

# WONCA News

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## From the President: Behind the scenes



*Photo: Audience interaction in Rio - Past Presidents Chris van Weel (left) and Göran Sjönell (right) in the front row.*

Life as the new President has been quiet geographically but busy online. There is an odd tension between leadership and service, where the responsibility to 'keep moving and improving' is set against the ordinary repetitions of daily life. In fact, as family doctors our most important work is that which we do again and again, in our consulting rooms and clinics, with patients and colleagues – or with our students and residents, helping them to gain knowledge and skills in small steps that build to a whole.

So as I have sat with my laptop, surrounded by half-packed Christmas presents, or piles of post-vacation washing, I have tried to balance the need to think big and keep the momentum of Rio going, with a respect for the things that need revisiting and refreshing. I have read the ideas and developments coming in after Rio from our regional Presidents, our Working Parties and SIGs, and many others with new and exciting ideas that can take family medicine forward, in spite of the barriers we sometimes face. I have been to two retirement parties, and seen both patients and doctors weep as they marked the end of a long period of mutual caring and support through various challenges. And I have read a pile of medical journals – moved a couple of articles through to publication – filled in some of my electronic files for my upcoming appraisal – helped two of my postgraduate students develop their research proposals for Masters and PhD – and talked with friends, about the problems



*Photo: Amanda Howe initiated a small group discussion on membership as part of the WONCA World Council meeting.*

My priorities (thought leadership, membership engagement, building the family doctor workforce, equity) are being actively pursued – this month's newsletter also features our first 'guest' policy bite, from the Besrouer Center in Canada, and this will be followed by contributions from the UK's Royal College of

facing my own country, and many others.

Soon the external advocacy and travel starts again. We are already putting together the programme for our next visit to WHO in two weeks time, and formulating statements through which we hope both to make our priorities known and to influence thinking around

key issues such as the medical workforce (more family doctors!) and migrant health. I am also going to the Organisation for Economic Cooperation and Development meeting on 'The Future of Health' in Paris, which no doubt will be full of wise words but will, I hope, lead to some new collaborations for action on the primary health care workforce.

WONCA conferences begin again soon, with the [East Mediterranean region congress](#) in early March. Our India member organization holds its conference in three weeks' time (the CEO will attend their national meeting), and I shall be a keynote speaker at the prestigious 'Towards Unity for Health' conference in April, and the diary is already filling up with other meetings later in the year.

GPs, then the Robert Graham centre in the USA.



*Photo: Amanda speaking on leadership in Rio*

We have our first WONCA executive meeting in late March, where we shall pick up the important theme of helping each region to link effectively with their members, and (perhaps as important) help those countries where family medicine is not yet strong enough to have a presence in WONCA. And we all need

to keep vigilant about resources and government strategies – each of us being a leader at whatever level we can, speaking up for those whose needs cannot be met without change and funding, and being alert to factors that can strengthen or weaken family medicine.

The stepping stones to success are through good practice which is accessible and affordable to all who need them; better training and teaching opportunities; and positive workforce initiatives that help make sure that family doctors are available to all communities, including poorer and more distant communities where it can be hard to work. I am proud of our work, and look forward to hearing, and seeing, more of you in 2017.

Stay well.  
Amanda Howe  
President

## De La Presidenta: Entre bastidores

La vida como nueva Presidenta de WONCA ha sido, de momento, bastante tranquila desde un punto de vista geográfico, pero bastante ajetreada en la red. Existe una extraña tensión entre liderazgo y servicio, mediante la cual la responsabilidad de “seguir moviéndose y seguir mejorando” es lo que está establecido para luchar contra las repeticiones de la rutina diaria. En realidad, como médicos y médicas de familia, nuestro trabajo más importante es el que hacemos una y otra vez, en nuestras consultas y clínicas, con nuestros pacientes y colegas – o con nuestros estudiantes o residentes, ayudándoles a obtener poco a poco más conocimientos y habilidades, por partes que van construyendo un conjunto.

Así que, en el momento de sentarme ante mi ordenador, rodeada de algunos regalos de Navidad aún por abrir, así como por notables montones de ropa para lavar tras las vacaciones, he intentado poner una cierta armonía a la necesidad de pensar con perspectiva y recordar los acontecimientos sucedidos en Río de Janeiro, intentando respetar todos los elementos que necesitan ser recordados y actualizados. En ese sentido, he estado leyendo las ideas y los progresos

que han ido sucediendo tras el Congreso de Río y que me han llegado de nuestros Presidentes regionales, de nuestras Secciones y Grupos de Trabajo de Interés Especial y de muchas otras personas que traen nuevas y apasionantes ideas para llevar la Medicina de Familia más lejos, a pesar de las muchas barreras que tan a menudo tenemos que superar. Recientemente he asistido a dos fiestas de jubilación, y he visto tanto a los pacientes como a los médicos llorar en el momento de poner punto y final a un largo periodo de cuidado y apoyo mutuo a través de los diversos retos de la vida. También he estado leyendo algunos de los muchos periódicos médicos – seleccionando algunos de sus artículos para una próxima publicación – que se acumulan entre mis archivos digitales para que los valore (estoy ayudando dos de mis estudiantes de postgrado a desarrollar sus trabajos de investigación de fin de Máster y Doctorado) y he hablado con mis amigos acerca de los problemas que afectan a nuestro país, así como a otros países.

Muy pronto las obligaciones exteriores y los viajes empezarán de nuevo. Ya hemos finalizado la compilación del programa para

nuestra próxima visita a la Organización Mundial de la Salud en dos semanas, y hemos estado elaborando documentos a partir de los cuales esperamos tanto dar a conocer nuestras prioridades como influir en el pensamiento global acerca de cuestiones clave tan importantes como el personal médico (necesitamos más médicos y médicas de familia) o la salud de los inmigrantes. También voy a estar en el encuentro de la Organización para la Cooperación Económica y el Desarrollo que tratará la “Salud del Futuro” en París, que, sin ninguna duda, se llenará de palabras sabias y de buenas intenciones que también, espero, pongan en práctica nuevas colaboraciones y acciones para apoyar al personal de Atención Primaria.

Los congresos de WONCA empezarán de nuevo pronto, con el de [la región del Este del Mediterráneo](#) (EMR) a principios de marzo, y el de nuestra organización miembro de la India en tres semanas (el Presidente Ejecutivo asistirá a su Congreso nacional). También participaré como oradora en el prestigioso encuentro “Hacia la Unidad en Salud” que tendrá lugar en abril, y la agenda se sigue llenando con otras citas y encuentros para este año.

Persigo activamente el cumplimiento de mis prioridades (reflexión acerca del liderazgo, compromiso de las organizaciones miembro, construcción del personal de médicos de familia, igualdad...), este mes, en nuestro newsletter también se identifica a nuestro primer invitado a los Fragmentos de política, un invitado del Centro de Salud de Besroun en Canadá, esta colaboración estará seguida por otras, como la del Real Colegio de Médicos de Reino Unido y del Centro Robert Graham de los Estados Unidos.

Tenemos nuestra primera reunión ejecutiva a finales de marzo donde recogeremos información sobre el tema crucial de cómo ayudar a las regiones a relacionarse de forma efectiva con sus miembros, y (tal vez igual de importante) ayudar a aquellos países en los que la Medicina de Familia no es lo suficientemente fuerte para estar presente en WONCA. Y todos y todas necesitamos mantenernos vigilantes acerca de los recursos y las estrategias de los Gobiernos – cada uno de nosotros liderando a cualquier nivel que le sea posible, hablando claro y fuerte por todos y todas aquellos y aquellas que no pueden ser atendidos y atendidas sin un cambio de políticas y con más recursos, y prestando mucha atención a aquellos elementos que puedan afectar la fortaleza y debilidad de la Medicina de Familia.

Los pasos que nos llevarán al éxito son aquellos relacionados con la buena práctica clínica, la práctica clínica que es accesible y asequible para todo el mundo que nos necesita; mejores oportunidades de formación y aprendizaje; e iniciativas de personal sanitario en positivo, que ayuden a asegurar que los médicos de familia estén disponibles para todas las comunidades, también aquellas más pobres y más remotas con las que es más difícil de trabajar. Estoy orgullosa de nuestro trabajo y espero oírlos, verlos y escucharlos a más de vosotros y vosotras este 2017.

¡Cuidaos!  
Amanda Howe  
Presidenta

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

## Du Président: En coulisse

Ma vie de nouvelle présidente a été calme géographiquement mais mouvementée en ligne. Il y a une tension étrange entre leadership et service avec la responsabilité de faire avancer les choses et de les améliorer sur la toile de fond des routines ordinaires de la vie quotidienne. En fait, en tant que médecins de famille, notre travail le plus



important est ce que nous faisons continuellement, dans nos salles de consultation et nos cliniques, avec patients et collègues - ou avec nos étudiants et résidents lorsque nous les aidons à acquérir savoir et aptitudes par petites étapes qui aboutiront à un tout.

Ainsi, assise avec mon

ordinateur portable, entourée de cadeaux de Noël à moitié déballés ou de piles de linge datant des vacances, j'ai essayé d'équilibrer la nécessité de voir grand et de maintenir l'élan de Rio en ce qui concerne les aspects à revisiter et à renouveler. J'ai lu les idées et les développements qui me sont parvenus à la suite de Rio de la part de nos présidents régionaux, de nos groupes de travail et des SIGs et de beaucoup d'autres avec de nouvelles idées passionnantes qui peuvent faire avancer la médecine familiale malgré les obstacles que nous devons parfois affronter. J'ai assisté à deux fêtes de départ en retraite, et j'ai vu des patients et des médecins verser des larmes dans ces moments marquant la fin d'une longue relation de soin et de soutien face à divers défis. Et j'ai lu une pile des journaux médicaux - placé quelques articles à publier - complété certains de mes dossiers électroniques pour mon évaluation prochaine - aidé deux de mes étudiants postuniversitaires à développer leurs projets de recherche pour leur maîtrise ou leur doctorat - et j'ai bavardé avec des amis au sujet des problèmes de mon pays et de beaucoup d'autres choses.

Bientôt il faudra se remettre au travail de communication extérieure et aux voyages. Nous organisons déjà le programme pour notre prochaine visite à l'OMS dans deux semaines et élaborons les déclarations par lesquelles nous espérons à la fois faire connaître nos priorités et influencer la pensée quant aux questions importantes telles que celles des effectifs médicaux (plus de médecins de famille !) et de la santé des migrants. Je vais également me rendre à une réunion de l'Organisation pour la coopération économique et le développement à Paris sur 'Le futur de la santé' qui sera sans aucun doute plein de propos empreints de sagesse mais qui, je l'espère aussi, mènera à quelques nouvelles collaborations pour l'action quant au personnel de santé primaire.

Les conférences de WONCA recommenceront bientôt avec notre région du Moyen Orient au début mars et avec notre organisation membre d'Inde dans trois semaines (le PDG assistera à leur réunion nationale). Je serai conférencière principale à la conférence prestigieuse 'Vers l'unité pour la santé' en

avril, et mon calendrier se remplit déjà avec d'autres réunions prévues pour plus tard dans l'année.

Mes priorités (leadership intellectuel, participation des adhérents, établissement des effectifs médicaux, équité) sont activement poursuivies- le bulletin de ce mois présente aussi notre première politique du Centre Besrou au Canada qui sera suivie des contributions de UK Royal College of GPs, puis du Centre Robert Graham aux Etats-Unis.

Nous tiendrons notre première réunion du comité directeur en mars, réunion à laquelle nous traiterons du thème important de l'aide aux régions pour la communication efficace avec leurs membres et (point peut-être aussi important) de l'aide aux pays où la médecine familiale n'est pas encore assez forte pour avoir une présence au sein de WONCA. Il nous faudra aussi être vigilants au sujet des ressources et des stratégies gouvernementales - chacun de nous en tant que représentant à quelque niveau que ce soit, défendant ceux dont les besoins ne peuvent être satisfaits sans changement et subventions, et conscient des facteurs qui peuvent renforcer ou affaiblir la médecine familiale.

Les étapes menant au succès consistent en une bonne pratique accessible et abordable à tous ceux qui en ont besoin, de meilleures possibilités de formation et d'enseignement et des initiatives positives afin de garantir l'accès des médecins de famille pour toutes les communautés y compris les plus pauvres et les plus éloignées où il peut être difficile de travailler. Je suis fière de notre travail et j'attends de vos nouvelles avec intérêt en 2017.

Bonne santé.

Amanda Howe  
President.

*Traduit par Josette Liebeck  
Traductrice professionnelle anglais-français  
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## From the CEO's desk: new special interest groups



*Photo: Some WONCA Working Party and SIG chairs and members of WONCA executive in Rio.*

Greetings to all WONCA members from the WONCA Secretariat in Bangkok. We wish all members a very happy and successful 2017, and we hope to meet as many of you as possible at WONCA events throughout the year.

In last month's article I reported that Council had endorsed the establishment of six new WONCA Special Interest Groups (SIGs) for the triennium. Well...that in fact should have been seven, so my apologies to the WONCA SIG on Quaternary Prevention for failing to mention them.

WONCA is blessed with many Working Parties (WPs) and SIGs which work between world council meetings to progress specific areas of interest to WONCA and its members around the globe. These groups comprise hundreds of family doctors who meet at world conferences, sometimes more often, and in between they work by correspondence. Over the years they have carried out groundbreaking studies and research, and have produced a variety of important publications. These seven new SIGs thus add to WONCA's portfolio of special groups which offer members a chance to collaborate with others with a shared interest, and with the aim of enhancing WONCA's knowledge base and

expertise.

This month and next I will feature some of these new SIGs, to give members a flavor of where their interest lies, and give details of how to join the groups for anyone who shares their interests. And, having omitted Quaternary Prevention from last month's list, let's start with them:

### **Quaternary Prevention**

"Medicine increasingly focuses on the problems that result from an excess of medical care, in particular overscreening and overdiagnosis. In a new framework or paradigm, based on patient doctor relationships, quaternary prevention (P4) describes the protection of patients from diagnostic tests, interventions and treatments that offer no benefit for overall morbidity or mortality for the individual, and may cause physical or psychological harm. It includes the protection of patients from misled well-meaning doctors and from a system in which the commercial interests of pharmaceutical and diagnostic companies, and governments working in a marketised model of health care, that can distort care, medicalize normal life and waste resources". Jamouille M, Mangin D (not published).

The original definition of Quaternary Prevention was formulated in 1986 *Action taken to identify patient at risk of overmedicalization, to protect him from new*

*medical invasion, and to suggest to him interventions, which are ethically acceptable.*

Quaternary prevention provides a complex but necessary approach oriented to provide person-focused care; promote equity in healthcare; prevent over-diagnosis, unnecessary interventions, and avoid harm: and so, in few words, to humanize medicine. All the efforts within this global movement combine ethical sustainability with critical thinking, to oppose the vision of health as a commodity.

Convenor of the SIG is Miguel Pizzanelli of Uruguay. He can be contacted on [miguelpizzanelli@gmail.com](mailto:miguelpizzanelli@gmail.com)

### **Non Communicable Diseases (NCDs)**

NCDs account for over 63% of deaths in the world today. Every year, NCDs kill 9 million people under 60. The socio-economic impact is staggering. Global leaders met at the United Nations General Assembly in New York on 19th and 20th September 2011 in a High-level meeting on non-communicable disease prevention and control, and set a new international agenda on NCDs (UN General Assembly. Sixty-sixth session. Agenda item 117, Resolution 24 January 2012). This was only the second time in the history of the UN that the General Assembly met on a health issue (the last issue was AIDS). The aim was for countries to adopt a concise, action-oriented outcome document that will shape the global agendas for generations to come.

Sustainability of health systems regarding NCDs implies that a new approach is needed. This approach includes prevention, continuity of care and integration of care; these are values of family medicine. Improving care for patients for NCDs means improving Family Medicine and Primary Health Care. The Declaration pursues a comprehensive strengthening of health systems that support primary care recognizes the importance of universal coverage in national health systems, especially through PHC.

Chair of this SIG is Dr Domingo Orozco Beltran of Spain. He can be contacted on [signcds@wonca.net](mailto:signcds@wonca.net)

### **Health Equity**

There is a clear link between poverty and poor health. And health inequities are not simply

dichotomously distributed among the rich and the poor but also occur within socioeconomic classes. A wealth of evidence by Barbara Starfield and her colleagues have shown repeatedly the strength of a country's primary health care system was found to significantly improve determinants of population health even after controlling for determinants of population health both at the macro-and micro-levels. At the same time, many areas such as the provision of health promotion and preventive services from the perspective of "equity in health care services" are not explicitly addressed by general practice.

There is an indissoluble link between health equity/ social justice and our success as a discipline in making a difference for our patients that heavily relies on all frontline doctors and health professionals to advocate for greater socioeconomic equity and the health rewards that would follow. On working with marginalised community, the incoming WONCA President, Prof Michael Kidd, remarked in his keynote speech in Prague in 2013, "As family doctors we have social responsibilities. Each of us needs to be an advocate for social justice and human rights... We need to speak out for what is right, to say "this is not OK", and in so doing contribute to social change." And the benefits of this approach are mutual: "The perceived rewards that support and sustain our continuing engagement include the motivation presented by the challenges, feeling that we are able to make a difference, and enhanced professional identity as a result of our meaningful work."

Convenor of the SIG is Dr William Wong of Hong Kong. He can be contacted on [sighealthequity@wonca.net](mailto:sighealthequity@wonca.net)

### **Genetics**

Advances in genetics and genomics research are not reaching clinical practice in primary care. There are several examples of these advances being translated into secondary specialist care whilst there remains barriers to implementation in primary care, such as lack of knowledge, skills, decision support tools, and organisational issues. It is only through collaborations between interested primary care practitioners, genetic clinical specialists, genomic health service researchers, educationalists and knowledge transfer experts to develop new approaches to implement genomic advances into primary

care.

A WONCA affiliated group provides one of the few practical platforms for achieving this. This group aims to raise the profile of genomic advances and traditional clinical genetics into primary care through both translational health service research and educational activity.

Convenor of this SIG is Professor Imran Rafi of UK. He can be contacted on [siggenetics@wonca.net](mailto:siggenetics@wonca.net)

I will feature several of the other WONCA SIGs next month, but of course full details of

all WONCA WPs and SIGs is always available via the [WONCA website](#).

Until next month  
Garth Manning (CEO)

The following Working Parties and Special Interest groups have new reports online since Rio:

- > [WICC](#)
- > [Mental health](#)
- > [Research](#)
- > [Cancer and Palliative Care](#)
- > [NCDs](#)

## WONCA Awards 2016 - winners

At the WONCA World conference in Rio, various WONCA award winners were announced. Many winners are well known leaders in WONCA and family medicine.

### WONCA Fellowships

The Fellowship of WONCA is WONCA's most prestigious award. It is awarded to individuals who have rendered outstanding service to the WONCA organization. The WONCA Fellowship was awarded to:

[Dr Iona Heath - UK](#)

Prof Bob Higgins - USA

[Prof Gabby Ivbijaro - UK](#)

[Prof Janko Kersnik - Slovenia \(posthumous\)](#)

Prof Nabil Kurashi - Kingdom of Saudi Arabia

[Dr Francine Lemire - Canada](#)

[Prof Christos Lionis - Greece](#)

[Prof Job Metsemakers - Netherlands](#)

[Dr Dan Ostergaard - USA](#)

[Dr Ramnik Parekh - India](#)

[Dr Marc Rivo - USA](#)

[Prof Richard Roberts - USA](#)

Dr Goran Sjonell - Sweden

[Dr Preethi Wijegoonewardene - Sri Lanka](#)

### WONCA Individual Life Membership

Honorary Life Direct Membership is awarded in recognition of contributions to the work of the WONCA Organization and/or to general practice/family medicine on a world basis.

Prof Taghreed Farahat - Egypt

Prof Sir Andrew Haines - UK

[Prof Michael Kidd - Australia](#)

Prof Waris Qidwai - Pakistan

### WONCA Five Star Doctor Global Award

Dr Atai Omoruto - Uganda (posthumous)

[Read more about Atai's contribution](#)



## Policy bite from Canada : Advocating for Family Medicine internationally.

*This month's Policy Bite is our first 'external invite' and has been written by Professor Katherine Rouleau of the Besrou Centre, which is linked with our WONCA Member Organization - the College of Family Physicians of Canada. Prof Rouleau's submission shows how a member organization can try to impact on government through participating in an official consultation. We are grateful to her for sharing their example and thinking. Prof Amanda Howe, President.*

### The Policy Document

The Government of Canada has recently undertaken a public review and consultation to renew Canada's international assistance policy and funding framework. The Besrou Centre of the College of Family Physicians of Canada submitted a response which highlighted the strengthening of global family medicine and primary care as a key element of Canada's international development policy, and as a key pathway to health equity.

[Link to response document](#)

The response took into account aspects of the country's political context – a recent election which brought forward key questions about the role Canada could and should play on the global stage, including the need to focus on women, and girls (including adolescent girls). The submission highlights the relevance and potential contribution of robust family medicine to a number of global health strategies. These include:

- the integration of the health agenda for women, adolescent girls, and girls beyond vertical programs, into a comprehensive health care approach;
- health systems strengthening and resiliency;
- the ability to address the emerging double burden of communicable and non-communicable diseases;
- the achievement of the Sustainable Development Goals;
- and the need to close the gap in human resources for health.

Ultimately, the impact of this submission on the health of individuals and communities around the world and on the ability of global

family medicine to fulfil its potential, lies in our own ability, as a family medicine community, to present a coherent and well coordinated voice to beckon and guide the development of evermore robust and effective family medicine globally.

### Extract from Response document:

*A strong primary health care system translates into healthy women, girls and children. In order to address inequity, robust primary care systems and family medicine must be developed to not only address the health needs of women, girls and children, but to do so in an integrated manner, anchoring care around the individual and the family for life and across all health issues. When a strong primary health care system is in place, women, girls and children receive all or most health services from a single point of service where they are known to the providers. Family medicine-oriented models of care, for example, can support pregnancy follow-up and delivery, provide quick in-time referrals, manage common and deadly children ailments, diarrheal, acute respiratory infections and malaria, early in the course of the illness and close to the patient's family.*



### The Message

We share this with WONCA members in the hope that it shows how to describe family medicine as a necessary and key element of global health and international development efforts - an essential offering of robust health systems. It also paves the way for other low, middle and high income countries to similarly demand that family medicine be included as

an essential pillar of health systems strengthening.

## The Authors

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The Besroul Centre wishes to acknowledge Dr. Francois Couturier of Université de Sherbrooke and Ms Ophelia Michaelides of

the Besroul Centre for their contribution to the original document.

[More about the Besroul Centre](#)

## Feedback

Comment and questions are very welcome - these can be addressed to [krouleau@cfpc.ca](mailto:krouleau@cfpc.ca)

Or join the online discussion under "Policy Bites"

[Login to the WONCA discussion forum](#)

[Join the WONCA discussion forum](#)

## Fragmentos de política desde Canadá – defendiendo una Medicina de Familia internacional

*Este mes, el artículo de Fragmentos de Política recibe nuestra primera "invitada externa" y ha sido escrito por parte de la profesora Katherine Rouleau del Centro Besroul, que está en contacto con nuestra organización miembro WONCA, el Colegio de Médicos de Familia de Canadá. La presentación de la profesora Rouleau nos muestra como una organización miembro puede intentar influir sobre el Gobierno a través de la promoción de una consulta oficial. Le estamos muy agradecidas de que haya compartido con nosotras sus ejemplos y sus pensamientos.*

Amanda Howe  
Presidenta de WONCA

El Gobierno de Canadá ha analizado recientemente la posibilidad de hacer una revisión y someter a consulta el marco de trabajo de la Política Internacional de Asistencia sanitaria de Canadá. El Centro Besroul que forma parte del Colegio de Médicos de Familia de Canadá propuso una respuesta en que destacaba la fortaleza global de la Medicina Familiar y la Atención Primaria como un elemento clave de la política de desarrollo internacional de Canadá, y como un elemento clave en el camino a seguir para la equidad en salud.

Documento de la respuesta del Gobierno de Canadá ([Consúltalo completo siguiendo el enlace en inglés](#))

La respuesta tuvo en cuenta aspectos del contexto político del país – la reciente elección que puso de relieve cuestiones clave acerca del rol que Canadá podría y, sobretodo, debería jugar en el escenario

global, recalcando la necesidad de focalizarse en las mujeres y niñas (y también las chicas adolescentes). La presentación destaca la relevancia y el potencial de contribución de una Medicina Familiar fuerte dentro de un amplio abanico de estrategias de salud globales. Estas son:

- La integración de la Agenda sanitaria para mujeres, chicas adolescentes, y niñas más allá de los "programas verticales", hacia una asistencia sanitaria integradora.
- Sistemas sanitarios más fuertes y resistentes;
- La habilidad de dirigir la carga de enfermedades comunicables y las no-comunicables.
- El cumplimiento de los Objetivos Globales para el Desarrollo Sostenible.
- Y la necesidad de cerrar la brecha que existe respecto a los recursos humanos para la salud.

Finalmente, el impacto de esta declaración de intenciones en la salud para las personas, las comunidades humanas en todo el mundo y la capacidad de la Medicina de Familia a nivel global para llegar al máximo de su potencial, reside en nuestra propia habilidad, en tanto que comunidad de Medicina Familiar, para presentar una voz coherente y bien coordinada y llamar a una reacción, así como para guiar el progreso hacia un desarrollo todavía más fuerte y efectivo de la Medicina Familiar a nivel global.

Dr Katherine Rouleau  
Pueden hacerse comentarios y preguntas a la autora del text aquí: [krouleau@cfpc.ca](mailto:krouleau@cfpc.ca)

Traducción: Pere Vilanova, (semFYC) -

## WONCA region news

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### Anna Stavdal's vision for WONCA Europe

*Anna Stavdal of Norway is the new president of WONCA Europe. IN WONCA Europe's most recent newsletter, she outlines her plans for the region for the coming three years and importantly states "we need to be recognized by colleagues and politicians as key players of the primary care team".*



Family doctors of the world recently gathered at the WONCA World conference in Brazil. Despite the considerable cultural and socio-economical differences, once again, it was evident that as family doctors we share the same goals, and face the same core challenges all over the world.

To provide our populations with primary medical care of high quality, we need to be recognized by colleagues and politicians as key players of the primary care team.

In Rio de Janeiro, the new executive board of WONCA Europe was elected, and I commenced working as your president for the next term. I feel honoured to be the chair of our new executive board, consisting of such competent colleagues, most whom have clinical work as the main part of their professional life: a regular contact with patients is a constant reminder of the reason why we spend time and energy on working together in WONCA.

The new executive will present the working plan for the next triennium to the member organisations in the council meeting in Prague in June of next year. However, I can already mention some tasks that, for sure, will be on our agenda:

**• Let's develop WONCA Europe and create synergies!**

We need to develop our organisation further. WONCA Europe carries out a broad range of activities in networks and special interest groups. Some of them are overlapping, and some others are not effectively communicated or shared. We will explore ways to improve internal communication to encourage

cooperation and mitigate unproductive firewalls between the different parts of our organisation.

**• We want the ordinary European family doctor to know WONCA Europe!**

And to do so, we need you, the member organisations, to promote and explain what we are doing, and recruit colleagues to activities and

meeting places.

A communication strategy is on the top of the to-do-list of the new executive.

**• We will develop the WONCA Europe conferences!**

Our annual conferences represent the main arena where WONCA Europe representatives meet with the family doctors of Europe. We would like to provide conferences of high quality, for clinicians, as well as academics. For that, the WONCA Europe council has decided to establish a longitudinal conference committee to ensure continuity and transition of experience among the conferences. The new executive will make a commitment to support the committee, focus on content, and make the conferences accessible, as much as possible, for all.

**• Exert political influence where it counts!**

To achieve recognition of the importance of family medicine for the health of the European population, WONCA Europe needs to exert political influence. Over the last years we have strengthened our link to WHO Europe. For instance, at the WHO Regional Committee for Europe meeting in Copenhagen in September this year, WONCA Europe, with the support from other NGOs, submitted two statements on the topics of refugee and migrant health and strengthening people-centred health systems.

Moreover, in 2017, the anniversary of the Alma Ata Declaration on primary care takes place, and WHO Europe is establishing a Centre for Primary Health Care in the city of Kazakhstan. The aim of the centre is to provide evidence-based policy advice to member states for the continuous

development of primary health care in line with the Alma Ata Declaration. WONCA Europe, by the president, has accepted the invitation to

be represented at the Advisory Board of the new centre.

[View WONCA Europe's latest newsletter](#)

## Vasco da Gama presidential handover - Reflections

*Reflections from Peter Sloane, VdGM President as he finishes his time in the role and hands over to Claire Marie Thomas*



Having had the huge privilege to serve as President of the Vasco da Gama Movement for two and a half years, it gives me a deep

sense of pride to look back on what was an extremely challenging and exciting period, but ultimately one which proved to be tremendously rewarding, engaging, stimulating and invigorating. A time I will never forget.

It is an exceptional honour to be elected by one's peers to serve in a role such as President, and having a team of professional, dedicated and enthusiastic colleagues to work with in representing young European GPs was of crucial importance. In July 2014, following my election at WONCA Lisbon, I found myself with very big shoes to fill, having taken over from Harris Lygidakis (who has since gone on to bigger and better things as Secretary of WONCA Europe). Harris had proven to be an inspirational leader and tough act to follow. However, for my entire term as President I was fortuitous in having amazingly enthusiastic and talented Executive and Council colleagues to work with. I owe a debt of gratitude to them all.

At the outset of my term I did have a vision of what I wanted to achieve with VdGM. One very important goal was parity of esteem as a full Network within WONCA Europe. By personally getting onto the stage of WONCA Europe Conferences, engaging more closely with the other Network Leads, and by promoting and supporting closer ties and collaboration between us, this important aspiration became a reality at WONCA

Istanbul in October 2015.

*Signing the "Lisbon Declaration", July 2014. (left to right, João Sequeira Carlos, Job Metsemakers, Peter A Sloane)*

In February 2014, the vision of a previous VdGM Executive came to fruition with the First



VdGM Forum taking place in Barcelona. On taking office I wanted to ensure that this standalone unique event was bedded down. It was therefore deeply satisfying that at the end of my term of office, plans are in place for the fifth Forum to take place in Porto in early 2019. Not only that, but I am proud that during my tenure, VdGM developed the expertise, cultural knowledge, and experience, to deliver high quality educational and scientific meetings at extremely low cost; perhaps this expertise is something that WONCA as an organisation could and should harness.



*The VdGM Executive hard at work in Dublin (August 2014) planning for the Second VdGM Forum which would take place in Dublin in February 2015.*

Enhanced collaboration with the other WONCA Europe Networks and WONCA SIGs

was another ambition, and although progress was certainly made, perhaps not as much as I had hoped. This most likely reflects the altruistic nature of everyone involved in VdGM and that there simply isn't enough time to achieve all that is desired! This activity came under the banner of the VdGM Beyond Europe Group. Perhaps one of the achievements of which I am most proud and yet may be least well known is that during my term and with my very personal support and encouragement, a VdGM Interest Group in Mental Health was established; this is an often forgotten yet extremely important area for Family Doctors and I am delighted that the group is going from strength to strength more than two years after its establishment.



*The VdGM Preconference, Copenhagen, June 2016.*

Research and education are core components of VdGM activity and during my tenure we aimed to increase this. Ultimately, this manifested with 26 workshops, seminars and presentations being delivered under the VdGM banner at WONCA Copenhagen. Alongside this, I was delighted that during my two and half years, the Exchange Programme that is again at the heart of VdGM went from strength to strength. VdGM was also at the forefront of Social Media developments in WONCA, and I had the great privilege to write the foreword for a collaborative Social Media ePDF, "The Vasco da Gama Movement Compass: Navigating the Sea of Soci@l Media". We were particularly proud that in late 2015 Michael Kidd shared this guide with the United Nations High Level Panel on Health Technologies!

Two new VdGM Prizes were created during my Presidency, the "Being Young Staying Young Award", and the "Fons Sips Outstanding Achievement Award", the second being in memory of Fons Sips, one of the founding fathers of VdGM who sadly died in mid 2016. By creating an award in his honour I feel that his crucial role in the birth of VdGM will not be forgotten.

Other highlights of my term of office were the first meeting of the Global YDM Leads that took place in Istanbul, and my personal interactions with inspirational Mentors such as Michael Kidd, Amanda Howe, Job Metsemakers, Anna Stavdal and Per Kallestrup.

However, the singular most rewarding, humbling and awe-inspiring aspect of my time in office was that I got to meet many 100s and 1000s of New and Future Family Doctors from Europe and all over the world. In the work they do, the contribution they make, and the passion, determination, drive and enthusiasm they display for Family Medicine they made me feel rather inadequate as I strove to do my best to represent their interests, aspirations, goals and dreams within WONCA. They made my job easy, made it a privilege, honour and an experience I will never forget. To each and every one of you, and to all the colleagues I met along the way, I thank you from the bottom of my heart and leave you with an old Irish blessing.

*May the road rise up to meet you.  
May the wind always be at your back.  
May the sun shine warm upon your face,  
And rains fall soft upon your fields.  
And until we meet again,  
May (your) God hold you in the palm of His hand.*

by Dr Peter A Sloane, President, the Vasco da Gama Movement (July 2014 to December 2016)  
Carraroe, Galway, Ireland, January 2017



## Working Parties and Special Interest groups

### Rural round up: The development of the Rural Family Medicine Café

*Mayara Floss is a keynote speaker at the WONCA World Rural health conference coming to Cairns, Australia from 29 April- 2 May 2017. She created the Rural Family Medicine Café to provide a forum to discuss Rural Health and has now written a "how to" manual so others can expand on the Rural Café movement*

As of this January, the project [Rural Family Medicine Café](#) has completed 16 "Café" activities.

At the most recent "café" there was great participation in discussing "Rural Research". Noni MacDonald, David Hogg, Bianca Silveira and myself were present on the videoconference. We had interesting inputs from Facebook and from twitter with the hashtag #ruralcafe – we discussed the issues of outcomes and challenges of rural research, including cultural competence in research, micro research, "research for who?" Please watch the "café" by clicking on the screen clip which shows Noni MacDonald sharing her experience in microresearch in Africa, having been invited to participate by Joy Mugambi.

Amber Wheatley, one of the coordinators of the project is organising some research about the project for us in order to measure the impact of more than one year of "café" activities.

Finally, I am really happy to share with you a manual that I have written about "How to do a



Rural Café". In this manual we have 15 steps teaching you how to organise and facilitate a Rural Café. The idea is to improve the access to these discussions and technology , thereby hopefully increasing local Rural Cafés in local languages and discussing local community issues in rural health.

[How to do a Rural Café - the manual](#)

I hope you enjoy it! Best,  
Mayara Floss

Follow the next Rural Cafe about the [Rural Medical Education Guidebook](#), more information here:

<https://www.facebook.com/events/1828374997445210/>

Like the Rural Cafe page on Facebook for more information:

<https://www.facebook.com/ruralfamilymedicinecafe/>

#### Who is Mayara?

*Mayara Floss is an undergraduate student of medicine at Federal University of Rio Grande (FURG) in Brazil. She is the co-creator of project 'Health Education League' based on the Freirean principles and co-empowerment of communities and students. In 2015 she created the [Rural Family Medicine Café](#) to provide a forum to discuss Rural Health – a forum for students, young doctors and experienced professors and GPs from all world. She is the student representative of the WONCA Working Party on Rural Practice. She also co-created with Pratyush Kumar the project '[Rural Health Success Stories](#)' and writes a weekly blog of Popular Education, Arts and Health - the [Ferry Street of 10](#)*

*Mayara Floss is a keynote speaker at the WONCA World Rural health conference coming to Cairns, Australia from 29 April- 2 May 2017.*



## WICC report 2015-16



*Thomas Kühlein of Germany is the new chair of WICC - the WONCA International Classification Committee. He is also this month's [featured doctor](#). In this article he outlines the past year's work of the WICC and also explains all those*

*acronyms relating to classification.*

### WICC and classification explained

WICC is the [WONCA International Classification Committee](#), the oldest working committee of WONCA. The WICC currently has 45 members from 29 countries.

A classification is much more than the annoying outflow of bureaucrats. Instead it is a tool to separate the fuzzy world into disjunctive categories in order to make it countable and statistically describable. The data which emerge can be used for many different purposes. The first and foremost use should be the practising physician's wish and need to know about the quality of care provided. Furthermore the data can be used for research in primary care (PC). In terms of professionalism both are central issues. The classification used most widely in the world is the International Classification of Diseases (ICD), provided by the WHO. The ICD is far too big and complicated on the one side and not specific enough on the other for use in PC. Therefore the major activity of WICC is the updating and further development of the International Classification of Primary Care (currently ICPC-2). However, the WICC is not the ICPC-committee, but WONCA's classification committee, which means that for example, work is also done concerning the development of a primary care linearization (classification) of ICD-11. There are also members of WICC involved in the special interest group of primary care in IHTSDO. IHTSDO is an international consortium having developed SNOMED-CT (Standardized Nomenclature Of Medicine – Clinical Terminology) another documentation standard. In a general practice special interest group (IHTSDO GP SIG)

WICC members created a PC subset of SNOMED-CT within IHTSDO. Work on PC subsets of the International Classification of Functioning and Disability (ICF) is also done by some members of WICC.

This is all quite confusing in the beginning and it takes time to memorize all these abbreviations.

The WICC has an annual meeting hosted by one of its members. Work done between the 2015 meeting in Hyderabad, India and the 2016 meeting in Turku, Finland was:

- Revision of WICC Policy Document according to the discussions of the previous meetings
- Clearance of the member list of non-active people by insisting on member duties like voting, conflict of interest statements, country reports and meetings attendance
- Ongoing work of the IHTSDO GP SIG – Terminology Group
- Continuing problems with WHO concerning collaboration for ICD-11 PC work. Kees van Boven is leading the PC-group within WHO in order to develop a PC linearization. Work was started but then stopped due to a missing memorandum of understanding (MoU) between WHO and WONCA concerning property rights, licensing and control over content. Kees van Boven and Thomas Kühlein went to the WHO-FIC annual meeting in Tokyo, Japan in order solve the problems concerning this MoU.
- Development of ICPC-3: Progress in the development of ICPC-3 has been slow in the past. The main problem is the volunteer nature of the workforce of WICC. Anybody working on ICPC-3 has enough other tasks without this. Therefore the idea arose to set up a consortium as the basis for receiving grants to support this work and employ people – mainly Kees van Boven – to do the ground work of development to be decided upon by WICC. There have been major discussions on this consortium and the corresponding work-plan for ICPC-3 development. Should these problems be settled, the next steps will be to sufficiently raise funds to support the work. Nothing will strengthen the WONCA position

in the negotiations concerning ICD-11 PC linearization more than ongoing work or best getting ready with the development of ICPC-3. If WONCA wants WICC to have a voice in world standards for classifications useful for primary care, we should urgently get ready with ICPC-3.

## WICC meeting held in Turku, Finland from 10-15 September 2016

- o Thomas Kühlein (Germany) was elected as the new chair of WICC
- o Helena Britt (Australia), Jean-Karl Soler (Malta) and Kees van Boven (The Netherlands) were elected as new members of the executive committee together with the former member Shabir Moosa (South-Africa).
- o Ongoing chapter work in the development of ICPC-3

- o Agreement on major elements of the construction of a consortium to develop ICPC-3

*below photo: WICC meeting in 2016.*

## The WICC action plan 2016/17

The action plan (reduced to the main targets) is to continue the ongoing work:

- o to set up a consortium and raise funds to finish the development of ICPC-3
- o of developing ICPC-3
- o to achieve a MoU with WHO concerning collaboration for the development of ICD-11 PC linearization.

Thomas Kühlein

Chair WICC

[read more about Thomas](#)



## Mental Health Matters - news after Rio

*Prof Chris Dowrick the new chair of the [WONCA Working Party on Mental Health \(WWPMH\)](#) intends a regular series of bulletins ("Mental Health Matters") to keep you all in touch with latest developments and activities for our Working Party. Here is news following on from Rio.*

*For the [WWPMH 2016-18 Activity Plan](#) see separate news item.*

Dear colleagues

### 1. New officers.

I am delighted to welcome Kim Griswold from Buffalo NY as our regional vice-chair for North

America; and Ray Mendez from Chicago as our WONCA young doctors representative. All we need now is a regional vice-chair for South Asia, and our officers' group will be complete.

### 2. mhGAP Training in Rio.

On November 6 and 7, from 9:00 to 17:00h, a course for training trainers on Mental Health Gap Intervention Guide was held in the Social Medicine Institute of the University of the State of Rio. It was led by Henk Parmentier, Jill Benson and Sandra Fortes from the WONCA Working Party for Mental Health. It was sponsored by PAHO-Brazil and organized by LIPAPS/UERJ with support from the Municipal

Health Secretary of Rio de Janeiro. There were a total of 35 participants, including 10 family doctors and nurse residency supervisors and 10 mental health professionals from the Matrix Support Teams, both groups from the Municipal Health Secretary. There were also teachers (Psychiatrists, Psychologists and Family Doctors ) from universities and Municipal Secretaries in the State of Rio de Janeiro, Maranhão, Ceara, Minas Gerais and Brasilia. PAHO was represented by its mental health coordinator, Daniel Elia. There were also managers from the Coordination of Mental Health and from some Programmatic Areas in city of Rio de Janeiro.

The training began with the introductory part from the mhGAP training modules. The development and implementation of psychosocial intervention in primary mental health care was an aspect that was considered especially relevant. Communication skills were also highlighted as important tools in Primary Mental Health Care. The following themes were selected for discussion on Monday afternoon and Tuesday morning: depression, alcohol problems, medically unexplained symptoms (MUS) and anxiety disorders). In these three periods, role playing was frequently used and the students were highly motivated to participate and discuss. Cultural aspects involving the presentation and treatment of these conditions were also reinforced. In the final training period, Henk encouraged participants to present key aspects of the three themes that were discussed: depression, alcohol anxiety with MUS. Two groups presented role play on specific aspects of these disorders and one led a discussion registered on a flipchart. All three groups participated enthusiastically and Henk highlighted the most important aspects to be considered in training.

The slides are being translated into Portuguese. The group was encouraged to use mhGAP interventions in their routine trainings on Primary Mental Health Care.

[> more about mhGAP](#)

### **3. Linking primary care and community resources.**

Juan Mendive, our Treasurer, has agreed to represent the Working Party on an exciting new research project. This project, funded by

the European Commission, is designed to link primary care with community assets in order to promote resilience, well-being and equality. It proposes five key outputs:

- A dynamic and evolving scientific network of experts and stakeholders in social prescribing for mental health
- A database of innovative and successful initiatives in social prescribing from primary care
- A review of social prescribing practices and theoretical framework for programmes
- An evaluation framework for social prescribing initiatives
- A consensus guidance document for implementation and evaluation

This is very relevant to our own vision for primary mental health care. We can look forward to regular updates from Juan as the project progresses.

### **4. GLOW**

I have accepted an invitation from the World Federation for Mental Health to join the steering committee of the GLObal Compact on Millennial Mental Health in the Workplace (GLOW). This is an important initiative on mental health and employment, also supported by WHO and World Bank, and is particularly targeted at young people and small to medium sized companies.

### **5. Integrating mental health and primary care.**

I have also accepted an invitation from WHO to input into the development of a package of guidance on the integration of mental health in primary health care, with special focus on the countries of the Eastern Mediterranean region of WHO. Colleagues from WWPMH EMR are kindly offering me guidance on this very significant policy development, which is likely to have wide implications within and beyond EMR.



With my best wishes to you all,

Chris Dowrick

## WONCA Working Party for Mental Health Activity Plan 2016-18

*Prof Chris Dowrick, new chair of the [WONCA Working Party on Mental Health \(WWPMH\)](#), sets out the activities for the group over the next two years.*

The aim of the working party is to enhance global equity of access to high quality primary mental health care.

Our objectives are to improve internal structures, offer mental health guidance for WONCA members and provide global leadership on primary mental health care.

Activities planned for 2016-18 are:

### 1. Improve WWPMH structures

- Expand membership
  
- Ensure representation across all WONCA constituencies
  - o Regional vice-chairs
  - o WONCA Young Doctors
  - o Mental health liaison
  
- Enhance communication between WWPMH members
  - o Regular e-meetings for WWPMH officers
  - o Regular e-bulletins for all WWPMH members



### 2. Offer mental health guidance for WONCA members

- Advise Executive and Council of relevant primary mental health issues
  
- Encourage primary mental health care input to all WONCA conferences
  
- Enable collaboration with other WPs and SIGs
  
- Develop task groups on specific topics, including:
  - o Core competencies for primary mental health care
  - o Shared learning for primary mental health care
  - o Non-drug interventions for psycho-social distress
  - o Physical health care for people with severe mental illness
  - o Management of medically unexplained symptoms
  - o Mental health care of migrants (with Migrant Care SIG)

### 3. Provide leadership on global primary mental health care

- Advocate for improved primary mental health care on behalf of family doctors and their patients.
  
- Progress the international primary mental health care consultancy.
  
- Promote external collaborations, including with WHO mhGAP, World Psychiatric Association and World Federation for Mental Health.
  
- Work with WHO mhGAP team to develop and disseminate an implementation manual for the integration of mental and behavioural health with primary care.

## SIG on NCDs reports on Rio

*The new WONCA Special Interest Group (SIG) on Non Communicable Diseases (NCDs) has participated in the 2016 Conference in Rio de Janeiro with different activities. Convenor, Dr Domingo Orozco-Beltran reports.*

*If you are interested in joining the SIG please [click here](#).*



### **November, 2, 2016 : Meeting of SIG Members.**

On November 2, a meeting for members of the WONCA SIG NCDs took place in Rio de Janeiro. We talked about how to improve.

- There's a need to write information about our SIG to refresh the webpage.
- We could also collect research papers and publications to create an archive accessible online.
- We shared the idea about creating a position document on NCDs liaison with WHO and to design online learning programs about conceptual models to approach chronic diseases.
- We approved a proposal to organize in Alicante (Spain) an international workshop/symposium about Chronic Diseases Tele-health Care, at the end of 2017.

### **November, 4, 2016. Workshop in Portuguese / Spanish:**

*Estratégias para a gestão de doenças crônicas em atenção primária à saúde.*

Chairman: Rita Abril from the Portuguese Family Medicine Society (APMGF). Prof Orozco-Beltran presented different and innovative strategies for NCDs including population based methods for stratification according to the level of patient risk, the use of telemedicine and the importance of empowerment and shared decision making. Dr Luis Galvez presented a case from clinical practice, an old person affected by diabetes and depression, with pharmacological treatment and need for self-care, family care, and community care. Dr Joao Sequeira-Carlos talked about the implications of the new NCDs strategies in clinical practice including the overuse of emergency departments. Dr Mikel

Duncan discussed different issues such as multimorbidity and comorbidity, integrated care, continuity of care or integrated care and also about the influence of social conditions on health.

### **November, 5, 2016. Workshop in English:**

*Diabetes mellitus as a chronic condition. Shared care between primary and secondary care.*

Programmes to improve care for people with long-term conditions are being implemented throughout the world. The main point of similarity is a move to re-orientate care from episodic or acute interventions, towards a continuum of care which enables better prevention and management of chronic conditions. Both, primary and secondary care are necessary and we need better communication between different settings. Different strategies for chronic conditions were reviewed (Kaiser Permanente, Chronic Care Model, The continuity of care model).

New strategies include some of the following: Develop health policies and legislation to support comprehensive care; reorganise healthcare finance to facilitate and support evidence based care; coordinate care across conditions, healthcare providers, and settings; enhance flow of knowledge and information between patients and providers and across providers; develop evidence based treatment plans and support their provision in various settings; educate and support patients to manage their own conditions as much as possible; help patients to adhere to treatment through effective and widely available interventions; link health care to other resources in the community; monitor and evaluate the quality of services and outcomes. These strategies are based on WHO's review of innovative best practice and affordable healthcare models.

Speakers were Domingo Orozco-Beltran, Chair, from the WONCA SIG on NCDs and Fernando Álvarez-Guisasola and Ana Cebrian-Cuenca from the Diabetes Working Group Spanish Family Medicine Society (semFyC).

## WONCA Special Interest Group highlights palliative care in Rio.



The Rio pre-conference of the WONCA SIG on Cancer and Palliative care attracted a large group, including many Brazilians eager to hear about palliative care in the community internationally.

Prof Geoff Mitchell first welcomed everyone and explained the vision of the SIG and of the International Primary Palliative Care Network which had members in every continent.

Prof Scott Murray then highlighted the recent [WHO manual on integrating palliative care](#) in all settings, especially the community. He had contributed to this very useful manual which spells out how palliative care can be integrated in primary care in various high, middle and low income countries.

Then Dr Santiago Correa illustrated how his project in Brazil works so that others could learn from it. See link to [EAPC blog](#). This was received very enthusiastically. The new President of WONCA, Professor Amanda Howe, visited the special interest group and encouraged us to continue over the next few years in this priority area for primary care.

During the WONCA conference itself we held a “basics of palliative care” session for GPs which lasted three hours. Daniel Azevedo and Claudia Buria, both from Brazil, presented in a

very dynamic= fashion key issues about identifying and helping people with frailty and dementia. Geoff Mitchell then gave a clear basic talk on symptom control. Again there was much enthusiasm around this. Slides will be

available on [www.ippcn.org](http://www.ippcn.org) see picture attached.

On the last day of WONCA Brazil there was a special panel on palliative care when we heard presentations from Geoff Mitchell (summarising palliative care in Latin America using a presentation from Dr Liliana deLima (USA), Maria Goretti Sales (Brazil), Thomas Martin (Costa Rica), and Santiago Correa (Brazil) In closing, Scott Murray (UK) who showed a 4 minute video giving a 4 dimensional rationale for early palliative care which was well received, and which soon should be available as a teaching aid for students and postgraduate teaching for nurses, doctors and allied health professionals.

There will be great opportunities for further palliative care input at WONCA in Seoul in 2 years' time and in regional conferences before then. Meanwhile the SIG and International palliative Care Network are going ahead to help different countries to integrate palliative care in primary care, using the [Toolkit](#) developed by the EAPC Taskforce and WONCA in 2016.

Scott Murray,  
Co-chair of WONCA cancer and Palliative Care SIG

## Member Organization News

### IX Spanish conference on patient safety in primary care: “Challenges and strategies”.



made a grand tour, since we celebrated our first conference in San Sebastian in 2008. And, as every year, it offers a unique opportunity to meet again and to share experiences to improve patient safety in primary care.

[see full report](#)

The IX Spanish Conference on Patient Safety in Primary Care took place in Hospital Clínico San Carlos in Madrid on May 13th 2016 with the theme “*Challenges and Strategies in patient safety in primary care*”.

More than 150 primary care professionals met together to share patient safety activities, and to discuss and make new proposals to enhance patient safety in primary care.

As in previous years the Conference was organized jointly by, the Spanish Society for Family and Community Medicine (SEMFYC), the Spanish Society for Quality in Healthcare (SECA), the Federation of Community and Primary Care Nursing (FAECAP) and the Spanish Society for Primary Care Pharmaceuticals (SEFAP). In addition, this year they were joined by the regional association of those national societies:- the Madrid Association for Healthcare Quality (AMCA), SoMaMFYC (Madrid Society of Family and Community Medicine) and the Regional Health Department and SERMAS (Madrid Healthcare Service) and the University Hospital San Carlos that provided us the venue free of charge. Finally, we also have the collaboration of the Ministry of Health, Social Policy and Equality through the General Directorate for Quality and Cohesion.

The aim of the conference is to maintain a specific discussion forum to share experience on addressing patient safety in primary care.

Patient Safety and Primary Care has already

The Strategy for Patient Safety 2015-2020 in the Spanish National Health Service was approved by the Spanish Inter-territorial Council of the National Health Service (July 29, 2015 available [here](#)).

This Spanish National Strategy is being implemented in each one of the 17 Spanish regional health services. Therefore, we decided to run a panel to discuss with well-known experts their proposals for deployment. Hence the theme of the conference was: “*Challenges and Strategies on Spanish Patient Safety in Primary Care*”.

It was chaired by Dr Yolanda Agra-Varela, Head of the patient safety area in the Spanish Ministry of Health and Social Affairs and Chair of the technical group in charge of the review the Spanish National Strategy. She made a brief summary of the new strategy for 2015-2020 and introduced six different speakers (Dr Josep Miralles, Dr Beatriz Iglesias, Dr Rafael Bravo, Dr Sergio Minue, Dr María-del-Mar Fernández, Dr Alberto Pardo) who made a reflection on new challenges in different topics. (Video recording available [here](#).) (more information on the panel and links to their speeches on Youtube in full attached report)

After the panel discussion, we had the opportunity to attend the presentation of all contributions. 91 abstracts about primary care experiences were submitted to the conference. The main topics were medication safety (24%), reporting clinical cases to learn (18%), and detection and analysis tools (11%).

The scientific committee made careful assessment of all of them to give the "*Dr Fernando Palacio on Patient Safety improvement in Primary Care*" awards to the best contributions:

- First award on "teaching incidents": I have got a flu, what can I take? Authors: Castelo-Jurado Marta, Alonso-Fernández Jesus et al. Federica Montseny Health Centre and Valdebernardo Health Centre. Servicio Madrileño de Salud (Spain).

- Second award: Impact of adverse events on the second victims, valued by healthcare managers and quality coordinators. Authors: Marcos-Calvo, María-Pilar; Astier-Peña, María-Pilar on behalf of Second Victims Spanish National Research Project. Universidad Miguel Hernández Elche (Spain).

- Third award: Late rejection after liver transplant medication error by changing

formulation of Tacrolimus. Authors: Martínez-Sanz, Henar; Garcia-Amado García MJ et al. Health Centres of Valdebernardo, Angela Uriarte, Dr Tamames and General Direction of Pharmacy. Servicio Madrileño de Salud (Spain).

In the afternoon the following three hour simultaneous workshops were run ([see full report for more details](#)):

1. Giving support to second victims in health centres. Workshop sponsored by SEMFYC
2. Performing a systematic review of medications for patients under polypharmacy. Promoting medication's adherence.
3. UNE 179003 Norm.

The global assessment was good but there is still plenty of room for improvement. We are looking forward to our next year Conference.

## New board for Lebanese Society of Family Medicine

This is to inform you of the results of the elections of the LSFM executive board:

- Dr. Khalil Ashkar :President (pictured)
- Dr. Jumana Antoun: President elect
- Dr. Maya Romani: Secretary
- Dr. Marwan Zoughbi: Treasurer
- Dr. Umayya Musharafieh:member
- Dr. Antoine Aoun: member
- Dr. Hala Kahi: member



**FOURTH**  
**Wonca** FAMILY  
EAST MEDITERRANEAN MEDICINE  
CONGRESS

2-4 MARCH 2017



## Featured Doctors

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### KÜHLEIN, Prof Thomas Germany - Chair of WICC

*Thomas Kühlein of Germany is the new chair of WICC - the WONCA International Classification Committee.*

#### What work do you do now?

The Institute of General Practice I am working at was founded in Erlangen/ Germany in October 2013. We started then as two colleagues from Heidelberg University. Soon we are going to be nine colleagues working here. The first work was developing a teaching program for general practice. In parallel we wrote applications for research grants for health services research, which in Germany is mostly funded by the government institutions. Under the heading of "Prevention of Overdiagnosis in Primary Care" we achieved funding for three big studies, which we are working on now. Now, we are restructuring a group practice in the suburbs of Erlangen to become a teaching practice and a model for future forms of primary care in Germany. On two days each week I am also caring for patients in this practice.

#### Other interesting things you have done?

During my PhD in Heidelberg I became a member of the WONCA International Classification Committee (WICC) which I was elected chair of in late 2016. The WICC is the group that developed and maintains the International Classification of Primary Care (ICPC-2). Currently we are working on the development of ICPC-3. Also the adaption of the International Classification of Functioning and Disability for its use in primary care is a major topic of my work. I am also involved in the making of a primary care linearization of the International Classification of Diseases (ICD-11).

For more explanation of this work see the [WICC report 2015-16](#).

**What do you hope to achieve as chair of WONCA's most long-standing working party WICC?**



Data and the resulting statistics are mostly used by people not caring directly for patients. The traditional focus on the single individual patient in front of us seems to almost exclude an additional broader view for most of us. Donald Schoen once described in his seminal book "*The reflective practitioner*" that anyone who is doing practical work needs to reflect on the results of this work in order to get better if necessary. This reflection is what we normally don't get. By structuring and coding our documentation we could easily receive statistical feedback on the quality of the care we deliver. What I would like to achieve is a form of documentation that at the same time serves as a checklist (read the wonderful book "*A Checklist Manifesto*" by Atul Gawande!) in order not to forget taking important decisions and as a way of capturing data.

My dream would be that when I shut down the computer in my practice in the evening, then out of the printer comes a little message stating something like "*You have been good again today*" :-)

#### What are your interests outside work?

Outside my work I have far too many interests like reading, sports (race cycling, jogging), analogue black and white photography, arts, cooking and the like. Unfortunately my current work is so fascinating and so much that it leaves little time for the many interests I have.

## OROZCO-BELTRAN, Prof Domingo

### Spain- Convenor SIG on NCDs

#### What work do you do now?

I work in a health centre (Centro de Salud Cabo huertas, Alicante, Spain) and in a research unit (Departamento Universitario San Juan de Alicante). I am also professor at the University Miguel Hernandez. At this moment I am focused on research in primary care specially on patients' chronic conditions.

#### Other interesting things you have done?

I am now chair of Spanish National Board on Family Medicine Teaching Programme and also chair of the Scientific Committee for Chronic Conditions Management Program from the Spanish Ministry of Health. PhD degree (1995) University Miguel Hernandez. Spain.

#### What do you hope to achieve with the new SIG on noncommunicable diseases?

I will work trying to improve the management of NCDs aiming for the WONCA SIG on NCDs to lead experiences and ideas about this topic.

I have interest in telemedicine, predictive models of events and risk adjustment in chronic patients and also in empowering patients and shared decision making.



We will try to write some papers jointly with international institutions in order to empower primary care as the main setting to manage NCDs. Now, more than ever, primary care is needed to improve care.

#### What are your interests outside work?

Alicante, the city where I live, is a city with around 400000 inhabitants allocated in the east of Spain with very nice weather. I enjoy playing tennis, trekking, swimming (I live near the sea), listening music and staying with my family. And also good Mediterranean food.

## Dr Halfdan Mahler, WHO's 3rd Director-General, dies

Prof Michael Kidd, WONCA Immediate Past President directs us to an announcement by the WHO that Dr Halfdan Mahler, the third WHO Director-General has died. Prof Kidd says "*Dr Mahler often attended the World Health Assembly and was approachable and showed interest in the work of the current generation.*

*He is being hailed, I think appropriately, as a hero of global public health and primary health care.*"

*The announcement from the WHO website is reproduced below.*

WHO statement  
15 December 2016

WHO is saddened by the death of Dr Halfdan T. Mahler on 14 December 2016. Dr Mahler served as Director-General of WHO from 1973-1988.

As WHO's third Director-General, Dr Mahler will be remembered as a champion for primary care. He played a key leadership role shaping

the 1978 Alma Ata Declaration that defined the Health for All by the Year 2000 strategy. Under his leadership, WHO and UNICEF jointly produced the report, *Alternative Approaches to Meeting Basic Health Needs in Developing Countries*, which examined successful primary health care in various countries.

Dr Mahler began his career at WHO in 1951 as senior officer for the National Tuberculosis Programme in India. Among his other roles in the Organization were Chief of the Tuberculosis Unit in Geneva, Director Project Systems Analysis and Assistant Director-General.

After retiring from WHO in 1988, Dr Mahler directed the International Planned Parenthood Federation until 1995. A frequent visitor to WHO, even after retirement, Dr Mahler maintained his close connection with staff, and cheered the Organization's progress as it expanded its work in primary care. He will be deeply missed by the global health community.

## Resources

### WHO Technical Series on Safer Primary Care

#### Publication Details

Editors: World Health Organization  
Publication date: 2016  
Languages: English

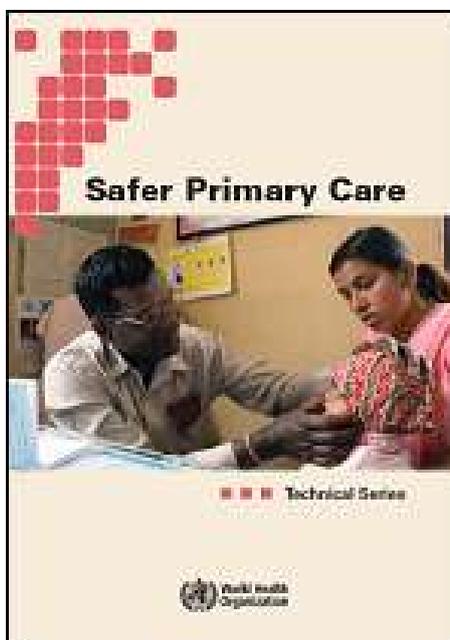
[Chapter downloads available on the WHO website](#)

- Patient engagement
- Education and training
- Human factors
- Administrative errors
- Diagnostic errors
- Medication errors
- Multimorbidity
- Transitions of care
- Electronic tools

#### Overview

The Technical Series on Safer Primary Care is a series of nine monographs listed above, which explore the magnitude and nature of harm of each topic in the primary care setting, and provides potential solutions and practical next steps for improvement.

Each monograph describes: the scope, approach, potential solutions, practical next



steps, concluding remarks, and links to online toolkits and manuals are also referenced in order to provide practical suggestions for countries and organizations that have committed to moving forward this agenda.

The technical series aims to raise awareness among Member States about issues that could be targeted for improving the safety of primary care.

#### Objectives of the technical series:

- raise awareness about the causes and consequences of unsafe primary care;
- provide accessible summaries about key issues to address when striving for safer primary care;
- help increase knowledge about how to design and deliver safer primary care.

#### Related links

[Safer primary care](#)

## Goodfellow gems

[Freezing is better than acid for common warts, but the same for plantar warts](#)

[Depression and isotretinoin - another reason for low dose](#)

[Drugs for male and female pattern baldness. Small benefit from finasteride and minoxidil](#)

[Stop using topical antibiotics](#)

[One third of non-coeliac patients with gluten sensitivity can detect gluten](#)

[Great patient decision aid for primary prevention of CVD](#)

[CPAP for OSA improves quality of life but not reduce CVD events](#)

## PEARLS

[501 Two blood markers moderately accurate in screening for Down syndrome](#)

[499 No identified risk in use of topical corticosteroids during pregnancy](#)

[498 Insufficient evidence for antihistamines for the common cold \](#)

[497 Music improves sleep quality](#)

[496 No evidence for efficacy of NSAIDs for neuropathic pain](#)

[495 Presentation influences selection and consumption of food](#)

[494 Primary care consultation liaison effective for mental disorders](#)

[493 Crisis intervention effective in severe mental illness](#)

[491 Higher doses of atorvastatin reduce cholesterol more than lower doses](#)

[490 Pilates of some benefit for low-back pain](#)

## CONFERENCES

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### EMR Congress in Abu Dhabi – 2-4 March

#### [New!! Speakers list.](#)

Dear Colleagues and Friends,

As the President of WONCA EMR Organization, it gives me great pleasure and honor to invite you to the 4th WONCA East Mediterranean Region Family Medicine Congress which will be held from 2-4 March 2017 in Abu Dhabi, United Arab Emirates.

This year the congress has been designed to provide an innovative and comprehensive overview of the latest research developments in Family Medicine and Primary Health Care. Over the course of three days, the congress will feature symposia, keynote sessions, parallel workshops and abstract presentations.

Each year WONCA EMR congress strives to bring an enhanced and more enriching scientific program for its attendees as well as covering topics of significant importance to Family Medicine and Primary Healthcare professionals emphasizing issues specific to the East Mediterranean Region. WONCA EMR provides a platform for networking, with not

only regional but international experts. It will boast a huge number of abstracts presented in oral, poster and workshop formats.

In 2016 WONCA EMR delegates came from 33 countries. Abu Dhabi is a beautiful and dynamic city where you get to experience a multicultural society living harmoniously in one community. It also offers countless activities and experiences that should be experienced by everyone.

I look forward to welcoming you to WONCA EMR 2017. For more information about the congress, please visit [www.woncaemr2017.com](http://www.woncaemr2017.com)

Regards  
Prof. Mohamed Tarawneh  
WONCA East Mediterranean region president



## WONCA EMR congress 2017 - the latest

Register by 15 February and save up to USD100

Register online for WONCA EMR 2017 by 15 Feb 2017 for standard registration fees and save up to USD100

[Registration](#)

### Young Doctors' special rates

WONCA EMR 2017 provides a unique opportunity for young doctors to register with a further discount in registration fees. Contact our PCO for further information and registration assistance on

[WONCAemr@meetingmindsexperts.com](mailto:WONCAemr@meetingmindsexperts.com)

### Program

The congress program this year consist of keynote sessions, workshops, parallel sessions and oral and poster presentations detailing latest updates and innovations in the field.

[Program](#)

### Speakers

WONCA EMR 2017 includes international as well as regional and local experts in Family Medicine. Some of the confirmed speakers are:

- Prof Amanda Howe - President, WONCA World, United Kingdom (above)
- Prof Michael Kidd – Past President, WONCA World, Australia (right)
- Prof Chris Van Weel – Past President of WONCA, Netherlands
- Dr Christophe Hezode – Hepatologist, Henri Mondor Hospital, France
- Prof Dario Giugliano - Professor of Endocrinology and Metabolism, Naples, Italy
- Dr Hassan Salah - Department of Health System



Development, World Health Organization – EMRO, Egypt

- Prof Nemanja Damjanov - Director of the Institute of Rheumatology, Belgrade, Serbia
- Prof Richard Roberts – Past President of WONCA and University of Wisconsin, USA (below right)

[List of Speakers](#)



### Congress Dinner

The congress dinner for WONCA EMR 2017 will be on Friday, 3rd March 2017. Book your seat now to enjoy this opportunity to unwind from the day's proceedings with an evening of networking with experts and colleagues from around the globe.

See registration page to book.

### Abu Dhabi

Meaning 'Land of the Gazelle' in Arabic, Abu Dhabi was founded when a young antelope led a wandering tribe to fresh water, on an island with no more than 300 palm ('barasti') huts, a few coral buildings and the Ruler's fort. This simple island settlement has since been transformed into the modern, cosmopolitan city of Abu Dhabi and the high-rise capital of the United Arab Emirates.

Find out more about Abu Dhabi's religion and traditions with a visit to one of the world's most impressive landmarks, the stunning Sheikh Zayed Grand Mosque. This architectural marvel, with a capacity for an astonishing 40,000 worshippers, features 80 domes, over 1,000 columns, gold plated chandeliers and the world's largest hand woven carpet.

[Conference website](#)



2-4 MARCH 2017  
ABU DHABI, UNITED ARAB EMIRATES





## WONCA World of Rural health - Cairns conference latest

[Go to conference website](#)

**Registration - Save up to \$150 with early bird offer ending 31 January**

Now is the time to [book your place](#) at this global event. Registration is also open for social events and the World Summit on Rural Generalist Medicine (Friday 28 April 2017). All costs are in Australian dollars and include GST.

### Programme

This international event is made up of 300 presenters at up to 61 daily sessions, and sees delegates from around the world exchange information on the latest developments and challenges in rural family practice, and rural and remote health generally.

Over 35% of presenters are international. Recent keynote speakers announced include:

- Jim Campbell: Director of the Health Workforce Department at the World Health Organization (WHO) and the Executive Director, of the Global Health Workforce Alliance (GHWA).
- Amanda Howe: President of the World Organization of Family Doctors, and from 2009 – 2015 was an Officer of the Royal College of General Practitioners, previously chairing their research committee and the U.K. Society for Academic Primary Care.
- Mayara Floss: Co-creator of project 'Health Education League' based on the Freirean principles and co-empowerment of communities and students.

### 5 % discount on tours and attractions

We've teamed up with local travel company,

Destination Cairns Marketing, to provide tours and attractions for delegates and travelling partners. And to celebrate this, we're offering a special 5% discount for tours and attractions!

[Book your trip now](#), and see some of Australia's spectacular natural wonders.

### Bursaries: make a donation

If you would like to contribute funds to support eligible applicants from developing countries to attend the conference, please consider donating to our bursary fund. Thank you for your donation.

### Booked for the conference? Now it's time to book a room

[Accommodation options](#) are available through our partner, Travel Makers, who have secured a variety of accommodation options for your stay in Cairns.

They can also help with travel arrangements, if required. The flexible rates offered will be exclusive to attendees at the conference.

### Special keynote address announcement: Jim Campbell, WHO Director

We are pleased to announce that World Health Organisation Director, Jim Campbell, is providing the keynote address at the official opening of the WONCA 14th World Rural Health Conference.

Mr Campbell will be speaking on WHO's priorities, and how social and environmental determinants of health impact upon improved outcomes for rural communities.

Mr Campbell is Director of WHO's Health Workforce Department, and the Executive

Director of the Global Health Workforce Alliance.

## WONCA Rural early bird registrations now open!

### Register now

#### 1st keynote speaker announcement

ACRRM is proud to announce Prof Amanda Howe, President of the World Organization of Family Doctors, as keynote speaker at the 14th WONCA World Rural Health Conference.

[See Prof Howe speak here.](#)

Prof Howe is a practising family doctor, an academic professor, and a national and international leader in family medicine.

Since 2001, she has been Professor of Primary Care at the University of East Anglia, where she was part of the founding team for a new undergraduate medical program.

During her career, she has held multiple roles in undergraduate, postgraduate, and faculty education, including being Course Director for the UEA medical program during its early years of development and G.M.C. accreditation.

She has particular expertise in the teaching and learning of professionalism and patient safety, in the models and effectiveness of involving family medicine in community based medical education and in resilience and doctors' wellbeing.

She also has clinical research interests in primary care mental health, the contribution that patients can make to health care, and in early interventions for risk factors. She served from 2009 – 2015 as an Officer of the Royal College of General Practitioners, previously chairing their research committee and the U.K. Society for Academic Primary Care.

### Be the first to get program news

We are in the midst of setting up an exciting conference program, and by [registering now](#) you'll be the first to receive news on plenary/keynote sessions, clinical sessions, workshops and poster presentations.

The conference program has four themes:

- Social and environmental determinants of health.
- Leadership, education and workforce.
- Social accountability and social capital.

- Rural clinical practices: people and services.

Join us as we exchange information on the latest developments and challenges in rural family practice and rural and remote health generally.

### The initiative that assures rural and remote medicine's future

The Student Conference Scholarship Fund Help is bringing international students to the conference.

It is important to strengthen the future of rural and remote medicine on a global scale, and by contributing you'll be giving students the opportunity to attend a conference which shares the latest in global rural health.

This initiative is a collaboration between the World Organisation of Family Doctors (WONCA) and the Australian College of Rural and Remote Medicine (ACRRM), in conjunction with the Australian Medical Students' Association (AMSA) and National Rural Health Students' Network (NRHSN).

[Donate now](#)

### ACRRM post-conference courses

The College is pleased to offer four post-conference clinical courses, from its highly regarded continuing professional development program.

But participant numbers are strictly limited to 20 in these hands-on clinical courses, so register early.

[• Rural Emergency Obstetrics Training – 3 May 2017](#)

[• Advanced Life Support – 3 May 2017](#)

[• Ultrasound – 3 May 2017](#)

[• Rural Emergency Skills Training – 3-4 May 2017](#)

Registrations for these courses are costed separately to registration.



## WONCA Europe Prague 2017

Dear GP/FM colleagues,

We are delighted to invite you to the 22nd WONCA Europe Conference that will be held in Prague, Czech Republic from June 28 to July 1, 2017.

### Submit your abstract today!

The Scientific Committee invites and encourages all authors to submit their abstracts for consideration and inclusion in the Scientific Programme.

Guidelines and on-line abstract submission form are available on the Conference website.

Abstract Submission Deadline: December 31, 2016

**On-line registration** We are pleased to announce that you can now [register online](#). Select your registration fee, pay before December 31, 2016 and benefit from the early registration fee.

### Programme at a Glance

Programme at a glance is available [here](#).

### EACCME Accreditation

The WONCA Europe 2016 Conference is seeking for accreditation by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists.

### Note from the Scientific Programme Committee chair

Update on EURACT's contribution

EURACT will be well represented at WONCA Europe's conference in Prague in 2017. Discussions are underway about topics for

workshops. The Specialty Training Group are planning a workshop on Teaching leadership in Family Medicine which will explore different approaches to this challenging and important topic. The Continuing Medical Education group are considering running a workshop which will develop the ongoing work on empowering doctors to use modern technology whilst still remaining patient centred.

EURACT represents WONCA Europe in the EU funded PREPARE project which seeks to ensure that Europe is research ready for the next pandemic. Workshops will be delivered on the use of personal protective equipment in family medicine and also on the role of the Family Doctor in promoting universal vaccine uptake.

We look forward to meeting with colleagues from the other WONCA networks in Prague and continuing to develop useful collaborations.

### Prague

Myths and legends of magical Prague

Streets paved with cobblestones, long shadows stretching from glowing lanterns, the wind playing with the coloured leaves and the dark outlines of the Gothic cathedrals. This is magical Prague, a city shrouded in countless myths and legends from its thousand years of history. Set out on the trail of its mythical inhabitants and creatures to unusual places which go to make up the unique character of this city on the banks of the Vltava.

Conference Secretariat  
E-mail: [wonca2017@guarant.cz](mailto:wonca2017@guarant.cz)

## WONCA CONFERENCES 2017

March 2 – 4, 2017	WONCA East Mediterranean region conference	Abu Dhabi, UAE	<a href="http://woncaemr2017.com">woncaemr2017.com</a>
April 21-22, 2017	Vasco da Gama Forum	Strasbourg, France	<a href="http://vdgm.woncaeurope.org/4thforumdgm/welcome-message">vdgm.woncaeurope.org/4thforumdgm/welcome-message</a>
April 29 – May 2, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	<a href="http://www.aworldofruralhealth.org.au">www.aworldofruralhealth.org.au</a>
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	<a href="http://www.woncaeurope2017.eu">www.woncaeurope2017.eu</a>
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	Save the dates!
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	Save the dates!

WONCA Direct Members enjoy *lower* conference registration fees.

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



## WONCA ENDORSED EVENTS

08 Apr - 12 Apr 2017  
**World Summit on Social Accountability**  
 Hammamet, Tunisia

## MEMBER ORGANIZATION EVENTS

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For more information on Member Organization events go to

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

03 Mar	<b>EQuIP patient safety conference</b>
- 04 Mar	Dun Laoghaire, Dublin
2017	
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24 Mar	<b>RCGP Global Health Conference</b>
- 26 Mar	London, United Kingdom
2017	
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24 Mar	<b>International Medicine in Addiction</b>
- 26 Mar	<b>Conference 2017</b>
2017	Sydney, Australia
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30 Mar	<b>11th Congress of General Practice France</b>
- 01 Apr	Paris, France
2017	
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13 Apr	<b>Palestinian Association of Family Medicine</b>
- 14 Apr	<b>Conference</b>
2017	Bethlehem, Palestine
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04 May	<b>37th Conference of the Spanish Society of</b>
- 06 May	<b>Family and Community Medicine (semFYC)</b>
2017	Madrid, Spain
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05 May	<b>STFM Spring conference</b>
- 09 May	San Diego, California
2017	
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11 May	<b>EGPRN meeting</b>
- 14 May	Riga, Latvia
2017	
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21 May	<b>International conference on Trauma and</b>
- 23 May	<b>Mental Health</b>
2017	Jerusalem, Israel
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27 Jul	<b>RNZCGP Conference for General Practice and</b>
- 30 Jul	<b>Quality Symposium</b>
2017	Dunedin, New Zealand
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12 Oct	<b>RCGP annual primary care conference</b>
- 14 Oct	Liverpool, United Kingdom
2017	
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26 Oct	<b>RACGP GP17</b>
- 28 Oct	Sydney, Australia
2017	