

WONCA News

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From the President – October 2019

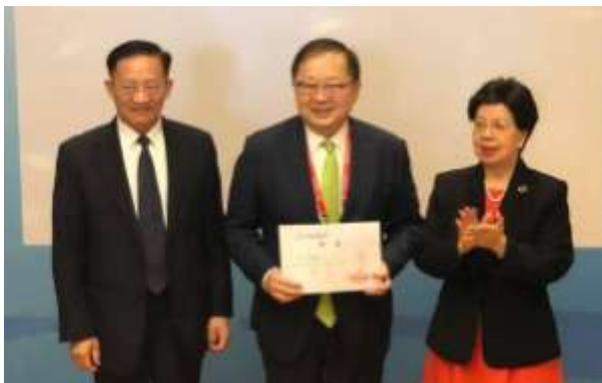


Photo: Pictured with the Chairman of CMDA, Prof Zhang, and at right Margaret Chan who is well known to family doctors, Donald Li receives the "World Outstanding Chinese Doctor award"

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Following on from the very successful WONCA Africa conference, the newly formed AfroPHC has built momentum and continues to grow on a daily basis. Its strength lies in the fact that it is an inter-professional organization, grown from on-the-ground practice up through to policy levels, by individuals and organisations who are passionate about making sure that the peoples of Africa have the same access to good quality, qualified primary care services as are available elsewhere in the world.

As part of the growing momentum, opportunities are presenting themselves to challenge, comment on, and respond to policy documents and articles from across the region, some of which aspire to less than the global goal of comprehensive person-centred primary care, leading to Universal Health Coverage.

WONCA Africa region President, Shabir Moosa, is continuing to engage constructively with WHO AFRO officials, who are now actively involved in AfroPHC. Sometimes tenacity wins the day. At global level and at region level, engaging with WHO AFRO has proved difficult over the years. The Astana Declaration, the MOU between WONCA and WHO and an enthusiastic region President have contributed to an era where everyone is working together towards the same goal.

At the same time as the developments in Africa region are playing out, the WONCA Executive members have been busy on your behalf, representing WONCA and its members at a wide range of conferences and events. In September our CEO, Garth Manning, attended the American Academy of Family Physicians (AAFP) meeting; Raman Kumar participated in WHO SEARO meeting; and Meng Chi Lee attended the WHO WIPRO meeting.

We are extremely fortunate in having our WHO Liaison Viviana Martinez-Bianchi represent us at the UN High Level Meeting on UHC in New York. Vivi was invited to present on four separate occasions during the meeting, and signed the UHC2030 Global Compact on behalf of WONCA on September 26th. (See www.uhc2030.org). Vivi presented WONCA's comments on Universal Health Coverage to the UN General Assembly on UHC; she presented on 'PHC towards UHC'; she spoke on workforce issues in relation to addressing multi-morbidities; and she represented the Working Party on Rural Practice at a meeting, as well as signing the Global Compact.



Also, in September, our Chair of the Working Party on Quality and Safety, Pilar Astier Pena, was spreading the message of WONCA standards at a conference in Xi'An. Chris van Weel, our former President, was also presenting at the same conference and he brought my greetings to the conference participants.

In October our President-Elect, Anna Stavdal, will participate in our conference in New

Mexico, arranged by the WONCA Working Party on Rural Practice.

>[WONCA World Rural Health conference](#)

We should be proud of our growing voice around the world, spreading the message of good quality, professional, family medicine. We will continue to speak out and speak up where we need to.

While I do not like to boast (much!) I am proud to announce that in September I was presented with an award in Qindao in China as one of the top 10 outstanding global doctors. Margaret Chan, former Director General of WHO, and a good friend to WONCA, was also presented with the same award. We are living in interesting times!

Donald Li, President

From the CEO's desk: old friends at AAFP

As I write this I'm in Philadelphia, attending the American Academy of Family Physicians' (AAFP) Congress of Delegates – equivalent to our world council. This will then be followed by their annual conference – the Family Medicine Experience (FMX). There's lots happening in the North American Region in the coming few weeks, so I thought it was a good time to feature this part of the WONCA world.



Photo: With Kim Yu (USA)

It's been interesting to observe the proceedings of AAFP during their Congress of Delegates. It's a little different from our council, but that's because – in common with most of our Member Organizations – they are discussing and debating key national issues, as well as devising policies relevant to those key issues. But it also holds elections for its key positions, including its Board of Directors and its President Elect, and the handover and awards ceremony takes place during the Congress, so that the new President – whose term of office is one year – takes over right at the start of the conference. Many similarities as well as some differences.

During my time as WONCA CEO I have enjoyed a very friendly and collaborative relationship with Dr Doug Henley, CEO of AAFP. Doug will retire from his position in the middle of 2020, so it has been a great opportunity to meet up with him and our other

friends and colleagues in the academy. Our North America Region President, Professor Marvin Reid, is also attending, so WONCA Executive is well represented. I was honoured to be able to speak to Congress on Tuesday 24th September, bringing greetings from our President and thanking AAFP for this continuing support to WONCA.



Photo: Selfie with Marina Almenas (Puerto Rico)

FMX is a huge gathering, with over 5,000 attending. It's so big that there are actually relatively few venues – even in USA – which are big enough accommodate it. It really is quite overwhelming, and with so many excellent parallel sessions available the delegates are spoilt for choice. I was fortunate to be able to speak to a Member Interest Group on Global Health, just before leaving for the airport on Friday 27th, so my thanks to Kim Yu for facilitating that.

In the coming few weeks our Working Party on Rural Practice will hold their 2019 World Rural Health Conference in Albuquerque, New Mexico, in collaboration with the National Rural Health Association. Our President elect, Dr Anna Stavdal, will attend that event, whilst our President will attend the annual meeting of the College of Family Physicians of Canada in late October in Vancouver. A busy final quarter of the year for a region we don't always hear so much about.

Dr Garth Manning, CEO

In my view... Family Medicine, PHC and UHC



Jan de Maeseneer, Emeritus professor Family Medicine and Primary Health Care, Department of Public Health and Primary Care, Ghent University (Belgium), will be a familiar name

to many of you. He has been a staunch advocate for family medicine for many years and continues his interest despite his so-called 'retirement'! I am pleased to invite Jan to contribute his view about issues of note within primary care and family medicine to this month's WONCA News.

[español](#)

Family Medicine, Primary Health Care and Universal Health Coverage: What is WONCA's role?

After the Astana-Declaration on Primary Health Care (PHC) in October 2018, the time for implementation of the principles has come, putting the Memorandum Of Understanding (MOU) between WONCA and WHO into practice.

The first goal WONCA can contribute to is documenting the evidence that PHC, integrating Family Physicians, really can make a difference in terms of access to and quality of health care. Reports from USA (Robert Graham Centre, Washington, USA[1]), from OECD[2] (Paris, France), the EU QUALICOPC-study[3] (Nivel, the Netherlands), and research in Africa (South-Africa[4], North-Sudan[5]), all document better results for access and outcome in settings where Family Physicians contribute to PHC. Thanks to the WONCA leadership in recent years, WONCA engages in both the global and the local debate on the role of Family Medicine.

In August 2019, a delegation of WONCA Africa region and Primafamed met with WHO Africa region in Brazzaville. There was a positive and proactive atmosphere, which

resulted in a joint document. While the document is a strong demonstration of intent, there were no concrete commitments for action and no specifically identified resource commitments to strengthen the development of Family Medicine. That is a pity, because there are resources available: in June 2019 the European Union gave a donation to WHO of €102 million for action towards Universal Health Coverage (UHC).

What can we learn from this experience? First of all, WONCA should continue to interact with WHO, not only at the global level in Geneva but also at the level of the seven WHO regions. Secondly, national WONCA Member Organisations (MOs) should be encouraged and supported to build contact and engagement with WHO Country Representatives (WRs), where there is a WHO country office, to explain the role of Family Medicine in PHC. These meetings should be reported to WONCA Executive, to reflect on the momentum building on the WHO-WONCA MOU.

Finally, WONCA should continue its engagement at WHO Geneva level to motivate WHO not only to distribute finances through the national health ministries, but also to financially support the contribution to UHC by multilateral agencies and NGOs such as WONCA, Primafamed (in Africa), African Forum for Primary Care, the newly formed and enthusiastic AfroPHC, and European Forum for Primary Care. The power of multilateral agencies lies in their capacity to overcome local "sensitivities".

Moreover, WONCA can play an important role in the creation and expansion of inter-professional Primary Care Teams (see [WONCA News 'In my view', September 2019](#)). Family Physicians are the clinical medical experts in the PHC team and work with nurses, social workers, community health workers and others, with each of these team members contributing to improved health outcomes.

Therefore, it was very appropriate that WONCA reacted immediately to a recent *BMJ*-editorial authored by Agnes Binagwaho (Rwanda) and the WHO-Director General, that

suggested that "...community health workers (CHWs) serve as the first point of contact for people needing healthcare; they are the functional link between communities and health facilities, such as hospitals[6]." (*BMJ* 2019; 365 doi: <https://doi.org/10.1136/bmj.l2391>).

The WONCA President, Donald Li, was very clear in his rapid response: "We urge you to champion the contribution of ALL health care workers in PHC, including professionals like nurses/midwives, clinicians/physician assistants, and family doctors. If we want to truly re-invent PHC to provide accessible, affordable, cost-effective, comprehensive, quality primary health care then we need teamwork including family doctors, especially in Africa and especially considering the resources of the whole health system. UHC built around hospitals will be disastrous for Africa. We urge you to actively support our efforts in Africa to achieve UHC and leave no one behind."

However, on 29 August a blog in *BMJ*, written by Paul Kagame, President of Rwanda, repeated the same analysis: 'In Rwanda, a combination of community based health insurance, community health workers, and good external partnerships together led to the steepest reductions in child and maternal mortality ever recorded'[7].

This position needs to be challenged, using the evidence which already exists and evidence which is being built, in Africa, in real time. It is obvious that big donors are emphasising the focus of their investments on CHWs and not on nurses and family physicians in their rationing strategy, aimed at reduction of their support for human resources for health.

Finally, WONCA can take a strategic role in capacity-building, advocating that at least 40%

of all students who graduate in medicine, should engage in a post-graduate training in Family Medicine[8]. By doing so, WONCA clearly illustrates its social accountability in this important process of societal change for Universal Health Coverage.

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Feature Stories

The UN High Level Meeting on UHC

Viviana Martinez-Bianchi, WONCA Executive Member-at Large and WHO Liaison person, was the WONCA Delegate to the UN High Level Meeting on Universal Health Coverage on September 23, 2019.

On September 23, 2019 the world came together at the United Nations to the High-Level Meeting on Universal Health Coverage (UHC) where governments reaffirmed their commitment to health as a human right, and ensuring that everyone has access to essential and quality health services.



Considered historic, for being the first time for such discussion at the UN, member states recognised the critical need for strong health systems which provide primary health care services that are integrated, comprehensive, and people-centered; and address health promotion, prevention, treatment, and palliative care.

Representing WONCA, I called attention to the important role of the appropriately trained generalist family physician. Multiple comorbidities – acute, chronic, communicable and non-communicable diseases, poor mental health and addiction, injuries, accidents, violence and disability - increasingly affect people worldwide, and maternal and infant mortality continues to be a problem-, making the delivery of Primary Healthcare (PHC) quite complex. The diagnosis and majority of care for this complexity needs to be provided at the first level of care. Only a well prepared PHC workforce team with family doctors in their lead will be able to provide the comprehensive care people need. In addition, we need a PHC workforce ready to assess, treat and maintain health during large health emergencies, such as those caused by war, hurricanes, pandemics, and typhoons.

WONCA urged countries to increase the budget for PHC to meet population needs, and to aim for appropriate numbers of each graduating class of health professionals to work in the primary health care sector, to meet that need. In the US for example, Family Medicine organisations are working to increase to 25 % the numbers of doctors choosing Family Medicine for post graduate training; while in Kazakhstan the aim may be 60% of graduates of medical schools going into general practice. We called for investment in the training of skilled family doctors through the development of family medicine curricula in undergraduate and post graduate training and continuous professional development. Recruitment and retention policies that include appropriate salary support, work dignity and safety, and funding and logistic support for the training of all members of the primary health care workforce. We called for true commitment and multi-sectoral collaboration to achieve the goals of the declaration.

WONCA recognises that membership of primary care teams will differ from country to country, depending on their particular health demographics, geography, health needs and funding arrangements. But all members of the primary care team should be trained and qualified in delivering comprehensive community based, person-centred primary care.

As I navigated the United Nations High Level Meeting, participated and networked at multiple side events, I was truly happy to see that there is a new sense of the importance of primary health care;

and that there needs to be a true commitment to a horizontal funding mechanism, instead of the typical silos of single interests in which most health care has been funded for decades.

The declaration

So, now we have a political declaration signed unanimously by all member countries of the UN. WONCA invites member organisations to review the declaration.

[Declaration: UHC: moving together to build a healthier world".](#)

I invite you to undertake the following exercise, review it and use the following suggested questions to facilitate discussion:



1. Know the country or region's baseline: What is the actual situation in our country? What percent of GDP is used in healthcare what percent goes to PHC? What would the ideal situation on the ground be? What is the workforce? How many family doctors/ general practitioners in our country/region versus what is needed? Percent with postgraduate training? Training needs?
2. Multi sector engagement: How can our organisation coordinate and contribute to this declaration? How do we make sure that we coordinate our own actions together with government, other members of civil society, health systems, other health professions' organisations, and other stakeholders so that we can use the momentum generated at the UN?
3. Advocacy: What are our priorities for advocacy? For example, are we training the number of family doctors/ GPs to meet needs? If not what should we request from government, ministry, health systems to meet the needs for training? And how? Do an action plan.
4. Accountability: what are our own measures of accountability as family doctor organisations? What measures should we hold our governments accountable to?
5. What is missing in the declaration? What did we want more of that did not make it in there and should?
6. What should WONCA's priorities for coordinated advocacy be?

*An analysis of the declaration will follow, once I do this exercise myself.

The declaration may not have everything we each wanted, and it may be imperfect, but a momentum exists that we need to build on. I look forward to your suggestions and comments. We have been given an amazing opportunity and should use it to improve health for all. In the words of our President Donald Li "WONCA is ready and willing to offer technical and policy support to any country that wants to incorporate qualified family doctors into the primary healthcare team. As a global organisation, WONCA is well-placed to support the achievement of the most important global health policy of our time".



Reflections on being WONCA President - Amanda Howe

Amanda Howe, WONCA Immediate Past President, comes to the end of six years on WONCA Executive this coming month. WONCA thanks her for the huge voluntary commitment this represents. Here she reflects on this period of her life.



It was my honour to follow Prof Michael Kidd as WONCA President from 2016–2018 - the first woman President. I shall finish my six years of service on WONCA Executive this October. This short article reflects on how this happened to me in my career as a family doctor, and what others may learn from this. I also say – thank you! And let us all keep up our good work for family medicine.



Photo: Flashback to WONCA News December 2016 - Amanda Howe received the presidential chain from Michael Kidd in Rio in November 2016

Many, especially younger GPs, are curious as to how leaders emerge from the core business of being a family doctor. My personal analysis is that I was always both passionate about health care, and I worked hard to learn and practise the necessary clinical skills to be truly

competent. I delivered for my various colleagues, patients and friends; and thus became known as a 'good doctor', who was reliable, responsible, concerned - and motivated to go further.

I was driven by the desire to improve the status of family medicine as a speciality, and to change the way students and postgraduates were taught – which in my day, was at the laboratory and bedside, not in the community with people. I also got engaged with wider networks because these were necessary partners in my two key missions: so the medical school, the local health and civil authorities; other family medicine clinics; and our national WONCA member organisation, the Royal College of General Practitioners (RCGP), of which I have been a member since 1983!

This wider involvement led to me starting to be invited to help, for example, with CPD events, becoming a trainer and a CPD tutor, and beginning to learn some leadership skills outside the clinic itself. These networks were also key to offering me new opportunities – it was actually an RCGP staff member who sent me an advertisement that invited GPs to start teaching on campus. My practice supported my application – we were desperate to influence the undergraduate students. This led to my becoming an academic, sitting on University and regulatory committees, national involvement in medical education reform, and with RCGP, Society for Academic Primary Care, and the World Organization of Family Doctors. Same dynamic – my passion for change and growth of general practice; being given opportunities by others for example, to chair the RCGP Research Committee; encouragement to stand for elections and finding that what I delivered was (broadly) what others seemed to need and want.

So my 'strapline' is: work hard and deliver; stay with your heart as well as using your head; get involved with broader networks where life permits; don't try to do too much at the same time; and WONCA and your national

member organisations are great places to network and develop a broader vision.

Photo: Flashback to WONCA News September 2017 - Amanda with residents, staff, Joy Mugambi (next to Amanda) and ministry representatives at the Aga Khan University in Dar es Salaam.



Looking back on my involvement with WONCA, both in the Working Party on Women in Family Medicine (WWPWFM) and on WONCA Executive, I would like to thank all those who worked with me; including many of you who hosted me in your countries, whether for conferences or national visits. It was an enormous privilege to see the success of so many members and their teams. Everywhere I went, I met good people trying to make a real difference through working as family doctors – I shall continue to glory in that, want to tell you

the effort is worth it (it is!). I know we shall all continue to learn from each other what is needed to address the bigger picture.

We do need to achieve universal health coverage with a true comprehensive primary care package, and engage with the upstream work on what makes people ill in the first place - including poverty, exclusion, adverse life events, and climate change. The work through WHO is important both for building the status of our discipline, and for this work at health systems level. I congratulate WONCA and its Member Organizations, such as the RCGP, for making firm commitments to this.

I wish all those in current and future WONCA work well: I am still here for you.

Thank you.

Prof Amanda Howe



Photo: Flashback to WONCA News March 2018 - Amanda Howe at the Vasco da Gama forum in Porto with (l to r) Candan Kendir, Süheyla Atalay, Tuğba Onat.

Interview with Donald Li, WONCA President

Donald Li, WONCA President, was recently interviewed by semFYC communications Pere Vilanova. The interview is an edited version of the original Spanish.

Where does your love for Family and Community Medicine come from?

In a way it's a family thing, generation after generation we've been involved with Medicine and healthcare. My father was a doctor. I would say he was a true General Practitioner, because at that time there weren't lots of doctors, and he had to deal with difficult situations. He was the first to conduct a Caesarian Section in Hong Kong! As a child, I grew up with this in mind. Service and care through time, the values of Family Medicine.

So, it is a sort of family heritage?

In a certain way it is, but the most impressive thing for me, and I think this is the place from where my passion for Family Medicine comes, is the relationship part. It's the patients, those people who trust you.

"When patients become friends, it is an amazing thing."

I can see grateful patients, not only bringing gifts such as a chicken or vegetables or fruits, but sitting with me, sharing their fears, their anger and their happiness, and I can assure you, this is the most rewarding thing of our job. In a sense, I always make fun of the other specialists. If I were a patient and you were my surgeon, I would be very grateful for what

you've done for me, cutting me up and fixing my problem, but I would hope that I never see you again. However, if you are my Family Doctor, I hope I will see you again soon and hopefully we can chat from time to time.

That is a privilege...

Exactly. It is a gift of the Family Medicine, and it comes from its values. I enjoy it.

What has been achieved in China in recent years?

I've been helping the Chinese development of Family Medicine for almost 20 years ago and we are moving forward, and achieving great outcomes.



Photo: Donald Li recently received the "World Outstanding Chinese Doctor award" - one of numerous he has been honoured with for his work in China.

Before 2012, there were lots of difficulties, we had lots of specialists, our GPs were untrained practitioners, and they had to face situations they were neither used to, nor ready to deal with.

About six years ago, the Chinese Government realised they had to invest more in Primary Care, because the healthcare system was not sustainable without a strong Family Medicine basis. So, the Government started inputting resources, changed the policy and made sure every major hospital had an available Family Medicine department. Gradually, the Government has allowed international Family Doctors to join the Chinese Primary Care system, and they have also invited specialists from across the world to travel to China and to teach.

In a certain way we've thus made use of the

best from other systems, and we have used others knowledge to improve ours and to adapt it to the Chinese reality, so we could teach Chinese doctors to perform better within our society.

What are the main barriers for a Family Doctor in China?

Mainly the salary and position within society, compared to other specialties. But China is too big for everything to happen at the same time. There not enough Family Doctors in China for now - we are working on that. Our target is to achieve a workforce of half a million in a few years' time, which is not easy, but we will do our best.

What about Traditional Chinese Medicine?

It is complementary to Western medicine. There are many things that the so-called Western medicine cannot deal with.. I'm quite interested in integrating both medicines, being aware of each one's limitations. I believe this is the best way to work, knowing your limitations, knowing what you can do to work together, and when you can't, and learning how to make life better. For me, this is the key to progress, that's the way forward. We will see more progress in care and in holistic care when we can understand and make use of both medicines at a balanced level.

Are there enough Family Doctors in China right now?

Not for now. We are working on that. Our target is to achieve a workforce of half a million in a few years' time, which is not easy, but we will do our best.

How does it feel to be the president of the WONCA World organization?

It is a very motivating and challenging task. WONCA World is a vast organisation full of passionate people, with young doctors, professors, researchers and general practitioners from hundreds of countries and who speak thousands of languages. I'm learning as much as I can from it.

For example, I was recently in Africa (pictured), at the WONCA Africa Conference, and we are wanting to work closer with them, because the challenges they are facing are huge and the population of Africa is growing rapidly. Our African colleagues are asking for

training and tools.

WONCA can try to bring more balance on this planet, because medicine is also about solidarity, and about helping each other.



The Memorandum of Understanding with WHO was a major achievement for WONCA?

It was, and it still is. Thanks to this agreement with the World Health Organization we made sure that the words Family Medicine and Family Doctor – which were erased from the Astana declaration - are being taken into account at the highest level. WHO has

recognised and has listened to WONCA's voice, that's a first step. Also, the fact that WONCA World's opinion is being respected and that we are speaking at the international fora where decisions are being made, is showing that we are useful.

Music is one of your biggest passions. Do you believe you will have the time to play cello and clarinet again before retiring?

Unlikely. I don't think I will be having free time until then. I will listen to it for sure. Now, it is true I spend some time cooking. I love it. It is a very good way to stay creative, and to produce something special you can then share with someone else.

Promoting Equity for a better quality of care for all Europeans

The attached statement on Equity was submitted by Prof Mehmet Urgan, WONCA Europe President, on behalf of WONCA Europe, for WHO Europe RC69: "Promoting Equity for a Better Quality of Health Care for All Europeans". I this and his shorter oral Statement he drew attention to one of the 20 principles and rights proclaimed by the European Commission in 2017: "Everyone has the right to timely access to affordable, preventive and curative health care of good quality".

For promoting equity for a better quality of care for all Europeans, we, the family physicians/general practitioners from 48 member countries of the WONCA Europe and Non State Actors (NSAs) of PHC Professionals share the WHO's position that countries should build "universal health care systems, with a strong foundation of primary health care". This will prepare the ground for efficient multi-sectoral actions committed to deliver high quality health care.

Actions must be focused on several areas simultaneously.

The NSAs supporting this statement urge the

WHO Member States to call to action to address equity and proactively at all levels of society by:

- European politicians, governments and other decision makers to develop a primary health care system that does not vary in quality because of the patients' personal characteristics, such as their socioeconomic status, gender, education, ethnic origin or geographic location.
- Family doctors around Europe to be aware of the importance of prioritizing equity when planning and delivering comprehensive, holistic health care which includes promoting health and well-being in addition to the management of acute and chronic health problems.
- Health care professionals in Europe to focus on interprofessional collaboration as a key strategy in the delivery of equitable health care.
- Primary health care organizations and their all Member Organizations to engage in collaboration with governments, policy-makers, and other stake-holders, to ensure equitable

availability and acceptability of care for all people living in Europe.

- Undergraduate and Postgraduate training to change selection processes and curricula to produce an adequate and equitably distributed primary health care professionals to meet population needs.

Working Party news

Rural Round-up: annual report highlights

John Wynn-Jones, chair WONCA Working Party on Rural Practice has provided his final annual report before handing over to Bruce Chater. This is an edited version of the report. The full version will be available in the WONCA Annual report 2018-19:

Structure

Our success in attracting rural practitioners from around the world, meant that we needed to change our structure and as a result we established three tiers of membership .

- **The executive:** Each executive member has a portfolio to manage. Executives are chosen by the Council and meet at least once (video/audio) during the year in addition to face to face meetings.

- **The Council:** The council aims to be gender, age, geographically and demographically equitable. We try to ensure that each WONCA region is represented in this way. The membership of the council is limited to approximately 60. Anyone can put their name forward for membership of the council.

- **The Assembly:** Everyone who is either a rural health professional, rural academic or a rural health stakeholder is entitled to join the assembly. Assembly meetings take up a day during our annual conferences.

We communicate with each other through a number of media vehicles. The Google Group remains the backbone with over a thousand members. We also run Facebook and Twitter pages.

The Executive

There has been a significant change in the

Concluding the work of WONCA Europe 's Quality and Safety Network and as the Non State Actors in PHC we wish to strongly emphasise that the delivery of primary health care services should focus the available resources on patient and community needs.

composition with nearly 50% of the posts taken up by young doctors. Each member has a portfolio and they have a responsibility to report annually to the council and to the assembly.

Chair: John Wynn-Jones UK
Hon Secretary and Chair-elect: Bruce Chater - Australia
Treasurer; Policy; Immediate Past Chair: Ian Couper -South Africa
Publicity: Dave Schmitz -USA
Communications: Jo Scott Jones New - Zealand
Research: Zakiur Rahman -Bangladesh
Education: Barb Doty - USA
Clinical Practice: Bikash Gauchan -Nepal
Developing Countries (LMICs): Pratyush Kumar -India
Students and Young Doctors (Rural Seeds) - Mayara Floss- Brazil; Veronika Rasic - Croatia + UK

Rural Seeds

Rural Seeds has been in existence for two years following it's launch at the 14th World Rural Health Conference in Cairns in 2017. It has three joint chairs/coordinators Mayara Floss (Brazil), Amber Wheatley (British Virgin Islands +UK) and Veronika Rasic (Croatia + UK). Rural Seeds works closely with the WONCA young doctor groups but it is a separate network which is rural task orientated rather than regionally represented.

Its achievements over the last two years include:

- Rural Family Medicine Café
- Rural Success Stories Rural (an extensive blog gathering success stories in rural health care)
- Global mentoring programme for rural medical students and young doctors

Working Party achievements over the last



triennium

• **Equity:** Working to achieve equity has been our driving force over the last three years. We have worked successfully towards equity within WWPRP but our greatest challenge will be working to reduce the global rural/urban divide which remains omnipresent from the richest to the poorest countries (ILO 2015). If the world is to achieve anything like Universal Health Coverage by the year 2030, the rural challenge must be addressed. We have tirelessly pursued this goal over the last three years and will continue to do so with increased vigour. Our Delhi Declaration: Alma Ata revisited, endorsed at the WONCA World Rural Health Conference in April 2018 identifies six major themes.

This document is our manifesto for the future:

- o Equity and access to care
- o Rural Proofing of Policy
- o Health System Development
- o Developing and educating a workforce fit for purpose
- o Realigning the research agenda
- o People and communities

• **Working in partnership:** We have continued to work with other WONCA groups and will continue to do so. We have shared workshops and other activities with Education, Indigenous, Research, Women and Family Medicine, Emergency and Family Violence. We continue to work with WONCA Regional Groups, WHO, Towards Unity for Health, ICOH, Darwin International Institute for the Study of Compassion, American Association of Family Medicine and other organisations.

• **Priority areas:** We signalled our intention to prioritise certain areas. We have now a permanent and productive link with China. Attempts to develop a establish a rural network in Asia Pacific has not moved on any further from a rural meeting at the last Asia Pacific Conference. Links with South America continue to grow. Finally we are delighted that we have established a rural network in Africa (WoRA). The chair attended the WONCA Africa Conference in Kampala in June and gave a keynote presentation. We aim to hold the WONCA World Rural Health Conference in Kampala in 2021

• **Conferences:**

o 15th WONCA World Rural Health Conference, New Delhi, India. This conference attracted over a thousand delegates from around the world. We always

want our conferences to leave a lasting legacy and we believe that this has done so in India. We were honoured by the participation of the Vice-President of India and 2 Health Ministers. The timing was perfect as it coincided with major changes in India, aimed at securing access to health care for its poor and rural inhabitants. We were delighted to host a National Consultation on Strengthening Rural Primary Care in India. We launched the Delhi Declaration: Alma Ata revisited.

- o Future planned conferences are
 - October 2019: Albuquerque, New Mexico
 - April 2020: Dhaka, Bangladesh
 - 2021 Kampala, Uganda

Working with WHO

WWPRP has a close working relationship with WHO, in particular with the Human Resources for Health Directorate. Our recent activities to date with WHO include:

• In a response to the lack of emphasis on rural health care in the draft Astana declaration we launched our own rural response to the 40th anniversary of Alma Ata, called the Delhi Declaration: Alma Ata Revisited. We were honoured and delighted when WHO put this on their website (see attachment) The Declaration is available in seven different world languages. It has also been endorsed by a number of national organisations.

https://www.who.int/hrh/news/2018/delhi_declaration/en/

o We contributed to the Astana declaration. “We will strive for the retention and availability of the PHC workforce in rural, remote and less developed areas.”

• Finally, we were approached by WHO in October 2018 to undertake a rapid response project to carry out a comprehensive literature review into “Pathways and Pipelines for Rural Training” across all professional groups in LMICs and use the information gained and our extensive rural network to develop a checklist to help LMICs to introduce their own training pathways. We were fortunate to be able to commission an excellent team at Monash University to help us with this work.

• The Rural Workforce Pathways Checklist has been well received by WHO and is out for review. We intend to launch the checklist at the conference in Albuquerque.

Finally

As I finish as chair, I would like to thank all those that have helped me with my work across WONCA. A special thanks to Garth, Nongluck, the WONCA Secretariat, Karen Flegg and the three WONCA Presidents (Michael, Amanda and Donald). I would also like to thank my colleagues in WWPRP, the

Executive and a very special thanks to Bruce Chater, who as secretary made it all possible. It has been a great honour and a rich and rewarding experience.

John Wynn-Jones

WP on Ethical issues annual report

Issam Shaarani, chair of the [Working Party on Ethical Issues](#) reports:

This report contains the main activities conducted by the working party on ethical issues over the past year. These activities are in line with the activities set to be executed by the working party in its two-year plan. It sheds light on what has been achieved of this plan so far.

Activity 1 - Structuring the WP on Ethical Issues

This activity aims at establishing an executive board (EB) for the working party in which all WONCA regions are represented. All WONCA members who have academic involvement and interest in working on Ethical Issues can be involved. This board will meet (online or physically) on regular basis.



What has been achieved so far?

1. Executive board members from some regions started working actively on the regional level. This is reflected in the WP workshops that are planned to be executed in three different regions in the coming few months (details below). The Ethics WP executive board members
Africa - Dr Peter Taiwo Sogunle - Nigeria
Asia Pacific - Dr John Fatiaki - Fiji
East Mediterranean - Dr Amal Al Ali - Qatar
Europe - Dr Tania Moerenhout - Belgium
North America - Dr Ross Upshur - Canada
South Asia - Dr M. Tariq Aziz - Pakistan
Iberoamericana-CIMF Pending

What we aim for in the coming year

1. Increase the reach of the WP to the largest number of family physicians. We build on having members from different WONCA

regions to achieve this goal.
2. Revisit the WP mission, vision and objectives.

Activity 2 - Enhancing Connectivity

This activity aims at establishing an adequate connection between the WP and WONCA members and extending the reach of the WP recommendations and outputs to the largest number of practicing Family Physicians.

What has been achieved so far?

1. Facebook and Twitter pages were created
a. Facebook page link www.facebook.com/EthicsWP (page reached around 700 members)
b. Twitter account @EthicsWP

What we aim for in the coming year

1. Improve the social media presence and increase the page followers to 1000 members.
2. Widen the range of activities on social media and involve more family physicians in creating its content.

Activity 3 Workshops and Educational Material

The Ethics WP board is involved in planning the appropriate workshops and activities in the upcoming conferences. The goal would be to create and adopt a curriculum for ethics to be used in the undergraduate and postgraduate Family Medicine training.

What has been achieved so far?

This year, four workshops for the WP have been done. These are:
- 1. Ethical Considerations of Physicians' Involvement with Politics, WONCA World, Seoul. Presented by Dr. Issam Shaarani
- 2. Providing Primary Healthcare for the Underprivileged: Ethical Perspectives, WONCA EMR, Beirut, Lebanon (a collaborative workshop between the WP and

The Salim El-Hoss Bioethics and Professionalism Program (SHBPP))
Presented by Dr. Issam Shaarani
- 3. Ethical Issues associated with Traditional Medicine in Africa, WONCA Africa, Kampala, Uganda. Presented by Dr. Taiwo Sogunle and Dr. Shabir Moussa
- 4. Ethical Challenges of Sharing Information through Electronic Health Records, WONCA Europe, Bratislava, Slovakia. Presented by Dr. Tania Morenhout

What we aim for in the coming year

1. Establish a sustainable activity of the WP in all regional conferences building on the executive board members, being representative of all regions. Regional WONCA presidents are encouraged to support and facilitate the WP activities.
2. Draft the plan for other activities mentioned earlier (ethics curriculum, ethical cases, etc).

[Join our working party](#)

Working Party on e-Health annual report

Dr Pramendra Prasad Gupta, chair of the Working Party on e-Health reports:

The aim of the working party is to identify the needs of patients and professionals to ensure relevant patient-focused information and health IT tools are available to all.

Our objectives are to use advanced innovative technology to create personalized eHealth services which contribute to sustainable, efficient and effective healthcare for all, especially those with chronic conditions. We also aim to identify appropriate technology to support health care providers in decision making, using holistic monitoring strategies combined with advanced technology to support high quality and efficient patient care, using health IT and secure data exchange.

We welcomed 16 new members to the Working Party this year and are developing a governance structure for the group. We currently have representatives from WONCA EMR region, Africa region and Europe region and would encourage interested members from other regions to join us.

As Chair of the Working Party on e-Health I presented at the WONCA Europe Open Meeting 'Primary care at a digital crossroads' during the WONCA Europe Conference.

Other presenters included: Clayton Hamilton from WHO, Nick Guldemond, Radeslov Herda, Anna Stavdal, and Andree Rochefort. The meeting was



moderated by Harris Lygidakis. The key message which came from this open meeting was that we should ask how digital health affects the core values of Family Medicine. Key points from the discussion included Digital Competencies, eHealth literacy, the patients' needs, the stakeholder's role and how to regulate the industry. There was enthusiastic discussion throughout.

Also at the WONCA Europe Conference 2019



we conducted workshop on Benefits of eHealth and Telemedicine in resource constrained low- and middle-income countries. I made a presentation and other presenters included Harris Lygdakis and Illka Kunnamo. I also participated in an EQuIP workshop on confidentiality in electronic medical records and a workshop of WONCA Working Party on Ethics.

The WONCA Europe conference was used as an opportunity for the Working Party on e-Health to hold a face to face meeting where we made plans to develop guidelines for electronic medical records, prepare a toolkit for eHealth which will be available on the WONCA website for members to consult. Discussions are underway to establish a webinar on eHealth which could be made

available from the WONCA Website.

During the WONCA Africa conference a workshop on ICT was held, organized by Shabir Moosa. The workshop was attended by Harris Lygidakis and Karen Kinder (consultant to WHO). These collaborations will help to build future relationships with other eHealth associations.

The Working Party on e-Health continues to improve engagement with WHO in other regions. We are also developing an advisory statement on reducing the risk of cyber attacks on electronic health records.

[Join our working party](#)

Mental Health Matters - annual report

Prof Christopher Dowrick, chair of the [Working Party on Mental Health](#) reports:

The aim of the working party is to enhance global equity of access to high quality primary mental health care. Our objectives are to improve internal structures; to offer mental health guidance for WONCA members; and to provide global leadership on primary mental health care.



1. WWPMH internal structures

- Our membership is currently over 240. Our largest groupings are from Europe, Latin America and Asia Pacific.
- We have representation across all WONCA regions and constituencies.
 - o Our current elected officer group is Chris Dowrick (UK, Chair), Christos Lionis (Greece, Vice-Chair), Jill Benson (Australia, Secretary) and Juan Mendive (Spain, Secretary).
 - o Vice-chairs for each of the seven WONCA regions are Joseph Ariba for Africa, Cindy Lam for Asia-Pacific, Abdullah al Khatami for Eastern Mediterranean, Christos Lionis for Europe, Leandro Wenceslau and Daniel Puig for Ibero-America, Kim Griswold for North America, and Pramendra Prasad for South Asia. Sonia-Roache Barker is vice-chair for the Caribbean sub-region.
 - o We have specialist liaison with Sandra Fortes (Brazil) and Lucja Kolkiewicz (UK)
 - o We are currently seeking to renew our formal liaison with WONCA young doctors.
- Communication between WWPMH members involves structured e-meetings for officers

every 3 months, and monthly e-bulletins circulated to all members. We also arrange ad hoc working party meetings at regional WONCA conferences.

2. Mental health guidance for WONCA members

- We encourage primary mental health care input to all WONCA conferences. During the past six months we have enabled participation in the World Conference in Seoul and forthcoming Eastern Mediterranean, Asia-Pacific and European regional conferences.
- We continue to collaborate with other WPs and SIGs, including education, WICC, migrant care and the newly formed SIG on adolescents & young people.
- We continue to publicise and produce practical guidance documents for family doctors on topics identified as important by WWPMH members.
 - i. First depression consultation (led by Bruce Arroll, NZ): a shortened version of this document is published in British Journal of General Practice.
 - ii. Physical health care for people with severe mental illness (led by Alan Cohen, UK and Kim Griswold, USA):
 - iii. Shared learning for primary mental health care (led by Helen Rodenburg, NZ): we have produced links to [accessible online training materials](#):
 - iv. Non-drug interventions for psycho-social distress (led by Weng Chin, Hong Kong); we launched our guidance on this topic at the WONCA Asia-Pacific meeting in November and presented it at WONCA Seoul.
 - v. Core competencies for primary mental health care (led by Chris Dowrick, UK). This was presented at WONCA Seoul and will also be presented at WONCA Kyoto.

vi. Management of medically unexplained symptoms (led by Tim olde Hartmann, Netherlands); a shortened version of this document has been published in the British Journal of General Practice

vii. Mental health care of migrants (led by Maria van den Muijsenberg, Netherlands, chair of WONCA Migrant Care SIG).

viii. Frailty, multi-morbidity and mental health (led by Christos Lionis, Greece).

ix. Dementia (led by Ferdinando Petrazzuoli, Sweden)

x. Adolescent mental health (led by Jane Roberts, UK)

xi. Early years problems (led by Amanda Howe, UK)

o We have negotiated a book deal with Taylor & Francis to publish our guidance documents in a single accessible volume, with additional elements on education and service implications.

o New guidance documents are being considered on the opioid crisis and primary mental health care in humanitarian emergencies.

3. Leadership on global primary mental health care

• We continue to advocate for improved primary mental health care on behalf of family doctors and their patients, for example

o Caribbean, Eastern Mediterranean and Ibero-American colleagues continue to organise a series of mhGAP training events.

o Molly Shorthouse (Asia-Pacific) is planning a major mental health initiative for indigenous young people in East Arnhem, Australia.

o A group led by Ryuki Kassai (Asia-Pacific), in collaboration with EACH, has successfully

organised a train the trainer programme on depression for family doctors in Japan. The results of this will be presented at a plenary session during WONCA Asia-Pacific in Kyoto (May 2019).

o A consortium involving WONCA, California Academy of Family Physicians and Health Performance Consulting is progressing a Train the Trainers' initiative to improving family physicians' management of patients with depression and anxiety across the Asia-Pacific region; this includes workshops at WONCA World in Seoul (October 2018) and WONCA Asia-Pacific in Kyoto (May 2019).

o The International Balint Federation led by Don Nease (North America) and WONCA's Young Doctors Movement have an active collaboration to provide Balint groups to YDM participants.

• We continue to promote external collaborations, including with WHO mhGAP, WPA, WFMH and EACH.

o In the past six months we have offered expert advice to WHO on their guidelines for the physical healthcare for people with severe mental illness (now published); their Quality Rights Toolkit; the primary care version of ICD-11 mental disorders classification; and their proposed mental health diploma for family physicians. In October 2018, I participated in the mhGAP forum in Geneva.

o In December 2018, several WWPMH members contributed to the Universal Health and Mental Health conference in Malta.

o I am member of the WPA-Lancet Clinical Commission on Depression.

o Several WWPMH members will contribute to the WPA World Congress in Lisbon.



WICC annual report

Prof Thomas Kuehle, [WONCA International Classification Committee](#) (WICC) reports:

Executive

Chair: Thomas Kuehle
-Germany

Deputy Chair: Kees van Boven
-Netherlands

Executive Member:

Jean-Karl Soler -Malta

Executive Member:

Olawunmi Olagundoye -
Nigeria

Executive Member: Laurent Letrillart -France

Governance Committee: Diego Schrans -
Belgium

Governance Committee: Preben Larsen -
Denmark

Governance Committee: Julie Gordon: -
Australia



Achievements

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 (<http://www.icpc-3.info/>). 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.

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 organisational 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 (linearisation) of ICD-11 in collaboration with WHO.

WICC was represented by its members at many 2018 WONCA Region Conferences and the WONCA World Conference in Seoul, Korea presenting posters or holding workshops on classification topics such as, ICPC and the International Classification of

Functioning, Disability and Health (ICF).

Activity in collaboration with WHO

At the WHO-Family of International Classifications (WHO-FIC) Network 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 Kuehle 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 Kuehle 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.

Our work

The WICC executive committee and the WICC decided to now put all energy into the development of ICPC-3..

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](#). This web-site was developed and maintained under the leadership of Marc Jamoulle (Belgium) who, in Lviv, handed it over to Heinz Bhend (Switzerland).

This year's meeting of WICC will be held in Crete in Greece from 22 -26 September 2019. Anybody interested in the work of WICC will be welcome.

[Join our working party](#)

September 17 - Global Patient Safety Day



Maria-Pilar Astier-Peña, chair of the WONCA World Working Party on Quality and Safety in Family Medicine (WWPQSFM) writes:

On September 17, 2019, World Patient Safety Day will be celebrated worldwide.

On May 21, 2019, the WHO World Assembly (196 countries, including Spain) proclaimed September 17 as [World Patient Safety Day](#). WONCA World has previously made a [new MOU](#) (Memorandum of Understanding) with the WHO, to ensure collaboration to improve primary care and the role of family doctors in different global health issues, such as patient safety, climate change's impact on health, among others.

WHO has launched a worldwide campaign to promote patient safety. The promotional materials of this campaign are available [here](#). We encourage you to collaborate in the promotion of patient safety in your organisations. All family doctors can collaborate by promoting patient safety in your organisation, by spreading the campaign and materials, and by illuminating a monument in your city in orange that day. Everyone in their

workplace contributes to improve patient safety.

In Spain, we are going to hold a [commemorative conference](#) on this day in Spain. Each community has submitted projects currently underway in the areas of

patient safety and antibiotic stewardship to evaluate them and reward six projects in relation to patient safety in primary care, and six projects in relation to the National Antibiotic Resistance Program (PRAN). The inaugural speech will be given by Anna Stadval (@AStadval), WONCA World president elect.

On September 17 we want to highlight the role of Patient Safety in Primary Care. Primary care that plays a crucial role in the UN project "Universal Coverage for All. Both the OECD and the G7 meeting in August in Biarritz (France) strengthened the activity of family doctors together with nurses and other health sciences professionals in reducing the impact of chronic diseases on our world's population, reducing preventable mortality, and promoting societies that are more committed to their health and that of the environment as well.

We encourage all family doctors in the world to celebrate together on September 17, 2019, World Patient Safety Day.

We all take part to build a safer health system.

Featured Doctor

Prof Les TOOP- New Zealand

Auckland 2020 HOC conference scientific committee chair

What work do you do?

I trained in the United Kingdom (Bristol) and first came to New Zealand in 1978 as a final year medical student. I currently work in a few different roles which keeps me busy, but I love it.



For the last 32 years, I've worked part-time as a GP at Ferry Road Medical Centre in Christchurch where I am also a partner – I've spent a similar amount of time as an academic at the University of Otago where until recently I was Head of the Department of General Practice. Free of administration I continue to be involved in both research, undergraduate, continuing education and in advocacy.

I've been involved in various Governance roles – at Pegasus Health (one of the New Zealand's largest general practice networks /Primary Health Organisations) as chair 2014 – 2018, and was involved in setting up the Peer-Led Interdisciplinary Continuing Education Programme 25 years ago that's now delivered in many parts of New Zealand. I also sit on the Alliance Leadership Team of the Canterbury Clinical Network and I have roles on a number of national quality focussed organisations.

What other interesting things have you done?

As a youngster I travelled extensively through Europe, South America and during a trip up through Africa in the early 1980s, I did a short stint relieving a hospital in KwaZulu-Natal which was a very rapid learning experience. I've recently returned from a sabbatical in Denmark where I worked on national quality

initiatives and had the opportunity to meet with many Danish GPs and share experiences, surprisingly similar issues to New Zealand.

I've been involved in promoting the rational use of medicines for over 30 years, which has involved designing and delivering educational material and significant advocacy to counter misleading promotion both to prescribers and to the public.

Along with almost all health professional bodies and many national consumer advocacy organisations, I am actively involved in pushing for greater independent consumer health information, and a ban of direct to consumer advertising for prescription medicines (DTCA) which is only permitted in the US and in New Zealand.

What is general practice like in New Zealand?

My more than thirty years working in New Zealand as a GP has been both fun and a real privilege. It's mostly organised on similar lines to northern European countries (in primary care teams and with GPs as gatekeepers to much of secondary care), but there are a number of other uniquely NZ ways of working with the extended family such as the well-established "Whānau Ora".

The healthcare system in New Zealand is working hard to improve equity for our indigenous population (Māori) and other minority groups. We're currently halfway through a health reform which will likely introduce new statutory and strategic commitments to Māori health and to foster greater community engagement.

New Zealand faces many of the same issues as similar countries - increasing demand and complexity in an ageing population, with an ageing workforce. Our GP teams and others working in primary care are always on the lookout for new and innovative ways to evolve the way we deliver care to better match the needs and expectations of the populations we

care for.

What are your hopes for the WONCA Asia Pacific Regional Conference in Auckland?

I hope the [WONCA conference in Auckland](#) (city of sails) will be a great opportunity to bring family doctors and others from far and wide together to share experiences, present their work and to discuss the important and urgent issues which are, or will affect the health of our patients. There will be a particular focus on equity, adapting to change and embracing appropriate new technologies whilst maintaining the enduring values of what makes personalised family care so important.

We will also focus on the very important issue of the effects of climate change.

What are your interests at work and privately?

Professionally my interests are in continuing to contribute to designing more integrated health services, promoting the concept of choosing wisely and in advocating for a healthier environment where people are able to make healthy choices. Outside of work, I'm quite 'outdoorsy' – I enjoy hiking in the countryside (called "tramping" in New Zealand), skiing and mountain biking so I'm living in the perfect country for that! When I'm not too busy, I enjoy woodworking and gardening.



Prof Erika BAUM - Germany

Berlin 2020 conference HOC president

What work do you do now?

I am retired from practice and University, but still look after projects in postgraduate education. Since 2016, I have been president of our national College of General Practice/Family Medicine (DEGAM) but will soon become past president and Treasurer. Also I help with the development of several guidelines of importance for our profession.

Most important to me at present, is that I am main organiser of the 25th WONCA Europe Conference coming from 24th to 27th June 2020 to Berlin. I am supported by many colleagues from Germany and WONCA, especially Prof Christoph Heintze from Berlin.



Other interesting things you have done ?

I worked at least half-time in the same practice at the countryside for 36 years and was happy with my connections to the patients and their families as well as with our practice team and cooperating professionals. In parallel I was head of the department of general practice at the university of Marburg from 1988 to 2016. Since 2001 I have been active with DEGAM and since 1993 member of EGPRN (European General Practice Research Network).

What is general practice like in Germany?

We have no gatekeeping system. So patients can go directly to specialists or to other GPs in parallel with their main GP - and without having to pay. Most patients have a GP and about two thirds have seen him/her within the last 12 months. I think most people have high confidence in their GP. Our rate of contacts is very high, so the single contact is short in

many cases. There are incentives for preventive actions like health checks and immunisations.

The numbers of physicians in hospitals and specialists in outpatient clinics are rising steadily, but the number of GPs is slightly declining due to young colleagues not choosing our speciality. However, our recognition and share in education and research at universities is increasing.

What are your hopes for the WONCA Europe conference in Berlin?

We hope to share our experiences and knowledge with colleagues from many countries and find solutions for the challenges of the future. How can we maintain and develop our core values as well as our role in the health systems? This will be important for all of us but also for society and politics. So we will involve our practice teams and patients as well as WHO in the event.

More about WONCA Europe 2020 in Berlin Your interests at work and privately?

How can my patients manage their lives and be happy? How best can I and others support them? What is the evidence about what we are doing and how can we do better? How can we strengthen the role of GPs in our system and motivate young colleagues to choose our speciality and be happy with this?

I like to do group-dancing and downhill skiing and different forms of physical exercise. I also like to walk in mountains or woods in a small group. I enjoy listening to good music (classic as well as popular) and play a little bit on my tenor-flute. My pride and happiness are the family of my older son with my second grand-child expected in October, and the meetings with my younger son and his girl friend as well as my brother's family. None of them is a physician!



Sonia Tsukagoshi on the Vasco da Gama Movement

Dr Sonia Tsukagoshi, the new [Vasco da Gama Movement](#) (VdGM) Liaison Officer on WONCA Europe Executive Board, the British-Japanese family medicine physician, was interviewed recently by Pere Vilanova of semFYC.

How do you see the evolution of the Vasco da Gama movement since you started?



The Vasco da Gama Movement is the European Young Doctors Movement (YDM) which started in 2004. I think it's growing very fast, mainly because participating in the VdGM movement is fun. There is a pre-conference before every WONCA Europe conference and a VdGM Forum every 18 months, which are very inclusive and friendly. It's incredibly fascinating meeting like-minded people and comparing our working lives across Europe. We are becoming a stronger voice now and I think others are realising that young doctors are passionate, motivated and ambitious

about improving primary care worldwide.

So, you recommend it... ?

Definitely. It is a great experience. If you are a Young Family Doctor you must come and get to know the Vasco da Gama Movement and the other Young Doctor Movements Worldwide – each WONCA region has a [young doctors' movement](#).

I would like to appeal to all young doctors to become part of this community. I trained and worked in London, UK, and I know how challenging it can be to work in the NHS. However, having seen and talked with colleagues from other countries, I've realised that family doctors all share similar challenges such as high workload and risk of burnout, but there are many positive elements to the work that we do. Being part of this community allows us to be stronger together.

Do you think Young Doctors voices are being heard enough?

I think our voices are more heard than before. But I also think we have a long way to go. Very often people say that the young family doctors are the future. I am totally against this statement and I'm a little tired of hearing it. We are the present. It makes no sense when you see that young doctors have not been included in political discussions on current health policy, because this is our present and our future. I think that society is changing, with new technologies and social media and different expectations. As doctors who have grown up with these changes, I believe that we should be part of this conversation as we can bring a new viewpoint to these discussions.

What will your goals be in your new role?

My role will be to represent young family doctors at the Executive Board of WONCA Europe. What I really appreciate about VdGM is the inclusivity. Even within Europe we have a huge discrepancy with what family medicine looks like in each country. My plan is to listen to all the countries and try to meet as many of our needs as possible.

We have a representative from each European country that sits on the VdGM council, and my role is to mediate between the

VdGM and the Executive of WONCA Europe. My role is to represent every member of the VdGM Council to the best of my ability and not just the vocal few.

What about other regional Young Doctors' Movements?

I have worked closely with the Young Doctors Movement in Japan, and through this link, I have come to know the Rajakumar Movement (Young Doctors Movement of the Asia Pacific region). I imagine that their challenges are greater than the Young Doctors' Movement in Europe, because family medicine is still fledgling in many countries in the Asia Pacific region, and also not many people speak the international language of English. I love their enthusiasm and their passion for primary care and I think we have a lot to learn from each other.

Where will the next VdGM Forum 2019 take place?

It will be in Torino in September this year and I think there might be a few places left. Our Italian friends are working very hard and I'm sure it will be a great event. The next Forum after that is in Edinburgh, Scotland in February 2021.

Do you have a message for young doctors who will read this interview?

Yes! Come to Vasco da Gama and join WONCA! I have met some of my best friends here and I have a friend in every European country now. It is such a supportive, friendly enthusiastic community and I feel very lucky to



be part of this. You have to only try it once and you'll see what I mean - it is well worth it.

Resources for Family Doctors

Goodfellow GEMS - more available



More Goodfellow Unit GEMS have been loaded this month. What is a GEM? Gems are chosen by the Goodfellow Unit director Dr Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice. ©The Goodfellow Unit, Auckland, New Zealand.

- How many cigarettes in a bottle of wine?
- Stop using Augmentin. Bring back the Augmentin-free office
- FAST symptoms; refer for urgent perfusion CT
- Increasing fluid intake by 1.5L/day can prevent recurrent UTIs in women
- Majority of knee and hip joint replacements last longer than 25 years
- Antispasmodics including peppermint oil may be effective for IBS
- Microalbuminuria: control the diabetes and BP and use care with NSAIDs
- Substance-use disorders in later life
- Contraception for adolescents with disabilities
- Improved sexual functioning with weekend drug holiday for SSRI induced dysfunction
- Emergency contraception in women weighing > 70 kg; consider two tablets
- Chlamydia testing may need to be more intensive
- Depression in the elderly

[Links to all GEMS](#)

In "Education for Primary care" this month

Val Wass, Chair, WONCA Working Party on Education writes:

In *Education for Primary Care*, my editorial "[The Uncertainty of life](#)" I highlight there is a dimension of learning within patient care we risk failing to capture.

We offer free access this month to "Spiritual care training and the GP curriculum: where to now?" Appleby et al

[Free access article](#)

This challenges our current GP education suggesting we need a broader philosophical framework and more focus on transformational learning. Two Oxford medical students immediately responded claiming medical schools should be addressing these issues too. It is worth taking a look and entering the debate. [More here.](#)

Conference News

WONCA Asia Pacific 2020 – last call for abstracts



With equity at the heart of the conference, WONCA 2020 promises to deliver an inspiring and diverse programme of plenary sessions, panel discussions, skills workshops and debates which explore the theme of: " Family Medicine - leading the way towards an advanced world of equity, quality and compassion."

If you'd like to be part of the line-up for WONCA 2020 and share your work with GPs from New Zealand and abroad, please submit your abstract by 31 October 2019.

The Committee are accepting proposals for lectures, posters or workshops that relate to the core themes of the conference:

- Clinical research that informs daily practice
- Ways to achieve a more equitable future with equal health outcomes for all
- All aspects of Quality Improvement
- The importance of compassion, of continuity of care and other core values of family practice
- Innovation in health care delivery, integration
- Benefits and potential harms of advances in technology
- Sustainability in all its forms
- Particular issues focusing on Rural Health

[Submit your abstract](#)

Register now for early bird pricing

We are pleased to announce that registrations for WONCA 2020 are open now. Register before 20 December to secure the fantastic Early Bird fees on offer.

Early bird fees start from \$590.00, and include entry to all conference sessions, day catering, a conference satchel, and a ticket to the Welcome Reception on Wednesday 22 April.

[Register now](#)



WONCA CONFERENCES

WONCA Conferences 2019

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 15-18, 2020	World Rural Health Conference	Dhaka, BANGLADESH	Save the dates
April 23-26, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.woncanz2020.com/
April 27 – May 2, 2020	VIII Cumbre y Congreso Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	http://cimfwonca.org/eventos/proximos-regionales/
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	www.woncaeurope2020.org
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	http://wonca2020.com

WONCA endorsed events

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

Member Organization Events 2019

14 Oct **XX Congreso Chileno de Medicina Familiar**
- 16 Oct Valparaiso, CHILE
2019

17 Oct **EGPRN meeting**
- 20 Oct Vigo, Spain
2019

18 Oct **1st Omani Family Medicine Conference**
- 19 Oct Muscat, Oman
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**
- 02 Nov **médecine familiale**
2019 Vancouver, Canada

07 Nov **EURIPA Rural Health Forum**
- 09 Nov Azores Islands, Portugal
2019

16 Nov **North American Primary Care Research**
- 20 Nov **Group (NAPCRG) annual conference**
2019 Toronto, Canada

06 Dec **4th AMM-AMS-HKAM Tripartite Congress**
- 08 Dec Aberdeen, Hong Kong
2019

19 Feb **4th International Primary Health Care**
- 22 Feb **Conference**
2020 Doha, Qatar

04 Nov **Family Medicine Forum 2020**
- 07 Nov RBC Convention Centre, Winnipeg, Manitoba, Canada
2020

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