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From the President: April 2017

Good and bad times

Photo: Amanda Howe and Donald Li with colleagues from the Hong Kong College of Family Physicians.

I am writing this column in Amsterdam airport, where my last flight of what has already been a 22 hour day is now delayed. Fortunately I have the memories of a very impressive conference in China to cheer me up.

Photo: Amanda Howe exchanging gifts at right with Prof Zhu Shanzhu, Chairman of Cross Straits Medical Exchange General Practice Society, a new WONCA Member Organization

I have just attended the Cross Straits member organisation meeting in Xiamen, which had more than 2000 delegates and attracted a number of ministerial level keynote speakers.

Our President Elect Donald Li has supported colleagues across the region to grow both their organisation and the presence of family medicine in China, and the government health reforms have put a major focus on our discipline. Initiatives to upskill GP, recruit more young doctors into general practice, and number of other initiatives are trying to fill the gap between their aspirations for the country and the relative lack of trained family doctors.

It was exciting to see the numbers attending, the enthusiasm, and the critical debate occurring - also to see a full programme of talks and posters being submitted.

Photo: Amanda presenting the Donald Li scholarship - Donald at right established this to enable family doctors to come to Hong Kong for training.

Photo above: Amanda Howe with Sheikh Nahyan AlNahyan minister of culture at WONCA EMR 2017 opening ceremony. WONCA past Presidents, Kidd, Roberts and van Weel are at far right.

Two weeks ago I was at our Eastern Mediterranean regional meeting in Abu Dhabi, which will also host the global conference in 2020. This was also a wonderful meeting, with delegates from across the region and outside, a lively Council meeting chaired by our President Dr Mohamed Tarawneh, and some really interesting panels on both professional and clinical issues. Well done to all involved.

Photo: Amanda in Rio with EMR colleagues

We have our first executive since Rio in London in two weeks time, being held at the Royal College of General Practitioners. I look forward to seeing all the colleagues who work so hard on behalf of WONCA there, and intend it to be an interesting and supportive meeting. We shall discuss workforce issues, and policies to be taken forward with WHO and other groups, as well as looking at new and potential members and member engagement.

As part of the preparation for that meeting, I have enjoyed reviewing the plans of our Working Parties and Special Interest Groups for the next two years, and encourage members to think about whether their own special interest overlap with any of our groups – if so please get in touch with the Chairs and join the debates and opportunities. I myself really got engaged with WONCA through becoming a Working Party member, and it changed the direction of my own career – it is such a great way of meeting colleagues from across the world!

I am glad when I see family doctors thriving and being inspired, especially when WONCA is helping them to a more satisfying career, but of course it is not all good news. Even when we have won an argument to develop family medicine in a country, there are always challenges in implementation and in keeping the momentum going. For those working in conflict zones and unstable political environments,

we think of you and your patients, and wish for a more peaceful world. And for all dealing with the suffering of humanity on a day to day basis, I congratulate you in your work. I guess being stuck in an airport is not the worst thing that can happen in a lifetime! Go well and take care of yourselves as well as others.

Amanda Howe
WONCA President

De la Presidenta- abril 2017:

Buenos y malos tiempos

Estoy escribiendo esta columna en el aeropuerto de Ámsterdam, lugar en el que mi vuelo de conexión, tras un trayecto en un día que ya ha durado 22 horas, ha sido retrasado. Afortunadamente conservo unos recuerdos muy intensos acerca del Congreso de China que ha sido impresionante y que me animan un poco - acabo de asistir al encuentro de la organización miembro de WONCA llamada Cross Straits (Entre Estrechos) en Xiamen, que ha reunido a más de 2.000 delegados y a la que han asistido un buen número de ponentes a nivel ministerial. Nuestro Presidente Electo Donald Li ha mostrado su apoyo a los colegas de toda la región para que sigan haciendo crecer tanto sus organizaciones como la presencia de la Medicina de Familia en China y, en ese sentido, las reformas gubernamentales han puesto el foco en nuestra disciplina. Iniciativas para mejorar las competencias de los Médicos de Familia, seguir con la contratación de más jóvenes médicos de familia para que trabajen en la práctica generalista, y una serie de otras iniciativas que están intentando llenar el vacío entre la demanda en todo el país y la relativa falta de médicos con la formación suficiente. Fue muy estimulante ver la cantidad de asistentes, de los debates que se sucedieron, así como ver el programa científico completo de mesas redondas y presentaciones orales.

Hace dos semanas me estuve en un encuentro de la Región Mediterránea Oriental en Abu Dhabi, que será también la sede del Congreso de WONCA Mundial del próximo 2020. Este fue un encuentro fantástico, con representantes de toda la región y provenientes del exterior, un Congreso muy animado dirigido por nuestro Presidente, el Doctor Mohamed Tarawneh, y con algunas mesas redondas realmente interesantes tanto en temas profesionales como clínicos. ¡Muy buen trabajo y felicidades a todas las personas involucradas!

Tenemos nuestra primera reunión ejecutiva desde la de Río de Janeiro en Londres dentro de dos semanas. Esta reunión tendrá lugar en el Royal College of General Practitioners (Real Colegio de Médicos de Familia). Tengo muchas ganas de ver a todos los colegas que trabajan tan duro en nombre de WONCA ahí, y que intentan que sea un encuentro productivo y que sirva. Vamos a debatir acerca de los problemas con el personal, las políticas que hay que realizar con la Organización Mundial de la Salud (OMS) y otros grupos, así como tener en cuenta los nuevos miembros y el compromiso con todas las organizaciones.
Como parte de la preparación para este encuentro, estuve gratamente ocupada revisando los planes de nuestros Departamentos y Grupos de Trabajo de Interés Especial en relación a los próximos dos años, y animar a los miembros a que pensasen acerca de sus intereses en común con los otros grupos - si queréis participar, contactad con los responsables de WONCA y participad en los debates y oportunidades. Yo misma me uní a WONCA a partir de empezar a colaborar con un Grupo de Trabajo, y ese hecho cambió por completo la dirección de mi carrera. ¡Descubrí que era una forma genial de conocer a colegas del mundo entero!

Estoy contenta cuando veo a médicos y médicas de familia progresando e inspirándose, especialmente cuando WONCA les ayuda a llevar a cabo una carrera profesional más satisfactoria, aunque, por supuesto, no todo son buenas noticias. Incluso cuando ya hemos ganado el debate de la implementación de la Medicina de Familia y Comunitaria en un país, siempre quedan retos pendientes en cómo implementarla y en la mejor forma de mantener los compromisos adquiridos.

También para todos y todas aquellos y aquellas que están trabajando en zonas de conflicto y en ambientes políticos inestables, pensamos en vosotros y en vosotras y os mandamos nuestros mejores deseos para un mundo más pacífico. Y para todas las personas que están luchando contra el sufrimiento de la humanidad en el día a día, os felicito a vosotros y a vuestro trabajo.
¡Por lo que veo, haberme quedado bloqueada en el aeropuerto no es lo peor que te puede pasar en la vida!

¡Que os vaya muy bien y seguid cuidando de los otros y de vosotros mismos!
Amanda Howe, Presidenta

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

Du Président - avril 2017 : Des hauts et des bas

J'écris ces mots depuis l'aéroport d'Amsterdam où mon dernier vol qui avait déjà duré 22 heures se trouve maintenant encore retardé. Heureusement il me reste les souvenirs de la conférence extraordinaire de Chine pour me remonter le moral -je viens d'assister, à Xiamen, à la réunion de l'organisation membre de Cross Straits qui comptait plus de 2000 délégués et a attiré de nombreux conférenciers au niveau ministériel. Donald Li, notre président élu, a apporté son soutien aux collègues régionaux dans leurs efforts de développement de l'organisation et de la présence de la médecine familiale en Chine, et les réformes de santé du gouvernement ont mis l'accent sur notre discipline. Les initiatives pour le perfectionnement des médecins généralistes, pour le recrutement accru de médecins en médecine générale et nombre d'autres initiatives aident à combler l'écart entre les aspirations pour le pays et le manque relatif de médecins de famille qualifiés. C'était fantastique de voir le nombre de participants, leur enthousiasme et leurs débats critiques - ainsi que de voir l'offre d'un programme plein d'exposés et d'affiches.

Il y a deux semaines, j'étais à notre réunion régionale de Méditerranée orientale à Abu Dhabi où aura lieu la conférence mondiale de 2020. La réunion d'Abu Dhabi était également excellente, ayant attiré de nombreux délégués régionaux et au-delà. La vibrante réunion du conseil était présidée par le Dr Mohamed Tarawneh, notre président, et proposait des tables rondes intéressantes sur des questions professionnelles et cliniques. Bravo à tous les participants.

Notre première réunion du comité exécutif depuis Rio aura lieu à Londres dans 2 semaines et se tiendra au Royal College of General Practitioners. Je suis impatiente de voir tous les collègues qui travaillent sans relâche pour le compte de WONCA, et j'anticipe que ce sera une réunion intéressante et solidaire. Nous discuterons de questions de personnel et de politiques à transmettre à l'OMS et à d'autres groupes, et nous considérerons également le recrutement potentiel de nouveaux membres et la mobilisation des membres en général.

En préparation de cette réunion, j'ai eu le plaisir de réviser les plans de nos groupes de travail et de nos groupes d'intérêts spéciaux pour les deux années à venir, et d'encourager les membres à réfléchir au chevauchement des intérêts spéciaux sur tout autre groupe -si cela était le cas, veuillez contacter les présidents respectifs et vous joindre aux débats et autres occasions. Je me suis moi-même engagée auprès de WONCA en devenant membre d'un groupe de travail, et ceci a changé la direction de ma propre carrière -c'est un moyen formidable de rencontrer des collègues de partout dans le monde!

Je me réjouis de voir des médecins de famille prospères et inspirés, en particulier lorsque WONCA les aide vers une carrière plus épanouissante, mais bien entendu il n'y a pas que de bonnes nouvelles. Même lorsque nous avons gagné un argument pour le développement de la médecine familiale dans un pays, il y a toujours des problèmes d'application et de maintien de l'élan. Pour ceux qui travaillent dans des zones de conflit et d'instabilité politique, nous pensons à vous et à vos patients, et nous souhaitons un monde plus pacifique. Et pour tous ceux qui affrontent les souffrances de l'humanité au jour le jour, je vous félicite de votre travail. Je suppose que d'être bloquée dans un aéroport n'est pas la pire chose qui puisse arriver dans une vie! Prenez bien soin de vous et des autres.

Amanda Howe

Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800

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

Hello again from the WONCA Secretariat in Bangkok.

WONCA Conferences

The conference season is really under way now, with a very successful Eastern Mediterranean Region conference just completed in Abu Dhabi. Unfortunately, I was unable to attend this year, but all reports suggest that it was a most enjoyable event with many good keynotes, seminars and workshops. Next year's WONCA EMR conference will be held in Kuwait, from 1st to 4th March, so make sure you get the dates in your diaries.

Next up will be the WONCA Rural Health conference in Cairns, Australia, from 29th April to 1st May, followed by WONCA Europe in Prague from 28th June to 1st July.

August is a busy month, with two regional events – WONCA Iberoamericana in Lima, Peru, from 17th to 19th August and WONCA Africa in Pretoria, South Africa, from 18th to 20th August.

November too is busy. WONCA Asia Pacific Region will hold their conference in Pattaya, Thailand, from 1st to 4th November whilst WONCA South Asia's conference is planned for Kathmandu, Nepal, on 25th and 26th November.

Full details of all WONCA conferences are, of course, available on the WONCA website.

World Family Doctor Day – 19th May

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

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

- Día Mundial del Médico de Familia: 19 de Mayo

- Dia Mundial do Médico de Família: 19 de Maio

- 519世界家庭醫師日

2017 FDD theme - Depression

We're happy for Member Organizations to develop their own theme for FDD, depending on local priorities, but this year we'd especially like to highlight depression. Depression is the chosen theme for World Health Day (7th April), and we feel it's especially important to highlight this debilitating condition.

In its mildest form, depression may mean just being in low spirits. It doesn't stop you leading your normal life but makes everything harder to do and seem less worthwhile. At its most severe, though, depression can be life-

threatening because it can make patients feel suicidal or simply give up the will to live. It's a potentially serious condition that affects both physical AND mental health. As an indication, more than 19 million teens and adults in the United States alone suffer from depression, with feelings that do not go away. They persist and interfere with everyday life.

WHO has made a number of posters and videos and information leaflets available for general use, and has even produced regional variations of many of the posters. These materials can all be found on the WHO website.

As before, WONCA has also made generic FDD posters available via the WONCA website, and the FDD logo is also available there.

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

WONCA Executive meeting in London

Your WONCA Executive is scheduled to meet in London from 31st March to 2nd April, but print deadlines mean that a report on the meeting will appear in next month's WONCA News, and I will report back in my May column on key discussions held and any key decisions made.

Until next month.

Dr Garth Manning
CEO

Michael Kidd: update and the importance of primary care

Photo: Michael was recently seen at the WONCA EMR conference with two other former presidents of WONCA, Rich Roberts and Chris van Weel

Professor Michael Kidd, WONCA Immediate Past President updates us on his latest activities and gives us two great resources relating to the importance of primary care.

Dear colleagues
I have been in Washington DC this week, visiting the Robert Graham Centre for policy studies in

family practice and primary care, based in the American Academy of Family Physicians.

While in town, I met with our colleagues at the World Bank involved in the Primary Health Care Performance Initiative, run by the World Bank, the Bill and Melinda Gates Foundation and the World Health Organization, with the support of WONCA.

I wanted to share two resources with you that the folk at the World Bank shared with me.

One is a recent video posted by Bill Gates where he describes the importance of strengthening primary health care systems and uses the example of Rwanda and the remarkable success in that country in reducing childhood mortality.

The other is wonderful piece from The Conversation about the importance of strengthening primary care to prevent and manage epidemics, with a focus on Ebola and Zika.

I think you will enjoy both
Best wishes

Michael

The Robert Graham Centre has written a guest policy bite for WONCA on "Valuing, Measuring & Paying for Primary Care's Foundations: Comprehensiveness, Continuity, & Coordination". Find out more below.

Policy Bite: guest feature from the Robert Graham Center, USA

This month's guest policy bite comes from the Robert Graham Center, in the USA, which aims to improve individual and population healthcare delivery through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels. The Graham Center team is made up of clinician researchers as well as a variety of social scientists from sociologists to geographers to economists. Supporting the work of the Graham Center is our Advisory Board, which provides advice and guidance to aid in navigating the important policy issues facing primary care.

Valuing, Measuring & Paying for Primary Care's Foundations: Comprehensiveness, Continuity, & Coordination

The Paper:
More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations. *Ann Fam Med* May/June 2015 vol. 13 no. 3 206-213
Link to paper

The message:
- What was the context that made you write this paper?

Comprehensiveness is lauded as 1 of the 5 core virtues of primary care, but its relationship with outcomes is unclear. We measured associations between variations in comprehensiveness of practice among family physicians and healthcare utilization and costs for their Medicare beneficiaries. Other research has demonstrated that family medicine has high visit complexity, generally, as well as complexity density per patient visit.1,2 Furthermore, graduates of family medicine training programs in the United States want to practice a broader scope of practice than practicing family physicians are currently, perhaps reflecting a mismatch between what new physicians want to do and what the health system will support.3

- Why does it matter for patients?

Increasing family physician comprehensiveness of care, especially as measured by insurance claims data in a developed nation, was associated with decreasing costs and hospitalizations. This study may validate notions that patients receiving care from physicians with broader scope of practice are more likely to get "the right care, at the right time, in the right place" and avoid more costly care later.

- What should GP / FM leaders do to implement it?

Primary care leaders should advocate for payment and performance measurement that values and captures the essence of the primary care function. This study supports advocacy on behalf of measuring of physician or practice comprehensiveness in an age of reductionism. Specifically, it can be put forth in support of policies that incentivize enhanced comprehensiveness in primary care practice, noting their potential to help slow escalating health care spending. Measures which capture the important functions of primary care and are demonstrably linked to improved outcomes, should take priority over disease- and process-based measures. Governments and payers are often tempted to use the latter because the already exist and are typically easy to capture; however, when they are tied to financial rewards or penalties, they can drive care in unintended ways and reduce clinician motivation.4,5 We need better, and better tested measures of important functions in primary care, including comprehensiveness and scope.

The Authors
Andrew Bazemore MD MPH and Robert Phillips MD MSPH

Andrew Bazemore is a practicing Family Physician and the Director of the Robert Graham Center for Policy Studies in Washington DC. Dr. Bazemore has authored over 150 peer-reviewed publications, a developer of novel geospatial tools that use data to inform planning and policy, and on faculty at Georgetown University, VCU, and the University of Cincinnati. Dr. Bazemore received his BA degree from Davidson College, his MD from the University of North Carolina, and his MPH from Harvard University. He is an elected member of the National Academy of Medicine(NAM), and appointed member of the federal Council on Graduate Medical Education (COGME)

Robert Phillips is the Vice President for Research & Policy for the American Board of Family Medicine. He graduated from the Missouri University of Science and Technology and the University of Florida College of Medicine. He completed family medicine training and a two-year health services research fellowship at the University of Missouri. Dr. Phillips directed the Robert Graham Center, 2004-2012. He served as vice chair of the US Council on Graduate Medical Education, and currently serves on the National Committee on Vital and Health Statistics. Dr. Phillips is Professor in the family medicine departments of Georgetown and Virginia Commonwealth Universities. He was a Fulbright Specialist to the Netherlands and New Zealand, and is a member of the National Academy of Medicine.

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References online

Fragmentos de política: Invitamos a un miembro del Robert Graham Centre de Estados Unidos

El invitado de este mes del Fragmentos de política viene del Robert Graham Centre, en los EE.UU. Su objetivo principal es el de mejorar la asistencia sanitaria individual y de la población a través de la recopilación de experiencias y evidencias clínicas que llevan las perspectivas de la medicina de familia y de la atención primaria a debates políticos sanitarios desde un contexto local hacia el nivel internacional. El equipo de Graham Centre está formado por investigadores clínicos, así como por una variedad de expertos en ciencias sociales (sociólogos, geógrafos, economistas). Nuestro Consejo Asesor está apoyando el trabajo del Centro de Investigación Robert Graham, cuyo objetivo es asesorar y orientar en relación a todas las importantes cuestiones políticas a las que se enfrenta la atención primaria.

Valoraciones, Medidas y Pagos en las fundaciones de Atención Primaria: Exhaustividad, continuidad y coordinación

El artículo:
Una atención sanitaria completa por parte de los médicos de familia depende una limitación de los costes y de una disminución del número de hospitalizaciones. Ann Fam Med May/June 2015 vol. 13 no. 3 206-213

Link to paper

El mensaje:
¿Cuál fue el contexto que le ha hecho escribir este artículo?

La amplitud y la exhaustividad de la atención primaria siempre ha sido elogiada como una de sus 5 virtudes, aunque su relación con los resultados sigue siendo poco clara. Con el fin de medir este aspecto se analizaron las variaciones en la exhaustividad tanto en la práctica laboral de los médicos de familia como en los costes de gestión de los centros de salud para asegurar la atención sanitaria a los beneficiarios.

Otras investigaciones han demostrado la alta complejidad de las consultas de Medicina de Familia, así como la densidad de la complejidad de sus pacientes. Además, los graduados de los programas de formación de medicina de familia en los Estados Unidos quieren aplicar una práctica con un alcance más amplio comparado con lo que los médicos de familia están haciendo actualmente y esto probablemente genera un desequilibrio entre lo que lo médicos quieren hacer y lo que el sistema sanitario puede soportar.

¿Por qué esto es importante para los pacientes?

El creciente nivel de exhaustividad de la atención de los médicos de familia, medido principalmente a través de los datos de reclamaciones de seguros en una nación desarrollada, se asoció con la disminución de los costes y de las hospitalizaciones. Este estudio demuestra que los pacientes que reciben un tipo de atención sanitaria con un alcance de práctica más amplio son más propensos a recibir la que se define como “atención adecuada, en el momento adecuado, en el lugar correcto” evitando así, a posteriori, una atención más costosa.

¿Qué es lo que los líderes en la Medicina de Familia deben hacer para aplicar todo esto?

Los líderes de atención primaria deben proponer medidas para controlar el pago y el desempeño que valora y captura la esencia de la función de la atención primaria. Este estudio soporta el apoyo ofrecido por la medicina de familia en nombre de la una práctica más exhaustiva por parte de los médicos en una época de reduccionismo.

Es posible presentar políticas concretas capaces de incentivar una exhaustividad reforzada en la práctica de la atención primaria, destacando su potencial y capacidad en la reducción de los costes de atención primaria y en la asistencia sanitaria. Además es posible demostrar las principales acciones de la atención primaria y su conexión con los resultados. Es necesario tener en cuenta esta medida de forma prioritaria frente a los distintos tipos de enfermedades, así como las

medidas basadas en procesos. Los gobiernos y los contribuyentes suelen elegir siempre las segundas porque se trata de procesos ya existentes y fáciles de identificar. A pesar de esto, cuando existe un vínculo con remuneraciones financieras y penalidades pueden llevar a una asistencia involuntaria, reduciendo también la motivación de los médicos clínicos. Necesitamos mejores medidas y mejores pruebas sobre estas medidas que se realicen sobre las diferentes funciones de la atención primaria, incluyendo la exhaustividad y la amplitud de la asistencia que se necesita conseguir.

Los autores
Andrew Bazemore MD MPH y Robert Phillips MD MSPH

Andrew Bazemore es un especialista en Medicina de Familia y es Director del Robert Graham Center for Policy Studies (Washington DC). El Dr. Bazemore ha sido autor de más de 150 publicaciones, revisadas por parte expertos, y desarrollador de nuevas herramientas geoespaciales que utilizan datos para informar la planificación y la política. Además ha trabajado en la facultades universitarias de Georgetown University, VCU y University of Cincinnati. Dr. Bazemore está licenciado en Davidson College, posee una maestría en la University of North Carolina y un Máster en Salud Pública en la Harvard University. Además ha sido elegido como miembro de la National Academy of Medicine (NAM) y miembro adjunto del Federal Council on Graduate Medical Education (COGME).

Robert Phillips es el Vicepresidente y responsable de las políticas y de la investigación del American Board of Family Medicine. Se graduó en la Universidad de Missouri (Missouri University of Science and Technology) y en el Colegio de Medicina en la Universidad de Florida (University of Florida College of Medicine). Dr. Philips completó su formación y su servicio sanitario con el apoyo de dos becas de investigación en la Universidad el Missouri. Dr. Philips dirigió el Robert Graham Center desde el 2004 hasta el 2012. Además, asumió el cargo de vicepresidente en el US Council on Graduate Medical Education y actualmente trabaja para el National Committee on Vital and Health Statistics. Es un professor en los departamentos de Medicina de Familia de las Universidades de Georgetown e Virginia Commonwealth (Georgetown University y Virginia Commonwealth University). Dr. Philips también es Fulbright Specialist en Holanda y en Nueva Zelanda y miembro de la National Academy of Medicine.

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

Policy Bite: Maximising the role of primary care workforce

Meeting the demand for primary care: Maximising the role of primary care workforce was written by Professor Amanda Howe, Dr Jamie Murdoch, University of East Anglia.

The challenge for primary care services to negotiate tensions between meeting patients' needs effectively and managing demand for care is a global problem. Rising life expectancy and improved options to help diagnosis and treatment (Office of National Statistics, 2016) mean that doctors both in community and hospital settings have to manage increasingly complex patients with multi-morbidities, who may take multiple medications and need ongoing management that requires greater input from the healthcare system.

As primary health care provision increases, the primary care workload has also increased: in the UK there has been a 5.2% increase in the number of GP (family doctor) consultations from 2007 to 2014. These consultations have got longer in duration (6.7% increase) over the same time period (Hobbs et al., 2016), though whether they are long enough to manage all the patient's needs remains under debate. The challenge of managing this increase in workload is compounded further within a context of reductions to public health budgets (Fisher, et al., 2016), and an overall governmental aim to reduce health sector spending. In recognition of these challenges, the World Health Organisation's Global Strategy on Human Resources for Health 2030 (WHO, 2015), has highlighted the importance of optimising workforce capacity by maximising the potential of community and primary care health workforce.

"*Appropriate planning and education strategies and incentives, and adequate investment in the health-care workforce, including general practice and family medicine, are required to provide community-based, person-centred, continuous, equitable and integrated care.*" (WHO, 2016., p. 13)

Inextricably linked to these changes are increased pressures to reduce attendance at overburdened Emergency Departments, who often are the first port of call for patients who cannot access (or cannot afford) a primary care provider. All clinical teams have to decide how best to determine the level of urgency for individual patients, and decisions therefore have to be made about what level of clinical expertise is required, at what cost, to meet which patient need. Task shifting – for example, determining which aspects of care nurses can deliver instead of GPs - is one response to this concern, and a frequent topic of debate and research. Nurses can be as effective as doctors at treating some patients with complex case presentations (Pirret, et al., 2015) and leading certain clinical teams (e.g. Ndosi, et al., 2013), but this depends on case mix and the work they have to do; and they may be able to substitute for doctors to deliver elements of out-of-hours care (van der Bizen, et al., 2016). In the UK, community pharmacists are also being seen as another strategy to free GP time to conduct medication reviews for chronically ill patients (NHS England, 2015).

Redistributing the activities of everyday general practice from physicians to other health care professionals, at a lower cost, therefore offers a potential solution for addressing the challenges of primary care supply and demand, and recent international evidence identified 39 countries are task-shifting primary care activities from physicians to nurses (Maier & Aiken, 2016). However, decisions to substitute the expertise of physicians for professionals with different levels of training and expertise requires careful consideration, as such initiatives could represent a risk to patient safety and be counter-productive for attempts to make cost-savings. A good example comes from our own research at the University of East Anglia of how the urgency of patient's presenting problems are assessed and managed over the phone; an approach known as 'telephone triage'.

Telephone triage is increasingly being used internationally as the first point of contact for patient access to urgent and emergency care. Pressures to reduce waiting times and keep costs low has meant that those at the frontline delivering telephone triage are typically nurses supported by computer decision support

software (CDSS). However, in an analysis of audio-recordings of triage calls, synchronised with video-screenshots of nurse's use of CDSS, our research (Murdoch et al., 2015) identified evidence of CDSS adversely affecting nurse communication with patients. This evidence included patients struggling to communicate their problem in a format 'required' by the software; nurses directing answers from patients that did not fully reflect their symptoms, and thus led to inaccurate records; and nurses ignoring patient's suggestions about treatment and diagnosis as they were preoccupied with completing software tasks.

These findings raise questions not only about the right level of clinical expertise required to deliver triage, but also the role of technology in supporting safe and effective care of patients. Similarly, studies of non-clinical call handlers working in the UK's NHS 111 service have also shown how call handlers use 'pseudo-clinical' expertise to direct and advise patients (Turnbull et al., 2012). Notions that employing non-clinicians will save a health system money also appear to be ill-founded, with evidence of the U.K. NHS '111 helpline' increasing the use of ambulance services (Turner, et al., 2013). Research such as this demonstrates that General Practice / Family Medicine must take a detailed consideration of the range of available evidence before making decisions about shifting tasks from physicians to other professionals, including conducting localised evaluations of service delivery.

In a world where populations are becoming increasingly mobile and diverse, challenges for primary care in meeting the scale and quality of patient demand are here to stay. The ability to deploy a flexible workforce will be essential in responding to such challenges. However, it is critical that we don't invest in task-shifting solutions without a detailed consideration of the research to support such changes. To do so runs the risk of adding to our burden, not relieving it.

References available online

Fragmentos de política: Maximizando el papel del personal de Atención Primaria

Conociendo la demanda en Atención Primaria: Maximizando el papel del personal de Atención Primaria fue un artículo escrito por la Profesora Amanda Howe y el Doctor Jamie Murdoch de la Universidad de Anglia del Este.

El reto de los servicios de Atención Primaria a la hora de gestionar las tensiones que existen entre satisfacer necesidades de los pacientes de forma efectiva y gestionar la demanda de la asistencia, es un problema global. El crecimiento de la esperanza de vida y las opciones mejoradas para ayudar al proceso de diagnóstico y tratamiento (Oficina de Estadística Nacional, 2016) significa que los médicos tanto en el marco comunitario como en el hospitalario deben de tratar con un número creciente de pacientes con multi-morbilidades que, por esa razón, deben tomar múltiples medicaciones y necesitan un control constante que requiere de una inversión mayor por parte del sistema sanitario.

Mientras los recursos destinados a la asistencia en Atención Primaria crecen, la carga de trabajo de AP también ha crecido: en el Reino Unido, el incremento ha sido del 5,2% en lo que respecta a las consultas a médicos de familia entre 2007 y 2014. Estas consultas también han crecido en su duración (un 6,7% de incremento) respecto al mismo periodo de tiempo (Hobbs et al., 2016), aunque la cuestión sobre si la duración de la entrevista clínica es la que necesitan los pacientes para resolver sus problemas aún es motivo de debate. El reto de gestionar ese incremento de la carga de trabajo va más allá del contexto de reducciones del presupuesto invertido en el sector sanitario público (Fisher, et, al., 2016), y hay una voluntad general desde el Gobierno para reducir el gasto en el sector sanitario. Habiendo reconocido estos desafíos, la Estrategia Global de la Organización Mundial de la Salud con respecto a los Recursos Humanos en Salud 2030 (WHO, 2015), ha destacado la importancia para optimizar la capacidad del personal a la hora de maximizar su potencial en el ámbito de la asistencia de Atención Primaria y Comunitaria.

"Una planificación adecuada, estrategias educativas e incentivos, una inversión acorde

con las necesidades del personal de asistencia sanitaria, incluyendo tanto la práctica generalista como la de Medicina de Familia, son necesarios para ofrecer una asistencia basada en la Comunidad, centrada en la persona, continuada, equitativa e integrada" (WHO, 2016, p.13).

Existen presiones crecientes para reducir la asistencia a los Departamentos de Urgencias ya de por si sobrecargados y que, en muchas ocasiones, son el primer punto de contacto de los pacientes que no pueden acceder (o no pueden permitirse) un proveedor sanitario de Atención Primaria. Todos los equipos clínicos tienen que decidir la mejor forma de determinar el nivel de urgencia para pacientes individuales, y las decisiones que en consecuencia deben tomarse acerca del nivel de experiencia clínica que cada caso requiere para poder responder así a las necesidades de los pacientes. El desplazamiento de ciertas tareas, por ejemplo, determinar en qué aspectos de la asistencia pueden trabajar enfermeros o enfermeras en lugar de médicos de familia, se trata de un tema de debate e investigación frecuente y una de las posible respuestas a este problema. Los y las enfermeros y enfermeras pueden ser efectivas a la hora de prestar asistencia médica a los pacientes con casos complejos (Pirret, et al.m 2015) y liderando ciertos equipos cl ínicos (e.g. Ndosi, et al., 2013), pero esto depende de la combinación de los casos y de las tareas que deben hacer; y puede que sean capaces de sustituir los médicos y las médicas en la asistencia entre horas (van der Bizen, et al., 2016). En el Reino Unido, los farmacéuticos comunitarios también se ven como unos aliados potenciales en la estrategia para liberar a los médicos de familia de tiempo para guiar los chequeos de medicación de los pacientes crónicos (NHS England, 2015).

Redistribuir las actividades diarias de la práctica generalista desde los médicos hacia otros profesionales de la asistencia sanitaria a un coste más bajo, ofrece sin duda un gran potencial para solucionar retos con los que se encuentra la Atención Primaria, sobre todo en lo relativo al a demanda y la provisión, y evidencias recientes en el ámbito internacional han identificado 39 países en los que la derivación de tareas de actividades de Atención Primaria desde los médicos a los profesionales de Enfermería (Maier & Aiken, 2016). A pesar de eso, las decisiones para sustituir la experiencia médica de los médicos por la de otros profesionales con niveles distintos de formación y especialización requiere una valoración muy cuidadosa, puesto que iniciativas como esta podrían representar riesgos para la seguridad del paciente y podrían ser contra-producentes a la hora de intentar ahorrar. Un buen ejemplo de ello proviene de nuestra propia investigación en la Universidad de Anglia del Este acerca de cómo las urgencias de un paciente que presenta problemas se evalúan y gestionan vía teléfono: esta es una aproximación conocida como "el triaje telefónico".

El triaje telefónico está siendo utilizado cada vez más en el ámbito internacional como el primer punto de contacto para el acceso de los pacientes a una asistencia urgente. Las presiones para que se reduzcan los tiempos de espera y para mantener los costes a niveles bajos han significado a la práctica que las personas que están dando asistencia por teléfono suelen ser enfermeras que cuentan con un software que les ayuda a tomar decisiones (CDSS).

A pesar de todo, en un análisis de audio de las llamadas de triaje sincronizadas con capturas de pantalla del uso hecho por parte de los profesionales de enfermería del CDSS, nuestra investigación (Murdoch et al., 2015) identificó evidencias de que el CDSS tienen produce en realidad efectos adversos en la comunicación con los pacientes. Estos resultados también hacían referencia a los pacientes que se esforzaban para comunicar sus problemas en el formato "requerido" por el software; enfermeras haciendo preguntas de pacientes que no reflejaban del todo sus síntomas, y como resultado de eso las grabaciones no eran el todo precisas; y las enfermeras ignoraban las sugerencias de los pacientes acerca del tratamiento y diagnosis mientras estaban preocupados en completar las tareas del software.

Estos hechos ponen de relieve las preguntas no solamente acerca del nivel de experiencia necesaria para gestionar el triaje, sino también acerca del papel de la tecnología con la que se ofrece una asistencia segura y efectiva a los pacientes. De forma similar, los estudios acerca de los casos de responsables no-clínicos que trabajan en el número de teléfono 111 del National Health System del Reino Unido han mostrado la forma en que el uso de expertos "pseudo-clínicos" para orientar y aconsejar a los pacientes (Turnbull et al., 2012). La idea de que contratar a personas de fuera del ámbito clínico permitirá un ahorro

sustancial de recursos en el sistema sanitario también parece infundada, con las evidencias existentes en el Reino Unido. El teléfono de asistencia 111 del NHS ha incrementado el uso de los servicios de ambulancia (Turner, et al., 2013). Las investigaciones como esta demuestran que la Medicina de Familia debe tomar en consideración el rango de las evidencias disponible antes de tomar decisiones acerca de las tareas derivadas desde los médicos a otros profesionales, también las evaluaciones localizadas de los servicios de asistencia.

En un mundo en el que la población se ha vuelto cada vez más móvil y diversa, los retos para la Atención Primaria a la hora de responder ante la cantidad y las características de las demandas de los pacientes son inevitables y han llegado para quedarse. La habilidad para desplegar un personal que sea flexible será esencial a la hora de responder a retos como estos. A pesar de ello, el hecho de que no estemos invirtiendo en las soluciones relacionadas con la repartición de tareas sin una consideración detallada de la investigación para apoyar estos cambios. Al hacerlo podemos correr el riesgo de añadir más peso a nuestra carga, en lugar de liberarnos de él.
Referencias aqui

WHO liaison

WHO Quality rights initiative - 15 key training and guidance materials

Dear Colleagues,
We are pleased to share with you a recent report by the UN High Commissioner for Human Rights which makes some clear recommendations to end violations and promote the rights of people with psychosocial disabilities and people using mental health services around the world. This report is a direct outcome of the resolution on mental health and human rights led by Portugal and Brazil and adopted by the Human Rights Council 1 July 2016.

The WHO Quality rights initiative has just published 15 key training and guidance materials to transform these recommendations into practical on the ground solutions which can be accessed at the following link

Core mental health and human rights modules
· Understanding human rights
· Promoting human rights in mental health
· Improving mental health and related service environments and promoting community inclusion
· Realising recovery and the right to health in mental health and related services
· Protecting the right to legal capacity in mental health and related services
· Creating mental health and related services free from coercion, violence and abuse

Advanced modules
· Realising supported decision making and advance planning
· Strategies to end the use of seclusion, restraint and other coercive practices
· Promoting recovery in mental health and related services
· Promoting recovery in mental health and related services: handbook for personal use and teaching

Service improvement tool
· Implementing improvement plans for service change

Guidance tools
· Providing individualized peer support in mental health and related areas
· Creating peer support groups in mental health and related areas
· Setting up and operating a civil society organization in mental health and related areas
· Advocacy actions to promote human rights in mental health and related areas

These materials have been published as pilot versions (see below for official citations) in order to allow their further review and piloting.
If you would like to review these materials but have not yet indicated please let us know.

Best wishes, Dr Michelle Funk
Coordinator, Mental Health Policy and Service Development (MHP)
Department of Mental Health and Substance Abuse, World Health Organization

Citations available online

Working Party news

Rural round-up: Dave Schmitz on collaboration with the USA

David Schmitz, executive member of the WONCA Working Party on Rural Practice (WPRP) for North America and the president of the USA's 2017 National Rural Health Association (NRHA), shares his hopes for collaboration and upcoming conferences.

WONCA membership and participation gives us an opportunity to view our local efforts with a global perspective. In doing this, I find our challenges and also our aptitudes for overcoming them are more often similar than different.

That is why I am excited and energized by the upcoming synergy between the WONCA WPRP's World Rural Health Conference being held in Cairns, Australia, 29th April to 2nd May, and the annual Rural Health Conference of the National Rural Health Association occurring in San Diego, California, USA, from 9th May to 12th May. Visit NRHA conference website here.

Each venue grants the opportunity to learn about research in rural health and the best means of addressing the most crucial rural health concerns of our time and, perhaps most importantly, to forge collaborative relationships with our peers that will last far beyond the closing ceremonies.

Dr. John Wynn-Jones, chair of the WONCA WPRP, will be the keynote speaker at the Annual Terry Reilly Memorial Lecture. This lecture is dedicated to both community service and engagement and empowerment of us all to make a difference in the care of people in rural and underserved communities.

The NRHA conference this year will include themes such as health equity, education of our next generation of health professionals, and development of community-engaged rural research in primary care. It also includes a special student track.

Celebrating its 40th anniversary, the NRHA provides leadership on rural health issues through advocacy, communications, education and research. The NRHA is unique among national health organizations, with a membership that includes a diverse collection of individuals and organizations, from policy experts to health care practitioners, all of whom share the common interest in rural health. So join your colleagues to make a difference for rural health today. Whether attending a global, national or local community meeting, we can all look for similarities and the team spirit it takes to succeed. Participation with WONCA helps teach each of us this important lesson.

David Schmitz, MD, is chair and Dr. Verrill J. and Ruth Fischer Professor of the Department of Family and Community Medicine at the University of North Dakota School of Medicine and Health Sciences. The university also hosts the WONCA rural resource page found at the link below.

WONCA Rural resource page

Rural story on Northern Ireland crisis goes viral

In recent weeks a story on the Primary Care crisis in Northern Ireland written by our colleague Michael Smyth has stimulated enormous discussion on the WONCA Working Party on Rural Practice Google group. If you are not a member, find out what all the fuss is about as Michael writes for WONCA News: "it is a commentary of recent events in General Practice as they happen in Northern Ireland. It is a difficult situation and is being played out mainly in rural areas initially as these seem to be the most vulnerable. They are for the most part unavoidably small and the demographics is that many, especially in my area have GPs over 55 yrs and approaching retirement. On retirement there are no younger doctors interested in taking over responsibility for the practices. I hope this is helpful in demonstrating the difficulties faced in rural practices as part of the NHS.

Primary Care Crisis in Northern Ireland

March 2017
Primary Care and the very existence of the NHS in Northern Ireland (NI) is threatened like never before.

The 'canaries in the mine' are those unavoidably small practices in rural areas. I have been one of those canaries. My solo GP rural practice closed last December having been unable to recruit a replacement GP. Fortunately for me being close to retirement age, this allowed me to escape the cage. The domino effect has put pressure on neighbouring practices and this is likely to increase with impending retirement of other GPs in the area. 30% of the GPs in my rural county of Fermanagh are due to retire in the next 2 yrs.

NIGPC believe a staggering 13 practices could close going from 18 down to five. This in the most rural part of NI. Anyone who believes this will not affect access to quality general practice for these rural communities is deluded. In the whole of Northern Ireland there are 950 full-time GPs. 25% over 55 yrs old. There are now fewer GPs in NI than there was in the 1950's and exponentially increasing workload for the same reasons elsewhere in the UK. Now even some urban practices are collapsing with the pressure on the remaining intolerable.

We need more GPs urgently retaining those who are retiring.
Further increase in training places.
A minimum of 10% of the health budget going to Primary care.
A Stabilisation fund. Reduced bureaucracy and workload.

GPs in NI can only look on with envy at how the devolved governments in other parts of the UK are attempting to steady the ship.

Here in NI over the past 10 yrs despite repeated warnings from primary care leaders, there has been a lack of strategic leadership from the Dept of Health NI and the local devolved government. Thus, the rudderless ship of the NHS has foundered on the rocks. Blown there by the perfect storm of increasing demand and decreased resources. The question now is can it be refloated before it is smashed as the storm intensifies.

NI primary care is in the invidious position of having the oldest workforce in the UK coupled with not enough younger GPs in training. Although the training numbers were increased recently after sustained pressure from the professional bodies it seems too little too late. We have the lowest number of GPs to patient ratio in the UK. NIGPC believe 20 GP practices face closure across NI this year affecting 120.000 patients.

To add insult to injury from the beginning of this month we longer have a functioning devolved government in NI due to what seems to be intractable political differences between the ruling parties. Previously the main thing that those tasked with offering strategic leadership was to welcome several rescue plans, the latest being the "Bengoa" report. Although this plan is promising in the medium

to long term it is likely with no functioning government to remain on the shelf along with its predecessors.

To relieve the severe pressure on General Practice the professional bodies have had some success by organising Federations of practices to work collaboratively. They are in their infancy but are already starting to employ allied professionals such as practice pharmacists to help with the workload.

We still need a crisis plan from the Dept of Health and government for the here and now. With no functioning government this is very doubtful.

NIGPC have proposed Plan B for which they recently received overwhelming support from the profession. The nuclear option of leaving the NHS. When 60% of GPs sign resignation letters over the next 3-6 mths NHS Primary Care will no longer exist in NI.
Sorry for such a depressing report but I believe it illustrates the dire situation NI Primary Care finds itself with rural practice very much on the frontline.

Yours sincerely,
Dr Michael Smyth FRCGP

PS please see link to NIGPC website with further information on how we got here.

Link to NHS *By choice and not by chance report*. Prof Val Wass, Chair of the WONCA Working Party on Education chaired the taskforce which produced this relevant report.

To join the WONCA Working Party on Rural Practice Google Group please contact Dr John Wynn-Jones (Chair) WPrural@wonca.net

WP on Education- Cairns and Prague activities

Val Wass, chair of the WONCA Working Party on Education summarises the group's planned activities at the next two WONCA conferences - the world rural conference in Cairns in late April, and WONCA Europe in Prague in late June.

Thank you to all those reading and responding to our update in the last newsletter: We have 19 new members from 14 countries. I am delighted.

If you are coming to either the WONCA Rural Conference in Cairns or the WONCA Europe Conference in Prague we are running the following workshops:

At WONCA Rural:
WORKSHOP 1: Developing social accountability with the rural undergraduate curriculum

WORKSHOP 2: Continuing Professional Development (CPD) standards: Meeting the needs of a rural practitioner?

At WONCA Europe:
WORKSHOP 1: Understanding assessment methodology and the move to more personalised formative feedback

WORKSHOP 2: Developing the undergraduate curriculum to promote family medicine in medical schools"

If you are there you are most welcome and if you would like to help facilitate please contact Val Wass

v.j.wass@keele.ac.uk

Join our Working Party

Notices

Applications for the Dr Atai Anne Deborah Omoruto Scholarship

Applications are sought for this year's Dr Atai Anne Deborah Omoruto Scholarship Award for an African woman to attend the 2017 WONCA Africa conference in Pretoria.

Preamble
This award is in the spirit of Atai's leadership in family medicine in Africa, inspired by her dedication to the advancement of women physicians and women's health in family medicine, and in tribute to Atai's exceptional courage, selflessness, and commitment to her patients with Ebola both in Uganda and Liberia. She pioneered the establishment of family medicine program at Makerere University, Uganda and was head of the family medicine department, Makerere University from 2004 to 2011. Atai was an executive member of the Wonca Working Party on Women and Family Medicine and was the recipient of Wonca 2016 Global Five Star Doctor Award in recognition of her extraordinary service as a family medicine leader over many years, her service to the people of Uganda, and her recent extraordinary leadership tackling the Ebola crisis in West Africa. Atai passed away in May, 2016.

Focus:
The aim of the award is to support opportunities for African women doctors whose economic circumstances limit their ability to attend WONCA biennial conferences, particularly those women in their early career. The candidate for the Atai Omoruto Award should be an African woman family physician or family medicine resident in Africa, who demonstrates significant contributions in Africa, in any the following areas:

· Leadership in Family Medicine at the institutional, local, or national level

· Commitment to the advancement of women in family medicine

· Clinical courage and selflessness in providing care to the most vulnerable populations

Process:
A potential candidate should submit:

· a two-page essay stating how her attendance at the relevant conference (in the first instance, the WONCA Africa regional meeting in August 2017, including the WONCA Working Party on Women and Family Medicine preconference immediately before the regional meeting) will contribute to her ability to advance her work in some or all of the above three areas of achievement demonstrated by Atai.

. Evidence of need for funding in order to attend

· a letter of support from a family physician familiar with her work

· a curriculum vitae

Desirable
Evidence of high level achievement for those applicants in early career stages; evidence of work with disadvantaged peoples; breadth of activity within family medicine (e.g. teaching / research); prior involvement with WONCA activities.

Submission of Application
Application package should be submitted to Kerry Pert:
rcs.executiveassistant@anu.edu.au

Closing date
June 1, 2017.
Successful applicant announced one month later

EJGP now open access

Some readers will have noticed that since 1 January of this year, the *European Journal of General Practice* has 'open access' for all its readers. 'Open access' means that you not only can download the abstract but also the full-text version of all articles published in this journal. For those of you, who were not yet aware of this, try for yourself here. Then, click/tap on an article that raises your interest, and you will be able to read the full paper on your screen. Another click/tap, on 'pdf', and you have downloaded the article to your PC, laptop, tablet or smartphone.

I hope that many readers agree with me, that this is an historic step forward. Having started in 1995, the *European Journal of General Practice* was indexed in Index Medicus/Medline ('PubMed') in 2003 and in the Science Citation Index Expanded (and therefore its listing in the Journal Citation Reports with an 'impact factor') in 2012. The Journal is published online since 2006, and from this year on, 2017, the *European Journal of General Practice* provides open access to all its readers. Thanks to the generous investment of WONCA Europe, we are able to offer author groups with a corresponding author from a member country of WONCA Europe an Article Processing Charge (APC) of only €400. And for a short paper (1,500 or fewer words) the APC is even lower, only €200! For your information, the regular APCs for this Journal are €1000 and €500, respectively. The arrangement between WONCA Europe and the Publisher of the European Journal of General Practice, which enables this substantially reduced fee is valid for the years 2017-2021.

This favourable outcome is the fruit of many discussions and negotiations between the Publisher (Informa Healthcare, now Taylor and Frances), the WONCA Europe Executive (Job Metsemakers and Anna Stavdal), and the Editor-in-Chief (Jelle Stoffers), which started somewhere in 2013. We all hope that the low APC will attract many authors who want to publish their work in a peer-reviewed open access scientific journal on general practice, family medicine and primary healthcare.

Imagine: all colleagues in Europe - and the rest of the world - now can read and use your article in full-text format! Your work is available to all colleagues, students, vocational trainees, teachers, fellow researchers and even interested patients. Your complete article is at their fingertips, on their smartphones, tablets, laptops and office computers. Moreover, you can bring your message to the attention of your followers and friends, using Twitter and other social media; for them, your paper now is merely one click or tap away.

Thus, we hope that the intended readership of the *European Journal of General Practice* will soon discover that for them there are no barriers anymore for reading our articles.

You, as practicing GP or family physician, teacher, vocational trainee, student or fellow researcher can now view, read, download, and forward - using e-mail, WhatsApp, or Twitter etcetera - our full-text articles.

Finally, we expect that the European colleges and societies of General Practice/Family Medicine will notify their members that they now can read the scientific articles of their European colleagues without obstacles. We also expect that the WONCA Europe member organisations will suggest their researchers to publish their work not only in their native language but also internationally, in the *European Journal of General Practice*.

The *European Journal of General Practice* now can try to achieve its ambition of becoming 'the' scientific medium connecting the worlds of researchers, teachers, and practitioners of family medicine in Europe. To this end, I would like to call on all colleague authors to submit your manuscripts to the *European Journal of General Practice*! Furthermore, I would like to call on all readers of our journal to tweet and like our published articles! Together, we can build that community of 'authors' and 'readers' in general practice/family medicine in Europe.

Jelle Stoffers, Editor-in-Chief of the European Journal of General Practice

on behalf of the Editorial Board:
EJGP online

Featured Doctors Co-convenors SIG Family Violence

Dr Hagit DASCAL-WEICHHENDLER, Israel

Dr Hagit Dascal-Weichhendler (Israel) is one of two new co-convenors of the WONCA Special Interest Group on Family Violence, appointed in Rio in 2016.

What work do you do at present?
I work full time as a clinician with a mixed population in Northern Israel, at Clalit Health Services Haifa and West Galillee District. Our district serves over 740,000 patients from multiple cultural backgrounds. Since 2001 I'm the chairperson of the committee on Family Violence (FV) which provides training, educational materials counselling and support to staff on FV cases. I spend hours a week talking with staff on cases of suspected or known child abuse/elder abuse/intimate partner violence.

As a teacher in the Haifa Department of Family Medicine (Clalit Health Services, and Rappaport School of Medicine, Technion) I train Family Medicine residents and medical students. I developed and teach a mandatory semester course on FV for Residents, as well as an elective semester course for Medical Students.

What interesting things have you done in the past?
I wrote guidelines on family violence for the Israeli Association of Family Medicine; introduced questions on the topic into residency exams; participated in the development of a national simulation based educational program on FV. As a member of the Ministry of Health Committee on FV, I put an emphasis on the importance of connecting between health providers in the field and policy makers, highlighting the needs of patients and staff around this issue.

My main research interests include educational interventions on FV for health care staff and tools for evaluation of training; FV health consequences and health care costs.

Since 2006 I have been part of the European group on Family Violence; participated in founding the WONCA SIG on FV, and presented in several WONCA conferences and in the groups' pre-conferences.

What are your hopes in this role as co-convenor of the WONCA SIG on Family Violence?
As physicians we have an important role both with our individual patients affected by FV, as well as leading change in our societies. I believe exchange of ideas and information among us is a "growth factor" for all of us. Such exchange as well as collaboration with other WONCA networks as well as with the Young Doctors movements has a pivotal role in promoting our goals.

My hopes that our SIG continues to:

- Raise awareness to FV and it's huge impact on health and society among WONCA members and primary care staffs around the world.

- Promote training on all forms of FV - making tools for learning about the topic readily available for all staff on-line, as well as continuing to present workshops at various WONCA conferences. In the long term we should thrive to make FV training mandatory for all health personnel all over the world.

- Promote inter-agency collaborative care which is crucial for treating FV affected individuals and families

- Research on FV & Health care which takes into account real life – primary care/society condition – our SIG members are in unique

positions to promote this type of research, and further collaboration in this area is very important.

Your interests inside and outside medicine?
In the last years, after a tragic family experience, my interest in the topic of "How we (doctors) think" and how to prevent diagnostic errors has grown. I have given a workshop on this last year in WONCA Europe in Copenhagen with my colleague Dr Shelly Rothschild, and some workshops in Israel. I believe this is one of the most important but neglected areas in our training at all levels. Currently I am involved in a research project which combines my two interests: family violence, and diagnostic thinking.

Besides medicine I enjoy being with my family, music, reading, walking, swimming, and I especially love the sea.

Prof Kelsey HEGARTY, Australia

Prof Kelsey Hegarty is one of two new co-convenors of the WONCA Special Interest Group on Family Violence, appointed in Rio in 2016.

What work do you do at present?
I am a Professor of Family Violence Prevention at the University of Melbourne and Royal Women's Hospital and have been a general practitioner in inner urban Melbourne for the last 20 years. I have just started as the co-chair of the WONCA Special Interest Group on Family Violence.

How did you become interested in family violence?
I became interested in the area of family violence by chance really. I was working in Brisbane 30 years ago and read the newspapers saying one in four women experienced domestic violence. I was a pretty mental health orientated GP and I thought to myself that this figure couldn't be correct. Not long after, I started a doctoral thesis to look at the prevalence in general practice and found of course that it was that common and I was missing this hidden problem. I was then hooked on assisting women and children on their pathway to safety and went on to look at the health effects and more recently interventions in practice and online.

What interesting things have you done in the past?
That is a great question because my instinct was to say not much but of course there are many things I have done, including travelling a lot, being a consultant to the World Health Organization and having been a champion Irish dancer. Yes you read the last part correctly. I even have a qualification to be able to teach and judge Irish dancing competitions.

What are your hopes in this role as co-convenor of the WONCA SIG on family violence?
I hope that I can exchange ideas and learnings with other members across the globe. I would like to engage regionally with people and have recently had contact with someone from Thailand and Africa who are interested in family violence. People reaching out like this to me as the co-chair is a great experience.

I am particularly keen to have further connections with the World Health Organisation work in this area. They have developed some great resources, which I think would help WONCA members.

Interests inside and outside medicine?
I have always liked discussing social justice and gender equity issues within medicine and in the community. People ask me all the time if I get down about working in the family violence area but I get a lot of strength from changes that have happened. I also gain a lot of support from my husband and hope for the future from my sons. Other things that sustain me in live and work include doing kundalini yoga regularly, reading, and having a drink, a meal and a laugh with friends and family.

CONFERENCE NEWS

WONCA Prague 2017: the latest news

WONCA Europe comes to Prague from June 28 - July 1, 2017. The latest news from the Scientific Committee chair and about the exciting WONCA Europe open meeting.

Dear WONCA family,

On behalf of the Scientific Committee we would like to invite you to attend the WONCA Europe 2017 Conference .

We thank the nearly one hundred colleagues from Europe who kindly helped us with the abstract assessment. Each abstract from almost fifteen hundred abstracts from 62 countries submitted for the WONCA Europe 2017 Conference has been reviewed and scored by two international reviewers and one super reviewer.

We received many suggestions for interesting workshops, but we unfortunately cannot place all in the program. The one slide five minutes' presentation is becoming a popular format, too. We believe to be able to compose an optimal and attractive scientific program based on your contributions. The programme at glance is already done and can be accessed here.

The Scientific Committee further developed the overall theme "Growing together in diversity", and we are reflecting and working on the future Legacy of the Conference.

We have received an excellent video message from the WONCA World President Prof. Amanda Howe with the invitation for our WONCA 2017 Prague Conference – accessible on the website.

We are confident that this conference will be enjoyable, of interest to all GPs and will provide a stimulating opportunity for networking with colleagues from across Europe.

We are looking forward to meeting you in Prague!

Jachym Bednar, MD, Chair of the Scientific Programme Committee

Person centered care - policy meets practice in Prague - WONCA Europe Open Meeting, Thursday June 29, from 11:15

Director Hans Kluge, Department of Health Systems and Public Health WHO Europe, and WONCA Europe President Anna Stavdal invite you to an interactive session, chaired by WONCA Europe Immediate Past President Job Metsemakers**.**

In order to achieve our ambition taking the front seat when the development of family medicine is on the table in our region, WONCA Europe must exert influence where policies are made. WHO Europe is an important trendsetter when states in the region plan and tailor their health care.

WONCA Europe has established close and fruitful collaboration with WHO Europe.

Person centered care is the bedrock of family medicine. The concept is fully adopted by the WHO when member states are advised on health policies and plans.

The outcome of health policies should be measured and monitored on how it is experienced by individuals and by the population. We would argue that GPs, with their ears to the ground, and through continuity of care are worth listening to before policies are set, plans are made and action is taken.

How can policymakers and practitioners find common ground, share experience and make sure that state of the art family medicine is given ample attention and taken into due account before policies are operationalized? This, no less, is what this session aim to explore.

Conference Evening in the Municipal House

Do not miss a unique opportunity to visit the jewel of Art Nouveau style architecture! Enjoy fine food, dance and music from a live band!

The Municipal House is an emblematic building on the Republic Square that is one of Prague treasures. In the 14th and 15th century stood in this place one of the Czech king residence. The place being a royal residence, there were many buildings, but today only the monumental Powder Gate remains. Once upon a time, this place was the starting point of Czech kings coronation parades.

Between 1905 and 1912, following a proposal submitted by architects Balšánek and Polívka to build a concert hall, leading Czech artists such as Mikoláš Aleš, František Ženíšek, Josef Myslbek or Alfons Mucha participated in the decoration of this Art Nouveau jewel.

The early days of the building saw two important events connected to the history of the Czech lands: the independence of Czechoslovakia was declared here on October 28, 1918, and Vaclav Havel with the members of the Civic Forum met here the ruling squad of Communists in late November 1989.

That is why the Municipal House is not only a significant gem of Art Nouveau architecture, but also a place that witnessed important historical events.

conference website
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Why you can't miss the 14th World Rural Health Conference

Over 600 people have registered for the WONCA World Rural Health Conference in Cairns this April. Is your name on the list? If not, register today for this international event that sees delegates exchange information on the latest developments and challenges in rural family practice and rural and remote health.

Here's four big reasons why you should attend.

1) Networking with more than 600 delegates
Over 600 delegates from around the world have already booked, and this is your opportunity to hear their unique stories, and share your own.

2) Professional development
This is a great way to develop your understanding of rural medicine and its delivery, as you can engage in poster

discussions, workshops, lectures and presentations throughout the four-day event. We've also lined up post-conference training courses.

3) Keep up-to-date with the latest trends in international rural health
The conference features streams based on themes relevant to all rural and remote health practitioners, and throughout the event you'll have multiple opportunities to contribute to conversations surrounding rural health.

4) Hear the conference keynote speakers :

- Prof Amanda Howe: WONCA President - A practising family doctor, an academic professor, and a national and international leader in family medicine.

- Mr Jim Campbell: Director of the Health Workforce Department at the World Health Organisation (WHO) and the Executive Director, of the Global Health Workforce Alliance (GHWA).

- A/ Prof Bruce Chater (pictured): Medical Superintendent with Right of Private Practice in Theodore, Queensland, Secretary of the WONCA Working Party on Rural Practice, and Chair of the Statewide Rural and Remote Clinical Network.

- Prof Ian Couper: Director of the Ukwanda Centre for Rural Health and Professor of Rural Health, Stellenbosch University, South Africa.

- Ms Mayara Floss (pictured): Undergraduate student of medicine at the Federal University of Rio Grande (FURG) in Brazil.

- Dr Shannon Nott: the District Medical Officer for Western NSW Local Health District.

- Dr Molly Shorthouse: Chair of Rural Doctors' Association of Australia' Northern Territory division and co-chair of the Northern Australia Remote Hospital's Network.

- Prof Alistair Woodward: Head of the Department of Epidemiology and Biostatistics at the University of Auckland.

Conference website

Wonca Rural Health

14TH World Rural Health Conference
29 APRIL - 2 MAY CAIRNS 2017

WONCA CONFERENCES 2017

April 21-22, 2017	Vasco da Gama Forum	Strasbourg, France	vdgm.woncaeurope.org/4thforumvdgm/welcome-message
April 29 – May 2, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	www.aworldofruralhealth.org.au
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	www.woncaeurope2017.eu
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	http://saafp.org/conferences
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	http://lima2017woncacimf.com/
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	http://www.woncaaprc2017-pattaya.com/
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	http://www.gpansarwoncaconference.org.np/

WONCA Direct Members enjoy *lower* conference registration fees.
To join WONCA go to: http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx

WONCA ENDORSED EVENTS

08 Apr - 12 Apr 2017
World Summit on Social Accountability
Hammamet, Tunisia

02 Nov - 05 Nov 2017
World Federation for Mental Health congress
New Delhi, India

MEMBER ORGANIZATION EVENTS

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

13 Apr - 14 Apr 2017
Palestinian Association of Family Medicine Conference
Bethlehem, Palestine

04 May - 06 May 2017
37th semFYC conference
Madrid, Spain

MEMBER ORGANIZATION EVENTS (cont)

05 May - 09 May 2017	**STFM Spring conference** San Diego, California
11 May - 14 May 2017	**EGPRN meeting** Riga, Latvia
17 May - 18 May 2017	**5th IPCRG Scientific Meeting** Ljubljana, Slovenia
21 May - 23 May 2017	**International conference on Trauma and Mental Health** Jerusalem, Israel
30 Jun - 02 Jul 2017	**25th FCGP Annual Conference 2017** Yanuca Island,Fiji
27 Jul - 30 Jul 2017	**RNZCGP Conference for General Practice & Quality Symposium** Dunedin, New Zealand
03 Aug - 05 Aug 2017	**1st IPCRG South Asian Scientific Conference** Colombo, Sri Lanka
02 Sep - 03 Sep 2017	**Hong Kong College 40th Anniversary conference**
12 Oct - 14 Oct 2017	**RCGP annual primary care conference** Liverpool, United Kingdom
26 Oct - 28 Oct 2017	**RACGP GP17** Sydney, Australia
02 Nov - 04 Nov 2017	**EURIPA Rural Health Forum** Crete, Greece