

WONCA News

An International Forum for Family Doctors



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From the President: Lessons from Cuba and Canada

Cuba and Canada provide lessons on family medicine and universal health coverage

Family doctor, Katia Medina Matos, lives in Lechuga Village, a small rural community on the island of Cuba. Katia works in partnership with a community nurse, Gladys Garnier Martinez, and together Katia and Gladys provide health care to 844 people based in four rural villages. They know everybody in these four communities. Working together they see 40 patients on average each day, including up to 15 in their own homes. And how do they get from village to village? They walk. Katia and Gladys are supported in their important work by the staff of the polyclinic in the nearby rural town of Managua.



Photo: Cuban family doctor, Katia Medina Matos, and primary care nurse, Gladys Garnier Martinez, consulting in their clinic in the rural village of Lechuga in Cuba

I met Katia and Gladys on a recent visit to Cuba. My visit was hosted by Cuban family medicine leaders, Lilia González Cárdenas and Niurka Taureau Díaz, and by members of the Society of Family Doctors of Cuba.

Cuba is a small island nation with a health system based on primary care that is the envy of many much more wealthy countries. In Cuba 36,000 family doctors cover the health care of 100% of the community of 11 million people. Every person has their own family doctor and primary care nurse team. And this includes teams based in 3000 clinics in rural areas across the country.

Cuba provides one of the best examples of personalised family medicine ensuring every

member of the community has access to quality primary health care, delivered by well-trained doctors and nurses.

Photo: Classic Havana



Every Cuban, including every person living in rural areas, has free access to their own primary health doctor and nurse team. These teams of a doctor and a nurse have a list of all people in their community, and they are expected to know the health status of everyone in their community, including the elderly and housebound people in their community, and they will go to visit these people, rather than expecting them to come to their clinics. It is a proactive approach to ensure all people, and especially the most vulnerable, are getting access to the health care they need. Disease prevention is also strongly emphasized as core component of primary care delivery.

The Lancet medical journal recently described how Cuba has an under-5 mortality rate of 5.7 per 1000 live births, below that of the United States of America. Cuba offers a model of cost-efficient and effective primary care that can be adapted by many other countries struggling to provide health care coverage to their entire population.

Cuba also trains more primary care doctors than their own country needs and sends missions of family doctors to areas of need around the world. Most recently Cuba responded immediately following the World Health Organization's call for international aid and sent 200 doctors to West Africa to assist the fight against the Ebola virus.

In an extraordinary contribution to global health, Cuba's Medical School of Latin America (*Escuela Latinoamericana de Medicina – ELAM*) has trained 27,000 young people from disadvantaged

communities in 65 countries to become doctors. Established in 1998, ELAM is part of a global movement of socially accountable medical schools dedicated to training medical students to better meet the specific needs of the communities they will serve as doctors. The medical education provided at ELAM emphasises the importance of primary care.

Something Iona Heath, former president of the Royal College of General Practitioners of the United Kingdom, said recently struck a chord with me. Iona said, "*I believe that family medicine is a force for good throughout the world.*" Our colleagues in Cuba are showing that this is true through the practical example they set each day.

It also strikes me that while many wealthy nations source doctors and nurses from other countries to meet the health care needs of their populations, what they should be doing is following Cuba's example and training more health care professionals than they need and making a net contribution to the rest of the world. If a small, developing nation like Cuba can make extraordinary contributions like this to humanity, why can't other nations?

Another country making a substantial difference to global health through supporting family medicine developments around the world is Canada. I was recently invited to Quebec to attend the Sadok Besrouf Global Health Conference, hosted by the College of Family Physicians of Canada Research and Education Foundation. Sadok Besrouf is a Canada family doctor, originally from Tunisia, who has made a very generous donation to support the work of the members of the College of Family Physicians of Canada in advancing global family medicine.

Photo: WONCA president with delegates to the Sadok Besrouf Global Health Conference in Quebec, Canada

Led by family doctor Katherine Rouleau from the Department of Family & Community Medicine at The University of Toronto, the meeting brought together family doctors from many countries including Ethiopia, Haiti, Kenya and Mali, to work with colleagues from across Canada who are providing support for the introduction of family medicine education and training in each of these countries. This global movement is a wonderful example of how we can all get involved in supporting strengthening primary care through family medicine around the world. I was particularly impressed with the work our French-speaking colleagues in Canada are doing with partners in French-speaking nations in Africa.

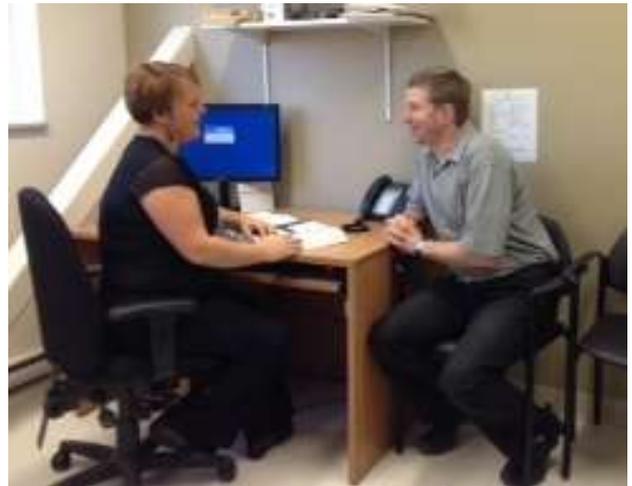


Photo: Canadian family doctor, Marie-Pierre Dumas, meeting with a member of her primary care team in her clinic in Québec

While in Quebec I also took part in the 60th anniversary celebrations of the College of Family Physicians of Canada (CFPC). I was invited to speak about the contributions that family doctors from Canada have made to WONCA and global family medicine over the past 60 years.

[View the President's address to the meeting](#)



The origins of WONCA can be traced back fifty years to 1964 when the very first World Conference on General Practice was held in Montreal, hosted by the CFPC. WONCA was established officially eight years later, in 1972, and the CFPC was one of the 18 founding member organisations, joining other national colleges of family doctors sharing a commitment to work together to ensure that the people of all countries would have access to well-trained and well-supported family doctors.

At the first official WONCA meeting in 1972, Donald Rice, one of the leading figures of the CFPC and the second world president of WONCA, said, *“we are witnessing a rebirth of the family doctor as the central figure in new patterns of health care delivery. A family doctor trained in modern medicine but with the same compassion, understanding and empathy, so characteristic of the much honoured and revered family doctor of bygone days. A family doctor trained to work with other health professionals in providing total health care for a rapidly changing society.”* These are words that continue to be true today as family medicine develops as the core of strengthened health care systems in many parts of the world.

Photo: Cuban family doctor, Katia Medina Matos, sets out by foot on her daily round of home visits to her patients in the four rural villages under her care

Canada and Cuba provide us with exciting examples of the potential for family medicine to ensure health coverage for all people in each nation of the world and demonstrate how much we, as family doctors, can achieve by working together.

Michael Kidd
President
World Organization of Family
Doctors (WONCA)



Del Presidente: Lecciones de Cuba y Canadá

Cuba y Canadá dan lecciones sobre medicina de familia y la cobertura universal de salud

La médica de familia Katia Medina Matos vive en Villa Lechuga, una pequeña comunidad rural en la isla de Cuba. Katia trabaja en colaboración con una enfermera de la comunidad, Gladys Martínez Garnier, y juntas, Katia y Gladys ofrecen atención de salud a 844 personas situadas en cuatro aldeas rurales. Ellas conocen a todo el mundo en estas cuatro comunidades. Trabajando juntas atienden a 40 pacientes de promedio cada día, incluido a un máximo de 15 en sus propias casas. Y ¿cómo van de pueblo en pueblo? Caminan. Katia y Gladys cuentan con el apoyo del personal de la policlínica de la cercana localidad rural de Managua para desempeñar su importante trabajo.

foto: La médica cubana de familia, Katia Medina Matos, y la enfermera de atención primaria, Gladys Martínez Garnier, en la consulta de su clínica en la aldea rural de Lechuga en Cuba.



Conocí a Katia y a Gladys en una reciente visita a Cuba. Mi visita fue organizada por los líderes de la medicina familiar cubana Lilia González Cárdenas y Niurka Taureaux Díaz, y por miembros de la Sociedad de Médicos de Familia de Cuba.

Cuba es un país insular pequeño con un sistema de salud basado en la atención primaria que es la envidia de muchos países notablemente más ricos. En Cuba, 36.000 médicos de familia cubren la atención de salud del 100% de su comunidad de 11 millones de personas. Cada persona tiene su propio médico de familia y enfermera de atención primaria. Y esto incluye a los equipos situados en 3.000 clínicas de las zonas rurales de todo el país.

Cuba ofrece uno de los mejores ejemplos de la medicina de familia personalizada que

garantiza que cada miembro de la comunidad tiene acceso a la atención primaria de salud de calidad, impartida por médicos y enfermeras bien cualificados.



foto: Habana Vieja.

Todos los cubanos, incluyendo todas las personas que viven en las zonas rurales, tienen libre acceso a su propio equipo médico de atención primaria de salud y a su enfermera. Estos equipos de médico y enfermera tienen una lista de todas las personas de su comunidad, y se espera de ellos que conozcan el estado de salud de todos los miembros de su comunidad, incluidas las personas de edad avanzada que pueden salir de casa y a las que van a visitar, en lugar de esperar a que vengan a su consulta. Se trata de un enfoque proactivo para asegurar que todas las personas, y especialmente los más vulnerables, están consiguiendo el acceso a la atención médica que necesitan. La prevención de enfermedades también se enfatiza firmemente como componente esencial de la atención primaria.

La revista médica Lancet ha descrito recientemente cómo Cuba tiene una tasa de mortalidad de menores de 5 años de 5,7 por cada 1000 nacidos vivos, inferior a la de los Estados Unidos de América. Cuba ofrece un modelo de atención primaria coste-eficiente y eficaz que puede ser adaptado a muchos otros países que luchan por proporcionar cobertura de salud a toda la población.

Cuba también capacita a más médicos de atención primaria de los que necesita su propio país y envía misiones de médicos de familia a las áreas más necesitadas en todo el mundo. Recientemente, Cuba respondió inmediatamente

a la llamada de ayuda internacional de la Organización Mundial de la Salud y envió 200 médicos a África Occidental para cooperar en la lucha contra el virus del Ébola.

En una extraordinaria contribución a la salud mundial, la Escuela de Medicina Cubana de América Latina (Escuela Latinoamericana de Medicina - ELAM) ha formado a 27.000 jóvenes de comunidades desfavorecidas en 65 países para que se convirtieran en médicos. Fundada en 1998, la ELAM es parte de un movimiento global de escuelas de medicina socialmente responsables dedicadas a la formación de los estudiantes de medicina con el objetivo de satisfacer mejor las necesidades específicas de las comunidades a las que van a atender como médicos. La educación médica proporcionada en la ELAM hace hincapié en la importancia de la atención primaria.

Hubo algo que Iona Heath, ex presidenta del Colegio de Médicos de Familia del Reino Unido dijo recientemente que me conmovió. Iona afirmó: "Creo que la medicina de familia es una fuerza a favor del bien en todo el mundo." Nuestros colegas en Cuba están demostrando que esto es cierto a través del ejemplo práctico que desempeñan cada día.

También me parece que muchos países ricos consiguen médicos y enfermeras en otros países para poder satisfacer las necesidades de salud de sus propias poblaciones cuando lo que deberían hacer es seguir el ejemplo de Cuba y formar a más profesionales de salud de los que necesitan, y hacer una contribución al resto del mundo. Si un país pequeño y en desarrollo como es Cuba puede realizar aportaciones extraordinarias como estas para la humanidad, ¿por qué no otros países?

Otro estado que marca una diferencia sustancial en la salud global a través del apoyo a la medicina de familia de todo el mundo es Canadá. Recientemente me invitaron a Quebec para asistir a la Conferencia Sadok Besrouer de Salud Global, organizada por la Fundación de Investigación y Educación del Colegio de Médicos de Familia de Canadá. Sadok Besrouer es un médico de familia canadiense originario de Túnez, que ha hecho una donación muy generosa para apoyar el trabajo de los miembros del Colegio de Médicos de Familia de Canadá en el avance de la medicina de familia mundial.



foto: El presidente de WONCA con los delegados de la Conferencia Global de Salud Sadok Besrouir, en Quebec, Canadá.

Liderados por la médica de familia Katherine Rouleau, del Departamento de Medicina Familiar y Comunitaria de la Universidad de Toronto, el encuentro reunió a médicos de familia de muchos países, entre ellos, Etiopía, Haití, Kenia y Mali, para trabajar con colegas de todo Canadá que están proporcionando apoyo a la introducción de la enseñanza de la medicina familiar y la formación en cada uno de estos países. Este movimiento global es un maravilloso ejemplo de cómo todos podemos participar en apoyar el fortalecimiento de la atención primaria a través de la medicina de familia en todo el mundo. Yo quedé particularmente impresionado con el trabajo que nuestros colegas de habla francesa en Canadá están haciendo con sus socios en los países de habla francesa en África.

Mientras, en Quebec también participé en las celebraciones del 60 aniversario del Colegio de Médicos de Familia de Canadá (CMFC). Me invitaron a hablar acerca de las contribuciones que los médicos de familia de Canadá han hecho a WONCA y la medicina mundial de familia en los últimos 60 años. [ver mas](#)

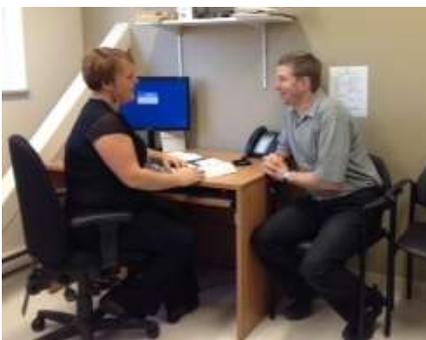


foto: La médica de familia canadiense, Marie-Pierre Dumas, reunida con un miembro de su equipo de

atención primaria en su clínica en Québec.

Los orígenes de la WONCA se remontan a cincuenta años atrás, hacia 1964, cuando se

celebró la primera Conferencia Mundial sobre la Práctica General en Montreal, organizada por el CMFC. WONCA se estableció oficialmente ocho años después, en 1972, y el CMFC fue una de las 18 organizaciones miembro fundadora, uniéndose a otros colegios nacionales de médicos de familia

que compartían un compromiso de trabajar juntos para asegurar que las personas de todos los países tendrían acceso a médicos de familia cualificados y económicamente respaldados.

En la primera reunión oficial de WONCA en 1972, Donald Rice, una de las principales figuras del CMFC y el segundo presidente mundial de la WONCA, dijo: "estamos asistiendo a un renacimiento del médico de familia como figura central de los nuevos modelos de atención de salud. Un médico de familia formado en medicina moderna, pero con la misma compasión, comprensión y empatía características del médico de familia tan honrado y venerado en tiempos pasados. Un médico de familia capacitado para trabajar con otros profesionales de la salud en la prestación de atención integral en una sociedad que cambia rápidamente." Estas son palabras que siguen siendo ciertas hoy mientras la medicina de familia se desarrolla como núcleo de los sistemas de salud fortalecidos en muchas partes del mundo.

foto: La médica de familia cubana, Katia Medina Matos, saliendo a pie hacia su ronda diaria de visitas a domicilio a sus pacientes en las cuatro aldeas rurales bajo su cuidado.



Canadá y Cuba nos ofrecen ejemplos interesantes de las posibilidades de la medicina de familia para garantizar la cobertura de salud para todas las personas en cada país del mundo y demostrar lo mucho que, como médicos de familia, se puede lograr mediante el trabajo conjunto.

Michael Kidd
Presidente
Organización Mundial de Médicos de Familia (WONCA)

From the CEO's desk: WONCA executive meeting



WONCA Executive: (seated l to r): Luisa Pettigrew (UK), Donald Li (Hong Kong, China), Amanda Howe (UK), Michael Kidd (Australia), Garth Manning, Karen Flegg (Australia) (standing l to r): Pratap Prasad (Nepal), Inez Padula (Brazil), Matie Obazee (Nigeria), Ruth Wilson (Canada), Job Metsemakers (The Netherlands), Mohammed Tarawneh (Jordan), Jungkwon Lee (South Korea), Raman Kumar (India)

Greetings again from the WONCA Secretariat in Bangkok in this first *WONCA News* of 2015. It promises to be a really busy year for the organization, with regional conferences in six out of our seven regions (all but North America) as well as a Rural Health conference in Dubrovnik in April, coordinated by the WONCA Working Party on Rural Health, and a whole host of Member Organization events. We hope to report on most of these throughout the year, but look forward to hearing of other events which may be happening.

[See more about coming WONCA conferences here.](#)

WONCA Executive meeting

Your WONCA Executive “meets” every four to six weeks via teleconference but, due to budgetary constraints, only manages to meet face to face every 9 to 12 months. The latest face-to-face meeting took place here in Bangkok, from 24th to 26th January, and as ever there was a very full agenda to work through. The first day tends to concentrate on strategy, looking especially at how Executive members are doing at meeting their KPIs (Key Performance Indicators). The initial KPIs, which this Executive agreed, included:

- At least one new Member Organization recruited in each region.

- Support to the Young Doctor Movements
- Ever-closer collaboration with WHO.

I'm glad to report that most regions have recruited at least one new MO, and we now have a Young Doctor Movement in each of our seven regions, whilst collaboration with WHO has expanded significantly. Executive also considered the priorities that they had set themselves for 2014, and assessed progress, and set and agreed new priorities, for 2015.

WONCA Finances

Finances remain fragile, but are in rather better health at the end of 2014 than they were two years ago, and we finished 2014 with a slightly larger surplus than forecast. Nevertheless Executive is committed to building up sufficient reserve funds to ensure greater long term financial viability, and instructed Hon Treasurer and CEO to revise the 2015 budget keeping in mind that it had to be balanced overall. The revised budget was agreed by Executive, though sadly it has not allowed for any Discretionary Fund, and thus there is no spare funding available to be able to respond to any additional funding requests for 2015.

Member Organizations (MOs)

Executive received a report from the Membership Committee and endorsed its recommendations to offer full MO status to College de la Medicine General (CMG) of France, which is a conjunction of a number of French organizations including Colege National des Generalistes Ensignenetes (CNGE) and La Societe Francaise Medicine Generale (SFMG). It also endorsed the recommendation to offer Academic Membership to Institute of General Practice, University of Erlangen-Nuremberg, Germany.

At a meeting in Lisbon in July 2014 Executive had also discussed the problem faced by family doctors in many countries in applying for WONCA membership. Several countries prohibit the formation of professional colleges or societies, and thus doctors in those countries could not meet the WONCA membership criteria. Executive had been keen to encourage membership as much as possible, and so had agreed to offer “Membership pro tem” where needed, pending a proposed change to the bylaws and regulations to be tabled to the 2016 World Council. At this Bangkok meeting Executive was pleased to endorse

Membership pro tem to the Qatar Primary Health Care Corporation.

Special Interest Groups

Executive also considered two applications to form new WONCA Special Interest Groups (SIGs). We're happy to report that both SIGs were approved, so we congratulate the WONCA SIG on Men's Health, led by Professor Sandro Rodrigues Batista of Brazil, and the WONCA SIG on Catastrophe and Conflict Medicine, led by Dr Rich Withnall of UK.

Gramado statement

Executive also considered a request from the WONCA Working Party on Rural Practice to formally endorse and adopt the Gramado Statement. This statement was formulated during the 2014 Rural Health conference in Gramado, Brazil, and is a statement on "Rural Health in Developing Countries". Executive was happy to endorse the statement, which can be accessed via the [WONCA website](#).

Bylaws and Regulations

There was, inevitably, a great deal of discussion around proposed amendments to WONCA's bylaws and regulations. Under consideration is a proposed shortening of the bylaws and regulations to make one workable document more in keeping with modern business practice. Changes may also be needed as a consequence of moving to a two-yearly conference cycle. The Bylaws Committee has been working hard, and their work to date was acknowledged by Executive, who will have further discussions throughout 2015 before presenting

recommendations to Member Organizations for consideration at Council in 2016.

Business development

Executive also considered a number of papers from CEO outlining suggestions for further business development. Suggestions included development of further consultancy opportunities, especially in accreditation of postgraduate family medicine training programs; development of a jobs portal on the WONCA website; and taking greater control of WONCA conferences through contracting with a core Professional Conference Organizer. I will be carrying out further work on these issues throughout 2015 and 2016 and will report periodically on developments, which are critical to the sustainable financial health of WONCA..

So, all in all it was an extremely busy three days for your Executive. In light of the many activities being undertaken Executive decided that a further face-to-face meeting would be required in late 2015, and I am currently investigating the most cost-effective options for that meeting, given our budget limitations.

Next month I will report on the Prince Mahidol Award Conference, held annually in Bangkok in the last week of January, but best wishes for now until next month.

Garth Manning
CEO

Policy Bite with Amanda Howe

Hot on the planet – should WONCA be considering sustainable travel policies?

The WONCA Executive has just met in Bangkok for its annual business meeting. This destination was chosen after detailed comparative cost appraisal, and gave us the added advantage of seeing our Secretariat in action on its home territory. It was a great meeting, very well organised and supported by the CEO and Dr. Nongluck, Arisa and Bee, all of whom are doing a very committed and hardworking job for our organizations. It was also a great pleasure to see all my fellow members of Executive, and to have

the chance for some in-depth business discussions and challenging debates.

The President and I also visited the Department of Family Medicine at Prince Mahidol University and had the pleasure of a long question and answer session with 40 of their residents, as well as seeing their new building and the professors who are leading this excellent unit.



Nothing can replace that kind of face to face contact, nor the relationships we built over the visit. But as I looked out of my hotel window over the hovering smog of air pollution that lies on the city at dawn and dusk, or sat surrounded by cars and motorbikes on the 1.5 hour

journey in from the airport (see photo), I did begin to worry about the right balance of international travel for delivery of our objectives.

There are three issues to set against the wonderful opportunities of working in a global organization – personal demand of travel (time away from home and workplace, health risks); financial costs; and environmental impact. The last of these is probably the most pressing, as many of our countries are seeing extremes of weather due to global warming, and the low income countries of course lose out the most when there is an environmental disaster – whether flood or drought, poverty and poor infrastructure exacerbates the problem and this impacts on health(1). So I would argue that we must think about sustainability when we consider WONCA travel for business.

Yet our trade is in interpersonal contact, and our forms of working are largely through conferences, meetings, and educational development visits (such as study trips, accreditation, and faculty development events). As President-Elect, I have already enjoyed a number of trips to others' countries as their guest and speaker / expert resource, and have noted the disappointment when I have had to decline meeting invitations. At one level I would like to be, as the song says, "Everywhere ... all the time", but this is not going to be feasible, nor good for the WONCA budget or the planet!

So I am writing this to start a bit of a debate, and also to consider other ways of being present without always needing to fly and stay.

I recall in Ukraine in 2013 they linked postgraduate centres from all parts of the country into the national conference plenaries, with delegates visible to the speakers and able to participate in question sessions. My university and the Caribbean College of Family Physicians have allowed me my first experiment in making a film of a keynote lecture, so that (hopefully!) I can sit in one of our College offices and do a Q&A via the Web, after colleagues have watched me do my talk: 'live', projected on the screens in an auditorium just as it would be if I were there - but made a month ago! I have offered a similar option to another colleague later this year at a point where I cannot attend in person. And we have the wonders of being able to meet without meeting (SKYPE, GoToMeeting), plus social media where we can live in each others' pockets from all sides of the world if we so wish!

A similar discussion is going on about how to use new technologies in clinical care – can I safely save the patient a 20 mile journey and half a day of absence from work if I organize to do their diabetes check-up over SKYPE? Will the Internet allow me to transmit photos or test results to colleagues to get a rapid opinion so that I can avoid sending a patient to the hospital? When should I travel to the patient and when should they come to me? And so on...

In conclusion, I think we do need to meet for many reasons – we are human beings, and we can only get an in-depth appreciation of the needs of a situation such as a consultation, a teaching seminar, or a professional discussion, when able to interact and be spontaneous together. But perhaps we also should evaluate who, where, how often, and what are the alternatives – plus, what is most cost-effective – can the resources be better used for other purposes? What would a WONCA policy on sustainable travel need to say? This will no doubt be an ongoing discussion and moral issue for us all.

Amanda Howe
President-elect

Rural round-up: New Year - New Horizons for Rural Practice

The WONCA Working Party on Rural Practice chair, Dr John Wynn-Jones summarises the activities of the working party and looks forward to this year's events.

It has been a busy 12 months for the WONCA Working Party on Rural Practice (WWPRP). We are now halfway through our triennium programme and I believe that we are meeting the challenging

targets that we set ourselves in Prague. I want to thank the members of the Working Party for all their hard work and support over the last 18 months.

It's true to say that our achievements and successes rest on the efforts of rural doctors and enthusiasts around the world working as a team

to promote rural practice & rural health with a global perspective in the true spirit of the founding fathers of Wonca. It is our aim to ensure that family doctors are at the forefront of achieving the goals of universal health coverage and the elimination of health disadvantages caused as a result of isolation and rurality.

As chair, I personally set myself three major targets and I am concentrating my efforts meet them.

1. Achieving Gender Equity within the WWPRP and we are clearly on our way to achieving this very important target.
2. Attracting younger doctors to join. We are working with the Young Doctor Movements and IFMSA (International Federation of Medical Student Movements) to ensure that rural practice and rural health is firmly on the agenda of the next generation.
3. Meeting the needs of working rural doctors and hopefully you will see from our programme that those specific needs drive our current work programme.

2014 and 2015 conferences

Reflecting on the last year, the [12th WONCA World Rural Health Conference](#) (Gramado, Brazil) was a resounding success with over 700 delegates from every corner of the globe. The

programme was extensive (in Portuguese and English). Many of the workshop topics have stimulated new initiatives that we are now working upon as a WP. As with all conferences, the interactions and networking that takes place is equally important and all those attending will go away with wonderful memories of a beautiful and hospitable country and an extended and informed network. I wish to take the opportunity to send special thanks to our Brazilian hosts and Brazilian Society. View the [Gramado statement](#) developed at the conference.

Our plans for 2015 are focused on the [13th WONCA World Rural Health Conference](#) (Dubrovnik, April 15-18) This is now taking up most of our time with only two and a half months to go. We have been delighted by the number of abstracts submitted and we hope to have the draft programme ready in early February. The conference is in the safe hands of KoHM (with Tanja Pekez-Pavlislo and Ennis Balint) and I am concentrating on YDMs and Medical Students who are organising the young doctor and medical student programmes. EURIPA (European Rural and Isolated Practitioners Association) are also running a full programme of European themed rural workshops at the conference. For more details, please go to website.

Ongoing Activities

We have many ongoing programmes, which include:

1. **Developing a resource page** to store rural grey literature and act as a rural practice on-line portal
2. Further development of our exciting [Guidebook on Rural Medical Education](#), which was launched in Brazil. Responses worldwide has been extremely favourable and special thanks go to the editorial group, the authors and the reviewers
3. **Social Media.** The WWPRP is now represented on Twitter, Facebook, Google as well as a growing Google discussion group with nearly 500 contributing doctors, academics, medical students.
4. **History of Rural Medicine/Rural Practice:** The WWPRP is working with the Wellcome foundation to hold its 2nd Witness Seminar on the History of Rural Medicine. It has also launched its



[Rural Heroes Project](#), which encourages rural doctors around the world to identify individuals who have made a difference over the last 100 years.

5. **Collaborations and contributions:** The WP is working with many different NGOs, academic institutions and professional bodies to promote rural practice. It is also contributing to other rural conferences around the world.

6. Other programmes include
- Rural Proofing for Health
 - Role of Practice Nurses, Rural Nurses and Physician's Assistants in Rural Practice.
 - Leadership in rural practice
 - Occupational & Agricultural Health
 - And many more....



Breaking down barriers:
Bringing People Together
 15th - 18th April 2015

Finally, I would like to thank the WONCA Executive and the team in Thailand for their support over the last 18 months. 2015 promises to be another busy year and we welcome as many of you as possible to join us in Dubrovnik. 2015 marks the official 30th Birthday of the WWPRP & EURIPA and we hope that you will all join us to celebrate it.

Don't forget it's not too late to book for [Dubrovnik](#).

John Wynn-Jones

Chloé Perdrix writes: primary care in Thailand, Laos and Cambodia.

My name is Chloé Perdrix, I'm a 27 year old French GP resident.. I am taking a sabbatical year travelling around Asia. In order to stay in touch with the medical network, I intend to meet general practitioners during this journey. I proposed to WONCA and the Vasco da Gama Movement (VdGM), to write an article each two months in order to share my discoveries, my questions and my reflections about this experience. This is my third story.. to see others [click here](#).

Meeting the WONCA secretariat in Bangkok

Thailand is a very touristy country, and it was difficult to have real contact with the Thai population.

The most interesting thing I did relating to primary care in Thailand was to meet WONCA's secretariat, Dr Garth Manning and team, over lunch. What an adventure to get to the meeting ! We had to cross Bangkok by taxi and even though we left the hotel one hour before the meeting time, we arrived late because of a crazy traffic jam! After arriving in the area, we had to wait 10 minutes (no less, no more) to cross a road ! With so much traffic, and so little space for walkers, Bangkok is very different from the peaceful island where we were just before. But some people say that when you live in Bangkok for a while, you



finally like it very much. It is just a matter of knowing the good places.

Finally we reached our destination. Dr Manning and his team were very welcoming. We shared about our health care systems. Then, we took pictures (l to r: Anuta 'Bee' Mustafa, Nongluck Suwisith, Chloé Perdrix, Dr Garth Manning, Arisa Puissarakij) to immortalise the moment, and went to have lunch in a very good Thai restaurant. It was a lovely time. Having lunch with WONCA's team was an honour for me. I thank them a lot for having taken time from their busy WONCA schedule to look after us.

Urban family medicine in Laos

After Thailand, a new adventure began. We decided to go to Vientiane, capital of Laos and buy two bikes to cycle along Mekong river to its delta, in Vietnam. This represents about 2,000 km (1,240 miles).



Photo: How to protect you skin in Laos (no suncream there)

First, some words about Laos.

Laos' population is 7.77 million inhabitants. The life expectancy at birth is 67.81 years old and the average net salary is \$107 per month. (the Asian average net salary is \$442, and world average net salary is \$850)(1). The population is 70% rural dwelling.

We spent Christmas in Savannakhet, one of the main cities in Laos. There, I visited the local hospital with my brother Romain and one of the nurses explained the organisation in the hospital.

For current diseases, chronic diseases, monitoring and prevention, there is a special department in the hospital - the Outpatient Department (OPD).



(Photo: OPD in Savannakhet, Laos). It is like a health centre with different rooms for consultations including minor surgery, female

examinations, venepuncture, vaccinations, and monitoring of children. If needed, general practitioners can easily send patients to the emergency room or other speciality departments in the hospital.

The monitoring of chronic diseases clinics are every Tuesday and Thursday. Diabetes and hypertension are common chronic diseases, caused in the nurse's opinion by sticky rice. (Sticky rice is a very special Laotian rice used as bread is in France).

Photo Patients waiting in the hospital (Savannakhet, Laos).



Shamanism

To understand the Laotian view of disease, I will talk about Shamanism as Laotians practice Shamanism in parallel of occidental medicine.

They attribute illness to a spirit (*Phi*) intervention : disease would be caused by the departure of a protector spirit (*Phi Khoun*) from the body. To recover, Laotians ask Shamans (healers), who can sometimes also be doctors, to organize a celebration named *Baci*.

Shamans have access to spirits and are able to find the lost ones and reintegrate them into the sick person's body. One can become a Shaman after having faced a serious illness which led to the edge of the death world. Laotians think that this experience of proximity of death makes the spirits choose a person to become Shaman. During the celebration, Shamans sit down, straddling a chair to imitate riding a horse, wear a black mask to hide from real world and sing to find the spirit.

Rural Health Centres in Cambodia

After a wonderful New Year's Eve in an amazing place named the 4000 Mekong islands, next to the border, we arrived in Cambodia.

Then, we decided to cycle 400 km more to visit the Angkor temples (which were spectacular, but that is not the subject of this article). On the way, we camped in a health centre area for a night because there was no guesthouse/hostel around. We talked to the midwife and the nurse who were on duty. There was no doctor at this centre – only nurses and midwives.

The nearest place with a doctor was 50 minutes away by car – quicker for one year now, thanks to a new road (previously it took 30 minutes more). When there is an emergency, they don't have ambulance, so they call a taxi to drive the patient to a doctor. The health centre follows pregnant women and does about 15 deliveries per year.

The nurse, Tearah, invited us for a delicious Cambodian dinner on the health centre's terrace. At the same time, a woman was giving birth in the health centre. I proposed my help if the mother or baby had any problem. Fortunately, both of them were ok after delivery, and the midwife didn't ask me for help. We heard the first baby cries. His father, grandmother, and older sister looked so happy !

Nap times during work in Laos and Cambodia

During our bike trip in the countryside, we could often see roadside shop owners as well as supermarket sales persons laying down in a hammock or a bed situated in the middle of the shop. They are not ashamed of that at all, on the contrary, it seems very normal for everybody. I imagined how life would be in Europe if naps were allowed during work. A lot of private companies have already created some rooms dedicated to employees' naps. Knowing that doctors themselves have a high rate of burnout, would implementing a short nap time improve medical staff working conditions? *(photo of us napping at Angkor Wat)*

I would be curious to read your reactions about this point.

Of course, it seems important to point out that working conditions in Laos and Cambodia cannot be

reduced to this nap time only. Indeed, some working conditions are terrible. Prostitution in Cambodia, child labour, poor conditions of women



in the garment industry... and the list goes on.

Cycling & Health

And to finish, I would recommend everyone to bike ! It is so healthy ! It improves physical and mental health and reduces the risks of many chronic diseases.(2)(3) It makes you feel better in your body and think about life during long hours (Yes, it's like a psychotherapy). Furthermore, it makes you strive to overcome your limits. And one of the best part is, even though you eat a lot, you get thinner.

Next time, I will talk about Cambodia and Vietnam. Happy new year to all. I wish you the best in your life.

Cheers
Chloé.

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Occupational Health feature

Common mental health disorders: what about work?



WONCA News has begun a regular feature on the subject of Occupational Health including useful resources for clinical practice. Peter Buijs (right) & Frank van

Dijk (left) are the authors - they are Dutch occupational physicians and former family doctors, and for many years active in ICOH. In this contribution, Frank and Peter present reflections for the GP when confronted with 'common mental disorders' related to work. The next contribution for a future WONCA News, will be offered on more serious mental disorders.

What is the problem?

Mental health problems, often mixed with somatic complaints, are a leading cause of sick leave and work disability worldwide. They form a frequent work-related problem in general. Most patients suffer from minor mental health problems that they can cope with themselves. Some, suffer from severe complaints disrupting their private, social and working lives. Often, primary health care (PHC) is the first location where patients present with their complaints. Recognition, diagnosis, treatment or referral is crucial.

Common mental disorders include significant stress symptoms, long-lasting fatigue, and mild to moderate depressive and anxiety symptoms. Distinction is needed from more serious mental disorders such as bipolar disorder, major depression and psychotic disorders. Both work-related and private life 'causes' can be involved, as well as personal predisposing characteristics.

Mental health complaints such as a depression not caused by work, can have serious consequences for work functionality. Nevertheless, many GPs hesitate to ask the patient about work, regarding employment as not belonging to their domain. Similarly, many patients avoid talking about problems at work, maybe not expecting a solution in PHC. These missed chances for communication and support can have severe negative consequences for the patient. Therefore we recommend a high alert for 'work' during a patient's working life.

Recognition and diagnosis in PHC

We suggest always asking the working patient with mental health complaints about problems in their job. A short list of work-related causes of stress-related disorders might be helpful (Nieuwenhuijsen et al. 2010):

Strong evidence for:

- high job demands
- experience of low control of the work
- poor support from colleagues and/or supervisor
- experience of procedural or relational injustice
- a high imbalance between efforts given and rewards received

Some evidence for:

- emotional demands at work
- job insecurity

Consider bullying and discrimination, and ask if there is work conflict. Traumatic experiences might be relevant. A risk factor for long-term sickness absence is previous sickness absence and the patient's expectation of a lengthy duration of the actual absence.

Individual predisposing factors need to be explored, such as problems in safeguarding own boundaries, limited capacities in communicating with supervisors, inadequate professional skills and predisposition for depression.

Therapy, guidance, referral

A world-wide review of occupational health guidelines on stress symptoms and mental disorders by Joosen et al. (2014) showed many similarities. Principles that can be useful are:

- Counselling has the aim to support the worker by exploring 'causes' of a 'nervous breakdown' or a (threat of) 'burnout'; reassuring the patient when needed; and developing a shared explanation of what happened - a 'rationale'. The aim is careful support of the patient in the recovery process.
- In case of sickness absence, supporting return to work is needed to avoid the negative effects of staying at home too long, and the risk of long-term work disability and job loss. Options to reduce stressful work conditions can be discussed. The patient can be supported in improving communication with the supervisor. An independent mediator is a possibility.

- Medication can be considered e.g. for severe depressive disorders or insomnia. Side-effects which may influence safety and work functioning have to be part of shared decision making.
- Support from or referral to an occupational physician or nurse (where available) is a good choice, with informed consent of the patient. Take in mind medical confidentiality and check the professional independence of the occupational health experts.
- Referral to a mental health specialist is an alternative; in some places an Employee Assistance Program is present. Experts often use cognitive behavioural interventions, problem solving therapy or other specialised treatments.
- Contact with the supervisor or colleagues at work, with consent and preferably in presence of the patient, may have a positive effect.

Frank van Dijk, Peter Buijs

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WONCA comments on WHO matters

WONCA has submitted various statements to the WHO executive board meeting this January. They are as follows:

- [Non Communicable Diseases](#)

- [Childhood obesity:](#)

WONCA has also tabled a response to the [Global Health Workforce Alliance's Synthesis Paper](#) which summarised the findings of the thematic working groups' papers and initial consultation to shape the upcoming Global Strategy on Human Resources for Health. [View WONCA's response.](#)

Late last year we reported that WONCA had submitted a response to the public consultation to inform the Global Strategy on Human Resources for Health. [view WONCA's response](#)

Luisa Pettigrew
WONCA WHO liaison



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Working Parties and Special Interest Groups

Rural Heroes Project 2015

- a WONCA Working Party on Rural Practice initiative

There is at least one in every country: a rural provider who has inspired others, through service, through leadership, through advocacy. They may be the founders of rural health organisations, or humble provider whose life and work was an inspiration to others.

The [WONCA Working Party on Rural Practice](#) (WWPRP) would like to provide a platform to celebrate rural health providers who led the way in providing health care to rural communities across the globe.

The [WONCA World Rural Health conference](#) coming to Dubrovnik, in April 2015, will see the start of this celebration of excellence.

The WWPRP would like the rural branch of each WONCA Member Organisation across the world to identify at least one and a maximum of two rural doctors whose biography can be added to the "rural heroes" project.

Who should be nominated?

The Rural Heroes Project offers an opportunity for member organisations to tell the story of their rural hero they may be a family doctor, public health doctor, or another health professional. It offers an opportunity to highlight their life work, and any research, publications or other writing that the provider has been involved in.

Criteria – the Five Star doctor

When choosing the nominated hero, member organisations are asked to consider the five criteria used by WONCA's award of Excellence in Health Care called the Five Star Doctor Award:

* a CARE PROVIDER

who considers the patient as an integral part of a family and the community and provides a high standard of clinical care, excluding or diagnosing serious illness and injury, managing chronic disease and disability and provides personalised preventive care whilst building a trusting patient-doctor relationship.

* a DECISION MAKER

who chooses which technologies to apply ethically and cost-effectively while enhancing the care that he or she provides.

* a COMMUNICATOR

who is able to promote healthy life-styles by emphatic explanation, thereby empowering individuals and groups to enhance and protect their health.

* a COMMUNITY LEADER

who has won the trust of the people among whom he or she works, who can reconcile individual and community health requirements and initiate action on behalf of the community.

* a TEAM MEMBER

who can work harmoniously with individuals and organisations, within and outside the health care system, to meet his or her patients and community's needs.

How to nominate?

Complete the [Rural Hero submission template](#) and provide one or two pictures of the chosen hero, their place of work, or other relevant pictures. The template will allow online submission.

An example, Dr Peter Snow, from New Zealand can be found [here](#).

What becomes of submissions?

Member organisations will then see their heroes included in a permanent significant celebration of rural healthcare internationally.

Information provided to the Working Party will be reviewed and edited and developed into digital posters that will be displayed publicly during WONCA Rural Conferences. Information will be uploaded to a web based resource provided through the WONCA website.

The WWPRP will be seeking space at each WONCA World conference to display "rural heroes" and celebrate these "5 Star" doctors.

More information

Questions should be directed to Dr Jo Scott-Jones who is coordinating this project - drjo@opotikiqp.co.nz

[Go to submission template](#)

[Go to example hero](#)

WONCA Working Party on Mental Health develops consultancy services

In recent years, [WONCA's Working Party on Mental Health](#) (WWPMH) has been collaborating ever more closely with WHO in developing community based mental health programs globally. WHO has developed a Mental Health Gap Action Program (mhGAP), designed to scale up services for mental, neurological and substance use disorders, especially for countries with low- and middle-income.

Given the crucial role that primary health care has to play in this program, WONCA, through its WWPMH, has strongly supported this initiative and has now developed consultancy services to provide additional support to countries who wish to implement national programs.

These services are designed to enable low-income and middle-income countries to maximize the integration of primary and mental health care within the mhGAP framework. . The integration of mental health with primary care improves identification and treatment rates for priority mental disorders. It also promotes access and holistic care for comorbid physical and mental health problems.

WWPMH can offer technical assistance in policy development, education and training and research.

We have an impressive selection of consultants from a variety of countries:

Abdullah Al-Khathami, Saudi Arabia
Adekunle Joseph Ariba, Nigeria
Christopher Dowrick, UK
Sandra Fortes, Brazil
Luis Galvez, Spain
Jane Gunn, Australia
Michael Klinkman, USA
Gabrielle Ivbijaro, UK
Christos Lionis, Greece
Juan Mendive, Spain
Donald Nease Jr, USA
Henk Parmentier, UK
Evelyn van Weel-Baumgarten, The Netherlands

If anyone would like more details of the services available they should contact:
Professor Christopher Dowrick on mhconsult@wonca.net or

Dr Garth Manning on ceo@wonca.net

[Full details of consultancies and consultant bios](#)

WONCA Special Interest Group on Health Equity's first year

Greetings & News

After a great first year of the WONCA Special Interest Group on Health Equity, we hope this will be another great year for our drive towards health equity! On this note, we will be scheduling our next quarterly meeting around the start of March. Members will be able to contribute and share ideas and opinions for our ongoing projects. For those who are interested, please join our group through the WONCA Groups tab or send an email to SIGhealthequity@wonca.net

NAPCRG Meeting 2014

The North America Primary Care Group (NAPCRG) 2014 meeting held in New York hosted a breakfast table for the Health Disparities/Health Equity Special Interest Group. Attendees from North America, and internationally (Australia, the Netherlands, and Israel) discussed successful primary care initiatives achieving inequity reduction and mapped common areas of needed activity.

Amongst the primary areas that were identified are – progress towards the establishment of equity promotion medical curricula and the creation of a repository for successful primary care interventions that have managed to achieve inequity reduction in various populations and health conditions. The discussion also resulted in identification of a need for a North American representative at the WONCA SIG on Health Equity to promote the health equity agenda within NAPCRG and to collaborate with the other regional representatives. Those interested in joining the SIG and potentially serving as regional NA reps are encourage to contact: SIGhealthequity@wonca.net

For more information about our group, upcoming related events, or some health equity related food for thought, check out our full newsletter.

[view our latest newsletter](#)
William Wong - convener



WONCA Special Interest Group on Point-of-Care Testing survey update

During 2014, the [WONCA Special Interest Group on Point-of-Care Testing \(POCT\)](#) launched an online survey. The purpose of the survey is to obtain a wide understanding of the clinical use, availability, needs, advantages, and limitations or barriers to the implementation of point-of-care testing (POCT) across all WONCA regions of the world.

The survey is open for responses from WONCA Family Doctors and their health professional colleagues:

[Go to survey](#)

Preliminary results (as of 28 November 2014):

- 101 responses have been received representing 6 of 7 WONCA regions, with over half of respondents from Europe.
- The most common POC tests used in respondents' practices are glucose, urinalysis, pregnancy, haemoglobin and lipids.
- When asked which POC tests respondents would like to have available for their use, 70% said that they would like to have HbA1c testing available by POC, followed by cardiac markers, full blood count and INR.
- The most commonly reported attributes of POCT were rapid diagnosis and/or treatment, convenience for the patient, ease of use and improved doctor-patient relationship (see Figure 1).
- 97% of respondents reported one or more barriers to the implementation of POCT. The three most commonly reported barriers related to the cost of POCT, lack of Government reimbursement and staffing issues.
- Just over half of respondents perform quality testing to support POCT in their practices.
- Regarding government regulations and support, only a quarter of respondents stated that their country had standards or guidelines for the conduct of POCT, had access to quality assurance programs, and had an accreditation framework for POCT.

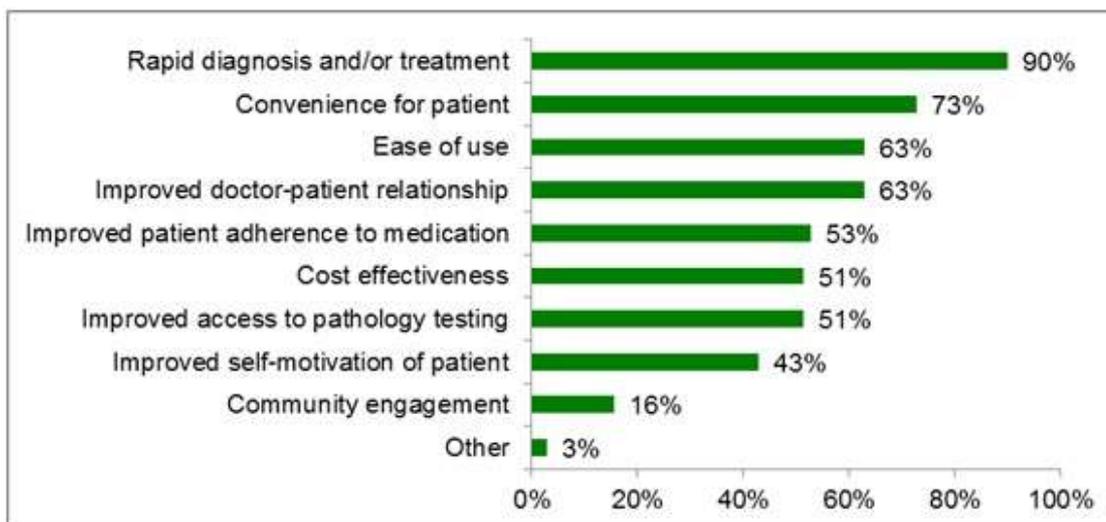


Figure 1. Results from 101 respondents when asked 'What are the most valuable attributes of POCT in your practice?'

We encourage you to complete the survey yourselves and disseminate the link to your colleagues so that we can get as wide a response as possible to continue to inform our SIG on priorities for education and research. [Survey link](#)

[Read more news from the WONCA SIG on POCT](#)

Mark Shephard (convenor)



VDGM young doctors' forum in Ireland in February

The Second Vasco da Gama Movement Forum Dublin, Ireland, 20th – 21st February 2015 Family Medicine 2.0: Innovation and Awareness

The second Vasco da Gama Movement Forum will take place in Dublin, Ireland on 20th and 21st February 2015. VdGM is the WONCA Europe network for new and future General Practitioners / Family Physicians and the VdGM Forum is a two day conference for new and future European family doctors. It is the only such meeting to take place anywhere in the world. The title for the 2015 Forum is *Family Medicine 2.0: Innovation and Awareness*, and these themes will be reflected throughout the meeting.

The overall aims of the forum are to provide a high quality invigorating robust educational and scientific collaborative learning experience with an empowering and horizon expanding vision of European and global family medicine along with an enjoyable, rewarding and stimulating social programme focused on showcasing the unique heritage and culture of Dublin and Ireland, all of course with a sufficiently European flavour.

Over two days, 300 delegates will descend upon Chartered Accountants House in central Dublin to attend a mixture of workshops, plenaries, discussion panels and oral and poster research presentations. A dynamic and robust programme will provide them with a diverse menu of conference options. In addition, there is also an invigorating social programme planned including an Irish Set Dancing workshop.

The programme will feature four plenary sessions including a session on how the primary care systems in countries most affected by the economic crash (Greece, Italy, Spain, Portugal and Ireland) coped during the last five years, a session in which outcomes from the Design Thinking Workshop will be presented, a session in which a number of speakers will give personal

insights into innovation and awareness, and ten year intro and prospective look at the Vasco da Gama Movement and WONCA Europe.

The Programme will also include five oral research sessions in which 20 scientific papers will be presented and a 90 minute moderated poster session in which 48 posters will be presented in six different theme groups. There will be 12 workshops, with four 45 minute workshops each running twice and eight 90 minute workshops running once each. The workshops will cover a wide range of themes from Balint groups, to leadership, to changing attitudes and testing change, to the use of bio-design, to online medical professionalism, to research networks, to the impact of gender on medical practice, to end of life management skills, teaching and competence in GP training and quality circles. There will also be sessions on mindfulness.

To complement the formal Conference programme, a number of satellite events will take on the Friday morning including a Design Thinking Workshop, a visit to Google, and a walking tour of Dublin. Thirty forum participants will also spend two days ahead of the conference visiting Irish general practices in what has become a VdGM tradition; the pre-conference mini-exchange. Finally to round off the meeting, a very special post forum celebration will take place on the evening of Saturday 21st February. At the time of going to print only limited places were left and it may be that all places are now fully booked. To check and see, [full information here](#)

Dr Peter Sloane
Chair VDGM



Young doctors explore Balint groups

Balint 2.0: The Application of Balint Methodology by Young Doctors Movements through a Novel International Web-based Approach

During the past ten years WONCA has given birth to seven regional Young Doctors Movements (YDMs). Having set sail in Europe with Vasco da Gama, it wasn't until this year that the guiding star Polaris shone on the sky and opened the way for an age of cross-YDM projects, shifting attention from regionally focused activities within each YDM chapter.

After successfully putting Family Medicine on the world map (literally!), discussions emerged in September on Polaris' Facebook group regarding an online international Balint initiative. Within hours of the initial post, a dozen representatives from the majority of the regional YDMs signed up to participate - namely the Vasco da Gama Movement (Europe Region), Polaris Movement (North America Region), Waynakay Movement (Iberoamerican Region) and The Spice Route (South Asia Region). More recently representatives from AfriWon (Africa region), the Al Razi Movement (East Mediterranean region) and The Rajakumar Movement (Asia Pacific Region) have joined in.

The group calls itself "Balint 2.0 Ambassadors": 2.0 references the application of technology while "ambassadors" touches on its international nature. Some participants had met in person through previous WONCA conferences and events while others have performed previous collaborations together via the internet. Still a handful are using this opportunity to participate in an international initiative for the first time. Of note, all share a bond in that each is active in their specific regional YDM.

After an initial videoconference in October, the group sought and found the support of the International Balint Federation (IBF). This venture aims to examine whether a Balint group can function in such a virtual manner. The partnership with the IBF also produced two Balint facilitators: Dr Don Nease (President of the IBF) and Dr Albert Lichtenstein (President of the American Balint Society). On their inaugural meeting this December, they set the grounds for the Balint groupwork that should ensue. The January meeting was an exciting launch for all involved, who now look forward for their next meeting in February. The group is working out some minor

technical issues and refining the parameters which allow the group to function in such a virtual manner.

It surely feels like an excellent action to highlight the applicability and global extent of both the Balint initiative and the YDM community. A recent literature search did not produce any published results describing such similar international web-based projects. Therefore the group hopes to share this journey of collaboration, learning, and deeper understanding through a peer-reviewed publication later on.

In addition to the great learning experience, this collaboration proves to better unite all regional YDMs. Balint 2.0 Ambassadors are making a good example of a wider international view of breaking frontiers within the global world of Family Medicine, towards a new era for YDMs, young and future family doctors.

Authors:

Kyle Hoedebecke, MD, CKTP, RMT (Polaris, USA)



Luís de Pinho-Costa, MD (Vasco da Gama Movement, Portugal)



Member Organization news

News from the European Academy of Teachers in General Practice and Family Medicine

The European Academy of Teachers in General Practice and Family Medicine ([EURACT](#)) is a network of [WONCA Europe](#).

Project to develop a system for the Appraisal of Teachers of Family Medicine / General Practice

As the discipline of family medicine has developed within Europe, training has become more sophisticated and networks of Family Medicine/ General Practice (FM/GP) Educators have developed in most countries. Training for FM teachers for those countries who do not have the resources for internal provision can be provided via the Leonardo courses[1].

As a natural part of the development process the next stage is to develop a system for the appraisal of teachers in FM/GP and to do this a partnership has been formed between EURACT [The European Academy of Teachers in GP/FM] academic institutions and general practitioners associations in five countries [Poland, Slovenia, Estonia, Denmark and Austria]. Funding has been obtained from the European Union under the Leonardo da Vinci programme to develop this with the goal of harmonizing standards of teaching of FM/GP across Europe.

The project: Continuing Educational Development and Harmonisation of Expert Teachers in General Practice/Family Medicine in Europe through a systematic process of quality improvement (no 2013-1-PL1-LEO05-37537) has been launched at the beginning of 2014. First products are now being developed: the Template providing structure for appraisal process and the Electronic portfolio of evidence of teaching performance. First evaluation activities took place in 2014 and further ones are planned in 2015.

The EURACT competence framework for teachers of GP/FM[2] forms the basis of the appraisal process. Individuals will present evidence to demonstrate how the competencies are being achieved. Applications will be made for two levels of competence –competent or expert teacher. The evidence will be peer reviewed electronically and a decision reached as to whether the competencies have been achieved. Suggestions for the type of evidence required have been made and descriptors provided for the standards required for the award of ‘competent’ or ‘expert’.

The selection of appraisers has been explored and it is suggested that appraisers for the applications for an award of ‘competent’ will generally be sourced within the same country as the applicant, but that an appraiser from a different country should review those applications for an award of ‘expert’. Training will be provided for appraisers and there will be a process of quality assurance of a sample of individual appraisers assessments.

The project work will be completed by the end of 2015, by which time it is planned that EURACT will provide ongoing support for the appraisal system. Further information on the project can be [accessed at its website](#)

Jo Buchanan, Katarzyna Dubas–Jakobczyk, Adam Windak, Francesco Carelli

References

1. Leonardo Teachers’ courses.
<http://www.euract.eu/publications/official-documents/viewcategory/3>
2. Framework for Continuing Education of Trainers in General Practice in Europe.
<http://www.euract.eu/publications/official-documents/viewcategory/3>

20th
Wonca Europe
Conference 2015
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October 22-25, 2015

Halic Congress Center
Istanbul / TURKEY

www.wonca2015.org



New executive for Portuguese association

Dear Colleague

We are pleased to inform you that the following members were elected to Executive Board of The Portuguese Association of General Practice and Family Medicine (APMGF), for the years 2015-2017.

President: Rui Nogueira
Vice-president: Arquimínio Eliseu
Vice-president: Jorge Brandão
Vice-president: Nelson Rodrigues
Secretary: Nuno Jacinto
Treasurer: Miguel Pereira
Board members: Conceição Outeirinho
Susete Simões
Ana Nunes Barata

We look forward to cooperate with you and your organization.

Yours sincerely

Rui Nogueira

President

Portuguese Association of General Practice and Family Medicine

Family Medicine in Pakistan 2015

Dear colleagues

I am writing to update you about some very interesting developments in Family Medicine in Pakistan. Some of which my colleagues and I initiated and some were initiated by our senior colleagues way back and are now finally bearing fruit.

1. Pakistan Medical and Dental Council PMDC, recognized family medicine as an important part of the medical curriculum and instructed all medical colleges in Pakistan to include a compulsory paper of family medicine in Pakistan.
2. The PMDC has made it mandatory for all family physicians/ GPs and doctors to maintain a CME record, in order to retain their name on the CME register of the PMDC.
3. Our College of Family Medicine got accreditation for conducting CMEs by the PMDC. In fact the college is one of only five institutions in Karachi that the PMDC had recognized for CME.
4. The College of Family Medicine has completed its decade of CME activities and we are planning to hold a conference to commemorate the occasion sometime in late 2015.
5. The College of Family Medicine has initiated its distance learning CME program for the doctors practicing in the rural and far flung areas of Pakistan.

My colleagues and I at the College of Family Medicine Pakistan are extremely happy and excited and we wanted to share our excitement with you.

I would also take this opportunity to thank all colleagues, which also includes the WONCA colleagues, who have helped shape up the environment. We understand that this great change in the scenario will not only mean new opportunities, but immense responsibilities. We are laying down the initial ground work and I shall keep you updated about our next steps. We are also looking forward to the constant support and guidance from our senior faculty like Prof Riaz Qureshi and Prof Waris Qidwai.

Best regards

Dr Shehla Naseem

Secretary General, College of Family Medicine Pakistan

Featured Doctor

Prof Val WASS - UK: Family doctor - OBE recipient



In the 2015 New Year Honours list Prof Val Wass was awarded an Order of the British Empire (OBE) for services to medical education. Here we learn a little more about our honoured colleague.

What work do you do currently?

I am currently Head of Keele University School of Medicine in the West Midlands, UK; a new medical school placed in a region where there are high levels of health deprivation. We have a new curriculum designed to train excellent clinicians who we hope will stay to work in the region.

Previously I worked at Manchester Medical School as Professor of Community Based Medical education (2003-2009) and Guy's, Kings and St Thomas' Medical School (1995-2003) in the Academic department of Primary Care) alongside my clinical work in General Practice.

I find myself as a relative rarity within the UK Medical School Council (MSC) of 34 deans where there are only two women and only two are GPs! I am therefore delighted to be active member of the MSC as an elected member of the Executive and I chair the MSC education committee. I am also the nationally elected chair of the UK MSC Assessment Alliance of all 34 medical schools who now work to develop shared assessment questions and methodologies.

Assessment is my area of academic expertise. My PhD in Maastricht Netherlands centred on assessment methodology. My research, which also encompasses cultural diversity within medical training, professionalism and the development of health care education to meet the needs of globalisation, has been widely cited.

What other interesting activities that you have been involved in?

I chair the RCGP International committee and work with the college International department to deliver the [ten year international strategy](#). This can be challenging but I am delighted to contribute to moving the global primary care agenda forward with WONCA. Education is vital. I am a member of the WONCA Working Party on Education and Editor of *Education for Primary Care*; an official journal of WONCA. I have very much enjoyed

working on developing professionalism and championing the holistic compassionate values of primary care. I was privileged to be on the working group for the Royal College of Physicians report: *Doctors in Society: Medical Professionalism in a Changing World* and an international group looking at the assessment of professionalism.

I have been fortunate enough to receive some prestigious awards; a National Teaching Fellowship (2008), the Royal College of General Practice (RCGP) President's international medal (2014) and the 2015 Association for the Study of Medical Education (ASME) Gold medal. I became an Officer of the British Empire (OBE) in the Queen's New Year honours list in 2015 for services to medical education.

What have been some of the more memorable places you have been with RCGP international?

Over the years I have carried out consultancies in over 20 countries. I am truly proud of the South Asia family medicine team in Bangladesh, India, Pakistan and Sri Lanka who have developed a strong collaboration to deliver a joint assessment for family medicine doctors accredited for MRCGP[International]. As RCGP International Development Advisor for this project I have so many fond memories of visits to these countries, the political ups and downs but above all the amazing motivation, intellect and determination to succeed at a very high level despite some extreme challenges.

My friendships in Egypt and work over the years, both undergraduate and postgraduate in Mansoura and Cairo, have always been inspiring and I reflect with deep sadness on their current great difficulties.

Working with family physicians in Thailand is always memorable supported by the warm hospitality and friendship of Garth Manning and Monica Burns (WONCA CEO and his wife).

I carry many fond memories of the Middle East particularly with the Kuwait Institute for Medical Specialisation (KIMS) where tremendous progress has been made with Family Medicine training.

I could go on but, finally, I remember fondly the laughter and fun of assessment workshops with medical schools across the West Indies.

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

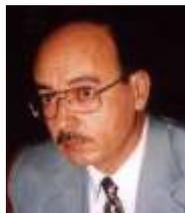
Family life is of paramount importance. I enjoy cooking, gardening and all aspects of entertaining in my lively London home. Yoga is intrinsic to my relaxation and concentration as is playing the piano, the opera, theatre art and reading. I have travelled widely and continue to enjoy exploring new territories I particularly love the vibrant energy

of South Asia and the wild expanses and beautiful light of Africa and South America which provide excellent fodder to my passion for photography. I am fortunate to speak French, Italian and German fairly fluently and rudimentary Spanish all of which have proved useful professionally and personally.

As my friends say I am a "people" person who fully enjoys the diversity of life.

Dr Mohammed Rasoul TARAWNEH - Jordan: new president JSFM

The Jordanian Society of Family Medicine (JSFM) has announced their new President, Dr Mohammed Rasoul TARAWNEH. His cousin and namesake, [Dr Mohammed TARAWNEH](#) is the WONCA East Mediterranean Region president.



Current work.

Dr Mohammed Tarawneh has been the Director of Non-Communicable Diseases Directorate at the Ministry of Health in Jordan, since 2008. He earned his MD from Leningrad Medical Institute in 1985 and was certified by the Jordan Medical Board in Family Medicine in 1994. At the end of 2014 he was elected as President of the JSFM, having previously served as Vice-president from 2012- 2014

Other interesting things done in the medical field?

Dr Tarawneh played an active role in advocating for the Family Medicine Training program in Jordan, appointed in 1994 as the first Chief of Family Physicians at the MOH and having kept on in this position for 14 years. During this period he worked on developing the training curriculum and other training guidelines, residency logbook, training of residents . He was the Vice Chairman of the Exam Committee of Family Medicine at the Jordan Medical Board 2002-2008.

He participated as technical advisor with the WHO for developing and implementing Family Medicine in the EMRO region. He actively participated in the work of different quality of care national committees. He has been the president of Jordanian Society for the Protection of Medical Staff since 2011.

Dr Tarawneh was previously the Director of the Cancer Prevention Directorate 2004-2008. He has led a number of major projects within the Ministry

of Health, including, but not limited to: National Nutritional survey, National Newborn Screening Program, community-based diabetic clinics. He also participated in the establishment of Jordan Breast Cancer programme and worked for early detection of cancer , and he is still a member of the executive board that oversees the day to day operations of the programme. He received a letter of appreciation from HRH princes Dina Mired for his work with Jordan Breast Cancer Programme (for the years 2011 and 2013).

Dr Tarawneh is the author of over 45 peer-reviewed publications and has delivered numerous scientific presentations at notable national and international conferences.

He says "Some of the other interesting ventures that I have been involved in are: participating in developing National Strategy for control and prevention of NCDs, integrating NCDs management in Family Practice and developing Family Based approaches to manage NCDs".

What are your interests outside work ?

- Work with charitable and NGOs aiming at human welfare
- Work with non-health sectors in promoting health

Other interests beyond medicine: reading , travelling (I have visited 41 countries all over the world).

What do you hope to achieve during your presidency of the Jordanian Society of Family Medicine?

My vision is that in Jordan, having a Family Physician will be the wish of all Jordanians. I will do my best to attract junior physicians to join Family Medicine Residency Programmes. I intend to work with my colleagues on the board to improve CME, link with other societies particularly the General Practice society, and to strengthen the link and network with WONCA.

Obituary: Roger Rosenblatt 1945-2014

*Professor and Vice-Chair of Family Medicine
University of Washington School of Medicine*

On December 12, 2014, Roger Rosenblatt succumbed after a long battle with cancer. He was surrounded by his family and close friends at the time of his death at home.

Roger was born in Colorado and grew up in a small community in New Hampshire. He attended Harvard for college, medical school, and for his MPH and then moved to Seattle for residency. Roger was one of the first Family Medicine residents at the University of Washington. Upon completion of his training in 1977, he became a clinical faculty member and served as the Director of Region X of the National Health Service Corps. He returned to the faculty in 1977 as an assistant professor.

He was passionate about teaching medical students and became the leader of the Family Medicine Clinical Clerkship in 1977. His experience working with medical students would span the next 37 years and would include leading the clerkship, teaching about international health systems, teaching in the Introduction to Clinical Medicine course, developing new courses on the impact of environmental change on human health, and leading, for many years, the Rural/Underserved Opportunities Program (RUOP).

Roger's skills as a researcher, writer, and scholar were profound. He was promoted to professor in 1985 and became vice chair of the Department of Family Medicine about the same time. He participated in the authorship of almost 150 peer-reviewed articles, as well as 12 books, monographs, and book chapters. He also wrote over 60 other non-peer-reviewed articles. Although his breadth of interest was extraordinarily wide-ranging, his primary areas of focus were rural healthcare, medical education, primary care relevant research, and the impact of the environment on health. He was elected to the Institute of Medicine of the National Academy of Sciences in 1987, and received many research awards including the Hames Research Award from the Society of Teachers of Family Medicine in 1996.

In addition to teaching and research, Roger was a competent and dedicated family physician. He practiced in the department's family medicine

clinic, choosing to locate his practice in the Family Medicine Clinic at Harborview Medical Center when that opportunity became available. He liked Harborview because it allowed him to focus on underserved patients.

Roger's personal characteristics included enthusiasm, optimism, energy, and a strong commitment to mentoring others. He served his students, colleagues, and rural friends with consistent vigor and drive. His goal was to leave the world a better place, and he did. Roger was married to Fernne and had four adult children (Jon, Garth, Eli, and Ben) and three grandchildren. We will all miss his consistent smile, his willingness to help us, and his brilliance.

This obituary was written and delivered by Tom Norris from Seattle. Roger Rosenblatt was one of the first members of the WONCA Working Party on Rural Practice. John Wynn-Jones, current chair, says that Roger was one of the most energetic, dynamic and innovative people that he had ever met. His contribution to rural health in the USA was immense. His widow, Fernne, has told John that the Rosenblatt Professorship in Rural Family Medicine was established in his name at the University of Washington, which is a fitting



tribute to his memory.

*Roger and Fernne (pictured) were authors of a chapter of the WONCA Working Party on the Environment book, *Family Doctors in the Field*, published in 2014. [see the book here](#).*

Conference notices



WONCA Africa welcomes you to Ghana, May 2015

Dr Henry Lawson, the Chairman of the Local Organising Committee of the WONCA Africa Conference in Accra, Ghana 6-9 May 2015 and future WONCA Africa President, urges you to join us in Ghana.

The theme is very topical: "*Sustainable Development Goals for Health in Africa*". Family Medicine is growing in Africa and this will be a critical meeting for generalist doctors across the world to really support Africa going forward.

Register and submit your abstracts. Early bird registration and abstract submission deadlines are now February 28, 2015. Check requirements at the WONCA Africa Conference website. Full details on accommodation etc are there.

Keep tabs on the coming WONCA Africa conference

[Website](#), [Twitter](#), [Facebook](#)

Register and submit your abstracts. Check requirements at the WONCA Africa Conference website. Full details on accommodation etc are there as well.

Hope to see you there!

Henry Lawson



Latest from WONCA 2015 Asia Pacific region conference

Please find the 7th E-news of the WONCA 2015 Asia Pacific Regional Conference coming to Taiwan in early March. [Download .pdf version of newsletter here](#)

ONLINE REGISTRATION STILL AVAILABLE - [Go to conference website](#)

Keynote Speakers



Prof. Michael Kidd

President of the World Organization of Family Doctors (Wonca)
Family Medicine and WONCA: New Horizons and Challenges

Prof. Amanda Howe

President-Elect of Wonca
Integrated Care - What Works for Patients?



Prof. Robert E. Rakel

Department of Family and Community Medicine at Baylor College of Medicine
The Importance of Continuing Comprehensive Care in Family Medicine

Plenary Speakers



Prof. Jungkwon Lee

President of the Wonca Asia Pacific Region
How to Promote Family Medicine for "Healthy" Health Care?

Dr. Yi-Lien Liu

Former Director, Public Health Bureau, Taoyuan County, Taiwan
How to Promote Family Physicians System in Taiwan



Dr. Donald Li

Honorary Treasurer and Member-at-Large of the Wonca World Executive Council
President of the Hong Kong Academy of Medicine
When Doctors Voice Out Advocacy -
Another Service to Be Provided by Family Doctors

A/Prof. Lee Gan Goh

Professional Fellow, Division of Family Medicine,
Department of Medicine, National University System, Singapore
Research Development - Information Technology and
Cloud Computing in Family Practice



Prof. Yi-Xin Zeng

President, Chinese Society of General Practice
Academia Sinica, Chinese Academy of Sciences
Strategies for Development of General Practice in China

Prof. Ryuki Kassai

Professor and Chair, Department of Community and
Family Medicine, Fukushima Medical University, Fukushima, Japan
Education in Primary Care: A Story of the Grandmasters



Prof. Doris Young

Professor and Chair of General Practice Melbourne Medical School
Associate Dean China Faculty of Medicine, Dentistry and Health Sciences The University of Melbourne
Drivers for Change in Health Provision: New Challenges for the Family Doctor

Main Theme Presentation



Prof. Ching-Yu Chen

Department of Family Medicine, National Taiwan University College of Medicine, Taiwan
Family Medicine: New Horizons and Challenges

Dr. Wei-Dean Wang

Department of Family Medicine, National Taiwan University Hospital, Taiwan
Current Status in Asia Pacific Region



Lecture Speaker



Dr. Chih-Cheng Hsu

Deputy Director, Institute of Population Health Sciences, National Health Research Institutes
Impacts, Risk Assessment, and Management of Chronic Kidney Disease in the Elderly

Prince Mahidol Award conference 2016 call for abstracts

2016 theme: Priority setting for universal health coverage

PMA conference date: January 26-31, 2016

Venue: Bangkok Thailand

Abstract submission deadline March 31, 2015 at 4:00 pm Thailand local time (GMT+7) [Download full details](#)

Contact: For further inquiries on abstract submission, please contact the Conference Secretariat at

pmaconference@mahidol.ac.th

[Prince Mahidol Award conference website](#)

Mental health for all conference – connecting people and sharing experience

Many of you have either submitted abstracts or confirmed your attendance at the conference in Lille, France on 28th – 30th April 2015, “*Mental Health for All – Connecting People and Sharing Experience.*” This international meeting provides French Psychiatrists, Family Doctors and allied professionals with an opportunity to share good practice in mental health. We are delighted to have received such a large number and range of high quality abstracts from across the globe.

One in four adults will experience mental health difficulties and over 450 million people globally experience a mental disorder each year. Despite the commonly repeated mantra of ‘No health without mental health,’ people with mental health difficulties continue to face challenges in obtaining the help that they require.

Stigma and discrimination are significant barriers to obtaining good mental health care and to accessing the everyday social activities that keep us mentally well. Stigma interferes with people’s full participation in society and deprives them of their dignity.

People with mental health difficulties, their families, carers, governments, NGOs (non-governmental organisations), professionals of all kinds and the associations that represent them would like all encounters to result in a positive dignity experience. As mental health advocates, we understand that making dignity in mental health a reality requires every member of society to work together and make mental health visible, not something to be ashamed of. We would like you to join us in Lille to improve the visibility of mental health and make your contribution.

We have a line-up of excellent Plenary Speakers including George Christodoulou, Shekhar Saxena, Jean-Luc Roelandt, Renaud Jadri, Jean Oureib, David Goldberg, Job FM Metsemakers, Mike Pringle, Michael Hübel, Dinesh Bhugra, Tine Van Bortel, David Crepaz-Keay, Antony Dowell, Antoine Lazarus, Unaiza Niaz, Jeffrey Geller, Ulrich Hegerl, Pierre Thomas, Patt Franciosi and Gabriel Ivbijaro.

The draft conference programme is now available on the conference website using this [link](#) and we launch the ‘*Lille Declaration for Mental Health*’ on Thursday 30th April 2015.

WFMH (World Federation of Mental Health) , Wonca (World Association of Family Doctors) International Pharmaceutical Federation (FIP) and French psychiatric partners including CPNLF, SiP, afpbn, SFPEADA, Fédération Régionale Nord-Pas-de Calais de Recherche en Santé Mentale , GDR 3557 Recherche Psychiatrie and the Institut de Psychiatrie are working together to provide an enriching experience.

Please register for the conference [here](#).

Come and join us and make a difference.

Professor Gabriel Ivbijaro MBE

Dr Luis Galvez

Joint Chair of Host organising Committee & Chair, WONCA Working Party on Mental Health (respectively)



WONCA CONFERENCES 2015

February 13-14, 2015	WONCA South Asia Region conference	Dhaka, BANGLADESH	For more information on these conferences as it comes to hand go to the WONCA website conference page :
February 21-22	Vasco da Gama Movement forum 2015	Dublin IRELAND	
March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
April 30 – May 2, 2015	WONCA East Mediterranean Region conference	Dubai, UAE	
May 6-9, 2015	WONCA Africa region conference	Accra, GHANA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

WONCA CONFERENCES 2016

June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	www.woncaeurope2016.com
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

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April
28-30
2015

Mental Health for All

Lille, France

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

08 Mar - 08 Mar 2015	RCGP Global Health Conference 
	London, United Kingdom
09 Apr - 11 Apr 2015	22nd Congress of Family Physicians Croatia 
	Varaždin, Croatia
23 Apr - 25 Apr 2015	47th EQuiP Meeting 
	Fischingen, Switzerland
25 Apr - 29 Apr 2015	STFM Annual Spring Conference 
	Orlando, Florida, USA
01 May - 02 May 2015	City Health Safeguarding The Future 
	RCGP, London, UK
07 May - 10 May 2015	EGPRN Spring meeting 
	Timisoara, Romania
29 May - 30 May 2015	IPCRG scientific meeting 
	Singapore
13 Jun - 14 Jun 2015	6th conference of Japan Primary Care Association 
	Tsukuba, Japan
18 Jun - 18 Jun 2015	19th Nordic Congress of General Practice 
	Gothenburg, Sweden
31 Jul - 02 Aug 2015	RNZCGP conference for general practice 
	Hamilton, New Zealand
21 Sep - 23 Sep 2015	RACGP GP '15 conference 
	Melbourne, Australia
01 Oct - 03 Oct 2015	RCGP annual primary care conference 
	Glasgow, United Kingdom