

# WONCA News

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## From the President: August 2018

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We all need to thank each other this month – which is the start of a new financial and academic year for some, a well-earned holiday period for others, and a

really really busy time for the WONCA leadership and Secretariat as we run towards the Seoul conference and the WHO meeting in Astana.

Although there are no regional meetings in these four months, we have had a deluge of requests from WHO for various types of inputs and assistance. This includes the final consultation stage of the draft Declaration for Astana, which had less than a two week response period, and proved difficult to manage as it went out very widely and allowed individual responses. However, as WONCA we did make a formal reply on behalf of our organisation, and the debate will no doubt continue – you can read more in my policy bite.

Other news - WONCA's two year cycle between World Council meetings brings forthcoming elections, and launches a new period for regional and working party / special interest group (WPs and SIGs) prioritisation. We have a strong field of candidates for the 2018-2020 WONCA Executive elections, and are encouraged to see a good mix across the regions and from both sexes. We hope to see the outputs of the WPs and SIGs, and to celebrate their activities at Seoul. Executive have also been reviewing what helps the WPs and SIGs to have an effective profile for the members, and I welcome your views on what you most value or want.

On the external front, most countries continue to struggle with a mismatch of need and resource.

We had two interesting workshops at our UK annual academic conference of the Society for Academic Primary Care (SAPC) – one on what should be taught at medical school through family doctors, and another on strengthening academic capacity for our specialty. The SAPC links both with our UK professional member organisation and with bodies such as the North American Primary Care Research Group (NAPCRG), and it was good to see how such professional leadership can make a difference to the overall profile and impact of the specialty. It was also clear from the younger doctors and students in the meeting that the quality of their experience in family medicine placements had a big influence on their future choice of career. So getting students into your clinic, but also making sure they have a positive learning experience there, is worth spending some of your precious time and energy to achieve – they may come back! But the fight for the right resources and support for our workforce remains the watchword.

Finally, a nice note from one of my patients – who, because of my national and international commitments, I do not see quite as often as she would like! She said, “Oh it's OK Dr Howe, because the others do a really great job when you aren't here – though I like to see you best!” The obvious answer was – “well that's good to know – but why?” She looked surprised to be asked – then said – “.... It's something about feeling you really listen – like, as a person as well as a doctor...”

We all need that in our lives. Thanks to the colleagues, staff, friends, family and patients who listen and respond to us as people as well as professionals. Together we can make a difference.

Amanda Howe  
President

## De la presidenta – Agosto 2018

Todos y todas debemos darnos las gracias mutuamente este mes de agosto, el mes en el que comienza un nuevo año fiscal y, para algunos y algunas, un nuevo año académico. Agosto también es el inicio de un periodo de vacaciones muy merecidas para otros colegas, y un verdadero (muy

verdadero) comienzo de periodo ajetreado por parte de los directivos de WONCA y su secretariado mientras nos acercamos al Congreso de Seúl y al encuentro de la Organización Mundial de la Salud en Astana.

A pesar de que no hay ningún encuentro regional en los próximos cuatro meses, hemos tenido un aluvión de peticiones provenientes de la Organización Mundial de la Salud en que se nos pedían diversas clases de aportaciones y asistencia. Entre estas peticiones se incluye el que hagamos nuestra aportación como WONCA en la etapa final de las consulta que se están haciendo acerca de la Declaración de Astana, que ha tenido un periodo de respuesta menor a dos semanas y cuyo formato se ha demostrado difícil de gestionar dadas sus respuestas amplias e individualizadas. A pesar de ello, como WONCA hemos dado una respuesta formal en nombre de nuestra organización, y el debate, seguro, que podrá continuar sin problema – podéis leer más acerca de este tema en mi artículo de este mes de fragmentos de política.

Otras noticias – el ciclo de dos años de la WONCA entre reuniones del Consejo WONCA terminará con las próximas elecciones y estas representarán el inicio de un nuevo periodo de priorización para muchos grupos de trabajo regionales y para los grupos de interés especiales (WPs y SIGs). Tenemos un gran abanico de candidatos y candidatas de gran calidad y fortaleza, candidatos que quieren estar en el Ejecutivo de la WONCA 2018-2020, y todos ellos se sienten llamados a constatar la diversidad de propuestas en todas las regiones del mundo, tanto de hombres como de mujeres. Esperamos poder ver los resultados de los Grupos de Trabajo y los Grupos de Interés Especial, y celebrar sus actividades en Seúl. Las ejecutivas de WONCA también han estado revisando y analizando qué es lo que ayuda a los Grupos de Trabajo y a los Grupos de interés especial a la hora de conseguir un perfil que se muestre efectivo para sus miembros y, en ese sentido, yo también doy la bienvenida a vuestras opiniones con respecto a vuestros deseos y valoraciones.

Desde el punto de vista externo, la mayoría de países continúan luchando con los desequilibrios que se producen a nivel mundial entre la necesidad y los recursos disponibles. En ese sentido, tuvimos dos interesantes talleres en nuestro congreso anual en el Reino Unido – la Sociedad para la Atención Primaria Académica (SAPC) – uno de los cuales debería enseñarse en la universidades y academias por parte de los médicos y las médicas de familia, y otro acerca de la capacidad de fortalecimiento de nuestra especialidad. La SAPC enlaza nuestra organización miembro en el Reino Unido con otros organismos como el Grupo de Investigación en Atención Primaria de Norte-América (North American Primary Care Research Group, NAPCRG), y resultó muy positivo ver como unos liderazgos tan profesionales pueden ser un elemento distintivo y destacar entre el conjunto de perfiles e impactos que tiene nuestra especialidad. También quedó claro por parte de los médicos más jóvenes y los estudiantes participantes en el encuentro que la calidad de su experiencia en los distintos sitios donde habían trabajado tenía una gran influencia en la apuesta por esta carrera. Así que, juntando a diversos estudiantes en tu clínica y asegurándote de que tienen una experiencia de aprendizaje positiva, vale la pena invertir un poco de tu precioso tiempo y energía en conseguir que sea así – ¡tal vez incluso volverán! Pero la lucha por conseguir la cantidad de recursos correctos y el apoyo a nuestro personal sanitario todavía es poco más que una consigna.

Finalmente, una observación de uno de mis pacientes – quien, debido a mis compromisos nacionales e internacionales, ¡no puedo ver tan a menudo como me gustaría! – Durante una de mis consultas, ella me dijo, “Oh, está bien, no te preocupes Doctora Howe, porque tus colegas hacen un trabajo excelente cuando tú no estás, aunque me gustaría más verte solo a ti”. La respuesta obvia fue – “bien, está bien saberlo – pero ¿por qué?”, ella me miró sorprendida ante una pregunta así y entonces dijo “...es algo que está en relación con la emoción que me despiertas tú, Doctora, como persona y como médica...”

Todos y todas necesitamos esto en nuestras vidas. Gracias a los colegas, al personal sanitario, a los amigos, a la familia y a los pacientes que nos escuchan y nos responden tanto como personas y como profesionales. Juntos y juntas podemos marcar la diferencia.

Amanda Howe  
WONCA President

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

## From the CEO's desk - there is no UHC without PHC



Photo: WONCA Executive in Krakow

What a busy few weeks!! Since last I wrote I've been in Geneva, for World Health Assembly, then on to Krakow for the WONCA Europe conference and then to Warsaw for a meeting of the WONCA Executive. After that it was off to Toronto, to undertake a Program Accreditation visit at University of Toronto, before heading away for some much-needed leave time. My thanks to Karen Flegg for filling in for me last month in WONCA News.

### World Health Assembly

Given the clash of dates of the World Health Assembly (WHA71) with WONCA Europe, in Krakow, this year, we divided representation so that Amanda Howe and I started the week before being relieved by Donald Li and Vivi Martinez-Bianchi. Amanda and I then flew to Krakow, to be joined later in the week by Donald Li.

Much of the WHA71 formal agenda was related to WHO Director General Dr Tedros Adhanom Ghebreyesus' emphasis on Universal Health Care and the importance of Primary Health Care, and the signing of the new 13th General Programme of Work (GPW) designed to help the world achieve the Sustainable Development Goals – with a particular focus on SDG3: “Ensuring healthy lives and promoting wellbeing for all at all ages by 2030”.

This is of particular importance to family medicine, as it sets three targets by 2030:  
- 1 billion more people covered through

universal health coverage;  
- 1 billion more people are better protected from health emergencies; and  
- 1 billion more people enjoy better health and wellbeing.

Significant emphasis was placed on the upcoming declaration on the 40th anniversary of Alma Ata. Health Equity was spoken about constantly and the discussions included how to go from visionary goals to real action, commitment and funding to see change. “There is no UHC without PHC” was

another important statement heard at many of the meetings, and “now that we all agree of the importance of primary health care, then how do we go about it?”.

As usual, WONCA had a whole series of meetings with WHO colleagues in a number of departments, including: Service Delivery and Safety (SDS) Department; Ageing and Life Course; Mental Health and Substance Abuse; Health Workforce; Occupational Health; and NCDs. We also attended a number of side events, dinners with key stake holders and met with other NGOs to discuss current and future joint activities. Those we met with included the International Federation of Medical Students Associations (IFMSA); World Medical Association (WMA); International Council of Nurses (ICN); Global Coalition for Circulatory Health; and World Federation of Public Health Associations. This last organization was formally admitted to WONCA this year as an Organization in Collaborative Relationship and has recently granted reciprocal partner membership to WONCA in turn.

Year on year, WONCA has developed a higher and higher profile with WHO, and it was especially encouraging this year to see how often WHO colleagues were actively seeking us out, to request assistance with, and inputs to, various WHO documents.

Of course the major emphasis during this past year has been planning and preparing for the 40th anniversary celebrations of Alma Ata, to be held in Astana (capital of Kazakhstan), in

October 2018. Dr Anna Stavdal, WONCA Europe President, has been an integral part of the WHO Euro Advisory Group, whilst WONCA President Professor Amanda Howe co-chaired the International Advisory Group at WHO HQ. WONCA has been invited to review and comment on a number of technical papers which will be prepared in advance of the meeting, and we were also given an opportunity to comment on the draft Astana Declaration, which was circulated recently to all Member Organizations and Working Parties and SIGs.

The meeting is scheduled for 25th and 26th October, just after our own world conference in Seoul, and whilst the detailed programme for the meeting has still to be firmed up, WONCA will be sending a small but very able delegation which hopes to have significant opportunities to highlight family medicine and its potential for the delivery of quality primary health care.

#### **WONCA Executive meeting**

To tie in with the WONCA Europe conference in Krakow, WONCA Executive's latest face-to-face meeting was held in Warsaw on 28th and 29th May. As ever there was a very busy agenda, with a whole host of topics for discussion. Some considerable time was spent on Bylaws amendments, before they are presented to Council in October for endorsement, and more routine issues such as regional and Executive reports were included. Finances were, as ever, a key item, but Hon Treasurer was able to report that 2018 to date was well on target to meet, and quite possibly exceed, predictions for income.

Nominations for WONCA Honours and Awards were presented to Executive for endorsement, and they were pleased to endorse one

nomination for Honorary Life Direct Membership, 12 for WONCA Fellowship and to confirm Nominating and Awards Committee's recommendation regarding the 2018 WONCA Global Five Star Doctor Award.

Membership Committee recommendations were also considered, and Executive was pleased to endorse a number of recommendations regarding WONCA Membership:

#### **Full membership of WONCA:**

- Public Organization National Association of Family Medicine Workers of Tajikistan

#### **Academic Membership of WONCA:**

- Department of Family Medicine at Queen's University, Kingston, Ontario, CANADA  
- Department of Family Medicine (DFM) of Faculty of Medicine and Community Health (FMCH), Queensland University, Haïti.  
- Aswan Family Medicine Residency Programme, Egypt

#### **Ongoing Activities**

Work in the Secretariat is as busy as ever. Staff have been completing actions resulting from the recent Executive meeting but are also very engaged in preparing the Annual Report (covering the period from July 2017 to June 2018) and also preparing for WONCA Executive, Council and conference in Korea in October. I've previously reported on arrangement for Korea, but you can always access further details at

<http://www.globalfamilydoctor.com/News/ArrangementsforSeoul.aspx>

Until next month.

Garth Manning

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## 22<sup>nd</sup> WONCA WORLD CONFERENCE

OCTOBER 17-21, 2018 SEOUL, KOREA

**Primary Care in the Future: Professional Excellence**



## Feature stories

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### Policy Bite - Making a global declaration – how to influence and advocate

I hope all WONCA members reading this will know that in July there was a very short period when the final draft of the “Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals” allowed people to comment on this version. At least three of our Executive – myself as President through being invited onto an International Advisory Group for WHO, Anna Stavdal through her involvement in the WHO Europe Advisory group, and Viviana Martinez-Bianchi, as WHO Liaison had seen the previous versions, and were relieved to see the words ‘family physicians’ appear for the first time in the recent one! We can consider this a small victory, but the process remains a curious one – open to all, with an online survey: so will it be the number of comments that will count or the status of the submitters? The quantity? Or the quality?

Faced with this dilemma, we submitted a formal response on behalf of WONCA after gathering as many views as we could via Member Organisation, Executive, and Working Party inputs. We got more than 80 inputs, and are grateful to all. But we also encouraged others to reply in their own right, hoping that our many key messages and communications in the past would enable you to use these as you saw fit.

On the whole the draft met with conditional approval, especially because it did have the words ‘family physicians’ in the text. Much of the commentary addressed the following big issues:

**Terminology** – There were requests for definitions, and concern that the term family physicians would not be interpreted as meaning specialist family doctors. Similarly, a debate about whether primary health care was adequately defined, and whether the message on the necessary workforce was clear.

**Implementation** – concerns that the Declaration does not hold countries and governments to account, and that its ideals will

not be implemented in practice: also that, because it is short and general in its terms, there is room for misinterpretation of its goals towards a minimal model. In addition, many said that the ‘how to do it’ was not adequate, both in financial and practical terms.

**Equity issues** – although the draft does claim a global aim, there were major concerns that key inequities were not addressed – a particular omission being rural health and health service inequities; also gender, poverty, and vulnerable communities such as victims of violence. The need to help the disempowered was also emphasised by our members.

**Absence of explicit commitment to training and research capacity** as core to a fit-for-purpose workforce and health system.

**Level of detail** – this was a recurrent theme, but there was also acknowledgement that the Declaration might need to be short and in ‘plain English’: respondents varied on this.

**Overall ethos** – person centredness, efficiency, avoiding overpayment and overmedicalisation, an absolute societal commitment to address social determinants of health, and the caring / interpersonal nature of professional motivation and trust should all be made more visible.

Our messages back to WHO have reflected the areas of comment you have sent, and a draft summary on which our online submission has been based is shown here.

1. “WONCA welcomes the overall emphasis of the Declaration on the central importance of effective primary health care to achieve universal health coverage. We fully support the inclusion of family physicians in the document, as we know our medical speciality is central to integrated person-centred care that can bring together all aspects of preventive, acute and ongoing care for individuals and their communities.

2. We want to see even more emphasis on the

key elements of effective equitable health care – accessible and high quality, as well as available and affordable, and also culturally and linguistically appropriate care provided in a timely manner.

3. Our organization has consistently asked for recognition that the biggest equity challenges for health care are poverty and rurality; and we know that women, children, those in poor health, and displaced persons often have even greater challenges in accessing care than the rest of the population. We want to see these dimensions explicitly mentioned in the Declaration's commitments.

4. We also note that, while empowerment and partnership are really key areas, illness and neediness can make us all powerless for a period – and that good health care should protect and support us in these vulnerable periods of our life. This includes the right to care in all stages.

5. We want to strengthen the commitment to implement changes – too often a Statement like this becomes a paper exercise. We understand that W.H.O. aims to build momentum across its members and partners for an implementation cycle following the launch of the Declaration in Astana, and will seek to ensure this occurs – for the good of our patients.

6. We recognise the need to make a bold clear statement, but many members sought further detail and were concerned that technical guidance and even definitions were lacking. We urge W.H.O. to pursue its stated commitment to providing further detail, and our experts will support review of this to ensure

that the details of 'who can' and 'how to' achieve truly great PHC are useful.

7. In particular, many urged a further statement on the PHC workforce, and government commitment to training, developing academic capacity, effective recruitment and retention policies, and an investment in the status and sector of PHC. Too often this sector has not had effective workforce development: without family doctors, primary care nurses and other community-based staff, PHC for UHC cannot become a reality.

8. Finally, we know that good health care at all levels cannot exist without the right values and motivation driving the healthcare workers, the public, and all citizens. Strong PHC needs to be driven by a real commitment to the needs of others. This comes above technology and knowledge – which should be servants of the people, not masters”.

We have suggested some rewording and reordering in the Declaration, in line with these views. Things are changing minute by minute – We are submitting this to the July deadline of 19/7/18, and many waters will have run under bridges by the time you read it in August! But we reiterate here that WONCA welcomes the declaration, looks forward to its final version, and even more to seeing strong PHC delivering UHC on a global basis. The family doctor workforce will play its major part, and we shall aim to hold others to do the same.

Amanda Howe, WONCA President  
Viviana Martinez-Bianchi, WONCA-WHO Liaison

## New Center for Professionalism & Value in Health Care in Washington, DC

The American Board of Family Medicine (ABFM) and the ABFM Foundation are pleased to announce the establishment of the Center for Professionalism and Value in Health Care based in Washington, D.C. The Center will be led by Robert Phillips, MD MSPH, who has been named as its founding Executive Director.

“Health care in the United States is in the midst of transformational change; professional self-regulation and the public trust are at risk. To meet this challenge, the ABFM Foundation has decided to make a strategic investment in the creation of the Center with the ultimate goal of



dramatically improving health and health care,” said ABFM President and CEO Elect Warren P. Newton, MD, MPH.

The new Center aims to create space in which patients, health professionals, payers, and policymakers can work to renegotiate the social contract. “The social contract between health care professionals and the public gives clinicians the privilege of self-regulation in exchange for responsibility to act in the best interest of patients. This contract is fraying as increased employment of clinicians creates pressures to serve business interests over those of patients. The erosion of autonomy, strain of regulation, and exploding reporting burden is producing unprecedented levels of burnout,” says Dr. Phillips. “It has gotten so bad,” continues Phillips, “that physicians are unwittingly asking many state legislatures to remove long-standing mechanisms of self-regulation and public accountability. We cannot afford to have the public question health professionals’ willingness to be accountable, and patients cannot afford our surrender of that role to payers and policymakers.”

The Center will seek to define value across the healthcare spectrum, reaching beyond medicine to engage the broader healthcare community as well as patients and families to consider what they believe professionalism and value mean, how to measure it, how to improve it, and how to engage and develop leaders. The Center welcomes collaboration with all others interested in professionalism and value in health care, including other specialty boards, other professions, and other organizations interested in working together on this common ground.

“The selection of Bob Phillips to lead the Center is an outstanding choice,” says James C. Puffer, MD, President and CEO of the ABFM. “In his role as ABFM Vice President of Research and Policy, he helped the ABFM Research Department grow to become an influential source of information about the value of primary care. He also led the launch of the national PRIME Registry, which now helps primary care practices in 49 states liberate data from their electronic health records, thus enabling easier monitoring and improvement of quality, measure reporting, and completion of certification requirements. He was instrumental in the creation and successful launch of the ABFM PHATE tool, which helps practices understand how their patients are affected by social determinants of health and how to meet their needs, as well as to support enhanced reimbursement.”

Dr. Phillips graduated from the University of Florida College of Medicine and completed residency training and a health services research fellowship at the University of Missouri. Prior to coming to the ABFM, he directed the Robert Graham Center for Policy Studies in Primary Care. Dr. Phillips is an elected member of the National Academy of Medicine and was a Fulbright Specialist to the Netherlands and New Zealand. He currently serves on the National Committee on Vital and Health Statistics, is a Professor at Georgetown University and Virginia Commonwealth University and maintains a continuity family medicine practice in Virginia.

### **About ABFM**

The American Board of Family Medicine (ABFM) is one of the twenty-four Member Boards of the American Board of Medical Specialties. Founded in 1969, it is a voluntary, not-for-profit, private organization whose objective is to encourage excellence in medical care. The ABFM believes that its certified family physicians have successfully demonstrated their ability and have proven their commitment to the public, the specialty of Family Medicine and the profession.

Through its certification processes, the ABFM seeks to provide patients the assurance that their certified family physicians have the necessary education, training, skills and experience to provide high quality care to patients and their families and that this commitment to excellence is maintained throughout their years of practice.

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 to their regional meetings or to the international meeting in the year when it is held.



## 22<sup>nd</sup> WONCA WORLD CONFERENCE

OCTOBER 17-21, 2018 SEOUL, KOREA

**Primary Care in the Future: Professional Excellence**

### Plenary speakers for Seoul

Website: [www.wonca2018.com](http://www.wonca2018.com)

[Plenary speakers bios available here](#)

#### Plenary Speakers

**Date** | 10/18(Thu)    **Daily Topic** | Family medicine in the future



**Creating the Medical Home - the central role of the family physician in community based integrated care**

| **Amanda Howe, MA, MD, FRCGP**

[Bio](#)

- President of World Organization of Family Doctors
- Professor of Primary Care and Population Health, Norwich Medical School, University of East Anglia, U.K.



**Developing professional excellence in primary care - Qualification through CME and recertification system**

| **Stephen A. Wilson, MD, MPH, FAFAP**

[Bio](#)

- President of Society of Teachers of Family Medicine
- Director of Medical Decision Making, UPMC St Margaret Family Medicine Residency
- Director of Faculty Development Fellowship, University of Pittsburgh Dep't of Family Medicine
- Associate Professor of University of Pittsburgh School of Medicine, USA

**Date** | 10/19(Fri)    **Daily Topic** | Global health



**WHO policy of primary care and non-communicable diseases (NCDs)**

| **Young-soo Shin, MD, PhD**

[Bio](#)

- Regional Director for the Western Pacific, World Health Organization



**Global Perspective of mitigating infectious diseases and the role of vaccination**

| **Kate Anteyi, MD, MPH, MBA**

[Bio](#)

- Chief Consultant, Family Practice/Infectious Diseases
- Advisor, Global Health/ Office of HIV/AIDS
- United States Agency For International Development (USAID), USA

Date | 10/20(Sat)

Daily Topic | Aging



**The role of primary care physicians in healthy aging model of care in WHO perspective**

| **John Beard, MBBS, PhD**

[Bio](#)

• Director, Ageing and Life Course, World Health Organization

Date | 10/21(Sun)

Daily Topic | Health Promotion



**Promoting health in a super-aging society – Community and government action in Japan**

| **Machiko Inoue, MD, MPH, PhD**

[Bio](#)

• Professor, Department of Family and Community Medicine, Hamamatsu University School of Medicine, Japan  
• Director, Shizuoka Family Medicine Training Program, Japan  
• Board member, Japan Primary Care Association

## Invited Speakers

Date | 10/18(Thu)

The Role and Identity of Family Physicians in Geriatrics in the World



| **Jean-Pierre Michel, M.D.**

[Bio](#)

• Professor(H), Academic Geriatric Department, Geneva Medical University, Switzerland  
• Ongoing WHO expert, the "Ageing and Life Course program"  
• Director, "Federation of Education in Geriatrics" of the International Association of Gerontology and Geriatrics

Date | 10/18(Thu)

How to Write and How to Publish – a Practical Workshop

Date | 10/19(Fri)

Research Low and Middle Income Countries Need to Enable Better Models of Care and Financing for Primary Health Care



| **Felicity Goodyear-Smith, MBChB, M.D.**

[Bio](#)

• Chair, WONCA Working Party on Research  
• Academic Head & Goodfellow Chair  
• Professor, Department of General Practice & Primary Health Care, University of Auckland, New Zealand

Date | 10/18(Thu)

Workshop: Developing PHC measures – is it possible to capture the values of PHC

Date | 10/19(Fri)

Workshop: Profiling Profiles of Primary Health Care Policy Implementation around the World – from current experiences towards the next phase.



| **Chris van Weel**

[Bio](#)

• Emeritus Professor, Primary Health Care Research, ANU Australia  
• Emeritus Professor, Family Medicine/General Practice Radboud University, Nijmegen, The Netherlands  
• Past President of World Organization of Family Doctors WONCA

## Working Parties and Special Interest Groups

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### Rural roundup: building research capacity in rural settings

Prof Christos Lionis (Greece) writes:



Rural primary health care research promotes excellence in clinical practice and has been shown to improve staff recruitment and retention. While progress has been made recently to support research excellence in rural health care

in Australia, Canada, the USA and some European countries, research in rural primary health care settings has received insufficient attention worldwide.

The European Rural and Isolated Practitioners Association (EURIPA) has held several consensus meetings over the past few years to examine issues related to enhancing capacity for promoting research within rural European settings. A large consensus panel comprised of experts in rural family medicine and public health, jointly with guests and primary care physicians serving rural areas in Europe, succeeded with translating key issues, views and suggestions raised in previous EURIPA annual meetings into practical recommendations. This consensus report was published in the *Australian Journal of Rural Health*, in June 2018, and builds on the work of the European General Practice Research Network (EGPRN). The consensus report sought to identify the barriers, priority research themes and to approve recommendations for building future capacity for rural health research.

Lionis C, Dumitra G, Kurpas D, Tsiligianni I, Papadakis S, Petrazzuoli F; EURIPA. Building research capacity in rural health settings: Barriers, priorities and recommendations for

practitioners. *Aust J Rural Health*. 2018 Jun 1. doi: 10.1111/ajr.12422. [Epub ahead of print]

Fourteen barriers facing rural health research were identified by the Consensus Panel as being of greatest significance. Among the identified barriers, poor networking among rural practitioners was identified by Consensus Panel members as being a particularly significant factor in terms of efforts to build research capacity.

This report summarises seven recommendations and specifically the following:

1. Identify the local population health needs
2. Prioritise and plan research based on local needs
3. Identify the existing research capacity
4. Create linkages with existing networks and institutions, including universities
5. Plan research considering realistic and achievable outcomes
6. Ensure adequate resources are in place prior to implementation
7. Report to local community

The Consensus Panel hopes this report will assist with informing discussions for building research capacity in rural primary health care settings. Specifically, it is the hope of the panel that these recommendations will assist clinicians working in rural health settings with engaging in excellent research that will benefit the local population and assist with supporting the establishment of new linkages among those working in both rural and urban settings to support a stronger rural health research agenda.

## Family Doctor and Medically Unexplained Symptoms



*Prof Christopher Dowrick, chair of Working Party for Mental Health tells us about the latest resource produced by a task group of the Working Party or use by family doctors : "Addressing the needs of patients with Medically Unexplained Symptoms (MUS)"*

All family doctors have consultations with patients who present physical symptoms for which there is no clear medical explanation. For many of us, these encounters can be a source of difficulty and frustration.

The WONCA Working Party for Mental Health is here to help!

An international led by Tim oldeHartman now provides a new evidence-based guidance document based on 10 Key Points to provide a guidance for Family Doctors all over the world in the management of patients with Medical Unexplained Symptoms (MUS).

Starting from the understanding of MUS as a working hypothesis, we offer advice on risk factors, communication, explanation and management, all within a framework of cultural competence.

[Download MUS document \(11pp\)](#)

## Working Party on Women & Family Medicine annual report



*Kate Anteyi, chair of the WONCA Working Party on Women & Family Medicine (WWPWFM) reports on activities July 2017 – June 2018*

The WWPWFM goals for the 2016-2018 biennial is to have a sustained impact in WONCA regions through expansion, networks and linkages, and address women's health at primary care through family medicine perspective. Universal health access will not be achieved unless women are cared for in their own communities and are empowered to take decisions about their own health in a supportive environment. Improving the quality of care for women at primary care in all Wonca regions align with WONCA's mission of improving the quality of life of the peoples of

the world through defining and promoting its values, including respect for universal human rights and including gender equity, and by fostering high standards of care in general practice/family medicine. WWPWFM objectives are to enhance leadership skills among women family doctors, improve women's health at primary care, strengthen collaboration with other WONCA working parties, young doctors group and SIG. WWPWFM continues to increase her membership and impact at WONCA regions through pre-conference meetings, and advocacy. During the 2016-2018 biennial, WWPWFM membership increased with women doctors joining from Brazil, Canada, China, Egypt, Nigeria, Saudi Arabia, South Africa, United Kingdom, Ukraine, and United States.

[Join our working party](#)

**Interim meeting:**

WWPWFM organizational interim/strategic

meeting held August 14 – 17, 2017 in Soweto, South Africa. The theme of the meeting was women's health in primary care, the face of family medicine. The objectives were to identify challenges of providing quality care to women at primary care, develop evidence informed generic tools for improving women's health at primary care and develop strategic plans for the next biennial. The focus was on how WWPWFM can advocate for provision of quality services for women specific health issues at primary care through continuity of care and relationship. The outputs from the interim meeting were women's health advocacy and workshop tool, generic workshop tool for leadership for women family doctors and a strategic plan for Seoul 2018. Also, at the meeting, the Gender Equity Standard (GES) documents were adopted as reference documents of WWPWFM.

### **WONCA Regions Activities:**

WWPWFM executives and regional leads organized pre-conference meetings and women's track on women's issues in various WONCA region conferences. WWPWFM participated in the WONCA Africa conference from August 18-20, 2017 by organizing a pre-conference meeting with over 50 attendees and a leadership workshop. In Wonca Europe and Asia Pacific, WWPWFM members also participated and organized pre-conference meetings, and workshops on gender-based violence and leadership.

### **Collaboration with other WONCA Working Parties, SIG and WHO:**

At the May 2018 WONCA Rural conference in India, WWPWFM through her Asia Pacific members, successfully organized a family violence workshop, had a panel on women rural doctors and participated in the rural café forum. WWPWFM continues to participate actively in the WONCA SIG on family violence forum and WHO MCH forum.

### **Research:**

WWPWFM members are engaged in the resilience among women family doctors during life cycle transition project and studying the working conditions for women family doctors around the globe.

### **WONCA World conference, Seoul 2018:**

WWPWFM will hold a pre-conference at Seoul2018. She also has approval for ten workshops abstracts submitted by members. Her members will also be involved in various oral and poster presentations.

### **Impact:**

WWPWFM continues to make remarkable impact on women's health and women family doctors through advocacy, leadership, education, mentorship, research and relationship. WWPWFM has active regional groups/members in most WONCA regions. WWPWFM region-specific tools for women's health across the lifecycle will enhance the skills of primary care providers to deliver evidence-informed care that will improve the quality of life and health outcome for women and girls. The identification of the occupational challenges facing women family doctors and trainees will strengthen their ability to seek equity in working conditions through regional and international collaboration. The expected outcome is that as women family doctors become more engaged and empowered in improving their own work situations, their leadership abilities will be enhanced.

### **Challenges:**

Financial constraint has hindered the implementation of WWPWFM proposed global projects on qualitative assessment of working conditions of women family doctors around the globe and the development of region-specific standards for providing evidence-informed women's health across the lifecycle in primary care. It has also been difficult getting younger women doctors to join and commit to the activities of WWPWFM due to diverse reasons including financial, lifecycle, and conflicting scheduling with the Young Doctors Movement meeting during WONCA conferences.

### **Conclusion:**

WWPWFM is experiencing growth despite existing financial constraint, with increasing collaboration internally with other Wonca Working Parties and SIG, and externally with WHO and other donors. At Seoul 2018, WWPWFM contribution to a successful WONCA world conference will be significant. WWPWFM looks ahead to be a significant player in improving women's health across the globe, as she strategize for sustainability and ownership at national and regional levels.

## Working Party on Quality and Safety annual report



Chair - Maria Pilar Astier Peña (Spain)  
Secretary - Jose Miguel Bueno Ortiz (Spain)  
IT Officer - Alexandre Gouveia (Switzerland)

[Join our working party](#)

### Objectives (July

2017 - June 2018):

1. To facilitate family doctors' with tools to improve Quality and Safety at their office
  2. To promote tools to improve networking among Wonca world members aimed at get quality and patient safety issues on the medical office's desktop
  3. To collect and maintain updated Quality and Safety resources for family doctors in Wonca webpage.
  4. To contact universities and public institutions which offer open source courses on Quality and Safety to promote the introduction of primary care issues in this area.
  5. To prepare and offer a Quality and Safety workshops, lectures and seminars for family doctors in Wonca conferences.
  6. To have an active participation in WHO webinars and other meetings regarding Quality and Safety
  7. To have an active participation in Wonca World Regions Congresses and Conferences.
  8. To identify a set of Quality and Safety indicators to monitoring implemented actions in medical offices.
  9. To make alliances to empower Quality and Safety in Primary Care through a World Day: International Safety & Quality in Primary Care Day
- We have accomplished objectives 5, 6, 7.

### Conferences or scientific meetings in which the group have participated during the period July 2017 - June 2018:

1. Expert Consultation: WHO Global Patient Safety Challenge Medication Without Harm: Early global action to support implementation, Geneva, 11-13 December 2017

2. 53rd EQuIP Assembly Meeting, 23 - 24 March 2018 - Bratislava – Slovakia  
Workshop: Medication without harm: Which are the main topics in primary care?  
Conductors: Maria Pilar Astier-Peña and Ilkka Kunnamo. Link to the workshop: <http://bit.ly/2ue5TIG>
3. 23rd WONCA Europe Conference in Krakow  
Workshop: Deprescription. Conductors: Jose Miguel Bueno Ortiz
4. XI Patient Safety Annual Conference in Primary Care in Spain, Madrid 22 June 2018: [www.seguridadpaciente.com](http://www.seguridadpaciente.com)

### Training activities

Training to Family Doctors Residents on patient safety and quality in Zaragoza (Spain)  
Training to Family Doctors Residents on improving clinical reasoning as a tool to reduce diagnostic errors in Zaragoza (Spain)  
Training to fourth and fifth medical students on improving clinical reasoning as a tool to reduce diagnostic errors at Medical School of the University of Zaragoza (Spain)

### Publications

Palacio J, Astier P, Hernández MA. Medicamentos: cuando las apariencias engañan. Aten Primaria 2017;49:375-7 - DOI: 10.1016/j.aprim.2017.06.002

Mira Solves JJ, Romeo Casabona C, Astier Peña MP, Urruela A, Carrillo I, Lorenzo Martínez S, Agra Varela Y. Si ocurrió un evento adverso piense en decir "lo siento" Anales del sistema sanitario de Navarra, 2017.40(2): 279-290

Mira Solves JJ, Romeo Casabona CM, Urruela Mora A, Agra Varela Y, Astier Peña MP, Lorenzo Martínez S, Aibar Remón C, Aranaz Andrés JM. La seguridad jurídica de los profesionales sanitarios: un requisito para lograr una mayor calidad asistencial. DS : Derecho y salud, 2017; 27(2): 94-110

Astier Peña MP, Olivera Cañadas G. El reto de sostener cultura de la seguridad del paciente en las instituciones sanitarias. Anales del sistema sanitario de Navarra.2017; 40(1):5-7

Mira JJ, Lorenzo S, Carrillo I, Ferrús L, Silvestre C, Astier P, Iglesias-Alonso F, Maderuelo JA, Pérez-Pérez P, Torijano ML, Zavala E, Scott SD; RESEARCH GROUP ON SECOND AND THIRD VICTIMS. Lessons learned for reducing the negative impact of adverse events on patients, health professionals and healthcare organizations. Int J Qual Health Care. 2017 Aug 1;29(4):450-460

## Working Party on Research annual report



*Prof Felicity Goodyear-Smith Chair reports on 2017-18 activities.*

[Join our working party](#)

The WONCA Working Party

on Research has been very active in the past year, the membership has grown and communication is maintained via a Google discussion group, with 68 members of the Research Assembly.

### Books

Our 2nd book, *How to do Primary Care Research* (Editors WWPR Chair Felicity Goodyear-Smith & Bob Mash) was completed and sent to the publisher (CRC Press, Taylor & Francis Group) in February 2018. We are hoping it will be ready to be formally launched at the Seoul WONCA World meeting in October 2018.

WP member Chris van Weel is also co-editing a book with WONCA President Amanda Howe on a snapshot of the status of primary health care development around the world (also CRC Press). This is based on a number of the cross-nation panels organised by the WP, many of which have been published in peer reviewed journals. It is hoped this will also be ready for launching at Seoul.

### Panels

The WWPR continues to run panels / workshops whereby different countries compare how their primary care is organised, using regional coordinators in the different WONCA regions. A template to prepare the slides is provided (panel project resources).

- Eastern Mediterranean: The 2017 Eastern Mediterranean panel (Bahrein, Egypt, Lebanon, Qatar, Sudan United Arab Emirates) has been published (Van Weel C, Alnasir F, Farahat T, Usta J, Osman M, Malik M, Nashat N, Alsharief W, Sanousi S, Salah H, Tarawneh M, Goodyear-Smith F, Howe A, Kassai R. Primary Health Care Policy Implementation in

the East Mediterranean region – experiences of six countries. *European Journal of General Practice*. 2018. 24(1):39-44). 10.1080/13814788.2017.1397624).

- The 2018 Eastern Mediterranean panel (Algeria, Kuwait, Morocco, Kingdom of Saudi Arabia, Jordan and Iraq) took place in Mar 2018 in Kuwait. A paper is being written.

- Europe: A panel was held with four countries (Ukraine, Romania, Macedonia and Finland) at WONCA Europe Regional Conference in Prague in June 2017, led by Prof Mehmet Ungan. No publication planned.

- Africa: A panel of speakers from Ghana, Nigeria, Zimbabwe, Malawi and Ethiopia was convened at the WONCA Africa meeting in Pretoria, South Africa in Aug 2018. This has been written up, and a paper in press (Mash R, Howe A, Olayemi O, Makwere M, Ray S, Gyuse A, Goodyear-Smith F. Reflections on family medicine and primary health care in sub-Saharan Africa *BMJ Global Health*. In press).

- South America: Another workshop comparing systems in México, Republic of Dominicana, Argentina, Paraguay, Ecuador and Panamá was held at the WONCA Iberoamericana-CIMF Regiona Conference Aug 2017, Lima, Peru, led by Lidia Caballero and Jacqueline Ponzio. This will be included in the book and they are also considering publication in a Spanish journal.

- Asia Pacific: A panel involving Australia, Malaysia, Mongolia, Myanmar, Thailand and Vietnam was held at WONCA Asia Pacific Regional Conference Nov 2017, Pattaya, Thailand, led by Ryuki Kassai. Paper has been submitted to *Family Practice* (Kassai,R; Van Weel, C; Flegg, K; Tong, S; Han, T; Noknoy, S; An, Pham L; Dashtseren, M; Ng, CJ; Khoo, EM; Noh, KM; Lee, MC; Howe, A; Goodyear-Smith, F. Primary health care policy implementation in the Asia Pacific region – experiences of six countries)

- Mexico: A panel discussion at NAPCRG in Colorado has been published (Ramirez-Aranda J, Van Weel C, Goodyear-Smith F. Strategies for Increasing the role of family medicine in Mexican health care reform. *Journal of the American Board of Family*

Medicine, 2017. 30:843-847. doi: 10.3122/jabfm.2017.06.170024)

• A panel discussion was also held at the 2017 NAPCRG conference in Montreal and has led to a publication (Van Weel C Van Turnbull D, Bazemore A, Garcia-Penás C, Roland M, Glazier Rh, Phillips B, Goodyear-Smith F Implementing primary health care policy under changing global political conditions: lessons learned from 4 national settings. *Annals Family Medicine* 2018;16:179-180. DOI <https://doi.org/10.1370/afm.2214>.)

## Research Capacity Building

Africa: In my role as Chair of the WP-R I spent a month in South Africa to assist in family medicine research capacity building. I supported family medicine registrars and other postgraduate students at the Universities of Walter Sisulu, Limpopo and Stellenbosch with their research projects, and ran scientific writing workshops. My reflections are in press (Goodyear-Smith F. Collaborative postgraduate training in family medicine and primary care: reflections on my visit to South Africa. *African Journal Primary Health Care and Family Medicine*. 2018. In press). I also ran a writing workshop at WONCA Africa in Pretoria, Aug 2017.

Europe: Members of WPR ran a workshop on scientific writing at the WONCA Europe Regional Conference in Prague, Czech Republic in July 2017, and a further one in Thailand in November 2017. A master set of slides on how to write is available for members to run these workshops, as well as an interactive exercise on critiquing and correcting a poorly written abstract. A similar workshop is planned for WONCA Europe in Krakow, Poland, in May 2018.

WONCA World: A scientific writing workshop will be run by WP-R members at WONCA World, Korea, Oct 2018.

## Research

WONCA WP-R and other WONCA members successfully bid for a research grant Identifying and closing gaps in primary health research and implementation of organisation and financing in low and middle income countries funded by a grant from the Bill and Melinda Gates Foundation. I am the lead and team members are Prof Amanda Howe, President of WONCA; Dr Andrew Bazemore,

Director of the Robert Graham Center, USA; Prof Robert Phillips, Vice President for Research and Policy of the American Board of Family Medicine, USA; Ms Megan Coffman, and Dr Hannah Jackson, Robert Graham Center, USA; Mr Ricky Fortier, University of Auckland, NZ; Prof Michael Kidd, Past president of WONCA; Prof Chris van Weel, Past president of WONCA; Dr Henry Lawson, University of Ghana, and WONCA president for Africa; Prof Kanu Bala, University of Science & Technology Chittagong, Bangladesh and WONCA president for South Asia; Assoc Prof Inez Padula Rio de Janeiro State University, Brazil and WONCA president for South America.

This study is currently underway and will be completed at the end of August. It will lead to at least two peer-reviewed publications. We will also attend a workshop in Liverpool, UK at the 5th Global Symposium on Health Systems Research conference which will serve as a forum for donors to learn more about the work and proposed future research leading from the project.

## Conference workshops

WP members are involved in a number of conference workshops. For example:

- WONCA Europe, Krakow Poland, May 2018:
  1. Identification of Research Gaps to Enable Better Primary Health Care Models of Care and Financing in Low and Middle-Income Countries. Goodyear-Smith F, Howe A, Kidd M, van Weel C.
  2. Scientific writing and publishing workshop Felicity Goodyear-Smith, Karen Flegg, Mehmet Akman
- WONCA World, Seoul, October 2018:
  3. Identification of research gaps to enable better primary health care models of care and financing in low and middle-income countries Felicity Goodyear-Smith, Chris van Weel, Andrew Bazemore, Robert Phillips, Michael Kidd, Kanu Bala, Henry Lawson, Inez Padula
  4. Scientific writing and publishing workshop Felicity Goodyear-Smith, Karen Flegg, Mehmet Akman, Kyle Hoedebecke
  5. Developing PHC measures – is it possible to capture the values of PHC? Chris van Weel, Felicity Goodyear-Smith, Ryuki Kassai, Andrew Bazemore
  6. Profiles of Primary Health Care Policy Implementation around the World – from current experiences towards the next phase



Chris van Weel, Felicity Goodyear-Smith, Ryuki Kassai, Andrew Bazemore  
7. Academic family medicine Amanda Howe, C Michael Kidd, Chris van Weel, Felicity Goodyear-Smith, Val Wass

## Other initiatives

Joyce Kenkre, Christos Lionis and colleagues have prepared a position paper on Current and

future priorities in primary care. With colleagues they ran a workshop on Collaborative Prioritisation, planning and Preparation for Future Funded Research Calls with 16 European countries at the 7th EURIPA Health Forum, November 2017 in Crete and developed three top research priorities.

## SIG Family Violence workshop report



### Child exposure to intimate partner abuse: how can Family Doctors help? – Workshop

**Authors & organizational team:** Nina Monteiro, Raquel Gómez-Bravo, Kirsty Duncan, Hagit Dascal-Weichhendler, Maria João Nobre, Elena Klusova, Leo Pas

During the 23rd WONCA Europe Conference held in Krakow in May 2018, the Vasco da Gama movement (VdGM) Family Violence Group presented a workshop in collaboration with the WONCA SIG on Family Violence, focusing on Intimate Partner Violence (IPV) and its impact on exposed children.

IPV is a major public health problem and has significant impacts on the children in the family, and is now recognized as a form of child abuse. Recent research indicates that in 30 to 60 percent of families where IPV takes place, child maltreatment also occurs. Children not directly maltreated may still experience harmful consequences, as witnessing violence can be as damaging as experiencing it themselves directly. Selected studies have shown that children from violent homes have

some of the same behavioral and psychological problems as physically abused children. Moreover, children who witness IPV are more likely to be either perpetrators or victims of IPV later in life.

During the workshop we discussed some lessons learned by the Adverse Childhood Experiences Study, which found that adverse childhood experiences (which include among others both child abuse and child

exposure to IPV) have been linked to risky health behaviours, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes. The mechanisms involved may include disrupted neurodevelopment, social/emotional/cognitive impairment, and adoption of health risk behaviours among others.

During the small group discussions different case scenarios were used and participants were asked to share their concerns, differential diagnosis, ideas on how to proceed with the case and the challenges surrounding it. We were surprised by the fact that many colleagues had only considered organic problems, overlooking possible abuse/neglect or witnessing abuse. Family Doctors should approach this subject comprehensively, understanding how children are affected by maltreatment and family violence. Identifying and assessing risk and protective factors, including the social determinants of health, is a key procedure to achieve positive outcomes from interventions in these cases. Once the suspicion arises, other

professionals/organizations should be involved, e.g. social services and law enforcement.

Some take-home messages from the workshop:

- Adverse childhood events, such as witnessing violence can have both immediate and long-term effects in childhood, adolescence and adulthood.
- Besides health effects, there can be negative effects on a child's cognitive and academic functioning, which may result in limited opportunities in adult life.
- By early diagnosis and intervention, it is possible to break the cycle of violence and prevent a bigger burden and repeated victimization.
- IPV may coexist with physical child abuse, and a high index of suspicion should be

maintained. For example, shaken baby syndrome should be considered as a possible diagnosis in a case of a crying baby, or a baby with altered consciousness.

Family Doctors in frequent contact with both parents and children, and with knowledge of family interactions, are well placed to identify and help break the cycle of violence. Early identification and intervention can make a significant difference and save lives!

[www.cdc.gov/violenceprevention/cestudy/index.html](http://www.cdc.gov/violenceprevention/cestudy/index.html)

[email SIG on family violence convenor](mailto:email)

## Region News

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### WONCA Europe: Future Plan

*Dr Anna Stavdal, WONCA Europe president reports on recent WONCA Europe Council activities relating to their Future Plan 2016-2019*



Driven by the Future Plan for WONCA Europe 2016-2019 (our strategic document for the triennium with the three main goals to build identity, increase visibility and exert influence), the activities of our organisation were reviewed by the WONCA Europe Council in Krakow:

- Our communication strategy, which constitutes a prerequisite to reach these abovementioned goals, has been advancing. We have worked to foster internal organisational synergies and cooperation, and guarantee that our stakeholders and the rest of the world sees, understands and engages with our efforts. To encourage continuity, structural reforms have been established, with a specific advisory board and a facilitator joining our communications efforts.
- One of our priorities has also been to ensure that our networks, which drive the content

creation for our organisation, receive support and take advantage of our broad community and its resources. Internally, we have observed a better and more efficient collaboration among the networks, with synergies being identified and established, content being developed in a collaborative way (including statements and policy papers), and infrastructure and resources being used more appropriately.

- With increased visibility, WONCA Europe has received more invitations for collaboration with other organisations related to primary care. A prominent such example, is the close relationship with Regional Office for Europe of the WHO. To reach Universal Health Coverage through strong family medicine, it is important to close the gap between public health and primary care, and WONCA plays an important part. Indeed, representatives from WHO Europe have participated in joint sessions with WONCA Europe at our annual conference for the last three years.
- Dr Anna Stavdal, WONCA Europe President, is the chair of the advisory board to the WHO Europe Primary Care Centre in Almaty, and is involved in the preparations for the Alma Ata anniversary in October this year. She is also a

member of the Health Systems Foresight Group set up in connection with the celebration of the 10th anniversary of the Tallinn Charter, which took place in Estonia, and was invited as panellist at the high-level WHO Europe meeting on NCDs in Spain in May.

- The European Forum for Primary Care (EFPC) is a multiprofessional organisation, advocating for a primary care with an interprofessional team in its core. WONCA Europe continues to work close with EFPC, and Professor Mehmet Urgan, the WONCA Europe President Elect, is a member of the its Advisory Board.

- We are also seeking to establish new liaison activities with the European Cancer Organisation (ECCO) through our President Elect.

- Recruiting and retaining young doctors is an overarching goal for the WONCA Europe region. Our Young Doctors' Movement, the Vasco da Gama Movement, is growing in numbers and activities, and is increasingly integrated in the activities of the other networks.

- The European Journal of General Practice (EJGP) is of great importance to our region. The journal became 'Open Access' in 2017 and is now free of charge globally. We are delighted to report that the impact factor has been maintained after the transition, as have the quality and number of submissions: there have been more than 90,000 full-text article downloads last year with about 60% of all papers cited at least once. The high number of downloads and the extensive use of the journal proves that the investment made by WONCA Europe in transforming the journal into an Open Access one, have been of importance for the global family medicine community.

Finally, this year also marked the first time the new Scholarship Programme was implemented. The purpose the WONCA Europe Scholarship is to scout and foster future international leaders in family medicine, encourage networking, and enable learning about our discipline's models and the institutions in health care, by providing mentorship and financial support. Dr Ana Luisa Neve, from Portugal, is the first to receive the scholarship.

## Meeting with WHO EMRO Regional Director



*Photo: from Rt Dr Hatem Alhandari WHO EMRO Office Cairo, Dr Oraib Alsmadi WONCA EMR treasurer, Dr Mohamed Rasoul Tarawneh JSFM President, H E Dr AHMAD Almandari WHO EMRO RD, Dr Mohammed Tarawneh WONCA EMR president, Dr*

*Crestina Profili WHO EMRO Jordan Representative, MS Ghada Kayyaly WHO EMRO Jordan Office*

Date: 14 July 2018

WHO EMRO Regional Director, His Excellency Dr Ahmad Almandari visited Jordan recently. During his short stay, a WONCA East Mediterranean region (EMR) delegation comprised of Dr Mohammed Tarawneh, WONCA EMR president;

Dr Mohamed Rasoul Tarawneh, Jordanian Society of Family Medicine president; and Dr Oraib Alsmadi, WONCA EMR treasurer; (all from Jordan) were able to arrange a meeting with the WHO EMRO delegation comprised of Dr Ahmad Almandari WHO EMRO regional

director; Dr Crestina Profili, WHO EMRO Jordan representative, Dr Hatem Alhadari, WHO EMRO office Cairo, and Ms Ghada Keylany, WHO EMRO Jordan office.

The meeting started by introducing the delegates, and congratulating his Excellency, the regional director on his new position, and on behalf of Prof Amanda Howe WONCA president, Dr Donald Li WONCA president elect and Dr Garth Manning WONCA CEO.

Dr Mohammed Tarawneh, WONCA EMR president, mentioned that WONCA and WHO had very good relationships through many years and a unique relationship in our region. The previous collaboration since 2013 and the main areas of collaboration were mentioned, such as strengthening health systems in the EMRO countries by focusing on PHC as the patient gate keeper to the health system, and NCDs. We emphasised continuing the collaboration especially technical activities that WONCA can provide to EMRO populations. Dr Alsmadi added other areas of collaborations at national and regional levels such as the short term path to increase the capacity of GPs, and strengthening training programs in the region to produce family physicians, in order to cope with the urgent need of this specialty as a back bone of the PHC. Dr Rasoul added the values of family doctors as the best to tackle NCDs in PHC, and to achieve UHC and the SDGs as well. The book that has been developed in

collaboration was mentioned too as he was the main author for Oman country chapter.

Dr Almandari showed his enthusiastic and strong commitment to continue collaboration and to support the spread of the specialty in the EMRO countries. Also he emphasised the leadership of family doctors in PHC settings and even in hospitals. He mentioned his country experience where the family doctors were health system leaders, the last World Family Doctor Day slogan emphasized that family doctors are the best to lead PHC system worldwide, and he promises for further meetings which will be focusing on strengthening the specialty. He said "Family Medicine is my passion" and as a family physician he will be a supporter and this will be on the top of his agenda. We agreed to conduct a follow up meeting on the near future in EMRO office to discuss in more details with the regional office team.

We invited him to attend WONCA EMR conferences in 2019 and 2020, and he agreed also he was impressed by the WHO sessions which we included in the scientific programs of previous EMR conferences.

Mohammed Tarawneh  
WONCA EMR president



## WONCA People

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### Interview with Jacqueline Ponzo - president elect WONCA Iberoamericana CIMF



*Dr Jacqueline Ponzo, president-elect of WONCA Iberoamericana-CIMF Region was recently interviewed in Barcelona while attending the semFYC (Spanish Society of Family Medicine) #BCNsemFYC*

*Conference. This is a short version of the interview.*

#### **How are you planning your work as WONCA Iberoamericana-CIMF President?**

I am currently in the period of pre-presidency and I am holding interviews with colleagues from different countries, finding out our organization members' needs, trying to understand the current situation of each and every sub region. Indeed, visiting the Iberian Peninsula has allowed me to meet with semFYC and also with friends from the Portuguese society. Here, Family Medicine, leads the National Healthcare System, and the Iberian sub region has the particularity of being in between of Europe and Latin-America. Geographically, I think the Iberian Peninsula could become a very interesting meeting point between Latin-America, Europe and Africa, another WONCA Region with whom we have a lot in common, although until now, we have not shared a lot.

#### **What is your biggest goal?**

I would like that to increase our communication power and influence both at an academic and political way.

#### **How?**

First of all, you need to negotiate, to be flexible, and to make your position clear. In the academic domain, in order to be more present, it is necessary to have more scientific publications. And in the political domain, we

have to work at looking at the societies scenario. The academic domain helps, but it is not enough. We also have to work with the regional health organizations, such as the Organización Panamericana de la Salud (OPS) or the Instituto Suramericano de Gobernanza en Salud (ISAGS). We also need to strengthen our relationship with WONCA World in order to make our dialogue with the World Health Organization stronger. It is important not be always inward looking, but to look outside. We must let the flower bloom, looking abroad and don't be afraid: we are the first specialty of the health care system, we are at the first level of health, and the first level of health cannot work correctly without a Family Doctor.

#### **Which are the different health care systems in Latin America?**

In Latin-America we have a very exceptional case which is Cuba, a Universal Health Care system based on the Family and Community Medicine. Then we have the so-called unique systems, like the ones in Brazil and Uruguay, in which Family Medicine has been a very important support for the social progress. And, finally, we have the so-called fragmented systems like Argentina and Mexico, which are now evolving into more Family Medicine and Primary Care systems. In that sense, the new Argentinian Minister of Health is a Family Doctor.

#### **How would you describe the WONCA CIMF role within WONCA World?**

Our particular situation has to do with the kind of challenges we are facing, which are related to the social, geographical and historical context and, of course, our cultural background. WONCA is an Anglo-Saxon model of organization. This makes it strong in something but it is also very different from our culture. I believe that if we work closer with WONCA World this will help both, especially in community networks or associative work issues.

#### **You will begin your WONCA CIMF**

### presidential mandate at the WONCA World conference in Korea. How do you think the Seoul Conference will be?

I think it will be an exotic conference - for us, Asia is an exotic place. We will be working a lot. We have already organized several activities dedicated to our Latin-American region and we hope that people will be interested in our area. It is stimulating to see how Asia is applying the Family and Community Medicine policies, specially taking into account that the new President of WONCA World will be from Hong Kong.

### And the WHO 40th Alma Ata Anniversary taking place shortly after Korea?

I think the international political context is affecting us and it will be difficult to reach a global agreement such as the one we reached 40 years ago. I feel that everything which surrounds the Alma Ata movement is quieter than it should be, and I believe that this has to do with the realistic chances that compromise could be achieved at an international level, which at this point seems far away. What is for sure is that from WONCA Iberoamericana-CIMF's perspective, we will be aware and we will try to take advantage of any agreement.

### How can young doctors get involved with WONCA CIMF?

They can contact our Young Doctors Waynakay Movement ([www.waynakay.org](http://www.waynakay.org)) and they can participate in many events and activities. We want them to be the core element of the new Iberoamericana-CIMF period.

### Finally, what can you tell us about the conference you will be holding in Tijuana in 2019?

Like all the Latin-American conferences it will be a place for meeting and growing our organization. "Migration and Health" will be the main subject of the Conference, that is why we have chosen Tijuana, which is placed in the border between Mexico and the United States. We want to help with our speciality and our work to help societies to evolve and to get more united with their own cultural and social diversity.

[Find out more about Jacqueline Ponzio](#)

## Louis Ferrant - Europe 5 Star Doctor



*Prof Louis Ferrant, of Belgium, is WONCA Europe's 5 Star Doctor for 2018. We congratulate Louis on his remarkable achievements.*

As a general practitioner and throughout his entire career as a general practitioner, Louis Ferrant has made an effort to bring about changes, bigger or smaller. He is a change agent in his practice, the poverty stricken neighbourhood of Kuregem (Anderlecht, Brussels), at the institutional and political level, and during his academic career. Without any doubt, he has made a lasting impact on a number of people and their organisations,

including patients, colleagues, co-workers, trainees, academics and politicians.

Louis' nomination demonstrates that meets the criteria for a [5 Star Doctor](#) (**care provider, communicator, community leader, decision maker, team member**) as follows:

His career as a **care provider** and general practitioner began with the choice in 1977 to settle and work in a multicultural but disadvantaged neighbourhood of Brussels. This part of Brussels has recently been great news because of terrorist activities and is best described by its average low income, high rate of unemployment, bad housing and social instability. The region lacked general practitioners and he began a group practice. First there were two GPs but later there were three colleagues and two dentists. After a few years, the cabinet grew and they began training medical students.

When confronted with a multitude of patients

immigrated from Southern Europe and Northern Africa, he and others found the “Comité Socio-Médical pour travailleurs immigrés asbl” (the actual “Cultures et Santé asbl”) in 1979. This still is a non-for-profit organisation to promote health and socio-economic situation of immigrants in Brussels.

In 1980, he became an assistant professor at the Centre of General Practice at the University of Antwerp. In 1985 he was also appointed as GP-trainer which he prolonged during his entire career.

In 1988, as vice-chairman of the “Centre for Ethnical Minorities and Health”, he initiated training of intercultural mediators in Brussels. He was a strong advocate of the importance of intercultural mediators in medical practice ever since and always employed Turkish and a Moroccan intercultural mediator in his own practice. He pressed his networks and as a **decision maker** was able to co-create of a team of 80 intercultural mediators for medical services made him the first general practitioner to win the three annual price ‘Verhulst Van Eeckhoven’ (dedicated to an influential Belgian medical practitioner combining scientific research and social involvement) in 1998.

In the nineties he intensified his academic activities and became guest lecturer at the Flemish University of Brussels (VUB), Belgian representative for the ESPCG (European Society for Primary Care Gastroenterology) and also the French speaking Catholic University of Louvain. He initiated a steering group “disadvantaged groups and health” at the University of Antwerp.

His main research topic as assistant professor related to the link between diversity, anthropology and health care. So, amongst other topics, he studied whether there is more to peptic ulcers than Helicobacter Pylori alone – a more anthropological enquiry into a topic that had become strictly medical. He is author and co-author of numerous scientific publications. Among his special interests are: migration, disadvantaged groups and health, (intercultural) communication and health, recurrent gastrointestinal complaints in immigrants, geriatrics, tutorship in medical education and educational support for disadvantaged families. In 2000, he will receive the “Acco” prize for best scientific publication in Tijdschrift voor Klinische Psychologie (the Dutch Journal of Clinical Psychology).

Also as a **community leader** and regarding policy making and still in the nineties, Louis Ferrant became an actor on a local and regional political level to bring under attention the determinants of health in the more disadvantaged areas of Brussels. He became chairman of the “Centrum voor Welzijnszorg Laken” in 1994 and member of the health care advisory board of the Flemish Community Commission. Later on, he will become vice chair and chair of the latter, he will join the steering group “Pro Medicis” to promote a multilingual care offer in Brussels. At the end of his career he played an important role in the promotion of one unified, trilingual GP guard service in Brussels (so Dutch, French and English speaking!), showing his commitment to serve as a clear **communicator** with key stakeholders in the field.

In the year 2000, in the line of his conviction that the health status of any person is for a large part determined at a young age, he set up a so called “house for the families”, a local prevention project for children between 0 and 6 years and their families. The house focuses on prevention through education, nutrition and language, and plays its important role in the neighbourhood of Kuregem (Anderlecht). It is now structurally funded by the Brussels Capital Region and the Flemish Government.

In 2008, he plays a strong role in the transformation of the GP practice into a community oriented multidisciplinary patient-centered medical home “Medikuregem” that offers low threshold medical and paramedical care to the inhabitants of the neighbourhood and plays an active role as health promotor in the area. In cooperation with a public mental health centre, it enables outreach counselling of three psychologists – a pilot project and later example for similar activities in Brussels and throughout the whole country. At present, Medikuregem team encompasses 7 GP’s, 2 GP trainees, 3 nurses (one of which is diabetes educator), 1 Turkish intercultural mediator, 1 social assistant, 1 dietician, 1 health promotor, 3 psychologists (outreach), next to an important reception and supportive staff and coordinator. It participates and often takes a lead in various local projects and initiatives (e.g. promotion of clean streets, perinatal counselling and follow up, cooperation with kitchen garden project, project for homeless people). Louis was a **team member** in this group from the very beginning until 2016.

In 2012 he received the Domus Medica Career Award for his efforts and achievements as a general practitioner.

After his retirement in August 2017, he continues numerous activities in local projects and associations in Brussels and Flanders, Belgium.

## Featured Doctor : Prof Abdul Munem Al Dabbagh Iraq – Family Doctor



### What work do you do?

I am a Professor of Family and Community Medicine, acting as the chairman of the Scientific Council of Family and Community Medicine in the Iraqi Board for Medical

Specialisations; directing the residency programmes in Family and Community Medicine. Hence my current principal job is academic being involved in the postgraduate family physician training programme.

I am also a clinical service provider through my own private clinic providing curative and preventive services to a huge number of families for over than twenty years.

Prior to my current position, I was the head of the department of Family and Community Medicine in AL Mustansiryah Medical School, in Baghdad, and was involved in undergraduate training, as well as providing clinical services in the Ministry of Health.

### Other interesting things you have done?

I am proud to have been one of the principal founders of the Iraqi Family Medicine Society, in 2003, well as being among the principal founders of the WONCA East Mediterranean region (EMR) organization. I became the Secretary General of WONCA EMR, until 2016, and currently I am an acting scientific advisor of WONCA EMR.

I am also a temporary advisor for the WHO EMRO and have conducted many shared activities with them.

I have been a member in the examining committee of the Arab Board in Family Medicine for the last four years.

### What is it like to be a family doctor in Iraq at the current time?

Initially, and as the health system in Iraq was oriented towards providing secondary and tertiary care services, this has reflected itself negatively on the choice on the newly graduated Iraqi doctors towards choosing Family Medicine as their future specialty. Those who had the courage to become family doctors suffered a lot because of poor public awareness towards family medicine and the unstable conditions the country was facing, which has pushed most of them towards immigration.

However for the last fifteen years the Ministry of Health aided by WHO, have started adopting the new health system towards universal health coverage - aiming at providing quality essential primary health care services to all Iraqis with the emphasis on the role of family doctors as the principal care providers. This has resulted in improvement of the quality of care provided by the specialised family health care centers, improvement of public awareness, and the attracting of many of the newly graduated medical students towards choosing Family Medicine as their future career.

### What are your interests outside work?

Outside my work I enjoy spending most of my time with my beloved family.

I also like reading historical books, swimming as well as hiking whenever my time permits.



## Notices

### Obituary - Dr Julian Tudor Hart

I was saddened today to hear of the death of one of the giants of 20th century Family Medicine.

Dr Julian Tudor Hart is known for having first proposed the 'inverse care law' in 1971, which argued that "the availability of good medical care tends to vary inversely with the need for it in the population served."

He was born in London, he studied medicine at the University of Cambridge before moving to small mining community of Glyncorrwg in the Afan Valley, where he worked as a GP for 30 years.

He worked at the Archie Cochrane led MRC Epidemiology Unit and this background in epidemiology taught him to study how his patients' lifestyles caused their ill health and worked with them to improve this.

A passionate advocate of both the National Health Service and of socialism. He was a prolific researcher with well over 350 peer reviewed journal papers to his name and a number of classic books. He did this all in General Practice and only received an academic post after he retired.

He once said that he learnt medicine 3 times. "What I learnt in medical school was no use to me in hospital and what I learnt in hospital was no use to me in general practice"

In an increasingly technological and mechanistic medical world that we now live in we need the likes of Julian more and more. We need to be reminded that AI and technology are not always the answer and we must strive to maintain compassion, human dignity and the importance of a patient and community centred approach to family medicine.

I was fortunate to have met him on a number of occasions. Whenever I met him, I always argued that he was in fact a rural family doctor and we invited him to give the inaugural lecture at the Wonca Rural Health Conference in Santiago de Compostela in 2003.

I enclose his conference address. Please promote it as far and as wide as you can.

He will be dearly missed

submitted by Dr John Wynn-Jones, Chair WONCA Working Party on Rural Practice

[www.wonca2018.com](http://www.wonca2018.com)



# 22<sup>nd</sup> WONCA WORLD CONFERENCE

OCTOBER 17-21, 2018 SEOUL, KOREA

**Primary Care in the Future: Professional Excellence**

## Young Doctors' Movement news

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WONCA's Young Doctors' representative on World Executive, [Ana Nunes Barata \(Portugal\)](#), is coordinating regular news from our seven region Young Doctors' Movements.



**A word from Ana Nunes Barata - YDM representative on WONCA Executive**



The Young Doctors' Movements (YDMs) are WONCA's active network that engages youth and promotes intercultural knowledge exchange that helps to create new ideas, projects and initiatives that contribute for the development of Primary Care at the global level. WONCA's young doctors are defined as in their first five years' of practice as a family doctor OR in training as a family doctor. Each WONCA region has its own YDM that strives to develop its network and engage with the young doctors from every country it represents. You may find more information about the YDMs [here](#).

This month Ana Nunes Barata reflects on two years' strengthening the YDM in a separate news item.

[Join your region's Young Doctors' Movement](#)

This issue's feature picture is from The Spice Route - Bangladesh



## Ana Nunes Barata reflects on two years' strengthening the YDM



For the past two years I have held the position as WONCA Young Doctors' representative on WONCA World Executive, an opportunity that has proven to be a very inspiring, fulfilling and rewarding

experience. Thanks to the possibility of enabling WONCA World Executive working closely with the seven Young Doctors' Movements (YDMs), we managed to develop new projects and to strengthen the YDMs foundations for future activities in the organisation.

In addressing the desire to strengthen our collaborative work, one of our first tasks was to work on a common image that would represent global agreement. Thus we developed our YDM Global logo that is now used in all official, global YDM documents:

Next, the YDMs worked on the regulatory field by defining their activities on a global scale. For this purpose we have developed the YDM Operational Guidelines and we have also submitted proposals for changes to the WONCA Bylaws and Organizational policies in order to make our activities more structured within the organization. We also advocated towards a greater presence of young doctors on the executive boards of WONCA's Member Organizations (MOs) and as such, we have advised this issue be included in a letter to all MOs.

To address economical inequities among regions, the YDMs have put forward a motion to create the YDM Global Fund. This initiative was approved by WONCA World Executive and is meant to be a means for YDMs to collect donations for YDMs projects. We also wanted the Young Doctors' activities to have a greater visibility in the global community. To this end, we accomplished the following tasks:

- The regional YDM pages on WONCA's

website were updated.

- An easily accessible "[Join WONCA's Young Doctors' Movement](#)" link was created on the WONCA World Webpage. The information submitted is then forwarded to the respective YDM and it is an important contribution to help us expanding our YDM network.
- We looked into possibilities of integrating more young doctors in WONCA's Working Parties and Special Interest Groups by [publishing an open call on Social Media](#). This call is proving very popular, having received over 170 applications.
- The YDMs started publishing the "YDM newsletter" which gathers the latest news from each region's Young Doctors' Movement showcasing the latest regional activities. This newsletter is published every 3-4 months in *WONCA News*.
- In 2017 and 2018, the YDMs produced joint materials to celebrate World Family Doctor Day that were published on Social Media. These publications are some of the most viewed posts on WONCA's channels.
- Special attention was given to those global YDMs projects that are highly popular and scaling up their activity, such as the Family Medicine 360° exchange program. Over the past year, a platform was developed for this program and is currently being tested.
- We also looked into the possibility of promoting further global projects within the YDMs and together with other young doctors' groups.

All YDMs have made great efforts to develop their regional network, both on regional and national levels, by engaging other young doctors to join their activities and thereby promote and strengthen their representation in the region.

These two years were also important in terms of strengthening the collaboration with the World Health Organization (WHO). The WHO has been increasing efforts to engage and involve youth in its activities. Following this idea, a Youth Forum was organized prior to the 4<sup>th</sup> Human Resources for Health Forum and WONCA was invited to collaborate in its organization. Here, I had the privilege to work

together with other young healthcare professionals from different fields and to experience firsthand how a multi-professional team can boost each others' knowledge and create action: at this conference we published the Youth Call for Action. This document paved the way for the future development of the Youth Hub in which WONCA continues to participate.

WONCA was again called to collaborate in the Global Conference on Primary Care, an event that WHO is organising, to be held on 25-26 October 2018 in Astana, Kazakhstan. This event will celebrate the 40 years of the

Declaration of Alma-Ata, and will be a key event for the future of Primary Care – as young doctors we are going to participate in the event and are already actively involved in its planning.

All in all, I am very grateful to be able to collaborate with all my colleagues, friends, from all over the world. Believing in this

global community and what it can achieve has proved to be incredibly inspiring and engaging. All that we accomplish by joining efforts is proof of how barriers can be overcome if we all strive together towards the same goal: strengthening Primary Care to offer the best, comprehensive universal health coverage.

Now all our efforts are focused in the next WONCA World conference in Seoul! Hoping to meet you again in the young doctors preconference!"

Ana Nunes Barata  
YDM representative on WONCA Executive

## WONCA 2018 Preconference

### Young Doctors – Moving to the Future!

↩ Date : Oct 17, 2018 (Wed), 9:00-17:00  
 ↩ Fee : \$30  
 ↩ Timetable

09:00 - 09:10	Opening remarks (President of WONCA, Prof. Amanda Howe)	
09:10 - 10:30	Workshop 1: Young Doctors' Movement in the world (Speakers: Representatives of YDM)	
10:30 - 10:50	Coffee break	
10:50 - 11:50	Expert lecture: Young doctors' role in the 21st century (Prof. Viviana Martinez-Bianchi, Duke University, WONCA-WHO Liaison)	
11:50 - 13:00	Lunch	
13:00 - 16:20	Workshop 2 Looking into the future of family medicine in different countries	Workshop 3 Hands on: How would you solve this case?
	Coffee break (14:30 - 14:50)	Coffee break (14:30 - 14:50)
16:20 - 16:30	Closing and group photo	
16:30 -	Social event : Let's have fun! – The 1st young doctors' party	

\* Social event : Let's have fun! – The 1st young doctors' party  
 Small tour and Korean barbecue party

## YDM region news

### AfriWon Renaissance - WONCA Africa YDM

AfriWon has actively engaged its members through various social media platforms, the theme groups have worked hard to create interesting interactive activities to enable collaboration and engagement. Here is an account of the various theme activities



#### 1. Education theme group and Image theme group

The two groups are led by Dr Yakubu Kenneth of Nigeria. This first quarter they have managed to hold monthly meetings; set up a CPD quiz which was distributed via various social media platforms, and Kenya Family Physicians emerged winners in this quiz.

The Education theme group held several interactive google hangouts:

- On Mentorship in Family Medicine guests were from all over Africa with a guest speaker from USA.

- [Interview with Afriwon chair](#) – Dr Joy Mugambi on her term as chair.

- Interview with Ana Nunes Barata on her term as Young Doctors' Movement representative on WONCA Executive

- The theme group in collaboration with iheed and St George's University of London, held a webinar on 20 July 2018. Theme: Insulin initiation, in type 2 Diabetes Mellitus.

The education theme group also elected a new lead - Dr Bol.

Challenges: Participation of young doctors is low, and with poor internet connectivity it is a challenge connecting.

#### 2. Exchange theme group

The exchange theme group is led by Dr Kabera Rene, of Rwanda. This year he has coordinated three international exchange candidates namely:

-Ana Paula De Melo Deas, from Brazil, who was attached to a facility in Rwanda. She came under the FM360 program and concluded the exchange program in a Palliative and Hospice Care center (Kibagaba hospital).

-Balanzr Iskos, from Spain, was attached under the FM360 program to St John of God Hospital, in Kumasi, Ghana. His supervisors are Dr Spangenberg and Dr Obeng.

-Candan Kendir, from Turkey's application is being processed for an exchange in Nigeria.



Image 1: WONCA Rural Conference, the AfriWon Renaissance team

Challenges: We have no Africans seeking exchange opportunities within and outside Africa.

#### 3. Rural Health theme group (ARHT)

The rural health theme group is led by Dr Joy Mugambi. It is newly begun and has three members at the moment. We are looking to grow and collaborate with other young doctors as we share strengths and challenges of Family Physicians practicing in rural areas. The ARHT members self-sponsored to attend the WONCA World Rural Conference in Delhi. Joy Mugambi was nominated as a WONCA Rural Council member representing young African family doctors. She also run three Rural Emergency Medicine Workshops, in collaboration with young doctors from India,

and had the opportunity to attend the Spice Route Workshop and share the African experience and benefits of collaboration. Dr Innocent Besiege, of Uganda, was awarded best oral presentation and Dr Pemi, of Nigeria, presented with two scientific posters.

**4. Research theme group** – Led by Dr Miriam Miima, of Kenya

The research theme group has been running Family Medicine related research projects and has active members. They recently elected a new, lead, Pius Ameh, who will serve from 2019-2021. Overall we have challenges in poor member participation, lack of funding for research.

Prepared by Dr Joy Mugambi  
Chair AfriWon Renaissance

## Al Razi Movement – East Mediterranean YDM

Activity which took place on May 19, World Family Doctor day in Palestine:

1- Facebook activity :

This was by sharing a post about the community and how they can communicate with the patient. The post was in Arabic as the target group was mainly the different members of Al Razi



the main role of family doctor in communicate with the patient. target group was mainly the different members of Al Razi

2- Media (television ) interview :

This was done by two members of the Al Razi Movement in two different media places to speak about family doctor day and the main theme for this year which was universal health coverage.

of the Al Razi Movement in two different media places to speak about family doctor day and the main theme for this year which was universal health coverage.

3- Lectures in primary care clinic :

This was in 4-5 primary care clinics distributed in the north and south of Palestine. The lecture was targeted at the patient and health care worker. About 15- 25 people attended the lectures where the WHO video about universal health coverage was played.

- 4- Arranging of workshops: supervision workshop done by Family Medicine specialists from England and US with the objectives: how to be a good supervisor in practical and education sectors; how you can judge the needs of resident; how you can have good feedback from the resident. Attended by 30 family physicians and young family doctors on 20 April 2018



Submitted by:  
Nagwa Nashat  
Suha hamshari

## Polaris - North America region

I hope everyone is having a great year, can you believe we are already halfway through 2018?!

Primary care is alive and well in our region- we were so happy to welcome 1462 new residents in Canada and 3535 new residents in the USA, to family medicine programs.

The summer months have found the Polaris executive hard at work getting ready for the upcoming conference season. We are currently undertaking a literature review on the value of exchanges in medical education to help support the FM360 program. Eventually we would like to have standard pre and post departure questionnaires for exchange



participants to allow for better academic evaluation of the experience.

Balint 2.0 was so successful we are hoping to establish a Polaris re

gional Balint group within the next year. Look for announcements in the next six months to get involved.

We are all very excited to join the WONCA community in Seoul. The YDM preconference will be a highlight and our annual business meeting will happen that week as well.

Yours in Primary Care,

Cheyenne Vetter  
Chair, WONCA Polaris

## The Spice Route Movement (SRM) - South Asia

### Executive team

Regional Chair- Santosh Kumar Dhungana  
Secretary- Zakiur Rahman

### National chairs

Bangladesh- Md Innamin  
Bhutan- Kinley Bhuti Dorjii (contact person)  
India- Md Idris Shariff  
Maldives- Ali Shareef  
Nepal- Santosh K Dhungana  
Pakistan- Rabeeya Arsalan  
Sri Lanka- Sanka Ranadhikumara



countries like Nepal. His talk was followed by exemplary GPs working in various places within Nepal, who shared their work and show- cased the importance of GPs' role in the healthcare delivery of this country.

### Activities of the Spice Route Council

#### 1. First Spice Route pre conference.

The first full day SRM preconference was held in Kathmandu on the 24 November, 2017 in the seminar hall of the Department of General Practice and Emergency Medicine, Tribhuvan University Teaching Hospital, Maharajgunj, Nepal.

The program was a huge success. Eminent speaker and a huge proponent of GP training in Nepal, Dr Mark Zimmerman set a stage for the day, highlighting the importance of GPs in

Luminaries from WONCA world attended the pre-conference and motivated young GPs. Prof Amanda Howe, Dr Garth Manning, Prof Kanu Bala, Prof Pratap Prasad, Dr Raman, Prof Bharat- were present and appreciated the presentation.

SRM council meeting was conducted on the 26 November, 2017 at the Radisson hotel, Kathmandu.

#### 2. Participation in the WONCA Rural conference.

SRM council members, executives and general members attended the WONCA Rural conference held in Delhi from April 26-29, 2018.

The participation by young doctors from within

the region and the world was immense. Young doctor delegates from more than 40 countries participated in the event. Many young doctors presented in the conference. Many YDM members from the SRM were actively involved in the WONCA rural council and the conference.

The SRM council meeting was held in the Mahogany Hall, India Habitat center on the 27 April, 2018. The new SRM logo and the constitution were ratified by majority of the attendees.



The program was attended by delegates from many SAR region member countries. It was made more special by the presence of Dr



Sonia Cheri, the founding president of SRM.



### 3. Jyoti and Ramnik Parekh Scholarship

At the WONCA South Asia Regional Conference Chennai 2014, Dr Jyoti Parekh and Dr Ramnik Parekh, senior colleagues from Mumbai, announced a special gift for the young family doctors of the South Asia region. The couple committed Indian Rupees 100,000

every year to support the Spice Route Movement (the South Asia region movement for young family doctors). The scholarship is to be awarded every year to deserving young doctors in South Asia region towards supporting their participation in regional exchanges, global exchange program FM360 and WONCA conferences.

This year the scholarships have been awarded to young GPs from South Asia member nations and beyond who attended the WONCA Rural conference, 26-29 April, 2018.

### 4. Montegut Scholarship:

This scholarship is awarded by the American Academy of Family Physicians to the members for joining regional and world conferences of WONCA. During 2017 year, two young doctors from Pakistan – Dr Veena Kumaree and Dr Sanam Shah were awarded this scholarship. For 2018, SRM regional chair, Dr Santosh has been awarded this scholarship to attend the WONCA world conference in Seoul, Korea.

### National activities

Bangladesh - Family Doctor day- 19 May 2018- celebrated, in collaboration with Bangladesh Academy of Family Physicians and Primary care and rural health Bangladesh. The national Spice Route workshop- February 2018 with huge enthusiasm. WONCA CEO Garth Manning was there. Spice Route Bangladesh gave a crest and warm reception to Spice Route Secretary Dr Zakiur Rahman. Preparations are underway for November 18 Dhaka- Rural health conference.

India- As noted above, the group made a huge contribution to the WONCA RURAL conference, Delhi in April this year

Nepal- Prof Kanu Bala, WONCA South Asia President in invited by the General Practitioners Association of Nepal to visit and discuss with the GPAN Executives. The date is decided in August 2018.

Pakistan - Preparing for the next WONCA SAR conference , 22-24 November 2019 in Lahore, Pakistan

Sri Lanka - Another CPD program was organized in February 2018. The first Speaker for the evening, Dr Maulee Arambewela a Senior Registrar in Endocrinology, spoke on 'Interpretation of a DEXA scan, and the pitfalls and management of Osteoporosis'. The



second speaker Professor Shalini Sri Ranganathan Professor in Pharmacology, Specialist in Paediatrics spoke on 'Rational antibiotic prescription for common infections encountered in General Practice. The CPD Program ended with a sumptuous Dinner and fellowship at the Rooftop Of Asiri Surgical Hospital. There are several activities planned

for the year ahead. We have already started designing a poster on the concept of "My family Doctor" and we plan to launch the poster in the near future. This poster will be published in all three national languages Sinhala, Tamil and English.

## Vasco da Gama Movement (VdGM) - Europe

Welcome to the latest update from VdGM. This update focuses on the recent WONCA Europe Conference in Krakow, Poland.

### Preconference

Our Pre-Conference opened with a light-hearted yet deep and personal keynote speech. For some though, the Pre-Conference started with an early run around Krakow!

The Pre-Conference included a number of very informative workshops including practical sessions such as sutures and delivery skills, as well as skills in assertiveness and communication, as well as communication with patients suffering from psychiatric conditions.

We also ran spotlight workshops for which we invited all the WONCA Europe Networks, our Special Interest Groups, as well as IFMSA to run interactive workshops highlighting their work and opportunities for our members. This was very useful to improve collaborations, understanding and to create better links in the WONCA family!

### Council

For the council members and executive, a large chunk of the Pre-Conference was taken up with the council meeting. This included presentation of the executive report and finances, and voting on constitutional amendments. We elected our new President-Elect as well as our new Policy Officer, hearing from all the candidates, giving the council the unenviable decision to choose between them!

We also had very fruitful working groups to discuss other topics such as council engagement and representation, image & branding, ethical fundraising and improving exchanges. We have seen through the constitutional amendments and these working



groups much more engagement from council, as well as a clear desire from our membership to be more involved in the running of the organisation. This was evident by the number of observers present during council, and their engagement during discussions and working groups.

We are thrilled to announce the election of [Katarzyna Nessler](#) (pictured) as our President-elect,

who will be supporting Claire Marie Thomas, our current president, for the next year, after which she will take over as president, with Claire supporting her as immediate



past-president. We also elected Julien Artigny as our new Policy Officer, taking over Veronika Rasic. Veronika who has been both Policy Officer, as well as Beyond Europe Liaison, has reached the end of a very busy and productive term, and we thank her for her hard work and dedication in that time.

After council and the workshops finished, we had a much appreciated salsa class from two of our own members, who also ran a workshop during the Conference teaching Merengue.

### The main WONCA Europe Conference

For VdGM the Conference was a fantastic experience to talk with our senior colleagues, recruit new junior colleagues to our family and showcase what we have been up to over the past year. We had several workshops in the agenda, including but not limited to:

-our AGM, which since last year has taken the very effective open space technology format of

a Young Doctors' Marketplace;

-our exchange workshop which brought together many who have participated in exchanges, strengthening the exchanges community, introducing and encouraging more members to participate in exchanges, as well as having presentations by our Exchange Award winners;

-our Research workshop during which we heard the presentations of the Junior Research Award (JRA) Finalists, leading to the selection of our JRA winner.

- our policy priority topic workshop 'The Primary Care Workforce of Tomorrow' which was about the challenges face in developing and maintaining the primary care workforce - who makes up the workforce, the GP's role in this, making the specialty more attractive and improving recruitment and retention. And several collaborative workshops with the WONCA Networks on topics of Education, Training and Research.

This year we were thrilled to expand the number of VdGM Fund bursaries available to

12, with the support of The College of Family Physicians in Poland, who aided us in proving an additional 10 bursaries on top of our usual two. This enabled us to bring in more young GPs from lower income countries and we saw a fantastic mix of young GPs applying for the bursary, with the winners attending and participating effectively. We look forward to reading about their experiences in Krakow soon in their bursary reports!

Finally we are thrilled to share with you our Annual Report, the product of hard work from our Executive, Council and National tong doctors organisations which highlights the continued thoughtful and strategic development of our network. We hope you enjoy the read and look forward to hearing from you on our social media channels soon!

Tweet: @vdgmeu

Instagram: @vdgmeurope

Facebook: @vdgmwonca

Report available on our website [here](#):

Claire Marie Thomas | President  
Vasco da Gama Movement (VdGM)

## Waynakay - Latin America



### Waynakay's meeting in Ecuador:

Our movement held a meeting in the city of Quito in Ecuador during the First International Conference of Family Medicine in that country. The main topic of the meeting was "What does it mean to be a young family doctor these days?" and the founding of Waynakay Ecuador. This event had the active support of the Ecuadorian Society of Family Medicine.

It was developed with the participation of postgraduate residents and family doctors of up to five years postgraduate belonging to the four regions of the country and with the accompaniment of international delegations of the Waynakay Movement.

The points that were treated were:

1. Socialisation of the Waynakay Latin America's Movement.
2. Accession of Ecuador to the Waynakay Movement.
3. Formation and constitution of Waynakay Ecuador.
4. Expression of what it is to be a young family doctor.

As a result of this meeting, the following conclusions were reached:

1. By living the specialty we identify with the inherent definitions and principles of Family Medicine.
2. The young family doctors are called to break traditional paradigms, and from this will maintain the pure essence of service of our specialty; generating changes in the current health situation of our country, with a revolutionary spirit and committed to the social, humanistic and ethical principles of medicine in the scenario of primary health care.
3. The young professionals of the movement

are in love with the specialty, meticulous, innovative, committed to life, educator, researcher, fighter and part of a team.

4. We reiterate our commitment as family doctors and postgraduate residents despite all the gaps in our training process and being at the beginning of the exercise of our profession from the personal, professional and social point of view.

We are committed to:

- Jointly strengthen the movement and adhere to the regulations and objectives of Waynakay's movement. We declare that we align ourselves with the principles of the Ecuadorian Society of Family Medicine and WONCA-Iberoamericana CIMF.

- Establishing dialogues with the Society of Family Medicine for joint work and provide initiatives that promote the specialty in the country.

## Waynakay Chile

After the Chilean President's public declaration about the need for the creation of a new medical specialty for Primary Care, Waynakay Chile shares its statement:

Residents of Family Medicine and Family Physicians stated that:

1. The specialty of Family Medicine corresponds to the medical specialty dedicated to the strengthening and improvement of primary health care. This, from a perspective of health promotion, prevention of diseases and resolution of frequent pathologies of the population. Its development, contemplates the training of medical specialists in the follow-up of people throughout the stages of their individual and family life cycle, from an integral perspective.

2. After 40 years of Alma Ata we must clarify that Family Physicians provide comprehensive attention, continuous, longitudinal and with a high resolute power, managing to solve more than 90%

of the health problems of people.

3. We are more than 1000 Family Physicians in Chile and we need to continue forming many more from the Universities. Currently, the government is financing almost 100 students who are studying the specialty of Family Medicine in 9 universities of the country: Pontifical Catholic University of Chile, University of Chile, University of Valparaíso, University of Concepción, University La Frontera, Universidad Austral de Chile, University of Santiago, San University Sebastián and Autonomous University.

4. Since 2015, ... stimulating the incorporation of new resident doctors of Family Medicine for strengthen primary care.

5. Health Minister Emilio Santelices knows our specialty and his role, therefore, to allow this announcement by President Sebastián Piñera, first in the presidential campaign and then in the public account on yesterday June 1, 2018 in national chain and in the social networks of government and ministry, is unacceptable and a lack of recognition of our discipline, demonstrating the lack of interest in maintain its development as a public policy.

6. We hope that these statements, which go against the development of the strategy of primary health care, are publicly retracted by the President and the Minister, and we are invited to participate in the policies aimed at strengthening PHC through Family Medicine.

[Access the original statement:](#)

Virginia Cardozo



## WONCA CONFERENCES

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### WONCA CONFERENCES 2018

October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	<a href="http://www.wonca2018.com/">www.wonca2018.com/</a>
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WONCA Direct Members enjoy *lower* conference registration fees.

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

### WONCA CONFERENCES 2019

March 20-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	Save the dates.
May 1-3, 2019	Congreso Iberoamericano de Medicina Familiar	Tijuana, MEXICO	<a href="http://cimfwonca.org/eventos/proximos-regionales/">http://cimfwonca.org/eventos/proximos-regionales/</a>
May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	<a href="http://www.c-linkage.co.jp/woncaaprc2019kyoto">www.c-linkage.co.jp/woncaaprc2019kyoto</a>
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	Save the dates.
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	<a href="http://www.woncaeurope2019.com">www.woncaeurope2019.com</a>
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	<a href="http://www.ruralhealthweb.org/wrhc">www.ruralhealthweb.org/wrhc</a>
November 22-24, 2019	WONCA South Asia región conference	Lahore, PAKISTAN	Save the dates.

### WONCA CONFERENCES 2020

March 24-28, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
April 21-22, 2020	VIII Cumbre Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	Save the dates.
June 24-27, 2020	WONCA Europe región conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

## MEMBER ORGANIZATION EVENTS

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

16 Aug - 20 Aug 2018	<b>TUFH 2018: Community Empowerment for Health</b> Limerick, Ireland
21 Sep - 22 Sep 2018	<b>EURACT Medical Education conference</b> Leuven, Belgium
27 Sep - 30 Sep 2018	<b>VIII Congreso internacional de Medicina Familiar</b> Bayahibe, La Romana. República Dominicana
04 Oct - 06 Oct 2018	<b>RCGP annual primary care conference</b> Glasgow, United Kingdom
04 Oct - 07 Oct 2018	<b>87th EGPRN Meeting</b> Sarajevo, Bosnia and Herzegovina
09 Oct - 13 Oct 2018	<b>AAFP Family Medicine Experience</b> New Orleans, USA
11 Oct - 13 Oct 2018	<b>RACGP GP18</b> Gold Coast, Queensland, Australia
14 Nov - 17 Nov 2018	<b>Family Medicine Forum / Forum en médecine familiale</b> Toronto, Canada
14 Nov - 16 Nov 2018	<b>EURIPA Rural Health Forum</b> Maale Hachamisha, Israel
15 Nov - 18 Nov 2018	<b>17th International Conference of Iraqi Family Physicians Society (IFPS)</b> Baghdad, Iraq