

WONCA News

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From the President - August 2017



Greetings for what in many countries is a vacation period. My only overseas trip since the last news was to the excellent WONCA Europe conference in Prague, and I am about to make trips to Africa – to Tanzania, and to the

regional conference in South Africa. In Tanzania, I shall be the guest of one of our 'organisations in collaboration', the International Federation of Medical Students Association (IFMSA), with whom we want to work closely to promote the profile of family medicine – which is still not a strong presence in some countries' medical schools. I look forward to meeting their worldwide membership, and also to meeting some of the Tanzanian 'pioneers' of family medicine to whom our regional President Henry Lawson has introduced me. I shall write more about this in the next letter. In South Africa I look forward to meeting many colleagues from the region, including the young doctors of Afriwon, and to seeing the first award winners of the Atai Omoruto scholarship.

In Prague, I talked about the role of family doctors in building relationships and reducing social conflict. Globally, separatist forces operating across our world today are a source of anxiety, threat and conflict. Concepts of tribe and nation can be a source of pride but also division. Professional groups such as WONCA face the challenge of trying to find shared values and means of improving our professional standing and impact, while respecting the diverse settings and backgrounds of our members and patients. I believe, as did our esteemed colleague Iona Heath who I quote here, that "family medicine is a force for good". Almost all our members will be working with people from different ethnicities, cultures, and social settings, both as their patients and colleagues: also external stakeholders from community leaders to politicians. This is actually a great privilege and often a pleasure but their worlds, experiences and priorities may be very different from our own, and we need to become skilful in working with others: also, sometimes, needing to stand up against some

issues. There is always the risk of power and powerlessness – who holds the resources, makes the decisions: do we have a voice in that room, or is it beyond our control? In the face of these risks, our values can bring us together, enable us to be resilient and to persist in overcoming all the challenges – but there may be times when they can also drive us apart.

An important way that family doctors can overcome conflict and act as role models for an inclusive society, is by making our practices open and acceptable to all patients from all different backgrounds. A patient asks to be greeted by their new name, even though the records hold the old name: patients using English as a second language may have difficulty using a telephone based booking system: a lady may have a strong cultural preference for a female doctor. A community riven by social conflicts may be brought together in the waiting room, a patient participation group, or a community leaders' meeting called by a local family doctor to try to reduce local fights and damage. This all takes interpersonal skills, is driven by deep professional values, and must be delivered across the team.

And this of course is also reflected within the consultation – how sensitive I am to the backgrounds of my patients, how much I am prepared to engage with sometimes very difficult personal issues that can profoundly challenge my own value system, and how I can help with healing - or indeed challenge their beliefs and customs if I think these may be harmful to them or others – these are the intrapersonal as well as interpersonal skills, which are particularly sophisticated parts of our residency training and ongoing professional development, and our discipline has put a lot of its intellectual energy into such areas. Even more ambitious is the kind of community development attempted by some innovative practices and health care system, where the work of family medicine is extended into interventions that address the social determinants of health.

If you want to influence someone else's value system to focus on the patient as a person, and to be alert to equity issues and the needs

of the poor and marginalised, then a very important role for family doctors and their communities is to be educators. I know that many of you will be hosting undergraduates and postgraduates to allow them to learn medicine outside hospital – to meet the people behind the diseases, and to see the ways in which their lives interact with their health and wellbeing. All that I have said about role modelling of patient centred care, regardless of the wealth or background or class of the patient, is a really important gift to a future doctor – and may also encourage them to make the choice to go into family medicine, perhaps to choose rural practice, or to work with vulnerable communities in different settings... So thank you to all those of you who are educators, playing these different roles - and please everyone try to add that role into your daily busy lives, because it can transform how learners think about patients and their own role as future doctors.

Ultimately, we have to return to values that unite rather than divide people, and create these inclusive approaches through our work and training, and indeed through our actions as citizens as well as doctors. In healthcare, and particularly in family practice, we have great opportunities to change the way people think. We have to stand together for the right of everyone to have good accessible affordable care that they can rely on – to have doctors they trust, and to be professionally worthy of their trust. We have to face up to our own prejudices and make good judgements about the right actions, informed both by facts and feelings. We can also show the right values in the face of stigma, prejudice, and indeed overt racism. And through our actions I hope we may bring some healing to our troubled world.

Professor Amanda Howe,
President WONCA

De la Presidenta – Agosto 2017

Saludos a todos aquellos que en muchos países os encontráis de vacaciones. Mi único viaje al extranjero desde la última vez que escribí fue el que hice para asistir al excelente Congreso de WONCA Europa en Praga, y en ese momento estoy a punto de hacer una serie de viajes en África, Tanzania, y al Congreso regional en Sud África. En Tanzania, voy a ser una invitada de una de nuestras "organizaciones colaboradoras", la Federación Internacional de Estudiantes de Medicina (IFMSA), con quienes queremos trabajar más de cerca para promover el perfil de la Medicina de Familia que todavía no tiene suficiente presencia en las escuelas de Medicina de algunos países. Tengo muchas ganas de conocer su presencia a nivel mundial, y también de conocer algunos de los "pioneros" de la Medicina de Familia de Tanzania que nuestro Presidente Henry Lawson me presentó. Escribiré más acerca de este encuentro en la próxima columna mensual. En Sud África tengo muchas ganas de conocer a los colegas de la región, y también a los jóvenes médicos de Afriwon, y de ver a los ganadores de las becas Atai Omoruto.

Cuando fui al Congreso Europeo en Praga, hablé acerca del rol de los médicos de familia a la hora de construir relaciones y reducir el conflicto social. Globalmente, las fuerzas que dividen a las sociedades en todo el mundo son

una fuente de ansiedad, conflicto y amenaza. Los conceptos de tribu y de nación pueden ser una fuente de orgullo, pero también de división. Grupos profesionales como lo son los de WONCA se enfrentan al reto de intentar encontrar valores compartidos, y la voluntad de mejorar nuestras calidades profesionales y nuestro impacto, mientras se respeta ese marco de gran diversidad y de identidades de nuestros miembros y pacientes. Creo, como lo hizo nuestra querida colega Iona Health, que cito aquí, que "la Medicina de Familia es una fuerza para hacer el bien". Casi todos los miembros de WONCA están trabajando con gente de diferentes orígenes, culturas y marcos sociales, tanto por lo que respecta a sus pacientes como a nuestros propios colegas: también cuando trabajamos con gestores externos, como líderes de la comunidad, y políticos. Realmente, este es un gran privilegio y un placer, aunque sus mundos, experiencias y prioridades sean muy distintas que las nuestras, necesitamos ser hábiles a la hora de trabajar con otros; y también, a veces, levantarnos para denunciar algunas cuestiones.

Siempre existe el riesgo que conlleva el exceso poder y, por el contrario, el riesgo de la falta de poder – quién tiene los recursos toma las decisiones: ¿tenemos voz en este ámbito, o está realmente fuera de nuestro control? Al enfrentarnos con estos riesgos, nuestros

valores pueden hacer que coincidamos, permitiéndonos ser más resistentes y persistiendo más en los retos que están por llegar – pero también hay momentos en los que pueden dividirnos.

Una forma importante para que los médicos de familia podamos superar el conflicto y actuar como modelos para una sociedad inclusiva, es haciendo que nuestra práctica sea abierta y aceptable por todos los pacientes en sus diferentes contextos. Por ejemplo, un paciente pide que se le reciba con su nuevo nombre, incluso cuando su historial sigue conservando el nombre antiguo: los pacientes que utilizan el inglés como su segunda lengua pueden tener dificultades a la hora de utilizar un sistema telefónico para pedir cita o, por ejemplo, una mujer puede tener preferencias culturales concretas a la hora de elegir una médica en lugar de un médico. Una comunidad que esté llena de conflictos y tensiones sociales puede, en cambio, sentirse compenetrada en una sala de espera, en un grupo de participación de pacientes, o en un encuentro de líderes comunitarios organizado por parte del médico de familia para intentar apaciguar las luchas locales y el dolor. Para conseguir todo esto se necesitan habilidades interpersonales, y hay que gestionarlo con valores profundos de gran profesionalidad que hay que extender a todo el equipo.

Y esto también se refleja dentro de la consulta – cómo de sensible soy respecto al contexto de mis pacientes, hasta qué punto me siento preparado para involucrarme en cuestiones personales que pueden ser muy complejas y que pueden suponer un reto para mi sistema de valores, y cómo puedo ayudar en el proceso de curación – o, desde luego, si pongo en entredicho las creencias y costumbres de mis pacientes porque pienso que estos pueden ser estar teniendo conductas dañinas para ellos mismos y para los otros – estas habilidades son tan intrapersonales como interpersonales, ambas forman una parte particularmente sofisticada de nuestra formación como residentes y en el desarrollo profesional posterior, y nuestra disciplina ha puesto mucha energía intelectual en ellas.

Todavía más ambicioso es aquel tipo de desarrollo comunitario que se intenta llevar a cabo desde prácticas comunitarias innovadoras y del sistema de salud en las que el trabajo de la Medicina de Familia se

extiende en intervenciones en respuesta a los determinantes sociales de salud.

Si quieres ejercer influencia en el sistema de valores de alguien para focalizarte en el paciente como una persona global, y si quieres también alertar a tu paciente acerca de cuestiones como la equidad y las necesidades de la población pobre o marginada, entonces, un papel muy importante que deben desempeñar todos los médicos de familia y sus comunidades es el de ser educadores. Sé que muchos de vosotros asesoráis a graduados y postgraduados para permitirles que aprendan Medicina fuera del hospital – conocer así a la gente, detrás de las enfermedades, y ver las diferentes maneras mediante las cuales sus vidas interactúan con su salud y su bienestar. Todo lo que he dicho acerca del papel que hay que desempeñar a la hora de ser modelos en la asistencia centrada en el paciente, más allá de la riqueza, del fondo o de la clase de paciente, también es un auténtico regalo para los futuros y las futuras médicos y médicas que puede animarles a elegir Medicina de Familia, a dedicarse a la práctica rural, o a trabajar con las comunidades más vulnerables en diferentes marcos... así que muchas gracias a todos aquellos de vosotros que sois educadores, desempeñando estos roles diversos – y por favor, al resto, intentad añadir esta práctica educadora en vuestro frenético día a día, porque hacerlo podría transformar la manera de pensar de los educadores con respecto a los pacientes y en su propio papel como futuros médicos.

Finalmente, tenemos que regresar a los valores que nos unen más que a aquellos que nos dividen, y crear esta aproximación inclusiva a través de nuestro trabajo y formación y, por supuesto, mediante nuestras acciones como ciudadanos y ciudadanas, así como médicos y médicas. En la asistencia sanitaria, y particularmente en la práctica de la Medicina de Familia, tenemos grandes oportunidades para cambiar la forma de pensar de la gente. También tenemos que mantenernos juntos por el derecho de todo el mundo a tener un acceso fácil a una asistencia sanitaria asequible en la que puedan confiar – tener médicos y médicas en los que poder confiar y que estén profesionalmente orgullosos de esta confianza. Tenemos que enfrentarnos a nuestros propios prejuicios y hacer buenos juicios sobre las acciones correctas, ambas hechas desde el conocimiento de los hechos y

de los sentimientos. También podemos mostrar los valores correctos ante el estigma, el prejuicio y, desde luego, el racismo. Y a través de nuestras acciones espero que podamos traer mejoras en este nuestro mundo impredecible.

Professor Amanda Howe, President WONCA

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

De la Présidente -Août 2017

Salutations de vacances pour beaucoup d'entre vous. Mon seul voyage à l'étranger depuis la dernière lettre a été à Prague pour l'excellente conférence européenne de WONCA. Je m'apprête maintenant à voyager en Afrique -en Tanzanie, et également à la conférence régionale en Afrique du Sud. En Tanzanie, je serai l'invitée de l'une de nos organisations collaborantes, la Fédération internationale des associations des étudiants en médecine (IFMSA) avec laquelle nous désirons travailler étroitement pour promouvoir le profil de la médecine familiale -qui n'a toujours pas de présence significative dans les écoles de médecine de certains pays. Je me réjouis de rencontrer des membres internationaux ainsi que certains 'pionniers' de la médecine familiale en Tanzanie auxquels j'ai été présentée par Henry Lawson, notre président régional. Je rapporterai davantage là-dessus dans la prochaine lettre. Je me réjouis aussi de rencontrer de nombreux collègues régionaux en Afrique du Sud, y compris les jeunes médecins d'Afriwon, et d'assister à la première remise de bourses d'études Atai Omoruto.

A Prague, j'ai parlé du rôle des médecins de famille dans l'établissement de relations et dans la réduction des conflits sociaux. Au niveau mondial, les forces séparatistes actives dans notre monde actuel sont une source d'anxiété, de menace et de conflit. Les concepts de tribu et de nation peuvent être des sources de fierté mais aussi de division. Les groupes professionnels tels que WONCA confrontent la difficulté de trouver des valeurs communes et les moyens d'améliorer leur réputation et leur impact professionnels tout en respectant les divers paramètres et antécédents de leurs membres et de leurs patients. Je crois, tout comme le croyait notre estimée collègue Iona Heath que je cite ici, que « la médecine familiale est une force pour le bien ». Pratiquement tous nos membres seront amenés à travailler avec des populations d'origines ethniques variées, de cultures variées et de divers environnements

sociaux, qu'il s'agisse de patients ou collègues mais également avec des intervenants communautaires, qu'ils soient leaders ou politiciens. C'est là vraiment un grand privilège et un réel plaisir bien que leurs mondes, leurs expériences et leurs priorités soient très différents des nôtres et que nous devions améliorer notre capacité à travailler ensemble et parfois soutenir des points de vue opposés. Les risques du pouvoir ou de son absence sont toujours présents -qui détient les ressources, qui prend les décisions : sommes-nous entendus dans cet espace ou est-ce hors de notre contrôle ? Face à ces risques, nos valeurs peuvent nous rapprocher, nous donner plus d'endurance et nous permettre de dominer les difficultés- bien qu'en certaines occasions elles puissent aussi nous diviser.

Les médecins de famille peuvent surmonter les situations de conflit et agir comme modèle d'une société plus inclusive en ouvrant leurs cabinets à tous les patients quelles que soient leurs origines. Un patient demande à être salué par son nouveau nom bien qu'il soit enregistré sous un autre nom ; les patients dont l'anglais est la seconde langue peuvent avoir des difficultés à utiliser le système de rendez-vous par téléphone ; influencée par sa culture, une femme peut préférer voir une femme-médecin. Il se peut qu'une communauté déchirée par des conflits sociaux se trouve rassemblée dans une salle d'attente, dans un groupe d'intérêts communs ou dans une réunion de responsables communautaires organisée par un médecin de famille local dans le but de tenter de réduire les disputes et dommages. Ceci requiert des compétences relationnelles et de sérieuses valeurs professionnelles, le tout partagé par toute l'équipe.

Cet aspect se reflète également dans la consultation -mon niveau de sensibilité quant aux antécédents de mes patients, le temps que je suis prête à dévouer aux questions personnelles difficiles qui pourraient potentiellement remettre en cause mon propre

système de valeurs, et la façon par laquelle je propose de soigner -voire remettre en cause les croyances et coutumes de mes patients si je les considère dangereuses pour eux-mêmes ou pour les autres- il s'agit là de compétences intra et interpersonnelles qui font partie de notre formation en résidence et de notre formation professionnelle continue et qui ont bénéficié d'un investissement intellectuel important. Encore plus ambitieux est le type de développement communautaire tenté par des pratiques innovantes et par le système de soins de santé dans lequel le travail du médecin de famille s'étend aux interventions adressant les conditionnements sociaux de la santé.

S'ils souhaitent influencer le système de valeurs d'autrui afin de le centrer sur le patient en tant que personne tout en considérant les questions d'équité et les besoins des personnes pauvres et marginalisées, les médecins de famille et leur communauté se doivent alors d'être des éducateurs. Je sais que nombre d'entre vous vont accueillir des étudiants des premier et troisième cycles afin de leur permettre un apprentissage en dehors du milieu hospitalier -pour rencontrer les gens derrière les maladies et voir comment leur vie affecte leur santé et leur bien-être. Tout ce que j'ai dit au sujet du modèle de soins centrés sur le patient, quels que soient leur situation financière, leurs antécédents ou leur classe sociale, est un don particulièrement important pour un futur médecin- qui pourrait aussi mener vers la médecine familiale, peut-être en pratique rurale ou peut-être au sein de

communautés vulnérables... Je vous remercie donc, vous tous qui êtes éducateurs entre autres rôles- et je vous demande d'inclure ce rôle dans vos vies chargées car il peut transformer la façon dont les apprenants voient leurs patients et leur propre rôle en tant que futurs médecins.

Enfin, il nous faut nous concentrer sur ce qui nous unit plutôt que sur ce qui nous sépare et créer ces stratégies inclusives dans notre travail et notre formation tout autant que dans nos actions en tant que citoyens et médecins. Dans les services de santé, et en particulier en pratique familiale, nous avons d'importantes occasions de changer la façon dont les gens pensent. Nous devons nous épauler les uns les autres pour que chacun ait accès à une santé abordable sur laquelle ils peuvent compter -des médecins en qui ils ont confiance et qui méritent cette confiance. Nous devons confronter nos propres préjugés and décider d'actions justes, informés à la fois par les faits et les sentiments. Nous pouvons aussi maintenir des valeurs justes face à l'ostracisme, aux préjugés et malheureusement, au racisme flagrant. De par nos actions, j'espère que nous pourrions soulager notre monde troublé.

Professeur Amanda Howe
Présidente de WONCA

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From the CEO's desk: quiet time reflections

It's always a fairly quiet time of year, and with fewer things to report on than usual. That's not to say that life in the Secretariat gets much quieter, as there are always many things to work on, but much of the northern hemisphere goes on holiday, and so our volume of e-mail traffic shows a welcome reduction.

Annual Report

The key work ongoing at the moment is the WONCA annual report for the period July 2016 to June 2017. Of course, this period includes World Council and Conference, with a changeover in Executive and in many other leadership positions. Submissions have been received from most regions, committees,

Working Parties, Special Interest Groups and Young Doctor Movements, and Nongluck and I are working hard to collate the inputs and design and produce the final copy. We hope to have this finished by early September, when it will be published on the WONCA website for all to read.

I know that many members find it a useful document, to update themselves on all that has been going on in WONCA over the past 12 months, and many of our partners – in WHO, in Organizations in Collaborative Relations and other informal partners –also find it beneficial so please do access it once it's been released.

WONCA Europe conference

WONCA returned to Prague for the third time in 20 years for this year's WONCA Europe conference and, as ever, a great time was had by all who attended. It was great to see so many young family doctors there, making up around 1/3 of the total participants, and as well as the Vasco da Gama pre-conference there were also many YDM-led sessions throughout the event. Our WONCA Editor, Karen Flegg, has captured many of the moments on camera, and an album of photos from Prague can be accessed [here](#).

The theme of this year's conference was "Growing together in diversity" and at the conference WONCA Europe developed and endorsed the Prague Statement: Growing together in diversity for the benefit of all Europeans". The full statement can be accessed on the [WONCA website](#).

WONCA and IPCRG

Also at the conference in Prague, WONCA President, Professor Amanda Howe, signed a Memorandum of Understanding (MOU) jointly with Dr Jaime Correia de Sousa, President of IPCRG (International Primary Care Respiratory Group). IPCRG is already an Organization in Collaborative Relationship with WONCA, and the MOU formalises and highlights specific areas of joint work and collaboration. In particular, it has been agreed that IPCRG will, in effect, act as a WONCA Special Interest Group on respiratory issues. You can find more on a [separate article](#) in this edition of *WONCA News*:

Photo: WONCA leaders Dr Maria van den Muijsenbergh (SIG Migrant Care, International Health & Travel Medicine) and Prof Chris Dowrick (Working Party on Mental Health) run



a joint workshop in Prague.

Future conferences

August is a surprisingly busy month for WONCA events, with both the Africa Region and Iberoamericana-CIMF Region hosting events. The Africa Region conference will take place in Pretoria, South Africa, from 18th to 20th August whilst the Iberoamericana-CIMF conference will be in Lima, Peru, from 17th to 19th August. Both will feature a young doctor pre-conference. In view of the clash of dates, Amanda Howe will attend Pretoria whilst I will go to Peru. We will report back on both events in the next *WONCA News*.

And a brief reminder that November is also busy. The Asia Pacific Region will hold its conference in Pattaya, Thailand, from 1st to 4th November whilst the South Asia Region conference is in Kathmandu, Nepal, on 25th and 26th November. Full details of all events are on the [WONCA website](#).

Until next month.
Garth Manning CEO

Photo: Young Doctors meet in Prague.



Policy Bite: Getting the evidence for the impact of family medicine



Prof Felicity Goodyear-Smith (Chair WONCA Working Party on Research and pictured left) and Prof Amanda Howe (WONCA

President) write this month's policy bite.

Last month's policy bite addressed the value of describing what is happening in different countries, and the launch of a new website which would allow WONCA members to share their country's data. A different kind of evidence is needed to evaluate the impact of new inputs through primary health care and – in our specific area of interest – family doctors.

One of the real challenges of doing good research and evaluation is the complexity of real life – a new service in one clinic may run very differently from another, because of (for example) better trained staff, a different patient population, or a team that collaborate rather than conflict. In spite of the encouragement of WHO, datasets are often limited, and do not compare like with like (1.) This article outlines the components of a system that need mapping to understand why something new works - or not. And we issue a call for evidence so that we can be aware at the earliest opportunity of new findings which inform WONCA's advocacy and understanding.

Some of the dimensions that vary in any health system include:

- Who is in the workforce and what they can do – doctors, nurses, health care assistants in primary, secondary or tertiary settings. Increasing the numbers of family doctors or using them in a new way may be an opportunity for a 'before and after' study. Similarly, a 'micro' study of each attendance – for example, how many issues are addressed in each consultation, how many referrals are made and to whom - may yield useful data on how a generalist family doctor can multitask

across multiple needs but reduce hospital attendances

- What the service provides – an extension of a clinical service to include preventive or screening components, or a more systematic approach to chronic disease management will be intended to yield better outcomes – but these need defining and measuring to show whether these aims are achieved
- How the service is financed – overall coverage of the population, services covered, the balance of 'free at point of use' versus 'fee for service' may all have different impacts
- How the service – both people and infrastructure – is managed, maintained and refreshed
- How the population engage with the service – on a registered list with continuity of care over time, or on an 'ad hoc' basis with recurrent choice but little ownership of the relationship
- Who enters and leaves the workforce – including issues of status, recruitment, retention and reward, as well as absolute capacity
- What is counted and coordinated – for quality of care, data and services need to be linked, so that delivery and standards can be monitored over time.

All these can vary in any research study, so we need both to ensure that we describe and measure these different dimensions, and also have indicators that can reflect outcomes when these different components vary. The Primary Health Care Performance Initiative (PHCPI) has prepared a set of 'Vital Signs' relevant to primary care,(2) but not all of these relate to the work of family doctors or their teams, and work continues with WHO to explore more robust options that track the impacts of service.

To this end we are putting out a 'call for evidence'. We are keen to know if anyone is working on studies that explicitly evaluate the

role of family doctors within a service. If you are due to publish in the near future, please share your early findings with WONCA leads for your country / regional / globally, so that we can ensure we have the most up to date evidence available. And if you are not a researcher, then please help your academic colleagues as best you can – by collating data, or letting them know of new opportunities to

evaluate service developments that involve family doctors.

Together we can make a case for change. Email your comments to: f.goodyear-smith@auckland.ac.nz

References online

Constatando la evidencia del impacto de la Medicina de Familia - ¿cuál es nuestra situación?

El artículo de Fragmentos de Política del mes pasado estuvo dedicado a explicar lo que está pasando en diferentes países, y también al lanzamiento de una nueva web que permitirá a los miembros de WONCA compartir los datos de sus respectivos países. Se necesita otros tipos de evidencia para poder evaluar el impacto de las nuevas contribuciones en la Atención Primaria y los médicos de familia.

Uno de los retos más reales al que nos enfrentamos a la hora de investigar y evaluar es la propia complejidad de la vida real – un nuevo servicio en una clínica podría funcionar de forma totalmente distinta que en otra, y eso es gracias a (por ejemplo), que hay países que poseen unos profesionales sanitarios con más y mejor formación, así como a otra clase de pacientes dentro del global de la población, o a un equipo que prefiere colaborar antes que generar conflictos. A pesar del apoyo de la Organización Mundial de la Salud, el conjunto de informaciones sobre los países y sistemas es a menudo limitado, y no son de fácil comparación. Este artículo destaca los componentes que un sistema necesita para ser correctamente mapeado y clasificado para poder comprender porque algo nuevo funciona mejor o no, y hacemos una llamada para reforzar la evidencia de forma que podamos tener conocimiento desde el primer momento de los nuevos hallazgos en la defensa y prestigio de WONCA.

Las cuestiones que varían entre los sistemas sanitarios son:

- Quiénes son los profesionales sanitarios y qué os lo que pueden hacer – médicos, enfermeras, profesionales sanitarios de la Atención Primaria, secundaria o incluso terciaria. Si aumentamos la cantidad de médicos de familia o los utilizamos de otra forma, eso podría generar la oportunidad para

un estudio “previo y posterior”. De forma similar, un “micro estudio” sobre cada forma de asistencia (por ejemplo, cuántas preguntas se hacen en cada consulta, cuántas referencias se hacen y a quién) podría ofrecernos datos útiles acerca de cómo el médico de familia puede realizar más de una tarea dentro de las múltiples necesidades en salud y así reducir las visitas al hospital.

- Lo que el servicio proporciona – se intenta llevar a cabo una extensión de un servicio clínico que incluye componentes preventivos y de escaneo, y una aproximación más sistemática en lo que respecta a la gestión de la enfermedad crónica con mejores resultados.

- Cómo se financia la asistencia – más allá de la cobertura de toda la población, los servicios cubiertos, el equilibrio entre “el uso gratuito” y “el pago por servicio” pueden tener impactos muy distintos.

- Cómo funciona el servicio – tanto a nivel de la gente como de la infraestructura – cómo se gestiona, se mantiene y se actualiza.

- Quien forma parte y quien no del personal sanitario - teniendo en cuenta cuestiones sobre el estatus, la contratación, la fidelización del personal, así como su absoluta capacitación.

- Qué se tiene en cuenta y es necesario coordinar – para ofrecer una asistencia de calidad, es necesario que los datos y los servicios estén bien conectados, de modo que los estándares y la aplicación de la asistencia puedan ser monitorizados durante el tiempo.

Todas estas cuestiones pueden variar en cada una de las investigaciones, así que las dos necesitamos garantizar que describimos y medimos las diferentes dimensiones, y

también tener indicadores que puedan reflejar los beneficios en cuando estos diferentes componentes varían.

La Iniciativa para la Actuación en Atención Primaria (PHPCI) ha preparado una serie de “Señales Vitales” relevantes para la Atención Primaria, pero no todas esas cuestiones están relacionadas con los médicos de familia y sus equipos, y el trabajo se continúa haciendo conjuntamente con la Organización Mundial de la Salud para explorar opciones más fuertes y para seguir los impactos de la asistencia.

¿Qué podemos hacer?

Con este fin hacemos un “llamamiento a la evidencia”. Estamos muy implicados para saber si alguien está trabajando haciendo algunas investigaciones que estén evaluando explícitamente el rol de los médicos de familia

dentro del servicio. En el caso que estés a punto de publicar en el futuro próximo, por favor comparte tus descubrimientos con los líderes de WONCA para tu país / región / entorno global, para que podamos asegurarnos que podamos tener el máximo posible de evidencia actualizada disponible. Y si no eres un investigador, entonces ayuda a tus colegas académicos tanto como puedas – recogiendo datos, o darles a conocer nuevas oportunidades para evaluar el desarrollo de los servicios que tienen que ver con los médicos y las médicas de familia.

Juntos y juntas podemos crear una situación propicia para el cambio.

Profesoras:

Felicity Goodyear-Smith (Coordinadora del Grupo de Trabajo de WONCA Working Party en Investigación) (izquierda)
Amanda Howe (Presidenta de WONCA)

Region news

WONCA Europe Prague Statement

WONCA Europe developed and endorsed the following statement at their recent Prague Conference

Growing together in diversity for the benefit of all Europeans

Diversity has always been one of the most defining and intrinsic characteristics of the people of Europe. The tension between diversity and a desire for uniformity has been the source of many of Europe’s great achievements, but, when mishandled, has also played a part in some of its greatest failures.

Countries and regions can thrive when diversity is acknowledged and accepted, but as populations become increasingly varied, it is necessary for the political leadership to ensure that essential services, such as health care and education, are adapted, to meet the changing needs, and are delivered in a fair and accessible way.

Our statement: Growing together in diversity for the benefit of all Europeans

We believe that the WONCA Europe Conferences are unique platforms for expressing, sharing, and promoting these values. During this year’s conference in Prague, we explored many aspects of heterogeneity in our professional lives, and

exchanged experience and knowledge; we reiterated the need for continuous exchange of expertise both within and among countries as a key to enabling them to grow together in diversity; and we addressed contemporary challenges, such as increasing health inequalities, demographic changes, ageing and multi-morbidity.

Concluding the work of our conference, we wish to strongly reemphasise that the citizens and political leadership of Europe must embrace diversity wholeheartedly, accept the multiple identities of all human beings, and promote the traditional and time-proven European values of freedom, democracy, respect for truth and the law, free access to education, gender equity, respect for individuality, freedom of religion, cooperation and open communication.

WONCA Europe member organisations have committed to raise awareness and support educational efforts on diversity by including it in their agenda, and engaging with universities and other institutions for the development of appropriate programmes.

We urge:

- Family doctors around Europe to be aware of the heterogeneity of their communities and provide sustainable, equitable, safe, affordable and patient-orientated care for all;

- Primary health care organisations, and the WONCA Europe Member Organisations to take advantage of the experience and expertise in diversity, which are provided by the networks, the institutions and the communities throughout the European region, so that they may improve quality of care;

- The WONCA Europe Member Organisations to step up the development of appropriate and contextualised undergraduate, postgraduate and continuing education for family doctors on diversity, taking into consideration the related patient needs, required health care governance, and role that family doctors should undertake in the rapidly evolving European settings.

- Policy makers, health care organisations and other stakeholders to create such conditions for primary health care to be able to fulfil the above mentioned points.

Launch of the European GP Research Network Fellowship Programme

Michael Harris, EGPRN Educational Committee writes:

The European GP Research Network (EGPRN) is now offering Fellowship mentoring to young EGPRN members.

What is the EGPRN Fellowship?

The Fellowship is for primary care researchers who are early in their research careers, and who would like to be mentoring during a Skype-based practical course on research skills.

During the course, three EGPRN Fellows from different countries work with an experienced primary care researcher, who acts as both teacher and mentor.

What happens during the Fellowship?

Over six months there is a series of six one-hour Skype seminars: the three EGPRN Fellows plus the mentor. Fellows have a small amount of 'homework' to do between the seminars.

During the Fellowship, the Fellows are supported to design a simple research protocol. The teaching and seminars are based on their needs in relation to that.

Who can apply for the EGPRN Fellowship?

Fellows need to be EGPRN members who have made an oral or a poster presentation at an EGPRN meeting in the last year. Their

English language skills need to be good enough to cope with Skype calls. There is no cost to the Fellows.



What happens in the seminars?

Month 1 example:

Discussion: introductions and research interests.

Seminar: how to design a research question.

Homework task: design a research question that interests you.

Month 2 example:

Discussion: present and critique the research questions; choose one of the three questions as a joint project.

Seminar: how to do a literature review.

Homework task: do background reading for the research question.

What happens afterwards?

The EGPRN Fellows are expected to present their research protocol at the next EGPRN meeting. After that, they have continuing support from their mentor while they complete their research study.

Where can I find out more?

Further information and contact details are available at www.egprn.org/page/fellowship

WONCA North America Annual Report



Photo: WONCA North America meets in Rio 2016

Member organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2017.

Polaris

The young family doctor group under the leadership of Dr. Kyle Hoedebecke and Dr. Maria Colon-Gonzalez met during the World WONCA conference in Rio de Janeiro. The meeting provided an opportunity for networking, planning North American FM360 activities, and finalizing a structure and constitution for the group. Thanks to the American Academy of Family Physicians and the College of Family Physicians of Canada for supporting these initiatives.

Montegut Scholar

Our Montegut scholar for 2016 was Dr. Marvin Reid from Jamaica. He attended the World WONCA conference in Rio de Janeiro, and represented the Caribbean College of Family Physicians at

the WONCA World Council meeting. He is President-Elect of the CCFP. Thanks to the American Board of Family Medicine for sponsoring these opportunities.

Regional President's activities

Dr. Wilson was able to strengthen ties throughout the region with visits and speaking engagements. She attended the American Academy of Family Physicians FMX in Orlando in September 2016 along with World WONCA president Michael Kidd. She also attended the College of Family Physicians Family Medicine Forum and Besroul Conference in Vancouver. She also participated in the Starfield Summit on Health Equity in Portland Oregon.



She was pleased to strengthen ties with members of the Caribbean College of Family

Physicians through her appointment as the external examiner for the family medicine examinations of the University of the West Indies in May 2017. She addressed the Bahamian chapter of the CCFP on this visit. (pictured with University of West Indies examiners)

In Rio de Janeiro at the World WONCA conference she was re-elected as WONCA North America President for a second term, to end at the time of the next world conference in Seoul, Korea in 2018.

On behalf of WONCA, she spoke and participated in the 10th International Conference on Person Centred Care through the life course in Geneva in May 2017. This meeting, co-sponsored by WONCA, included a special session at the WHO on WHO global programs. She also participated in the Starfield Summit on Health Equity in Portland Oregon.



Prof Ruth Wilson
WONCA North America region president

(pictured with Prof Michael Kidd, WONCA immediate past president in Orlando)

Working Party news

Another busy and fruitful year @RuralWONCA



Dr John Wynn-Jones, Chair of RuralWONCA ([WONCA Working Party on Rural Practice](#)) summarises the annual report of the Working Party.

Every year we produce an annual report for WONCA executive and I thought that it would be useful to share some of the topics with you all in Rural Roundup.

It has been particularly busy year with two conferences within six months; at the World WONCA Conference in Rio de Janeiro (November 2016) and at our own 14th WONCA World Rural Health Conference in Cairns Australia (April 2017). Both were highly successful and it was valuable for our council to meet on both occasions. I would like to take the opportunity to thank the hosts; the Brazilian Society of Family Medicine and The Australian College of Rural and Remote Medicine (ACRRM) for their wonderful support and organisation during both conferences.

Some of the most important themes addressed during the 12-month period were:

- **Equity and relevance:** Equitable representation remains our most important guiding theme. We have made significant advances in gender, generational, geographical and demographic equity issues but much still needs to be done. The greatest challenge remains representation from the poorest and most inaccessible parts of the world. We also strive to ensure that our work and actions are as relevant to the needs of working rural family doctors as they are to academic institutions and professional bodies.
- **Shaping the rural health workforce:** Our involvement and close working relationship with the Rural Generalist Movement is crucial to the need to develop a medical workforce that is relevant to and meets the needs of the rural populations that these workforces serve. The principles of the Rural Generalist Movement are relevant and applicable worldwide but its delivery will be country specific and dependant on local resources, health systems and culture. We welcome the final report from the 3rd Rural Generalist

Summit (held prior to the 14th WONCA World Rural Health Conference) where we had a significant role and look forward to working with the authors to deliver its goals. We are also aim to run panel sessions at the World Health Organisation's 4th Global Forum on Human Resources for Health in Dublin (November 2017). We intend to highlight rural workforce issues and promote good practice and evidenced based solutions.

• **Values of the group:** It was decided to produce a values statement to stress and state our values as an organisation. We hope that this will guide current and more importantly future members. We are grateful to the Rural Doctors Association of South Africa for their help. The statement is currently being finalised and will be submitted for approval to WONCA Executive shortly.

• **Young rural doctors and medical students:** The future of rural practice lies in their hands and it is our responsibility to work closely with the next generation of rural activists. RuralWONCA has established in partnership with some exceptional students, young doctors and Young Doctor Movements, a new global network called Rural Seeds. If you a young rural doctor or a medical student who is keen to work in a rural setting please look at our [facebook page](#) and think about joining us [here](#).

• **Working in partnership:** As rural is a cross cutting theme and the work of all WONCA's

Working Parties and SIGs are relevant to rural healthcare, we try to forge valuable partnerships with other groups in WONCA. The same can be said for working with other NGOs and organisations outside WONCA. Strong relationships have been formed with WHO, The Network Towards Unity for Health, National Rural Health Association (USA) etc.

• **New structure to RuralWONCA:** Details of the proposed changes were included in last year's report. We have opted to continue to work to a 3-year work programme. The council has adapted well to the change and we are working to develop a sustainable model for the assembly meetings.

• **Work plan:** We met all our targets for the last 3-year work plan (2013-2016) and we have set ourselves an ambitious programme for the current three years. We are nine months into the new plan and hope to receive progress reports for all the portfolio holders at the end of the year.

• **Networks:** It is our ambition that all the WONCA regions will have local rural regional networks. Current networks in Europe (EURIPA), South America (CIMF Rural) and South Asia (WoRSA) appear to be working well. We are delighted to announce the formation of an Africa Network (WoRA) and wish it good fortune. Special thanks to our African colleagues. We are also hoping to establish an Asia Pacific network and colleagues from WoRSA and Asia Pacific



countries will be holding a workshop at the next regional conference in Thailand.

You can find out more about our activities on our [webpage](#) and also on our [WONCA Resource page](#). We have much to do still and we need your support to do it. We are grateful for the help from WONCA Executive and the secretariat and feel that we are on course to meet our goals for the current triennium. We would not however be able to achieve anything without the hard work and dedication of our members who give me up precious time to spread the Global Rural Health message around the world.

WP on Education - July update

Prof Val Wass, Chair of the WONCA Working Party on Education writes:

Workshops at conferences

Two workshops were held at WONCA Europe in Prague on the Undergraduate (UG) curriculum. There is undoubtedly strong interest in improving the status of family medicine as a career choice to medical students globally. The workshop in Prague in June concluded with the following actions:

- 1: We need to lobby and impress specialist power brokers who influence the curriculum.
- 2: All medical schools should establish/improve /strengthen a Department of General Practice.
- 3: Family medicine needs to be represented in some way in every year of the UG curriculum. It can be a problem if only introduced late in the curriculum; start early and increase exposure.
- 4: We need to gain territory from other specialities and the influence they have on students

Three further workshops have been submitted to the Asia Pacific conference in November, supported by members from Brunei, Canada, Japan, Malaysia and the Philippines. If accepted they cover: progressing the

Finally, I would like to thank Karen Flegg (editor of *WONCA News* and WONCA Executive Member) for the opportunity to run Rural Roundup on a monthly basis and for occasionally having to chase us up!

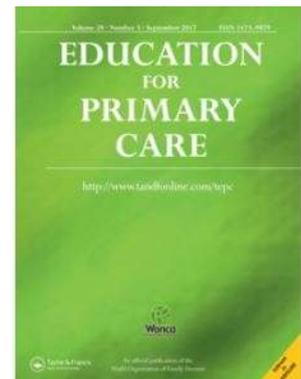
Dr John Wynn-Jones
Chair
RuralWONCA (WONCA Working Party on Rural Practice)



Undergraduate (UG) curriculum, formative assessment and continuous professional development standards (CPD). Ideas for developing a global WONCA strategy on the UG curriculum and promoting careers in Family Medicine are welcome please.

Education for Primary Care Journal

We have been delighted to learn that all Council for Australian University Libraries (CAUL) now offer access to *Education for Primary Care*: a deal offered by Taylor and Francis for three years. The appointment of Professor Ian Wilson as a Deputy Editor offers an excellent opportunity to disseminate more widely on both sides of the globe.



Free access for a month for one article per issue will continue. Judging by the number of hits on the website this is being widely used. Open access for the July issue to be announced shortly. Please feedback any views on which articles are most useful. [Email Convenor](#)
[Open access article information and link](#)

Our Working Party website can be directly accessed at www.globalfamilydoctor.com/education

[Join our working party](#)

Promoting Planetary Health

Ralph Guggenheim [WONCA Working Party on the Environment](#) posted this reflection on Planetary Health to the groups' discussion forum.



The WONCA Europe 2017 conference seemed a very favorable setting to promote the issue of Planetary Health and increase the general awareness for it. Some of this happened, but the potential is much greater, as well as its appropriate place to be mentioned to a wider audience, such as any medical conference (especially by primary care physicians) as an issue which should require everybody's attention.

Enrique Barros, Chair of the WONCA Working Party on the Environment, and I did our best to arouse attention, with a very positive response in a limited circle. What stood in the way of promoting a broader interest? Or, putting it very concretely, when official speakers facing a plenary session mentioned the range of important issues for family doctors, why wasn't Planetary health even mentioned? The questions need to be discussed, so they can be faced and the strategy adapted.

There is this strong impression that the doctors around us were a both very open-minded as well as motivated population to take on or at least support issues they believe in - along with a wide range of important subjects which deserve our interest and engagement and compete for the little time many doctors have.

Much isn't known about what stands in the way of having doctors clearly promote the Planetary issue.

If we wish to better understand this and not "give gas in neutral gear", we better make this question a main focus of our attention with high priority.

Ralph Guggenheim
WONCA Working Party on the Environment,

[Statement on Planetary Health and Sustainable Development Goals 2017](#) also available in Portuguese and Chinese from our [webpage](#) (publications section) and in Hebrew from the author.

[Join our working party](#)

WWPMH online training resources on Common Mental Health Problems

This form provides information on high quality, freely accessible online resources, with a focus on common mental health problems, aimed primarily (but not exclusively) at family doctors. This list has been collated by members of the WONCA Working Party on Mental Health (WWPMH)*. The resources are listed by country of origin but are widely applicable.

Australia

Black Dog Institute:

There are currently 17 recordings of [live webinars](#)

A six module [online learning program](#) interest all focussed on Australian evidence-based eMH programs and resources and how to use them in clinical practice. Many of these resources are available to international users and one, MoodGYM, has been translated into a number of languages including Chinese. Were a GP from outside Australia to undertake the eMHPrac modules or listen to a webinar they would hear about online programs and resources that they could use outside Australia.

RACGP

"find a course" through the following link and refine the search using keyword "mental health" for [example here](#).

Brazil

Two main governmental platforms for distance Learning and both have Mental Health free online courses:

1 - [UNASUS](#) - Universidade Aberta do SUS

1a - [Evento Agudos em Saúde Mental](#) (one of many other courses in mental health)

2 - [TelessaúdeRS](#)- Núcleo de Telessaúde da Universidade Federal do Rio Grande do Sul

2a - [Curso EAD de Saúde Mental na Atenção Primária para Médicos](#)

United Kingdom

RCGP

[Mental health toolkit](#)

WHO / Pan American Health Organization

Annual Courses for primary care practitioners- mhGAP---Mental Health Global Action Programme: [NMH-MH-VCmhGAP-17](#)

Other courses:

(NMH / MH) [Salud Mental y Uso de Sustancias](#)

(NMH / MH) [Mental Health and Substance Use](#)

WONCA Working Party for Mental Health

Our own recently produced guidance and training on physical health [care for patients with severe mental illness](#):

Special Interest Group news

Family Violence- How to ignore it?

[Ana Nunes Barata](#), WONCA executive's representative for Young Doctors is also interested in Family Violence. Here she writes for the [WONCA SIG on Family Violence](#).



How to ignore this subject, “Family Violence”? I’ve just finished reading a newspaper article where, once again, a woman has lost her life in the context of domestic violence.

As a doctor, a person, a woman... reading or listening to reports on this subject is something I can’t possible ignore. The woman who comes to your practice because of a cough and, when asking her if everything is alright, she starts crying and asks for help to run away from home; the woman who just got pregnant, does not want the boyfriend to enter the doctor’s room because she’s still having a hard time accepting it and he consequently creates a riot in the waiting room; the woman who thinks it’s normal to be physically available for him whenever he wants, because that’s how she

thinks all men are... I could go on and on. Be it due to inexperience, infatuation, embarrassment, fear, socio-economic reasons - there are many reasons why victims choose to carry on living with an aggressor despite knowing that it’s wrong.

During consultations, it should be our role as family doctors to give space for our patients to talk openly about their relationships. No, this is not gossiping. This is actually the best way to identify red flags in a relationship, offer advice and thus prevent worse events from developing. The earlier, the better.

And we should not only focus our attention on women, but also on men, children and elderly people, who can be affected by this problem.

As Family Doctors we provide holistic care, so our thinking needs to include all elements from the “old” and the “new” family. We should strive to help families to be healthy and to grow in harmony. But sometimes we may feel

that we do not have the experience or knowledge to assess these types of problems, as we did not receive undergraduate or postgraduate training on this subject. “How to start? What to ask?” are questions that you hear frequently... and where should one look up information on this topic?

I've been collaborating with Vasco da Gama Movement's Family Medicine Violence group since 2013, and it has been an incredibly rich experience. I had the opportunity to meet other colleagues who are developing inspiring work on this topic, to collaborate with them in their initiatives and, most importantly, to learn with and from each other. From this group's workshops, sessions and texts, I have collected very useful resources when it comes to assessing Family Violence.

Resources such as:

- [Cycle of abuse](#)

- [Family violence quality assessment tool for primary care offices](#)

We must keep on with this work, in order to provide information, tackle fears and myths, and encourage victims to reflect on what is going wrong and to seek help.

Therefore, I commend this group's valuable work and hope that it will continue its important role at a global level. We can't stop being alert to this problem and to facilitate training on this subject. Healthcare professionals have an important role in this fight - together, we will build a better society for all.

[Join the SIG Family Violence](#)

SIG Quaternary Prevention & Overmedicalisation

In October 2016, WONCA World Council approved the creation of the Special Interest Group on Quaternary Prevention and Overmedicalization. Miguel Pizzanelli of Uruguay is the convenor.



Our Biennium Plan 2017-2018 was submitted on February 2017.

Therefore, this report refers to a short period and we are working towards these objectives.

Objectives and Achievements summary

[link to full document](#)

Objective 1 - Leadership and Team Building level

Objective: To establish a SIG Executive Team representative of all WONCA Regions and install regional working groups.

Goals:

- Each WONCA Region must designate two regional leaders.
- Create a regional group. (Each group would adapt activities to regional resources and priorities)

Objective 2 / Collaborative Network level

Objective: To create a Quaternary Prevention and Overmedicalization International Network.

Goals:

To identify strategic thematic areas and leaders or institutions to provide knowledge, abilities and tools to strengthen the network. Possible areas: Overmedicalization, Critical reading and appraisals of medical literature, EBM, Ethics, ICTs, Community comprehension of

overmedicalization risks, Public policies, Quaternary Prevention conceptual framework, knowledge.

Objective 3 / Communication Level

Objective: To initiate communication resources
Goals:

Achievements:

- Collaborative Database on Quaternary Prevention Resources and References has been created and it is being populated.

- A Tutorial document has been published: Pizzanelli M, Lavallo R, Jamoulle M. Quaternary prevention library and resources (QP library). 2017 Apr 10 [cited 2017 Apr 22]; Available from: <http://orbi.ulg.ac.be/handle/2268/209390>

- The SIG International Forum was created. Iberoamericana Region has very active forums from many years ago.

- [Quaternary Prevention web blog](#) (building process): Multilingual; SIG has a WONCA web page; Facebook Quaternary Prevention pages
- [Spanish](#), [Portuguese](#), [Twitter](#)

Objective 4 / Exchange Level

Objective: To disseminate Quaternary Prevention and Overmedicalization concepts in scientific activities, publications, teaching, and promote its application to medical practice.

Disseminate the Quaternary Prevention concept and the ways to apply to health professionals and to the community in order to expand the perspective from general practitioners to the society.

Achievements: Quaternary Prevention and Overmedicalization SIG is supporting many activities from December 2016.

1/ Marc Jamouille's participation – speaker - in I European Forum on Prevention and Primary Care. [Quaternary prevention – the art of “primum non nocere”](#). Porto, 2017 April 3- 4

2/ WONCA 2017 Iberoamerican Conference (Lima August 2017). Several activities were proposed to the Conference Scientific committee.

3/ Applying Quaternary Prevention. Webinar and course organized in Argentina by FAMFyG and Quaternary Prevention Group in Argentina and Quaternary Prevention leaders from Iberoamerica and Europe.

4/ Italian Network of Scientific Associations Affiliated with WONCA. “Preventing over-medicalization by listening and sharing - Overmedicalization and quaternary prevention” organized by that will be held in Lecce – Italy - from 28-30 September 2017.

5/ Tunisian National Congress of General and Family Medicine, which asked support to Prevention activity, that will be held in Monastir from 3- 5 of November 2017.

6/ Institutional document of position of the Uruguayan Society of family and community medicine on conflict of interest. Guide to good practice; Financing in scientific activities and research projects and conflict of interest. Available in [Spanish](#)

Miguel Pizzanelli MD, MSc.
SIG Convenor of WONCA Quaternary Prevention & Overmedicalization
miguelpizzanelli@gmail.com

[SIG website](#)
[Join our SIG](#)

Collaborative Organisations

WONCA signs MOU with IPCRG

At the recent WONCA Europe conference in Prague, WONCA President, Professor Amanda Howe, signed a Memorandum of Understanding (MOU) jointly with Dr Jaime Correia de Sousa, President of IPCRG (International Primary Care Respiratory Group).

IPCRG is already an Organization in Collaborative Relationship with WONCA, and the MOU formalises and highlights specific areas of joint work and collaboration. In particular, it has been agreed that IPCRG will, in effect, act as a WONCA Special Interest Group on respiratory issues, and may represent WONCA at meetings or events where it is important for the voice of primary care in relation to respiratory medicine to be heard, though WONCA agreement must first be reached with the WONCA President and/or CEO.



Photo shows Prof Howe and Dr de Sousa signing the MOU.

[More about IPCRG](#)

Conferences news

WONCA SAR Nepal conference deadlines approach



Dear colleagues

Greetings from the Himalayan Kingdom. After our devastating earthquake we are trying our best to rebuild ourselves. We would like to thank our well wishers and assure them that in spite of the recent past we now hosting a WONCA South Asia region conference in Kathmandu, on November 25 and 26, 2017.

Speakers

Prof Amanda Howe, WONCA President (pictured), has accepted our request to speak on the theme of the conference “GP Specialists progressing towards Universal Health Coverage”. Similarly our national GP President (of GPAN), vice chancellor of Patan Academy of Health Science (PAHS) Prof Bharat Kumar Yadav have gracefully accepted our request to be a speaker.

Deadlines

To date we have received many abstracts from national and international authors - the deadline of the submission of abstracts is 31 August, 2017.

Early bird registration and also closes on 31 August, 2017.

About Nepal

Nepal shares territorial borders with India and China with an area of 147,181 square kilometers and a population of approximately 30 million. Kathmandu is the nation's capital and the country's largest metropolitan city. Nepal is a country of highly diverse and rich geography, culture, and religions, it offers a wide variety of adventure tourism packages. Of the 14 peaks above 8,000 meters in the

world eight are located in Nepal. It is the land of Mount Everest (8,848 meters) the highest

peak in the world and other 240 mountain peaks over than 6,000 meters high. Trekking is the best way to get to interesting and remote



mountain villages of Nepal and to enjoy views of the famous peaks together with local people, cultures and their lifestyle untouched with modern civilization. But, for those who prefer it, mountain flights fly around the Himalaya including Mount Everest and provide a close look of the top of the world.

Nepal offers plenty of wildlife as there are eight national parks and four wildlife reserves and two conservation areas in Nepal. Pokhara, the city of lakes, provides plenty of opportunities for fishing, boating and sightseeing with the panoramic view of Annapurna range.

The Kathmandu valley has several historical memorials, old palaces and temples. Nepal is the land of Lord Shiva (Pashupatinath), which is supposed to be the holiest Hindu temple in the world. For Hindus and Buddhists, Nepal offers a unique place of pilgrimage as it happens to be the birthplace of Lord Buddha.

We are looking forward to meeting you.
Prof. Pratap Narayan Prasad
Organizing Committee chair

23rd WONCA Europe Conference 2018 – Krakow, Poland

Dates: 24-27 May, 2018

Theme:
Family Medicine: Quality, Efficiency, Equity

The College of Family Physicians in Poland is pleased to invite all general practitioners to the 23rd WONCA Europe Conference 2018 in Krakow. Please find details below.

Important deadlines:

abstract submission – 30th November 2017
authors notification – 31st March 2018

early bird registration ends – 31st December 2017

on-line registration ends – 30th April 2018

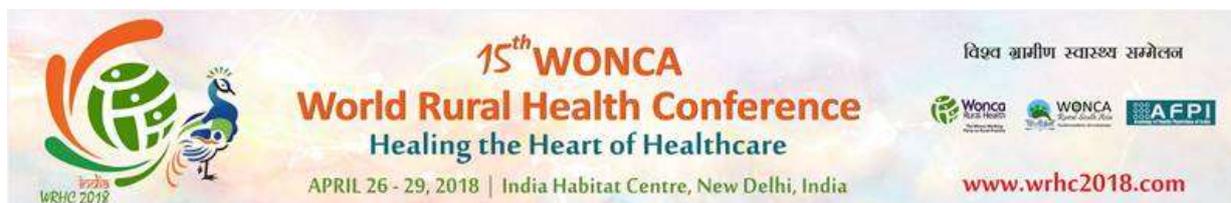
Check the official website of the event where you can find most important information.



[Conference website](#)

Follow us

You can check what's going on with the Dragon and event also on [Facebook](#) and Twitter twitter.com/WONCAkrakow and get all recent news and curious facts about the city!



Super Early bird registration for WONCA Rural 2018: New Delhi, India

Register by August 31 to Secure Super Early Bird Rate for WONCA World Rural Health Conference 2018. USD450 for WONCA Direct members and USD100 for Young Doctors.

[More here](#)

15th WONCA World Rural Health Conference 2018 to be held in New Delhi from 26 - 29th April 2018. Get ready to participate in an international event that will see delegates from around the world inspiring and exchanging ideas on the latest developments and challenges in rural family practice and rural and remote health generally.

We encourage you to register early in order to secure a discounted rate for this conference. We look forward to seeing you all in New Delhi!



See our video

<https://youtu.be/LTs6AebT1dI>

WONCA Asia Pacific conference 2019 Kyoto, Japan.



Theme : Medical generalists –bringing forward a brighter future

Dates: May 15-18, 2019

Venue: Kyoto, Japan

Website:

www.c-linkage.co.jp/woncaaprc2019kyoto

Welcome Message

Dear Colleagues,

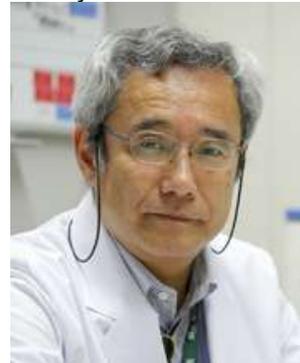
It is a great pleasure and honor for The Japan Primary Care Association (JPCA) to be a host organization for the WONCA APR Conference 2019, which will be held in Kyoto from May 15 to 18, 2019. WONCA APR conferences have become the most influential events for family physicians/general physicians from Asia Pacific regions. This is the second conference WONCA APR has held here in Kyoto after the last conference in 2005. For many participants, Kyoto is easy to access, and for everyone it is well worth the visit. Its natural beauty and cultural heritage are priceless.

'Medical generalists –bringing forward a brighter future' is the official theme of this conference. Generalist discipline is the most important but least appreciated discipline in many regions across the globe. Evidence of the health-promoting influence of primary care has been accumulating ever since researchers have been able to distinguish primary care

from other aspects of the health services delivery system and main players of primary care are the generalists.

We plan to prepare a balanced program based on original abstracts, contributions suggested by leading international scientific networks, committees and groups recognized by WONCA. As we combine the Annual Conference of JPCA with the WONCA APR Conference, participants will be able to communicate with many Japanese family physicians and hospital-based generalist physicians.

Make your calendar for Kyoto WONCA 2019!



Prof Nobutaro Ban
Chairperson of the Organizing Committee
WONCA APR Conference 2019

WONCA ASIA PACIFIC
REGIONAL CONFERENCE 2017

FAMILY MEDICINE INNOVATION:
CHALLENGES FACING FAMILY PHYSICIANS IN THE 21ST CENTURY

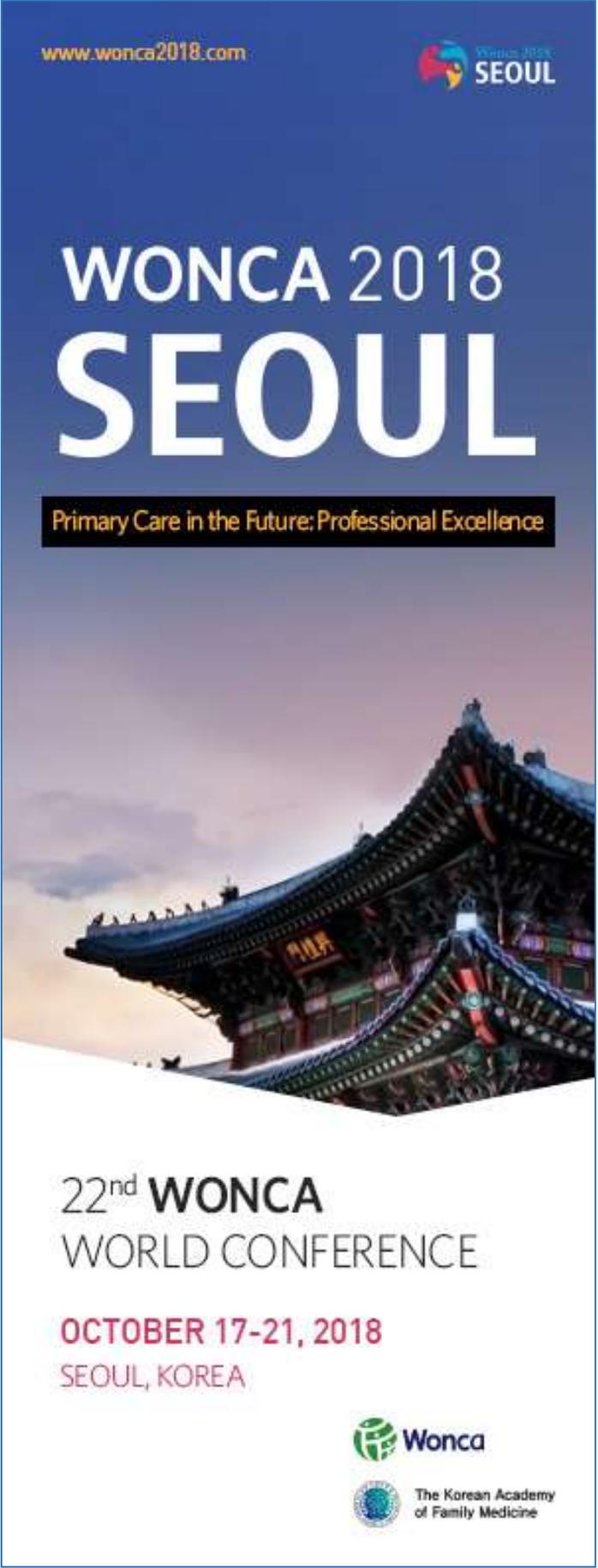
NOVEMBER 1 -4, 2017
THE ROYAL CLIFF HOTELS GROUP, PATTAYA, THAILAND

WONCA 2018

Seoul.

Save the dates
October 17-21, 2018

www.wonca2018.com



www.wonca2018.com

WONCA 2018
SEOUL

Primary Care in the Future: Professional Excellence

22nd **WONCA**
WORLD CONFERENCE

OCTOBER 17-21, 2018
SEOUL, KOREA

 **Wonca**

 The Korean Academy
of Family Medicine

Featured Doctors

Dr Kim GRISWOLD

USA - Family Doctor

Dr Kim Griswold from the USA recently attended the WONCA Europe conference in Prague.



What work do you do now?

I work in a University setting, providing clinical care and teaching medical students and residents. Currently I am the medical director of an integrated primary care-behavioral health clinic, caring for an urban, under-served population.

Buffalo, NY in the USA, is a city with a long tradition of refugee resettlement, and for many years I have been involved in our local refugee communities providing care and teaching our students about the joy and value of working with diverse communities. In a recent project, colleagues and I hired refugees to work as standardized patients, or patient “actors”, to teach health trainee students how to work correctly with interpreters; emphasizing the importance of language, non-verbal cues, and cultural context. I also have a role at our “Center for Survivors” where with a group of medical students from the Jacobs School of Medicine (The Western New York Human Rights Initiative) and local physicians conduct forensic exams for refugees seeking asylum in the United States.

The academic mix of teaching, clinical work and research has been incredibly valuable to me; I feel that each aspect of my work has informed and enhanced the other. It has also helped me both to find wonderful mentors, and to mentor others. I have also been so fortunate as to work with two nurse practitioner colleagues for the entire 20 year span of my working medical life.

Other interesting things you have done (in brief)?

Medicine was a late career for me – I actually majored in Drama, and had a goal of being a professional actor. Science was challenging, so I took the option of a college course in “Alchemy”. Later, because of a family experience, I turned to nursing and then medicine. It was quite an experience coming late to those necessary science courses. Alchemy didn’t provide a lot of solid background. However, the story is fun to relate to college students who are considering careers in the health professions. I never did manage to turn dross metal into gold!

What is it like to be a family doctor in the USA?

Being a family doctor caring for our patients, and having the great privilege of sharing in their lives, is I think the same in the US as elsewhere. Our strengths as family doctors in teaching, mentoring, providing comprehensive care and learning to listen are universal.

But I find my greatest frustrations are about our US systems of care – a deeply fragmented insurance and payment system, and a lack of cohesive ideas and strategies. Much good research is being conducted around these issues, so I have hope that some of these challenges will be overcome in time. My greatest hope would be universal coverage.

What are your interests inside and outside work?

I especially enjoy and am passionate about working with students for global health equity and being a volunteer for Physicians for Human Rights. Animals are a large part of my life – I have 2 Labrador Retrievers (Hawkeye and Gemma) who are both therapy dogs, and trained to work with families in emergency situations; and two horses (Mikey and Harley), with whom I am training in dressage.

A/Prof Zalika KLEMENC KETIŠ

Slovenia - WONCA Europe executive member

Zalika is a member of executive board of WONCA Europe-representing EQuIP.

What work do you do now?

I am partly employed in the largest healthcare centre in Slovenia – Ljubljana Community Health Care Centre where I work in family medicine practice - and at the Institute for the research and development of primary healthcare.

At the Faculty of Medicine, University of Maribor, I am the chair of the Department of Family Medicine and associate professor of family medicine as well as head of the research group.

Other interesting things you have done?

I am very much interested in new methods of teaching and introduced a new teaching method in undergraduate and postgraduate studies – cinemeducation. It is the use of movies in medical education. I recently wrote a handbook about this topic.

My additional professional activities are: member of executive board of the Slovenian Family Medicine Society (and honorary secretary for four years) ; person in charge of the quality assurance and improvement of Slovenian family medicine practices; and member of national scientific board for medicine.

I am also a member of EURACT and was involved in the work of EURIPA and EurOOHnet. I am responsible for two modules of the training for family medicine in Slovenia: quality and safety and research.

I am a member of editorial board of the journals *BMC Family Practice* and *Zdravstveno Varstvo*. I participated as an expert in the World Bank project “Improving the Health System in Montenegro”.

In 2016, I was awarded as the best teacher at the Faculty of Medicine University of Maribor and this year I received a certificate for being an expert teacher in family medicine



education.

In 2004, I wrote a book on the history of family medicine in Slovenia.

What do you hope to achieve on WONCA Europe's Executive Board?

I want to contribute actively to the development of WONCA Europe as the promotor of the development of family medicine in all European countries regarding of their diversity. I think that especially in south-eastern countries, there is a lot of room for

improvement and international support is crucial.

I also hope to promote and facilitate family medicine development in Slovenia, with the experiences I will gain and I want to grow personally and professionally with the experience and within the Board.

What is it like to be a family doctor in your country?

In Slovenia, family doctors are valued very much by their patients who mostly turn to them when they are ill. Family medicine in Slovenia has experienced tremendous growth in the past years, professionally and also in education and research aspects. Now, it is regarded as a specialty which provides more opportunities for professional growth for doctors.

On the other hand, due to the big shortage of doctors in Slovenia and a growing amount of administrative work, family medicine is also currently quite exhausting.

What are your interests inside and outside work?

Professionally, I enjoy teaching and mentoring students and trainees. I really like to help young doctors with their careers, especially when they want extra things such as being involved in teaching and research. I also like research, especially on education and quality.

In my spare time, I like travelling – this is my biggest passion. I also like skiing and swimming. I like watching movies and reading books. But, most of all I like spending time with my husband and two daughters.

Resources

Free e-book: Leadership in Family Medicine: From the Personal to the Policy Level

Leadership in Family Medicine: From the Personal to the Policy Level is a compilation of chapters from CRC Press texts, selected by Professor Amanda Howe, President, World Organisation of Family Doctors (WONCA), with an Introduction written by Professor Howe giving her insight into each chapter.

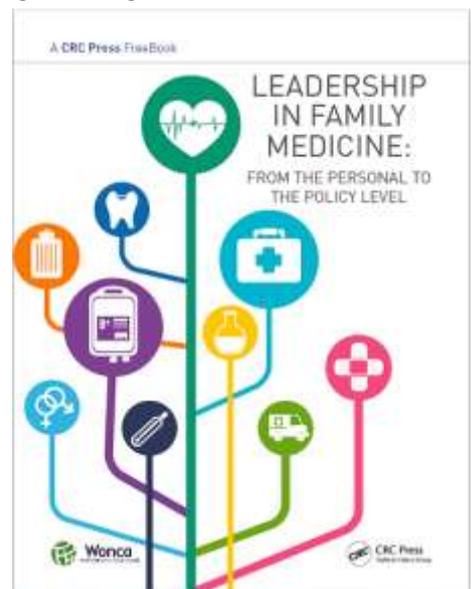
“[The FreeBook] starts with one of the many important papers about family medicine, highlighting the key barriers and ways to overcome them as the speciality moves forward: then goes back to basics, looking at how a medical school curriculum can use family medicine to enhance professional learning and develop early leadership competencies in medical students. We then look at leadership in team work, both from the practical group work perspective, and in effective inter-professional.” – Professor Amanda Howe

Chapters

Introduction

1. The Development Of Family Medicine Around The World
2. Preparing To Practice
3. Working Together: Why It's Important And Why It's Difficult
4. What Is A Group? And What Does It Do?
5. Stories And Organisations
6. The Contribution Of Primary Care Research To Education, Training And Development
7. Creating A Supportive Environment For Optimal Family Practice

[Download e-book](#)



Education for Primary Care free access paper on supervision

Education for Primary Care are pleased to announce free access for a month to a paper in the 28: 5 issue of the journal which is now on line.

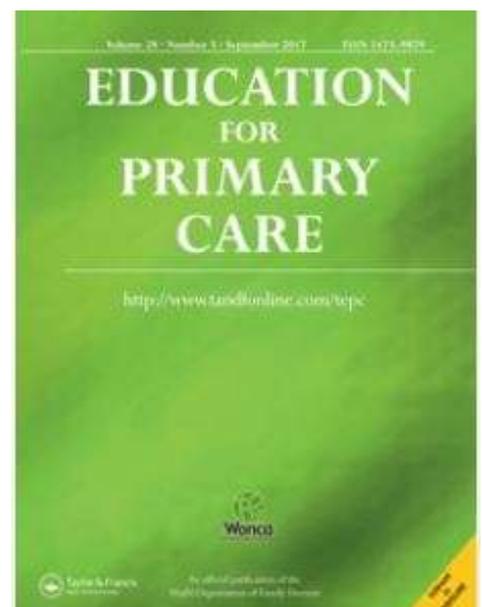
In Denmark group supervision for general practitioners is an established part of continuing professional development.

This paper explores ways peer group supervision in a long term well established group of general practitioners can improve communication and patient centred care at the same time maintaining enthusiasm and preventing burn out.

Witnesses in the consultation room – Experiences of peer group supervision.

Helena Galina Nielsen & Annette Sofie Davidsen
University of Copenhagen , Denmark

<http://www.tandfonline.com/doi/full/10.1080/14739879.2017.1300510>



WONCA CONFERENCES 2017

August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	saafp.org/conferences
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	lima2017woncacimf.com
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	www.woncaaprc2017
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	www.gpansarwoncaconference.org.np

WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

WONCA CONFERENCES 2018

January 27-28, 2018	Vasco da Gama forum	Porto, PORTUGAL	vdgm.woncaeurope.org/5vdgmf
March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

WONCA ENDORSED EVENTS

02 Nov **World Federation for Mental Health**
- 05 Nov **congress**
2017 New Delhi, India

MEMBER ORGANIZATION EVENTS

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

02 Sep **Hong Kong College 40th Anniversary**
- 03 Sep **conference**
2017

12 Sep **AAFP Family Medicine Experience**
- 16 Sep San Antonio, USA
2017

22 Sep **The 4th China National Congress on**
- 24 Sep **General Practice**
2017 Chengdu, China

12 Oct **RCGP annual primary care conference**
- 14 Oct Liverpool, United Kingdom
2017

19 Oct **XIX Chilean Family Medicine Annual**
- 21 Oct **Conference**
2017 Valdivia, Chile

26 Oct **RACGP GP17**
- 28 Oct Sydney, Australia
2017

02 Nov **EURIPA Rural Health Forum**
- 04 Nov Crete, Greece
2017

02 Nov **7th EURIPA Rural Health forum**
- 04 Nov 7th EURIPA Rural Health forum
2017

08 Nov **Family Medicine Forum / Forum en**
- 11 Nov **médecine familiale**
2017 Montreal, Canada

05 Apr **Congress of General Practice France**
- 07 Apr Paris, France
2018