

# WONCA News

Vol 45 Number 10: November 2019



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### WONCA President

Dr Donald Li (Hong Kong, China)  
Email: [President@WONCA.net](mailto: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](mailto:admin@WONCA.net)

### President-Elect

Dr Anna Stavdal (Norway)

### Executive Member at Large & Honorary Treasurer)

Prof Val Wass UK)

### Executive Member at Large & WHO Liaison Person

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### 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](mailto:editor@WONCA.net)



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## From the President : November 2019

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Our Executive and many of our members are involved in numerous ways in the development and use of Artificial Intelligence (AI) in relation to their practice. As an organization we emphasise that nothing can replace the face to face and continuous contact between family doctor and patient. At the same time, we acknowledge that AI is around, available and in increasing use both by our patients and by us. I am pleased that the WONCA Working Party on eHealth, chaired by Pramendra Prasad, is taking the lead on this issue on behalf of family medicine.

WONCA is now engaged in a pilot project with Ping An Good Doctors of China (PAGD) to assess an AI assisted primary care system. Some of our members may remember this group from the lunchtime symposium they held during the WONCA World Conference in Seoul 2018.

All of us have reservations about AI and its use in primary care: but in certain circumstances, such as isolated areas, patients without access to a qualified family doctor, emergencies and disasters, AI may well have much to offer. It is much better that WONCA is involved at the outset, helping to steer and test-drive options so as to get the best possible solutions to problems, rather than coming to the party late and finding that the systems are not easy to change or adapt to life in primary care. I wish our colleagues well in this endeavour and they will report in more detail as the project gets underway.

And now to another challenge. We know from the immense amount of work going on behind the scenes that WHO, World Bank, Gates Foundation and many national governments are now involved in developing and deciding on ways to measure the achievement of SDG3, specifically in relation to Universal Health Coverage.

We know that measuring delivery of primary care is hugely difficult – there are so many qualitative aspects to primary care which do not fit neatly in a numerical method of measurement. Additionally, it is now clear to



*Photos: This month WONCA President, Donald Li, attended the Family Medicine Forum of the Canadian College of Family Physicians and presented a WONCA Plaque to President Shirley Schipper (below) and was seen with Michael Kidd and Francine Lemire (above)*



the major health development partners that measuring inputs in terms of specific diseases is a very fractured and distorted way of reflecting delivery of primary care.

It is with some disappointment, then, that in its development of the upcoming Version 11 of the International Classification of Diseases (ICD11), WHO has once again neglected primary care classification. This is despite clear offers of help from WONCA at central level and from the WONCA Working Party on Classification (WICC), chaired by Thomas Kühlein

. Indeed, the Collaboration Plan between WHO and WONCA for the period 2019-2021 – updated in November 2018 specifically addresses this issue:

5. Active contribution to the development and implementation of ICD-11 and ICPC  
WONCA is working with WHO on the development and implementation of ICD11, in particular:

- Providing primary care input into ICD11
- Working on conceptual consistency between different primary care classifications

- Joint work to ensure conceptual consistency between ICPC and the other members of the Family of classifications, in particular ICD-11 and ICHI

We have expressed our concerns to the Director General of WHO and to the Executive Director of UHC, Dr Peter Salama, who is responsible for the WHO classification work. Not to include primary care classifications in the newest version of the clinical classification used globally is doing a disservice to all of us who are endeavouring to deliver integrated, person-centred health services to our patients, as described in WHO's own global policies. It is also doing a disservice to patients globally, as every nation in the world has promised, in the Astana Declaration, to deliver on UHC. How will we reflect how well or badly we are doing in reaching our goal, without standardised ways of reflecting the service which is being delivered to patients worldwide? We all know it's not easy but to disregard the assistance available from technically competent, experienced professional family doctors is not easy to understand. We await a response to our concerns.

Donald Li, President

## From the CEO's Desk : November 2019



*Photo: Bohumil Seifert and Garth Manning, with some of the team working on WONCA 2020.*

October saw a welcome return for me to the Eastern Mediterranean – always a great pleasure to meet with old friends and acquaintances.

### Oman

From 17th to 19th October I was in Muscat,

Oman, to attend their first ever national family medicine conference. The conference was organised by the Oman Family Medicine Society, led by its President, Professor Abdulaziz Al-Mahrezi. A busy

two days of plenaries, workshops and presentations followed, extremely well supported by almost 400 delegates who were there from first thing in the morning to last thing each afternoon.

One feature of EMR events has been that the first session of each day – usually of one hour – is made up of 8 short presentations, each of 7 minutes, on a variety of topics. Time is strictly controlled, but it gives a number of participants – and often younger participants –

the chance to present their work at a major meeting.



*Photo: Garth Manning with Professor Abdulaziz Al-Mahrezi, President of Oman Family Medicine Society*

This was a great event, and a wonderful precursor to Oman hosting the 2021 WONCA EMR conference in their lovely city in a stunningly beautiful country.

## **Abu Dhabi 2020**

I flew on from Muscat to Dubai, for meetings with the teams organizing the WONCA World event in 2020. I was joined by Professor Bohumil Seifert, who has assisted me with conference planning meetings for several years, and also on the Monday morning by Professor Chris van Weel by video link, in his role as co-chair of the International Scientific Committee.

Plans for WONCA 2020 are making good progress, and we had a very full but very productive meeting on Monday 21st at ADNEC – the Abu Dhabi National Exhibition Centre – which will host both World Council and World Conference. The programme is

coming together nicely, and we were able to finalise the keynote speeches at the opening ceremony (our President, Dr Donald Li, and a senior WHO colleague) and the six plenaries which will take place throughout the event.

The plenaries will cover a number of very current topics including:

- Planetary health
- AI and digital health
- Genomics
- Family doctors in conflicts and disasters
- Selection and training of the future family doctor

Each plenary will last for 30 minutes. There will be no discussion or questions and answers, but after each plenary there will be an opportunity to “Meet the Expert” - the presenter(s) of the plenary - and to continue any dialogue. We also hope that following on from each plenary there will be a related workshop where the topic can be expanded much more, over 90 minutes.

Plenary speakers are still to be confirmed, but leading global experts have been approached and invited, to offer delegates a great opportunity to hear the latest news from the very best experts. Do keep an eye on the conference website – [www.wonca2020.com](http://www.wonca2020.com) – for all the latest on the programme and the plenary speakers.

Readers are also reminded that workshop and seminar abstract submission is now open, with a closing date of 15th December 2019, whilst Early Bird registration is also now open.

[Workshop and Symposia abstract submission \(closes 15 December\)](#)

Finally, a reminder of some dates for November 2020:

Thursday 19 and Friday 20 November – WONCA Executive meets  
Saturday 21st November – Regional meetings; evening reception for Council members  
Sunday 22nd to lunchtime Tuesday 24th November – World Council  
Tuesday 24th November (afternoon) – first meeting of new Executive  
Wednesday 25th November – WP and SIG meetings; YDM pre-conference  
Thursday 26th to Sunday 29th November – WONCA World Conference 2020  
Until next month.

Dr Garth Manning, CEO

## In my view... Laurence Dorman writes

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### *Introduction by Donald Li*

As clinical care becomes increasingly complicated, and family doctors are more and more stretched by what we are expected to deliver to our patients, communication between clinical colleagues becomes increasingly important. When health systems are under pressure, however, good communication between colleagues in primary and secondary care can deteriorate quickly. This month I have invited, Laurence Dorman, incoming Chair of Royal College of General Practitioners (RCGP) in Northern Ireland, to describe the initiative developed by all the specialties working in the health sector there, to improve the interface between primary and secondary care by communicating better.



*Laurence Dorman writes*  
Frequent examples throughout medical history have shown that simple, low tech interventions can have significant impact on population health.

Vaccination programmes, clean water and provision of high-quality primary care are such examples. In my view, good communication between medical professionals which promotes professional courtesy and mutual respect can have a similar significant impact on patients' lives, with a simple approach and low cost.

The delivery of high quality, safe primary care is dependent on the support of our secondary care colleagues. The essence of family medicine is carrying risk when presented with vague or unexplained physical symptoms. It is the difficult job of the family practitioner to carry that risk and establish on behalf of the patient: "Is it serious doctor?"

The access to subspecialties provided by our

colleagues in hospitals must be a supportive process. It should have good communication and the ability for family doctors to ask sometimes unusual questions, in a supportive and blame-free environment. There must be no such thing as a stupid question. Equally, family doctors have the responsibility to refer patients appropriately, in a timely manner and to the correct person or department.

Following the dissemination in 2016 of two significant reports on the health system in Northern Ireland (1) (2) the importance of primary care and caring for patients in their own communities was publicly recognised. The theme of 'collective leadership' featured strongly in both documents and highlighted the need for all doctors in Northern Ireland to work in a collegial and collaborative way. To succeed in transforming health care services in Northern Ireland we must work better together.

Increasing human and financial resource pressures in the health sector have created and exacerbated tensions between primary and secondary care colleagues. Hospital services which were swamped by referrals from GPs felt that the GPs had omitted to clearly convey the reason for the referral and did not contain sufficient information to allow the consultant to make an informed diagnosis. On the other hand, GPs felt work was being passed from hospital to primary care which was unfunded and poorly communicated.

Patient safety was also at risk and several cases have been documented of significant clinical events where poor communication has resulted in adverse outcomes for patients. These have included investigations done in secondary care requiring follow up or further treatment which have been passed to primary care to do, without adequate communication or agreement about who should take responsibility.

General practice recruitment in Northern Ireland had also started to suffer. In her landmark publication in 2017 "By Choice – Not By Chance", Professor Val Wass noted that significant denigration of General Practice by hospital staff was experienced by medical students. In Section 6 of the document 'the influence of the hidden curriculum', Prof Wass

made a number of recommendations including: 'Work should take place to tackle undermining of general practice as a career across all medical school settings including primary care'. (3)

In January 2018 the Royal College of General Practitioners in Northern Ireland (RCGPNI) felt compelled to act and lead on this important issue. Discussion with our members revealed that doctors were severely overstretched in their roles and a deep sense of "us and them" had developed between primary and secondary care clinicians. One member's testimony was particularly poignant: "When we were together in medical school, we were all such close friends. It is hard to comprehend how we have ended up so distant and at logger heads with each other." In March 2019 RCGPNI led a social media campaign to highlight this important issue and to promote an environment of professional courtesy and mutual respect. We initiated a positive social media campaign where GPs were encouraged to use the greeting "Dear Colleague" when referring to their secondary care colleagues. At the same time, secondary care colleagues were encouraged to use the same greeting when writing discharge or clinic letters to their GP colleagues. The event was heavily promoted on Twitter using the hashtag: #DearColleague.

The emotion behind the initiative struck a chord and it was followed up by a successful meeting with representatives from other clinical Royal Colleges. Following this, we developed together a set of 10 principles to guide doctors on ways to improve effective communication and behaviours to maintain good professional relationships. See the 10 principles at the links. (4)

As a group, comprising members of all the clinical specialty colleges, we quickly discovered the importance of words and the nuance of language. We were keen for our document to help to model professional behaviours so the first three words in Point 1 were highlighted: "Leading by example". The 10 principles reflected the various issues which all the Royal Colleges felt had obstructed good communication. The patient voice was also represented by encouraging clinicians to write to patients in clear and

appropriate language as recommended by the Academy of Medical Royal Colleges (5)

The document has developed a dynamic within clinical practice and medical education. Work has begun to ensure the principles are embedded in the medical undergraduate curriculum, with emphasis on how to model behaviours and work seamlessly between specialities. The principles will be promoted to doctors entering specialty training programmes, and hospital trusts have agreed to incorporate it as part of their induction training and staff handbooks. The individual clinical colleges are also bringing individual pieces of work together to highlight how good communication leads to good collaboration.

Good communication is much more than remembering to say "Please" and "Thank you" – although that is a good start. In my view, the promotion of professional courtesy and mutual respect, where we acknowledge each other's roles, can help ensure we all act as one healthcare system to improve the care of our patients.

#### References:

- 1) <https://www.health-ni.gov.uk/sites/default/files/publications/health-expert-panel-full-report.pdf>
- 2) <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>
- 3) <https://www.hee.nhs.uk/sites/default/files/documents/By%20choice%20-%20not%20by%20chance.pdf>
- 4) <https://www.rcgp.org.uk/-/media/Files/RCGP-faculties-and-devolved-nations/Northern-Ireland/2019/RCGP-principle-leaflet-2019.ashx?la=en>
- 5) <https://renal.org/wp-content/uploads/2018/02/draft-proposal.pdf>

#### About Laurence Dorman

Laurence Dorman is a family doctor working in a rural town in Northern Ireland. He is a fourth-generation family doctor. He has been the RCGP in Northern Ireland Strategic Advocate for Interface and Communication since 2017 and assumes the role of Chair of RCGPNI in November 2019.

## WONCA regions

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### WONCA Africa and WHO AFRO hold successful meeting



*Photo: Meeting participants in a group photo at the WHO AFRO offices*

Dr Innocent Besigye, Association of Family Physicians of Uganda writes:

A two-day consultative meeting was held at the WHO AFRO offices in Congo Brazaville on the 13-14 August 2019. This meeting came as a result of the active participation of Dr Prosper Tumussime at the WONCA Africa conference in June 2019, in Kampala, Uganda. The need for WONCA Africa and WHO AFRO to work together to strengthen health systems in African countries became apparent.

At the meeting WONCA Africa was represented by Prof Bob Mash from South Africa, Dr Innocent Besigye from Uganda and Dr Joy Mugambi from Kenya. Prof Shabir Moosa the WONCA Africa President joined the team at the concluding meeting. The main purpose of the meeting was to understand what each party is doing and to identify areas

of working together for improving delivery of health services to the people of Africa.

The two-day meeting included presentations by the different WHO clusters highlighting what each cluster does. The team also made two presentations on WONCA Africa and what it does and the Primafamed Network highlighting its working relationship with WONCA Africa. Special mention of the [African Journal of Primary Health Care and Family Medicine](#) was made and a copy was presented to Dr Propser the who was leading the team of WHO AFRO.

The team held a separate meeting with each cluster to identify particular areas of collaboration. It was suggested that WONCA Africa through her member organisations in WHO member countries within Africa can be a key partner in;

- dissemination and implementation of WHO guidelines designed to guide health providers
- capacity building through continuous training of primary care providers
- improving quality of care through clinical

governance and stewardship

- academic member organisations through the PrimaFemed network can influence curriculum design and implementation with the latest WHO guidelines and standards

The meeting agreed on the following:

- Member organisations to actively engage WHO Country offices in their respective countries
- Regular meetings between WONCA Africa and WHO AFRO; annual face to face meetings and quarterly virtual meetings
- WONCA Africa to participate in the District Health Services functionality assessment tool that will undergo review soon. This will bring in the primary care perspective
- Bilateral participation in each other's activities.

As WONCA Africa focuses on strengthening its member organisations, there is need work with all relevant and strategic stakeholders

that can lobby governments for favourable primary care policies. Having a string relationship with WHO AFRO is such a great opportunity that we can leverage on to promote WONCA and Family Medicine on the African continent.



*Photo: Prof Bob Mash handing Dr Prosper a copy of the African Journal of Primary Health Care and Family Medicine during the meeting*

## EGPRN meets in Vigo



The 89th EGPRN meeting took place in Vigo, Spain, between the 17th and the 20th October 2019. A total of 176 participants joined the EGPRN meeting in Vigo, from 27 different countries. Most participants were from Spain (46%), followed by Turkey (6.2%), France (5.7%) and Portugal (5.1%). In total, 153 abstracts were submitted, with a rejection rate of 22.3%.

The general topic of the meeting was “General Practice and the Community: research on health service, quality improvements and training”. Prof. Anne MacFarlane, from University of Limerick gave the international keynote speech on “Community Participation

in Primary Healthcare”, while Jordi Varela, specialist in Community and Family Medicine and post-graduate in Epidemiology and Statistics (CESAM Paris) and in Hospital Management (ESADE Barcelona), gave the National Keynote lecture on “Looking for Value-Based Community Health”.

The meeting followed the traditional EGPRN format, including pre-conference workshops (“Diagnostic test and optimal cutpoint selection” and “Social determinants of health”), presentation of theme papers and freestanding papers, and several one slide/five minute presentations.

A unique and interactive EGPRN poster session was held, where participants present posters that are not their own, and authors join at the discussion stage. The best poster prize was awarded to the work “It’s a double-edged sword”: translation and cultural adaptation of a prostate cancer”, authored by Sofia Baptista, Bruno Heleno, Marta Pinto, Bruna Guimaraes, Diogo China, Joao Pedro Ramos, Andreia Teixeira, Kathryn Taylor and Carlos Martins, from University of Porto (Portugal).

There was also a session dedicated to the participants that completed the modules of the EGPRN Web-based course.

EGPRN also supports several collaborative research groups, which have resulted in various multicentric studies in the last years. EGPRN meetings also represent an opportunity for these groups to meet and further develop their work. Active groups include the PROCOPD Study Group, the FPDM Study Group, the Family Violence Study Group, the Örenäs Study Group and the HEFESTOS Study Group, amongst others. Active EGPRN members lead all groups.

In Vigo we saw many interesting studies, innovative projects and great ideas coming to

life – and are looking forward to experience again this energy in the next EGPRN meeting, which will take place in Gothenburg, between the 7-10th May 2020, under the topic “e-Health and Digital Medicine”.

#### Authors

Ana Luisa Neves and all the members of the PR and Communications Committee:

Tiny van Merode, Vanja Lazic, Ayse Caylan, Tuomas Koskela, Radost Asenova, Burak Usgurlu, Mine Kaya Bezgin.

## Working Parties

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### WHO Mental Health Forum: Geneva, October 2019

*Christopher Dowrick, chair of the WONCA Working Party on Mental Health reports on the WHO Mental Health Forum: Geneva, 14-15 October 2019*

I was delighted to participate once again in this annual event, together with WONCA colleagues Gabby Ivbijaro and Abdullah Al-Khatami. It was an excellent networking and information sharing event, highlighting important developments in global mental health.

Key issues of relevance to WONCA Working Party for Mental Health:

- **WHO Special Initiative for Mental Health (2019-2023)**, seeking to ensure universal health coverage including access to quality and affordable care for mental health conditions in 12 priority countries to 100 million more people.
  - o There were fascinating presentations on how this can work in practice, from Rabih el Chammay in Lebanon and Yuri Cutipe in Peru.
  - o We will soon know which 12 countries are selected.
- **Member states** expressing commitment to expanding primary mental health care in their

own countries included Bangladesh, Lebanon, Argentina, Chile, Columbia and Peru.

o These present opportunities for our regional WWPMH leads to make important connections at policy level.



- **mhGAP Community Toolkit** field test version is now available. It offers practical information and necessary tools for community providers to expand access to mental health services. You can access it [here](#).

- **Mental health interventions in humanitarian settings:** an inspiring set of case studies of what it is possible to achieve in challenging settings including Yemen, Libya, South Sudan, Ukraine and Niger/north Nigeria. A key WHO resource is [Building Back Better](#).

- **Mental health interventions to adult populations:** Abdullah's 5 Steps Approach was well received; and there are promising task-sharing initiatives, using Problem management Plus, in Ethiopia, Syria and Honduras.

- **Brain health** including dementia, epilepsy, parkinsons, is converging with mental health at WHO level. This makes excellent sense for us as family doctors, since we are experts at integrated approaches to health care

- **ICD-11 for primary care** is still on the WHO agenda, and WWPMH remains actively

involved. First we will see updated proposals for diagnostic guidelines, followed separately by relevant training resources.

## World Mental Health Day report



### *Pratyush Kumar reports*

Good mental health is related to mental and psychological well-being. Over the years, there have been increasing cases of anxiety, depression and suicides. One person dies every 40 seconds from suicide. Every suicide is a tragedy that has long-lasting effects on the people left behind. This year's World Mental Health Day focus was on what can be done to prevent suicide.

Globally its prevalence is more among young age groups, but its widely reported across teens to elderly age groups.

There are many factors associated with these growing mental health issues but most important are loneliness and difficulty sharing inner trauma and pain, which keeps people entangled in depression, anxiety, low mood and sometimes ends up in suicide.

As family physician, this year on World Mental

Health Day we tried to create awareness about suicide prevention. We did a 40 second video campaign to address mental health issues and suicide prevention. The 40 second video was to emphasise that every 40 seconds we lose someone to suicide.

This campaign was done in different languages such as English, Bengali, Tamil, Spanish, Catalan, Arabic, Polish and Malayalam with engagements from various Wonca Working Parties, Special Interest Groups and WONCA member organisations.

The WONCA Working Party on Mental Health is committed to ensure a universal gold standard of care for mental health, by empowerment through primary care and in collaboration with all interested stakeholders.

1. Every 40 seconds someone loses their life to suicide. Here is a 40 second video on #WorldMentalHealthDay by Prof Chris Dowrick, chair of the WONCA Working Party on Mental Health.

<https://youtu.be/vK64SKkUiX4>



2. Chair of the WONCA Special Interest Group on Ageing and Health, Prof Dimity Pond has sent a message on #mentalhealth. The rate of mental health problems and #suicide is very high in elderly.  
<https://twitter.com/WoncaWorld/status/1184059202945159168>

3. بمناسبة اليوم العالمي للأمراض النفسية by Dr Mohammed Tarawaneh, Immediate Past President of WONCA East Mediterranean region.  
<https://twitter.com/tarawnehmd/status/1182577678366466048>

4. Cada 40 segundos alguien comete suicidio en el mundo. Aquí teneis un vídeo de 40 segundos para el #WorldMentalHealthDay hecho por Elena Klusova, Coordinadora del Grupo de URGENCIAS del Movimiento Vaso da Gama  
<https://twitter.com/WoncaWorld/status/1182490376017301504>

5. Co 40 sekund ktoś traci życie z powodu samobójstwa. Oto 40 sekundowe wideo o #WorldMentalHealthDay autorstwa Prof Donaty Kurpas chair of #EURIPA International Advisory Board @EURIPA\_EURIPA  
<https://twitter.com/WoncaWorld/status/1182383337706360832>

6. Every 40 seconds someone loses their life to suicide. Here is a 40 second video on #WorldMentalHealthDay by Dr Smriti Modi, family physician from South #Kolkata.  
<https://twitter.com/WoncaWorld/status/1182376954227392512>

7. Every 40 seconds someone loses their life to suicide. Here is a 40 second video on #WorldMentalHealthDay by Dr Enrique Barros, Chair of the WONCA Working Party on the Environment.  
<https://twitter.com/WoncaWorld/status/118237>

[4795511361537](https://twitter.com/WoncaWorld/status/1182373185397723136)

8. Every 40 seconds someone loses their life to suicide. Here is a 40 second video on #WorldMentalHealthDay by Dr Alan Barnard, convenor of the WONCA Special Interest Group on Palliative Care.  
<https://twitter.com/WoncaWorld/status/1182373185397723136>

9. বিশ্ব প্রতি ৪০ সেকেন্ডে কেউ আত্মহত্যা করে প্রাণ হারায়। মানসিক স্বাস্থ্যের বিষয়ে পারিবারিক চিকিত্সক এবং এএফপিআই সদস্য ডঃ দিগ্বিজয় চৌধুরির #ওয়ার্ল্ডমেন্টাল হেলথডে-তে ৪০ সেকেন্ডের ভিডিও এখনে রয়েছে। Dr Digbijoy Chaudhary  
<https://twitter.com/WoncaWorld/status/1182370866312515584>

10. ஒவ்வொரு 40 நொடிக்கும் ஒருவர் எங்கோ தற்கொலை முயற்சியால் இறந்து போகிறார்கள். இதோ உங்களுக்காக 40 நொடி வீடியோ உலக மனநல தினத்தன்று by டாக்டர் பார்த்திபன் மனநல மருத்துவர் ,புதுச்சேரி. Dr Partheeban  
<https://twitter.com/WoncaWorld/status/1182369744139083776>

11. हर 40 सेकंड में कोई न कोई आत्महत्या से अपनी जान गंवा देता है। डॉ वंदना बूबना, सेक्रेट्री भारतीय फ़ैमिली चिकित्सक अकादमी द्वारा #WorldMentalHealthDay पर 40 सेकंड का वीडियो। Dr Vandana Boobna  
<https://twitter.com/WoncaWorld/status/1182361905395945473>

12. Cada 40 segons una persona mor a conseqüència d'un suïcidi. Aquí teniu un video de 40 segons del #WorldMentalHealthDay fet per el Dr Josep Vidal-Alaball. Metge de Família @icscat i tresorer d' EURIPA.  
<https://twitter.com/WoncaWorld/status/1182360737445867520>

13. ഓരോ 40 സെക്കൻഡിലും ഒരാൾ ആത്മഹത്യ ചെയ്യുന്നു. #WorldMentalHealthDay ഡോ. വസീം അഹമ്മദിന്റെ ഈ 40 സെക്കൻഡ് വീഡിയോ കൺസൾട്ടന്റ് ഫാമിലി ഫിസിയൻ, ക്രാഫ്റ്റ് ആശുപത്രി,

കേരളം Dr Waseem

<https://twitter.com/WoncaWorld/status/1182342532400742400>

14. #mentalhealth matters. Listen to Kyle Hoedebecke, former chair of Polaris Young

Doctors' Movement, talk about #MentalHealthAwareness

<https://twitter.com/WoncaWorld/status/1187730051493576704>

## World Mental Health Day October 7th and PANDA study

### Antidepressants may reduce anxiety more than depressive symptoms

On World Mental Health Day, WONCA draws attention to an important new study of antidepressant prescribing in primary care.

One of the most common antidepressants, sertraline, leads to an early reduction in anxiety symptoms, commonly found in depression, several weeks before any improvement in depressive symptoms, a UK clinical trial has found.

Published in *The Lancet Psychiatry* and funded by the National Institute for Health Research (NIHR), this is the largest-ever placebo-controlled trial of an antidepressant, which has not been funded by the pharmaceutical industry.

By involving a wide range of patients including people with mild to moderate symptoms, the researchers surveyed a much wider group of people than most previous clinical trial samples.

Sertraline did not appear to improve depressive symptoms, which include low mood, loss of pleasure and poor concentration, within six weeks. However, there was weak evidence that sertraline reduced depressive symptoms by 12 weeks.

“It appears that people taking the drug are feeling less anxious, so they feel better overall, even if their depressive symptoms were less affected,” said the study’s lead author, Dr Gemma Lewis (UCL Psychiatry). Sertraline is a selective serotonin reuptake inhibitor (SSRI), the most common class of antidepressants.

The study was conducted in GP surgeries, and included 655 people in England, aged 18 to 74, with depressive symptoms of any severity

or duration in the past two years. In all cases, there was clinical uncertainty about whether to prescribe an antidepressant.

The researchers say the participants were more representative of the people now receiving antidepressants in the UK than in previous trials.

The large majority of people with depression also experience anxiety symptoms, and antidepressants are the standard pharmaceutical treatment for generalised anxiety disorder.

Half of the participants were given sertraline for 12 weeks, while the other half were randomly assigned to the control group and given placebo pills for 12 weeks.

Co-author Professor Christopher Dowrick, Chair of the WONCA Working Party for Mental Health, commented: “This study has important messages for family doctors worldwide. If family doctors are uncertain whether to prescribe an antidepressant for a patient with depressive symptoms, it is more likely to be helpful if the patient also has symptoms of anxiety”.

The study was conducted at University College London and the Universities of Bristol, Liverpool, and York.

The reference for this paper is: Lewis G, Duffy L, Ades A, Amos R, Araya R, Brabyn S, et al. The clinical effectiveness of sertraline in primary care and the role of depression severity and duration ( PANDA ): a pragmatic , double-blind , placebo-controlled randomised trial. *Lancet Psychiatry*. Open Access; 2019;0366:1–12. Available from: [http://dx.doi.org/10.1016/S2215-0366\(19\)30366-9](http://dx.doi.org/10.1016/S2215-0366(19)30366-9)

## WP Quality and Safety in Family Medicine annual report



*Dr Maria Pilar Astier Peña, chair, WONCA Working Party on Quality and Safety in Family Medicine (WWPQS) reports:*

The executive board was re-elected in October 2018:

Chair Maria Pilar Astier Peña - Spain  
Secretary Jose Miguel Bu Ortizeno - Spain  
IT Officer Alexandre Gouveia - Switzerland

### Conferences and scientific meetings in which the group have participated 23rd WONCA EUROPE Conference in Kracovia, June 2018:

o De-prescription Workshop. Dr Bueno-Ortiz, Dr Vilaseca, Dr Fernandez.

### WONCA World Executive Meeting In Seoul, October 2018:

- o WWPQS annual report 2017-2018 was approved  
<https://www.wonca.net/News/WorkingPartyonQualityandSafetyannualreport.aspx>
- o WONCA Executive visit to the WP meeting: Dr Li and Prof Howe visited the group to communicate their commitment and to encourage members to continue their activities.
- o Dr MP Astier was endorsed as WWPQS chair by the Council. She was invited to act as an observer during WONCA Council and she collaborated as a teller during the election procedures.
- o WONCA Regional assembly meetings. 13/10/2018. Doctors MP Astier and JM Bueno attended several regional meetings to promote the Working Party activities during the Seoul Conference and invited members from different regions to join the group. They were welcomed to a number of regional group meetings:

### WONCA conference Seoul 2018, 18-21/10/2018.

- o Pre-conference meeting of the WWPQS
- o Overdiagnosis and Preventive Measures - Policy and Practice in the European Countries. Jose-M Bueno et al.
- o First Management of Second Victims in a Rural Family Practice. Jose-M Bueno, M-Pilar Astier
- o Saturday Oct. 20 09:30-10:30 Auditorium Presentation of WONCA Awards, Sonia Roche a WONCA fellowship, Veronica Casado 5 Star doctor award.
- o Implementing patient safety practices in Primary Care settings. Jose-M Bueno, M-Pilar Astier
- o Low Back Pain Tackling in Our Surgery. Can We Improve It? Jose-M Bueno, M-Pilar Astier, V Casado et al
- o Medication without Harm: Which Are the Main Topics in Primary Care? Jose-M Bueno, M-Pilar Astier et al
- o Increasing Family Physicians' Capacity to Coach and Mentor Each Other...Who Benefits...Why? M-Pilar Astier et al.
- o "One Family Physician for Every Family": Sharing Experiences of Developing Countries. Prof: Dr Tin Myo Han, Prof Datuk, Dr D M Thuraiappah.
- o Expert Consultation: WHO Global Patient Safety Challenge Medication Without Harm: Early global action to support implementation, Geneva, November 2018. Dr Ruth Wilson attended on behalf of the WP.

### Other WONCA Conferences

- 54th EQuIP Assembly Meeting, 29 - 30 March 2019 in Thessaloniki, Greece. Oral Presentation +Workshop: Medication without harm: Which are the main topics in primary care? Conductors: Maria Pilar Astier-Peña
- 24th WONCA Europe Conference in - Bratislava – Slovakia June 2019 Oral Presentation+Workshops: Conductors: Jose Miguel Bueno Ortiz and Maria Pilar Astier-Peña
- XII Patient Safety Annual Conference in Primary Care in Spain, Malaga 14th June 2019: The patient and their context.  
[www.seguridadpaciente.com](http://www.seguridadpaciente.com)

## Publications

• Astier-Peña María Pilar, Carlos María Romeo Casabona, Asier Urruela Mora Tendiendo puentes entre regulación jurídica y cultura de seguridad del paciente en el Sistema Nacional de Salud. J Healthc Qual Res 2018;33:65-7Txema Coll-Benejam,

• Rafael Bravo-Toledo, María Pilar Marcos-Calvo, María Pilar Astier-Peña, Impacto del sobrediagnóstico y sobretratamiento en el paciente, el sistema sanitario y la sociedad, Primaria, Volume 50, Supplement 2,2018, Pages 86-95,

[Join our working party](#)

## Special Interest Groups

### SIG on Emergency Medicine annual report



*Dr Victor Ng, convenor, [SIG on Emergency Medicine](#) reports:*

This past year has been a time of tremendous growth for the Special Interest Group on Emergency

Medicine (SIG EM). The number of members who have indicated interest to join our SIG now number more than 150 with many members who are active participants. Members value the quarterly updates that are sent out highlighting activities by SIG members and opportunities for members to engage and be involved.

Throughout the year, we have encouraged our SIG members to contribute both to family and emergency medicine related events within their own local regions and at WONCA conferences. I am happy to report that our SIG continues to maintain a strong and ever-growing presence at conferences around the world.

Some important local events are highlighted by Dr Nisanth Menon's work in promoting the Rectify workshops in India which teaches and reinforces basic emergency medicine skills to family medicine providers. Dr Menon is a strong believer in team-based care and has presented to numerous other health professionals such as nurses to enhance the capabilities of emergency medicine care teams. Dr Nisanth also led the development of

a video in collaboration with various other international organizations to celebrate World Emergency Medicine Day and this can be viewed [here](#).

The SIG Emergency Medicine has also committed to be a strong presence at WONCA regional and world conferences through organizing multiple workshops. Over this past year, we have led several workshops at the WONCA world conference in Seoul and at regional conferences in Kyoto and Bratislava. One key highlight has been the escape room concept workshop that Dr Elena Klusova and colleagues developed. This is a novel technique that combines a popular recreational activity like the escape room with learning objectives related to emergency medicine. In this case, the topic was toxicology and complications of recreational substance use. This workshop had its debut at WONCA Europe conference in Bratislava and



had excellent participation from attendees. Let's hope that Dr Klusova will continue delivering this workshop at subsequent conferences!

Beyond the many educational workshops that have been delivered, the SIG EM is also active in advocacy. We continue to assist the WONCA world secretariat in reviewing World Health Organization technical papers and preparing position statements to strengthen our advocacy efforts at World Health Assemblies.

This upcoming year will include many highlights. Most significantly, our SIG EM will be collaborating with the General Practitioners

Association of Nepal to host the first ever emergency medicine seminar in Kathmandu, Aug 9-10, 2019. We anticipate hundreds of attendees from Nepal and around the world and should prove to be a great event with world class presentations and workshops.

The highlights discussed in this report are merely a sampling of all the great work that our SIG members have accomplished. I want to acknowledge the time and energy our members have contributed to WONCA in advancing the discipline of family medicine.

[Join our SIG](#)

## SIG Complexity in Health and Healthcare annual report



*Dr Carmel M Martin, convenor, [SIG on Complexity in Health and Healthcare](#) reports*

Complexity sciences is increasingly recognized to provide the mental framework as the research methodologies to deal with the "messy problems" facing health care and general and general practice/family medicine/primary care in particular.

### Recent activities

#### The WONCA world conference, Seoul

There was considerable interest in the Special Interest Group, notably in the areas of whole person-care, social determinants of health, networks and big data, integrated care and unstable health journeys and potentially avoidable hospitalizations. Members from the following countries presented on these topics: Singapore, Saudi Arabia, Denmark, Australia, Netherlands, North America, Ukraine.

#### Plans for the WONCA SIG Complexity in Health and Healthcare

The main objectives of GP/FM objective are to improve the experience of illness and the experience of care through supporting the human capacity to heal, and the human capacity to care and support others. WONCA

SIG is committed to a generalist approach to clinical care and primary health care. Our WONCA SIG is involved in developing the role of the GP (primary care physician) in concert with the developing roles of community health workers, care managers, primary care nurses and care guides.

The WONCA SIG's vision is to continue to centre care on dynamic systems that represent changes in health experiences including pain into health systems design and evaluation. We are highly supportive of others who have the courage to work with new methodologies and new ideas.

We would like to engage and link WONCA members who are working on transforming overly simple silos of disease management into care networks that can address multimorbidity which encompasses physical, biopsychosocial, spiritual and environmental influences. Artificial Intelligence, deep learning are part of this transformation which is occurring internationally with learning systems including IT. Nevertheless, it is ultimately the GP/FM role to use these systems to their best and resist mindless data driven approaches.

#### Links with other organisations and networks

The North American Primary Care Research Group (NAPCRG), with the Society of

Teachers of Family Medicine (STFM), is also addressing these issues. There is an overlapping membership between NAPCRG and some WONCA SIGs. Many of the tools developed are available on the STFM [website](#).

Currently, a workshop is being prepared for the next NAPCRG convention with an updating of selected resource materials. In this process materials will be updated in a more user friendly manner for every day practice.

International Society for Systems and Complexity Sciences for Health - Joachim Sturmberg has become the Foundation Chair. The fourth Annual meeting is being held in Knoxville, Tennessee, USA with a strong primary care theme.

International Society for Integrated Care - While multifaceted, the ICIC has a stream of complexity science and input into WONCA Europe.

[Join our SIG](#)

## SIG Cancer and Palliative Care annual report

*Dr Alan Barnard, convenor WONCA [SIG on Cancer and Palliative Care](#) reports:*



The activities of the SIG this period have concentrated on the planning and maintenance of the International Primary Palliative Care Network (IPPCN). This is a network of family doctors or other professionals involved in primary palliative

care. This group meets annually, and preparations are in place to convene at the European Association for Palliative Care (EAPC) conference in Berlin from 23 to 26 May 2019.

The EAPC has a reference group for primary palliative care, and an education toolkit has been one of the most significant outputs of this collaboration over the past few years. The members of the reference group and IPPCN have contributed further to education for primary palliative care in India, where a toolkit was workshopped and written up before publication in the Indian Journal of Primary Care. Dr Raman Kumar played a leading role in this work.

Opportunities for palliative care activities at WONCA meetings have not been exploited since WONCA World in Seoul, for which I

apologise. Dr Ai from Japan approached me in November / December, and I was unfortunately unable to assist her with planning for the Asia Pacific meeting in May 2019.

One of the members of the IPPCN steering committee, Dr Yasemin Kilic, is from Turkey and has offered to connect that network with Dr Mehmet Ungan who is very supportive of the primary palliative care enterprise that the SIG share with IPPCN. The opportunity for connecting with the WONCA Young Doctors group is also yet to be realised, which is an important action for the next quarter.

### Next steps

Next steps in the SIG development include:

- Discuss the next stage of the SIG with WONCA President
- Connect with Dr Praytush Kumar to seek his help with network development and the identification of a steering committee for the SIG. Identify one member from each WONCA region to serve
- Sustain and develop the relationship with regional and international palliative care networks.
- Plan to hold a telephone/skype meeting with interested members
- Plan for one further WONCA regional conference workshop in Cancer and Palliative care before WONCA 2020 in Abu Dhabi

[Join our SIG](#) njhm

## SIG on Ageing and Health annual report



Prof Dimity Pond, convenor, WONCA [Special Interest Group on Ageing and Health](#) reports:

The SIG worked hard in 2018 in developing the WONCA Statement on Older People's care for the WONCA conference in Seoul. This was very well received. The statement can be viewed [here](#).

We have welcomed a number of new members, from a range of countries. These include from Qatar, Dr Islam Noureldin and Dr Shawqiya Maid; from Oman Dr Ahmed Al Wahaibi and Dr Muraira al busaidi and from Lebanon Dr Jinan Usta. IN addition we have from the conference, Dr Przemyslaw Kardas. Dr Mohd Fairuz bin Ali, Dr Aznida Abd Aziz and Dr Zuraidah Binti Che Man. There new members are very welcome.

There is much work to be done. Individual members of the SIG are working in significant clinical, teaching and research roles in relation to primary care for the Ageing population. We look forward to working with WHO to pursue these interests.

In the meantime the SIG is planning a meeting via teleconference to discuss a workplan. Among other items, we intend to revamp our part of the website in 2019, in order to be more useful to WONCA members. [Join our group](#)

## Featured Doctor

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### Prof Shlomo Vinker

Israel - WONCA Europe President Elect

*Shlomo is the President Elect of WONCA Europe and a member of executive board of EGPRN.*



#### What work do you do now?

My main job for the last four years is the chief medical director and vice CEO of one of the community health care organizations in Israel. I am also working as a family physician at my home city, Ashdod, running a practice with a partner.

At the School of Medicine, Tel Aviv University, I am a full professor in family medicine, the chair of the department of family medicine and the Vice Dean for developing and teaching in the community.

#### Other interesting things you have done?

I am very much interested in the development of research in family medicine. In the last year I founded a research institute in our health care organization, "Leumit", encouraging and facilitating research in all levels including the use of big data, clinical trials, innovations and collaborations with researchers from all disciplines.

My main additional professional activities are: member of the executive board of the Israeli association of family physicians, member of the national advisory committee to community healthcare in the ministry of health and member of the reimbursement committee for the introduction of new technologies and medications to the Israeli national health care coverage plan.

I have been a member of the EGPRN for many years and for the last years a member the EGPRN executive board. In the EGPRN I developed and implemented a web-based course in research in family medicine. This project was led also by Prof Mehmet Ungan and Dr Ferdinando Petrozauli and is

composed of 25 web-based modules and a final workshop.

I am a member of several editorial boards of journals in family medicine in Israel and Europe and one of the associate editors in the *BMC Family Practice journal*.

In 2017, I was awarded for lifetime contribution to family medicine by the Israeli Association of Family Physicians after serving for eleven years at its board, two years as CEO and nine years as the Chairman.

Three years ago, I had a wonderful opportunity to write the history of the specialty of family medicine in Israel. I wrote it together with a professor of the history of medicine and with one of the founders of the profession in Israel, who died a year later at the age of ninety. During the project I collected a lot of documents and build the archive of the family association for the next generations.

### **What do you hope to achieve as WONCA Europe's President Elect and future President?**

The WONCA Europe region has more than 40 member countries with more than 130,000 family doctors. Each country and each individual family doctor have their unique professional needs and their own challenges, while there is a lot in common.

I would like that every single family doctor in Europe region will feel that WONCA is his or her real home. I want to make WONCA Europe activities to become the arena where family doctors meet together, exchange knowledge and ideas and act together for

sustainability and development of family medicine.

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

In Israel we have a constant struggle with the hospitals' physicians. It starts in medical school where the vast majority of teaching is in hospital wards and ends with the health care providers that try to limit our authority and putting all the pressure of quality indicators on the family physicians. On the other hand, the residency program is gaining popularity and now it is possible to fill all positions. The family doctors are very appreciated and trusted by the patients and this is a strength of family medicine in Israel.

Still there is a lot to do in order to reduce the bureaucracy, to reduce workload and burnout.

### **What are your interests inside and outside work?**

Professionally, I enjoy research, like to ask questions and find the answers that are relevant to family medicine. I am mentoring students, residents and young researchers in their first steps in the world of research trying to "infect" them with my passion.

I am living near the sea shore and we have a beautiful sandy beach and a very long promenade. So, walking or jogging are my favorites. I also have a great interest in archeology and history and never miss an opportunity to visit a museum or an archeological site while traveling in my country or abroad.

## Resources

### Education for Primary Care : free access article

Our fifth issue for 2019 is now [available online](#). There is a good international range of undergraduate and postgraduate papers including an open access paper on experiential learning in Japan and on the practicalities of undergraduate clerkships in Botswana . If you are interested in longitudinal clerkships and the challenges of implementation there are three articles offering different perspectives of putting these into practice.

It is really worth downloading the editorial from our deputy editors Sam Scallan and David Cunningham on “Accepting or rejecting qualitative education research: what are our expectations as editors?” They offer excellent advice for both research and evaluation. [Download here](#).

FREE ACCESS is being offered for a paper in the 30:4 issue : As professional identity formation is becoming an increasingly important concept and this paper refers to three important papers on this I felt it offered an opportunity to reflect on how as GP educators we can really support our students and trainees to develop in the challenging and rapidly changing health care environment we all face. “Who we are: exploring identity formation in primary care contexts.” Jennifer L. Johnston & Helen Reid

[Free access article](#)

Happy reading and I am as always delighted to receive feedback on whether these articles are helpful and /or issues you may face over access.

Prof Val Wass OBE  
Editor Education for Primary Care

### Launch of a Toolkit to help develop palliative care in primary care

In 2018 at Astana, the World Health Organisation (WHO) resolved that palliative care was a key component of primary care services. Members of the WONCA Special Interest Group in Cancer and Palliative care and the European Association of Palliative Care (EAPC) have produced an updated Toolkit to help the primary care workforce make palliative care available to all who might benefit.

[EAPC primary care information](#)

The Toolkit was launched at the 2019 EAPC conference in Berlin. It was presented at a plenary lecture to the audience of about 3000 delegates who each received a copy. Professor Scott Murray from the University of Edinburgh presented an infographic about the Toolkit and [a short video about how it might be used](#). Please share this with colleagues. Dr Sabine Gehrke-Beck from WONCA



commented on how useful it could be in helping to stimulate the development of national policies, training and services. This development would promote the use of the Toolkit to help people live and die well.

The Toolkit gives practical guidance on the steps required to develop palliative care in primary care and is available free for download.

[Download toolkit](#)

The Toolkit is available in English. Please contact [Nicole.Brun@ed.ac.uk](mailto:Nicole.Brun@ed.ac.uk) for assistance

with translating the Toolkit for your country if that would be useful.

Further presentations and discussions about the use of the Toolkit and how it may be applied will be part of the Primary Palliative Care workshop at WONCA Europe 2020 in Berlin and WONCA World 2020 in Abu Dhabi.

Dr Alan Barnard, Co-Chair, WONCA SIG in Cancer and Palliative Care, School of Public Health and Family Medicine, University of Cape Town, South Africa,

## Conference news

### WONCA Europe in 2020 in Berlin

Dear GP/FM colleagues,

We are delighted to invite you to the 25th WONCA Europe Conference that will be held in Berlin, Germany on June 24 - 27, 2020.

#### Abstract Submission

We would like to announce, that 25th WONCA Europe Conference, Berlin, is already 2 months opened for abstract submission. Abstract submission deadline is on January 10, 2020.

[Call for abstracts](#)

#### Registration now open!

We are pleased to announce that you can now register online.

Select your registration fee, pay before January 5, 2020 and benefit from the early registration fee.

[Register now](#)

#### Berlin - Volume 1

When the decision was made to move the Federal Government to Berlin, it was time to reawaken the Reichstag building from its long years of slumber on the Mauerstreifen, the military zone between the two sides of the Wall. The building has since been completely modernised, and today's visitors to the Reichstag can look out from the building's glass dome to get a bird's eye view of the hustle and bustle in the city. There are also a number of government buildings in the vicinity of the Reichstag, for example the Bundeskanzleramt (Federal Chancellery) and the Brandenburg Gate.



## World Rural Health conference in Bangladesh 2020



Dear everyone,

It's a great pleasure to announce the 17th WONCA World Rural Health Conference (WRHC 2020) to be held in Dhaka from 15th - 18th April 2020.

This is an international event that will see delegates from around the world inspiring and exchanging ideas on the latest developments and challenges in rural family practice and rural and remote health generally. Primary Care & Rural Health Bangladesh (PCRHB), in recognition of its leadership and success in championing family medicine and Primary care, is proud to have been invited by the WONCA Working Party on Rural Practice to host this conference. This important conference will be held in collaboration with Wonca Rural South Asia (WORSAs). WONCA now has 118 Member Organizations in 131 countries and territories with membership of about 500,000 family doctors and more than 90 per cent of the world's population.

The WONCA Working Party on Rural Practice consists of up to 20 members with representatives from each of the world's regions: Europe, Asia, Africa, North America, South America, Australasia / Pacific with a vision of health for all rural people around the world. The conference expects 500+ national and international delegates to attend. These will include rural doctors, researchers and academics, teachers, medical students, Nurses, Health Assistant, policy makers and administrators from both the public and private sectors and Community Health Workers. It's a window of opportunity for all to know, the advances made in different rural health determinants and also a forum to discuss family medicine and its role in rural health solutions.

You all are welcome to join this academic extravaganza, to inspire and inform and exchange experiences and to celebrate the work we do daily with our patients and their communities.

Welcome to beautiful Bangladesh.

[Website](#)

Best regards  
Prof Dr Md ZakiurRahman,  
Organizing Chairman  
World Rural Health Conference 2020  
Dhaka, Bangladesh.



## WONCA Asia Pacific 2020 – the perfect excuse to visit New Zealand!



Have you been wanting to plan a trip to New Zealand but haven't quite got there?

WONCA 2020 is the perfect opportunity to visit New Zealand and discover the incredible landscapes and warm hospitality our country is famous for.

From the snow-capped mountains of the South Island to the pristine beaches of the North, New Zealand is overflowing with breath-taking vistas and wildlife.

New Zealand is also home to unique urban centres, which showcase the culture and creativity of its people.

WONCA 2020 host city Auckland is one such centre. This buzzing metropolis is celebrated for its restaurants and cafes, vibrant arts scene, thrilling attractions, and natural wonders. A truly cosmopolitan centre, Auckland is home to a diverse array of cultures, cuisines and characters, and is a great place to start your discovery of New Zealand.

Whether you want to explore picturesque wineries on Waiheke Island, get an adrenalin rush with a climb over the Auckland Harbour Bridge or dine at world-class restaurants, you'll find Auckland has plenty to see, taste and do, before or after the conference.

[Find out more about Auckland](#)



## WONCA CONFERENCES

### WONCA Conferences 2019

November 22-24, 2019	WONCA South Asia region conference	Lahore, PAKISTAN	<a href="http://www.globalfamilydoctor.com/SAR19">www.globalfamilydoctor.com/SAR19</a>
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WONCA Direct Members enjoy *lower* conference registration fees.

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



### WONCA Conferences 2020

April 15-18, 2020	World Rural Health Conference	Dhaka, BANGLADESH	Save the dates
April 23-26, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	<a href="http://www.wonca2020.com/">www.wonca2020.com/</a>
April 27 – May 2, 2020	VIII Cumbre y Congreso Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	<a href="http://cimfwonca.org/eventos/proximos-regionales/">http://cimfwonca.org/eventos/proximos-regionales/</a>
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	<a href="http://www.woncaeurope2020.org">www.woncaeurope2020.org</a>
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	<a href="http://wonca2020.com">http://wonca2020.com</a>

### WONCA endorsed events

16 Nov **NAPCRG Annual Meeting**  
 - 20 Nov Toronto, ON, Canada  
 2019

## Member Organization Events

16 Nov - 20 Nov 2019	<b>North American Primary Care Research Group (NAPCRG) annual conference</b> Toronto, Canada
06 Dec - 08 Dec 2019	<b>4th AMM-AMS-HKAM Tripartite Congress</b> Aberdeen, Hong Kong
19 Feb - 22 Feb 2020	<b>4th International Primary Health Care Conference</b> Doha, Qatar
07 May - 10 May 2020	<b>90th EGPRN Meeting</b> Gothenburg, Sweden
01 Oct - 03 Oct 2020	<b>RCGP annual primary care conference</b> Glasgow, United Kingdom
13 Oct - 17 Oct 2020	<b>AAFP Family Medicine Experience</b> Chicago, USA
15 Oct - 17 Oct 2020	<b>RACGP GP20</b> Perth, Australia
04 Nov - 07 Nov 2020	<b>Family Medicine Forum / Forum en médecine familiale</b> Winnipeg, Canada
04 Nov - 07 Nov 2020	<b>Family Medicine Forum 2020</b> RBC Convention Centre, Winnipeg, Manitoba, Canada

For more information on Member Organization events go to  
[www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx](http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx)