

WONCA News

Vol 46 Number 2: March 2020



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WONCA
World family doctors. Caring for people.

From the President: March 2020

[Español](#) [Français](#) [中文](#)

I am saddened but not surprised that I continue to write about the impact of COVID-19, or what continues to be colloquially called Coronavirus. As the disease spreads and efforts to contain it become increasingly robust, it is important to recognize and honour the family doctors and primary care teams who are the front-line clinical staff.

[This week's published editorial by Donald Li: Li DKT. Challenges and responsibilities of family doctors in the new global coronavirus outbreak. *Family Medicine and Community Health* 2020;8:e000333. [doi: 10.1136/fmch-2020-000333](https://doi.org/10.1136/fmch-2020-000333)]

Family doctors across China and in a growing number of other countries are responding to the crisis using the best information and resources available. Research continues apace to determine the cause and mutation of the virus: much knowledge has already been gained. But it will be some months before an antidote or vaccine to the virus can be available. Until then, patients displaying symptoms, as well as people who are not but who have been in contact with someone who has the virus, are either self-isolating or are being put into isolation for the required incubation period.

Family doctors globally have access to information to help them make informed decisions about admittedly sometimes vague flu-like symptoms and what needs to happen to alert public health agencies to a possible case. In addition, family doctors are also having to deal with the 'worried well', some of whom are presenting with high levels of anxiety about the potential for contracting the virus, even when it is extremely unlikely, and those who are already vulnerable through pre-existing comorbidities and old-age. The central role of primary care in emergency preparedness and response is an issue I have written and talked about throughout my Presidency of WONCA. The latest publication on this, in *BJGP open*, written with colleagues including Amanda Howe, can be viewed [here](#).



As the virus continues its path we continue to learn. We have talked about disaster preparedness on a number of previous occasions and it is right to mention it again. There is a vast array of professionals working on the features of this virus, its transmission, and projected spread. Scientists from numerous respected agencies and

organisations are working together to develop and project, using increasingly fine-tuned algorithms. Dealing with the cases and potential cases on the ground takes a different sort of expertise. Those involved in trace-contacting are a separate but equally crucial component of the momentum to reduce and contain the spread of the virus. Numerous highly-skilled professionals, all with the same goal. And as they work, people in every country continue to live and present with 'normal' illnesses and diseases, which also have to be assessed, diagnosed and treated.

It is important that we listen to the wise advice of Michael Ryan, Executive Director of WHO's Health Emergencies Programme. Calm in the face of a rapidly changing environment, Michael Ryan urges the global health sector to learn from this outbreak. He argues that while the world responds well to each outbreak of a serious virus, once it is contained the lessons are often lost. Professionals go back to their normal jobs; people drafted in to help are stood down; when the outbreak becomes manageable, health systems return to how they worked previously. Everyone is exhausted and relieved. The world is not learning the lessons from outbreaks. Instead, Michael Ryan urges each and every country to learn from the global knowledge gained; to absorb it into their training of health professionals and their continuing development programmes.

As COVID-19 continues, I ask three things from our family doctors. First of all, keep informed with the latest reliable information available. Second, use your skills and expertise wisely. And third, stay safe. Everyone needs their family doctor to be there for them in this increasingly worrying world. We are, as ever, the first in and last out, irrespective of what challenges our communities face.

From the CEO's desk: March 2020



Photo: Garth Manning with friend and colleague Ramnik Parekh

I recently had the honour of being invited to represent WONCA at an occupational health conference in Mumbai, India. I had been asked to deliver a plenary on how we might integrate Basic Occupational Health Services (BOHS) into primary care, and also took part in a panel discussion on the same issue.

Workers at greatest risk for work-related illness and injury may have little or no access to formal occupational health services, and it is estimated that less than 15% of workers actually have even basic access. However many of them – maybe 80% or more - may be eligible for care in primary care centres. So how can we use PHC as a tool to providing better BOHS??

Work is an important social determinant of health, and work characterized by low job security, high hazards, poverty wages, and limited labour rights contributes to health disparities. Global restructuring of work relationships over the last several decades has increased economic migration; temporary, contingent and precarious employment; and wage stagnation.

Low-wage workers are often in high-hazard industries such as construction, agriculture, fishing and manufacturing – often referred to as the three Ds or **Dirty, Difficult or Dangerous**. These workers frequently face additional challenges associated with poverty and immigration, and fear of job loss may be compounded by the fear of deportation.

Occupational illness and injury carry long-term consequences for affected individuals and their families, as well as direct and indirect costs that exceed those even for cancer.

However, occupational health is often neglected in medical education and in primary care and specialty practice, despite the evidence that workplace exposures contribute to the development of chronic diseases, such as asthma, or complicate the management of other diseases, such as diabetes.

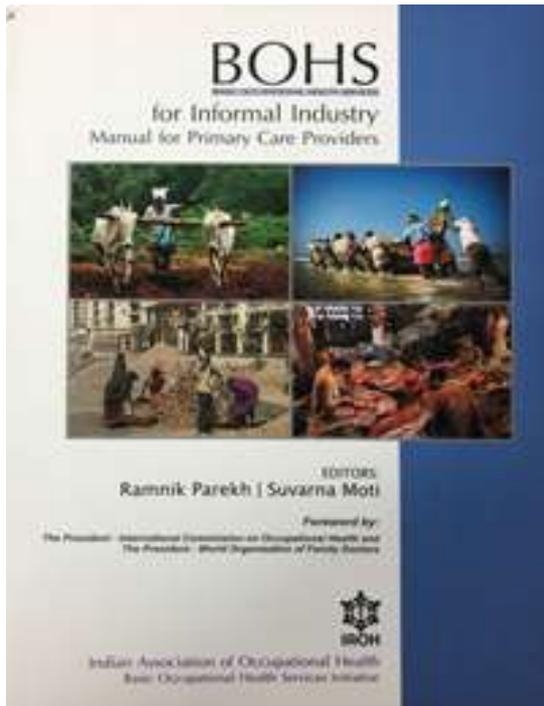
The late, great Professor Ian McWhinney used to remind us that “The family doctor is committed to the person rather than to a particular body of knowledge, group of diseases, or special technique”. And in our endeavour to provide comprehensive care we must always consider our patient in the context not just of the home and the community, but we must also consider the workplace, where a great deal of illness can be generated or exacerbated.

But there are inevitably many barriers and constraints to providing BOHS within PHC. Occupational illness and injuries may occur



infrequently, and may be perceived as being difficult and time consuming. Doctors and nurses feel that they lack sufficient training and information, and they may have a limited relationship with the local occupational support services. Health professionals will also lack understanding of the legal issues surrounding occupational health. And of course there is the question of who might pay for the provision of these additional services.

As family doctors providing whole person care we cannot ignore occupational health as a



significant part of our care of the patient. So we need to be better informed and educated on the topic. But we also need to encourage our patients to take more responsibility for their health and well-being. Primary care providers have a responsibility for all health-related aspects of personal life but to achieve this we need to build the capacities of primary care centres to respond effectively to the general and specific health needs and expectations of working populations and we need to Link occupational health services and primary care centers under local primary health care networks.

We need more help, through training programmes and courses and CME sessions to better sensitise family doctors to

occupational health issues. And we need more useful reference materials such as a book, co-edited by my very dear friend Ramnik Parekh, "BOHS for formal Industry: a manual for primary care providers". As our then President, Professor Michael Kidd, said in the foreword to this publication: "Those of us working in primary care have a responsibility to provide the basic occupational health services needed by our individual patients and our communities in each country of the world."

In 2014 WONCA and ICOH (International Commission on Occupational Health) got together to make a pledge to the patients we serve. In this pledge we said: *"WONCA and ICOH pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families"*

We continue to subscribe to that pledge and will continue to work together – and with other agencies – to try to ensure the best health care, and the best occupational health care – that we can.

In this, of course, we are greatly assisted with expert advice from our Special Interest Group (SIG) on Workers Health, ably chaired by Professor Ezequiel Lopez of Argentina. Anyone with an interest in Workers Health is strongly encouraged to join this group, details of which can be found on the WONCA website [here](#).

Garth Manning
CEO



In my view... Anna Stavdal

[Español](#) [中文](#)



*Dr Anna Stavdal,
WONCA President
elect writes:*

Over the past months I have visited many colleagues and their practices in many WONCA regions. The vast diversity within our global professional

community is striking - culturally, economically and climatewise.

The more I learn, the clearer it gets: what we share goes far beyond any potential differences, such as the physical practice conditions, remuneration schemes or living standards of the populations we serve. We share the core values and we aim to deliver continuous, comprehensive and personal care.

In the current global health policy dialogue, there is a common understanding that primary care is the cornerstone of health care and hence a prerequisite to achieve the goal of Universal Health Coverage. But is it fully understood? How can we assert that as a fact?

High quality primary care means strong multiprofessional teams, including the trained family doctor in a key position. Ian McWhinney, the late Canadian family medicine champion, claimed that 'family medicine is the only discipline to define itself in terms of relationships, especially the patient-doctor relationship.' The late Barbara Starfield, researcher and professor, provided us with evidence showing that a good long-term personal relationship with a freely chosen primary care doctor not only increases the individual's health, but also the population's as a whole.

In April 2019, a research paper published in the [British Medical Journal](#) supported these findings. It compared a number of high-quality scientific articles on what we call 'continuity of care.' Close to 82% of respondents confirmed that the quality of ongoing doctor-patient

relationships affects mortality rates. The better the individual's relationship with their long-term doctor, the lower their mortality rate from all causes of death, regardless of cultural or geographical context.

Trust is key. A patient is more likely to follow someone's advice if he trusts them – and is also more likely to share information that he wouldn't volunteer to a stranger. This information helps the doctor to tailor measures to the individual. And lots of healthy individuals make for a healthy community.

Comprehensive medical care is more than adding up 'the sum of fragments of organ specific medical knowledge'. Biographical data, in a broad sense, is significant in diagnosing and treating in the family medicine setting – basically nothing the patient presents us with is irrelevant. Maybe this is why conditions such as chronic fatigue, medically unexplained physical symptoms, fibromyalgia and irritable colon belong in family medicine. On a practical level, our task is comprehensive when we act as coordinators and guides for our patients into, and within, the health care system.

So, we know that the core values of family medicine, expressed in the personal relationship between patient and doctor over time, have impact on health outcomes. Still, we are driving health care towards fragmented specializations. The internationally acclaimed scientist and professor of medicine, Arturo Casadevall, believes that specialisation is harmful. By making doctors more specialized, everyone is digging deeper into their own specialism and rarely standing up to look over into the next trench.

Hyperspecializing within medicine has produced a series of really important breakthroughs and innovations. But we also face some serious downsides. The fragmentation of healthcare makes it hard to navigate the system as a whole, and digitalization puts up barriers to personal interaction. The untamed forces of the market are reinforced by these trends - and play on our fears of mortality and on our quest for a long and healthy life. When we are offered a brand-new product, which promises to soothe our fears and put us back in control of our

health, most of us are more than willing to pay.

We hold the evidence and we experience it in our everyday work. But we need to make sure that politicians and policy makers also are familiar with how personal, comprehensive and continuous medical care should be the basis on which health systems are planned and implemented.

As doctors and patients the evidence should encourage us to put energy back into building relationships. We need to aim for long-term understanding between patients, family doctors and community-based nurses. Value based service is the hallmark of family medicine. And it means better health outcomes for the populations of the world.

Feature Stories

Donald Li on the Coronavirus : first in, last out

[中文](#)

With the increasing concern of the novel coronavirus outbreak, Dr Donald Li, WONCA president, has written a message regarding the important role of family doctors and primary healthcare in Disaster / Emergency preparedness and response.

“First in, Last out” - The Role of Family Doctors in the Fight Against Novel Coronavirus

1. A strong and effective health care system is vital to protecting people's health from risks and handling emergencies.
2. We need to depart from traditional hospital-centered concept; emphasize more on the functions of primary care teams in the community including early diseases detection and public education; acknowledge the pivotal role of community-based practitioners who are competent, professional and responsible. Family doctors are often the first contacts of patients and thus are “gatekeepers” in the fight against outbreaks.
3. We therefore need to train family doctors across the spectrum of prevention, preparedness, response and recovery.
4. Family doctors have the “first in, last out” role. They always stand in the forefront, as well they are also the ones who manage the aftermath of contingencies. Outbreaks would bring long-lasting consequences to the both physical and psychological health of a community, from one generation to another. Successive generations of family doctors continue to provide care and treatment.
5. We should ensure family doctors and other primary health care professionals are central to health emergency risk management programmes at both local and national level, and to participate in assessments, planning and actions
6. Family doctors are not immune from the risks around them. They can, however, help reduce risks by sharing information and educating their patients.

WONCA Calendar 2020

WONCA working party

Quality & Safety
Provision of quality healthcare in a safe environment should be universally available to all peoples

Research
Research is a core component of general practice / family medicine / primary health care training, scholarship and clinical practice in all nations.

QR codes for Quality & Safety and Research.

Calendar for April:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	World Health Day	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

APRC 2020 Cumbre Iberoamericana y Congreso Mesoamericana de Medicina Familiar 2020 San Juan, Puerto Rico

World Rural Health Conference, Dhaka, Bangladesh: www.wrhc2020.com

Asia Pacific region conference 2020 Auckland, New Zealand

Admin: admin@wonca.net

Dr Pratyush Kumar, WONCA Executive Member at large, has produced innovative calendars for several years now. This year he's created a WONCA Calendar.

Our best wishes for a happy, healthy and a prosperous new year.

I am delighted to introduce the WONCA Calendar 2020. It features the amazing work done by our Working Parties (WPs) and Special Interest Groups (SIGs). It's a great tool for all members to appreciate and participate in the multiple initiatives put forth by our WPs and SIGs.



One unique feature of this calendar is a QR code which links to a WONCA webpage with details and links on how to join WPs and SIGs. WONCA social media IDs are also incorporated for online engagements and influence. Calendar days and dates have been colour coordinated for better visual experience. A short description about the vision/objective for each of the WPs and SIGs has been highlighted so that even the general public can easily comprehend.

WONCA events and important global health events have been highlighted as well.

This is our third calendar and it is special as it celebrates the width and depth of knowledge and wisdom which family medicine has to offer. I hope and wish this helps and encourage your contribution and collaboration in promoting family medicine everywhere to achieve health for all.

[Link to download calendar](#)

Working Party news

Mental Health Matters: February 2020



Prof Christopher Dowrick, Chair of the WONCA Working Party on Mental Health writes

Many of us are living through difficult times, including the corona virus in China and bush fires across Australia; while in the UK we are waking up today to our (less life threatening but still problematic) separation from the European Union. So we must continue to look after our own mental health as well as that of our patients. Fortunately, there is much for our Working Party to celebrate; including (as you will see at the end of this bulletin) the joy of making music together. International activity.

Our WONCA book [Global Primary Mental Health Care: Practical Guidance for Family Doctors](#) is now published.

As you may recall, this book brings our existing guidance documents on core competencies, first depression consultation, non-drug interventions, physical health care for severe mental illness, and medically unexplained symptoms; together with new ones on mental health of young people, migrant mental health, multimorbidity, and dementia.

We are proud of our collective achievement in bringing this book together. Now is the time to let as many people as possible know about it, including those involved in training the next generation of family doctors.



GLOBAL PRIMARY MENTAL HEALTH CARE
PRACTICAL GUIDANCE FOR FAMILY DOCTORS

Edited by
CHRISTOPHER DOWRICK



o Our Faculty includes myself, Cindy Lam and Amada Howe from WWPMH, Ana Nunes Barata from WONCA Young Doctors Movement, and Larry Green and colleagues from Farley Health Policy Centre in Colorado USA.
o We received 25 response to our call for applications, from across all regions.
o We have selected 12 excellent young doctors to form our set of learners: 7 women and 5 men; three from Africa, two each from Asia-Pacific, Caribbean and South Asia, and one each from Eastern Mediterranean, Europe and Ibero-America.
o The training programme will run from March to August this year, and we will present our evaluation at conferences including World WONCA Congress in Abu Dhabi.

So please will you draw it to the attention of your national family medicine colleges, and to people you know who are organising your country's family medicine residency programmes: our book needs to be included in their reading lists.

Our Advocacy Programme for young family doctors is bursting into life, with the goal of enabling genuine practice-based transformation in the integration of mental/behavioural health and primary care.

Regional Activity

• Asia Pacific

o Asia-Pacific Economic Project (APEC) workstream on mental health and primary care. Cindy Lam is leading for WONCA on this, with CEO Garth Manning and me in support. A letter of intent for collaboration was signed at a meeting in Singapore in November. We are now drafting a white paper setting out the preliminary framework, with emphasis on digital interventions to promote mental health; this will be submitted for publication and presented at the WONCA Asia-Pacific conference in Auckland. The next step is to

agree a pilot programme in 3-5 countries in AP region.

o Also at the Auckland conference, there will be a presentation on our successful APAC family doctor train the trainer programme on anxiety and depression; this is expected to be led by Pramendra Prasad (Nepal), Darien Cipta (Indonesia) and Loretta Chan (Hong Kong).

o Translation work of our guidance documents into Chinese continues. As well as the MUS guidance translation reported in my last bulletin, work is now in progress on translating the guidance on non-drug interventions for common mental health problems.

• Eastern Mediterranean

o Abdullah al Khatami and colleagues continue to empower primary mental health care across the region. At a major WHO meeting in Lebanon in December, PMHC leaders from 10 countries produced key recommendations for action including
-work to exchange experiences in PMHC field.
-recognition that the innovative patients' interview (5-Steps) approach is a culturally suitable introduction to mhGAP implementation.
-request to establish a unit in the WHO-EMRO office concerning PMHC activities all over the EMRO region.

o In Saudi Arabia 49% of all 2015 PHC centres now include PMHC services: more than 1150 doctors have been trained; 60,000 PMHC files opened; and 120,000 visits provided.

o In January, Abdullah conducted a workshop in Cairo on integrating MH in PHC through applying the 5-Steps of patients' interview approach.

• Europe

o Preparations are in progress for WWPMH input to the WONCA Europe conference in Berlin

-Christos Lionis proposes round table discussion at WONCA Europe conference in Berlin, including WWPMH members and leads of other WPs and SIGs, to encourage cooperation on mental health and multi-morbidity

-Christos, Juan Mendive, Henk Parmentier and I intend to lead a workshop on Primary Mental Health Care in Europe: Opportunities and Challenges

• Ibero-Americana

o Sandra Fortes and WWPMH colleagues from Brazil have been involved with major training programme for primary care staff in the north of the country, based on mhGAP for humanitarian emergencies, to support the many thousands of refugees arriving across the border from Venezuela.

o Alfredo Oliveira Neto (Brazil) is involved with an amazing music group. The band Harmonia Enlouquece (Harmony gets Crazy) is formed by patients, employees and volunteers from the Psychiatric Center of Rio de Janeiro (CPRJ). The group started in 2001 and emerged from a music therapy workshop. They have played in many cities and produced four albums. A documentary about the band appears today on Brazilian TV. Here is a link to one of their songs Sufoco da Vida (Breathless Life) :

<https://www.youtube.com/watch?v=ioND0cHD718>

I think this is wonderful. Let us create bands like this across the world, in every WONCA regions!



**26th WONCA
Europe Conference**

**Amsterdam
7-10 July, 2021**



Rural Round-up: Bruce Chater on World Rural Health Conference 2020

[Conference website](#)

We would like to welcome members of WONCA and WONCA Direct Members to our conference in **Bangladesh from 15th to 18th April**

This year is the 25th Anniversary of official establishment of the WONCA Working Party on Rural Practice and the launch of the WONCA policy on Training for Rural Practice,

Professor Roger Strasser who wrote the WONCA policy on Training for Rural Practice, is a keynote at the conference. Retaining health professionals longer in rural areas, even for relatively short times, can make an enormous difference to the quality of care and continuity of care. Prof Strasser is a world authority on this and is a key author of the important Artic study which is now being replicated in Columbia.

Please put in a workshop or scientific presentation of your own. **Abstracts close on February 23rd** .

Scholarships

Thanks to the generosity of donors, registration support is available for some of those that need it – you must have submitted an abstract to be considered. All those who wish to apply for the scholarship. [Please fill this form](#) (Please share it among your groups). Those who have already registered may also apply for the same. They may use the funds for travel or accommodation.

Workshops

We have some excellent workshops already that you might like to join or build on.

- Our keynote Prof Roger Strasser is running a workshop on Rural workforce retention.

- Young doctor Shannon Nott will grapple with the vexed question of Digital health AI and telehealth – improving, not worsening access.

- Dr Pratyush Kumar, Rural Wonca secretary, will convene a group to discuss Climate change and especially its implications for rural communities and health.

- Our immediate past chair, Dr John Wynn Jones is convening, with Joyce Kenkre, 3 workshops on Rural Nursing , Rural Research and Rural Entrepreneurship

- Our wonderful Rural Seeds led by Dr Mayara Floss, Dr Veronika Rasic and Dr Amber Wheatley will be holding another Rural Café - Supporting young health professional – with Dr Sankha Randenikumara from Sri Lanka leading the local team.

- As Chair I will be convening a discussion on Rural training pathways/pipelines - key elements and issues – building on a key piece of work we are undertaking with WHO

But there's more,..

From Africa we have Jana Muller – a colleague of our Treasurer Ian Couper. Many rural settings are initially are poorly equipped for teaching but have wonderful teachers ready to be developed and are wonderful learning environments. Jana will run a workshop to explore how this opportunity can be maximised and developed – Learning in Rural Settings.

The Australian Rural Medical Generalist Program, which started with the Australian College of Rural and Remote Medicine (ACRRM), is the subject of a workshop being developed by our Council member and Australian Rural Health Commissioner – Professor Paul Worley. Paul is unable to attend Dhaka as he is heavily involved in the Australian program and advice to WHO. In his stead we have an equally prestigious “deputy”, leading the workshop in Dhaka – Assoc Prof Ewen McPhee – President of ACRRM.

Dr Bikash Gauchan from Nepal and his high performing (and high altitude) team will lead discussion on High performing rural teams and Fit for Purpose Rural Workforce design – getting the balance right – Just have a [look at this link](#) to see how well he has done at that

Dr Raman Kumar, a keynote speaker at the conference, will convene a workshop Establishing Family Medicine in Low and Middle income countries – he has track record in India and it will be a great opportunity to learn from his experience. Prof Val Wass will

also provide her extensive expertise on this subject, running workshops with local participants.

Prof Jim Rourke is leading preconference discussion on - Family Medicine – Role in Rural – based on the landmark rural framework in Canada. Unfortunately, because of the close proximity to the Society of Rural Physicians of Canada Conference, he can't be with us but Prof Tarun Sen Gupta will lead the workshop on this.

Please join us for these great discussions.

We look forward to seeing you in Bangladesh.



Assoc Prof Bruce Chater

17th WONCA World Rural Health Conference 2020
Dhaka, Bangladesh

15th - 18th April 2020

Achieving Rural Universal Health coverage through community approach.

Online Registration & Abstract Submission is going on.

Abstract Submission extended till February 23, 2020.

www.wrhc2020.com wrhc2020@gmail.com

Welcome to Beautiful Bangladesh.

WONCA Bangladesh
WONCA Rural Health
The Wonca Working Party on Rural Practice

WONCA Rural South Asia
Practice for all of rural people

Maria Bakola on telemedicine in Greece



Maria Bakola of Greece writes about telemedicine in rural and remote areas in Greece from ancient times to today.

Greece, due to the geographical heterogeneity, combines mountain landscapes and lakes, as well as

incredible beaches and many islands. Around 80% of the mainland is mountainous and has more than 3000 islands. Only 169 islands are inhabited and most of them have less than 100 residents.

Telemedicine in remote areas is of great importance, since it can provide effective health care to patients, at their place of residence, minimising the expenses and the need to travel for specialty care.

Telemedicine is good for junior doctors and rural GPs because they can communicate and work with experts on complicated cases, and at the same time it is good for the hospitals, because it helps them handle only very serious cases that need hospitalisation.

The ancient communication system in Greece included pigeons that carried messages, Hermes-the messenger to the Gods from ancient mythology and the fryktorae network. The so called "Fryktories" (from fryktos = torch) were placed on mountain peaks or capes ensuring visual contact over a long distance, taking advantage of the mountain topography and geomorphology of the Aegean islands and designing a system outlining letters using fire.

Last century Prof Skevos Zervos (1875-1966) was a pioneer surgeon in transplants and telemedicine. He developed a system that allowed him to auscultate a patient from a distance, and the data could be transmitted to any place needed in the world. His innovative system was proposed to be used on board of the Greek ships that were travelling from Piraeus to New York, but the system was not

used because it could not be afforded at that time.

Since then, and especially the last two decades, many other telemedicine systems and networks have been installed or are under development in Greece. A few of them are: Mermaid (medical emergencies), Nivemes (tele-consultation, videoconferencing), Ambulance (home monitoring, Athens, Nicosia etc.), Sismanogleio (pneumonic, cardiac, urological diseases in Northern Greece and Aegean), Hygeianet (general-Crete), Nika (teledermatology-Chalkis), Hermes (maternity Telemedicine Services- Primary Healthcare Centers of the islands of Naxos and Mykonos), Epirus-Net(general-Tele-diagnosis, Electronic Health care recording), Hector (prehospital Emergency Care-Crete).

Unfortunately, most of these were pilot programs that never had the opportunity to prove their value. It is worth mentioning two efforts that have taken place in recent years.

One is from a private telecommunication company. This telemedicine program is implemented in 100 remote areas throughout Greece. Those living in these areas can visit their GP and do basic preventive medical tests such as ECG, spirometry, oximetry, blood glucose test etc. If the GP decides that he needs an expert opinion, the tests are sent to a private health centre in Athens where they get the answer in the next 24-48 hours.

The second one, under the name "National Telemedicine Network (NTN)" covers the needs of remote areas, in the Aegean islands. It consists of 43 telemedicine units which are installed in primary care health centres of islands (such as Milos, Astypalaia, Icaria, Kalymnos, Kos, Kastellorizo), in large hospitals of the Health District of Piraeus and Aegean, and in the centre of operations of the Ministry of Health. Each telemedicine unit includes a specially designed chamber, with an ultra-high-definition camera, a screen from which the patient or the doctor can see each other in real-life size, and other medical instruments such as an ultrasound machine, stethoscope etc. The results of the examinations conducted by the doctor / nurse-companion are real-time available to the expert who is involved in the examination from a remote location. In this way access to

specialties such as internists, cardiologists, surgeons, psychiatrists, dermatologists etc. is offered to permanent residents as well as tourists in need.

This system was designed for use for both preventive and emergency care, as well for e-learning purposes providing training to medical and nursing staff in real time. I would

like to express my sincere gratitude and appreciation to Drs Radeos, Bartzou, Karafotias, and Aggouridakis and Mr Koukoulas for their collaboration and special interest in rural areas and telemedicine in Greece.

References online

A New Partnership: WONCA and NRHA Together in 2019

Logan Schmaltz, NRHA Student Outreach Coordinator from the University of North Dakota School of Medicine and Health Sciences writes on student involvement at the WONCA World Rural health conference in Albuquerque in 2019

In mid- October the WONCA Working Party on Rural Practice (WONCA Rural) and the National Rural Health Association (NRHA) of the United States came together to host the 2019 WONCA World Rural Health Conference in Albuquerque, New Mexico, USA.

Classically WONCA Rural is an organization targeted towards rural family doctors. However, with the partnership with NRHA, WONCA Rural expanded its net to reach other critical professionals that are essential to community health in rural areas around the globe. The NRHA is an organization that draws from many other professions in addition to doctors. Administrators, nurses, social workers, community health workers, and counselors all play a critical role in the health of rural communities. Many of the improvements that happen in rural towns are not often on the clinical level, but on a broader public health and community scale. By opening doors to other professions and those working at the grass roots level to gain access to crucial information and ideas about how to improve health in rural settings, a greater impact can be made in the lives of those residing there.

Students from both WONCA Rural and NRHA organizations were given an opportunity to

make international connections with each other. RuralSeeds, the student led branch of WONCA Rural, hosted sessions to give students a voice and share their stories and opinions about rural health topics. Students also presented ideas about how to best engage the rural communities they love and want to spend their lives serving. They learned about an online exchange platform called Rural Café, that was initiated by students in Brazil in order to discuss health issues specific to rural health at an international level and were able to participate in a session as well at the conference. This session can be viewed at: [Rural Café ABQ 2019](#).

Another intriguing innovation presented to students called Targeted Rural Health Education (TRHE) is a program that can be implemented anywhere in the world. The purpose is for health professionals and students to bring to light a local health issue by publishing a newspaper article at an appropriate reading level and present a way to best address it, depending on the community's needs and values. For more on TRHE visit: Rural Round-up [Targeted Rural Health Education](#).

WONCA World Rural Health Conference 2019 provided grounds for WONCA Rural and the NRHA to build critical relationships and strengthen potential for positively influencing rural health on an international scale. The ideas shared during the conference are invaluable and will manifest in distinct ways to suit each rural community's values across the globe.

Research consortium set up to promote high quality primary health care across the globe

Seven international research organisations (including WONCA) have come together to form a Primary Health Care Measurement and Implementation Research Consortium (RC). The consortium is funded by the Bill and Melinda Gates Foundation (BMGF) and will have its secretariat at the India office of The George Institute.

The other six global research organisations who are the founding members of the consortium are the American University of Beirut, Lebanon; Ariadne Labs, USA; George Washington University, USA; International Centre for Diarrheal Disease Research, Bangladesh; Primary Care and Family Medicine Network (Primafamed), Sub-Saharan Africa; and World Organization of Family Doctors (WONCA).

The consortium has been set up to develop, conduct and disseminate research designed to address priority knowledge gaps in delivering high quality, person-centred primary health care in low- and middle-income countries, also known as LMICs. “The value of a research consortium that enables collaboration between research institutes in LMICs is clear. There is immediate potential for global reach, both to identify knowledge needs and to do effective country-based research and dissemination”, says Prof Bob Mash (pictured) from Primafamed, Chair of the research consortium’s Steering Committee.

Additionally, the research consortium will develop and maintain a global primary health care research network. These organisations will conduct prioritised and policy-relevant research to support country and global efforts to build high-quality primary health care systems in pursuit of effective universal health coverage and health-related Sustainable Development Goals.

The consortium will bring together primary health care practitioners, researchers, and

policymakers from multiple disciplines representing academic institutions, government agencies, international organisations, and non-governmental organisations to prioritize areas and define a way to accelerate progress in primary health care research. “The consortium will enable meaningful engagement with stakeholders, both knowledge users and beneficiaries. This engagement will integrate best practices in knowledge translation, dissemination science, and dialogue in the research process”, says Dr D Praveen, Head of primary healthcare research in George Institute, and Acting Director of the research consortium.

The research agenda will focus on answering questions raised by countries and regions in how to more effectively measure and improve primary health care, initially centring on the delivery mechanisms.

Focus areas will be primary care governance, financing, organization and models of care, and performance management, quality, and safety. Partnering organizations have already conducted extensive work to develop evidence gap maps, prioritized questions, and potential research projects engaging a wide range of stakeholders from more than 65 countries.



“The formative work already conducted by the consortium combined with the extensive networks that the founding organisations currently participate in will support rapid engagement in multiple low- and middle-income countries through policymakers, implementers and academic institutions,” says Dr Praveen.

WONCA / Besroun prizes for emerging researchers

Prof Felicity Goodyear-Smith, Chair of the WONCA Working Party on Research writes to colleagues attending the WONCA World conference in Abu Dhabi:

Dear colleague

Are you submitting an abstract for an oral or poster presentation at the WONCA World conference in Abu Dhabi?

If so, you may be eligible to apply for consideration of an award for the best oral or poster presentation by an emerging researcher from a low or middle income country (LMIC). Awards of \$5000 (USD) for the best oral presentation, and \$2000 (USD) for the best poster presentation, are being generously provided by Dr Sadok Besroun from the Besroun Centre for Global Family Medicine at the College of Family Physicians of Canada.

If you:

- started your research career within the last five years
 - are the first author
 - are from a LMIC
 - conducted your research predominantly or exclusively in a LMIC
- then you can apply to be considered for this award.

Note: recipients of the Taiwan family Medicine Research award will not be eligible.

The winners will be presented with their awards at the closing ceremony.

[Apply here](#)

Education for Primary Care News

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

We have quite a lot on offer in *Education for Primary Care*. Robin Ramsay has written with Japanese colleagues based on a WONCA workshop! [Issue 31:1 is now online](#) offering articles from undergraduate to CPD, including rural learning for medical students from Prof Felicity Goodyear-Smith, chair of the WONCA Working Party on Research



An excellent article on [learning from asylum seekers](#) is open access.

AND we offer for a month an on line article based on a WONCA Kyoto workshop [exploring social accountability](#) across cultures- fascinating reading.



Region news

WONCA APR starts the new version of Asia Pacific Family Medicine journal!

The WONCA Asia Pacific Region has now restarted the *Asia Pacific Family Medicine journal* (APFMJ). This journal is currently indexed at: Scopus, CAB Abstracts, CrossRef, DOAJ, Global Health, and PubMed Central.

Scimago journal and country rank can be accessed [here](#).

The journal was previously published by Biomedcentral. However, from June 2019, APFMJ is now published under the Universitas Gadjah Mada [online journal system](#).

All APFMJ policies and guides for authors and reviewers remain the same, except that now we apply free article processing for accepted manuscripts.

For information on how to submit your manuscripts to this journal, and for online submission please follow the link below.

[APFMJ](#)

Any further queries should be directed to the Editor-in-Chief, Prof Yousuke Takemura, at yousuke.fmed@tmd.ac.jp or our journal secretariat, apfmj.fkkmk@ugm.ac.id

Professor Meng-Chih Lee's Bursary for WONCA Auckland applications

Dear colleagues,

From the Taiwan Association of Family Medicine, in Taipei, we send New Year greetings to all Member Organizations.

We are pleased to announce a call for applications for the Prof Meng-Chih Lee's Asia Pacific Region Presidential Bursary. This fund has been generously created by Prof Lee Meng-Chih (pictured) to financially support two family physicians registered to attend the WONCA Asia Pacific Regional Conference 2020, in Auckland, New Zealand. Successful candidates will be awarded USD 1,000 each.



The applicant must fulfill the following requirements:

- Age 45 or below at the time of application,
- Notification of acceptance of oral or poster presentation abstract by Auckland HOC,
- Attendance at the WONCA Asia Pacific Regional Conference 2020 and awarding ceremony at the APR council meeting on April 22.

Please nominate potential candidates and send the applications to us by **28th February 2020**.

Notifications of the results will be made by the end of March 2020.

Applications should include:

- Candidate's personal application letter,
- A recommendation letter from candidates' MOs,
- Abstract acceptance notification

Please send applications to Frankie Gan at frankie.gan@gmail.com

Sincerely, Frankie Gan, Executive officer, Dr Lee Meng-Chih's APR Presidential Bursary Young Doctors' Committee, Taiwan Association of Family Medicine

Featured Doctors

Prof Damilya NUGMANOVA

President, Kazakhstan Association of Family Physicians



What work do you do now?

As a president of Kazakhstan Association of Family Physicians (KAFP) I've become a resource person for the Ministry of Health (MOH), Republican Center for Health Development, and regional health authorities. I try to develop, improve, and promote my specialty in my country. I take part in the discussions at the MOH of regulatory documents for primary health care (PHC) and the entire healthcare system. Also we invite MOH representatives to our congresses to discuss problems of the work of family doctors.

I'm trying to improve the working conditions of PHC doctors as well as payment system. I'm managing two primary health care projects and I'm a part-time Family Medicine (FM) professor at West Kazakhstan Medical University.

What has your involvement been in the development of Family Medicine in Central Asia?

In February 1996, I organised the Kazakhstan Family Medicine Faculty of Almaty State Postgraduate Institute for Physicians (a first in my country). Other FM Faculties were opened in September 1998 with my assistance.

In 1995-2005 being a Clinical Director of several USAID funded health reform projects and a consultant to the World Bank and DFID PHC Project, I actively participated in all health care reforms aiming to develop PHC, establish FM, develop a new per capita payment system, implement EBM, improve health education, and other health reforms in Kazakhstan, Uzbekistan, Tajikistan, and other Central Asia Republics (CAR).

During the last 25 years our specialty has experienced difficult times including: the prohibition to practice FM in Kazakhstan with converting trained Family Doctors back to Pediatricians and Internists (2001-2004); restoring separate polyclinics for adults, children, pregnant women, while closing independent FM practices and most FM faculties (2002-2005); and cancelling FM residency in 2012. Colleagues in other CARs had the same problems. To oppose such periods of denial of FM I tried to keep KAFP as a NGO with its voice, and support my colleagues. We did many advocacy campaigns for FM, for primary health care, and against closing family group practices.

Having support from UK and US colleagues, in 1997, my colleagues and I started the first FM residency program, developed a new curriculum, and prepared the first 12 family doctors. In 2000-2002 I actively participated in the two year-long training programs for FM trainers. These two cohorts of 28 trainers became the core of the KAFP.

In 2003-2007 a team of FM trainers and I provided the very first EBM training courses for Kyrgyzstan, Uzbekistan, Turkmenistan, and Kazakhstan academic specialists. Many other new technologies were introduced in CAR in those years. I'm happy to be a part of these new changes in medicine practice, delivery, and management in Kazakhstan and CAR.

In 2003 KAFP became a WONCA full member and support many WONCA activities.

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

It is difficult to be a family doctor in Kazakhstan. Most doctors have poor work conditions without a permanent assigned room, desk, or computer. There are crowded patient examining rooms where the doctor shares one room with 2-4 nurses, who have to see other patients simultaneously. There are crowded corridors, absence of privacy, slow Internet, incompatible electronic health systems and data bases. On top of this, there are controversial regulatory documents, a lot of official visitors from many organisations, well-developed punishment and financial penalty systems, and a low salary.

Experienced doctors are welcomed to the private clinics, and most go there. Young doctors leave medicine often. Medical schools are rushing to produce more and more GPs. It's a vicious circle.

Our profession is underestimated by government, patients, and society in whole. People think that they can blame us as individuals for all health system and population health problems. But some regions of Kazakhstan (where we have most active KAFP members) can survive, resist, and demonstrate good family practice.

Your interests at work and privately.

Managing two pilot rural projects, I want to improve working conditions for family doctors and their nurses, create incentives for continuous professional education, develop a culture of patient privacy, improve health worker- patient communication, increase patients' involvement, and demonstrate the advantages of my specialty and well-organised primary care.

I love to spend time with children. While not having my own grandchildren, I spend my vacations with my nephew's children who live in another country. I believe in a crucial role of grandparents in the life of children.

Dr Samantha MURTON

President, Royal New Zealand College of General Practitioners

What work do you do now?

I am a working general practitioner (GP), and am also the president of The Royal New Zealand College of General Practitioners (RNZCGP) and the South Pacific representative on the WONCA Working Party on Women in Family Medicine. This last one is a new role working with a group of incredibly talented female family doctors who hail from places like Egypt, South America, and the Philippines. Their work environment is so different from New Zealand, and their circumstances can be challenging.

I'm also what is considered an 'emerging' researcher. My first research was done before I became a GP, but I have since completed research into GP training, medical students' skill sets, bullying behaviour within general practice, and I'm now researching the use of art in medicine.

In addition, I'm a senior lecturer and co-convenor for the trainee intern students in Primary Health Care and General Practice at the Wellington campus of University of Otago. My colleagues and I look after 110 students each year, coordinating their six-week general practice intern placement while they're in their final year of medical study.

Other interesting things you have done?

I began my career working as a surgical registrar, and even though I made the switch to general



practice, I still do minor surgery.

I've always had an interest in medical education. I became a GP teacher almost as soon as I finished my own GP specialty training, and a few years later I took on the role of coordinating the GP training for the Wellington area. New Zealand's specialist GP training programme is called the General Practice Education Programme (GPEP) and the first year of training is known as GPEP1. I became the National Clinical Lead GPEP1 – a role that allowed me to connect with GPs and trainees across the country.

In 2013 I became the College's first Medical Director. This role let me see the machine inside the Ministry of Health. I was able to represent GPs and ensure there was a GP voice on projects such as end of life care and the prostate cancer working group. As a working GP, I could talk to my colleagues, then feed advice and concerns from the coal face straight to the policy makers.

I am also Fellow of the Academy of Medical Educators (AoME) and have worked as an assessor credentialing members and running AoME training programmes in New Zealand.

What are you hoping for at the WONCA APR regional conference coming to Auckland?

I am really excited that WONCA is back in New Zealand after 20 years. The conference presents a great opportunity to showcase New Zealand general practice to the rest of the world, and it allows local GPs to hear how services are delivered in other countries.

I believe that general practice truly is the heart of health care and bringing so many GPs together will give us a strong, collaborative voice to champion this both locally and internationally.

The thing I love about WONCA conferences is that you get to spend time with people from around the world who really understand the unique work we do as GPs. I have met many people at other WONCA conferences who feel like they have become friends - and I'm looking forward to making more new friends and catching up with old ones at this conference.

Your interests at work and privately?

My interests at work are wide ranging. I enjoy the everyday variety provided by general practice. I also like developing our general practice team and being creative with what we do so that the practice becomes more efficient and can meet the needs of our patients and staff.

I also like doing minor surgery. It's great being able to provide care that is normally only available in a hospital, at a place which is convenient for the patient and in a timeframe that doesn't delay their care.

In my personal time I enjoy food, fishing, painting, going to the gym, and chatting about 'the other stuff' besides illness.



Conference News

The 25th Wonca Europe conference in Berlin

Dear GP/FM colleagues,
Do not miss the 25th WONCA Europe Conference that will be held in Berlin, Germany on June 24 - 27, 2020.

We are very happy having received 1766 abstracts submitted by 1159 authors from 72 countries for the WONCA Europe Conference 2020 in Berlin. Now we are in the process of assessment and configuration of the programme. More than two hundred colleagues from Europe are performing the reviews and super-reviews.

Unfortunately we cannot accept all proposed workshops but we will be able to accept most of the other proposals. Especially we are looking forward to fascinating science slam sessions and case presentations by young GPs.

We believe to be able to compose an optimal and attractive scientific program based on your contributions. The programme at a glance is available on the Conference website

[View programme now](#)

Above that we can offer a skills lab with nine different stations. You can have access to each separately but this can only be booked on site.

Core values of family medicine- threats and opportunities“ is our main theme and the congress will help us to shape our professional future.

We are confident that this Conference will be enjoyable, of interest to all GPs as well as researchers and staff in our field and will provide a stimulating opportunity for networking with colleagues from across Europe.



Looking forward to meet you in Berlin

Prof. Dr. med. Erika Baum and Prof. Dr. med. Christoph Heintze

Registration

We would like to thank to those of you who have already registered for the early registration fee! For those who have not yet registered, there is still opportunity to register for a discounted regular registration fee.

[Conference website](#)

More online

Read an interview with keynote speaker Dr Donald Li, President of WONCA.
Invitation to attend Vasco da Gama Young Doctors' preconference

[online items available here](#)

Berlin Top 10 - Charlottenburg Palace

The magnificent Charlottenburg Palace is located just out of the centre of the city. The beautiful palace hosts fine collections of china and paintings and is situated in the middle of a picturesque palace garden right next to the river Spree. If you don't fancy a walk in the park, you can feed your mind instead in the Charlottenburg museums located directly opposite.



WONCA CONFERENCES

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 Iberoamericana y Congreso Mesoamericana 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 Direct Members enjoy *lower* conference registration fees.

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

WONCA Conferences 2021 and 2022

July 7-10 2021	WONCA Europe region conference	Amsterdam, NETHERLANDS	https://woncaeurope2021.org/
August 5-7, 2021	World Rural Health conference	Kampala, UGANDA	Save the dates
October 20-23 2022	WONCA World conference	Sydney, AUSTRALIA	www.woncanz2020.com/

VIII Cumbre Iberoamericana de Medicina Familiar

CIMF/WONCA

El Impacto Económico y Social de los Especialistas de Medicina de Familia y Comunidad en los Sistemas de Salud



II Congreso Sub - Regional Mesoamericano CIMF

63th CONGRESO ANUAL

ACADEMIA DE MÉDICOS DE FAMILIA DE PUERTO RICO

ABRIL 2020

SAN JUAN, PUERTO RICO

27 de Abril al 02 de Mayo 2020



Academia de Médicos de Familia de Puerto Rico



Member Organization Events

07 May **90th EGPRN Meeting**

- 10 May Gothenburg, Sweden

2020

26 Aug **23rd Family Medicine Scientific Conference**

- 29 Aug Bangsar, Kuala Lumpur

2020

01 Oct **RCGP annual primary care conference**

- 03 Oct Glasgow, United Kingdom

2020

13 Oct **AAFP Family Medicine Experience**

- 17 Oct Chicago, USA

2020

15 Oct **RACGP GP20**

- 17 Oct Perth, Australia

2020

04 Nov **Family Medicine Forum / Forum en**

- 07 Nov **médecine familiale**

2020 Winnipeg, Canada

20 Nov **North American Primary Care Research**

- 24 Nov **Group (NAPCRG) annual conference**

2020 San Francisco USA

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