégués de 23 pays se sont rassemblés pour débattre du rôle de la médecine familiale en ce qui concerne l'universalité, l'équité et la qualité des systèmes dans la région. Waynakay, Mouvement des jeunes Médecins de WONCA en Amérique centrale et en Amérique du Sud, était également bien représenté, assurant la voix de la génération suivante de médecins de famille dans les débats.

Le rapport final du sommet est La Lettre de San José (La Carta de San José) que j'ai été invité à signer avec le Dr Fernando Llorca Castro (ministre de la Santé du Costa Rica), la professeur Inez Padula Anderson (présidente régionale de WONCA Ibéro-Amérique), le Dr Thomas Meoño Martín (président du sommet) et des représentants du programme de sécurité sociale du Costa Rica, et l'Organisation panaméricaine de la Santé (PAHO) de l'Organisation mondiale de la Santé. La lettre de San José sera publiée en espagnol et en anglais sur le site web de WONCA.



Photo : Dr Alexandre Paz (portant une cravate rouge), premier membre direct WONCA du Honduras, en compagnie du président et du PDG de WONCA ainsi que d'autres délégués du Honduras

Le sommet a été suivi de la toute première conférence de médecine familiale centraméricaine de WONCA (Congreso Mesoamericano de Medicina Familiar y Comunitaria) où les délégués ont parlé des développements dans la prestation des soins cliniques, dans l'éducation et dans la recherche en médecine familiale dans chacune des nations de la région.

J'ai été impressionné par le système des soins de santé primaires du Costa Rica et par le potentiel qu'ont les médecins de famille de

continuer à apporter leur contribution. Le Costa Rica se place deuxième en ce qui concerne la plus longue espérance de vie du continent américain, après le Canada, avec une espérance de vie actuelle de 81,5 ans pour les femmes et de 76,7 ans pour les hommes. Pourtant les défis demeurent, particulièrement du fait de la croissance des maladies non-communicables et des comorbidités complexes qui vont de pair avec une population vieillissante. C'est là où la médecine familiale offre de grands espoirs pour le futur grâce à la cohorte croissante des médecins de famille spécialistes qualifiés qui assurent l'efficacité des réseaux de services de santé primaires et la prestation de soins coordonnés complets et intégrés pour tous.

Les médecins de famille du Costa Rica s'assurent que le coût des soins de santé reste bas grâce au système de référence aux services appropriés seulement si nécessaire et aussi en s'assurant que toute information médicale essentielle soit disponible entre les prestataires de services de santé afin d'en garantir la qualité et l'intégration efficace des services de soins primaires, secondaires et tertiaires.

Michael Kidd
Président, Organisation mondiale des
médecins de famille (WONCA)

*Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800*

From the CEO's desk: Executive meeting and EMR conference



This month I want to tell you a little of the recent WONCA Eastern Mediterranean Region (EMR) conference in Dubai and also provide some feedback on the latest WONCA Executive meeting in Abu Dhabi on 20th and 21st March (photo above).

WONCA EMR Conference

WONCA EMR is the newest region of WONCA, and this was just their third regional conference, held in Dubai

from 17th to 19th March. The Chair of the HOC, Dr Wedad Al Haj Al Maidoor, and the Chair of the Scientific Committee, Dr Mohammed Farghaly, together with their enthusiastic committee members, had put on a really great scientific event, overseen by Conference President (and Regional President) Dr Mohammed Tarawneh.

There were many interesting clinical and non-clinical sessions and topics covered during the three days, but of especial interest was a session on Day 1 led by colleagues from WHO EMRO (Eastern Mediterranean Region

Greetings again. As I write this month's column I'm actually sitting in my hotel room in San Jose, Costa Rica, where I'm attending the 6th Cumbre (or Summit) of the Iberoamericana-CIMF Region, which will be followed by the first-ever Mesoamerican (Central American) WONCA conference, also in Costa Rica. However all of that is for next month, as is my feedback from my visit to Rio de Janeiro last week, for the final Conference Planning Committee before the WONCA World Conference in Rio from 2nd to 6th November.

Office). WHO EMRO is extraordinarily active in developing and promoting the establishment of professional family medicine in the region, and has been working ever more closely with WONCA to achieve this ambition. The session was facilitated by Dr Sameen Siddiqi, Director of Health Systems Development at WHO EMRO, and participants discussed challenges, lessons learned and priorities to enhance family medicine programmes in the region, together with regional strategies to scale up the production of family doctors in the region in the short, medium and longer term. WHO also presented an advocacy video on the role of family medicine in the provision of Universal Health Coverage (UHC). This is a really great video, which can be accessed at <https://youtu.be/42WiE7VkJNvc>

During the WHO sessions three presentations were shared: scaling up family practice in the region; on line training courses to improve knowledge and skills among general practitioners; and development of “training of trainers” programmes. The session concluded with a panel discussion, including representatives from WHO, WONCA, Ministries of Health and Academia.

It really was a great three days. We were especially pleased to see inputs from Al Razi, the Young Doctor Movement for the EMR Region, led by Dr Nagwa Nashat, and also the involvement of local medical students through the International Federation of Medical Students Associations (IFMSA). WONCA has a long standing MOU with IFMSA and is constantly promoting ever closer collaboration, so it was wonderful to have IFMSA attend this conference – and even better that they won an award for best presentation.

Next year’s EMR conference will be in Qatar, with 2018 scheduled for Kuwait, and we look forward to even bigger and better events years on year.

WONCA Executive Meeting

WONCA Executive face-to-face meetings always start with a session on strategy, and this one was no different. At the start of his Presidency Michael Kidd set the major Key Performance Indicators (KPIs) as :

- Greater connection with Member Organizations regionally, and boosting regional membership
- Ever closer collaboration globally and

regionally with WHO

- Enhanced support to the Young Doctor Movements (YDM).

Each Regional President thus reported back to Executive on activities in each region, including countries which had joined, or had applied to join, or were contemplating joining, WONCA. They also reported back on work and collaboration with WHO in their individual regions, whilst Luisa Pettigrew, WONCA’s WHO Liaison, updated Executive on activities with WHO at HQ level since the last meeting. Raman Kumar, as the YDM representative on Executive, then provided an update on all that the YDMs had been doing since the last Executive meeting, and highlighted the YDM plans for their pre-conference in Rio on 1st and 2nd November.

Executive succession planning was also discussed. This was the last full meeting of the 2013-16 Executive prior to their pre-Council meeting in October, and it was useful to envisage how the 2016-18 Executive might look. Only two members carried over from 2010-13 to the current Executive, and there was thus a very steep learning curve for all, but it appears that the 2016-18 Executive will have a better balance of new and experienced members.

WONCA’s finances always take up some discussion time, but on this occasion there wasn’t too much to discuss. At the time of the meeting we were only 2½ months into the 2016 budget, so there were no grounds for budget revision. In addition the finances have been more stable in recent times, and Hon Treasurer was able to report a small budget surplus for 2015, against a projected balanced budget. Executive also considered several bids from Working Parties and Regions for additional funds from the Discretionary Budget. Inevitably there were more bids than funds could support, but the Finance Committee had carried out a preliminary assessment of bids, against agreed criteria, and Executive agreed some additional funding for WONCA’s Working Parties on Environment, Rural Practice, Women and Family Medicine and International Classification Committee, having already previously agreed additional funding for WONCA Iberoamericana and the WONCA Young Doctor Movements.

Membership applications were also discussed and Job Metsemakers, as Chair of

Membership Committee presented the applications already considered by the Membership Committee, for consideration by Executive.

Executive endorsed the recommendations for **Academic Membership** to –

- The Department of Family and Community Medicine, University of Gezira, Sudan

Full Membership to:

- Slovak Society of General Practice (upgrade from Associate Member)
- Bulgarian General Practice Society for Research and Education

Bylaws and Regulations is always a major topic for discussion, especially since any proposals for change had to be notified to Member Organizations before the end of April, and this was thus the last chance for Executive to discuss in details. By the time you read this the proposed amendments will have gone out but, in brief, Karen Flegg, as Chair of Bylaws and Regulations Committee, presented and spoke to three tabled papers. Her committee has been attempting to simplify the various rules and regulations which have evolved over time. The proposal to Council will be to separate the bylaws from the regulations, and for changes to a number of the Regulations to update their relevance. Full details have now gone to MOs, and will also be included in the papers for October's Council, but President and President-elect also hope to brief all Regional Councils in Rio in October, just prior to World Council.

WONCA Honours and Awards were discussed and Executive considered, and endorsed, a number of WONCA awards to several individuals who have provided great service to WONCA over the years. The individuals themselves have now been informed, so that they can make arrangements to come to Rio if they wish to collect their awards in person, but the names will remain embargoed until the WONCA Council meeting in October. Meantime WONCA's Nominating and Awards Committee has also considered nominations from Member Organizations, as well as nominations for the WONCA Five Star Doctor

award, and Executive will soon be considering the Committee's recommendations.

Executive also considered the various **Working Party and Special Interest Group** reports, and any actions which had been requested. Executive was pleased to endorse the following recommendations:

- Endorsement in principle of the Organizational Equity Committee's draft Conference Equity Statement, subject to some minor editorial amendments.
- Endorsement (with minor editorial amendments) of WP on Education's paper on WONCA Standards for Continuing Professional Development (CPD).
- Recommendation from WP on Environment that WONCA signs up to the Doha Declaration on climate change.
- Draft WONCA policy statement on eHealth, as produced by the WP on eHealth was endorsed, subject to some caveats and amendments.

Finally Executive discussed the current WONCA Mission Statement and agreed to look at revising and updating it during the next biennium. It also received a report from Professor Michael Kidd on the latest WONCA publication – "*Classical Papers*". In this new WONCA publication, edited by Michael Kidd, Iona Heath and Amanda Howe, the editors have endeavoured to collect in one place the classic papers from family medicine from around the world. This book aims to serve as a showcase of some of the most important ideas and research carried out in, or about, family medicine, demonstrate the board scope of primary health care delivered by family doctors around the world, and serve as an inspiration to current family doctors as well as to doctors in training and medical students.

Of course many other topics were discussed and debated during a very busy two days, but I hope that this gives you a flavour of at least some of the issues which Executive considers on your behalf.

Until next month.
Garth Manning

Policy Bite: having an annual review

Does this matter for our professional development and credibility?

with Prof Amanda Howe, WONCA President-elect



I had my appraisal this week – an annual review of my work with a trained peer, and with a standardised submission of evidence that covers all areas of my work ([more information here](#)).

I prepared an electronic portfolio which:-

- Described the roles I hold as an academic family doctor (clinician, university professor, professional leader in WONCA, GP appraiser...)
- Showed the CPD activities I have undertaken (reading, conferences, clinical meetings, practice based activities, research for keynotes, other...)
- Included feedback from colleagues and patients, also information about complaints and significant events in the practice (none, but I have to answer this!)
- showed whether I fulfilled the four objectives of my last professional development plan; and what next year's plan will be.

The portfolio also includes a set of professional statements – am I fit to practise, do I know of any risks to my health that might affect my practice, am I subject to any licensing supervision or restriction. My GP appraiser, who has already seen my submitted work, meets with me for 1.5-2 hours. At the end we have confirmed an educational plan for next year; he will have confirmed my statements, and will also have to state that he thinks I am fit to practise – or not.

This is now a requirement for all doctors in the U.K., and is the basis for continuing to hold a licence for independent practice. The appraisal is meant to be formative and

professionally oriented; to help to refresh knowledge and skills, and look towards career development. The standards for the appraisal are set out by the relevant professional body – in this case, the WONCA U.K. member organisation (the Royal College of General Practitioners), who spend a considerable amount of time and energy developing guidance for GPs (see [details here](#)).

I do not know how common this model is worldwide. I do know that many countries struggle to provide and structure any career support at all – so again I think I am lucky. Early evaluation suggests added gains for patients and the service, but this is not research-level evidence and needs to be examined over a longer period.

Even if there is no national structure, I would recommend that any colleague reading this could make their own chance to sit with a colleague outside their own practice or employer once a year – use some of the headings in the documents here referenced – and reflect on what you know about your practice. It doesn't have to be driven by others – just try it for your own learning.

Our [WONCA Working Party on Education](#) are currently drafting some standards for CPD – these do not yet include an annual appraisal, but they do suggest peer review and a variety of educational activities for full refreshment and development over a career lifetime. On a personal level, I really like once a year to have a reflective conversation with a colleague; and I also consider it a good thing to have to account for my continuing professional development. It is part of a clinical governance and accountability structure which links an encouragement for the individual doctor with a challenge to plan to do more - and better.

Fragmentos de política: Pasar una revisión anual

¿Es importante para nuestro desarrollo profesional y nuestra credibilidad?

Esta semana tuve mi evaluación – una especie de control anual de mi trabajo que me hizo un colega, y pasé por una valoración estandarizada basada en la evidencia que engloba todas las áreas de mi trabajo ([véase](#)).

Preparé un dossier electrónico en el incluí:

- Descripción de los roles de los que soy responsable como médica de familia académica (clínica, catedrática, miembro directivo de WONCA, médico de cabecera...).
- Explicación de las actividades que he realizado (lecturas, conferencias, reuniones clínicas, actividades basadas en la práctica, búsqueda de tema de investigación y otras...) durante mi carrera profesional (CPD, Continuing professional development)
- Comentarios de mis compañeros y pacientes, así como notificación sobre quejas y hechos significativos en mi práctica (ninguno en concreto, ¡pero tuve que responderlo!)
- Demostración de que he cumplido con los cuatro objetivos de mi último plan de desarrollo profesional y explicación de cómo será el nuevo año.

El portfolio también incluye una serie de declaraciones profesionales – ¿estoy lo bastante activa para el trabajo?, ¿sé de algún riesgo para mi salud que pueda afectar mi práctica?, ¿estoy sujeta a cualquier tipo de valoración o restricción? Con el médico de familia encargado de examinarme, que ya había visto el trabajo que había presentado, nos encontramos durante un par de horas. Al final de nuestra entrevista pudimos fijar un plan educativo para el próximo año. Será el siguiente: Él confirmará mis declaraciones y también dirá si cree que estoy en condiciones físicas para proseguir con la práctica profesional – o no.

En este momento, se trata de un requerimiento para todos los médicos del Reino Unido y es la base para continuar manteniendo la licencia y poder seguir realizando una práctica independiente. La evaluación quiere ser formativa y profesionalmente orientada; para ayudar a actualizar tanto las habilidades como los conocimientos, y para guiar en el desarrollo profesional. Los estándares que deben seguirse en la evaluación se establecen por una comisión profesional de prestigio – en

este caso, integrada por la organización Royal College of General Practitioners, miembro de WONCA Reino Unido, que ha invertido una cantidad importante de tiempo y energía confeccionando la guía para el médico de familia ([véase](#)).

No sé hasta qué punto este modelo es común a nivel mundial. Hay muchos países que no se esfuerzan para ofrecer y estructurar el apoyo en el desarrollo profesional – así que me considero afortunada. Una primera reflexión en ese sentido me lleva a pensar que este es un procedimiento positivo en el que ganan tanto el paciente como el servicio, pero no existe ninguna evidencia a nivel de investigación y hay que evaluarlo durante un período de tiempo más largo. Aunque no exista una estructura en el país, yo le recomendaría a cualquier colega que esté leyendo este artículo que se tome la oportunidad de sentarse con otro compañero de trabajo fuera del lugar de práctica profesional una vez al año – utilizando alguno de los encabezados en los documentos aquí referenciados – y que reflexionen acerca del nivel de conocimiento que tienen de su práctica. Esto no debería estar dirigido por nadie, solamente por uno mismo con el fin de aprender. Nuestros Grupos de Trabajo de Educación se encuentran actualmente esbozando algunos criterios estándares para el CPD – aunque estos de momento todavía no incluyen la evaluación anual, sí sugieren un par de revisiones y toda una gama de distinta variedad de actividades educacionales para la actualización más completa y el desarrollo de una carrera profesional a lo largo de la vida.

A un nivel más personal, a mí me gusta conversar de forma reflexiva con un colega una vez al año y creo que el tener de dar cuentas de mi constante desarrollo profesional es positivo. Creo que es una parte de la buena práctica clínica y una responsabilidad estructural que relaciona el estímulo y la motivación individual de cada médico con el reto de hacer más y mejor.

Amanda Howe
Presidenta Electa de WONCA

Feature Stories

World Family Doctor Day - May 19

World Family Doctor day is coming soon ...

May 19

What is your WONCA Member Organization doing this year?

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. Karen Flegg, the WONCA Editor, has produced a template for countries and College and societies and associations, to aid reporting:

[submit your 2016 report here](#)

This year the theme is smoking cessation. and at least one country has taken up this idea with great enthusiasm.

Portugal

“Portugal in motion and smoke-free!” will be the national motto of World Family Doctor Day, to be celebrated on May 19.

The Portuguese Association of General and Family Medicine (APMGF) will celebrate World Family Doctor Day 2016 with a series of activities designed to promote regular physical activity and smoke abstinence.

Organized groups of family doctors and General and Family Medicine residents are going to engage the population all over the country, making good use of their communication skills and their close relationship with the communities to raise awareness of the inherent value associated with regular physical exercise. They will also point out the need for Portuguese people to stay away from tobacco products and highlight the damages they can cause. Structured exercise routines and simple strategies that can help people say no to tobacco will be the

key messages to share during World Family Doctor Day 2016.

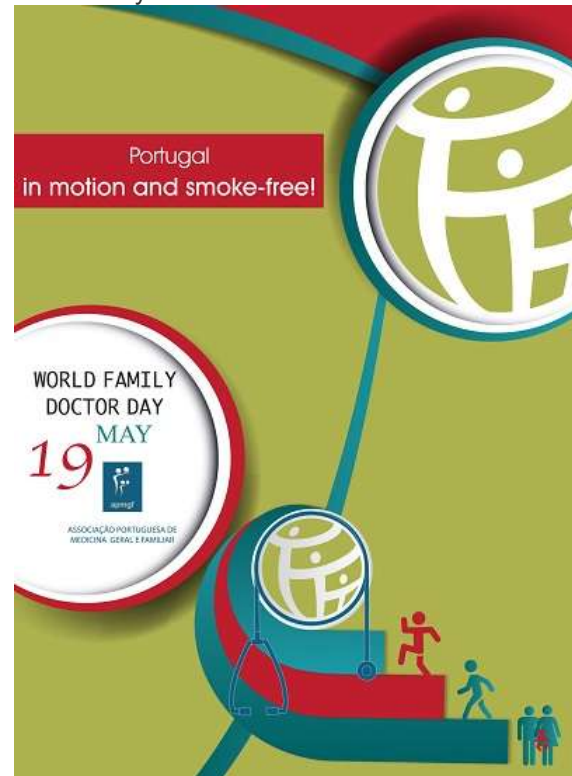


Photo: an example of a poster that APMGF will provide to the groups, to be posted in health centres, community services and institutions.

Caribbean

The Caribbean College of Family Physicians reports on proposed activities in Trinidad and Tobago. They note the theme suggested by WONCA and WHO for 2016 is “Smoking Cessation-Get Ready for Plain Packaging” and CCFP hopes to incorporate this with their televised Family Doctor messages across their region on UN World No-Tobacco Day , May 31.

Already an article has been published in the *Jamaica Observer*. An excerpt appears below:

In 2016, five events are scheduled under the auspices of the Caribbean College of Family Physicians, the Association of General Practitioners of Jamaica, and the Family Medicine Postgraduate Programme of the

University of the West Indies, Mona Campus. These are:

- A celebratory banquet at the Terra Nova Hotel on Friday, May 13;
- A church service of thanksgiving on May 14;
- An inaugural WFDD CME Conference at the Terra Nova Hotel, under the theme 'Family doctors: The change agents in the non-communicable disease epidemic' on May 15 from 8:30 am to 4:00 pm;
- Launch of 'Adopt a health centre' projects island wide on May 19. This is a programme that will see family doctor groups across the island partnering with community and corporate sponsors to contribute to the improvement of community health centres.
- A walkathon to raise money towards the 'Adopt a health centre' initiative is planned for later this year.

Bangladesh

The Bangladesh Academy of Family Physicians plans to celebrate World Family Doctor Day (WFDD) 2016. This time we have chalked out a new logo [Pictured], and anyone interested may use it for their own program. We plan to celebrate the day in two phases:

WFDD 2016 Rally: Members of the Academy will gather in the early morning in front of the

Academy Office at Hatirpool, Dhaka.

There we shall join a rally at 8.00 am sharp as in 2015 [Figure 3]. Not only our members and doctors, but also family members of the doctors and other enthusiastic local people shall join and enjoy the rally. We are making local people aware about the FDD-2016, and people are very curious and they are asking us about the significance of the day.

WFDD 2016 Discussions and Education Programme: The Academy will organize a discussion on WFDD at 9.00 am. Prof Ainul Islam Choudhury, Former President of the Academy, will preside over the meeting. Prof Hafizur Rahman, President of the Academy, will talk about the WFDD. Prof Kanu Bala will deliver a lecture on the 'Management of Tuberculosis in Family Practice'.

[see all information from Bangladesh the Caribbean and Portugal](#)
[submit your Organization's report here](#)



Zika virus information

WONCA CEO, Dr Garth Manning has recently been in South America preparing for the coming WONCA world conference in Rio. He provides this summary of WHO information on the Zika virus.

The Zika virus is endemic in Brazil and in many other South American countries, and recent news reports have led to some concerns among potential delegates to the forthcoming WONCA World Conference in Rio. The issue was discussed recently with the Host Organizing Committee in Rio de Janeiro, and this advice is given based on their feedback and on the recommendations as provided by the World Health Organization (WHO).

Rio has experienced some cases of Zika, but the majority of cases have been in the north east of the country. By and large Zika is a mild illness, causing few symptoms, and some patients have been entirely asymptomatic, with their infection only diagnosed by serology. WHO advises that, based on available evidence, there are no general restrictions on travel or trade with countries, areas and/or territories with Zika virus transmission.

However pregnant women should be advised not to travel to areas of ongoing Zika virus outbreaks. Zika virus is spread by mosquitoes, and not by person-to-person contact, though a small number of cases of sexual transmission have been documented.

WHO offers general advice to travellers to help to prevent mosquito bites. This and other information on Zika can be found on the WHO website.

[More information on Zika from the WHO](#)

Rural Round-up: Scott Kellerman - what we have in common



Dr Scott Kellerman is a bit of a legend, an experienced clinician and advocate for rural and remote medicine in resource poor settings and an accomplished Family Medicine Practitioner in the US and around the globe. Originally Scott came to Uganda to carry out health survey's of the Batwa pygmy tribe, and then ended up staying for over a decade and establishing what is now a successful and award winning hospital. He writes this month's rural round-up.

Bwindi Community Hospital, adjacent to the Bwindi Impenetrable Forest of southwestern Uganda, is a 120 bed hospital rated as one of the best in Uganda. The hospital's original focus was addressing the health care of the Batwa pygmies, the original inhabitants of the Bwindi Forest. From a survey in 2000 the Batwa's under age five mortality rate was determined to be 38%, a life expectancy estimated at only 28 years and an annual income of around \$25.

The hospital had humble beginnings, starting as a mobile medical clinic held under the spreading branches of a Ficus tree. Hundreds of patients would patiently wait to be examined while children with cerebral malaria lay in the shade of the tree, tethered to IV's

hanging from branches above. After several years, a simple outpatient clinic was built. More recently maternity, surgery, pediatrics, an HIV unit and a waiting mother's hostel have all been added.

According to the World Health Organization; "the world's biggest killer and the greatest cause of ill-health and suffering across the globe is a code is listed near the end of the diagnostic code book: Z59.5 – "extreme poverty". Extreme poverty results in poorly educated children who lack immunizations and suffer from rampant diarrhea diseases. Early on, the Bwindi Hospital was actively engaged in treating the very sick but prevention of disease remained a conundrum in this resource poor setting.



Photo: Batwa Warriors and at top - dancers

Several years ago I was asked by a colleague to meet with the Abafumu (traditional healers). I had resented the Abafumu and their harmful practices such as the casting of spells, making multiple cuts on the body over an afflicted area, known as “Kushara Oboro” and the use of brand-like hot implements , “Kwosya” applied to the skin in an attempt to draw out the infection.

I agreed to meet with the Abafumu and on the appointed day, forty of them arrived at my house. I was a bit intimidated but recognize several friends in the group. We distributed warm sodas, freshly baked bread and fruit. The drums began pounding and we danced. The Abafumu introduced themselves by name and then shared their particular areas of expertise; some specialized in the treatment of malaria, others pneumonia or poisonings. Others had expertise in curing lightning strikes, marital discord and potency.

I asked if they had concerns about meeting with me and they stated that they were worried that I might be judgmental of their practices. I agreed that their concerns were well founded but that I would try, as much as possible, to lay aside any pre-conceived impressions.

An Abafumu then stood up, menacingly pointing a bony finger at me, and posed a difficult question. He demanded, “what do you think about our practices of ‘kwosya’ and ‘kushara oboro’ that we value and practice?” I was speechless and considered that any response would greatly threaten our

relationship. As I searched for the appropriate words, an elderly Abafumu named Batusa rose from her chair. The room assumed a hushed silence. I had heard of Batusa for many years, she was the most respected and powerful of all of the Abafumu. Her spells were reported to have great effects and depending on the context, could lead to either life or death. Her deep set eyes seemed to emanate light, she turned her piercing stare on me and my blood ran cold as she slowly, with halting steps, made her way over to the fellow who had asked the difficult question. She put a hand on his shoulder and gently but firmly forced him back in his chair.

Batusa addressed the group and announced “We will not be talking about our differences but only what we have in common”.

Thereafter we began regular collaborations. The Abafumu eventually became the backbone of our community health outreach. Bwindi Community Hospital has now trained more than 500 village health promoters, each responsible for 20-25 households, many of these are Abafumu.

These health promoters are the hospital's eyes, ears and feet on the ground. They assisted in the distribution of bed nets and as a result the malaria rates at our institution plummeted over 90%. The Abafumu have increased compliance of CB-DOTS tuberculosis therapy from a rate of 56% to currently 97%. Lives have been saved and diseases prevented by this collaborative effort.



I wonder how many dilemmas confronting the world could be resolved by the breaking of bread, singing and dancing together and a willingness to listen.

Photo: Scott and Batwa kids

WONCA and WHO

High-Level Commission on Health Employment and Economic Growth:



The United Nations Secretary-General, Ban Ki-Moon appointed in March this year a High-Level Commission on Health Employment and Economic Growth. The Commission is co-chaired by President Francois Hollande of France and President Jacob Zuma of South Africa. It is charged with proposing actions to redress inequities and stimulate and guide the creation of health and social sector jobs for inclusive growth. .

Commissioners have been drawn from the education, employment, health and foreign affairs sectors of government, as well as from international organizations, academia, professional organizations, civil society and trade unions. Dr Judith Shamian, President of

the International Council of Nurses has been appointed to represent health professionals as one of 24 Commissioners (http://who.int/hrh/com-heeg/comm_heeg_commissioners).

WONCA has provided a submission to the Commission through the recent public call for contributions issued by the Expert Group of the Commission, and Professor Ruth Wilson (WONCA President North America region) participated in a face-to-face consultation with health professional organisations on 11th April in Geneva.

More information about the Commission is available here: <http://www.who.int/hrh/com-heeg/en/>.

Primary Health Care Improvement Global Stakeholder Meeting at the World Health Organization

A global stakeholder meeting seeking to shape a global agenda on measurement for improvement in primary health care (PHC) took place over 6th-8th April 2016 at WHO headquarters in Geneva. The event provided a key opportunity for delegates to exchange local insights and global perspectives on how

to strengthen PHC in pursuit of health for all and today's leading global health movements, including; universal health coverage; health system strengthening; health system resilience; integrated people-centred health services; and the health-related sustainable development goals.

The meeting brought together country representatives, United Nations agencies, nongovernmental organizations in official relations with WHO including WONCA, WHO collaborating centres, unilateral and bilateral development agencies, and academic thought leaders on primary health care which included various international leaders of family medicine.

The background documents for the meeting can be found [here](#)

A pre-meeting workshop on 6 April, with principally country stakeholders, was devoted to creating a platform for shared learning on national and subnational measurement and on use of information for improving PHC. A synthesis report of the workshop discussions will be compiled by the WHO to inform measurement and improvement activities of stakeholders.

The broader stakeholder community came together on 7-8 April with the aim of refining a work plan for improved PHC performance measurement, including research and

development of less measured domains of quality PHC and incorporation of these measures into existing measurement platforms. The meeting aimed to inform the shaping of a strategy for PHC improvement efforts, including the development of relevant guidance and tools and a proposed WHO Global Challenge on Primary Health Care Improvement.

This meeting marks a welcomed stream of work for the WHO on strengthening PHC in collaboration with global stakeholders who have historically tended to focus on vertically oriented disease or condition-specific programmes. Much work is still needed to collect even the most basic information in many countries such as national expenditure on PHC and family practice, and data on the primary care workforce including family doctors per capita.

Presentations from the event, including WONCA President Michael Kidd's presentation, can be found [here](#)

Region news

WONCA Europe Copenhagen program



“Programme at a glance” for WONCA Europe 2016:

We are delighted to present the first edition of the “programme at a glance” for WONCA Europe 2016.

We received a record-large number of session proposals and abstracts. Based on external reviews and a thorough assessment by the energetic Scientific Committee, we are proud of the result. We think our programme has the highest number of parallel sessions ever seen at a WONCA Europe Conference.

PRELIMINARY PROGRAMME OVERVIEW

Keynotes address		WONCA SIGs		WONCA Networks	
WEDNESDAY, 15 JUNE 2016					
Room	17:00 - 18:30				
Congress Hall 1A	Opening Ceremony KA01 - Keynote Address Family doctors with heads and hearts: a global perspective <i>Professor Michael Kidd, President of the World Organization of Family Doctors, Adelaide, AU</i>				
OPENING RECEPTION - 18:30 - 19:30					
THURSDAY, 16 JUNE 2016					
Room	09:00 - 09:45				
Congress Hall 1A	Housekeeping KA02 - Keynote Address Diagnosis: an impossible but essential task <i>Professor Paul Glasziou, Centre for Research into Evidence-Based Medicine at Bond University, Gold Coast, AU</i> The patients' voice <i>Ulrika Sanden</i>				
Short Break - 09:45 - 10:00					
Room	10:00 - 11:15		11:45 - 13:00		
Congress Hall 1A	411 - W01 - Workshop How to prevent overdiagnosis in general practice <i>Workshop Coordinators: John Brodersen (DK), Bruno Helona (PT), Norsten Lundal (NO), Glisle Roksvund (NO), Paul Glasziou (AU)</i>		T14 - S05 - European Primary Care Cardiovascular Society (EPCCS) Plenary Session Updates on major vascular diseases and issues for GPs Preventing stroke in atrial fibrillation - the state of the science <i>Richard Hobbs (UK)</i> Lifestyles in primary care: can we help behaviour changes in the real world? <i>Paul Aveyard (UK)</i> Is management of lipids important and are statins as good or as bad as reported? A state of the science debate <i>Richard Hobbs (UK), Carlos Braxos-Cuizart (ES)</i>		
Hall A Auditorium 10	975 - W02 - Workshop From diagnosis to formulation of a shared understanding: development of a new method for primary care clinicians to engage with mental health problems in the 21st century <i>Workshop Coordinators: Richard Bynn (UK), Peter Verhaak (NL), Edmund Jack (UK)</i>		1672 - S06 - Symposium The WONCA Europe open meeting <i>Hans Kluge, WHO, Job Metsemakers, Wonca Europe President</i>		
Hall A Auditorium 11	700 - S01 - ESPCG symposium Management of gastroenterological symptoms and disease in primary care; state of the art 2016 - ESPCG symposium <i>Chair: Bohumil Seifert, (CZ)</i> Introduction gastroenterology in primary care <i>Bohumil Seifert (CZ)</i> Gastroesophageal reflux disease <i>Juan Mendive (ES)</i> Irritable bowel syndrome <i>Jean WM Muris (NL)</i> Dyspepsia and peptic ulcer disease <i>Lars Agréus (SE)</i> Constipation and diarrhoea <i>Niek de Wit (NL)</i> Coeliac disease <i>Knut-Arne Wensaas (NO)</i>		1140 - S07 - Symposium Timely diagnosis of symptomatic cancer in primary care; where do we stand and can we improve? <i>Chair: Niek de Wit, (NL)</i> <i>Nicole van Erp (NL), Henry Jensen (DK), Richard Neal (UK), Niek de Wit (NL), Charles Helsper (NL)</i>		

At WONCA Europe 2016 you can also experience 'One-slide-five-minutes' sessions, which are held as open 'café' sessions, where the audience is presented with 10 short interesting presentations. Furthermore, a high number of interesting posters will be displayed in the public areas of Bella Center on Thursday 16 June and Friday 17 June.

This has been achievable only because of the fantastic and brilliant input from all the contributors to family medicine. We hope you will find the program interesting and worth sharing with all your colleagues.

[See the entire - preliminary - program at our website.](#)

We are looking very much forward to seeing you all in Copenhagen in June :-)

Peter Vedsted
 Professor
 President of Scientific Committee

Roar Maagaard
 GP & Associate Professor
 President of Host Organising Committee



WONCA Europe's first newsletter



*A Message from
WONCA Europe
President, Prof Job FM
Metsemakers on the
launch of the first
WONCA Europe
newsletter.*

Dear colleagues,
In a few month's time we will meet at our WONCA Europe 2016 Conference in Copenhagen. We will catch up on what each of us is doing, participate in a workshop, share a drink at the dinner party, and say "see you next year". Some of us will meet sooner in a WONCA Europe Network meeting.

WONCA Europe Executive would like to continue the dialogue also between our meetings. We would like to inform you about what the Executive is doing, and we would like to know what is going on in our Networks and WONCA Europe Special Interest Groups. We hope that by sharing this kind of information we will strengthen our collaboration, and also encourage cross border activities.

We would appreciate if you actively distribute the newsletter to your members, and national committees. We also will use our newly launched media accounts to communicate.

We invite you to send in news, announcements of meetings, or whatever you think is relevant. In this first issue you can find such a mix. We will not print everything you provide as we want to keep it a newsletter with short pieces of information.

Furthermore, if appropriate we will share news with the WONCA World Newsletter.

So welcome to our WONCA Europe Newsletter. Make good use of it!



On behalf of the WONCA Europe Executive,
Job FM Metsemakers
WONCA Europe President

[Download newsletter](#)



WONCA EUROPE CONFERENCE 15-18 JUNE 2016 • Copenhagen • Denmark

WHO EMRO reports on WONCA conference

The WHO intranet reports on the recent WONCA East Mediterranean region conference.. and do watch the great video "Family practice: towards universal health coverage".

The third Family Medicine Congress was organized by the World Organization of Family Doctors East Mediterranean Region (WONCA EMR) in Dubai on 17-19 March 2016.

In attendance were more than 100 experts in the areas of service provision including family medicine specialists. The WHO Regional Office for the Eastern Mediterranean presented a session on the first day of the meeting in which participants discussed challenges, lessons learned and priorities to enhance family practice programme in countries of the Region and regional strategic directions to scaling up the production of family physicians in the short, medium and long term. WHO also presented an advocacy video on the role of family practice in universal health coverage that may be accessed via the link below.

During WHO session three presentations were shared: scaling up family practice in the Region, on line training course to improve knowledge and skills of general practitioners and on-site training of regional master trainers on

family practice. A panel discussion on challenges, lessons learned and priorities to enhance family practice programme in three groups of countries followed by a question and answer session. The panel included representatives from WHO, ministries of health, academia and WONCA EMR.

WHO has collaborated with WONCA over the past couple of years in several areas including regional consultations on strengthening service provision through family practice approach, assessment of family medicine education and training capacity in the Region, and scaling up of family practice in countries.

<https://youtu.be/42WiE7VkJNvc>



Young Doctors' Movements

Spice Route young doctors offered support by the MRCGP INT board



Dr Bhavna Matta, Chairperson, The Spice Route Movement writes:

It gives me immense pleasure to inform you regarding generous support displayed towards encouraging young doctors of the South Asia region, through WONCA South Asia region's Young Doctors' Movement, The Spice Route, by the MRCGP INT board under the Chairmanship of Dr Riaz Qureshi.

The Spice Route movement members have been offered an annual support up to \$ 2500 towards various activities in building a strong family medicine specialty in this region.

I would like to take this opportunity to thank Dr Riaz Qureshi for his efforts and the trust he has shown in young doctors.

Please find details below.

Yours Sincerely,
Dr Bhavna Matta, Chairperson, The Spice Route Movement.

Prof Riaz Qureshi writes:

I am pleased to inform you that at the last MRCGP INT South Asia board meeting under my chairmanship in March 2016, the members unanimously agreed that the board will fund up-to 2500 US Dollars per year the educational activities of the Spice Route members. The Spice Route member will need to apply through its chairman for the required support from the MRCGP INT South Asia. A 3 member committee of the board will review each application on merit and decide if the concerned applicant deserves to be supported. the amount for support will also be recommended to the board chairman by the same committee.

The examples of activities which may be supported by a bursary are as follows:

1. A research or audit project relevant to family medicine specialty
2. An oral or poster presentation at one of the South Asia regional conferences or the WONCA International conference
3. Participation in a faculty development workshop following success in a postgraduate qualification in family medicine. Preference may be given to those with the MRCGP INT qualification.
4. Any Innovative project related to the development and progress of family medicine in the South Asia region

I am also pleased to inform you that Dr Preethi Wijegoonewardene and Dr Marie Andrades have been unanimously elected the new chair and vice chair respectively of the MRCGP INT South Asia board. I have agreed to the request of the board to continue as an adviser of the board. Please pass on this information to your members. For any further queries on this issue, kindly write to Dr Preethi with a copy to Dr Marie, Mr Waseem Hameed and me.

Prof Riaz Qureshi
Professor Family Medicine Aga Khan University Karachi
Adviser MRCGP INT South Asia board

email Dr Preethi Wijegoonewardene drpreethiw@gmail.com
email Dr Marie Andrades marie.andrades@aku.edu
email Mr Waseem Hameed waseemhameed30@hotmail.com
email Prof Riaz Qureshi riaz.qureshi9@gmail.com

Al Razi young doctors' workshop

Photo: WONCA Leaders with Al Razi leaders

On the first day of the WONCA EMR conference in Dubai, the Al Razi Young Doctors' Movement was privileged to present their first workshop in a regional conference with the support of WONCA EMR.

It was titled "Modalities to face burnout" and it was presented by the young family physicians of the movement such as, Nagwa Nashat (Egypt), Anwaur



Buhamra (Kuwait) and Suzi Ismael (U.A.E).

The workshop was attended by 22 participants. It was an interactive workshop about diagnosing and facing burnout in practice. Encouraging feedback was received. WONCA leaders Prof Michael Kidd, Prof Amanda Howe and Dr Garth Manning had attended its beginning wishing luck to the presenters. Prof Amanda Howe, WONCA President elect attended most of the workshop.

Submitted by Nagwa Nashat (Al Razi chair and at right in above photo)



Working Party and SIG News

SIG on Point of Care testing survey closing soon

During 2014, the WONCA Special Interest Group on Point-of-Care Testing (POCT) launched an online survey. The purpose of the survey is to obtain a wide understanding of the clinical use, availability, needs, advantages, and limitations or barriers to the implementation of point-of-care testing (POCT) in family practice across all WONCA regions.

We have had a good response to date, and have collected some insightful information on the knowledge and use of POCT among family doctors.

The survey will be closing on 30th June, and if you have not already done so, we would encourage you to respond before this date.

We invite you to disseminate the link to your colleagues so that we can get as wide a response as possible to continue to inform our SIG on priorities for education and research.

The survey can be found [here](#)
Mark Shephard (Convenor).

Network for Rural medical students being formed

Mayara Floss and John Wynn-Jones (Chair WONCA Working Party on Rural Practice) write:

Dear All

Please take a look at Mayara Floss' email below. I have been working with Mayara and IFMSA (International Federation of Medical Student Associations) to establish a World Rural Medical Student Network (WRMSN). We are still in the early stages of developing this but the initiative is being driven by Mayara Floss from Brazil and Skander Essafi from Tunisia & IFMSA with the help of Rural WONCA. You will probably already heard of Mayara's successful "[Rural Medical Cafe](#)".

I am sure that you all agree that their generation hold the future hopes of global rural practice and meeting the goal of Rural Universal Health Coverage in the future.

I know that many of you are academics and others take students into your practice. Please promote this to as many students as you can. Let's make this a great success and we hope to officially launch it next year at the WONCA World Rural Health Conference in Cairns next April.

Many thanks in anticipation
John Wynn- Jones

Dear all!

We are trying to create a group/network of students interested in Rural Medicine, the World Rural Medicine Student Network (WRMSN). It still embryonic but we created a group on Google Groups and anyone interested to join please be welcome!

<https://groups.google.com/forum/#!forum/wrmsn>

Warm Regards,
Mayara Floss
5th year Medical Student at Universidade Federal do Rio Grande
Twitter: @mayafloss



World Mental Health Day 2016 theme

The World Federation for Mental Health (WFMH) announces the theme for World Mental Health Day coming on October 10, 2016:

Dignity in Mental Health - Psychological & Mental Health First Aid for All

Mental health crises and distress are viewed differently because of ignorance, poor knowledge, stigma and discrimination. This cannot continue to be allowed to happen, especially as we know that there can be no

health without mental health.

Psychological and mental health first aid should be available to all, and not just a few. This is the reason why the World Federation for Mental Health (WFMH) has chosen psychological and mental health first aid as its theme for World Mental Health Day 2016.

Since the introduction of Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) without equipment in the 1960's many people have benefitted from the intervention of

a passer-by, and lives have been saved.

Our aim is that every member of the general public can:

- Learn how to provide basic psychological and mental health first aid so that they can provide support to distressed individuals in the same way as they do in physical health crises
- Address the stigma associated with mental ill-health so that dignity is promoted and respected
- Empower people to take action to promote mental health
- Spread understanding of the equal importance of mental and physical health and their integration in care and treatment
- To work with individuals and institutions to develop best practice in psychological and mental health first aid

- To provide culturally sensitive learning materials to increase the skills of the general public in administering psychological and mental health first aid.

Please support WFMH to make this a global reality so that we can make the world a better place.

Professor Gabriel Ivbijaro MBE JP
President WFMH

E-mail: gabriel.ivbijaro@gmail.com
[World Mental health Day Website](#)

Member Organization News

College of Family Medicine Pakistan inaugurates Course for Diabetes



The College of Family Medicine Pakistan inaugurated a Certificate Course for Diabetes Management for Family Physicians, on 10th April 2016. The Course is aptly titled, "*Fighting diabetes: educate 2 health.*" The title is chosen in line with the WHO slogan 2016: "*Beat the diabetes.*"

The course is of six months duration available both face to face and online. It is designed keeping in mind the busy schedules of Family Physicians.

So far the course has 200 registered participants from all over the country. The first batch starts 17th April and the second batch starts after six months.

The course is designed to meet the educational needs of primary healthcare professionals, the Family Physicians and General Practitioners. It is accredited by PMDC (Pakistan Medical and Dental Council) for 60 CME credit hours. The course faculty comprises of some of the eminent professors of diabetes, endocrinology and family medicine in Pakistan and abroad.

Prof M Zaman Shaikh a prominent academician and endocrinologist of Pakistan who has headed several institutes of diabetes and endocrinology is the course director. Course is titled: "fighting diabetes: educate 2 health " and has been written by Dr Shehla Naseem, in collaboration with Professor Zaman Shaikh and the senior course faculty. Dr Shehla is also the Secretary General of College of Family Medicine Pakistan and member examination board MRCGP Int South Asia region. Dr Abdul Ghafoor Shoro is the course coordinator, and he is also the joint secretary of the college. The team is one of the pioneers in developing online courses for family physicians in Pakistan. It is a synergistic effort of the team of College of Family Medicine Pakistan, to create a course

addressing the need of family physicians. The IT team has developed a specific website for the diabetes course. It is expected to be accredited by a number of national and international bodies.

The course was inaugurated by Professor Samad Shera, chairman IDF (International Diabetes Federation) and was very well attended by the senior course faculty, eminent professors and more than a 100 family physicians.



Prof Samad Shera in his address remarked that he was very impressed by the discipline and punctuality of family physicians in starting the program of course inauguration 1 min 40 seconds earlier than scheduled, the hall was full and all invitees had taken seats. He stressed upon the need of proper education and training of family physicians and awareness of general public about diabetes.

Prof Zaman Shaikh, the course director in his welcome address gave a brief overview of the alarming situation of diabetes in Pakistan. He remarked that it was a great initiative to design and start a course for the family physicians, because most of the available courses were unable to address the specific requirements of family physicians and only catered to people working in tertiary healthcare facilities. He appreciated the efforts of CFMP team in the leadership of Dr Shehla for this innovative project.



Dr Shehla Naseem while giving the overview of the course said that, "Our objective is to train all family physicians of Pakistan so that they can appropriately manage diabetes and reduce the complications faced by a large population of Pakistani people. Preventing complications is cheaper than managing complications of Diabetes. Diabetes is increasing in Pakistan at an alarming rate. Every Pakistani has to play a role in fighting the disease. The College shall play its role in revolutionizing the quality of care at primary care level."

Talking to press she said: "We must realize that a family physician is already an empowered professional who takes a huge responsibility on his shoulders of managing health in his area of domain. Given the right training and tools of practice, these leaders of health can play a great role in awareness, prevention and treatment of diabetes".

The event was covered by local media and medical journalists and newspapers.



RCGP International Travel Scholarship and Gambrill Awards

The Royal College of GPs (RCGP) welcomes applications for the current round of International Travel Scholarship and Eric Gambrill Memorial Awards.

These awards offer GPs and family doctors from around the world the opportunity to undertake projects outside of their home country.

The awards provide an opportunity for family doctors to experience family medicine overseas, enhance their skills, develop knowledge of best practice in primary care, and make a difference at home and abroad.

Any General Practitioner can apply for the awards (including RCGP members or non members and, UK residents and international GPs at any career stage.) Awards range from £200-£2000.



These awards can be used for:

- International exchange or study to increase the quality of education and delivery of general practice or family medicine
- Overseas travel from the UK to study aspects of health care relevant to general practice in the UK
- Overseas doctors to visit the UK to study an aspect of primary care relevant to their own country's family medicine needs
- General practitioners from the UK to travel overseas and support other countries develop their primary health care systems

For more information and how to apply please [access this link](#)

Resources for Family Doctors

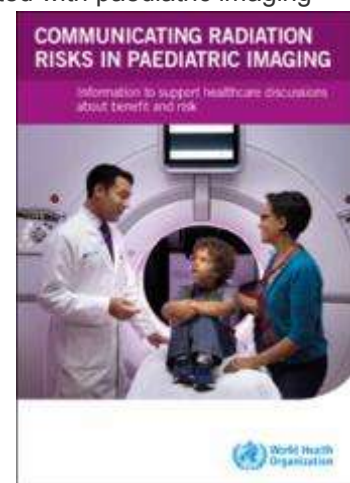
WHO document "Communicating radiation risks in paediatric imaging"

WHO has just published the document "Communicating radiation risks in paediatric imaging: Information to support health care discussions about benefit and risk". This document is intended to be a tool for health care providers to communicate about risks associated with paediatric imaging procedures.

The document is freely available at this [link](#), where you will find the pdf full report version plus three separate pdf files for end-users to be able to download separately the chapters 1, 2 & 3. The document has been written in English but you will also find there the executive summary in Arabic, Chinese, English French, Spanish, Russian and Portuguese.

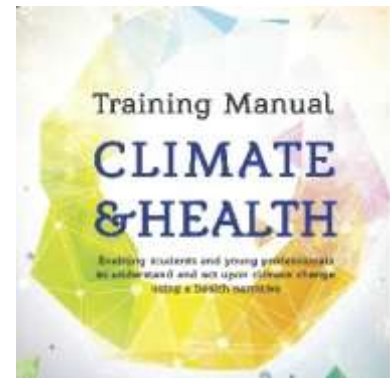
Publication details

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IFMSA Training Manual on Climate and Health

The International Federation of Medical Students Associations (IFMSA) is proudly launching a training manual, titled *Climate and Health: Enabling Students and Young Professionals to Understand and Act Upon Climate Change Using a Health Narrative*, developed in collaboration with the World Health Organisation (WHO), and the United Nations Alliance on Climate Change Education, Training and Public Awareness. Over 15 authors from the five continents have come together to create this brand new innovative tool.



Climate change is posing an unprecedented threat to our health. Its effects will continue to be numerous and disastrous unless we seize the opportunity today, and engage in a meaningful dialogue for a sustainable future. IFMSA believes that dialogue starts with education. Therefore, the Federation has created this manual in response to a lack of resources available and easily accessible for young professionals and students who were interested in leading educational activities in the field of climate change and health.

We believe health professionals, medical students, and the youth must come together to address the challenge posed by climate change on our health, and must be given opportunities and resources to train themselves in understanding and acting upon climate change. – Skander Essafi, IFMSA Liaison Officer for Public Health Issues

The training manual aims to provide training and education opportunities for students on the health consequences of climate change, the co-benefits of mitigation, and the role of health sector in adaptation and mitigation efforts. It discusses climate change with a unique perspective on the health implications, impacts and opportunities; and showcases good practices and policies that protect and promote our health. Finally, it provides resources to create, organize and lead activities in communities around the world through non formal education; and highlights the necessity of having a politically engaged youth.

The manual gathers academic knowledge, field experience and a youth dynamism in one single resource, for whomever is interested in learning about and leading capacity building activities on climate change and health – climate activists, political sciences students, health professionals. The authors have selected the most relevant topics and subtopics to explore, and have made sure to include concrete tips on organisational management, workshops planning and advocacy.

There is nothing more important than to remind ourselves why we are taking this road together. Using health arguments in the climate change debate allow ourselves to shift to a positive and hopeful message, that together we can do different, we can do better, we can do more. – Claudel P-Desrosiers, Medical Student and Project Leader of the Training Manual

This manual shall serve as a first step into the interlinkages between advocacy, climate change, health and capacity building. IFMSA believes that it provides insightful content, innovative training methods and useful tools, and will inspire young people and professionals to ignite discussions, trainings, activities in their home communities.

I encourage you to use this manual created by the IFMSA and go for this training as an eye opener to the way we see public health. We count on you to have a positive role in moving society forward.– Dr Maria Neira, Director of the Department of Public Health, Environmental and Social Determinants of Health, World Health Organization.

You can download the manual by clicking [here](#).

WONCA CONFERENCES 2016

June 15-18, 2016 June 14-15, 2016	WONCA Europe Region conference and VdGM preconference	Copenhagen, DENMARK	www.woncaeurope2016.com
September 14-16, 2016	3rd Vasco da Gama forum	Jerusalem, ISRAEL	3rdforumvdgm
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

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



The banner features a logo on the left with a green hand holding a globe, surrounded by blue circles, and the text '2016 RIO 21st WONCA World Conference of Family Doctors'. On the right, it says 'Family Medicine Now, more than ever!' and '2 - 6 November, 2016 Rioentro - Rio de Janeiro, Brazil'. A yellow wavy line runs across the top.

WONCA CONFERENCES 2017

April 30 – May 3, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	Save the dates!
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to
<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

16 May - 27 May 2016	Toronto International Program (TIPS-FM) 
	Toronto, Canada
20 May - 24 May 2016	EGPRN meeting 
	Tel Aviv, Israel
04 Jun - 05 Jun 2016	6th Hong Kong Primary Care Conference (HKPCC) 
	Wong Chuk Hang, Hong Kong
09 Jun - 11 Jun 2016	36 CONGRESO SEMFYC 
	La Coruña, Spain
28 Jul - 30 Jul 2016	The Network: Towards Unity for Health conference 
	Shenyang, China
28 Jul - 31 Jul 2016	RNZCGP conference for general practice 
	Auckland, New Zealand
04 Sep - 06 Sep 2016	European Forum for Primary Care conference 
	Riga, Latvia
08 Sep - 10 Sep 2016	EURACT Educational onference in Dublin 
	Dublin, Ireland
20 Sep - 24 Sep 2016	AAFP Family Medicine Experience 
	Orlando, Florida, USA
23 Sep - 24 Sep 2016	6th EURIPA Rural Health forum 
	6th EURIPA Rural Health forum
29 Sep - 01 Oct 2016	RACGP GP 16 conference 
	Perth, Australia
05 Oct - 08 Oct 2016	11th JSFM conference for family medicine 
	Amman, Jordan
08 Oct - 08 Oct 2016	RCGP annual primary care conference 
	Harrogate, United Kingdom
20 Oct - 22 Oct 2016	Rural Medicine Australia 2016 
	Canberra, Australia