

WONCA News

Vol 45 Number 3: March 2019



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WONCA President

Dr Donald Li (Hong Kong, China)
Email: President@WONCA.net
Twitter @WONCAPresidentLi
Facebook: Donald Li

WONCA Chief Executive Officer

Dr Garth Manning

WONCA World Secretariat

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

President-Elect

Dr Anna Stavdal (Norway)

Immediate Past President

Prof Amanda Howwe (UK)

Executive Member at Large & Honorary Treasurer)

Prof Val Wass UK)

Executive Member at Large & WHO Liaison Person

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Executive Member at Large

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Adj/Prof Jacqueline Ponzo (Uruguay)

Regional President, WONCA North America

Prof Marvin Reid (Jamaica)

Regional President, WONCA South Asia

Dr Raman Kumar (India)

Young Doctor Representative

Dr Ana Nunes Barata (Portugal)

Editor, WONCA News

Dr Karen M Flegg
Email editor@WONCA.net

Global Family Doctor - Wonca Online



Wonca
World family doctors. Caring for people.

From the President: Building our influence



[Español](#) [中文](#)

After the WHO Executive Board, in January, and the signing of our landmark [MOU with WHO](#), we are now

into the process of discussing and agreeing with our WHO colleagues what we can usefully work on together, to further the primary care and family medicine agenda. The MOU acknowledges the key role played by family doctors globally in the delivery of primary health care.

We are conscious that WONCA depends on a lot of voluntary input from our members, particularly in the work of our [Working Parties and Special Interest Groups](#), some of which work directly with WHO technical committees. In our discussions with WHO, we are being cautious about how much time and input we can commit our Member Organisations, Executive and Secretariat to undertaking. We will endeavour to find the right balance to ensure that we influence global policy and practice, as well as, respecting the work commitments of our members.

In addition to our direct collaboration with WHO at headquarters on global health and policy issues, we are delighted that the MOU offers the opportunity for our WONCA Regional Presidents to initiate or consolidate dialogue with WHO country offices and regional offices. This will bring the family medicine message closer to the grassroots level of planning, implementing and delivering good quality patient care.

There are a wide range of events scheduled for the rest of 2019. These include:

April

WONCA Executive meeting, in Beijing to coincide with a China Conference on Family Medicine, at which 5,000+ are expected to attend.

May

- [WONCA Asia Pacific region conference, in Kyoto](#)
- World Health Assembly in Geneva. Here, with the President-Elect, our WONCA-WHO

Liaison person, and our CEO, we will further our collaboration with technical and policy officers, and clusters within WHO. We also look forward to building stronger collaborations with other organisations with which WONCA has ongoing relationships, such as World Medical Association, International Federation of Medical Students Associations, International Council of Nurses, World Federation of Public Health Associations.

June

- [WONCA Africa region conference, Kampala](#)
- [WONCA Europe conference, Bratislava](#)

September

- [American Academy of Family Physicians meeting](#), Philadelphia. AAFP are WONCA's largest Member Organisation.

November

- WONCA Executive meeting, Bangkok
- [WONCA South Asia region conference, Lahore](#)

Attendance at these regional events is a great opportunity to meet so many of you, and I look forward to meeting again with old friends, and making many new friends at the various events.

I will continue to liaise with our WONCA Working Parties and Special Interest Groups (WPs and SIGs) and match appropriate international and global organisations with them. My aim is to build on the influence and name recognition of WONCA, for the important work that our WPs and SIGs do. This has been particularly successful in cross-cutting issues such as the environment, disaster risk reduction and disaster preparedness so far. You will note from the 'In my view' news item that this month I have invited Professor Sir Andy Haines to write about the forthcoming Declaration on Planetary Health, on which members of our WP on the Environment collaborated. See ["In my View: Sir Andy Haines"](#)

There will be other mutually beneficial links to pursue in the coming months and we look forward to that.

Donald Li. WONCA President

From the CEO's desk: 2019 Family Doctor Day and conferences

Greetings again from Bangkok. This month I want to highlight World Family Doctor Day, which will take place on 19th May, and also feature the start of the WONCA conference season.

World Family Doctor Day: May 19

In just about 10 weeks from the time this article is published, World Family Doctor Day will be upon us once more. World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

"World Family Doctor Day: May 19" has become important as the day spreads around the world, and has been translated into a number of different languages, including Spanish, Portuguese and Chinese:

- Día Mundial del Médico de Familia: 19 de Mayo

- Dia Mundial do Médico de Família: 19 de Maio

- 519世界家庭醫師日

Photo: last year's poster from Hong Kong



2019 FDD theme – “Family doctors – caring for you for the whole of your life”

We're happy for Member Organizations to develop their own theme for FDD, depending on local priorities, but this year we'd especially like to highlight the role of family doctors in providing life- long care to their patients – “from cradle to grave”. We especially want to emphasise that family doctors have a key role in the management of children and also their pivotal role in palliative and end of life care.

Of course WONCA has specialist groups which cover so many aspects of this lifelong care. Our Special Interest Group (SIG) on Ageing and Health launched the WONCA Statement on Ageing at the Seoul World Conference (<https://www.wonca.net/site/DefaultSite/filesystem/documents/Groups/ageing/18%20Statement%20on%20ageing.pdf>) and WONCA Executive has recently endorsed the formation of a new SIG on Adolescent and Young Adult Health.



Photo: Qatar had their poster on a vehicle in 2018

As before, WONCA has also made generic FDD posters available via the WONCA

website, and the FDD logo is also available [View and download all FDD posters](#)

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. Karen Flegg, the WONCA Editor, has produced a template for countries and College and societies and associations, to aid reporting. We look forward very much to receiving reports of this year's activities and will feature a number of these in future WONCA News editions.



Photo: Innovative ideas keep coming with new things every year. In Spain -the #LoveMFyC" meaning "Keep Calm and Love Family Medicine" campaign was run with great success and engagement

[Send your activities to the WONCA Editor](#)

WONCA Conferences

March 2019 sees the first event of the WONCA conference season – the WONCA Eastern Mediterranean Region (EMR) conference in Beirut from March 21-23. It's not too late to register – www.woncaemr2019.com – and we hope to meet many of you at this event.

Details of all WONCA conferences are on our website. [All WONCA conferences](#)

Future conferences include:

- WONCA Iberoamericana-CIMF region, in Tijuana, Mexico (May 1-4)
- WONCA Asia Pacific region, in Kyoto, Japan (May 14-17)

- WONCA Africa region, in Kampala, Uganda (June 5-8)

- WONCA Europe region, in Bratislava, Slovak Republic (June 26-29)

- WONCA World Rural Health conference, in New Mexico, USA (October 11-15)

- WONCA South Asia region, in Lahore, Pakistan (November 22-24)
We look forward to seeing old friends, and meeting new ones, at one of these many events.

Dr Garth Manning - CEO

24TH WONCA
EUROPE
CONFERENCE

Bratislava
June 26-29, 2019

GENERAL PRACTICE:
The Human Side of Medicine

www.woncaeurope2019.org

In my View: Declaration on Planetary Health

[Español](#) [Français](#)

Prof Sir Andy Haines writes about the "Declaration calling for the family doctors of the world to act on planetary health" - a result of the WONCA Working Party on the Environment and the Planetary Health Alliance Clinicians for Planetary Health Working Group

We all depend for our health and wellbeing on natural systems that regulate the climate and provide essential freshwater, air and food. More and more people, in cities and in rural areas, are now faced with poor air quality, increased levels of waste and a visible reduction in the health of our oceans, whilst the global climate is changing more rapidly than at any point in human history. The resulting disruption of the natural environment is a growing cause for concern and could undermine the health of our own and future generations, who face health hazards directly and indirectly related to the accelerating environmental changes.

Family doctors are on the frontline of treating environmentally-related illnesses including the effects of exposure to air and other forms of pollution as well as increased susceptibility to injury and disease from climate and other environmental changes. They increasingly recognize the changing patterns of illnesses and diseases being presented by patients as being environment-related. But what can be done to address them? How, as family doctors and GPs, do we prepare for the new health threats and make positive changes to our own and our patients' lives to reduce the risks to health from these challenges which are increasingly recognised as part of our practice?

The Planetary Health Alliance and the WONCA Working Party on the Environment have joined forces to develop and agree a Declaration calling for the family doctors of the world to act on planetary health. The Declaration, while highlighting the risks to health of environmental change also focuses on the opportunities for intervention to reduce the impacts and to tackle the driving forces responsible for these changes.

[>Declaration calling for the family doctors of the world to act on planetary health](#)

WONCA represents more than 500,000 family doctors and GPs around the globe. Using patient consultations and community engagement to advocate for actions which can both improve health and the environment will have an impact, not least by raising awareness and encouraging communities to become involved in preparing for risks associated with environmental change. Being trusted advocates in our communities, family doctors are in a key position to help to make initially small changes which can build a positive impact over a short time.

WONCA members have access to a range of environmental health promotion and advocacy tools through a range of sources, including from the [Planetary Health Alliance](#) and from the [WONCA Working Party on the Environment](#). There are a range of actions which family doctors, along with other health professionals, can undertake to reduce the risks inherent in the deteriorating global environment. The first and most important action is to become better informed about these risks, and then to communicate them to patients and the wider community while providing information about ways to reduce them. Promoting healthy, low environmental impact food choices, and the use of 'active' transport such as cycling and walking, encouraging the uptake of clean renewable energy sources, and greater use of green spaces, recycling where possible and engaging with community efforts to build resilience are small steps which build momentum.

Family doctors, with their unique position in a community, have the opportunity to advocate for better environmental practices among their own patient groups. Leading by example acts as a model for patients and communities. Contributing to the growing body of evidence to help shape future policies, through local groups or global groups, such as the WONCA Working Party on the Environment, will ensure that risks are reduced as far as possible. Activities could include assisting with the development of locally relevant materials on planetary health with which to engage directly with

patients; getting involved in developing material for under and post-graduate training, including in the [WONCA Air Health Train the Trainers Initiative](#); establishing a practice-based awareness and training programme for the whole primary care team. There are plenty of ways to become involved, as an individual, as a member of community or local professional group, or as part of a wider global movement such as the [Clinicians for Planetary Health Working Group](#).

The risks are not theoretical. They are not scare-mongering. Family doctors owe it to themselves and their patients and future generations to reduce the growing risks we face from environmental threats.



Sir Andrew Haines, FRCGP, FRCP, FFPH is a British epidemiologist and academic. He was Director of the London School of Hygiene and Tropical Medicine from 2001 to 2010. His research interests currently focus on the study of environmental influences on health, including the potential effects of climate change and the health co-benefits of the low carbon economy. He chaired an international task force on climate change mitigation and public health which published a series of articles in the Lancet in 2009. Recent research included the study of the health co-benefits and economic impacts of low carbon policies in the transport, food and agriculture and housing sectors. I was a co-investigator on a MRC/NERC project to link environmental and health data in the UK. He is involved in Wellcome Trust funded research on severe heat stress exposure under climate change, sustainable diets /food systems and healthy sustainable cities.

Working Party News

January 2019 report of WICC

WONCA International Classification Committee (WICC) chair, Prof Thomas Kühlein, writes:

Group membership

The current Chair of WICC is Thomas Kühlein (Germany) and the deputy Chair is Kees van Boven (Netherlands)#



The executive committee consists of:
Thomas Kühlein (Germany)
Kees van Boven (Netherlands)
Jean-Karl Soler (Malta)
Olawunmi Olagundoye (Nigeria)
Laurent Letrillart (France)

The governance committee consists of Diego Schrans (Belgium), Preben Larsen (Denmark), Julie Gordon (Australia).

The WICC is organised according to its policy document.

1. Achievements over the last biennium (between World Councils)

The main achievement is that mainly Kees van Boven managed to obtain money from different countries interested in the use of ICPC and willing to fund the development of ICPC-3 via a Consortium. At the moment the Consortium consists of WONCA World, WONCA Europe, Radboud University Nijmegen and an increasing number of participating countries. The ICPC-3 Project started January 2018 and runs for a period of three and half years. It has been the main topic of the WICC annual meetings in 2017 in Lyon (France) and in 2018 in Lviv (Ukraine).

The annual WONCA International Classification Committee (WICC) meeting in 2018 was held from 25 - 31 August in Lviv/Ukraine. There were 26 members and observers participating. The main topic was the development of ICPC-3 under organizational leadership of a Consortium under the lead of Kees van Boven at the University of Nijmegen/Netherlands. Another important topic was the development of a

primary care version (linearization) of ICD-11 in collaboration with WHO.

The website informing about the work of WICC is the PH3C-website (link at bottom). This web-site was developed and maintained under the leadership of Marc Jamouille (Belgium) who in Lviv handed it over to Heinz Bhend (Switzerland) who is going to reconstruct it technically and organizationally.

This year's meeting of WICC will be held in Crete in Greece from 22 -26 September 2019. Again, the main topic will be the collaboration of WICC and the Consortium and common work on content of ICPC-3. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcome.

WICC was represented by its members at many WONCA Region Conferences and WONCA World Conference in Seoul /Korea) in 2018 presenting posters or holding workshops on classification topics like ICPC and the International Classification of Functioning, Disability and Health (ICF).

2. Activities planned and in progress

The core activity planned is ongoing work on ICPC-3.

3. Any activity in collaboration with WHO, either regionally or globally

At the meeting of the WHO-Family of International Classifications (WHO-FIC) Network in 2017 WICC was not represented for a number of reasons, one of them being that primary care was too little on the agenda. At the mid-year meeting and at the last annual meeting in Seoul/Korea (22 - 26 October 2018) there were discussions about the current state of the primary care version of ICD-11. The main change from ICD-10 to ICD-11 will be a switch from the former big book to a software based version published as a searchable database to be incorporated in other software systems.

Another change will be that a so called foundation layer has been created, containing all concepts of the domain of medicine in a defined manner with semantic linkages (is part of..., relates to...) in all possible directions (so called multi-parenting). Classifications are built on this foundation layer which is why they are called linearizations. One of these linearizations is the Joint Linearization for Morbidity and Mortality Statistics (JLMMS) which has been

released as a version for preparing implementation in member states, including translations at 18 June 2018.

In the beginning an independent primary care linearization both for the high and a low resource setting in a telescopic structure, based directly on the foundation layer was planned (ICD-11 PC Linearization). Up to now only a simple pick-list from JLMMS as a short version for primary care has been achieved in a preliminary version. This is disappointing but was to be expected as nobody was willing or capable of investing into sufficient work force to achieve the original goal.

At the WHO-FIC annual conference Seoul/South-Korea Thomas Kühlein the current chair of WICC pointed at the deficiencies of the ICD-11 PC Linearization and the progress of ICPC-3. As a classification is a kind of standard and as the good thing about a standard is that there is one and not two of them, Thomas Kühlein proposed to finish the development of ICPC-3, include its concepts into the foundation layer retrospectively and make it the official primary care classification in the WHO-FIC. The proposal raised some discussions on technical feasibility which could not be solved. A subjective impression is that the problem is less technical feasibility than political will. Although the overarching topic of Seoul WHO-FIC Conference was the anniversary of the declaration of Alma-Ata, again the needs of primary health care played a minor role.

4. Other significant progress as per activity plans

The WICC executive committee and the WICC decided to now put all energy into the development of ICPC-3. As long as WHO doesn't come forward with new initiatives to go on with ICD-11 PC Linearization development, WICC sees no priority in pushing it. Still, WICC is in principle ready and willing to cooperate with WHO in classification matters which has also been made explicit at the WHO-FIC Conference in Seoul.

5. Issues

The annual WONCA International Classification Committee (WICC) meeting in 2018 was held from 25 - 31 August in Lviv/Ukraine. There were 26 members and observers participating. The main topic was the new version of the International Classification of Primary Care international (ICPC-3) which is currently developed under

organizational leadership of a Consortium under the lead of Kees van Boven at the University of Nijmegen/Netherlands. Another important topic was the development of a primary care version (linearization) of ICD-11 in collaboration with WHO.

In the meantime the ICPC-3 Consortium took up its work which can be followed at the Consortium website Another website informing about the work of WICC is the PH3C-website. Links below.

This year's meeting of WICC will be held in Crete in Greece from 22 -26 September 2019. Again, the main topic will be the collaboration of WICC and the Consortium and common work on content of ICPC-3. Vivid discussions are to be expected. Anybody interested in the work of WICC will be welcome. Joining link below.

[Website: Primary Health Care Classification Consortium](#)
[PH3C website](#)
[Join our working party](#)

Rural Round-up: the rise and rise of rural generalism



Nick Schubert (right), is a PhD Candidate, at James Cook University (Australia) and Tarun Sen Gupta (left), is professor, College of Medicine & Dentistry, James Cook University (Australia). They write about rural generalism.

Family doctors world-wide are familiar with workforce challenges and generalist practitioner shortages [1], which are most prevalent in rural communities and areas of socio-economic disadvantage [2-5]. Rural workforce shortages have been identified by the World Health Organization as a significant barrier to universal, equitable health coverage [6]. Common drivers for these shortages include: the increasing trend toward metropolitan based medical specialization [7]; feminisation and ageing of the medical workforce; changing work priorities of younger doctors; changing attitudes toward owning a general practice; and, negative perceptions of both rural and general practice [8, 9].

Rural Generalist Medicine (RGM) has been a feature of medicine in countries with large rural

and/or remote areas for some time [10, 11], despite variations in rural generalist titles, nature of training programs and models of care. A renewed commitment to coordinated RGM training now offers a way forward for all jurisdictions and is attracting considerable international attention, including a summit at the 2017 WONCA rural conference in Cairns.

The Cairns Consensus Statement (2014), describes Rural Generalist Medicine as 'the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- Comprehensive primary care for individuals, families and communities;
- Hospital in-patient and/or related secondary medical care in the institutional, home or ambulatory setting;
- Emergency care;
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues;
- A population health approach that is relevant to the community;
- Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs' [12].

A recent scoping review addressed the broad question 'What is documented on rural generalist medicine?' identifying 102 relevant articles [13]. Themes explored in the review included contextual differences and similarities in: the definition of RGM; the training pathways and programs; the scopes of practice and

service models; the enablers and barriers to recruitment; and, retention and recommendations for reform.

Whilst most literature originates from the relatively mature RGM models in Australia, Canada and the USA, there is also more recent literature emerging from countries such as Japan, Kenya, Uganda, Rwanda, Ethiopia and India. Efforts to coordinate and strengthen RGM pathways and models of care as a response to the issues faced globally by the health sector in rural and remote areas are also now being shared through forums such as the World Summits on RGM. Ongoing research and publication of evidence related to RGM training and health outcomes is now required to support best practice outcomes as this momentum continues to build.

The [WONCA Working Party on Rural Practice](#) has been instrumental in leading international discussion and collaboration as the field of rural generalist medicine evolves and will have a focus on this topic at the forthcoming conference in New Mexico. While many elements of rural generalist medicine will be familiar to family doctors everywhere, the Australian College of Rural & Remote Medicine has described rural and remote medicine as ‘the fullest expression of the specialty of general practice [14].’

We are optimistic that RGM will bring great benefits for our patients and our communities, and help us realise the working party’s vision of health for all rural people around the world.

References available online

VI CONGRESO IBEROAMERICANO DE MEDICINA FAMILIAR 2019

Wonca CIMF

TE ESPERAMOS EN 2019

1 a 4 de Mayo

LA MEDICINA FAMILIAR COMO EJE PARA EL ACCESO UNIVERSAL A LA SALUD

XXXI Congreso Nacional de Medicina Familiar
II Conferencia Binacional Baja California - California

TIJUANA - ROSARITO, BAJA CALIFORNIA

México FIDEM BAJA CALIFORNIA TIJUANA BAJACENTER OSET

Free access article from Felicity Goodyear-Smith in 'Education for Primary Care'



Prof Val Wass OBE, Chair WONCA Working Party on Education and WONCA World Honorary Treasurer, updates us on this month's free access offering from *Education for Primary Care* - our affiliated journal.

Education for Primary Care - it is our 30th anniversary: Issue 30:1 is now [on line](#)

The editorial "If a clod bee washed away by the Sea....." (John Donne) argues the importance of collaborating globally to move education research forward. The affiliation with WONCA is at the heart of this.

An invited guest editorial from EURACT on Family Medicine Education in the real world emphasises this.

FREE ACCESS for a month is to a paper from our Working Party on Research chair, Professor Felicity Goodyear-Smith, and her team in New Zealand.

["Legitimate participation of medical students in community attachments."](#)

The authors use Communities of Practice Theory (Lave and Wenger) to explain how important it is to offer positive community placements and why negative ones can be perceived so detrimentally by students. 'Hospitality,' 'Collegiality' and 'Responsibility' matter most. Thank you Felicity!

Remember *Education for Primary Care* now publishes short reports for those starting out in Education Research - it so important we look critically at what we do and share our findings.

Special Interest Group News

SIG Family Violence consultancies

The 2016 World Health Assembly global plan of action recommends:

- strengthening family violence health system leadership and governance;
- enhancing health service delivery and providers' capacity to respond to family violence (in particular against women and children);
- improving information and evidence.

WONCA is pleased to work in partnership with the World Health Organisation to assist in implementing the WHO recommended guidelines on family violence. Drawing on a wealth of knowledge and experience, WONCA's primary care experts from the Special Interest Group on Family Violence are available to provide a range of international consultancies, including:

Education and training: Support, guidance or

codesign of delivery and evaluation of training programs on family violence for primary health care or other health care teams. Training programs need to be tailored for collaborative support for families affected by family violence by taking into consideration the national/cultural contexts and the specific services available in each country. In general, programs should focus on how to identify and respond in health care settings, to be able to help affected patients/families. To be effective, all training programs must be followed by regular updates.

Policy: Examining current country policies regarding family violence and the provision of information on different models used in different countries. Help in defining the specific roles of the local health care professions, and support and advice with mapping the roles of different professionals/agencies that care for

families affected by family violence. Help promoting the implementation or improvement of policies and designing specific programs and tools for policy implementation. Continued maintenance and follow-up as well as protocols, guidelines and practical kits for use by health care teams.

Research: Identification of research priorities and funding opportunities; collaboration on design, implementation and evaluation of research projects and implementation of the accumulated evidence in practice.

We will offer a three-tiered approach for consultancy:

Level 1:

In person, face to face consultancy, including help with delivery of workshops or other training. This form of consultancy requires travel and accommodation. This includes all set fees as suggested by the WONCA Steering Committee.

Level 2:

Reduced rates can be negotiated in special circumstances, for example, for low-income countries. This will include a mix of in-person consultancy and online help.

Level 3:

We provide a secondary consultation over a negotiated period of time, that will be voluntary, dependant on the hours required. This will be an online option, with no travel or in-person consultation involved, but advice and suggestions will be offered via email and skype.

Panel of primary care family violence experts in health care:

Prof Kelsey Hegarty, Australia

Family Doctor who holds the research Chair of Family Violence Prevention at the University of Melbourne and the Royal Women's Hospital, Victoria, Australia. Co-chair of the Melbourne Research Alliance to End Violence against Women and their Children.

Dr Hagit Dascal-Weichhendler, Israel

Board certified family physician, working full time as a clinician with a mixed population in Northern Israel. Chairperson of the Committee on Family Violence (FV) in Clalit Health Services, Haifa and West Galilee District.

Member of the Ministry of Health Committee on FV.

Dr Raquel Bravo Gomez, Luxembourg

Family physician and a member of the International Section of SemFYC (Spanish Scientific Society of Family Community Medicine). Raquel also works Freelance.

Dr Leo Pas, Belgium

Research collaborator at Department of Public Health and primary Health Care, Catholic University Leuven in Belgium, and inter university center GP Training.

Dr Nena Kopcavar, Slovenia

Health Center of Ljubljana, and Assistant teacher and research at the Department of Family Medicine, Medical Faculty in Slovenia.

Dr Jinan Usta, Lebanon

Elected as president elect of the World Organization of Family Physicians East Mediterranean region, and Associate Professor of clinical medicine at the American University of Beirut Medical Centre and president of the Lebanese Society of Family Medicine.

A/Prof Sajaratulnisah Othman, Malaysia

Associate Professor in the Department of Primary Care Medicine, University of Malaya. Currently heading the Violence Intervention Committee (VIC) of the University Medical Centre.

Dr Omneya Ezzat Elsherif, Egypt

FM Accreditation Team Coordinator and a board member of the Egyptian Family Association.

Dr Nina Monteiro, Portugal

Nina became a Family Doctor in 2015 and currently works on a Health Center in Oporto. She is part of the VdGM Family Violence group and she collaborates with the Portuguese Association of Family Medicine at its department of residents and young family doctors and helping coordinate its Women's Health Group.

Dr Carmen Fernández-Alonso, Spain

Carmen is currently a freelancer. Gerencia Regional de Salud de Castilla y Leon. Valladolid, Spain. Servicio de Programas Asistenciales.

Young Doctors' Movements

Five Questions on the ASPIRE Global Leaders Program

1. What is the ASPIRE Global Leaders Program?

The ASPIRE Global Leader Program, an initiative led by the WONCA Young Doctors' Movement (YDM), has been developed to augment the skills of medical students, residents, and junior GPs/FPs, and simultaneously increasing their involvement in their national and regional organisations, as well as WONCA World.

The name "ASPIRE" is a mnemonic with the letters representing its foundation: Academics, Students, Pre-conferences, International Collaboration, Research/Residents, Exchanges.

2. What is the aim?

This program aims to improve each participant's individual capabilities and then have them use these newly forged skills to help others.

The goal is that each participant becomes personally involved in the program for the improvement of junior WONCA members and beyond.

3. Who is on board?

The team has been recently updated with a new chair, Candan Kendir (pictured), taking over from Kyle Hoedebecke. Some of the regional representatives have also fulfilled their terms and new regional leaders are appointed.



Currently, the ASPIRE team is composed of a world chair and also seven WONCA regional representatives as detailed below:

ASPIRE World Chair: Candan Kendir

ASPIRE Al-Razi (East Mediterranean) Liaison Person: Marwa Mohasseb

ASPIRE AfriWon (Africa) Liaison Person: Joy Mugambi

ASPIRE Polaris (North America) Liaison Person: Maria Colon (until a new representative can be found)

ASPIRE Rajakumar (Asia Pacific) Liaison Person: Maha Obedoza

ASPIRE Spice Route (South Asia) Liaison Person: Sanam Shah (until a new representative can be found)

ASPIRE Vasco da Gama Movement (Europe) Liaison Person: Maria Joao Nobre

ASPIRE Waynakay (South America) Liaison Person: Mario Alejandro Saldaña Salazar

4. What's next?

With a new ASPIRE leadership team, new objectives have been defined for the coming years by our team. The biggest project will be on development of a Global Leadership Course applied at regional level with the support of the WONCA YDMs and senior members. ASPIRE Leadership workshops will be organised in each region as YDM activities and these will be followed by a global workshop at the next WONCA World Conference in Abu-Dhabi.

5. How can I stay in touch with ASPIRE?

Facebook group: [Aspire Global Leaders](#)

Twitter hashtag: [#aspire2lead](#)

Email: aspire.chair@gmail.com

Feature Story

Adrián Castellote: "In Patagonia, the only thing running is the wind"



Adrián Castellote is semFYC's representative in WONCA Europe's Network, EURIPA – the organisation for doctors from rural and remote areas in Europe. He is now embarking on a

working trip on a sailing expedition to Antarctica. Follow his footsteps live with semFYC with hashtag #MFenAntártida This is the second installment about his journey.

www.polarsteps.com/AdrianCastellote/1258612-antartica

The village of Villa O'Higgins is primarily known for being the end of the Carretera Austral, Chilean mythical route in the remote Aysen Region. Wedged between the Andes and the fjords that fray the Chilean coast, it is also known as the capital of Los Glaciares. The only way out by land is north - across a fjord on a flatboat or via the Lago O'Higgins to the south and cross the border to Argentina walk about 30 kilometers. They say some planes land occasionally on an old airfield covered by mud and weeds. The whipping wind, hard rain, and snow-capped mountains with a looming storm after another morning of summer.

I walk around town I find the 'Rural Health Post' and a vehicle parked looking like an



ambulance van. Inside I am greeted by Doctor Camilo, a young man, graduated a year ago. He tells me that within the program of any specialty there is a requirement for three to six years of rural medicine, and in the remotest places. He shows me the Centre: those working here are a dentist, two paramedics and him. In addition, once a month are visits from a consultation nurse, midwife and psychologist. Although people can get some basic drugs - there is a rudimentary pharmacy five hours and a ferry ride away, and for more complex drugs they have to travel to Coyhaique, the regional capital, 600 kilometers dirt tracks, which is also the main hospital.

"In Patagonia, the only thing running is the wind," he says with a mixture of sarcasm and resignation ". "What if an emergency comes? - I ask. "Well, here we try to be everything we can be - self-sufficient. The emergency room is well equipped and if needed they can intubate and stabilise a patient, and undertake fibrinolysis if required.

There is a plane for urgent evacuations, but not at night or in bad weather, so if you have to evacuate immediately if it is necessary to make the long and dangerous journey by land and sea. However, with just over 500 patients, real emergencies are rare.. "

I continued on my way to the South reflecting on how different, necessary and improvable are all realities of rural medicine.

[see Adrián's first story](#)



Featured Doctor

Prof Marvin Reid

North America region president



What work do you do now?

I am professor and director of the Tropical Metabolism Research Unit (TMRU) and Associate Lecturer in Department of Community Medicine & Psychiatry at The University of the West Indies, Mona (The UWI). The TMRU, is the oldest (est 1956), dedicated nutrition research unit in the English-speaking Caribbean and is renowned for its research and treatment of severe childhood malnutrition. Prior to this, I led the Sickle Cell Programme in Jamaica for 10 years (2004-2014).

I teach nutrition to a range of health professionals including nurses, undergraduate and postgraduate medical students. I also teach Family Medicine to undergraduate medical students and Family Medicine Residents.

Sitting on the specialty boards for both Nutrition and Family Medicine allows me to be involved in curriculum development.

Other interesting things you have done?

I am involved in a range of clinical and research activities but more recently, I am focused on determining the effectiveness of different interventions, at the individual and community level, to reduce the burden of cardiovascular disease. In particular, I was involved in the establishment of screening for stroke, in children living with Sickle Cell disease, in Jamaica. At the community level, I continue to explore ways to improve physical activity levels.

What are your hopes as the new North America region president?

In my role as the leader of the Caribbean College of Family Physicians (CCFP), I have led initiatives to strengthen its administration; to reposition the College as an important stakeholder on discussions on health equity, access, priorities and delivery in the region; as well as, initiatives centred on the professional development of the Family Physician.

In my role as North American region president, I hope to leverage the strength of the member organisations of the North American region to further expand on these initiatives. In addition, I hope to strengthen the organisational structure of the North America region, and to work more closely with WONCA executive to achieve the WONCA mission.

Your interests at work and privately.

Outside of my work and spending time with my family, I am a sports and news junkie. My favourite sports are volleyball, cricket, athletics, soccer and basketball. I also enjoy cooking and computing. I have a very strong value of community and its development which I contribute to through volunteerism with Rotary.

WONCA Conference News

WONCA EMR Beirut Scientific Program Announced



The sixth regional WONCA East Mediterranean region conference will be held from March 21- 23, 2019 in the Phoenicia Hotel, Beirut Lebanon. It will be hosted by the Lebanese Society of Family Medicine.

The three day congress will highlight the latest updates relating to the practice of family medicine via a range of methods including state of art lectures, speaker sessions, case discussions, oral and poster abstract sessions and specialized workshops

[see program](#)

Session Topics

- Positioning Family Medicine in the E – World
- Health Across Ages/Genders
- Bridging the Gap with the Specialist
- Tailoring FM to the Future
- Family Practice in the Region, Universal Health Coverage, and Quality Primary Care
- WONCA Working Group Workshops
- Management and Updates in NCD
- Updates in Mental Health

[Conference Website](#)

WONCA EMR Beirut workshops announced.

[Conference website](#)

Attend an excellent line up of workshops and enhance your experience at WONCA EMR 2019.

These workshops have been carefully chosen to cover topics such as Universal Health Care, Primary Health Care, Health Policies, Refugee Health Care, Mental Health, Smoking Cessation and other hot topics.

Workshops are free to attend for registered delegates. Limited seats available. Book now!

Workshop 01: Policy Making in FM Practice
Facilitators: Chris Van Wheel, Nagwa Nashat

Workshop 02: Continuous Professional Development (CPD): A tool to “Detect and Analyse Training Needs”
Facilitators: Prof. Val Wass

Workshop 03: The WONCA Working Party on Education (WWPE): Developing the undergraduate curriculum to promote Family Medicine in medical schools
Facilitators: Prof. Val Wass

Workshop 04: Social Accountability in Medical Schools: a strong case for Primary Health Care and UHC.
Facilitators: Dr. Adonis Wazir

Workshop 05: Providing Primary Healthcare for the Underprivileged: Ethical Perspectives

Facilitators: Dr. Thalia Arawi

Workshop 06: Health beyond Biology: Social Determinants of Health

Facilitators: Dr. Khairat Al Habbal

Workshop 07: My Homeland is Lost, My Health is Frail': An Open Window to Reverse Consequences of War and Displacement in Health

Facilitators: Dr. Dimitrios Vasilakis

Workshop 08: Activism in Medicine: Practice and Challenges

Facilitators: Dr. Khairat Al Habbal

Workshop 09: Policy Advocacy for Family Medicine. A Special Interest?

Facilitators: Prof. Shabir Moosa

Workshop 10: Al Razi Movement

Facilitators: Dr. Marwa Mohasseb

Workshop 11: The Practical Application of Cognitive Behavioural Therapy in General Practitioner Clinical Practice

Facilitators: Mr. Enda Murphy

Workshop 12: Physicians' Well-Being: Stress Management and Beyond!

Facilitators: Dr. Maya Roumani

Workshop 13: Communicating with the Psychologically Distressed Patient

Facilitators: Prof. Basem Saab

Workshop 14: Integrating Effective Tobacco Interventions into Daily Practice

Facilitators: Dr. Hala Kahi Mouawad

Workshop 15: Preparticipation Exam in Athletes

Facilitators: Dr. Mona Osman

Workshop 16: Road Map to Conduction of Research

Facilitators: Dr. Jumana Antoun

Workshop 17: WONCA Women Working Group

Facilitators: TBA

Workshop 18: WONCA Mental Health

Facilitators: TBA

Workshop 19: Wound Management Workshop

Facilitators: Dr. Hassan Tawfik

[View Workshop list and times online](#)

Why you should join us at WONCA APR in Kyoto (latest news)



Dates: May 15-18, 2019

Venue: Kyoto, Japan

Discounted registration ends March 11

[Conference website:](#)

One of the great enjoyments of WONCA conference may for some people be the Primary Care site visits.

Some the features of Japanese Primary Care clinics are: many of them are solo- doctor practices usually equipped with X-ray, ECG, and Ultrasound machines. They do home visits and collaborate with visiting nurses' stations.

Photo: One of the Primary Care sites - Yuge Clinic



WONCA Asia Pacific region (APR) conference in Kyoto will also provide the chance to observe Japanese medical clinics that provide Primary Care

around Kyoto and Shiga area. The Organising Committee is working on the arrangements now and will announce the details by the beginning of March. The visits will take place on Thursday 16th and Friday 17th March and reasonable additional charges will apply.

Regrettably, participants will be limited because of logistical problems. If you are really interested in participating in the Primary Care site visit, don't miss the opening of the registration. We hope this program will promote active international collaboration.

Conference registration

Registration deadline for regular registration is March 11, 2019 (Japan Time). Don't miss the date!

Keynote and plenary sessions

An impressive list of speakers are assembled for our keynote and plenary sessions. [Full list here](#)

Keynote speakers

Prof Felicity Goodyear-Smith (New Zealand) - "Co-creating primary care research: with us not on us"

Sir David Haslam (United Kingdom) - "Doctors of the Future"

Ms. Natsuko Iino (Japan)

As well as this there are seven plenary sessions each with multiple international expert speakers.

kindly yours,
Prof Nobutaro Ban
Representing the Japan Primary Care Association
Chair, Organizing Committee, WONCA APR 2019 Japan

Professor and Director
Medical Education Center
Aichi Medical University School of Medicine



World Rural Health conference in USA 2019 - call for abstracts



"In New Mexico, you are welcome here".

The USA's National Rural Health Association (NRHA) and University of New Mexico (UNM) Health Sciences Center have partnered to bring the 16th WONCA World Rural Health conference to the United States for the first time in eight years.

Save the date for October 12-15, 2019 in Albuquerque, New Mexico, USA.

Consider submitting a proposal by March 29, 2019, to present your research or other work.

[Abstract submission form \(oral presentations and posters\)](#) [Conference website](#)

Emerging highlights include:

- UNM's revolutionary Project ECHO telemedicine platform showing how technology can bring medical information anywhere, in a live session, with real-time experts from across the globe.
- Engaging keynotes: NASA physician Erik Antonsen will speak on the "Rural clinician for Mars."
- Hands-on workshops to enhance pragmatic skills in obstetrics, soft tissue procedures, ultrasound, cryotherapy, joint injection, electro-surgery, dermoscopy, and stabilising the unstable patient.
- Field trips to experience rural health care delivery and training in New Mexico for Native American, homeless, international, and refugee populations in South Valley Health Commons and the Madrid/Santa Fe region.
- And much more, including your presentations and research.

Early bird registration deadline August 30, 2019.

Share this opportunity, and tell everyone you know: *In New Mexico, you are welcome here.*

WONCA CONFERENCES

WONCA Conferences 2019

March 21-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	woncaemr2019.com
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	www.woncafrica2019.com
June 26-29 2019	WONCA Europe region conference	Bratislava, SLOVAK REPUBLIC	www.woncaeuropa2019.com
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	www.ruralhealthweb.org/wrhc
November 22-24, 2019	WONCA South Asia region conference	Lahore, PAKISTAN	www.globalfamilydoctor.com/SAR19

WONCA Direct Members enjoy *lower* conference registration fees.

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

WONCA Conferences 2020

April 21-22, 2020	VIII Cumbre Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	Save the dates.
May 28-31, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.conference.co.nz/wonca20
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	www.woncaeuropa2020.org
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

Member Organization Events 2019

27 Apr STFM Spring conference

- 01 May Toronto, Ontario, Canada
2019

09 May 88th EGPRN Meeting

- 12 May Tampere, Finland
2019

09 May 39th semFYC conference

- 11 May Malaga, Spain
2019

**10 Jun Toronto International Program :
Strengthening FM & Primary Care**

- 21 Jun University of Toronto, Canada
2019

**26 Jul RNZCGP Conference for General Practice
and Quality Symposium**

- 28 Jul Dunedin, New Zealand
2019

10 Sep The Network: Towards Unity for Health

- 13 Sep Darwin, Australia
2019

24 Sep AAFP Family Medicine Experience

- 28 Sep Philadelphia, USA
2019

**29 Sep European Forum for Primary Care
conference**

- 01 Oct Nanterre, Paris, France
2019

17 Oct EGPRN meeting

- 20 Oct Vigo, Spain
2019

23 Oct Rural Medicine Australia 2019

- 26 Oct Gold Coast, Queensland, Australia
2019

24 Oct RCGP annual primary care conference

- 26 Oct Liverpool, United Kingdom
2019

24 Oct RACGP GP19

- 26 Oct Adelaide, Australia
2019

**30 Oct Family Medicine Forum / Forum en
médecine familiale**

- 02 Nov Vancouver, Canada
2019

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

