

WONCA News

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From the President: July 2019



Photo: Donald Li after presenting the Atai Scholarship to Dr Jessie Mbambo from Malawi and Dr Moysore Makinde from Nigeria. Other WONCA leaders include Amanda Howe and Shabir Moosa.

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[中文](#)

My first official visit to Africa, to the WONCA Africa conference in Kampala, Uganda, was thoroughly enjoyable. Delegates from 32 different countries came to share their enthusiasm and experiences of developing family medicine across the continent and further afield. The conference was truly about person-centred primary health care. And it was a great opportunity to further encourage the medical students who attended, to pursue careers in primary care. The content of the conference talks and events clearly showed the commitment of family doctors in Africa to universal health coverage, primary health care, and building primary care teams at-scale in Africa. The enthusiasm and commitment of those present was palpable, and augurs very well for future primary care development in the region. We wish our African colleagues well in their efforts to advocate for the role of family medicine in Africa at the High-Level UN Meeting on Universal Health Coverage in New York in September 2019.

Director General for increased engagement between WONCA and WHO regional and country offices, we redoubled our efforts. We welcome wholeheartedly the newly developing collaboration between WHO and WONCA in Africa and are ready to build on future collaborations.

We, in WONCA, need to be alert to the undermining of the profession of family medicine and its key role in delivering comprehensive primary care to communities

globally. The global goal of universal health coverage simply will not be achieved without good quality comprehensive primary health care, delivered by competent, professional primary care teams. Irrespective of the resource capacity of countries across the globe, the aspiration, if not the immediate reality, should be to have sufficient qualified primary care teams in place to deliver that comprehensive person-centred primary health care. As individuals, the various members of the primary care team can provide some health support to populations. Working together, as a primary care team, the impact can be so much greater than can be achieved by the individuals working alone.



Photo: Dr Donald Li, Prof Shabir Moosa, and WHO Africa representative, Dr Tumusiime Prosper,

The recent editorial in the BMJ (reference BMJ 2019;365:12391 doi: 10.1136/bmj.12391,

published 3rd June. Accessible at <https://www.bmj.com/content/bmj/365/bmj.l2391.full.pdf>) referred to 45,000 community health workers, in Rwanda, serving as “the functional link between communities and health facilities, such as hospitals”. This may be a current reality. It is not aspirational. This is not delivering the comprehensive person-centred primary health care promised in the Astana Declaration. In order to deliver comprehensive primary care to communities, the ‘functional link’ between a community and the health service should be a qualified, competent, primary care team led and co-ordinated by a qualified family doctor. Development partners – bilateral and multilateral – as well as national governments, should be encouraged to invest in the growth of qualified primary care team members in order to achieve the promise of Astana. The reaction of those at the WONCA Africa region conference to the BMJ editorial was immediate and resulted in a strong response being drafted and submitted by participants. BMJ 2019;365:l2391 accessible at <https://www.bmj.com/content/365/bmj.l2391/rr-3>

Following on from our work at WHA in May this year, and in light of recent suggestions

about who should deliver comprehensive primary health care, WONCA will be undertaking global research about effective primary care delivery based on qualified primary care teams. We will engage with WHO and colleagues from across the spectrum of primary care professionals to reflect both the reality and the aspiration of how effective primary care teams can deliver better, more cost-effective healthcare to communities. Of course, primary care teams should be tailored to individual country and community health needs, which is why there is no ‘one-size-fits-all’ list of the primary care team members. The professionals comprising a primary care team will differ in relation to health needs, resource availability, lead-time for professional training, and a host of other variables. It is the commitment to a professional primary care team itself which is critical to the successful implementation of comprehensive primary care. We hope to reflect that it can be a reality, even in resource-poor situations and, moreover, that even in resource-poor settings it is a more effective way of delivering comprehensive primary health care

From the CEO's desk: two new Special Interest Groups

This month I'd like to highlight two new Special Interest Groups (SIGs) which the WONCA Executive has recently endorsed.

SIG on Adolescent and Young Adult (AYA) Care

For decades, the health care of both Adolescents (10-18 years) and Young Adults (18 to 24 years) has largely been ignored both at a global and local level under the presumption that they were healthy and in no need of care. Current trends prove that wrong. Today's world is inhabited by the largest generation of 10 to 24 years old in human history

Family doctors are uniquely positioned to support the development of AYA and their families. However the training around the globe for family doctors on best evidence



practice in adolescent health has been rudimentary. Given the current landscape, this must change, so that we may provide youth with the tools to understand and care for their own health. It is important that family doctors master the care of acute and chronic illness in this age group. That they learn to apply the principles of trauma informed care to manage the issues related to old and new ACE (Adverse Childhood events) that can lead to mental health challenges that if left untreated will lead to unproductive adulthood. It's vital to act now to assist these AYA who are our best assets in the evolution of a better, healthier world.

A number of presentations have been made at recent WONCA events on adolescents and their families, and the response from

attendees at these sessions has been really positive. The key aims and objectives of this SIG are to:

- o Engage a strong, diversified membership, representing all WONCA regions in health care issues related to AYA.
- o Create a platform and a presence at the different WONCA world conferences to develop an awareness around the need to make Adolescent Health a priority
- o Disseminate evidence-based practices for the care of adolescent, young adults and their parents
- o Provide evidence-based, system wide continuing professional development that will increase the ability of family doctors to be successful at meeting the unique health care needs of teens and youth, individually as part of their families.
- o Increase the number of workshops presented at WONCA global and regional conference on this matter.
- o Promote collaborative work of this SIG with other existing WONCA WPs and SIGs, such as: Women's Health; Family Violence; and Migrant Health, to mention a few possibilities.
- o Connect WONCA with other Global Organization working on Adolescent Health.

Co-convenors of this new SIG are:

- Maria Veronica Svetaz (Department of Family and Community Medicine, Hennepin Healthcare, Assistant Professor, U of MN, Minneapolis MN) and
- Pierre-Paul Tellier (Associate Professor, Family Medicine, McGill University, Canada)

Further details can be found on their webpage on the [WONCA website](#)

SIG on LGBTQ Health

In October 2018, the Declaration of Astana on Primary Health Care (PHC) reaffirmed the “fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind” by strengthening a strong PHC supporting “enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being.”

People identifying as Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) have the human right to accessible, affordable and high-quality care to meet their

health needs. Transgender individuals – those whose internal gender identities do not match the sex they were assigned at birth – are particularly at risk of being denied this basic human right. People who identify as queer, either in terms of their sexuality or gender, do so because their self-identity does not fit within society's expectations.

As family doctors we are responsible to provide the highest quality of clinical care possible to patients regardless of each patient's gender identity or expression, sexual orientation, race, age, ethnicity, and socio-economic status. This was reflected in the WONCA Statement, drawn up by WONCA's Organizational Equity Committee and strongly endorsed by WONCA Council in Korea in October 2018:

WONCA Statement on LGBTQ

All family doctors are responsible to provide the highest quality of clinical care possible to their patients irrespective of each patient's age, disease or disability, creed, ethnic origin, gender identity, nationality, political affiliation, race, sexual orientation, social standing or any other factor.

People identifying as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) have the human right to have accessible, affordable and high-quality care to meet their health needs.

World Organization of Family Doctors (WONCA) acknowledges the health needs of people identifying as LGBTQ and urges all clinicians and medical organizations, as well as all governments and global organizations, to provide just, equitable, dignified, high quality health care to LGBTQ people in each community where they reside.

Globally, LGBTQ people are more vulnerable and more likely to face mental health issue especially at a young age with a higher risk of committing suicide, suffer more from emotional distress, and face barriers to seeking help that are unique to their sexual orientation and gender identity when facing intimate partner violence and sexual abuse.

The aims and objectives of the group are to:

- Educate family doctors about the healthcare inequities experienced by patients who identify as LGBTQ.
- Provide evidence-based resources for the

healthcare of LGBTQ patients.

- Facilitate and create international research focusing on LGBTQ health in PHC.
- Connect LGBTQ-identified and ally family doctors in a safe and affirming space within the WONCA organization.

Of course in its effort to meet these aims and objectives the SIG also wants to work closely with other WONCA WPs and SIGs including (but not limited to): Working Parties on

Education; Ethical Issues; Mental Health; and Research; and SIGs on Adolescent and Young Adult Health; Family Violence; and Health Equity.

Co-convenors of this SIG are Drs Julien Artigny (France) and Rafik Taibjee (UK). More details are available on the [SIG webpage](#).

Dr Garth Manning
CEO

In My View ... Prof Chris van Weel

Introduction by the President:

As I mention in this month's 'From the President' column, we in WONCA need to be alert to the undermining of family medicine and its key role in delivering comprehensive primary care to communities globally. At the same time, we need to be proactive to ensure better understanding within our health systems of the benefits of adopting a qualified, doctor-led, primary care team. My guest this month, Past President Professor Chris van Weel, has been involved with WONCA for more than forty years! He has long been an advocate of WONCA speaking out on the benefits of effective, professional primary care teams as the basis for health systems. We welcome his reminder – and take on his challenge to WONCA, to advocate at every possible opportunity.

Prof Chris van Weel writes:



On October 27, 2018, the World Health Organization (WHO) Conference in Astana, approved a declaration to strengthen primary health care [1]. It acknowledges the importance of primary health care, as a core function in health systems, to attain universal health coverage [2]. This declaration is a

welcome support for health reforms around the world particularly now it has been endorsed by the World Health Assembly [3]. With the unanimous backing of all 196 member countries of WHO, the stated ambitions provide guidance for national governments to invest in primary health care and in the improvement of the quality of and access to health care for their populations. For WONCA and its member organizations 'Astana' should therefore be seen as a major landmark and frame of reference for the coming years.

From Alma Ata to Astana

The Astana declaration may evoke memories of Alma Ata and 1978, when WHO had adopted, for the first time, a stated policy on primary health care [4]. 'Alma Ata' came at a time when family medicine and primary health care were internationally still in their infancy. WONCA had only been founded six years previously by 18 member organizations. 'Alma Ata' was a visionary statement that never lost its conceptual attractions, but never fulfilled its political potential.

In that respect, Astana is in all probability better timed: it relates to the concerns of global sustainable development and the planned actions to address this [5]. WONCA, on a global scale, and its member organizations in their jurisdictions, should actively engage in this broader field. Working with other sectors will create new opportunities for health reforms and find new allies to change existing power structures.

Between system structures and professional positions

In engaging in the implementation of Astana, it is essential that family doctors, together with nurses, midwives, and other allied health professionals, present their perspectives and competencies [6]. After all, the quality and effectiveness of primary health care, and with

it the ability to realize universal health coverage, is determined by their professionalism [6, 7]. However, here lies the great disappointment of Astana [1]. As in 1978, in Alma Ata, the Astana declaration failed to acknowledge the professionals who should undertake much of the implementation action – suggesting that the mere provision of health care structures would do the trick. And given the strong development in family medicine and primary health care in relation to service delivery and academia, the disappointment in 2018 is more dramatic than in 1978.

WONCA has been expeditious in redressing this through a Memorandum of Understanding (MOU) with WHO [8] that stresses the collaboration needed to realize Universal Health Coverage; delivery of primary care with a central role for family doctors; and development of cross-disciplinary education and training to improve professional quality. The realization of this MOU is a jewel in the crown of WHO-WONCA collaboration for which the WONCA President and leadership should receive lots of praise.

The World Health Assembly resolution WHA62.12 (2009) as a learning experience

The failure to include professionals in the Astana declaration should also cause some self-reflection for WONCA leaders and representatives of WONCA Member Organizations (MOs). In 2009 WONCA, together with The Network: Towards Unity for Health [9], did lead the presentation and subsequent acceptance of a resolution by the WHO World Health Assembly (WHA) of a resolution that, even then, outlined the ambitions of 'Astana'. It provided a key role for primary health care to realize universal health coverage; stressed the importance of people at the centre of health systems; and urged governments to support the position and education of primary health care professionals – in the wording of the resolution: *'... to train and retain adequate numbers of health workers, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals and*

family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people's health needs' [10].

Although this was celebrated at the time, WONCA only occasionally revisited or referred to this text in its own publications and presentations – assuming that what was on paper would be part of the action. That was, sadly, not the case.

Operating in post-Astana international primary health care

Astana has taught us a different lesson – that of the importance of continuously informing and educating other stakeholders of the, for us, well-known facts about primary health care and family medicine. It would have been much more difficult for the participants at the Astana table to ignore reference to the role of primary health care professionals had their attention been drawn more intensively during the preceding years to the text of resolution WHA62.12 of 2009. It was, after all, a statement of governments of 196 countries around the world, not the private assumptions of WONCA and its leadership.

Now, post Astana, WONCA is in an even stronger position than before. We need to use the lessons learnt from previous years and regularly remind partners and stakeholders of the values of primary health care and family medicine. And, in this context, WONCA and its Member Organizations should frequently and explicitly refer to statements, data, evidence and information that may seem well-established in our professional eyes. We should also refer to primary health care nurses, midwives, allied health professionals and family physicians as professionals – with a professional and academic frame of reference in its own right – and not as 'workers'. We must capitalise on the opportunities presented by 'Astana' to build effective, professional primary care teams.

References available online

Feature Story

Anna Stavdal - on the agenda!



When Anna Stavdal stood for election as WONCA President-elect, in Seoul, she focused on the importance of adapting the core values of family medicine to current trends. Here she reflects on this issue, overmedicalisation and a recent BMJ article.

I believe the issue of adapting core values is relevant globally, as family doctors are close observers of the effects of fragmented medical care following speedy increase of specialisation, fueled by technology and accessible diagnostics.

One of the consequences seems to be that the range of normality gets narrower at the same pace, and hence an increasing risk of over-medicalisation. Medical risk intervention is part of that picture, and has been a matter dear to my heart all throughout my career.

Language, in terms of definitions of disease and risk, plays a crucial role in how we perceive health and well-being and the messages we convey to our patients. During the International Preventing Overdiagnosis Conference 2018, in Denmark, a group of colleagues decided to take a closer look at disease definitions, and in April this year, they published a paper on this matter in the *BMJ*, and I am one of the authors.

In short, our message is that the human person can no longer be treated as an ever-expanding marketplace of diseases, benefitting professional and commercial interests, while bringing great harm to those unnecessarily diagnosed.

Our proposal calls for a new process to be led by family doctors or GPs, with strong engagement from civil society, and entirely free of ties to drug companies or other vested interests.

The 13 authors come from Europe, Latin America and Australia. The proposal arises from the Preventing Overdiagnosis conference, which is supported by the *BMJ*, and will this year take place in Sydney, December 5-7, co-sponsored by the World Health Organisation.

Our article is open access by following [this link](#)

The paper attracted attention among WONCA member organisations, - and one example, the reaction by RCGP, can be read [here](#):. It also managed to stir up interest from the general media, such as in "[Der Spiegel](#)", one of two the biggest weekly journals in Germany.

My hope is that the discussion on disease definition and the relation to the increasing overdiagnosis and overtreatment can spread in our organisation globally. As family doctors we have a specific responsibility to protect people against being treated as patients unnecessary. It is also a public health matter, as overdiagnosis steal resources from the sick, - which puts us at risk of contributing to increased inequality in health instead of the opposite.

Reference

Moynihan R, Brodersen J, Heath I, et al. Reforming disease definitions: a new primary care led, people-centred approach. *BMJ Evidence-Based Medicine* Published Online First: 08 April 2019. doi: 10.1136/bmjebm-2018-111148

WONCA WHO News

WHO Emphasis on PHC gains international support

Viviana Martinez-Bianchi, MD, WONCA WHO liaison person, recently attended the World Health Assembly (WHA) as part of the WONCA delegation and submits this report from WHA72.

On May 19-26, WONCA members were busy in Geneva, attending the World Health Assembly (WHA72). The Palais of the United Nations, was busy with people from over the world speaking the language of health, and health care. The typical topics of NCDs and communicable diseases, infant, maternal and child health, mental health, access to vaccines, emergency preparedness, patient safety, palliative care, were once again being discussed in its many rooms, and resolutions voted on by the member states of the World Health Organization (WHO).

Yet there was something different this year: The true awareness that vertical systems and vertical programs will not achieve their goals without strong primary health care.

This is my third year in Geneva as WONCA's WHO Liaison, and I perceived a difference this time. A real and new awareness that what the world needs to improve health outcomes is for the majority of care to be delivered by Primary Health Care (PHC), through the work of interdisciplinary teams, and that these teams need to be well trained, well organized, well supported and well-funded to succeed.

WONCA participated actively and was well represented by: WONCA President, Donald Li; President-Elect, Anna Stavdal; Young Doctor representative, Ana Nunes Barata; WONCA CEO, Garth Manning; Bruce Chater as representative of the WONCA Working Party on Rural Practice; myself as WONCA WHO Liaison, and Monica Burns as WONCA WHO logistician. *(photo at right)*

WONCA had meetings with Peter Salama,



Executive Director UHC and Life Course; Ed Kelley, Shannon Barkley, Catherine Rouleau and Karen Kinder in Health Services Delivery at the World Health Organization; Jim Campbell, Director of the Health Workforce Department and team; Devora Kestel and Michelle Funk in the Department of Mental Health and Substance Abuse; Jonathan Abrahams and Dirk Horemans in Disaster Risk Reduction, and Disaster preparedness. WONCA also

had regional meetings with WPRO, PAHO, WHO AFRO and stayed in close contact with a number of other WHO officers.

We met with several non-State actors in collaboration with the World Health Organization. International Council of Nurses, leaders of the International Federation of Medical Students Associations, member representatives of the Global Coalition for Circulatory Health, Primary Health Care Performance Initiative, and World Federation of Public Health Associations, among many others.

On the first day, several WONCA members spoke at a side event hosted by China, with a keynote by Dr Tedros who highlighted, *“Let me put it simply: there is no UHC without PHC” “In Astana last year we came together and declared that primary health care is the foundation of strong health systems, and that strong health systems are the foundation of universal health coverage”. “PHC drives forward equity, efficiency and effectiveness”. “We need to be able to show our decision-makers what all of us serving in health care know – that providing high-quality, sustainable care in the community – in other words, care for all at all ages - is the most efficient use of health spending.”*

Dr Tedros' words resonated to my ears as the values of family medicine. During the same side event, WONCA President Donald Li, the

only non-state actor participant among this high-level panel of ministers of health from many countries, stated *“Universal Health Coverage cannot be achieved without comprehensive, integrated, person-centred primary care services. And comprehensive primary care cannot be achieved without qualified primary care teams. We believe that qualified family doctors should lead those teams. Even as President of WONCA, representing 500,000+ family doctors globally, I would argue that effective, timely, primary care delivery is not only about doctors - but qualified family doctors should be the clinical lead of the professional, competent, multidisciplinary team, in order to reach greater numbers and population groups and deliver more effective care”*. He highlighted that *“all members of the primary care team should be trained and qualified in delivering community based, person-centred primary care. WONCA is ready and willing to offer technical and policy support to any country which wants to incorporate qualified family doctors into the primary care team.”*

Several ministers of health highlighted their efforts to strengthen PHC, with Søren Brøstrom Director General of the Danish Health authority receiving and applause when he made a special argument for investing in the specialty of Family Medicine for PHC towards Universal Healthcare (UHC).

Anna Nunes Barata spoke on the need to have family doctors involved in planning the future of healthcare delivery. I was asked to speak about the US healthcare system, and during my remarks, I highlighted that *“In the US, patient care delivered with a primary care orientation is associated with more effective, equitable, and efficient health services. Access to primary care lowers overall health care utilization, increases the use of preventive services, and lowers disease and death rates. The major specialty of primary care doctors in the US is family medicine, accounting for 40% of the total primary care physician workforce, followed by general*

internal medicine and general paediatrics. Family Medicine organizations in the US are building the primary health care workforce via the 25 x 30 initiative to ensure that by the year 2030, 25% of medical school seniors select family medicine as their specialty. Family Medicine strengthens US healthcare; my hope is that Family Medicine will strengthen health systems in every country in the world.”

WONCA offered comments on several discussions that took place at the World Health Assembly. A collaborative effort with our Special Interest Groups and Working Parties, provided expert opinion on PHC towards UHC, Emergency and Trauma Care, Global action on patient safety, Water sanitation and hygiene in health care facilities, among others.

I participated as an invited speaker representing WONCA on an International Vaccination and UHC Capacity Workshop hosted by the American Federation of Public Health Associations. I spoke on the role of Family Doctors in PHC, in connection to the theme of the event, strategies and good practices to increase primary prevention through increased capacity applied to the vaccination context.

Members States of the World Health Assembly supported the Astana Declaration and promised to support Primary health Care.

Lastly, I end with the words of Director General, Dr Tedros, said during an “Investing in Jobs Technical Briefing” at WHA72: *“The ultimate measure of whether our work this*



week is successful is not whether we approve resolutions and decisions. The ultimate measure is whether those resolutions are translated into laws, policies, plans and programmes that make a difference on the ground. To our colleagues in Ministries of Health, I ask how you will work with your colleagues across government to invest in jobs. Do you have a clear picture of the needs in your country? Do you have a plan for how to address those needs? To our friends from professional associations and youth organizations, thank you for the productive

discussions we have had over the past few months. Our task now is to implement the outcomes of those discussions to strengthen continuing medical education and build multidisciplinary teams of health workers to deliver high-quality, people-centred care. I call on all of us join forces across professions to move together, instead of in parallel.

Invest in jobs for UHC. Ensure decent work and eliminate discrimination. Implement what works. Activate the power of youth. And harness technology to maximize impact.”

Region news – WONCA Europe

WONCA Europe new Executive Board

WONCA Europe announces its new Executive board elected in Bratislava in June.

President - Prof Mehmet Urgan, Turkey
President Elect - Shlomo Vinker
Hon. Treasurer - Josep M. Vilaseca
Hon. Secretary - Eva Hummers
EURACT representative -Adam Windak
EGPRN representative - Thomas Frese
EQUIP representative - Zalika Klemenc-Ketiš
VdGM representative -Sonia Tsukagoshi



WONCA Europe Bratislava conference statement

The Human Side of Medicine

Learning what it's like to be a patient and what it's like to be a physician

As family doctors, we become intimately involved in the life of the families we provide care for. There is an element of emotion to every interaction with our patients – sadness, joy, anger, denial, frustration, acceptance, hope or amazement. Often, we suppress these feelings as we go through our busy days. But occasionally, we are touched deep within, and forced to experience the realities of life and loss.

In the practices of family doctors across our region, an increasing amount of time is spent in front of computers. As a result of policies, the need to record and to render information accessible to several parties, and the transition to digitalised reporting, the work of family doctors revolves significantly around screens rather than on the side of the patient. Another troublesome evolution takes place as commercial interests and the continuous high investment in specialised secondary and tertiary care contrasts the general acceptance among stakeholders that primary care is the optimum way to deliver

efficient and effective healthcare.

Under these circumstances, and while we strive to provide the best quality and safe care, errors and adverse events can happen. Family doctors are only humans and the experience can be humbling and painful.

How can we ensure our digital tasks provide value to whom it really matters: the patient? In our times of intense scientific research and technological change, the human side of medicine is becoming more and more important.

The human side is of profound value to patients and physicians alike.

In the conclusion of the 24th WONCA Europe Conference, we acknowledge that family doctors must work on human and personal lifelong relations with their patients. Fostering open relationships and investing more time with the patients help family doctors increase the quality of prevention and care.

To cultivate these crucial elements, we should:

- a. establish a close collaboration with governments, policy-makers and non-governmental organisations, to promote a better understanding of the nature and core services of family doctors and their central role in primary health care, and increase the human resources where necessary;
- b. work closer with educational institutions and current and future students of medicine;
- c. continue taking care of and comforting our patients by tailoring treatment and avoiding over-diagnosis and over-treatment, as well as under-diagnosis and under-treatment;
- d. develop an action plan and collaborate with all parties to improve the conditions of work of the primary health care workforce to ensure their social and mental wellbeing.

Finally, we shall all remember the words of Hippocrates: “It is more important to know what sort of person has a disease than to know what sort of disease a person has.” There is no computer algorithm that can attain that.

Vasco da Gama Movement in Bratislava



The Vasco da Gama Movement (VdGM) for young doctors in Europe was prominent at the recent WONCA Europe conference. Dr Katarzyna Nessler, new chair of the Movement reports:

VdGM Preconference, June 2019 Bratislava

Over 140 young doctors enjoyed and actively participated in the preconference activities. The day before the preconference, 12 young doctors had a great opportunity to do an exchange in Slovakian GP offices.

The theme of the preconference this year was General Practice: the Human Side of Medicine. We had workshops on various topics including Refugee Care, Transgender Care, Emergency Care, and Care for families affected by trauma. On the second day we had “Spotlight Workshops” with colleagues from the WONCA Europe Networks and the VdGM Special Interest Groups. In parallel to that, we had Council Meeting with 25 members representing their countries, and during which had a very exciting election. Congratulations to Sonia Tsukagoshi, from the UK, who is our new liaison to the WONCA

Europe Board! We would like to thank Peter Lipovsky and the HOC team for organising such a great event!

WONCA Europe Conference, June 2019 Bratislava

Many young doctors followed our activities during main WONCA Europe Conference. We were hosting our traditional workshops for Exchanges, the Junior Researchers Award and the innovative Young Doctors Marketplace. The VdGM booth, as always, was the most happy and funny place in the WONCA village.

Photo: VdGM leading ladies at a workshop during the conference

We would like to say 'thank you' to Claire Marie Thomas, VdGM President 2016-2019 and Raluca Zoițanu, VdGM MALWEB 2015-2019. We thank you for your enormous work and great effort over the last few years, for many essential matters which have been improved thanks to both of you. It is comforting that Claire Marie

Thomas will be VdGM Past President for the next year, providing us with her wisdom and experience for another year.

More from VdGM next month!

[general conference photos](#)



Working Party news

Working Party on Women and Family Medicine meet in Africa

The WONCA Working Party on Women and Family medicine (WWPWFM) is active in the WONCA Africa region and has participated and organized preconference meetings, and workshops since 2009. WWPWFM Africa region also provide leadership and mentorship in the region through her members who are on the executive board of the WONCA Africa Region.

For the 2018-2020 biennium, WWPWFM Africa region has an active listserv with more than 100 members, who promotes WWPWFM core values at the local level; and it has established sub-regional mentoring programs for young women family doctors. At the recent WONCA Africa region conference, WWPWFM Africa region prominently contributed to the success of the conference through its preconference meeting, setting the pace in

mentoring at the 'Fire Place' meeting and various WWPWFM track workshop. In addition, the second Dr Atai memorial scholarship award was given to two recipients





Dr Jessie Mbamba and Dr Moyosore Makinde. Donald Li (WONCA President), Amanda Howe (Immediate Past WONCA President), Shabir Moosa (WONCA Africa President), Jane Namatovu (Chair, HOC), Elizabeth Reji (WWPWFM Africa Lead) and two daughters of Dr Atai presented the awards. photo above right

during the conference. Dr Elizabeth Reji leads the WWPWFM Africa region with her country coordinators.

WONCA Africa Region Conference: June 6-8, 2019

Preconference meeting was held on June 5, 2019. There were 30 participants including male participants, whose goal was to get more insights to WWPWFM activities. Key speakers included Dr Elizabeth Reji, Profs. Amanda Howe (Immediate Past-President, WONCA World), and Shabir Moosa, (President, WONCA Africa). Elizabeth gave an overview of WWPWFM and Amanda Howe facilitated the resilience workshop and presented findings of the research. Country representatives were elected for 2019-2021 biennium. WONCA President, Donald Li gave the closing remarks.

Outputs: Each region was to work on the outcomes of the resilience workshop, and we should work in each country to show the effect of working women in all sphere of leadership.

Elected country representatives

Kenya: Dr Joy Mugambi
Malawi: Dr Martha Markwero and Dr Jessie Mbamba

Nigeria: Dr Olusola Oluwaseun and Dr Moyosore Makinde

Sierra Leone: Dr Melvina Thompson and Dr Oteju Aramide

South Africa: Dr Elizabeth Reji

Zambia: Dr Mpundu Makasa

Uganda: Dr Jane Namatovu and Dr Lilian Mukisa

Dr Omoruto Atai's award ceremony: June 6, 2019

The second Atai's scholarship was awarded to

Inaugural Women's café: WWPWFM Africa region had its first pacesetting women's café (Fireplace Wisdom) in the attic of the University auditorium. Thanks to Jane, Innocent, Joy and Olusola for preparing this venue to stimulate an African Traditional room. There were over 40 participants including two colleagues from Netherland, Donald Li, Amanda Howe, Atai's daughters and Henry Lawson. The theme of the fireplace was mentorship: the different roles of a woman as a career person.



Donald Li and Amanda Howe opened the Fireplace event by cutting a ribbon and Donald gave a motivational message. All the women were dressed in African Ankara during this function. The young women doctors were inquisitive and wanted to learn. They asked a lot of questions and the older women doctors provided answers by sharing the stories of their journey. Mentor/Mentee relationships were established among many participants. The consensus was to continue the Fireplace event at all preconference meetings.

The certificates for Dr Atai's award was also presented during this event.

Workshops and Oral presentations:

WWPWFM women's track included three workshops: Emergency Workshop had 15 participants and they had two breakaway skill sessions and about 50 survey filled. The outcome of the survey is still to be analysed. Challenge was no support from IT team and so the computer did not work.

Leadership workshop had 10 participants and the outcome was to identify ways in which we could mentor young WONCA women into leadership positions and research workshop had six participants. We were able to assist two young doctors to develop their research

questions and understand which method to use. All the workshops had an awesome outcome. The two oral presentations had 15-20 participants, and all went well. She received very useful feedbacks from these presentations.

Appreciation: WWPWF Africa region appreciates WONCA Africa executives and conference organizers/ Chair HOC (Jane N) for their immense support.

Written by Dr Elizabeth Reji, WWPWF Africa lead

Mental Health Matters - regional updates

Prof Chris Dowrick, Chair of the WONCA Working Party on Mental Health reports on lots of news for you this month across the regions, and from our task groups.

Regional news

Africa:

Adekunle Joseph Ariba has returned from the successful WONCA conference in Uganda, with plans for a major mhGAP training programme for African family doctors. He will be working on this with WWPMH and WHO regional office. The WONCA Africa Executive Committee has arranged a stakeholder meeting with the WHO African Regional Head; his office has a mandate to support integration of mental health into primary care and will collaborate with this WONCA initiative.

Asia-Pacific:

We had two major events at the Asia-Pacific conference in Kyoto in May: a well-attended plenary session on the Japanese Train the

Trainer programme which we ran with EACH; and a very successful two day Train the Trainers workshop on mental health for 31 family doctors from Asia-Pacific and South Asia. Here is a photo of the whole group: (below)

Sally Liu (Mainland China) reports on her recent training session with 40 family doctors in Guangdong province; this was their first exposure to mental health training. In Shenzhen the government has introduced a policy to include psychological counselling in community health centres, so our training for family doctors on core competencies to address mental health problems is very important.

We are now in discussion with WWPMH colleagues Linh Nguyen (Vietnam) and Helen Sigua (Philippines) about expanding training programmes in their countries.



Cindy Lam reports that APEC Digital Hub for Mental Health (<https://mentalhealth.apec.org/about>) is an important international initiative with strong implications for primary care. It will benefit from WONCA's input and expertise.

Caribbean:

Sonia Roache-Barker reports considerable activity, including mhGAP training across the region, a focus on student mental illness prevention on university campuses, and new community-based approaches to reducing stigma in

Trinidad. Although there is an urgent need to increase the number of primary mental health care professionals, Sonia is delighted to report that two regional professionals, psychiatrist Dr. Helene Marceau-Crooks (Tobago) and family doctor Dr. Varma Deyalsingh (Trinidad) were finalists in the 2018 Mental Health Champions Awards for the World Dignity Project.

Eastern Mediterranean:

Abdullah Al-Khatami reports that the Ministry of Health in Egypt has given approval to generalize the initial steps of integrating mental health in primary health care from three regions to all over Egypt.

Europe:

At the WONCA Europe conference in Bratislava, Christos Lionis, Ferdinando Petrazzuoli and Venetia Young launched our new WWPMH guidance document on dementia. Also during the Bratislava conference, Christos chaired an open WWPMH meeting.

Ibero-America:

Sonia Fortes reports that there will be substantial primary mental health input at the Brazilian family

doctors conference in July.

Task Groups

As well as launching our dementia guidance document in Bratislava on 27 June, here is news of two new task groups.

Advocacy:

Thanks to Larry Green (USA), we have started discussions with the Farley Center about setting up a new advocacy task group. The intention here is to enable young and mid-career family doctors develop policy skills necessary to achieve system change for primary mental health care in their countries. We are also in discussion with WONCA Young Doctors about this initiative.



Alcohol:

Rohan Maharaj (Trinidad and Tobago) proposes a new task group to develop a guidance document on how best to manage patients with alcohol problems in primary care. Rohan has created an initial 10 point summary - see attached. Please let me know if you'd like to take part.

With my best wishes to you all
Professor Christopher Dowrick

Improving care of patients with depression and anxiety at WONCA Kyoto

Shelly B Rodrigues, Deputy Executive Vice President, California Academy of Family Physicians and Chris Larrison, Principal, Healthcare Performance Consulting Inc, report on workshops at the recent WONCA Asia Pacific region conference in Kyoto on improving care of patients with depression and anxiety.

The California Academy of Family Physicians (CAFP) and Healthcare Performance Consulting (HPC) have been working with the WONCA for the past five years on a variety of educational needs assessments and learning activities. A third partner, Interstate Postgraduate Medical Association, has been engaged in our global work as well.

Results of the needs assessment completed

at WONCA's 2017 Pacific region conference in Thailand were published in the Journal of Family Physicians and Primary Care (2019, volume 8, issue 3). This assessment led to the development of our latest project, "Improving Our Care of Patients with Depression and Anxiety," which highlights the issues family doctors in the Asia Pacific region (APAC) and Japan face with their patients.

This project includes both workshops and webinars with community faculty and the requirement for these faculty members to then teach what they have learned to at least two groups in their home countries.

A renowned master clinical faculty, including Chris Dowrick, UK; Ryuki Kassai, Japan; Jill Benson, Australia (tutor in photo at right); and

Cindy Lam, Hong Kong; all members of the WONCA working group on mental health, and CAFP member and past president, Jay Lee MD, has been engaged since the beginning on curriculum design and workshop/webinar implementation.

This initiative's ultimate goal is to improve the care of patients with depression and anxiety by expanding the competence and confidence of family physicians to:

- Assess and manage depression and anxiety
- Employ shared decision making with patients

The first workshop, a pilot of the project, was held at the WONCA World conference in Seoul, in October 2018 with eight family doctors from APAC and Japan in attendance. The workshop was followed by a series of three webinars, each with time for question and answer and community physician reports. We discussed topics like shared decision making, pharmacological and non-pharmacological management of depression, mindfulness and collaboration with specialist colleagues.

Our second workshop was held at the WONCA meeting in Kyoto in May 2019. The 33 Asia Pacific and Japanese family doctors who attended the workshop will take their learnings to family physicians and caregivers in their region. The workshop was designed with adult education principles in mind, including a combination of didactic lecture, small group learning and role play to facilitate maximum learning. The curriculum also includes a session on presentation skills, with practice and feedback opportunities.



In Kyoto, we held the workshop in two one-half days sessions, with the agenda content divided between time for conjoint learning and time for the APAC physicians (taught in

English) and Japanese physicians (taught in Japanese) to meet separately. Four of the Seoul attendees also attended the Kyoto meeting and two of the Japanese family doctors who attended the pilot in Seoul served as faculty for the Japanese Kyoto section. This divide supported both the need for more



time and the language issues identified in the pilot program.

Our community faculty, led by various master faculty members, talked about screening, diagnosis, treatment and management of depression and anxiety. Pharmacological and non-pharmacological options for care were included, as well sessions on psychosocial aspects of mental illness, mindfulness and reflection. Presentation skills were practiced as community faculty members gave three-to-five-minute talks on topics of their choice.

The evaluations for this workshop were quite positive, and post-test scores for all but one question were higher than pre-test scores, with an overall improvement from 85 to 90 percent. Our attendees rated the workshop 4.6 out of 5 for making them more effective in practice, and said they thought the practical tips on bringing up depression and anxiety with patients during consultation were most valuable.

The first webinar for this group was held June 24, with a topic of assessing suicide risk. Two webinars remain, and interest is high to expand the program.

The project also includes a portal for the master faculty and community faculty to use for sharing ideas, reporting on local meetings, and accessing tools and resources. The project webinars are recorded and posted in the portal for repeat watching and for the use

of those not able to attend the live session. We continue to add new tools and resources to the project portal, including a tip sheet on how to facilitate role play, the BATHE technique, PHQ-9 and GAD-7 screening tools, and more.

We are excited to see where the community faculty members take this project, and how the family doctors in their countries grow in their skill and competence in caring for this important patient population.

Member Organization news

Canadian College certification exam turns 50

Dear Colleagues,

On behalf of the College of Family Physicians of Canada (CFPC) we are very pleased to share with you a special milestone. June 2019 marks the 50th anniversary of the Certification Examination in Family Medicine and the Certification in the College of Family Physicians of Canada (CCFP) special designation.

The certification exam and CCFP designation were launched in 1969 to recognize the rigorous assessment required of family physician skills and knowledge and to help advance family medicine in Canada. Just 12 candidates successfully completed the first exam and earned the CCFP designation. Today, more than 1,600 family medicine candidates earn their CCFP designation every year, which ensures they have the broad scope of generalist skills necessary to provide quality care for patients across the country.

We are proud of the certification process and the CCFP designation, which reflect the highest standards of training, assessment and lifelong learning for family physicians in Canada.

As part of our 50th anniversary celebrations, we would like to say thank you for your ongoing collaboration with the CFPC. We value our working relationship with you and believe that it is fundamental to the continued growth and success of family medicine.

If you would like to read more about the class of 1969 and their outstanding contributions to family medicine over the last 50 years, please visit our [website](#). We also welcome your organization's support to our social media activities as we celebrate the anniversary in June and through the remainder of the year.

Sincerely, Paul Sawchuk, MD, MBA, CCFP, FCFP (president) Francine Lemire, MD CM, CCFP, FCFP, CAE (executive director and CEO)

WONCA's response

On behalf of our President, Dr Donald Li, and the entire WONCA Executive, we send our very best wishes and congratulations to the College of Family Physicians of Canada on celebrating its 50th anniversary.

CFPC has always played a very active and integral role in WONCA, as one of its founding members in 1972 – and even before that, hosting the first International Conference of family doctors in Montreal in 1964. Of course you have also provided two Presidents to World WONCA – Dr Donald Rice (1974-76) and Dr Donald Rae (1989-92) – as well as whole series of dedicated and expert individuals for our Executive and committees, the most recent being Professor Ruth Wilson who served as North America Region President from 2013 to 2018. And of course you too, Francine, who served as WONCA Member at Large and Honorary Treasurer from 2010 to 2013.

CFPC has always been a strong, committed and steadfast supporter of WONCA and we thank you most sincerely for that. We wish you all congratulations on your first fifty years and look forward to working with you as you grow and succeed even more in the next 50 years. With our very best wishes, Dr Garth Manning, Chief Executive Officer

World Family Doctor Day Part 2

Last month we featured World Family Doctor day in *WONCA News* ([more here](#)). Here are some additional reports from Member Organizations

China

**Chinese Medical Doctor Association General Practitioners Sub-association,
Chinese Society of General Practice
Cross-Straits Medicine Exchange Association & Commission of General Practice.**

On May 19, 2019 on the ninth "World Family Doctor Day", a community walk with the theme of "May 19 Medicines Walk" was hosted by the Chinese Medical Doctor Association General Practitioners Sub-association, Chinese Society of General Practice, and Cross-Straits Medicine Exchange Association & Commission of General Practice, in the Yuan Ming Yuan.



Photo: Opening Ceremony

More than 2,200 participants including health professionals and family doctors from Community Health Service Centers of 16 districts in Beijing, as well as patients from about 300 Primary Health Institutions gathered in the Yuan Ming Yuan. The deputy director of National Health Commission of the People's Republic of China, Dr Wang He Sheng, opened the congress with a speech. During the opening ceremony of the event, the president of WONCA, Dr Donald Li, congratulated everyone via video. (*photo at right*)



Before the walk started, family doctor representatives took an oath. After the starting signal the walk officially began. Health promotion, free treatment and developing a new family doctor service agreement were carried out during the half day.

This activity not only allowed the patients to experience the fun of healthy walking, but also made them feel closer to family doctors. It helped the dream to be realised that family doctors and patients go hand in hand.



Photo: those who celebrated took an active part in this activity

Myanmar

General Practitioners' Society, Myanmar Medical Association

This year, World Family Doctors Day activities are celebrated on May 31st in Yangon and May 19th in Mandalay.

Activities were started with opening speeches of Prof Rai Mra (President of Myanmar Medical Association, Yangon) and Prof Khin Mg Myint (President of Myanmar Medical Association, Mandalay), Prof S Kyaw Hla (President of Myanmar Medical Council).

Topics covered included: about WONCA and history of World Family Doctors days, then the role of family physicians in the health care system, awareness of family doctors by community, mission of WONCA and theme of 2019 World Family Doctor Day, MMA guideline for CPD accreditation for GPs were presented by Dr Tin Aye (Yangon), Dr Mg Mg Than (Mandalay), Dr Win Lwin Thein (Yangon), Dr Tin Myo Han (Yangon) and Dr Myint Zaw (Mandalay).

As well there was a panel discussion for CPD and accreditation for GPs was also done. The celebration was closed successfully with lucky draw and lunch.



Thailand General Practitioner/Family Physicians Association of Thailand

The General Practitioner/Family Physicians Association of Thailand (GPFPAT), worked together with the Royal College of Family Physicians of Thailand (RCFPT), and the Society of Family Physicians (SFP) with announcements all days in May to celebrate FDD.



14 May 2019 GPFPAT, RCFPT, SFP, and Ministry of Public Health declared the reforming of Thai health care, enhancing primary care by enhancing the family care team, especially, family doctor to lead the system for care for the whole of patient's life. The general practitioners and family physicians' residencies participated in the activity in Bangkok, Thailand. More detail [here](#)

16 – 28 May 2019. GPFPAT, RCFPT, and SFP launched the running campaign with the theme "caring for you for the whole of your life" for promoting health behaviour among Thai. Objectives were healthy status, prevention of non-communicable disease, and information about family doctors. The values from campaign turned into home medical devices. The poster is available shown.



19 May 2019. 'Inside Family' a Facebook community, opened for further information about family doctors after the running campaigns.

27 – 30 May 2019. [Review of Family Medicine](#), Ramagarden Hotel, Bangkok, Thailand, for improving young doctor skills and knowledge. 177 general physicians attended the event, with sessions including paediatric, psychotic and behavioural problems, and geriatric assessment and pharmacy problems.

28 May 2019. [Fun Run](#) event held in Bangkok, Thailand. Many family doctors attended to invite all people across Thailand to join the running campaign and celebrate the 20th anniversary of family doctor training in Thailand.



Featured Doctor

Dr Tesshu KUSABA

Japan - President, Japan Primary Care Association



Hello, dear readers. My name is Tesshu Kusaba. I am a Japanese family doctor. It is my pleasure and honor to be added to "WONCA featured Doctors".

What work do you do now?

I have been working as a family doctor at Motowanishi Family Clinic in Muroran City of Hokkaido, since 2003. The clinic provides medical care through a three-member group system. The Outpatient Department treats about 40 patients with various health problems from a wide range of age groups daily. The Home-visit Department provides medical care for approximately 150 elderly people and those with disabilities monthly. As a member of the community medical association, I have been participating in preventive medical activities to promote community residents' health and other activities to establish a community-based integrated care system. I have also been supporting policies to promote home medicine through collaboration with administrative bodies. Now that 15 years have passed, I realise that family medicine is being incorporated into the community.

As the Director of the Hokkaido Center for Family Medicine, I have been engaged in the management of 13 medical care facilities and promoting family medicine with about 50 family doctors and 250 employees. I have also been operating a family doctor training program, accepting about four senior residents each year. So far, more than 50 family doctors have completed the program. In addition to this, I am currently managing the family medicine advisor training program "Fellowship". These activities to train family doctors are highly evaluated in Japan.

Other interesting things you have done?

Since April this year I have been President of the Japan Primary Care Association (JPCA). Our association was founded in 1978 and is the oldest and largest association specialising in primary care in Japan, with 12,000 members at present.

Based on our objective ("practicing sustainable and integrated healthcare, medicine, and welfare and performing related academic activities, while placing importance on collaboration with community residents, to help people lead a healthy life") and with the goal of establishing primary care as a basic infrastructure service for Japan's society, the association expands activities mainly addressing three areas: disseminating primary care and enhancing its quality; nurturing primary care specialists and supporting their career development; and transmitting academic values mainly through clinical research and international activities.

Compared with other associations, we have energetic young members in their thirties and forties. The JPCA is also characterized by the extensive activities of various subcommittees which involve many people and we look to expanding future-oriented approaches at all times. Young members' energy never stops stimulating me!

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

In Japan, JPCA launched a system to nurture family doctors as specialists in about the year about 2000. However the number of specialist primary care doctors remains around 800; and as the total number of all doctors is approximately 300,000 in Japan, they only account for 0.27%. The traditional career pathway for Japanese medical doctors should be noted; many of them work at a hospital as a specialist of a specific organ for a certain period, subsequently open a private clinic, and then start to provide primary care. A large part of primary care is still provided by these doctors, but those who consider themselves

as a primary care specialist remain in the minority.

However, facing strained finances to offer sufficient medical services in a super-aging society, the Japanese government advocates the nurturing of family doctors as primary care specialists who provide medical care for the elderly with pathological conditions complicated by multiple diseases and “requiring care, rather than cure”. In 2018, family medicine was officially defined as a new basic specialty area, and a system to nurture family doctors on a nationwide basis started.

Thus, family doctors who have received specialised training in Japan are expected to play leading roles in community-based primary care as pioneers. This is a very worthy task, but it simultaneously requires courage and strength to overcome various difficulties. Therefore, active communication and mutual support among family doctors throughout Japan are essential.

Dr Sankha RANDENIKUMARA

Sri Lanka - The Spice Route Chair

Dr Sankha Randenikumara is the chair of [The Spice Route](#), Young Doctors' Movement of the WONCA South Asia region and a council member of the Rural WONCA.

What work do you do now?

Currently I work as an administrator of a secondary care hospital in state sector, who is responsible for planning and quality management. I do my family practice in the evening hours. In addition to being an active member of the College of General Practitioners of Sri Lanka, I'm highly involved with the Sri Lanka Medical Association (SLMA) as a Council member. I'm also the Secretary of the Palliative and End of Life Care Task Force of the SLMA since its inception, which is engaged in various activities to develop palliative medicine, which is relatively a new field to Sri Lanka. I have an enthusiastic bunch of colleagues in the Spice Route Movement of Sri Lanka and we have initiated CPD activities and research work in which young family doctors could get actively



Your leisure interests?

Watching movies and seeing kabuki shows are recently my favorite hobbies. Running on a treadmill at the gym in my spare time is also one of my enjoyments. I began to take Japanese tea ceremony lessons more than 10 years ago, and was certified as a tea ceremony master. Regrettably, I have been so busy that I have not been able even to touch a tea whisk these years. It was my great pleasure to have the opportunity to make tea for international guests with my fellows at the WONCA APR Conference that took place in Kyoto in May.

At the same time as my professional life and JPCA involvement, I am a person who places importance on life-fulfillment, such as loving my home with my wife and 3 children and enjoying hobbies, including those previously mentioned and travelling.

involved.

Other interesting things you have done?

From year 2014 to 2018 I was working as the in-charge physician of a rural Primary Care Unit in the Southern Sri Lanka which was a memorable period. The small team headed by me could upgrade our hospital to one of the best model primary care units in Sri Lanka within a brief period by implementing principles of Family Medicine. This achievement brought me the opportunity to join the committee appointed by the Health Ministry of Sri Lanka to formulate a proposal for reorganization of primary healthcare in Sri Lanka. Despite being the youngest member of the committee, I could contribute in a significant manner to this national process and now this proposal is in action as a World Bank funded project.

I have a strong interest in Archaeology from my childhood. I initiated postgraduate studies in Archaeology just after my graduation as a doctor and still continuing. Architecture of

ancient hospitals and paleo-diet have been my research interests so far.

What do you hope to achieve in being the Chair of the Spice Route?

The Spice Route has now well-established as a young doctors' movement, thanks to my predecessors' contributions. I was recently elected as the Chair and these days we are getting ready for the upcoming WONCA South Asia Regional Conference held at Lahore, Pakistan.

I hope to make the Spice Route more active and involved, within the next two years' period. One of the most important aspects I wish to address is research, which I consider as an essential component in a doctor's life. I also hope to create more opportunities to develop fellowship and share our professional experiences as young family doctors. I'm

pretty confident that I could achieve my targets even though they're challenging, because I have a keen team consisted of Spice Route leads of South Asian countries and inspiring WONCA seniors with me.

Your interests at work and privately?

Rural practice has been my passion at all times. NCDs, palliative care and environmental health are some other areas in which I am interested.

In my spare-time I travel to places of historical interest. I love reading from my childhood and still find time somehow for that. Nature has fascinated me always and birding is one of my favorite leisure activities. I'm also engaged in archaeological surveys and excavations as a hobby as well as a part of my studies.

Conference Reports

Klaus von Pressentin, Montegut Scholar, on WONCA Africa conference

Klaus B von Pressentin reports on his attendance as the Montegut Scholar, at the WONCA Africa 2019 conference, in Kampala, Uganda, from June 4-8, 2019.

Klaus is from Mossel Bay sub-district, South Africa. The [Montegut Global Scholars Program](#) is funded by the American Board of Family Medicine Foundation (ABFM-F). [Read more about Klaus here.](#)



1. Acknowledgements

I would like to thank the American Board of Family Medicine Foundation sincerely, for making this conference attendance possible through the Montegut Global Scholars Program.

2. Primafamed pre-conference meeting activities (4 - 5 June 2019)

This two-day pre-conference meeting of the Primafamed network saw 46 family physicians from around twenty countries coming together to discuss education and research in family medicine within the African region. On day 1, I helped Professor Bob Mash (Head of the Department of Family and Emergency

Medicine at Stellenbosch University, South Africa) and other members of the PHCFM (African Journal of PHC and Family Medicine) editorial board to facilitate an interactive workshop on peer review.

During day 2, colleagues from the Besrou centre - Canadian College of Family Physicians (a new partner of the Primafamed network) facilitated a discussion around how family medicine is situated in relation to the Astana declaration from a global and regional perspective, with a focus on three Astana domains (mental health, team-based care and advocacy/social accountability). This was followed by a workshop co-facilitated by Dr Innocent Besigye and myself, during which we explored the state of family medicine training in the network countries.

During the afternoon session, Professor Mash facilitated a workshop during which the network members clarified the form and function of the Primafamed network whose administrative hub will now be hosted at

Stellenbosch University.



Photo: workshop on postgraduate training during the Primafamed meeting.

3. WONCA Africa conference activities (6 – 8 June 2019)

The main conference consisted of a rich mix of keynotes and parallel sessions (workshops and oral presentations), and was attended by 181 delegates from 32 countries. The keynotes featured the topics of training the primary care workforce (Professor Mash) and some country examples of family medicine training and practice (University of Makerere and University of Gezira) on day 1.

The keynotes on day 2 included the chair of the WONCA Rural Practice Working Party, Dr John Wynn-Jones; Dr Donald Li (the current WONCA World president) who gave an overview of the development of family medicine in China from a training and policy perspective; Prof Amanda Howe (past president of WONCA), during which she discussed the roles of champions in developing family medicine in LMICs.

Another keynote worth mentioning is that of the WHO Africa representative, Dr Tumusiime Prosper, who cited the 2019 MOU between WONCA and WHO as a key achievement,



and highlighted the central role of family physicians in strengthening PHC towards

realising UHC (universal health coverage) in Africa. He left us with no uncertainty regarding the need for family physician-containing teams to achieve high-quality PHC. He also raised a few very key questions:

- How best can we use the limited number of family doctors?
- Can we explore options of extending practices of family medicine to mid-level and frontline workers? How do we

overcome professional barriers?

- How do we ensure we get engagement of multidisciplinary primary healthcare teams?
- How do we best integrate the family doctors into existing district health systems?

The presence of the WHO African regional office during the conference (keynotes, parallel sessions and presidential dinner) emphasised a solid commitment to building family medicine as a discipline in Africa.

I was involved as lead facilitator or co-facilitator in four workshops during the parallel sessions, namely: Measuring primary care performance; Exploring the family physician's clinical governance role through the lens of antimicrobial stewardship; Work-based assessment in family medicine and, the use of mobile phones in Sub-Saharan African countries and Canada for healthcare – what can we learn from each other.

The conference concluded with the [Kampala commitment](#) to universal health coverage, primary health care and building the capacity of primary health care teams at scale in Africa. This commitment links well with the MOU signed between WONCA and the WHO at the start of 2019, as well as the 2018 Astana Declaration.

Photo: Dr Donald Li, Prof Shabir Moosa, Ass Prof David Poňka, Prof Amanda Howe and myself.

4. Building networks: research contacts and collaborative projects

The Primafamed pre-conference meeting was a very valuable experience. The formal recognition of the Primafamed network as the academic wing of WONCA Africa is another important step forward. This represents opportunities for collaboration and support through network partnerships (such as research and building capacity at doctoral level).

The workshops during the pre-conference and main conference may continue as collaborative projects, especially regarding the PCAT (an existing collaboration with new interest: which metrics will be most suitable to assess quality within the “blackbox” of the patient-provider interface, the consultation), work-based assessment (other training institutions are interested in the electronic portfolio of learning) and the use of mobile phones in healthcare (possible article or conference report). The conference provided a sound platform of building new and existing networks, especially with colleagues from the African region and Canada (Besroure centre and McMaster University).

5. Action items

Our setting (the African region) still has to attain a critical mass of family physicians. We need to remain grounded in the daily clinical interaction with our patients and healthcare teams, which often remains a source of inspiration and authenticity for our “other

activities” (such as educational and research activities). We need to remain connected to the clinical environment when taking on additional roles, such as that of “clinician scientist” and/or “clinician educator”. This sense of being grounded in clinical practice, will make us better clinical teachers and applied researchers.

The WHO Africa regional representative, Dr Tumusiime Prosper, challenged us with a number of key questions, as mentioned above. Some of the answers may lie in our desire to become “family medicine champions”, as described by Professor Howe in her keynote: those who are able to help develop our discipline by being living examples in practice, contributing to the research base by documenting our progress and striving towards enhancing the quality of our care, engaging with managers and policy makers through advocacy and leadership, and being role models to our junior colleagues and students (the next generation of health workers). By sharing the principles of family medicine and high quality primary care within our multidisciplinary teams (in a manner which transcends professional boundaries), we will make progress towards integrating family doctors into existing district health systems.

6. Social media

A selection of photos was shared on [Facebook](#) and Twitter (#Primafamed19 and #WoncaAfrica #Kampala2019).

Primary Care-Complete Health Care
South Asia Regional Conference 2019

22-24 November 2019
Avari Hotel Lahore, Pakistan

Organized by Pakistan Society of Family Physicians, Lahore, Pakistan

A practice visit in Slovakia - the WONCA editor reports

Photo: Karen Flegg, Olgun Gökteş, Adriana Šimková, Jana Kotvasova (nurse) and Hagit Dascal-Weichhendler

During the recent WONCA Europe conference in Bratislava, the WONCA editor travelled outside the city to the nearby town of Pezinok on a visit to the practice of Dr Adriana Šimková. It was a multinational group with the editor being accompanied by colleagues Olgun Gökteş from Turkey and Hagit Dascal-Weichhendler from Israel.

On the day of our visit we saw Dr Šimková, another doctor and three practice nurses working. There is no appointment system so the patients turn up as they need and on the day of our visit there seemed to be quite a lot of patients in the waiting room considering the number of professionals available to see them. We felt just a little guilty that we were taking the attention of Dr Šimková. The doctor sees about 25 -30 patients per day and consultations usually last 10 to 15 minutes. It is usual that the nurses see the patients first, which no doubt makes the doctors' jobs a little easier.

Those patients waiting were exposed to a range of health promotion posters which Dr Šimková had constructed herself for patient education purposes. The practice undertook a range of services not usual in a general practice, for example stress cardiographs, Holter ECG monitoring. The office was equipped with a lot of point-of-care testing (for example: CRP, INR, quantitative FOB test, urine analysis) and this which was augmented by the presence of a small laboratory on site. If these tests are not covered by public health insurance (as they are not always), the patient must pay extra.

A computerised record system existed but we did note the patients also appeared to have a paper file.



Prescriptions are transmitted electronically to the pharmacist which is possible in a system where patients are enrolled in practices as they are in the Slovak Republic. Patients often take time to adjust to digitalisation, so there are still some who prefer to take a paper prescription.

This practice has about 4000 enrolled patients with two doctors. Dr Šimková told us that patients could change doctors if they wish after six months (or earlier under special conditions - for example moving to another city). Family doctors do not see paediatric patients up to the age of 18. However people can also wait until 28 years of age before moving from a paediatrician. This creates an interesting scenario where a young child and their parent could both be under the care of a paediatrician.

Our host, Dr Adriana Šimková, graciously responded to our many questions not only



about her practice but about training and work as a family doctor, in the Slovak Republic. Dr Šimková has been in the current practice for seven years. She trained as a general practitioner for three years and then followed on with internal medicine training without sub-specialisation. This extra training in internal medicine seems to permit her to engage in a broader scope of practice (doing stress tests for example) and authorised her to have a broader prescribing remit than a normal family doctor.

On the occasion of our visit a patient presented her needed thyroxine and while Dr Šimková was able to oblige a general practitioner without the internal medicine training would not have been able to prescribe this. The three visitors found this somewhat unusual and felt that without the extra internal medicine training a general practitioner in this environment would have limited prescribing without the involvement of a specialist physician.

We did note however that general practitioners in this system are gatekeepers

and need to be consulted for referral to specialist physicians.

The WONCA editor would like to thank our host Dr Šimková (pictured) and her practice staff for graciously answering our questions and showing is not only the consulting area but also the laboratory and associated radiography facilities.



Conferences coming

Scholarships for WONCA Rural conference

16th WONCA World Rural Health Conference Oct. 12-15 2019 in Albuquerque, New Mexico. Scholarships are now available to help offset the cost of attendance for the 16th WONCA World Rural Health Conference Oct. 12-15 in Albuquerque, New Mexico USA.

The National Rural Health Association, in collaboration with the University of New Mexico Department of Family & Community Medicine, seeks to offer scholarship funds to individuals with a critical need for financial support with conference expenses.

Scholarships will be awarded to people who meet the eligibility criteria specified in the application form, and who would be unable to attend the 16th Annual WONCA World Rural Health Conference without such support. Please review the criteria for eligibility and apply soon. And don't forget to share this opportunity and register before August 30 for discounted rates.

[Conference website](#) [Scholarship information](#)

Sincerely, Brock Slabach

Senior vice president for member services. National Rural Health Association



WONCA World Rural Health Conference

Albuquerque, New Mexico, USA

Albuquerque Convention Center

October 12-15, 2019

Asia Pacific region conference in New Zealand in 2020

Welcome message

On behalf of the organising committee, it gives me great pleasure to invite you to join us, and your colleagues from around the world, to the WONCA Asia Pacific Regional Conference 2020, in Aotearoa New Zealand.

The conference, which runs from 23-26 April, will be held at the Aotea Centre, in the heart of Auckland, the City of Sails.

The theme of the conference will be: *Family Medicine leading the way towards an advanced world of equity, quality and compassion*

The essence of this theme is captured in the Māori *whakataukī* (proverb):

*Ko te pae tawhiti whāia kia tata,
ko te pae tata whakamaua kia tina*

which translates to "Seek distant horizons in pursuit of excellence".

During the conference we will explore the scientific and human contributions we can make to create a future that embraces progress, while still retaining the core values needed to move us towards the goal of equal health for all.

We invite you to experience New Zealand's natural wonders and unique culture that you won't find anywhere else in the world. Our immense and diverse landscapes, mix of spectacular scenery and modern cities makes it the perfect destination for WONCA 2020.

Website: www.woncanz2020.com

Key closing dates:

Call for abstracts close - 31 October, 2019
Earlybird registrations close - 20 December, 2019

Kind regards,

Professor Les Toop
Chair on behalf of the Organising Committee
WONCA Asia Pacific Regional Conference 2020



WONCA 2020 Abu Dhabi promotion in Europe and call for abstracts

Dear Colleagues,

WONCA 2020 Abu Dhabi recently launched its call for symposia and workshop abstracts and the committees have been hard at work promoting and developing content for the conference.

In a bid to encourage greater attendance, WONCA 2020 Abu Dhabi joined the recently-concluded WONCA Europe as an exhibitor held in Bratislava. Situated in the WONCA Village, the booth proved to be a hit. A large number of visitors trooped to the WONCA 2020 booth and those new to the region were filled with excitement while experiencing a glimpse of what Abu Dhabi has to offer for WONCA 2020 delegates.

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While in Europe, I met with our esteemed colleagues who are also part of the planning and scientific committees. We had hearty discussions on which are the best topics and faculty to headline WONCA 2020's plenary lectures. Planning is also underway to prominently feature meet-the-experts sessions to add further value to what is shaping up to be a highly substantive scientific agenda. I am excited to say that we will be able to update you soon about the program.

For now, I encourage you to answer our call for abstracts in order to be a part of this important scientific meeting on family medicine in the beautiful UAE capital, Abu Dhabi. Submissions may be made online until December 15, 2019 at www.wonca2020.com.

Abstract submission for workshops and symposia

Abu Dhabi and all its wonders await! Be there on November 25-29, 2020.

Sincerely,

Mohamed Farghaly
Chair, International and Regional Scientific Committees, WONCA 2020



WONCA CONFERENCES

WONCA Conferences 2019

August 9-10, 2019	1 st International WONCA Emergency medicine Seminar	Kathmandu, NEPAL	www.gpeman.org.np
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	www.ruralhealthweb.org/wrhc
November 22-24, 2019	WONCA South Asia region conference	Lahore, PAKISTAN	www.globalfamilydoctor.com/SAR19

WONCA Direct Members enjoy *lower* conference registration fees.

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

WONCA Conferences 2020

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



Member Organization Events 2019

10 Sep **The Network: Towards Unity for Health**
- 13 Sep Darwin, Australia
2019

24 Sep **AAFP Family Medicine Experience**
- 28 Sep Philadelphia, USA
2019

29 Sep **European Forum for Primary Care**
- 01 Oct **conference**
2019 Nanterre, Paris, France

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

18 Oct **1st Omani Family Medicine Conference**
- 19 Oct Muscat, Oman
2019

23 Oct **Rural Medicine Australia 2019**
- 26 Oct Gold Coast, Queensland, Australia
2019

24 Oct **RCGP annual primary care conference**
- 26 Oct Liverpool, United Kingdom
2019

24 Oct **RACGP GP19**
- 26 Oct Adelaide, Australia
2019

30 Oct **Family Medicine Forum / Forum en**
- 02 Nov **médecine familiale**
2019 Vancouver, Canada

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

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