

WONCA News

Vol 44 Number 6 : July 2018



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From the President : July 2018



Photo: WONCA Executive at their recent Warsaw meeting

WONCA has gone quiet in terms of meetings, as we run up to our World conference in Seoul, in October.

I attended a conference in Romania, on perinatal mental health, as an invited speaker, and managed to see a few of our members while I was in the country. I also received reports of a further two early pilots of our accreditation processes – one in China for practice accreditation, and one in Canada for educational accreditation – good learning, and impressive achievements.

The WONCA Executive meeting held in May, in Warsaw, covered important ground in preparation for the Seoul World Council, and the transition to the next biennium. It was fully attended, and we all worked hard over two days to examine issues of membership fees, conference plans, organisation for elections, and some needs analysis around secretariat capacity – especially for communications and policy dissemination. This was linked to a short workshop on advocacy skills – an important knowledge base for anyone interested in influencing others to create change. We looked forward to awards and recognitions of some of our members' individual achievements. And we had presentations on the work of the Working Party on Research and Working Party on Mental Health – both of which are thriving and delivering amazing work.

The governance of a global network organization like WONCA is a huge and unusual challenge. Our Council meets only once every two years - many members are new, and attend Council only once in their careers. Indeed the President only chairs WONCA Council once in their tenure! Executive will account there for the financial situation, and make proposals based on

predictions for what is needed to help WONCA survive and thrive. We shall expect reports and work plans from our Working Parties and Special Interest Groups. We shall look at the patterns of membership and family medicine presence across the world, so that we understand where the challenges still are, and each regional President will report on this. Voting will occur for your representatives for the next period, both within Council and in the regional and Young Doctors' Movements. We shall discuss and share views and expertise. And we shall also update you on the World Health Organisation activities, and highlight priorities for our next two years, under the Presidential leadership of Dr Donald Li.

It is therefore important that all member organisations make time for consideration of the business for Seoul and we shall try to get the papers to you promptly so you have time to discuss and ask questions before the meeting. Plan this into your diaries now, and I look forward so much to meeting you and learning more about your work. [Arrangements for Seoul.](#)

Thank you for supporting me in my Presidency, for supporting our hardworking WONCA Executive and Secretariat, and for those who have a summer holiday – have a good one!

Amanda Howe
WONCA President

De la Presidenta: Julio 2018

Estas últimas semanas, la WONCA ha estado bastante tranquila en términos de encuentros, mientras se va acercando el Congreso Mundial de Seúl, el próximo mes de octubre.

Asistí a un congreso acerca de salud mental perinatal en Rumanía, como ponente invitada, y conseguí encontrarme con algunos de nuestros miembros mientras estuve en el país. También recibí algunas informaciones acerca de dos proyectos para nuestros procesos de acreditación – uno en China con respecto a la acreditación práctica y otro en Canadá con respecto a la acreditación educacional – buen aprendizaje y logros significativos.

El encuentro del Ejecutivo de WONCA que tuvo lugar en mayo, en Varsovia, sirvió para avanzar significativamente en la preparación del Consejo Mundial de Seúl, y la transición hacia el próximo bienio. En Varsovia tuvimos una alta participación y trabajamos todos muy duro durante dos días para examinar cuestiones como las cuotas de las organizaciones miembro, la planificación de futuros congresos, la organización de futuras elecciones y algunas necesidades de análisis entorno a la capacidad del secretariado – especialmente para la difusión de comunicaciones y de nuestras políticas. Esto estuvo enlazado a un breve taller acerca de habilidades de defensa – una importante base de conocimiento para cualquiera que esté interesado en influenciar a otros a contribuir en la creación del cambio. Estamos deseosos de entregar y celebrar premios y reconocimientos para algunos de los logros de nuestros miembros. También tuvimos la suerte de tener presentaciones sobre el trabajo del Grupo de Trabajo en Investigación y el Grupo de Trabajo en Salud Mental – ambos de ellos están produciendo una actividad fantástica y muy interesante.

Gestionar la red de trabajo de una organización mundial como WONCA significa un enorme reto que no es corriente. Nuestro consejo se reúne únicamente una vez cada dos años – muchos de nuestros miembros son nuevos e incluso asisten solamente una sola vez en sus carreras. Sin duda, ¡el Presidente de WONCA solo tiene ocasión de presidir el Consejo de WONCA Mundial una sola vez en todo su mandato!



En ese sentido, el Ejecutivo presentará durante el consejo la situación financiera, y hará propuestas basadas en las observaciones acerca de lo que necesita la WONCA para sobrevivir y tener éxito. Esperaremos a los informes y a los planes de trabajo por parte de nuestros Grupos de Trabajo y Grupos de Interés Especial. Tendremos en cuenta las formas de colaboración y la presencia de la Medicina de Familia en todo el mundo, de forma que entendamos donde se encuentran, todavía, los retos, y cada presidente regional presentará su informe sobre esto. También procederemos a la votación de tus representantes para el próximo periodo, tanto dentro del Consejo como en los Movimientos de Jóvenes Médicos de Familia. Debataremos y compartiremos nuestros puntos de vista y nuestra experiencia. Y también vamos a actualizarte con las actividades de la Organización Mundial de la Salud, y destacaremos las prioridades de cara a nuestros dos próximos años, bajo el liderazgo presidencial del Doctor Donald Li.

Por lo tanto, es importante que todas las organizaciones miembro se tomen un tiempo para la consideración de la actividad de Seúl y haremos que te lleguen los documentos pronto para que así tengas tiempo para debatir y hacerte preguntas antes de nuestra reunión. Pon todas estas actividades en tu agenda y espero poder encontrarme contigo y aprender más acerca de tu trabajo.

Muchas gracias por apoyarme durante mi Presidencia, por apoyar nuestro duro trabajo en el Ejecutivo de WONCA y en el Secretariado, ¡y a todos aquellos que tengáis la suerte de tener vacaciones de verano, disfrutadlas!

Amanda Howe
WONCA President

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

From the Editor's desk: Krakow and Korea conferences



*Karen Flegg,
WONCA Editor
writes:*

This month the CEO is on leave so I've stepped in to bring some of his news and some reflections of my own..

For our CEO, Garth Manning, it has

been an especially busy period of late, with the World Health Assembly closely followed by the WONCA Europe conference, in Krakow, which was then followed immediately by the WONCA Executive meeting in Warsaw. Garth was then was part of a team undertaking a program accreditation visit to University of Toronto, after which he had embarked on some well earned leave. He will report more fully on the many activities in his column next month.

Meanwhile, having also been at the WONCA Europe conference, I reflect on the great enjoyment of attending WONCA Conferences – seeing old friends and making new friends, and expanding my knowledge for use in clinical practice at the same time. The Krakow event was well organised and attended by several thousand people with over 700 were young doctors and medical students, and a



program to suit all interests. I must mention the spectacular lighting in the auditorium, seen here during Michael Kidd's plenary (that's Michael in the bottom left corner!).

People in Krakow were starting to talk about the coming WONCA World Conference, in Seoul, in October. The speakers list is expanding and is sure to provide a great line up – find out who joins our President Amanda Howe as a keynote speaker .

Pre-registration ends on July 31 so don't forget to [register online now](#).

If you are coming to the WONCA preliminary meetings such as the World Council, a Regional Council, Working Party or Special Interest Group meeting, our CEO has previously given detailed plans for these days which are mostly being held in Incheon – [see more here](#).

Our Working Parties and Special Interest Groups have recently submitted annual reports to WONCA Executive and the first of these appear this month – Education, Environment, Mental Health. More will follow. If you are coming to Seoul you may want to consider becoming involved in one of these groups who work hard and with great enthusiasm between meetings. For complete [list of these groups](#) and links to contact their chairs.

For those not involved in these meetings there are [pre and post conference tours](#) of up to three days' duration.

Well known young doctor, Kyle Hoedebecke from the USA, is on the International Advisory Committee. He has been working in Korea and posted this sightseeing tip recently on Facebook - Seoul Tower! (see photo at bottom)

Kyle writes: *Around 10 million visitors pass through this site annually. My suggestion is to ride the Namsan cable car up the Mount Namsan in order to*

walk in and around the tower. If you are up to the challenge, or short on cash, you can walk up the mountain to reach the top! The cityscape - especially at night - is breathtaking! Additionally, the 236.7m tower lights up during the night time and you can take amazing photos with your friends. Should you come with that special someone - remember to bring a lock to leave here. Don't worry if you forget as one can be purchased as well. Enjoy!

I look forward to seeing old friends and making new friends but next time in Korea! Why not join us?

Dr Karen Flegg, WONCA Editor



WONCA WHO Liaison

WHO appoint Regional Director for the Eastern Mediterranean

June, 2018

WHO has announced that Dr Ahmed Al-Mandhari was appointed as WHO Regional Director for the Eastern Mediterranean by WHO's Executive Board at its 143rd session and assumed office on 1 June 2018.

A native of Oman, Dr Al-Mandhari has made a substantial, positive contribution to the development and modernization of Oman's health system, which has witnessed qualitative improvements in recent years, particularly in areas such as patient safety.

A specialist in family and community medicine, Dr Al Mandhari was Head of Quality Management and Development at Sultan Qaboos University Hospital from 2005 to 2006, followed by Deputy Director-General for Clinical Affairs until 2010. In 2013, he was appointed Director-General of Sultan Qaboos University Hospital, later becoming Director-General of the Quality Assurance Centre at the Ministry of Health. Dr Al-Mandhari has also worked as a senior consultant in family medicine and public health in Oman since 2009.

[Full details](#)

Policy bite: Member organizations – building and valuing their role

Amanda Howe, writes:

After a busy period for WONCA, I spent most of June in the UK, reacquainting myself with my university, patients, and family. The days were long, and the news was bad – including the state of the National Health Service (NHS), where much discussion ranged over the sustainability of what has been a wonderful model of care for 70 years.



The NHS is a taxation based system, with care being free at the point of use, and a comprehensive primary care service based on patient registration. It provides universal health coverage that is accessible, affordable, covering a full range of preventive, as well as curative and ongoing care across the life range.

The problems have arisen in three areas – the first is reduced funding from the government with the introduction of an ‘internal market’ model. This has had very variable success in raising alternative funding, and much time being spent on entrepreneurial and managerial aspects rather than clinical care. There is also instability in the workforce, particularly in rural and disadvantaged urban areas; and the service is struggling to meet the increasing needs of an ageing population, especially because funding has also been reduced in the social care sector.

The GP workforce has been particularly hardhit, with the historical model of small business ownership proving difficult to sustain, as younger doctors often do not want the commitment of buying into a practice. Vacancies exist all over the UK, and the speciality has dipped in popularity.

I mention this in this policy bite, because this situation is replicated in many countries I now know. All family doctors need to be alert throughout their careers to how best to foresee and forestall the recurrent problems of underinvestment in primary health care; and specifically in our speciality. This is not something we can deliver as an individual doctor, and is one of the reasons we need a professional organisation which can influence these things at a national level.

Our UK member, the Royal College of GPs, has been valiantly championing family doctors in their efforts to secure a better situation. Their GP Forward View campaign has won ministerial attention with a five year plan for reinvestment, though big challenges still remain to secure delivery on these political promises. In recent years the RCGP has also asked for a campaign to improve the career image of general practice in medical schools (see the [‘By Choice not by Chance’ report](#), chaired by our own WONCA Working Party on Education chair, Prof Val Wass). They have contributed expert input to efforts to plan the workforce, and stop the uncontrolled number of hospital specialist post expansions; and also tried to ensure that the training and standard of family doctors is supported across their working lifetime.

At our Warsaw executive, Dr Henry Lawson, the Africa region President, reminded us of a document written by Prof Michael Kidd (WONCA Immediate Past President) on the role of professional member organisations (MOs) – this includes support, political influence, standard setting, leadership of new initiatives for benefit of members and their patients, and providing education and evidence base. Building such an organisation has inevitable challenges, including decisions on eligibility for membership, and governance and finance decisions which underpin the ongoing function of the MO. The early years of an MO usually see a few visionary and committed people come together to create a new body, but the maturing group will need structures that address these different challenges – supporting members in their careers, leading speciality training and accreditation, academic leadership, and political leadership.

This is what WONCA does with and through its MOs. This is what is needed in all health services – a strong and credible professional voice for family doctors, that is heard by governments, funders, and other health professionals – and that is valued and supported by the impacts we have on our patients’ health and lives. Thank you to all our member organisations for your hard work.

Fragmentos de política: Organizaciones miembro – construyendo y valorando su papel

La Presidenta de WONCA, Amanda Howe, escribe:



Tras un periodo bastante ajetreado para la WONCA, he pasado la mayor parte del mes de junio en el Reino Unido, redescubriéndome a mi misma en mi universidad, con mis pacientes y con mi familia. Los días habían sido largos, y las noticias, malas, - incluyendo el estado del Sistema Nacional de Salud (National Health Service, NHS), respecto el cual ha habido muchos debates acerca de su sostenibilidad ante lo que ha sido un modelo maravilloso para la asistencia durante 70 años.

El Sistema Nacional de Salud (National Health Service, NHS) es un sistema basado en los impuestos, con una asistencia gratuita en el momento de hacer uso de él y un servicio asistencial completo basado en la Atención Primaria y en el registro del paciente. El NHS ofrece una cobertura universal de salud accesible, asequible y que cubre un gran rango de cuestiones asistenciales preventivas y curativas a lo largo de la vida.

Los problemas han ido en aumento en tres áreas – la primera ha sido la reducción de la financiación por parte del gobierno y con la introducción de un modelo de “mercado interno”. La introducción de este modelo ha tenido un éxito muy desigual en el aumento de una financiación alternativa, y se ha perdido mucho tiempo en aspectos empresariales y de gestión más que en aspectos estrictamente clínicos o asistenciales. También existe una fuente de inestabilidad en el personal sanitario, particularmente en las zonas rurales y en las urbanas menos favorecidas; y en el servicio asistencial se está presionando para hacer evidentes las crecientes necesidades de una población más envejecida, especialmente porque la financiación también se ha visto reducida en el sector asistencial social. El personal sanitario de Medicina de Familia se ha visto particularmente afectado, con el modelo histórico de pequeños negocios con dificultades por poder seguir mientras cada vez más jóvenes médicos rechazan el compromiso de nuestra práctica. En estos momentos, hay puestos vacantes en todo el Reino Unido, y la especialidad ha ido

perdiendo popularidad.

Menciono esto en el artículo de fragmentos de política ya que esta situación se ha visto replicada en muchos países que ahora sí conozco. Todos los médicos de familia deben estar alerta con respecto a sus carreras y acerca de cómo prever y prevenir los problemas recurrentes de infrafinanciación en la Atención Primaria; y especialmente en nuestra especialidad. Esto no es algo que podamos ofrecer como médicos a nivel individual, y es una de las razones por las cuales necesitamos una organización profesional que pueda influir en estas cuestiones a nivel nacional.

Nuestra organización miembro del Reino Unido, el Colegio Real de Medicina de Familia (Royal College of GPs), ha liderado valientemente los esfuerzos de los médicos de familia a la hora de garantizar que en un corto plazo habrá una situación mejor. Su campaña GP Forward View (Previsión de Medicina de Familia) ha ganado la atención ministerial con un plan de inversiones a cinco años vista, aunque los grandes retos todavía se mantienen para garantizar que se consigan hacer realidad estas promesas políticas. En los recientes años el Real Colegio de Médicos de Familia también ha lanzado una campaña para mejorar la imagen de la carrera de Medicina de Familia en las escuelas médicas (consulta el análisis “Por elección, no por casualidad”, firmado por la coordinadora de nuestro Grupo de Trabajo en Educación de la WONCA, la Profesora Val Wass). Ellos han contribuido con aportaciones de expertos en la planificación del personal de trabajo, y han frenado la expansión sin control de hospitales con especialistas sin una regulación clara, así como asegurado que la formación y los estándares de los médicos de familia estén disponibles a lo largo de su vida laboral.

Durante el consejo ejecutivo que celebramos en Varsovia, el Doctor Henry Lawson, el Presidente de la Región de África, nos recordó el documento que escribió el Profesor Michael Kidd (último Presidente de WONCA) acerca del rol de las organizaciones miembro (MOs) – incluyendo el apoyo, la influencia política, el marco estándar, el liderazgo de nuevas iniciativas para beneficio de los miembros de y

sus pacientes, y la oferta de educación y evidencia. Construir una organización como esta significa afrontar retos inevitables, incluyendo decisiones acerca de la elegibilidad de formar parte de un colectivo y las decisiones gubernamentales y financieras que apuntalan las funciones actuales de la Organización Miembro. En los primeros años de una Organización Miembro normalmente se ven pocas personas visionarias y realmente comprometidas a unirse para crear nuevas plataformas, pero con el tiempo los grupos van madurando y para ello se necesitarán estructuras que den respuestas a los diversos retos – apoyo a los miembros en sus carreras profesionales, liderazgo de la formación de la especialidad y acreditación, liderazgo académico y político.

Esto es lo que la WONCA hace conjuntamente con sus Organizaciones Miembro. Y estos es lo que es necesario hacer en todos los servicios sanitarios – crear una fuerte voz profesional que sea creíble para los médicos de familia y que sea escuchada por parte de los gobiernos, políticos y otros profesionales sanitarios – y esto es valorado y apoyado por los impactos que tenemos en nuestros pacientes, salud y vidas.

Muchas gracias a todas las organizaciones miembro por vuestro duro trabajo.

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

More from the President

President's letter to Member Organizations June 7

The WONCA President has written to Member Organizations encouraging them to take up a the opportunity to influence a new Declaration on the fortieth anniversary of the Alma Ata Declaration.



Dear Member Organizations, and WONCA colleagues,

As you will see from the June WONCA News, we have a major opportunity in the next four months to influence the World Health Organization's strategy for strengthening primary health care over the next 10 years. It is the fortieth Anniversary of the Alma Ata Declaration, in October, so many of your country representatives will be attending a major meeting in Astana, Kazakhstan, to agree a new Declaration and a programme of work.

Your World WONCA Executive met in Warsaw during May, and confirmed that this is a key focus for our organization in the immediate future. WONCA Executive members are all working hard to try to include family doctors in this vision and document, and to highlight the particular importance of training the workforce to meet the needs of rural, remote, and underserved populations. But, getting our voice heard among the many others, needs all

of us to speak out! So please, as member organizations, please consider taking action at national level. If you can access your country delegates to WHO, or at least send written statements to them, this is a good time to do so. We do not have the Declaration yet, but a version will soon be circulated to countries for their official comment.

People sometimes ask – how do I get my voice heard at this level? Using professional representatives, contacts via your local political representatives, using social and communications media appropriately, ensuring we speak for our patients' needs and not just our own, and building momentum across different organizations, can all help. We attach a briefing document which could form the basis of your statements and outputs. It can be used in part or whole as needed and translated if you want. I do hope you can take this on in your busy lives and support this work. We are a huge global presence, and what we do now may make a difference to the future.

[Briefing document for statements](#)

On a more 'internal' note, the Executive also made detailed preparations for Seoul, and for our Council meeting there. We looked at finances, communications strategies, priorities for the next biennium, the outputs of Working Parties and Special Interest Groups (including presentations from the Chairs of the Working

Party on Mental Health and Working Party on Research), and noted the two recent accreditation pilot visits to China and Canada. We also signed off one new country member and one academic member. Business is good, though the world has many difficulties and our

members are at the heart of these in many places. Thanks to all of you for your efforts.

Professor Amanda Howe,
WONCA President.

De la Presidenta: 40 años de Alma Ata – nuestra oportunidad es ahora

Mayo fue un mes muy activo – empezando con un viaje de visita informativo muy agradable a nuestros colegas del Colegio de Médicos de Familia del Caribe, encuentro tras el cual tuvo lugar la Asamblea Mundial de la Salud en Ginebra; seguida del Congreso de WONCA Europa en Cracovia y de nuestra Ejecutiva de WONCA Mundial en Varsovia. En Ginebra, también intervine en la Preconferencia de la Federación Internacional de Estudiantes de Medicina, y realicé una serie de contribuciones en la Federación Mundial de Asociaciones Públicas de Salud – con las cuales en estos momentos somos una “Organización Colaboradora” oficial. Otra fecha importante fue la celebración del Día Mundial del Médico de Familia del pasado 19 de mayo – ¡una jornada que cada año nos ofrece una importante oportunidad para reconocer vuestro duro trabajo y vuestros logros! A mi siempre me inspiran las interacciones con los colegas durante nuestro trabajo, y quiero agradecer todos aquellos con los cuales he tenido contacto durante este mes – incluyendo nuestras Ejecutivas de trabajo intenso y nuestros Secretariados, tanto de WONCA Mundial como de WONCA Europa. Así que, ¡felicitaciones a todos ellos!, para que sigan trabajando a todos los niveles a la hora de desarrollar y reconocer la Medicina de Familia.

A pesar de eso, el ambiente político es bastante menos reconfortante. En la Organización Mundial de la Salud, experimentamos un nuevo nivel de acceso de WONCA, con la invitación que se hizo a la Presidencia de WONCA Mundial para que nos uniéramos al Grupo Asesor Internacional que está coordinando las actividades del 40 Aniversario de Alma Ata, y algunos de nuestros colegas académicos tuvieron la oportunidad de involucrarse en el desarrollo de documentos técnicos para el programa de trabajo AA40 (Alma Ata 40). A pesar de ello, el objetivo principal de la Organización Mundial

de la Salud es el de conseguir la asistencia sanitaria universal (UHC, universal health coverage) a partir de un mayor fortalecimiento de la Atención Primaria, aunque parece que todavía hoy no tiene una estrategia detallada para conseguir hacerlo realidad y se está focalizando en un nivel muy básico del pack asistencial.

La definición de la cobertura universal de Salud significa que toda población debe tener la posibilidad de acceder a los servicios sanitarios que necesitan sin que esto conlleve una adversidad financiera insalvable, y que todo el mundo pueda acceder a un rango de servicios que vayan desde la promoción de la salud, la actividad preventiva, y servicios de rehabilitación hasta la atención paliativa. Es por eso que la posibilidad de ofrecer esta asistencia a nivel de la Atención Primaria resulta crucial, asegurando que el acceso a los servicios sanitarios integrados funciona para la persona y su comunidad en todos los problemas sanitarios prioritarios. Esto requiere disponer de médicos y médicas con una buena formación y otros profesionales sanitarios próximos a la población a la que se da servicio – sin embargo, gran parte de los debates que tienen lugar en la Organización Mundial de la Salud parece que no incluyen ninguna visión acerca de cómo el personal médico sanitario debe garantizar la universalidad. Esto pone en riesgo que el sector hospitalario especialista se expanda más y que la asistencia continúe siendo muy costosa dado la falta de coordinación y la intervención temprana.

Por eso, todos los miembros de nuestro colectivo necesitamos hacer que se escuche la voz la Medicina de Familia a nivel nacional, para influenciar la delegación de nuestro país dentro de la Organización Mundial de la Salud cuando empiezan a analizar y a leer los documentos relativos a la Declaración de Alma Ata AA40. Previamente, mandé un

documento de apoyo a todas las organizaciones miembro, e intenté hacer un seguimiento con un nuevo resumen del estado de la cuestión.

Utilizaremos, también, las redes sociales más a menudo para hacer llegar estos mensajes a todos. Por eso os pido – a cada una de las personas que leáis este texto – que actuéis sobre esta cuestión en este momento. Poneos en contacto con los líderes de vuestras organizaciones miembro, para garantizar que están en contacto con los jefes a nivel de los países representados en la Organización Mundial de la Salud, y ayudarles a que comprendan que los médicos de familia en los equipos de Atención Primaria son esenciales para sobrellevar los significativos costes y la efectividad de la cobertura universal de salud. Un profesional de salud comunitaria o un enfermero o enfermera que trabaja con la comunidad necesitará un médico o médica de familia como referencia con quien trabajar, con el fin de poder derivar, aconsejar, diagnosticar y planificar un tratamiento juntos: también para poder trabajar en las necesidades sanitarias

de la población, y poder ofrecer una asistencia efectiva sin hacer un excesivo uso de la asistencia hospitalaria ni de la medicación.

Finalmente, debemos pedirles que reconozcan y que actúen con respecto a la mala distribución del personal sanitario – ningún país puede conseguir la universalidad si las áreas rurales tienen una cantidad de personal sanitario inadecuado, y la gente tiene el derecho a ser asistida con un conjunto asistencial vivan donde vivan. En estos momentos estamos actuando para reforzar nuestra influencia en relación a la Declaración de los 40 años de Alma Ata, y conseguir que la Medicina de Familia sea más visible en este trabajo: ¡pero para conseguirlo necesitamos toda vuestra ayuda!

Amanda Howe
WONCA President

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

WONCA Europe Feature

WONCA Europe Council outcomes



Dr Anna Stavdal, WONCA Europe president reports on recent WONCA Europe Council endorsements:- two equity statements, the Overdiagnosis /Overtreatment position paper, and papers on Training Requirements for GP/FM, as well as Quality in family medicine.

The WONCA Europe Conference 2018 took place in Krakow, Poland, from 24-27 May, and concluded a busy and fruitful year for the region. Participants numbering 2,400, from 60 countries, participated in a conference with the core theme of “Quality, Efficiency, Equity”.

Equity statements

Leading up to the conference, EQuIP (the European network on Quality and Patient Safety) had already finalised a statement, which recognises equity as an essential dimension of quality of health care (the statement was endorsed by WONCA Europe). Promoting equity was also the focus of the conference Legacy Statement, and as expected, the theme resonated with the agenda of the WONCA Europe Council too, which met prior to the conference.

[EQuIP Position Paper on Equity - a core dimension of Quality in Primary Care Krakow 2018 Statement](#)

Overdiagnosis/ Overtreatment position paper

During the Council Meeting, the position paper on Overdiagnosis / Overtreatment was adopted, addressing problems related to “too much medicine” and unwarranted medical activities, which may lead to unnecessary

waste of resources, inequalities and direct harm to people.

[See separate news item](#)

Training Requirements

The document on training requirements, developed by EURACT (the European Academy of Teachers in Family Medicine), was endorsed. This document is expected to provide guidance and be of important contribution to the process of achieving professional recognition of our specialty at the European Commission level.

[European Training Requirements for GP/FM Specialist Training](#)

Quality in PHC

Finally, the Council also endorsed the statement on measuring quality in primary health care from EQuIP, and the joint statement on the role of primary care physicians in influenza prevention, which was jointly developed by the European Scientific Working group on Influenza (ESWI), European Network for Prevention and Health Promotion in Family Medicine and General Practice (EUROPREV) and the International Primary Care Respiratory Group (IPCRG).

[Measuring Quality in PHC](#)

next month... WONCA Europe: Future Plan

WONCA Europe Position Paper on Overdiagnosis

[español](#)

WONCA Europe under the leadership of Prof Johann Sigurdsson (from Iceland and Norway) have developed and endorsed a "Position Paper on Overdiagnosis and Actions to be Taken".

Position Paper on Overdiagnosis and Actions to be Taken

Modern medicine has brought impressive benefits to humankind. A side-effect of its many successes is however an unfounded, cultural belief that more medicine is necessarily better, irrespective of context. Consequently, problems related to "too much medicine", overdiagnosis and overtreatment are on the rise. Ever more methods of surveillance, investigation and treatment become available, and health anxiety has become widespread. Unwarranted medical activity leads to unnecessary waste of resources, more inequalities in healthcare and, at worst, direct harm to patients and healthy citizens.

In order to avert the further escalation of overdiagnosis there is a need to reassess and disseminate new evidence on timely and appropriate diagnostic processes along with the communication skills needed to inform patients and their families about the relevant significance of their diagnoses.

Most general practitioners/family physicians (GPs/FPs) work in the clinical setting, which represents the patient's first contact with the

healthcare system, providing easy access and help with the whole range of health problems, regardless of age, sex and other personal characteristics. Furthermore, many GPs/FPs also carry administrative, academic and teaching responsibilities/opportunities. They may be involved in teams locally, regionally, nationally, and sometimes globally. In total, European GPs/FPs have many opportunities to influence the evolution of healthcare. This introduces a professional responsibility for GPs/FPs to observe and analyse the development, and take action.

WONCA Europe wants to strengthen the ability of GPs/FPs to exercise sound professional judgment in their clinical practice, informed by best evidence (The European Definition of General Practice / Family Medicine 2011). In that context, WONCA now puts the problem of overdiagnosis on the agenda, hoping to reach all influential stakeholders, including health professionals, health authorities, the mass media, and the general population.

WONCA Europe acknowledges that many GPs/FPs work in regions with scarce resources and poor access to appropriate and timely medical investigations and care. This might result in delayed diagnoses, delayed "all clear", and distress both for patients and doctors, and in such settings, increased use of medical resources is evidently warranted. It is important to note, however, that underdiagnosis and overdiagnosis may exist side by side, even in the same clinical

settings. The problems have different drivers and mechanisms but are nevertheless interlinked. In conclusion, preventing overdiagnosis must involve the allocation of medical resources as effectively as possible for the benefit of population health, while incorporating the ethos of the following three principles:

- Overdiagnosis means making people into patients unnecessarily, by identifying problems that were never going to cause harm (overdetection) or by medicalising ordinary life experiences through expanded definitions of diseases (overdefinition) (see further definitions and clarifications in the supplementary material below).
- Overdiagnosis decreases the quality of healthcare, endangers patients, increases perceptions of disability among patients, and undermines public health. In order to fulfil their

professional role as gatekeepers and coordinators for the citizens' use of healthcare services, GPs/FPs are hereby encouraged to recognise and minimise overdiagnosis.

- Along with other stakeholders, GPs/FPs have an important role in informing both healthcare authorities, fellow professionals and the wider public that a vision of no medical risks in life (a medical "zero vision") is unrealistic and potentially harmful. Some unfortunate cases of potentially preventable disease will continue to arise, even in affluent settings with well-functioning healthcare.

*References and supplementary text in full document.

[See full document](#)

Towards highly trained specialists in General Practice/Family Medicine



Nele R.M. Michels,
Nynke Scherpbier-de
Haan, Jo Buchanan,
Roar Maagaard

General
Practice/Family

Medicine (GP/FM) is a key discipline within primary health care and by extension for the whole health care system. Essential conditions for effective GP/FM care is a workforce that is highly qualified and the acceptance of GP/FM as a medical specialty. However, recognition of the discipline is still lacking in some European countries. In addition, specialty training programs for GP/FM are not always available and/or of sufficient quality.

In the past 20 years, WONCA Europe and its teaching organization EURACT have produced several important documents on a common definition and description of the GP/FM specialty. These documents support the recognition of GP/FM and improvement in the quality of specialty training schemes in addition they promote international collaborations. The latter are facilitated by proposing a common language and understanding about the essential elements in

GP/FM training.

In 2017 the European Union of General Practitioners (UEMO) decided to explore the issue of the recognition of GP/FM as a specialty within the member countries of the European Union (EU). A request was made by UEMO to WONCA Europe for a statement on the training requirements for GP/FM. This role was delegated to WONCA Europe's education network EURACT.

EURACT's Specialist Training Committee has made a compilation of all EURACT educational documents (from 2006 to 2014) and included some state-of-the-art recommendations to produce this document on GP/FM specialty training in Europe. As such, the minimum educational requirements for GP/FM specialty training have been described. This starts from the perspective of the trainees by describing the core competencies that are to be acquired during training, how these can be learnt and assessed. Consideration is then given to the duration of training, where training should occur and how trainees should be selected for GP/FM specialty training programmes. The importance of having a suitable training environment for GP/FM specialty trainees is emphasised in sections on the requirements

for trainers and training institutions.

[Full Document](#)

This new document can inspire and guide all countries to implement and/or bring their specialist training to the highest standards,

and in addition, warrants the registration of GP/FM as a medical specialty. This document was produced in the specific context of Europe but its general principles are relevant to GP/FM training in all countries. After all, the patients in GP/FM across the world deserve highly trained specialists in GP/FM.

24TH WONCA
EUROPE
CONFERENCE



Bratislava
June 26-29, 2019



Working Parties and SIGs

Latest from Education for Primary Care

Prof Val Wass reports on the latest open access articles from *Education for Primary Care*:

This month's *Education for Primary Care* (29:3) has several articles on Continuous Professional Development (CPD) including a leading article review of how the WONCA Working Party on Education's (WWPE's) standards for delivering CPD were developed and a letter from Elaine Politi describing her work in Greece.

The WONCA CPD standards can be viewed on the WONCA website [here](#).

Delivering effective CPD for WONCA organisations remains challenging. At the 2017 WONCA rural conference in Cairns, a workshop held for the WWPE highlighted the difficulties rural doctors experience when seeking CPD. This month we will be offering free access and download for a literature review on:

Continuing education for general practitioners working in rural practice: a review of the literature (2018;29; p152-65) from Stephanie Dowling, Jason Last, Henry Finnigan & Walter Cullen.

[Access article here](#)

Rural Round up: oral health awareness in rural India



Dr Sumit Dubey is a dentist from New Delhi, India. He specialises in Prosthodontics and Oral Implantology. He wishes to bring about oral health awareness to the most remote parts of India and has set up a self-funded campaign by the name HASNAA (Healthy Affordable Solutions Nationally for Aam Aadmi) which is for oral health awareness across the rural population of India.

Rural areas of India are prone to oral diseases more than others because a low awareness of oral health. Whilst urban India has witnessed remarkable awareness of oral hygiene, it is sad that many oral health advocates still do not target rural areas. Dentist: patient ratio is 1:250,000 for rural populations.

The most common oral disease is dental caries but it's not the same in rural areas. Villagers usually suffer from periodontal disease, oral cancer, oral sub mucous fibrosis, early loss of teeth, loss of muscle tonicity/ facial profile, which further weakens their general health. This is mainly because of lack of oral hygiene awareness and tobacco use.

We are trying to educate people about oral hygiene, tooth brushing method, oral rinses & oral cancer awareness. We have also launched Quit Tobacco campaigns and diet Counselling in rural villages of India. We strive to create a positive and self-motivated awakening in oral health care providing dental expertise to the rural population and underprivileged children across India.

Providing affordable dental treatments to all sections of society is what HASNAA pitch for. So far, we've been active in rural areas of Delhi, Haryana, Uttar Pradesh, Rajasthan and Jammu and Kashmir with future plans to cover all the rural population of India.

Many villagers have quit tobacco. Basic prophylactic and preventive dental care is done at our rural dental base center which is on their door step. Those who need it are further treated for pre malignant lesion and oral cancer in various affordable hospitals.

Our strategy is "word of mouth". We talk to some people in village, convince them of the importance of oral health. These people increase the chances of convincing friends and relatives to stop intake of tobacco/smoking and maintain oral hygiene. Primary dental examination/ screening is done at the rural dental base center. Villagers are checked for dental issues and given affordable dental solutions.

We organise camps at village level where our doctors interact with villagers and also check them for dental issues. The treatment is affordable as villagers pay as per their pocket, which is pre-decided by the villagers itself. If somebody has no money for treatment then he/ she is treated for free.

The emphasis is on the children and in our Rural School Programs school children are



taught the basics of tooth brushing and made aware of oral health and importance of giving up tobacco. The children help to become propagators of our idea of sticking to oral hygiene and spread the message to their friends and family.

HASNAA strongly believes in consolidated efforts and sees its efforts turn into a milestone to see a healthy India and a fit India.

For more information on HASNAA see their [Website](#)

Working Party on the Environment Annual Report

Enrique Barros, chair of the WONCA Environment provides a report on the working party activities of the past year.



Our working party has seen steadily growing activity. Our main achievements for the period:

- [WONCA Europe Statement for WHO-Europe](#) (collaboration lead by Ralph Guggenheim) - where WONCA Europe formally states the strategic relevance of Primary Care for the Sustainable Development Goals and for Planetary Health

- Proposal for a policy for sustainable WONCA events (Lead by Paola Rava Dellepiane and Alice McGushin)

- Train-the-Trainer Air Pollution Pack - partnership with Health Canada and WHO (Lead by Alan Abelsohn) - a project under development with the goal to promote awareness of the harms of air pollution among the international community of family doctors and other primary care providers.

- active emails group, which has grown to have now 62 members - we are experiencing



vivid discussions about the ethics, science, and activism about environmental health.

- periodic videoconference meetings (with GoToMeeting kindly offered by Garth) - these online meetings organized by Alice McGushin, are facilitating the improving coordination of and sharing of ideas among our working party.

- two papers published in *The Lancet* Planetary Health by members of our working party: [Challenges and opportunities in planetary health for primary care providers](#), and [Bringing the planet into the generalist practice: a form of preventive care](#) - these papers reflect the growing participation of WONCA within the international environmental health agenda.

- collaboration in Brainstorm Groups that resulted in [Cross-cutting principles for planetary health education](#). - our working party was very active in collaborating with the Planetary Health Alliance for the development of the main educational principles for planetary health.

- participation and representation in various conferences, and some workshops accepted for WONCA Seoul 2018 and WONCA Europe Krakow 2018.

- [a short movie](#) in collaboration with WONCA rural seeds

Mental Health Matters: year in review



Prof Chris Dowrick, Chair WONCA Working Party on Mental Health reports on the 2016-18 Activity Plan.

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

2016-2018 are to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.

We consider that we have made substantial progress on all three objectives.

1. **WWPMH internal structures are now well established**
- 2.

- Our membership has expanded from 46 in October 2016 to over 160 currently. Our largest groupings are from Europe and Latin America.
- We have representation across all WONCA regions and constituencies.
 - o Our current elected officer group is Chris Dowrick (UK, Chair), Christos Lionis (Greece, Vice-Chair), Jill Benson (Australia, Secretary) and Juan Mendive (Spain, Secretary).
 - o Vice-chairs for each of the seven WONCA regions are Joseph Ariba for Africa, Cindy Lam for Asia-Pacific, Abdullah al Khatami for Eastern Mediterranean, Christos Lionis for Europe, Leandro Wenceslau and Daniel Puig for Ibero-America, Kim Griswold for North America, and Pramendra Prasad for South Asia. Sonia-Roache Barker is vice-chair for the Caribbean sub-region.
 - o We have specialist liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK) and Brazil; and liaison with WONCA Young Doctors (Ray Mendez, USA).
- Communication between WWPMH members involves structured e-meetings for officers every 2-3 months, and regular e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

2. Mental health guidance for WONCA members

- We advise Executive and Council of issues relevant to primary mental health, for example on WHO primary health care policy for the Eastern Mediterranean region.
- We encourage primary mental health care input to all WONCA conferences. In the past year we have enabled participation in regional conferences in Lima, Pretoria, Pattaya, Katmandu, Kuwait and Krakow; future presentations will include the World Conference in Seoul.
- We collaborate with other WPs and SIGs, including education, WICC, migrant care and rural practice.
- We have created 10 time-limited task groups to provide practical guidance for family doctors on topics identified as important by WWPMH members. Six have already reported and four are in progress.
 - i. [First depression consultation](#) (led by Bruce Arroll, NZ): a shortened version of this

- document is published in *British Journal of General Practice*.
- ii. [Physical health care for people with severe mental illness](#) (led by Alan Cohen, UK and Kim Griswold, USA):
 - iii. Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to [accessible online training materials](#) (see relevant resources)
 - iv. [Non-drug interventions for psycho-social distress](#) (led by Weng Chin, Hong Kong); we launched our guidance on this topic at the WONCA Asia-Pacific meeting in November and will also present it at WONCA Seoul.
 - v. [Core competencies for primary mental health care](#) (led by Chris Dowrick, UK). This will be presented at WONCA Seoul.
 - vi. Management of medically unexplained symptoms (led by Tim olde Hartmann, Netherlands). Soon to be available on WONCA website
 - vii. Mental health care of migrants (led by Maria van den Muijsenberg, Netherlands, chair of Migrant Care SIG).
 - viii. Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).
 - ix. Dementia (led by Ferdinando Petrazzuoli, Sweden)
 - x. Adolescent mental health (led by Jane Roberts, UK)

- We are negotiating a book deal with Taylor & Francis to publish these guidance documents in a single accessible volume.

3. Leadership on global primary mental health care

- We continue to advocate for improved primary mental health care on behalf of family doctors and their patients, for example
 - o offering psychological first aid after natural and political catastrophes in Nepal, Caribbean and Spain;
 - o developing an expanding range of primary mental health care facilities across Saudi Arabia;
 - o (through the WONCA President) ensuring mental health priorities were considered at the Ibero-American primary care summit in Colombia in March 2018.
- We continue to offer expert advice and training through our international primary mental health care consultancy.
 - o Our Ibero-American team have organised a series of mhGAP training event in Brazil.
 - o A group led by Ryuki Kassai is currently organising a train the trainer programme on

depression for family doctors in Japan.

- We continue to promote external collaborations, including with WHO mhGAP, World Psychiatric Association, World Federation for Mental Health and International Association for Communication in Health Care.

- o We are currently advising WHO on its guidelines for the physical healthcare for people with severe mental illness, and on the primary care version of ICD-11 mental disorders classification.

- o In October 2018 WWPMH officers will once again participate in the mhGAP forum in Geneva.

- o In December 2018 WWPMH members will participate in the Universal Health and Mental Health conference in Malta.

- o We are participating in the WPA-Lancet Clinical Commission on Depression.

Biennium 2018-2020

- WWPMH members will be given opportunity to seek nomination (and if necessary election) for all officer positions for the biennium 2018-20.

- We anticipate that the Working Party's agenda for the next biennium will be to continue our overall objectives and build on our current achievements. This will be discussed at the WWPMH meeting in Seoul, to be chaired by Cindy Lam.

Working Party on Education Annual Report



Val Wass OBE, Chair, WONCA Working Party on Education provides a report on the working party activities over the past year.

"Education is the most powerful weapon to change the world" Mandela

1: Background:

The WWPE is as an open group aiming to develop a vibrant, interactive and supportive network of educationalists across the globe. To deliver Universal Health Care and progress Family Medicine (FM) in middle or low-income countries, it is increasingly apparent that as populations' needs change and doctors work more with middle level health workers, Western models of medical education may not be appropriate. It is imperative WWPE maximise the potential of collaborative work within WONCA to share resource and catalyse change.

2: Objectives 2017-2018:

Over the past year my main objectives as chair have been to

- 2(i) Expand the working group to include more countries and encourage engagement
- 2(ii) Engage WWPE members in delivering education workshops at WONCA events
- 2(iii) Work to collaborate with other WONCA networks and not function in a silo
- 2(iv) Raise the status of FM and develop standards for undergraduate education
- 2(v) Develop a vibrant WWPE group of students and trainees
- 2(vi) Expand resources on the website and keep postgraduate and CPD standards updated

3: Progress against objectives:

Working group membership

- 3(i) Expand the working group: We have increased membership from 99 to 132 members and representation by 10 countries to 55. The website works well. I aim for 2-3 monthly updates to members. Subsequent "conversation" is relatively low but engagement in tasks is relatively good. A google group as with the rural working party may be an option.
- 3(ii) Delivering workshops: This is proving effective. Members supported the delivery of four workshops in Pattaya (one with the WP on women and FM), two in Delhi both with WP rural members and 3 WWPE in Krakow and an additional three with EURACT and EURIPA.
- 3(iii) Collaborating across WWPE networks:

Conference collaboration is proving successful. We are engaging with the Mental Health working party and EACH (International Association for Communication in Health Care) in Seoul. A collaborative series on education for migrant health with Chris Dowrick and Maria.vandenMuijsenbergh has lost steam and needs reenergising.

3(iv) UG curriculum: A working group is preparing for a preconference day in Seoul to focus on this. It will be interesting and challenging as emergent views support the integration of FM across the curriculum rather than a defined FM attachment. We are en route!

3(v) Medical student and trainee engagement: This has not progressed. I am awaiting a reply from Ifmsa to recruit students to attend the Seoul preconference on the UG curriculum. I will also explore a google group with them.

3(vi) Web site resources: There is a clear need for this. Affiliation with Education for Primary Care has strengthened. The monthly

free paper access is well advertised- thank you. Two WONCA members are joining the EPC Board. Victor Ng and Raquel Gomez Bravo.

4: Setting objectives for 2018-19

I need to discuss with the working party members:

Emerging priorities are:

4(i) Developing guidelines and standards for medical schools

4(ii) Student and trainee engagement

4(iii) Website resources: updating current ones and meeting members needs

I thank the President, Chief Executive and the Executive Committee for their ongoing support which is much appreciated and Karen Flegg for her unstinting help with the website and news dissemination.

SIG Quaternary Prevention & Overmedicalization - More is not always better

First national course of quaternary prevention in primary health care - Perú

On June 1st and 2nd, the Family and Community Medicine Society of Perú (SOPEMFYC) organized the First national Course on Quaternary Prevention (P4). Sponsored by the WONCA SIG on Quaternary Prevention and Overmedicalization, it was held in the city of Lima. Dr. Miguel Pizzanelli, family and community doctor (GP) in Uruguay and international leader, conducted four workshops and accompanied us throughout the event.

It was attended by several national speakers such as Víctor Manchego and Sofía Cuba, current president and past president of the Peruvian Society of Family and Community Medicine. They spoke on *Screening and Overdiagnosis in Prostate Cancer* and *Quaternary Prevention in Women's Health*, respectively.

A roundtable about experiences in research



with quaternary focus was integrated by Dr. German Málaga (Internal Medicine Specialist) who gave a lecture on Quaternary Prevention in a hospital environment and Cinthya Vásquez Velásquez (Biologist researcher) presented her research results about the overdiagnosis of anaemia in children and pregnant women who are living at high altitudes. This activity is a clear example of how essential is to join efforts with different health professionals to carried out quaternary prevention perspective.

Thirty-one participants attended the event and 15 more in virtual mode. At the end of the event, the SOPEMFYC Quaternary Prevention working group was officially established. We assume the challenge of communicating through our social networks and propose activities to perform in our academic events like the Peruvian Congress of Family and Community Medicine to be held from November 29th to 1st December 2018.

Miguel Pizzanelli and Rosa Villanueva [español](#)

Featured Doctor

Prof Faisal ALNASER

Bahrain - family doctor



Faisal Alnaser, from Bahrain, professor of family medicine and leader in the development of family medicine in the East Mediterranean region.

How did you come to be a family doctor and educator?

My undergraduate study was at the college of medicine of Ain Shams University in Egypt. Later, I joined the family medicine residency program and then travelled to Glasgow University to obtain a PhD in family medicine. I also joined Royal College of General Practitioners, UK and later I was awarded the fellowship status. I am also a member of the Irish College of General Practitioners and fellow of the Faculty of Public Health, Royal College of Physicians, UK.

In Bahrain, I started working in both the academic field (College of Medicine of the Arabian Gulf University) and provided clinical services in the Ministry of Health. I was involved in teaching family medicine starting from as early as year two of medical education until the last year of medical school using many innovative training and assessment programs in family medicine that I have developed. Holding various decisions making in the school such as the university vice president, acting dean of the medical school and chairman of family and community medicine department gave the opportunity to assure that the family medicine discipline was a major element in any teaching or training within the medical school.

Other interesting things you have done?

I was chairman of the scientific counsel for family and community medicine of the Arab Board for Health Specialties for over eight years. During that period I was responsible for improving family medicine training in various Arab countries. Hence, I was helping in promoting family medicine, supporting the development of new residency programs in family medicine, certifying existing training

health centers and making sure of the quality of new family practitioners. I also had the opportunity of helping and establishing family medicine residency programs in many different countries and supervise the process of training and assessment in family medicine such as in Egypt, Yemen, Iraq, and Sudan.

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

Being a family physician in Bahrain initially required courage and much effort because of lack of knowledge of the public about the concept of family medicine, however, as the years pass, Bahraini people have become more aware of family medicine. Now they love to have family physicians that they call their own.

I enjoy working as a family physician because it makes me closer to the patient and his surroundings and by helping them, I obtain self-satisfaction that no methods of meditation can provide to me.

Bahrain is a small island situated in the middle of the Arabian Gulf and was the first country in the region to start family medicine services (since the 1980s) and the residency training program in collaboration with the American University of Beirut in 1982.

You have represented Bahrain on WONCA Council for years ...

A close relationship with WONCA was maintained via the collaboration that I established between the Arab Board for Health Specialties and WONCA. I managed to involve WONCA in the training and assessment of family residents in the Arab world and to benefit from their experience in that field. Now I am the regional advisor for the WONCA East Mediterranean region and participate in research work being done in the region.

In the WHO in my region I am assigned as a regional expert in family medicine and am invited regularly to attend advisory meetings that are organized for discussing methods of improving and wider implementation of family

medicine in our region.

What are your medical interests?

I am very interested in research to find out the attitude of people towards their illnesses and diseases and I am also interested in health education. For that, I have more than 70 publications in peer-reviewed journals, published three books and written chapters about family medicine in three international textbooks. I regularly write articles and give various speeches and talks about health education, aiming at raising the level of health awareness of the people.

Minor surgery is another interest of mine - where I could do procedures away from secondary care facilities because I believe

that referring the patients to hospital for such procedures may increase their stress level and make them prone to medical complications from the hospital environment.

And your personal interests?

I am a father of four children (three boys and one girl). They and their mother are the most precious things for me, in life. I like gardening and believe it is another life that I could give care and love to it. My other hobby is to collect hotel pens hoping that at a certain time I could hit the Guinness record with that collection.

*If you would like to send any spare hotel pens to Faisal please send to:
P.O. Box 31369, Budaiya, Bahrain*

Conference News

WONCA Seoul Award deadline

Distinguished Research Making Family Medicine Shine Award deadline 29 June

Dear WONCA 2018 Seoul Participant,

I am very pleased to announce the submission deadline of the 1st Distinguished Research Making Family Medicine Shine Award has been extended. The aim of this award is to recognize the distinguished research conducted by WONCA colleagues which has been published in high-impact journals in the field of medicine or health sciences and to honor them at WONCA 2018 Seoul.

Below is the information on application eligibility and other important details.

• Eligibility:

An applicant should be a board-certified family physician or resident in training in a department of family medicine who has published an original article as the first author or corresponding author in high-impact journals (SCI or SCI-E Impact Factor of 10 or higher) in the field of medicine or health sciences within the previous 5 years.

• Application:

Reply to this email with attachments including an application form in Word format and a published article file in PDF format.

• Research Award Review:

Once you have applied, the Research Award Review Committee of the WONCA 2018 Seoul Organizing Committee will review your application and select the awardees. You will be notified about 2-3 months before the conference.

• Oral presentation:

If you are selected, you will be required to give a 10-minute oral presentation with an extra 5 minutes

• Awards:

After oral presentation, plaques will be presented to the awardees.

• Deadline for application submission : June 29

We look forward to your participation. > [website](#)

Best regards,

Sung Sunwoo, M.D, M.P.H, Ph.D, Chair of the Scientific Program Committee
22nd WONCA World Conference, 2018 Seoul

WONCA CONFERENCES

WONCA CONFERENCES 2018

October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/
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WONCA CONFERENCES 2019

Mar 20-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	Save the date
May 1-4, 2019	Congreso Iberoamericano de Medicina Familiar	Tijuana MEXICO	http://cimfwonca.org/eventos/proximos-regionales/
May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	Save the date
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	www.woncaeurope2019.com
Oct 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	https://www.ruralhealthweb.org/wrhc

WONCA CONFERENCES 2020

March 24-28, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
June 24-27, 2020	WONCA Europe región conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

www.wonca2018.com



22nd WONCA WORLD CONFERENCE

OCTOBER 17-21, 2018 SEOUL, KOREA

Primary Care in the Future: Professional Excellence



MEMBER ORGANIZATION EVENTS

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

26 Jul **RNZCGP Conference for General Practice**

- 29 Jul
2018
Auckland, New Zealand

16 Aug **TUFH 2018: Community Empowerment for Health**

- 20 Aug
2018
Limerick, Ireland

21 Sep **EURACT Medical Education conference**

- 22 Sep
2018
Leuven, Belgium

27 Sep **VIII Congreso internacional de Medicina**

- 30 Sep
2018
Familiar
Bayahibe, La Romana. República Dominicana

04 Oct **RCGP annual primary care conference**

- 06 Oct
2018
Glasgow, United Kingdom

04 Oct **87th EGPRN Meeting**

- 07 Oct
2018
Sarajevo, Bosnia and Herzegovina

09 Oct **AAFP Family Medicine Experience**

- 13 Oct
2018
New Orleans, USA

11 Oct **RACGP GP18**

- 13 Oct
2018
Gold Coast, Queensland, Australia

14 Nov **Family Medicine Forum / Forum en**

- 17 Nov
2018
médecine familiale
Toronto, Canada

14 Nov **EURIPA Rural Health Forum**

- 16 Nov
2018
Maale Hachamisha, Israel

15 Nov **17th International Conference of Iraqi**

- 18 Nov
2018
Family Physicians Society (IFPS)
Baghdad, Iraq
