WONCANews

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Contents

From the President:

Family Medicine Reform in Vietnam

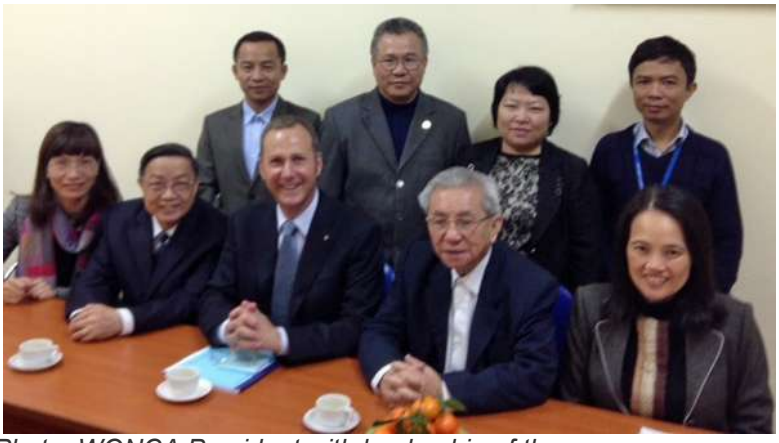


Photo: WONCA President with leadership of the Vietnam Association of Family Physicians including president, Professor Le Ngoc Trong, and founding member, Professor Pham Huy Dung.

Dr Tran Trong Thong is a family doctor in the rural region of Soc Sun in Vietnam, north of the capital city of Hanoi. The Soc Sun Commune Health Station, where Dr Tran works, provides both curative and preventive care services to a dispersed rural community of 20,000 people. Dr Tran leads a primary health care team, which includes nurses, midwives, assistant doctors and a pharmacist, as well as a network of village (community) health workers, and also trains family medicine residents from the Hanoi Medical University. The Soc Sun Commune Health Station is one of a network of 10,000 Commune Health Stations serving the primary care needs of the people of Vietnam. Every village in Vietnam has at least one village health worker, working under the guidance of their local Commune Health Station.

Photo: Dr Tran Trong Thong, family doctor working in the rural Soc Sun Commune Health Station in Vietnam

I had travelled to Hanoi, the capital city of the Socialist Republic of Vietnam, at the invitation of the Ministry of Health, and the Health Strategy and Policy Institute, to review the work underway to develop the Family Doctor Model across the nation to strengthen primary health care and ensure universal health coverage. Family medicine development is a top priority for the Government of Vietnam and I was asked to advise especially on the lessons that Vietnam could take from experience in family medicine development in other countries with a focus on the education and training of the family medicine workforce, including training of new graduates and upskilling of existing doctors working in Commune Health Stations, and on the financial mechanisms needed to ensure high quality, sustainable health care services which will be trusted and utilised by the population, and which integrate prevention into curative care services.

It was wonderful to be taken by my hosts into the countryside, driving past communal farms, where I was told each plot is owned by a single family who grow what they wish and so each field contains a profusion of different crops. There were lots of people in big straw Asian conical hats working in the fields. And the occasional water buffalo wandering around wherever it liked.

With over 90 million inhabitants, 74% living in rural areas, Vietnam is the 13th most populous country in the world. It is a long thin country on the east of the Indochina Peninsula and I was surprised to learn that it has a similar total landmass to Germany.

The Vietnam Ministry of Health is developing a plan to further develop family medicine over the next five years, which includes training thousands more specialist family doctors to meet the nation's health care needs and reforming the financing of primary health care.

Vietnam has a number of different models of family medicine including both private and public services. In Hanoi I visited Dr Nguyen Van Khuong and his colleagues at the Family Medicine Clinic of the Hanoi Medical University Hospital. The clinic is integrated into a very large and very busy teaching hospital, providing training for medical students and family medicine residents.

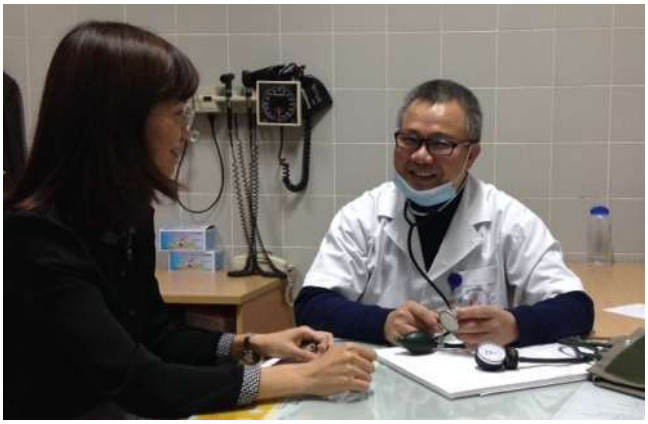


Photo: Dr. Nguyen Van Khuong at the Family Medicine Clinic of Hanoi Medical University Hospital

WONCA's member organization in Vietnam is the Vietnam Association of Family Physicians, which this year celebrates its 10th anniversary. I met with the president, former Vice Minister for Health, Professor Le Ngoc Trong, and founding member, Professor Pham Huy Dung, who was one of the contributors to WONCA's original guidebook on *The contribution of family medicine to improving health systems*.

Family medicine has been a recognized medical specialty in Vietnam since 1998 and I was told there are now 800 postgraduate specialists in family medicine working in clinics across the country.

Photo: WONCA President with leaders from Vietnam's family medicine academic departments, Nguyen Minh Tam from Hue University of Medicine & Pharmacy, Nguyen Phuong Hoa from Hanoi Medical University, and Pham Le An from Ho Chi Minh City University of Medicine & Pharmacy

I was very impressed with all that I saw, especially the passion and commitment of the family medicine leaders in the clinics, in the medical schools and in the government, and the fruitful and longstanding partnerships with family medicine colleagues from the USA and Belgium and other parts of the world.

This is an exciting time as many countries, like Vietnam, look to family medicine for the solutions to their major health care challenges. WONCA can contribute to family medicine development in many ways, through our publications and resources, through our standards, and especially through our member organisations and the many thousands of family doctors around the world who are willing to volunteer their time to support our colleagues in other nations in their work to deliver high quality primary care to all people.

Michael Kidd

WONCA President

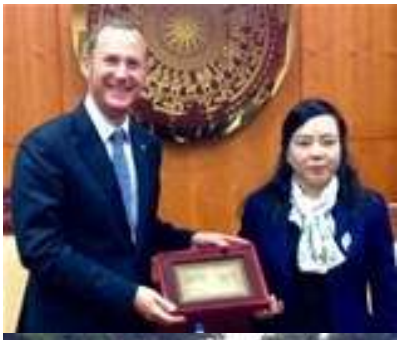


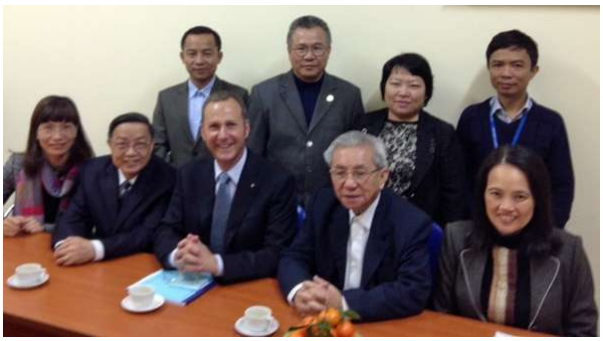
Photo Gallery captions

Soc Sun Commune Health Station

WONCA President with Vietnam Minister of Health, Professor Nguyen Thi Kim Tien

The Constellation of Literature Pavilion at the first National University of Vietnam, established in 1076, and still the site of medical student graduation ceremonies

Del Presidente: La reforma de la Medicina de Familia en Vietnam



El Presidente de WONCA con el equipo directivo de la Asociación Vietnamita de Médicos de Familia incluyendo el presidente, el Profesor Ngoc Trong, y el miembro fundador, el Profesor Phan Huy Dung.

El Doctor Tran Trong Thong es un médico de familia en la región rural de Soc Sun en Vietnam, al norte de la capital, Hanoi. El Centro de Salud Comuna Soc Sun, donde trabaja el Doctor Tran, ofrece ambos servicios de atención curativa y preventiva a una comunidad rural dispersa de 20.000 personas. El Doctor Tran lidera un equipo de Atención Primaria de la salud, que incluye enfermeras, comadronas, asistentes médicos y un farmacéutico, así como una red de pueblo (comunidad) trabajadores de la salud, y también entrena a los

residentes de Medicina de Familia de la Universidad de Medicina de Hanoi. El Centro de Salud Comuna Soc Sun forma parte de una red de 10.000 centros de salud comunales que dan cobertura a las necesidades de Atención Primaria de la población de Vietnam. Cada población vietnamita tiene al menos un profesional sanitario trabajando bajo la dirección de su Centro de Salud Comuna local.

Foto: Doctor Tran Trong Thong, Médico de Familia que trabaja en el Centro de Salud Comuna Soc Sun en Vietnam

Viajé a Hanoi, la capital de la República Socialista de Vietnam, invitado por el Ministro de Sanidad y por el Instituto de Estrategia en Política Sanitaria, para revisar el trabajo en el Modelo de Medicina de Familia en todo el país para fortalecer la Atención Primaria y garantizar la cobertura universal de salud. El desarrollo de la Medicina de Familia es una de las grandes prioridades del Gobierno de Vietnam y se me pidió que aconsejara acerca de las lecciones que Vietnam podía aprender de la experiencia en el desarrollo de Medicina de Familia en otros países poniendo el foco en la educación y la formación del personal de Medicina Familiar, incluyendo la formación de los nuevos graduados y la mejora de calidades de los médicos que trabajan en los centros médicos públicos, y también acerca de los mecanismos financieros necesarios para asegurar una alta calidad y una asistencia sanitaria sostenible que sea de confianza y utilizada por parte de la población, y que integre la prevención en los servicios de asistencia.

Mis anfitriones me llevaron de visita al campo y fue maravilloso, conduciendo a través de granjas comunales, en las cuales me explicaron que cada parcela es propiedad de una sola familia que cultiva lo que desea y que, en consecuencia, cada campo contiene una profusión de diferentes cultivos. Había muchísima gente con los sombreros asiáticos de paja trabajando en los campos y podía verse ocasionalmente el búfalo de agua paseando en todas partes.

Con más de 90 millones habitantes, de los cuales 74% viven en áreas rurales, Vietnam es el 13º país más poblado en el mundo. Se trata de un país largo y delgado en el este de la península de Indochina y me sorprendió enterarme de que tiene una extensión total similar a la de Alemania.

El Ministerio de Sanidad de Vietnam está desarrollando un plan para impulsar una mayor implementación de la Medicina de Familia durante los próximos cinco años, plan que incluye la formación de miles de nuevos médicos de Medicina de Familia para que conozcan las necesidades de asistencia sanitaria del país y las reformas necesaria en la financiación de la Atención Primaria.

Vietnam tiene una serie de diferentes modelos de Medcina Familiar que incluye tanto los servicios públicos y privados. En Hanoi visité al Doctor Nguyen Van Khuong y sus colegas en la Clínica de Medicina Familiar del Hospital de la Universidad de Medicina de Hanoi. La clínica está integrada a un hospital de enseñanza muy grande y muy concurrido, proporcionando formación para estudiantes de Medicina y residentes de Medicina Familiar.

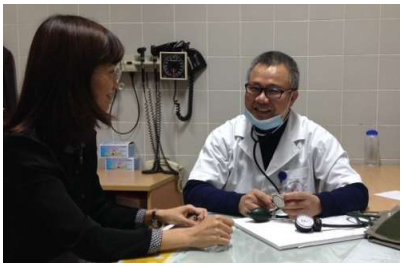


Foto: El Doctor Nguyen Van Khuong en el Hospital Universitario de Hanoi

La organización miembro de WONCA en Vietnam es la Asociación Vietnamita de Médicos de Familia, que este año celebra su décimo aniversario. Me reuní con el presidente, el ex Vice Ministro de Salud, el Profesor Le Ngoc Trong y el profesor Pham Huy, el miembro fundador, Professor Pham Huy Dung, que fue uno de los colaboradores en la redacción de la guía original de WONCA sobre La contribución de la Medicina de Familia en la mejora de los sistemas de salud. La Medicina de Familia ha sido una especialidad médica reconocida en Vietnam desde 1998 y me explicaron que ahora hay 800 especialistas de postgrado en Medicina de Familia que trabajan en las clínicas de todo el país.

Me impresionó mucho todo lo que vi, especialmente la pasión y el compromiso de los líderes de la Medicina Familiar en las clínicas, en las escuelas de médicos y en el Gobierno, y las fructíferas y duraderas sociedades con colegas de Estados Unidos, Bélgica y otras partes del Mundo.

Foto: El Presidente de WONCA con los líderes de

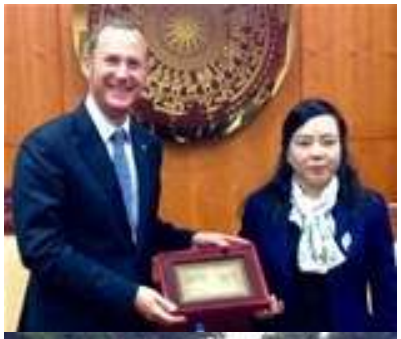
los departamentos d ela academia de Medicina de Familia de Vietnam, Nguyen Minh Tam de la Universidad de Medicina y Farmacia, Nguyen Phuong Hoa de la Universidad Médica de Hanoi, y Pham Le An fr de la Universidad de Medicina y Farmacia de Ho Chi Minh City.

Este es un momento muy emocionante ya que muchos países, como Vietnam, tienen su vista puesta en la Medicina Familiar para encontrar soluciones a sus mayores retos en asistencia sanitaria y en el cuidado de la salud. WONCA puede contribuir al desarrollo de muchas maneras, a través de nuestras publicaciones y recursos, a través de nuestras normas, y sobre todo a través de nuestras organizaciones miembro y los numerosos miles de médicos de familia de todo el mundo que están dispuestos a ofrecer su tiempo para apoyar a nuestros colegas en otros países en su trabajo para ofrecer Atención Primaria de alta calidad para toda la población.

Michael Kidd

Presidente de WONCA

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



Fotos:

Estación del Centro de Salud Comuna Soc Sun

El Presidente de WONCA con el Ministro de Sanidad, el Profesor Nguyen Thi Kim Tien

La Constelación del Pabellón de Literatura en la Primera Universidad Nacional de Vietnam, fundada en 1076, y sigue siendo el lugar de la ceremonia de graduación de los estudiantes de Medicina.

Du président : Réforme de la médecine familiale au Vietnam

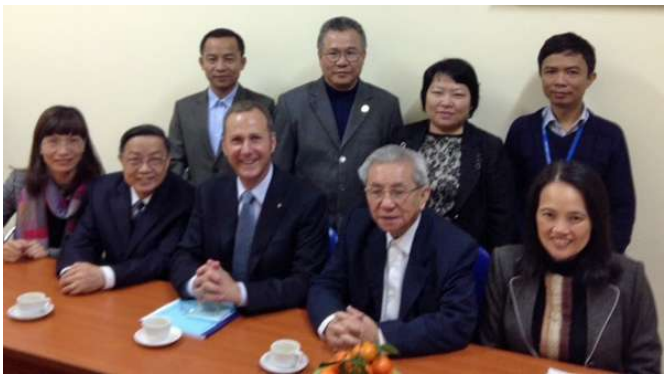


Photo: Le président de WONCA avec les dirigeants de l'association des médecins de famille du Vietnam, comprenant le président, professeur Le Ngoc Trong, et le membre fondateur, professeur Pham Huy Dung.

Dr Tran Trong est médecin de famille au Vietnam dans la zone rurale de Soc Sun, située au nord de la capitale Hanoï. Le centre médical communautaire de Soc Sun où travaille Dr Tran assure des services de soins curatifs et préventifs à une communauté rurale dispersée de 20000 personnes. Dr Tran dirige une équipe de soins de santé primaires, qui compte des infirmières, des sages-femmes, des médecins auxiliaires et un pharmacien, ainsi qu'un réseau de personnel sanitaire de la communauté. Dr Tran forme également des résidents en médecine familiale à l'université de médecine de Hanoï. Le centre médical communautaire de Soc Sun est l'un des centres d'un réseau de 10000 centres médicaux communautaires qui servent les besoins en soins primaires de la population du Vietnam. Chaque village au Vietnam a au moins un agent de santé, travaillant sous les conseils de son centre médical communautaire local.

Photo: Dr Tran Trong Thong, médecin de famille travaillant au centre médical rural de Soc Sun au Vietnam

J'ai voyagé à Hanoï, capitale de la République socialiste du Vietnam, sur invitation du ministère de la santé et de l'institut de stratégie et de politique de santé (Health Strategy and Policy Institute), afin d'observer le travail en cours pour le développement d'un modèle de médecin de famille à travers la nation qui renforcerait les soins de santé primaires et l'assurance universelle de santé. Le développement de la médecine familiale est une préoccupation majeure pour le gouvernement du Vietnam et j'ai été invité à donner des conseils particulièrement sur les enseignements que le Vietnam pourrait tirer de l'expérience du développement de la médecine familiale dans d'autres pays, mettant l'accent sur l'éducation et la formation du personnel de médecine familiale, y compris la formation des nouveaux diplômés et la formation continue des médecins en activité travaillant dans des centres médicaux communautaires, et sur les mécanismes financiers nécessaires pour assurer qualité et durabilité des services de santé, qui inspireront la confiance et seront utilisés par la population, intégrant la prévention dans les services de soins curatifs.

C'était merveilleux que mes hôtes m'aient fait découvrir la campagne, visitant des fermes communales, où chaque parcelle de terrain est la propriété d'une seule famille qui cultive ce qu'elle souhaite, ce qui fait que chaque champ offre une profusion de récoltes différentes. Beaucoup de gens qui travaillaient dans les champs portaient de grands chapeaux de paille coniques typiques de l'Asie. Et l'occasionnel buffle errait de-ci de-là, à son gré.

Avec plus de 90 millions d'habitants, dont 74% vivant dans des zones rurales, le Vietnam est à la 13ème place quant à sa population dans le monde. Le Vietnam est un long et étroit pays à l'est de la péninsule de l'Indochine et j'étais surpris d'apprendre que sa masse continentale est similaire à celle de l'Allemagne.

Le ministère de la santé du Vietnam a commencé à développer un plan pour l'amélioration de la médecine familiale sur les cinq années à venir, qui inclut la formation de milliers médecins de famille spécialistes pour répondre aux besoins de santé de la nation et réformer le financement des soins de santé primaires.

Le Vietnam a plusieurs modèles différents de médecine familiale comprenant des services publics ainsi que des services privés. À Hanoï, j'ai rendu visite à Dr Nguyen Van Khuong et ses collègues à la clinique de médecine familiale de l'hôpital médical universitaire à Hanoï. La clinique est intégrée dans un hôpital d'enseignement, très grand et animé, qui forme les étudiants en

médecine et les résidents de médecine de famille.

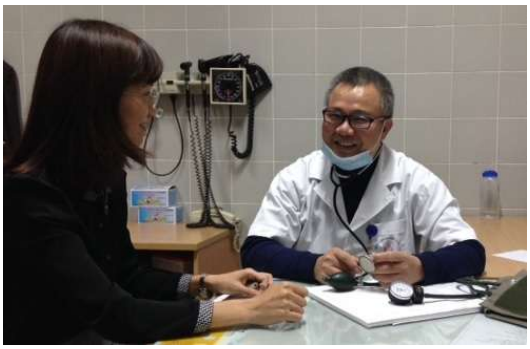


Photo: Dr Nguyen Van Khuong à la clinique de médecine familiale de l'hôpital universitaire à Hanoï

L'organisation membre de WONCA au Vietnam est l'association vietnamienne des médecins de famille qui célèbre son 10ème anniversaire cette année. J'ai rencontré le président, professeur Le Ngoc Trong, ancien vice-ministre de la santé, et le membre fondateur, professeur Pham Huy Dung, qui était l'un des contribuants au guide original de WONCA sur la contribution de la médecine de famille à l'amélioration des systèmes de santé. La médecine de famille est reconnue comme spécialité médicale au Vietnam depuis 1998 et j'ai

appris qu'il y a maintenant 800 spécialistes universitaires supérieurs en médecine de famille qui travaillent dans les cliniques à travers le pays.

Photo: Le président de WONCA avec des dirigeants des départements universitaires de médecine familiale du Vietnam, Nguyen Minh Tam de l'université de médecine et de pharmacie à Hue, Nguyen Phuong Hoa de l'université de médecine à Hanoï, et Pham Le An de l'université de médecine et de pharmacie à Ho Chi Minh.

Tout ce que j'ai vu m'a bien impressionné, plus particulièrement la passion et l'engagement des dirigeants de médecine de famille dans les cliniques, dans les écoles médicales et au gouvernement, et les collaborations fructueuses de longue date avec des collègues de médecine familiale des Etats-Unis, de Belgique et d'autres régions du monde.

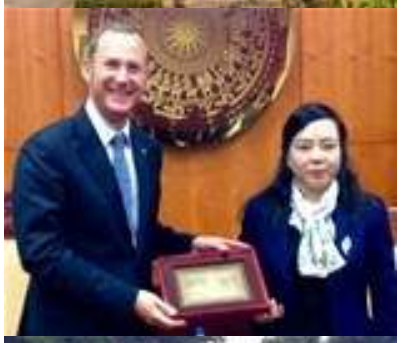
Nous sommes à une époque passionnante qui voit de nombreux pays, comme le Vietnam, se tourner vers la médecine de famille pour les solutions à leurs principales questions de santé. WONCA peut contribuer au développement de la médecine familiale de nombreuses manières : par nos publications et nos ressources, par nos normes, et particulièrement par nos organismes-membres et les milliers de médecins de famille autour du monde qui sont prêts à donner de leur temps pour soutenir nos collègues, dont le but est de fournir un soin primaire de qualité pour tous, dans leur travail dans d'autres nations.

Michael Kidd

Président de WONCA

Traduit de l'anglais par Josette Liebeck,

Traductrice accréditée NAATI No 75800



Photos :

Centre de santé communautaire de Soc Sun

Le président de WONCA en compagnie du ministre de la santé du Vietnam, professeur Nguyen Thi Kim Tien

La Constellation du Pavillon de Littérature à la première université nationale du Vietnam, fondée en 1076, et toujours lieu des cérémonies de remise des diplômes pour les étudiants en médecine.

From the CEO's desk: looking forward to 2016

Greetings again from the WONCA Secretariat in Bangkok. I wish all colleagues a very Happy New Year and a successful 2016.

WONCA Executive and World Council

This year will, of course, be an extremely busy one for WONCA. It's a World Council and World Conference year, which always means a very hectic time for the Secretariat staff and for the WONCA Executive. Executive will hold a face-to-face meeting in March in Abu Dhabi, immediately following the WONCA Eastern Mediterranean Region (EMR) conference in Dubai (17th to 19th March) and then will hold a further meeting in October in Brazil, just prior to the World Council. Calls have gone out to Member Organizations asking for any proposals for amendments to the WONCA bylaws and regulations and also for nominations both for WONCA offices (President-elect and Members at Large) and also WONCA awards (WONCA Fellowship and Honorary Life Direct Membership).

Speaking of amendments to WONCA bylaws and regulations, Executive has already been considering several suggestions for amendments, as put forward by the Bylaws and Regulations Committee. Considerable time was devoted to this issue during the Executive meeting in Istanbul in October, and further time will be given to the issue in March, after which the recommendations for amendment will be sent out to all member organizations for their consideration prior to October's World Council meeting in Rio de Janeiro.

Calls have also gone out for bids for the 2020 WONCA Worlds Conference. Council, at its 2013 meeting, opted for a two-yearly cycle, so after Korea in 2018 we will move to a two yearly world Council and conference, which will greatly help in the governance of the organization.

WONCA Awards

We have also been promoting several WONCA awards, and encouraging nominations for these WONCA bursaries. A number of awards are available, to assist members to attend the world conference. Awards include:

Montegut scholarship

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F) in 2010. It supports the attendance of one family physician from each of the seven regions of WONCA at their regional meetings or to the international meeting in the year when it is held. The MGSP will provide a USD3,250 scholarship for the selectee from each region to attend the WONCA world conference, in Rio, in 2016. Further details, including an application form, are available on the WONCA website here.

PLEASE NOTE:

For WONCA Europe - the application deadline is February 1st, 2016. Applications should be submitted directly to the WONCA Europe Secretariat, email: SecretariatEurope@wonca.net

For WONCA North America - the award is limited to members of the Caribbean College of Family Physicians. Further details can be obtained from the WONCA N America Region President at

For all other WONCA regions - the application deadline is February 29th, 2016. All applications should be submitted to the WONCA World Secretariat, email: manager@wonca.net

WONCA Foundation Award

This award, made possible by a donation from the UK's Royal College of GPs, enables physicians to travel to appropriate countries to instruct in general practice/family medicine or for physicians from developing countries to spend time in areas where they can develop special skills and knowledge on GP/FM. The value of the award is currently £1,500 (around $2,300)

Taiwan Family Medicine Research Award

This award, donated by the Chinese Taipei Association of Family Medicine, offers a prize of USD 1,500 each to two young family physicians for the excellence of their research and affords them the opportunity to present their research at the WONCA World Conference.

Details of both awards can be obtained from the WONCA website here

Of course there are many other activities happening which are unrelated to the world council and conference. Even in a world conference year there are a number of regional conferences, and we look forward to regional events in:

South Asia Region in Colombo, Sri Lanka, on 13th &14th February, (pre-conference: 11th & 12th

February)

Eastern Mediterranean Region conference in Dubai, from 17th to 19th March

Mesoamerican conference in San Jose, Costa Rica, from 14th to 17th April

Europe Region conference in Copenhagen, from 15th to 18th June

As ever, full details of all WONCA conferences and events can be found on the WONCA website.

Meeting attendance

Finally for this month just time to tell you that WONCA has, as ever, represented you at the WHO Executive Board meeting held in late January. Our President, Michael Kidd, our President-elect, Amanda Howe, and our WONCA-WHO Liaison, Luisa Pettigrew, attended a busy schedule of meetings with our key WHO colleagues, and will report back in due course. Amanda Howe and I also attended the Prince Mahidol Award Conference, a prestigious annual medical conference in Bangkok in late January. This year's theme was *"Priority setting for Universal Health Coverage* (UHC)" and Amanda participated in one session on "*Stakeholder dynamics in UHC priority setting*", organised by WHO. Again, we will report back on this conference in a future WONCA News.

Until next month.

Garth Manning, CEO

Policy Bite : Public-private partnerships for PHC

Policy Bite with Professor Amanda Howe, WONCA President-elect

Public-private partnerships for primary health care – what is the 'bottom line'?

All governments have to decide how to meet the needs of their peoples, and most political elections are based on different beliefs as to how this can best be done. Fundamental issues about how to finance investment for health care and other public sectors require clear thinking and recurrent review of decisions made.

WHO(1) has been clear that whatever options are taken up, they need to result in "*a well-functioning health financing system. …Countries must raise sufficient funds, reduce the reliance on direct payments to finance services, and improve efficiency and equity. … It is only when direct payments fall to 15–20% of total health expenditures that the incidence of financial catastrophe and impoverishment falls to negligible levels*".

In most countries, governments are turning to 'public-private partnerships' (PPPs) to complement state funding, and to deliver services. The variations of context and type of PPP make generalisations difficult – for example they may fund specific products like vaccinations, or hospital rebuilding programmes, or be providers of workforce . There are also complexities of terminology – for example, family doctors in the U.K. are largely self-employed and owners of their clinics, but are contracted to the NHS to provide taxation funded services free at point of use to patients: so is this a PPP, although our contracts are with the public sector?

Clearly, financing models have to be operated under appropriate governance structures, and to be likely to lead to health gain. A brief review of the literature finds that evidence syntheses and expert consensus is not yet clear as to whether models of PPP in service delivery improve the outcomes for patients. A European-wide evaluation of PPPs in health care (2) "*did not find scientific evidence that PPPs are cost-effective compared with traditional forms of public financed and managed provision of health care*" and were concerned that PPP projects lacked adequate disclosure and cost effectiveness. A specific example from India comparing different funding models concluded that "*There is no remarkable improvement in the quality of services provided by PPP models*"(3), Even when secured appropriately and proven to be effective, partnerships are 'hard work', both in financial and human resource investment(4), and can be a risk to reputation if significant conflicts of interest or unbudgeted costs are incurred. Risks with PPPs include loss of control, sustainability, and higher costs(5).

As clinical leaders in their setting at local, regional and national levels, family doctors need to be able to appraise and critique the suggestions and

policies on which models of health care financing may work best for their patients. We know that the broad health needs of a community can be effectively met by a strong primary care team that combines curative care, preventive programmes, and ongoing chronic disease management for both individuals and groups of patients. PPP models are sometimes proposed to help fund the services we provide. If as family doctors we are involved with making any decision about a PPP , I suggest the following 'checklist':-

• National policies on PPP must address secondary and primary care sectors equitably

• Initiatives should be integrative rather than product- or disease- specific

• The PPP must be likely to support the overall building of capacity for effective primary health care – that is affordable, accessible, acceptable and of good quality(6)

• There must be sufficient independent expert advice to allow a strong business model / contract that shows transparent costings and outcome measures, with relevant liability clauses to protect professionals and ensure continuity of core services

• To avoid corruption, there must be due governance and transparent declaration of conflicts of interest; also declaration of profits and regular accounting for deliverables

• Models may / should include collaborative "ownership" of the project or service – this may be via financial, electoral, and stakeholder engagement mechanisms, or broader professional commitment / altruism, but must engage practitioners and motivate them towards positive patient care and quality improvement

• There is an important role for training in related public health, health economics, and ethics which can underpin these issues, but vital is exposure at an early stage to 'real' patients in their own setting which humanises the learning and develops patient centred care(7)

• Finally, one needs to avoid vested interests skewing the market and government policy.

This is a challenging area deserving further debate. There will not be simple answers, but hopefully we can agree some principles which inform our decisions and influence our actions – for the greater good!

Acknowledgement: I am grateful to Professor Mala Rao of Imperial College London for her comments and input.

References available online

Fragmentos de política: Sociedades público-privadas de Atención Primaria de salud – ¿cuál es el "balance"?

Con Amanda Howe

Todos los gobiernos tienen que decidir cómo satisfacer las necesidades de su gente, y la mayoría de elecciones políticas se basan en diferentes creencias de cómo lograr hacerlo. Las cuestiones fundamentales acerca de cómo financiar las inversiones de la asistencia sanitaria y los otros sectores públicos necesitan estar dotadas de una forma de pensamiento clara y de una revisión recurrente de las decisiones que se toman. La OMS (1) ha sido muy clara en el hecho de pedir que sean cuales sean las medidas que se lleven a cabo, tienen que dar lugar a "un sistema de financiación de la salud funcional… Los países han de ser capaces de recaudar suficientes fondos, de reducir la dependencia de los pagos directos para financiar los servicios, y de mejorar la eficiencia y la equidad… Solamente cuando los pagos directos caen entre un 15% y un 20% de la totalidad de los gastos sanitarios es cuando la incidencia de la grave crisis financiera y del empobrecimiento descienden a niveles desdeñables."

En la mayoría de los países, los gobiernos están recurriendo a "sociedades público-privadas" (SPP) para complementar los fondos estatales, y para prestar servicios. Las variaciones de contexto y tipo de sociedades público-privadas hacen que sea difícil generalizar – por ejemplo pueden financiar productos específicos como vacunas o programas de reconstrucciones de hospitales, o proveer personal. También hay complejidades de terminología - por ejemplo, los médicos de familia en el Reino Unido son en gran parte autónomos y dueños de sus clínicas, pero son contratados por el NHS (National Health System) para proporcionar servicios de asesoramiento fiscal financiados gratuitamente para el uso de los pacientes; de este modo, ¿se trata de una SPP, a pesar de que nuestros contratos son con el sector público?

Sin ninguna duda, los modelos de financiación tienen que ser realizados bajo las estructuras de gobierno apropiadas, y es probable que

conduzcan a una mejora de la salud. Una breve consulta a la bibliografía concluye que aún no existe un consenso entre los resultados y las conclusiones presentados por los expertos acerca de si los modelos de SPP en la presentación de servicios aumentan los beneficios para los pacientes. En una evaluación a nivel europeo de las Sociedades Público-Privadas de atención sanitaria (2) “no se encontró evidencia científica de que las SPP sean más rentables en comparación con las formas tradicionales de financiación pública y la prestación de la atención médica administrada” y mostraban su preocupación acerca del hecho que los proyectos de SPP carecían de una evidencia costo-efectiva. Un ejemplo específico de ello es el de la India en que se compararon diferentes modelos de financiación concluyendo que “No hay ninguna mejora notable en la calidad de los servicios ofrecidos por parte de los modelos de las SPP”(3). Incluso habiendo examinado apropiadamente y habiendo probado su efectividad, las sociedades representan un “duro trabajo”, tanto en lo que respecta a la inversión de su financiación como en la de los recursos humanos (4), y esto puede suponer un riesgo para su reputación si se incurre en conflictos de intereses destacados o en gastos no presupuestados. Los riesgos de las SPP son la pérdida de control, la sostenibilidad y el aumento de los costes (5).

Como líderes clínicos de su entorno a nivel local, regional y nacional, los médicos de familia tienen que ser capaces de evaluar y ser críticos con las propuestas y las políticas en las que los modelos de financiación de la atención de la salud pueden ser mejores para el cuidado de sus pacientes. Sabemos que las necesidades de salud generales de una comunidad pueden ser realizadas de manera efectiva por un equipo de Atención Primaria preparado, que combine la atención curativa, los programas de prevención y el control de enfermedades crónicas en curso tanto para los pacientes individuales como para grupos de pacientes. A veces se proponen modelos de SPP para ayudar a financiar los servicios que ofrecemos. Si como médicos de familia nos encontramos en la situación de tomar cualquier decisión acerca de una SPP, sugiero la siguiente lista de criterios:

• Las políticas nacionales sobre SPP deben abordar los sectores de atención secundaria y primaria equitativamente.

• Las iniciativas deben ser integradoras y no dirigidas a productos o Enfermedades específicas.

• La SPP debe ser proclive a apoyar la construcción global de la capacidad para una Atención Primaria eficaz en la salud - que sea asequible, accesible, aceptable y de buena calidad

• Debe haber suficiente asesoramiento de expertos independientes para permitir un fuerte modelo de negocio / contratación que muestre cálculos de costos transparentes y medidas de resultado, con cláusulas de responsabilidad pertinentes para proteger a los profesionales y garantizar la continuidad de los servicios básicos

• La gobernabilidad y el reconocimiento de conflictos de intereses deben realizarse con el fin de evitar la corrupción; Del mismo modo la declaración de ganancias y la contabilidad tienen que poder ser distribuibles.

• Los modelos pueden / deben incluir la "propiedad" de colaboración del proyecto o servicio - esto puede ser a través de mecanismos de participación financiera, electorales y de las partes interesadas o, de forma más amplia, mecanismos profesionales de compromiso / altruismo, pero deben involucrar a los profesionales y motivarlos hacia la atención positiva de los pacientes y la mejora de la calidad.

• La formación tiene un rol importante en la salud pública, la salud económica, y la ética que puede sustentar estos temas, pero es vital el hecho de exponerse desde una fase temprana a los pacientes 'reales' en su propio entorno, puesto que esllo humaniza el aprendizaje y desarrolla la atención centrada en el paciente (7).

• Por último, hay que evitar los intereses creados redirigiendo la política de mercado y del gobierno.

Esta es un área difícil que merece un debate mayor. No habrá respuestas sencillas, pero espero que podamos acordar algunos principios que nos permitan informar nuestras decisiones e influir en nuestras acciones - por un bien mayor!

Agradecimientos: Estoy muy agradecida a la Profesora Mala Rao del Imperial College de Londres por sus contribuciones y comentarios.

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

Referencias online

Feature Stories

WHO short survey on Universal Health Coverage

An important announcement: World Health Organization : **call for contributions! – short survey with a short deadline (15 February)!**

As a joint project between the Patient, Family and Community Engagement initiative and the Universal Health Coverage and Quality Unit of the WHO Service Delivery and Safety department, we are conducting a short survey on people's opinions and perspectives of what universal health coverage means to you.

Background:

Quality is fundamental to safe health care and sustainable UHC. Globally, countries have made a commitment to achieve UHC and the subject has been placed at the forefront of the global health agenda, as articulated in Goal 3 of the Sustainable Development Goals. While the original focus of UHC has been on financing systems, there is now an opportunity to improve population health outcomes and attain UHC though using quality driven, people-centred and integrated approaches.

Building on the successes of previous development goals and lessons learnt from recent global epidemics, there is a need for health systems to incorporate patient, family and community needs, values and preferences, to develop resilient and people-centred health systems.

Your contribution:

You can help WHO to better understand people's needs and values about UHC. Your contribution, by completing this short survey of four questions, will offer new insights into how health systems can be more responsive, accessible and of high-quality in your context.

Please write a written response to each question in the online questionnaire. If you wish, you may also include a 'selfie' video for your answers.

The online questionnaire is available at: https://extranet.who.int/dataform/464697?lang=en

For video statements, please feel free to speak in your native language, accompanied with English translation in the text box provided. We encourage concise responses and written texts for all videos to ensure that we translate the message correctly.

If you would like your contribution to be a part of the global dialogue, and presented at the Prince Mahidol Award Conference 2016 (PMAC 2016), please ensure to contribute by Monday 25th January. Please either fill the form in online or send ALL contributions to Felicity at pocklingtonf@who.int Video responses will be combined into a short film and presented at the PMAC 2016 conference, if submitted before 25th January. Videos should be sent to felicityjane0891@gmail.com

Deadline for all other submissions will be February 15th 2016.

Questions:

1. How do we ensure that frontline quality improvement implementation experiences drives national quality policy & strategy in the context of UHC?

2. What is required to improve infrastructure – for example WASH – to improve quality of service delivery within the context of UHC?

3. What should we be measuring to track changes in quality of care within the context of UHC?

4. How can 'compassion' within health systems drive quality improvement within the context of UHC? How to engage patients and the community to bring compassion to health care quality?

Any questions or queries, please email Felicity at pocklingtonf@who.int

Hope to hear from you soon,

The WHO Patients For Patient Safety team

EACH - in collaborative relations with WONCA

From Jonathan Silverman, President of the European Association of Communication in Healthcare (EACH)

The European Association of Communication in Healthcare (EACH) is delighted to have become an Organization in Collaborative Relations with WONCA and I'm very pleased to have this opportunity to tell you about EACH and explain how EACH could help WONCA members in the future.

Whether a researcher, teacher, practitioner or patient, or indeed all four, EACH exists to offer support and help about all matters concerning communication in healthcare. We would like everybody to consider EACH to be both the place where they turn to as their natural home and also the pressure group working to support all healthcare communication endeavours. Please visit our website at www.each.eu to look at what we can offer you and about membership of our association. Please also consider coming to our next international conference in Heidelberg www.each2016.de in September 2016 where we are expecting over 600 researchers and teachers from throughout the world. Also, see our website for details about our courses.

EACH is very much devoted to research and teaching about health care communication in all health care professions whereas we appreciate that WONCA is specifically dedicated to the needs of family doctors. Of course, much of the early research and teaching about communication skills in healthcare stems from general practice and indeed still does. Like so many fields in healthcare theory, research and teaching, whether communication, ethics, patient-centredness, reflection et cetera, general practice has often been in the vanguard of developments in areas that should be a component of every healthcare interaction, whatever the discipline. So clearly EACH owes general practice a considerable debt of gratitude. The future of health care communication is to extend the lessons of research and teaching into all healthcare professions and in all contexts as well as continuing the established work in family medicine.

What is EACH?

EACH is a worldwide charitable organisation and our overall aim is to promote effective evidence-based patient-centred healthcare communication between patients, relatives and healthcare practitioners throughout Europe and beyond. In fact despite our name, we have members throughout the world from Asia, North America, South America and Australia and a steering committee which has representatives from all these areas. We currently have 497 individual members from 39 countries and a steering group as pictured here of 26 people from throughout the world.

The rationale for all that we do is that effective healthcare communication is essential to high quality clinical practice. Almost all other objectives in healthcare are mediated through communication between health professionals, patients and relatives. The evidence-base behind effective healthcare communication and the move towards a person-centred approach incorporating shared responsibility and decision making is firmly established and adds to the moral imperative of a more equal relationship between patients and providers.

What we do

Our strategies for achieving our aim are as follows:

• promoting the development of healthcare communication research and education to improve the quality of communication in healthcare in Europe and beyond and hence improve the health outcomes of the general public

• enabling the exchange and dissemination of products of teaching and research within the community of healthcare communication researchers and teachers, to enhance the quality of communication in healthcare and thereby improve patients' and relatives' experience

• more widely disseminating knowledge about effective communication between patients, relatives and health professionals, extolling best practices and improvements in education to comply with the changing needs of health delivery and increasing moves towards a person-centred approach incorporating shared responsibility and decision making

• developing an active network of researchers, teachers and practitioners throughout Europe and beyond, committed to improving the patient experience in the field of communication in healthcare

How do we do this?

In order to put these strategies into practice,

EACH:

• organises major international conferences on health care communication research and teaching to bring together the community of healthcare researchers, educators and practitioners

• provides workshops, courses and meetings on specific research and teaching components of healthcare communication for teachers and researchers

• develops and supports active networks of teachers and researchers through communication at meetings, via the internet, using web-based conferences, web-based solutions and social media

• provides a dedicated website to raise awareness and share related resources on teaching and research with the wider community of healthcare practitioners, researchers, teachers and patients

• collaborates with existing networks and associations, with similar purposes

• is affiliated with a scientific journal, Patient Education and Counselling, to disseminate results of research on health care communication

• provides grants for researchers and teachers in countries throughout Europe without established health care communication research or teaching programmes to attend courses

• provides grants for young researchers to attend workshops and develop networks

• carries out site visits to countries in Europe and beyond without established health care communication research and teaching programmes to establish networks, and train teachers and researchers

• promotes best practice in health care communication to other local and national organisations

The future

We are very much looking forward to working with WONCA over the coming years and would like to extend a very warm welcome to all of you to EACH. We hope to see you at our events and look forward to many of you becoming members of our association as well

Very best wishes

Jonathan Silverman

2016 – WONCA conferences

2016 sees a another WONCA world conference,

this time coming to Rio, in November. There are also several regional events and events for young doctors so why not join us at a WONCA conference this year? WONCA individual direct members normally receive substantial discounts on registration fees (and membership costs USD60 per year)

Information on all WONCA conferences

Information on WONCA direct membership

WONCA world conference - November 2-6, 2016

This year is the year of WONCA's world conference which is being held in Rio de Janeiro, Brazil, from November 2-6. The last world conference was held in Prague in 2013 and those who attended that conference can attest to the fantastic experience of a WONCA world conference.

Abstract submission closes February 1, 2016.

The next (third) deadline for lower registration fees closes April 30, 2016

Preliminary programme of guest speakers includes:

- Amanda Howe (UK) - “People, policy and poetry - three reasons

for the success of family medicine"

- Peter Gotzsche (Denmark) - "Why so few patients benefit from the drugs they take and why so many are killed by them"

- Katherine Rouleau (Canada) - "Advancing global family medicine through international partnerships: samba, stories, strategies and suggestions"

- Daniel Soranz (Brazil) - "Primary Health Care reform in Rio de Janeiro"

website - www.wonca2016.com

WONCA South Asia Region conference

- February 12-14, 2016

The WONCA South Asia Region conference will be held in Colombo from February 12-14, 2016. (with a preconference workshops February 11- 12). Program has as its theme "*Reaching Across the shores to Strengthen Primary Care".*

WONCA EMR Conference

- March 17-19, 2016

Early bird registration fees close January 31

Emirates airline is offering a 10% discount to all conference delegates.

Further details are available on the conference website.

WONCA Europe Conference

– June 15-18, 2016

Breaking news: new deadline for abstract submission - February 5, 2016

Early bird registration fees close February 15, 2016

Latest newsletters with information on key speakers available here

Don't forget that details of all WONCA events can be found in one convenient spot on the WONCA website conference page

Cumbre Iberoamericana y Congreso Mesoamericano - Abril 12-16, 2016

VI Cumbre Iberoamericana de Medicina Familiar y Comunitaria (San José, Costa Rica) - 12 y 13 de Abril del 2016

I Congreso Mesoamericano y IV Congreso Nacional de Medicina Familiar y Comunitaria (San José, Costa Rica) - 14 al 16 de Abril del 2016

Website (en español)

Vasco da Gama movement events

The Vasco da Gama young doctors' movement for Europe will hold a preconference from June 14-15 before the WONCA Europe conference in Copenhagen

The group will also hold their third forum in Jerusalem, Israel from September 14-16. Deadline for abstract submissions for this event is April 1, 2016

WONCA Europe 2016 conference New Year newsletter

WONCA Europe comes to Copenhagen - June 15-18, 2016

Please note that the deadline for **abstract submission has been extended until 5 February 2016**

Please do not hesitate to submit your abstract at our abstract submission page.

We are delighted to present Professor Martin Roland as our new keynote speaker: His keynote will be on the theme '*The future consultation',* with focus on the core content of being a GP: the consultation, and how the consultation will be formed in the future. Is it under pressure from different healthcare professionals, technology and standardisation? Or must GPs look at other ways of having consultations and would that be ideal in the future healthcare system?

WONCA Europe 2016 Conference wish you all a HAPPY NEW YEAR, and we look very much forward to meet you all in Copenhagen in June.

(If you have not already signed up directly for our WONCA Europe 2016 newsletter this can be done here)

Conference website

Peter Vedsted

President of Scientific Committee

Roar Maagaard

President of Host Organising Committee

Working Parties and Special Interest Groups

Rural Round-up: reflections on three years

Photo: the WWPRP meet in Dubrovnik

New Year Greetings and reflections on the last three years of the WONCA Working Party on Rural Practice

On behalf of the WONCA Working Party on Rural Practice (WWPRP), I wish you all a Happy and Prosperous New Year. We are coming to the end of our latest triennium and it's a good time to reflect on what we have achieved and what we need to do in the next three years. The world remains a turbulent place and some of our rural colleagues are struggling to provide care against all the odds due to conflict, natural disasters and appalling poverty in some of the most inaccessible parts of the world. Some of us working in the highly sophisticated health systems in the developed world can often forget that many of the poorest rural peoples of the world have no access to basic medical care. 70% of the worlds 1.4 billion poorest people still live in rural areas.

This year sees the launch of the 17 United Nations Sustainable Development Goals. These replace the eight Millennium Development Goals, which heralded the start of this new Millennium. The debate on their effectiveness will continue for some time but I believe that they have had a significant impact in reducing poverty and improving access to healthcare worldwide. The new Goals are even more ambitious and I feel that we in Rural WONCA must work to highlight the plight of half the world's population who live in the rural areas. The growing talk is about Universal Health Coverage and many countries have committed themselves to achieving this by 2032. It will be the rural and isolated areas that will pose the biggest challenges for governments and health planners when only 25% of the world health care workers provide care for 49% of the world's rural people. Improving rural recruitment and retention will always remain one of our major goals.

We in the WWPRP committed ourselves to a number goals in Prague in 2013. These included:

1. **Improving communication** and making the WWPRP more visible. I am particularly grateful to Jo Scott Jones, Karen Flegg and Ewen McPhee for their help. We now have an active Google Discussion Group, a Rural WONCA Facebook Page, a Rural WONCA Twitter Account and a monthly rural article in WONCA News. These initiatives have extended our reach and made us more accessible. In addition a Rural Young Doctor & Student Facebook Page has been established by Veronika Rasic and Mayara Floss runs a wonderful innovative "Rural Café" on Google Hangouts.

2. **Membership of the WWPRP**

a. The successful WWPRP needed to engage with the next generation and identify the future leaders for the rural movement. This has been one of the most exciting developments. We now have direct representation from 4 of the 7 Young Doctor Movements and it is my aim to ensure that they will all soon be represented in the WWPRP. It is exciting to see some of these younger doctors & students already leading some of our initiatives.

b. We have also made a clear commitment to Gender Equity. More women are joining the WP and I am delighted to say that our Executive already demonstrates equal gender representation.

c. Finally Rural WONCA has traditionally reflected

a significant bias towards the developed world. It's is often harder to recruit members from low and middle income countries because of travel and communication costs. The new communication strategy has helped engage new members and achieve a better degree of geographical equity. It is my belief that we should be replicating the success of the EURIPA (the European Regional Rural Group) by establishing regional rural groups in all WONCA's regions. I am delighted to say that regional groups have already been established in South America and South Asia and again I aim to ensure that this will be achieved across all of WONCA.

3. **The *Rural Medical Education Guidebook*** was launched in Gramado, Brazil in 2014. This initiative was supported by The World Health Organisation who were impressed by the wide range of expertise and experience they found within Rural WONCA. Thanks to all those international authors who contributed over 70 chapters and special thanks to the Bruce Chater and his editorial team who worked so hard to make it happen.

4. **Conferences:** We held 2 very successful World Rural Health Conferences in Gramado, Brazil in 2014 and in Dubrovnik, Croatia in 2015. Like so many of our conferences before, they have already left a legacy, which continues to grow locally and across their regions. Special thanks to Leonardo Targa and his team from Brazil and to Tanja Pekez-Pavlisko and Ines Balint and their team in Croatia.

5. **Working with other** working groups, SIGs and NGOs: We have continued to work with global & regional groups and special interest groups within WONCA (eg Women, Environment, Point of Care Testing, Vasco de Gama etc) and organisations, NGOs and Professional Organisations (eg Towards Unity for Health, International Commission on Occupational Health, ACRRM etc.)

6. **Rural Resource Website:** Special thanks to Dave Schmitz from Idaho who has helped us establish a rural online site where grey literature and important rural documents can be stored and made easily available. So much rural literature just seems to disappear and now we have somewhere to store it.

7. **Rural Generalism:** There has been a growing need to ensure that rural doctors have the skills that specific contexts require. These skills can range from special rural primary care skills needed in practice such as emergency care, mental health, minor surgery etc to specific procedural skills such as interventionist obstetrics, anaesthetics, surgery etc. The Australian College of Rural and Remote Medicine (ACRRM) and The Canadian Society of Rural Physicians have developed the concept of "The Rural Generalist" and we in Rural WONCA are supportive of this important initiative.

I believe that we have achieved much over the last 3 years but we still have much to do. The WWPRP will be meeting in Rio de Janeiro in November 2016 for the WONCA World Conference. We are working with the Brazilian Rural Group and the South American (CIMF) Rural Group to bring you a comprehensive rural programme. We will also be meeting before the conference to establish our work plan for 2016-19.

Some of our future aims will include:

1. A new document on the future structure of the WWPRP and roles and responsibilities of its members and officers

2. World Rural Health Conferences planned for Australia (Cairns 2017) and Uganda (2018)

3. Plans to ensure that all the WONCA Regions Yong Doctor Movements are represented on the WWPRP and the establishment of regional rural representative groups.

4. We will continue to extend our membership to include young doctors, more women and representation from low and middle income countries

5. Continue to develop programmes such as the Rural Heroes Project, The Rural Resource Page, The Rural Medical Education Guidebook and many more. In addition we will be publishing policies on "Rural Proofing" and the roles of Nurse Practitioners and Physicians Assistants in Rural Practice. We are also reviewing our past declarations, statements and publications.

Finally, I would like to thank YOU all for your help and support over the last 3 years. It has certainly been a privilege to chair this exciting organisation & network and I look forward to meeting you in Rio, Cairns, Kampala or just "On-line"

John Wynn-Jones

Chair WONCA Working Party on Rural Practice.

contact John:
WPrural@wonca.net

WEBPAGE

PS. Please forgive me if I left out something or

someone.

SIG Health Equity New Year news

Greetings and News

Hello again, from the WONCA Special Interest Group (SIG) on Health Equity. (*Photo: convenor, William Wong*). The health equity group is still bustling with activity. As well as the enthusiastic discussions from our Health Equity Workshop at the WONCA Europe conference in Istanbul, we also encourage members to visit our newly affiliated journal: *International Journal for Equity in Health* for up to date and exciting health equity research and news from around the world.

To start off, we will take a focus on Bangladesh, Uganda and Taiwan in Global Focus (See: Global Focus below). As part of the affiliation, subscribed members are also entitled to a 20% discount on publications at the International Journal of Equity in Health.

As always we welcome contributions from any of our members. If you would like to subscribe to our mailing list, please direct your interest to: SIGhealthequity@wonca.net. Finally, we would like to wish everyone merry greetings for the upcoming holidays and celebrations for the New Year!

Reflection: WONCA Europe 2015: Health Equity Workshop, Istanbul

With 3,683 participants attending 289 oral presentations, 121 workshops, 30 symposia, and 1,403 poster displays; the WONCA Europe conference was surely a lively and bustling event. We on the special interest group (SIG) Health Equity team were delighted to be able to discuss with participants from many countries the importance of primary health care as a strategy to tackle health inequities in Europe. We would like to thank all those who took the time to attend our workshop as well as our SIG members who helped put this workshop together.

Photo L to R: Dr W Halasa, Prof S Willems, Prof P O'Donnell, Dr U Chetty & Louisa Harding Edgar.

Our workshop looked at different ways to improve equity in health with a focus on practice level strategies, and the training of health professionals. Through sharing of insights and experiences our enthusiastic participants suggested a diverse range of strategies at the consultation level. These included making use of trained interpreters to tackle language barriers with patients, and increasing consultation times. We also discussed the period of time spent in general practice training and how increasing contact with marginalized groups can promote empathy and awareness of the problems these patients face. Others suggested including health equity issues in the assessment of undergraduate students and GP trainees.

When we surveyed the workshop participants, we found that medical education was deemed to be the most important factor to reducing health inequity. This was a similar finding to the survey conducted at our previous workshop in 2014(1). In the coming year we hope to focus the work of the SIG on this very initiative and look forward to many interesting discussions on this topic of education.

Dr Patrick O'Donnell, Europe regional representative

A global focus on Health Equity

The first Global Focus will take a look at recent health equity related research from Uganda, Bangladesh and Taiwan. Please feel free to visit our affiliated journal: International Journal for Equity in Health for the full text.

Food for thought – income inequality and health

Income, as well as other measures of socioeconomic status has long been considered as a social determinant of health(5). Directly related to this is a study by Katz et al (2015) (6). They set out to assess the effectiveness of pay-for-performance schemes on childhood vaccination rates of families at different income levels. Interestingly, their control group (i.e. without pay-for-performance); found that the income-related inequities to vaccination rates increased over their study period. Essentially, the gap between the vaccination rates of the wealthy and the poor, although already existed at the start of the study period, worsened over time. Hence, the study shows how health interventions themselves can directly impact health outcomes as a result of income inequality. Aside from vaccinations, other health outcomes have also been assessed; such as mammograms and colorectal cancer screenings(7).

However the impact of income and socio-economic status on health been linked through

many studies in differing socio-cultural contexts (8). A review by Picket & Wilkinson (2009) not only reveals this to be the case on a national level; but further this by demonstrating causally that the larger the income disparities within a country the more damaging the health and social consequences(9). This can be well demonstrated in Figure 1 (From Pickett & Wilkinson, 2015(10)). They explain that larger differences in income affects social distance (related to social hierarchy and difference in social status), and is likely to affect the health of its communities indirectly through the processes that manifest to generate social class across societies. Hence, that income inequality itself cannot be classed as a separate social determinant of health in its own right.

Figure 1. Adapted from Pickett et al, 2009(6) . The graph shows the relationship between income inequality and an index of health and social problems. The Latter combines a number of health and social factors such as life expectancy, mental illness, obesity, infant mortality, teenage birth, homicides, imprisonment, educational attainment, distrust and social mobility.

Publication of Interest

Contribution of Primary care to health: An individual level analysis from Tibet, China

Wang W., Shi L., Yin A., Mao Z., Maitland E., Nicholas S., Liu X.

Introduction: There have been significant improvements in health outcomes in Tibet, health disparities between Tibet and the rest of China has been greatly reduced. This paper tests whether there was a positive association between good primary care and better health outcomes in Tibet.

Methods: A validated Tibetan version of the Primary Care Assessment Tool (PCAT-T) was used to collect data on 1386 patients aged over 18 years old accessing primary care. Self-rated health (SRH) was employed to measure health outcomes. A multiple binary logistic regression model was used to explore the association between primary care quality and self-rated health status after controlling for socio-demographic and lifestyle variables.

Results: This study found that primary care quality had a significant positive association with self-rated health status. Among the nine domains of PCAT-T, family centeredness domain had the highest Odds Ratio (OR = 1.013) with SRH. Patients located in rural area, with higher education levels, without depression, and less frequent drinking were more likely to self-rate as “good health” compared with the reference group.

Conclusion: In Tibet, higher quality primary care was associated with better self-rated health status. Primary care should be much strengthened in future health system reform in Tibet.

References available online

To remove your name from our mailing list, or if you have any questions or comments, please send e-mails to SIGhealthequity@wonca.net.

SIG WEBPAGE

Featured Doctors

Dr José Miguel BUENO ORTIZ

Spain : semFYC International Officer

Dr José Miguel Bueno Ortiz is International Officer for the Spanish Society of Family and Community Medicine (semFYC) and a familiar figure at WONCA conferences.

1. What work do you do currently?

Since I finished my vocational training scheme in Alicante in 1990 I have been working as a full time GP. First of all, in an urban health centre (HC) in Alicante (South East of Spain), then in two urban HCs in Barcelona and, since 1996, in a rural HC in Murcia (South East of Spain) Centro de Salud de Fuente Álamo, where for a few years, I have also done out of hours work.

Family Medicine trainees spend their two months rural practice vocational training scheme period with us and we also have medical students.

I have just finished serving for 10 years on the General Medical College Executive Board in my Region, Murcia. First as Vice Honorary Secretary and afterwards almost eight years as Honorary Secretary. I have been serving as member-at-large representative of Primary Care since December 2015. During my tenure the College Quality Management Systems obtained ISO 9001: 2008 certification (2012) and recertification (2015).

It was a very interesting experience because I had the opportunity to contact with every doctor (not only GPs) and with every scientific medical society in my Region (6,800 members and 25 Medical Scientific Societies). But being Honorary Secretary was very demanding and very time consuming especially when you also work as a GP full-time every day (08.00-15.00 hours). I am much more relaxed now and looking forward to spending more time with my family and friends.

2. What other interesting activities have you been involved in?

As a medical student I was a member of the International Federation of Medical Students Association (IFMSA) and I was in charge of foreign exchange medical students in my region (Murcia, South East of Spain). I spent one month as an exchange student in Israel and two months in Germany. As a trainee I spent two months in UK and three months in Germany. It helped to open my mind and to learn more about different cultures and different health systems and to improve my German and my English.

I have been the semFYC delegate in WONCA Europe Working Party on Quality and Safety (EQUIP) since it was founded. So far we have organised three EQUIP meetings in Spain. I served on its executive board as member-at-large for three years.

For 15 years I have been a tutor of the Master of Quality Management of Health Services at the University of Murcia, directed by Prof Pedro Saturno.

I have chaired the working group in charge of producing the low back pain guidelines in my health area – Cartagena- with almost 250,000 inhabitants registered. It is composed of two GPs and other specialists in traumatology, rheumatology, rehabilitation, anaesthesiology, radiology, internal medicine and family medicine as well as physiotherapists, informatics experts and health authorities.

I have run more than 60 low back pain workshops in international, national and regional conferences.

I have been a member of the Committee of Clinical Essays in my health area (Cartagena) for more than 15 years. It has helped me to keep in contact with research and with hospital specialists with whom I have very good relationships.

I have been a member of the very active and productive semFYC Working Groups of Physical Activity & Health and Communication & Health for the last 20 years.

I have been member-at-large of my regional Family and Community Medicine Society in charge of the Prevention and Health Promotion Program (PAPPS) for six years.

3. What are your interests as a family

physician and also outside work?

My special interests in medicine are low back pain (*photo: Jose teaching stretching exercises in Back workshop in Istanbul*), physical activity, medical interview and clinical communication, quality & safety, and prevention & health promotion.

My other interests beyond medicine have always been cooking, reading fiction and non-fiction, travelling, jogging, trekking, chess, photography, learning languages, and watching BBC, in particular “Hard talk” and “Dateline London”. I also enjoy going to the theatre and to classical music concerts and dance performances with my family. Murcia has one of the best concert halls in Spain and we are season ticket holders.

4. Can you tell us about your work as International Officer for Spanish Society of Family and Community medicine (semFYC) and the involvement with WONCA?

I have been semFYC International Officer for six years. It is a very rewarding and demanding activity. I have had the chance to get to know very many interesting, committed and inspiring colleagues.

Photo: José at the WONCA world conference in Prague in 2013 (seen at right in the crowd with conference organisers Bohumil and Vaclav at left. (photo courtesy of Guarant photographer)

I have also learned how much family medicine varies in the different countries and cultures and how fast it is changing nowadays. It has helped me to appreciate my daily work, my patients, my colleagues, semFYC and my family much more.

We hold regular Skype meetings with most of the 40 semFYC International Section members and we are due to achieve our 25 goals in 2016.

Photo: José at the recent WONCA Europe conference in Istanbul, with WONCA Europe President, Job Metsemakers (left), and WONCA Europe Executive member, Mehmet Ungan (right)

We translate into Spanish some sections of WONCA News (From the President, Policy Bites and others) every month and we include it in our semFYC monthly newsletter called Noticias semFYC. Also every month we send an e-mail about the contents of WONCA News and other international affairs to semFYC executive board members, semFYC international section members and to the chairs of the 31 semFYC working groups in order to keep them updated. We have received many e-mails thanking us for this initiative and telling us they enjoy them very much. We would like thank WONCA News editor, Dr Karen Flegg, for her excellent work

We are happy to have semFYC delegates in every WONCA World and WONCA Europe Working Group and Special Interest Group as well as in some of its committees and we hope we will have a member in the next WONCA Europe Executive.

Since I was a trainee, more than 25 years ago, I have regularly attended WONCA Europe Conferences and I have taken active part not only assessing abstracts but also in their committees. I was chair of the International Advisory Committee (IAC) and vice chair of the scientific committee of the WONCA Europe conference, in Malaga, in 2010 and IAC member of many WONCA Europe conferences.

We are very proud that Spain is the country who has contributed to WONCA Europe conferences the highest number of delegates and the highest number of abstracts in the last 10 years.

WONCA Europe council in its last meeting held in Turkey (October 2015) passed a motion that semFYC put forward in which we proposed requesting WONCA Europe conference organizing committees to recommend its speakers (presenters) use “Easy English”, (which could be A2-B1 level). In our WONCA Europe conferences English language is a barrier. We will also put this motion forward in the next WONCA World council meeting to be held in Rio (Brazil) in October 2016.

We also informed the meeting about poor family doctor working conditions in Spain and we put forward another motion that was passed in which we urged WONCA Europe to carry out a thorough survey to obtain detailed information about (poor) working conditions for family doctors in European countries. EQUIP and UEMO will help.

SemFYC is also members of WONCA Iberoamericana - CIMF region where we share our experiences and we speak the same language as well.

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Dr José Miguel BUENO ORTIZ-

España : Responsable de la Sección de Internacional semFYC

1. ¿Qué trabajos está realizando en la actualidad?

Desde que acabé mi residencia en Alicante en 1990 he estado trabajando de médico de familia a jornada completa. Al principio en un Centro de Salud Urbano en Alicante (Sureste de España), después en dos Centros de Salud Urbanos en Barcelona y desde 1996 en un Centro de Salud Rural de Murcia (Sureste de España), el Centro de Salud de Fuente Álamo, donde durante unos años realicé guardias.

Los residentes de medicina de familia pasan su periodo de prácticas en medicina rural (dos meses) con nosotros y también tenemos estudiantes de medicina.

Acabo de terminar de estar durante 10 años en la Comisión Permanente del Colegio Oficial de Médicos de mi provincia, Murcia. Primero como Vicesecretario y después casi 8 años como Secretario General. Desde Diciembre de 2015 soy vocal de atención primaria. Durante mi mandato los Sistemas de Calidad del Colegio obtuvieron la certificación (2012) y recertificación (2015) de ISO 9001: 2008.

Fue una experiencia muy interesante porque tuve la oportunidad de contactar con todos los médicos (no sólo los médicos de familia) y con todas las Sociedades Científicas Médicas de nuestra Región (6,800 colegiados y 25 Sociedades Científicas Médicas)

Pero el cargo de Secretario General era muy exigente y consumía muchas horas de trabajo, especialmente cuando además trabajo como médico de familia a tiempo completo cada día (08.00 a 15.00 horas). Ahora estoy mucho más relajado y deseando pasar más tiempo con mi familia y mis amigos.

2. ¿En qué otras actividades interesantes has estado involucrado?

Cuando era estudiante de medicina fui miembro de la Federación Internacional de Asociaciones de Estudiantes de Medicina (IFMSA) y estaba encargado de los estudiantes de medicina extranjeros de intercambio. Pasé un mes como estudiante de intercambio en Israel y tres meses en Alemania. Como residente pasé dos meses en Reino Unido y tres meses en Alemania. Me ayudó a abrir mi mente y a aprender más sobre culturas diferentes y sistemas sanitarios diferentes y a mejorar mi alemán y mi inglés.

He sido el delegado de semFYC en el Grupo Europeo de Calidad y Seguridad (EQUIP) desde que se creó. Hasta ahora hemos organizado tres reuniones de EQUIP en España. Fui vocal de su ejecutivo durante tres años.

He sido tutor del Master de Calidad y Gestión de los Servicios Sanitarios de la Universidad de Murcia durante 15 años, dirigido por el Profesor Pedro Saturno.

He coordinado el grupo de trabajo encargado de elaborar la Línea de Continuidad Asistencial en mi área sanitaria -Cartagena- de Lumbalgia, que atiende casi 250.000 habitantes. La forman dos médicos de familia y diversos especialistas en traumatología, reumatología, rehabilitación, anestesiología, radiología, medicina interna y medicina de familia así como fisioterapeutas, informáticos y representantes de la Gerencia.

He impartido más de 60 talleres de lumbalgia en conferencias internacionales, nacionales y

locales.

Soy miembro del Comité de Ensayos Clínicos del Área de Salud de Cartagena desde hace más de 10 años. Me ha permitido mantenerme en contacto con la investigación y con los especialistas hospitalarios, con quienes mantengo muy buenas relaciones.

Desde hace más de 20 años soy miembro de los Grupos de Trabajo de la Sociedad Española de Medicina Familiar y Comunitaria (semFYC) de Actividad Física y Salud y de Comunicación y Salud.

Soy vocal desde hace más de 6 años del Programa de Actividades Preventivas (PAPPS) de la Sociedad Murciana de Medicina Familiar y Comunitaria (SMUMFYC).

3. ¿Cuáles son tus intereses como médico de familia y fuera del trabajo?

Me interesa la lumbalgia, la actividad física, la entrevista clínica y la comunicación asistencial, calidad asistencial y seguridad del paciente, y la promoción y prevención de la salud.

Foto: Jose enseñando ejercicios de estiramiento en taller de espalda en Estambul.

Mis otros intereses fuera de la medicina han sido siempre cocinar, leer ficción y no ficción, viajar, jogging, senderismo, ajedrez, fotografía, aprender idiomas y ver la BBC en especial “Hard talk” y “Dateline London”. También me gusta ir al teatro y a conciertos de música clásica y danza con mi familia.

Murcia tiene uno de las salas de conciertos mejores en España y nosotros tenemos un abono.

4. ¿Qué nos puedes contar de tu trabajo como responsable de la Sección de Relaciones Internacionales de la Sociedad Española de Medicina Familiar y comunitaria (semFYC) y tu relación con WONCA?

Soy el responsable de relaciones internacionales de semFYC desde hace seis años. Es una actividad muy gratificante y exigente.

Me ha permitido conocer muchos compañeros interesantes, comprometidos y motivadores. También he podido comprobar como varía la medicina de familia en los diferentes países y culturas y lo rápido que está cambiando hoy en día.

Me ha ayudado apreciar mucho más mi trabajo diario, mis pacientes, mis compañeros, semFYC y mi familia.

Realizamos reuniones periódicas por Skype con la mayoría de los 40 miembros de la sección internacional de SEMFYC e intentaremos conseguir nuestros 25 objetivos en 2016.

Foto: Jose en la conferencia de Praga en 2013 (en la derecha del público con los organizadores Bohumil y Vaclav a la izquierda (foto cortesía del fotografo Guarant)

Traducimos cada mes al español algunas secciones de WONCA News (Del Presidente, Policy bites y otras) y las incluimos en el boletín mensual de semFYC denominado NOTICIAS SEMFYC. Así mismo enviamos cada mes un e-mail sobre los contenidos de WONCA NEWS y otros asuntos de carácter internacional a los miembros de la Junta Directiva semFYC, los miembros de la sección de internacional SEMFYC y los coordinadores de los 31 grupos de trabajo SEMFYC con el fin de mantenerlos al día. Hemos recibido muchos correos electrónicos agradeciéndonos la iniciativa y comentándonos que les gusta mucho. Deseamos agradecer a la editora de WONCA NEWS, la Dra. Karen Flegg, su excelente trabajo

Estamos contentos de tener delegados semFYC en cada uno de los Grupos de Trabajo y Grupos de Especial Interés de WONCA así como en algunos de sus comités y confiamos tener miembros en el próxima Junta Directiva de WONCA Europa.

Foto: José en la conferencia de WONCA Europe 2015 en Estambul, con el presidente de WONCA Europa, Job Metsemakers (izquierda) y el miembro del Ejecutivo Mehmet Ungan (derecha)

Desde que era residente, hace más de 25 años, he asistido a las conferencias de WONCA Europa y he participado no solo seleccionando resúmenes sino también en sus comités. Fui Presidente del Comité Asesor Internacional y Vicepresidente del Comité Científico de la conferencia de WONCA Europa en 2010 celebrada en Málaga y miembro del Comité Asesor Internacional en muchos Congresos de WONCA Europa.

Estamos orgullosos de que España sea el país que ha aportado el mayor número de delegados y el mayor número de comunicaciones a las conferencias de WONCA Europa en los últimos 10 años.

En la última reunión del WONCA Europe Council que tuvo lugar en Turquía en octubre de 2015, se aprobó una moción presentada por SEMFYC en la que propusimos que se solicitase a los Comités Organizadores de las conferencias de WONCA Europa que recomendase a sus ponentes que usaran “Inglés fácil” (que podría ser un nivel A2-B1). En nuestras conferencias la lengua inglesa constituye una barrera. Presentaremos esta moción en la próxima Asamblea de WONCA WORLD que tendrá lugar en Rio (Brasil) en Octubre de 2016.

Por otra parte también informamos en la reunión sobre la penosidad laboral de los médicos de familia en España y presentamos otra moción, que fue aprobada, en la que instábamos a WONCA Europa a realizar un estudio para obtener información detallada sobre las condiciones laborales de los médicos de familia en los países europeos. EQUIP y UEMO colaborarán.

SEMFYC es también miembro de la Región de WONCA IBEROAMÉRICA-CIMF donde compartimos nuestras experiencias y hablamos la misma lengua.

Mi e mail es
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Dr Raquel Gómez Bravo

Spain/ Luxembourg - family doctor

Raquel Gómez Bravo is a family physician from Spain, a member of the International Section of SemFYC (Spanish Scientific Society of Family and Community Medicine) and member of the Executive of the WONCA Special Interest Group on Family Violence (SIGFV). She was very active in the executive of the Vasco da Gama Movement for young doctors as well as EURIPA until last October’s conference in Istanbul where she stepped down from both positions.

Meanwhile I am preparing my project on family violence to apply for a PhD position and am staying involved in the International Section of semFYC, where I am carrying out several projects linked to WONCA networks.

What work do you do currently?

I am working in Luxembourg as a freelance Quality and Assistant Editor involved in a very exciting project managed by the BMJ to translate their resource BMJ Best Practice into Spanish as a fantastic point of care tool for health care professionals. At the same time I am part of the team of the WHO collaborative centre of the Andalusian School of Public Health in integrated health services based on primary health care.

Meanwhile I am preparing my project on family violence to apply for a PhD position. I am learning French and German in order to be able to work as a GP in Luxembourg and I am staying involved in the International Section of semFYC, where I am carrying out several projects linked to WONCA

networks.

What other interesting activities that you have been involved in and in particular your activities in WONCA?

I am a dreamer, I love to think that anything is possible. And for sure it is, if you can build a team that believe in the idea and then you fight together for it.

Enthusiasm and passion can move the world. It doesn't matter if it is a local project, the important thing is to help make the change for better health care.

I am very multifaceted and I like to diversify myself in different projects. (*Photo: Raquel "Shiva"*) I love networking: this energy of the team, craving to learn from each other, knowing more colleagues with the same interest but different points of view that enrich any proposal. So, I have been taking part in several things at the same time, jumping from making audits in hospitals, to teaching leadership, or to work as a emergency doctor on an island, like I did last year in Ibiza.

During my specialisation as a family doctor, I had the good fortune to be very involved in SemFYC at a national and international level. I discovered WONCA at the very beginning of it, in 2006, but I wish I could have known more during my university studies, where primary care at that time was completely missing.

As I had the opportunity, I was very involved with VDGM, the European junior doctors' movement, leading the Beyond Europe group (BE). I worked very closely with EURIPA (the rural group), where I met lots of incredible rural doctors including the impressive John Wynn-Jones. I discovered the amazing WONCA Working Party on Women and Family Medicine (WWPWFM. It was a fantastic experience to be part of the executive of EURIPA and VDGM and fight for new ideas, innovate, promote the exchanges (we create the rural exchanges and the Carosino Prize to keep the memory of Claudio Carosino alive), engage more colleagues and provide them the forum and the necessary support to develop projects.

Being part of VdGM changed my life!

The pinnacle of achievements was the creation of the 1st Forum of the VdGM in Barcelona, in 2012, thanks to the passion and perseverance of the VDGM past president and my great friend Harris Lygidakis, the support of the incredible Spanish team, semFYC, Colegio Oficial de Médicos de Barcelona (COMB) and WONCA Europe. It was an event created to provide continuity and meet more regularly, building a stronger network linked to the senior groups of WONCA, innovating in the structure of the meeting, where students, patients and any type of healthcare professional are welcome to brainstorm and work together, with very low registration fees (no more than 100 euros) to make possible that anyone could. The 3rd forum will take place in Jerusalem this year.

In 2012 I moved from Spain to Luxembourg because of love. That September, I got a bursary to attend the meeting of the WWPWFM, in Canberra, Australia, which was one of the most incredible experiences that I had. On my return I moved together with the great love of my life, Martin, *"si tu me dices ven, lo dejo todo"* (if you tell me to come I leave everything).

During these last three years but one of the most exciting things I have been involved in has been the creation of the WONCA SIG on Family Violence. I got involved in Australia at the WWPWFM meeting and thanks to the astonishing women of WONCA, I came back to Europe with the idea to start working in VDGM with it.

Learning from these great professionals my life was a new influence to change direction, focusing my interest in family violence, participating as well in a Leonardo Project "A health sector toolkit for implementing learning from violence against women trainings", thanks to Carmen Fernández, one of my beloved mentors.

Apart from this, I have been also active in the IMAGE group of VDGM, where we have been exploring the use of Social Media and trying to implement during the conferences.

What are your interests as a family physician and also outside work?

As a family physician I am passionate about everything, medicine is just amazing as a profession up to the point that it is a way of life. I

have been involved in different fields but there are many more that I would love to dive deeper into, but being a GP is the most complex specialization so I would say that my interest is exactly this, family medicine. And in it, communication, all the possible ways of communication, because without it, the art of medicine is not possible.

Outside my professional life, I love literature, writing has been always my passion, culture, art, music, travelling, sports, nature. Family and friends hold a special place - the doors of my house are always open and there is a welcome always here or there, wherever I am.

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

Being a Family Doctor in Spain is not easy for the junior doctors in my opinion, with a situation of crisis, uncertainty and precarious working conditions. The training could be excellent and the specialist GPs that are finishing are well qualified to work as GPs but the working conditions are not desirable. You cannot have the continuity of your population, which is one of the basic principles of primary care, or your contract is three months maximum. Maybe I am very critical, because yes, it is possible to be lucky and find a stable place but this is happening in few cases and for sure, there is an inequality between the different communities, but it is terribly sad to have a potentially great primary care system and not take care of it.

Theoretically, investing in it will reduce mortality because like I heard from Iona Heath, who said once “the role of the doctors is to protect patients against medicine” and to do so and avoid iatrogenic disease, that is the third commonest cause of death, it is necessary that GPs can take longitudinal care of their population. It is necessary to make a deep reform of the system, placing primary care in the centre of the health system and changing the existing hospital centric nature. Spain has great doctors but I am afraid their full potential is underused and part of this intellectual capital is not being taken care of. I like to be optimistic and I hope that one day we can wake up and fight harder for our wishes and raise awareness among the population to rebuild the healthcare system together and offer the care that we dream about.

To make contact with Raquel, email: raquelgomezbravo@gmail.com

Gómez Bravo, Dr Raquel

España /Luxemburgo : una médica de familia

Raquel Gómez Bravo es una médica de familia española, miembro de la Sección Internacional de SemFYC (Sociedad Española de Medicina Familiar y Comunitaria) y del ejecutivo del grupo de especial interés en Violencia Familiar (SIGFV). Previamente, ha sido muy activa en los ejecutivos de VDGM y EURIPA hasta el pasado Congreso europeo de WONCA en Estambul donde finalizó su periodo en ambas posiciones.

¿En qué trabajas actualmente?

Estoy trabajando en Luxemburgo como *freelance* de editor asistente de calidad involucrada en un proyecto muy interesante gestionado por BMJ Evidence Centre, donde las monografías del *BMJ Best Practices* son traducidos al español como una herramienta actualizada fantástica para los profesionales sanitarios; al mismo tiempo, soy parte del equipo de trabajo "*Integrated Health Services based on primary health care*" de la Escuela Andaluza de Salud Pública como centro colaborador de la OMS y al mismo tiempo, preparo mi proyecto de tesis sobre Violencia Familiar para solicitar un puesto de doctorado. Estoy aprendiendo francés y alemán con el fin de ser capaz de trabajar como médico de familia en Luxemburgo y mantengo el vínculo con la Sección Internacional de la Sociedad Española de Medicina Familiar y Comunitaria, en el que estoy llevando a cabo varios proyectos vinculados a los grupos de trabajo de WONCA.

¿En qué otras interesantes actividades ha estado involucrada y en particular sus actividades en WONCA?

Soy una soñadora, me encanta pensar que todo es posible. Y por supuesto lo es, si se puede construir un equipo que crea en la idea y luchar juntos por ella. El entusiasmo y la pasión pueden mover el mundo. No importa si se trata de un

proyecto local, lo importante es ayudar a que se produzca el cambio para una mejor atención sanitaria. También soy muy polifacética y normalmente me gusta diversificarme en diferentes proyectos, porque me encanta el trabajo en equipo, esa energía que se desprende, deseando aprender unos de otros, conociendo otros compañeros con los mismos intereses, pero diferentes puntos de vista que son los que enriquecen cualquier propuesta, así que suelo participar en varias cosas a la vez, saltando desde realizar auditorías docentes a los hospitales a enseñar liderazgo o trabajar como médico de urgencias en una isla, como lo hice el año pasado en Ibiza.

Durante mi especialización como Médica de Familia, tuve la suerte de estar muy involucrado en SemFYC a nivel nacional e internacional. Descubrí WONCA al comienzo de la misma, en el año 2006, pero me hubiera gustado haber sabido más durante mis estudios universitarios, donde la Atención Primaria en aquel momento estaba completamente ausente. Desde que tuve la oportunidad, he estado muy implicada con VDGM, el movimiento de médicos jóvenes europeo, liderando el grupo Más allá de Europa (Beyond Europe, BE), en colaboración muy estrecha con EURIPA, donde conocí al impresionante John Wynn-Jones y un montón de médicos rurales increíbles, descubrí el fantástico grupo de trabajo WONCA sobre la Mujer y la Medicina de Familia (WWPWFM) y coordiné otros proyectos dentro de BE entre distintos grupos de trabajo. Fue una experiencia única para ser parte del ejecutivo de EURIPA y VDGM, luchando por nuevas ideas, innovando, promoviendo los intercambios (creamos las rotaciones rurales para mantener viva la memoria de Claudio Carosino y el Premio Carosino con su nombre), involucrando a más compañeros y proporcionándoles un foro y el apoyo necesario para el desarrollo cualquier tipo de proyectos. ¡Ser parte de VdGM cambió mi vida! El máximo logro fue la creación del I FORO de VdGM en Barcelona en 2012, gracias a la pasión y perseverancia del anterior presidente y gran amigo mío Harris Lygidakis, el apoyo increíble del equipo español y la sociedad científica (semFYC), el COMB y WONCA Europe. Una reunión cuya tercera edición tendrá lugar en Jerusalén este año, un evento que fue creado para dar continuidad al grupo de trabajo, donde reunirse con mayor regularidad, construyendo una red más fuerte vinculada a los grupos senior de WONCA, innovando en la estructura del evento, donde estudiantes, pacientes y cualquier tipo de profesional sanitario están invitados a intercambiar ideas y trabajar juntos en un modelo sostenible, con tarifas muy reducidas (no más de 100 euros) para hacer posible que cualquier persona pueda asistir y libre de patrocinios de farmacéuticas.

Después de terminar mi especialización, trabajé como médico de urgencias en el Hospital Universitario La Paz, en Madrid, siendo Jefe de Residentes del mismo, enseñando habilidades de comunicación y nuevas tecnologías en el "TAD de Medicina y Cirugía de Urgencias" de la Universidad Autónoma de Madrid. Uno de mis sueños es ser médico rural y de estar formado para afrontar urgencias y emergencias es muy importante para afrontar cualquier situación en lugares aislados, por eso decidí trabajar en el Servicio de Urgencias después de terminar la especialización, pero en 2012 lo dejé para trasladarme a Luxemburgo por amor. En septiembre recibí una beca para asistir a la reunión de la WWPWFM, que fue una de las experiencias más fascinantes que he tenido pero como el tango, "si tu me dices ven, lo dejo todo" después de volver de Canberra, me mudé con el gran amor de mi vida, Martin. Durante estos tres últimos años he estado haciendo diferentes proyectos y participando en muchos emocionantes, y uno de los que más ha sido la creación del Grupo de Especial Interés sobre Violencia Familiar. Me involucré en Australia en la reunión del WWPWFM y gracias a las asombrosas mujeres de WONCA, regresé a Europa con la idea de empezar a trabajar en VDGM con este tema, así es como hemos estado involucrados en la consolidación del WONCA SIGFV que fue aprobado por el Ejecutivo WONCA en enero de 2014. Tener el privilegio de trabajar más de cerca de ellos y con ellos, aprendiendo de estos grandes profesionales, mi vida recibió una nueva influencia para un cambio la dirección, centrado mi interés en la violencia familiar, participando también en un proyecto Leonardo "A health sector toolkit for implementing learning from violence against women trainings", gracias a Carmen Fernández, una de mis queridas mentoras.

Aparte de esto, he sido también muy activa en el grupo IMAGE de VDGM, donde hemos estado explorando el uso de las redes sociales, tratando de promocionar su uso durante las conferencias y vinculado a ello, también involucrada en la Sociedad Internacional de Telemedicina y de eHealth donde creamos el grupo de Social Media para animar a profesionales sanitarios para usar las redes sociales de manera significativa para la mejora de los servicios sanitarios y de la salud.

Con mi país de origen siempre trato de mantener el contacto y contribuir en la medida de lo posible, así que sigo trabajando con la sección

internacional de SemFYC en cualquier proyecto que surge y participo en otras actividades que se han llevando a cabo en España, por ejemplo, los Seminarios de Innovación en Atención Primaria, un encuentro único en el que se discuten online previamente un tema seleccionado, durante el encuentro físico y después, tratando de obtener el máximo beneficio del capital intelectual y el debate, manteniendo esta continuidad que ofrecemos a nuestros pacientes en la práctica elevada a un nivel científico. La próxima reunión será sobre consultas sagrados, aquellas donde el paciente llora.

¿Cuáles son sus intereses como médico de familia y también fuera del trabajo?

Como médico de familia soy una apasionada de todo, la medicina es simplemente increíble como profesión hasta el punto de que es una forma de vida. He estado involucrada en diferentes campos, pero hay muchos más en los que me encantaría profundizar, pero ser médico de familia es la especialidad más compleja así que yo diría que mi interés es exactamente este, la Medicina de Familia. Y en ella, la comunicación, todas las formas posibles, ya que sin ella, el arte de la medicina no es posible.

Foto: Raquel "Shiva"

Fuera de la vida profesional, me encanta la literatura, escribir ha sido siempre mi pasión, la cultura, el arte, la música, los viajes, el deporte, la naturaleza...y un lugar especial tienen reservado los familiares y amigos, las puertas de mi casa están siempre abiertas y siempre habrá una bienvenida acá o allá, donde quiera que esté.

¿Qué es ser médico de familia en España?

Ser médico de familia en España no es fácil para los médicos jóvenes en mi opinión, con la situación de crisis, la incertidumbre y las condiciones de trabajo precarias que existen. La formación puede ser excelente y el especialista que ha terminado estar súper preparado para trabajar como médico de familia, pero las condiciones de trabajo no son ni las deseables ni las adecuadas, donde no se puede tener siquiera continuidad de la población, que es uno de los principios básicos de la Atención Primaria o el contrato de trabajo es de 3 meses como máximo. Tal vez sea muy crítica, y sí, es posible tener la suerte de encontrar una plaza estable, pero esto ocurre en muy pocos casos y hay una evidente desigualdad entre las distintas comunidades autónomas, algunas de ellas se gestionan mejor que otras, pero en cualquier caso, es muy triste tener una gran Atención Primaria potencial y no cuidar de ella. Teóricamente, invertir en Atención Primaria reduciría la mortalidad porque como comentaba Iona Heath "el papel de los médicos es proteger a los pacientes contra la medicina" y para hacerlo y evitar por ejemplo la iatrogenia, que es la tercera causa de muerte, es necesario que los médicos puedan hacerse cargo de la población teniendo la posibilidad de tener longitudinalidad. Es necesario hacer una profunda reforma del sistema, colocando la Atención Primaria en el centro correspondiente del sistema sanitario e invertir el hospitalocentrismo, otorgando el rol de gatekeeper o puerta del sistema, con la posibilidad de ofrecer una mejor calidad de atención primaria. España tiene grandes médicos y una excelente Atención Primaria (como indica el prestigioso estudio de la OMS y de la Unión Europea Building Primary Care in a changing Europe) pero me temo que no se está utilizando todo su potencial y se descuida parte de este capital intelectual, pero me gustaría ser optimista y espero que algún día podamos despertar y luchar más para nuestros sueños y crear conciencia entre la población para reconstruir juntos el sistema sanitario y ofrecer el cuidado y la atención con la que soñamos.

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WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	http://woncasar2016.org/
March 17-19, 2016	WONCA East Mediterranean region conference	Dubai UAE	woncaemr2016.com
April 11-17, 2016	WONCA Iberoamericana-CIMF summit & Mesoamerican conference	San Jose COSTA RICA	Save the dates!
June 15-18, 2016 June 14-15,2016	WONCA Europe Region conference and VdGM preconference	Copenhagen, DENMARK	www.woncaeurope2016.com
September 14-16, 2016	3rd Vasco da Gama forum	Jerusalem, ISRAEL	3rdforumvdgm
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

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WONCA CONFERENCES 2017

April 30 – May 3, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	Save the dates!
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!

WONCA ENDORSED EVENTS 2016

10 Apr - 13 Apr 2016

9th Geneva conference on person-centred medicine

Geneva, Switzerland

MEMBER ORGANIZATION EVENTS

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

31 Mar - 02 Apr 2016	10th Congress of General Practice France	Paris, France
22 Apr - 23 Apr 2016	49th EQuiP assmbly meeting	Prague, Czech Republic
30 Apr - 04 May 2016	STFM Annual Spring Conference	Minneapolis, Minnesota, USA
30 Apr - 04 May 2016	STFM Annual Spring Conference	Minneapolis, Minnesota, USA
20 May - 24 May 2016	EGPRN meeting	Tel Aviv, Israel
09 Jun - 11 Jun 2016	36 CONGRESO SEMFYC	La Coruña, Spain
26 Jul - 30 Jul 2016	The Network: Towards Unity for Health conference	Shenyang, China
28 Jul - 31 Jul 2016	RNZCGP conference for general practice	Auckland, New Zealand
04 Sep - 06 Sep 2016	European Forum for Primary Care conference	Riga, Latvia
20 Sep - 24 Sep 2016	AAFP Family Medicine Experience	Orlando, Florida, USA
29 Sep - 01 Oct 2016	RACGP GP 16 conference	Perth, Australia
06 Oct - 08 Oct 2016	RCGP annual primary care conference	Harrogate, United Kingdom
20 Oct - 22 Oct 2016	Rural Medicine Australia 2016	Canberra, Australia