

WONCA News

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From the President: Family Medicine developments in South Asia



Photo: WONCA South Asia Regional Council with WONCA president, president-elect and CEO

WONCA brings the family doctors of the world together to share our experiences in clinical practice, education and research in each of our countries. Our WONCA South Asia Region held its annual conference in Colombo in Sri Lanka in February. Over 600 family doctors from Sri Lanka, India, Pakistan, Bangladesh, Bhutan and the Maldives, joined together with colleagues from many other nations around the world, to share experiences in clinical care, education and training, and research.

Our host was the College of General Practitioners of Sri Lanka. College president, Antoinette Perera, Scientific Program Chair, Shyamale Samaranayaka, and former WONCA South Asia Regional President, Preethi Wijegoonewardene, led the team from the college in organizing the conference and its scientific program.

The College of General Practitioners of Sri Lanka was established in 1974, just two years after the establishment of WONCA, and was quick to become part of the WONCA family. The current college membership represents the diversity of family doctors in rural and urban Sri Lanka, with many enthusiastic young doctors working alongside senior members, including founding members and past presidents, Professor Leela Karunaratne and Professor Denis Aloysius. The college's motto, "Arogya Parama Labha", translates as, "The greatest of all gains is good health". The college has a strong and well-established commitment to education, working with the national Postgraduate Institute of Medicine to offer a Diploma in Family Medicine, and an MD in Family Medicine by clinical training and assessment, for those seeking specialist recognition by the national Ministry of Health.

I have been a regular visitor to Sri Lanka over the past 20 years and have had the opportunity to visit many of our colleagues in their clinics in Colombo and in rural areas around Kandy and Galle, and to take part in the college's education programs and rigorous assessment activities. I have always been impressed by the warmth, dedication and commitment of the family doctors of Sri Lanka, no more so than in the aftermath of the terrible 2004 Boxing Day tsunami when over 35,000 people lost their lives in Sri Lanka, and over 500,000 people lost their loved ones, homes and livelihoods. Our colleagues in the college, many themselves bereaved, immediately joined the relief efforts to assist the people of their nation, providing emergency health care and counselling services, and assisting to rebuild health clinics and homes in many affected areas. Our WONCA colleagues in many nations also banded together to raise funds and send much needed equipment to support our colleagues in Sri Lanka.

Over 25% of the people of the world live in South Asia, many in dire poverty with limited or no access to health care, and WONCA is committed to supporting developments throughout this region. This was my fifth visit to South Asia since becoming WONCA president and each time I visit I am impressed by the progress that is being made to strengthen family medicine in each country and to tackle the incredible challenges in working towards ensuring that all people have access to the health care they need.

Sri Lanka, with a population of 20,000,000, is no exception with dual serious challenges of both communicable and non-communicable diseases, and the challenge of an increasing population of

elderly people, often with multiple comorbidities and many needing home-based care. The conference allowed family doctors from across the region to share solutions to the challenges that each nation is facing in strengthening primary health care through family medicine to meet these challenges and ensure universal health coverage.

Among the highlights of the conference was the program of events organized by the members of the Spice Route Movement, WONCA's active organization for young family doctors in South Asia, founded by WONCA executive member, Dr Raman Kumar, and now led by Dr Bhavna Matta from India, and the launch of the

New WONCA Rural South Asia (WoRSA) health group, an initiative led by young family doctor, Pratyush Kumar, from India, and dedicated to improving health care for the majority of people in the countries of South Asia who live in rural areas.

Photo above right: Members of the Spice Route Movement, WONCA's organization for young family doctors in South Asia

I was also pleased to meet Dr Ali Shareef, our first WONCA direct member from the Maldives, the remote island nation in the Indian Ocean. Ali and his colleagues are planning to establish their own national family doctor association to advance the training of family doctors and to ensure the standards of primary health care delivery in their country.



My time in Colombo included a special personal event. 20 years ago, on my first visit to Colombo, I agreed to supervise the MD thesis of a young Sri Lankan family doctor, Kumara Mendis. Since that time Kumara has become a close friend and has been very active in WONCA, especially with our ehealth working party, sharing his experiences of the challenges of introducing electronic medical records in low- and middle-income nations. When I first met Kumara in Sri Lanka he took me to his home to meet his wife, Ramani, and his two small daughters. 20 years later and I was invited on this visit to attend the marriage of Ramani and Kumara's eldest daughter, Radhika, in a Poruwa ceremony, the traditional Sinhalese wedding ceremony held on a beautifully decorated wooden platform and accompanied by drummers and singers. It was a joyous reminder of my privileged membership of our global family of family doctors.

Michael Kidd
WONCA President



Image right: Secretary-General of the College of Family Medicine Pakistan, Dr Shehla Naseem, with WONCA CEO, Dr Garth Manning



Image left : Young family doctor from India, Pratyush Kumar (centre), launching the WONCA Rural South Asia (WoRSA) health group, with the support of leaders of the Spice Route Movement



Image right: Spice Route members teaching WONCA South Asia Regional President and the WONCA president how to do a group selfie



Image left: WONCA's first direct member from the Maldives, Dr Dr Ali Shareef, with WONCA South Asia Regional President, Pratap Prasad, and WONCA world President, Michael Kidd

Del Presidente: Los progresos de la Medicina Familiar en Asia del Sur



Foto: Región WONCA de Asia del Sur con el Presidente de WONCA, el presidente electo y CEO

WONCA reunió a médicos de familia de todo el mundo para que compartiesen sus experiencias en la práctica médica, educación e investigación en cada uno de sus países. Nuestra región de WONCA Asia del Sur organizó su conferencia anual en Colombo, Sri Lanka, el pasado mes de febrero. Más de 600 médicos de familia de Sri Lanka, India, Pakistán, Bangladesh, Bután y las Maldivas coincidieron con colegas de muchos otros países de todo el mundo, para compartir sus experiencias en la Clínica Práctica, Educación y Formación e Investigación.

Nuestro anfitrión fue el Colegio de Médicos Generalistas de Sri Lanka. El Presidente del Colegio, Antoinette Perera, el Jefe del Programa Científico, Shyamale Samaranayaka, y el Presidente saliente de la región WONCA Asia del Sur, Preethi Wijegoonewardene, dirigieron el equipo desde el colegio en la organización de la conferencia y su programa científico.

El Colegio de Médicos Generalistas de Sri Lanka

se estableció en 1974, justo dos años después de la fundación de WONCA, y rápidamente se convirtió en parte de la familia WONCA. Actualmente, los socios del colegio representan la diversidad de los médicos de familia en las zonas urbanas y rurales de Sri Lanka, y el trabajo de muchos médicos jóvenes entusiastas que colaboran con los miembros más veteranos, incluyendo los miembros fundadores y antiguos presidentes, los profesores Leela Karunaratne y Denis Aloysius. El lema del Colegio es "Arogya Parama Labha", que podemos traducir como "La mejor de todas las ganancias es la buena salud". El Colegio tiene un compromiso fuerte y bien establecido con la educación, y trabaja con el Instituto de Postgraduados de Medicina para ofrecer un Diploma y un Doctorado en Medicina Familiar mediante la formación y el asesoramiento a todos aquellos que buscan el reconocimiento del Ministerio de Sanidad.

He visitado Sri Lanka muy a menudo durante estos últimos 20 años y he tenido la oportunidad de visitar muchos de nuestros colegas en sus clínicas en Colombo y en las áreas rurales entorno a Kandy y Galle. También he podido participar en los programas educativos universitarios y en rigurosas actividades de evaluación. Siempre me han impresionado la calidez, la dedicación y el compromiso de los médicos de familia de Sri Lanka, sin ir más lejos en las secuelas del terrible Tsunami del 26 de diciembre de 2004 en que 35.000 personas perdieron sus vidas en Sri Lanka y más de medio millón de personas perdieron algún ser querido, casas y modos de subsistencia. Nuestros colegas en el colegio, muchos de ellos desconsolados, inmediatamente se unieron a los esfuerzos de reconstrucción para ayudar a la gente de su país, ofreciéndoles asistencia sanitaria, apoyo psicológico, asesorando en la reconstrucción de los centros de salud y las casas en las áreas afectada. Nuestros colegas de WONCA unieron esfuerzos en muchos países para conseguir recaudar fondos y mandar los equipamientos de primera necesidad para apoyar nuestros colegas en Sri Lanka.

Más de un 25% de la población mundial vive en el Sur de Asia, buena parte de ella en situación de pobreza extrema con un acceso limitado o nulo a la asistencia de salud y WONCA está comprometida en el hecho de apoyar el progreso en toda esta región. Esta fue mi quinta visita al Sur de Asia desde que me convertí en Presidente de WONCA y cada vez que la visito me impresionan los progresos que se han hecho para fortalecer la Medicina Familiar en cada uno de sus países y para afrontar los increíbles retos en el trabajo dirigidos a asegurar el acceso a la asistencia en salud para toda la población.

Sri Lanka, con una población de 20 millones, no es una excepción, y afronta serios retos duales tanto en lo que respecta a las enfermedades contagiosas como las no contagiosas. Estos retos son cada vez mayores a medida que la población de ancianos aumenta, a menudo con necesidad de asistencia en sus domicilios. El Congreso permitió a los médicos de familia de toda la región compartir sus soluciones ante los retos a los que cada país se está enfrentando en el fortalecimiento de la Atención Primaria a través de la Medicina Familiar, para asegurar que se consigue la cobertura universal de salud.

Entre los puntos destacados del Congreso destaca el programa de eventos que organizaron los miembros del Movimiento de la Ruta de las Especias (Spice Route Mouvement), la activa organización de WONCA dirigida a los jóvenes

médicos de familia en el Sur de Asia que fundó el miembro ejecutivo de WONCA, el Doctor Raman Kumar, actualmente liderado por el Doctor Bhavna Matta de la India, y encabezado por el nuevo grupo de salud Rural de WONCA de Asia del Sur (WONCA Rural South Asia, WoRSA), una iniciativa que lidera el joven médico de familia, Pratyush Kumar, de la India, y dedicada a mejorar la asistencia de salud para la mayoría de la gente de los países de Asia del Sur que viven en zonas



rurales.

Foto: Miembros del Movimiento de la Ruta de las Especias, la Organización de Jóvenes Médicos de Familia de WONCA en el Asia del Sur

Estuve también muy contento de encontrarme con el Doctor Ali Shareed, nuestro primer miembro directivo de WONCA de las Maldivas, el remoto país del Océano Índico. Ali y sus colegas están diseñando cómo establecer su propia asociación de Medicina Familiar para seguir avanzando en la formación de los médicos de familia y para asegurar que la Atención Primaria en sus países cumple con los estándares.

Durante mi estancia en Colombo también viví un evento personal muy especial. Hace 20 años, durante mi primera visita a Colombo, accedí a supervisar la tesis doctoral de un joven médico de familia de Sri Lanka, Kumara Mendis. Desde entonces Kumara se ha convertido en un amigo muy cercano y ha sido muy activo en WONCA, especialmente con nuestra parte de trabajo en salud, compartiendo experiencias acerca de los retos en la introducción de los registros médicos digitalizados en los países que disponen de menos recursos. Cuando conocí Kumara en Sri Lanka, éste me llevó a su casa para que conociese su mujer, Ramani, y sus dos hijas pequeñas. 20 años más tarde me invitaron a la boda de la hija mayor de Ramani y Kumara, en una ceremonia "Poruwa" – la ceremonia de boda cingalesa tradicional que tiene lugar en un

escenario de madera bellamente decorado, acompañada de la música de tambores y cantantes. Este fue, sin duda, uno de los recordatorios felices del privilegio de formar parte de nuestra organización de médicos de familia.

Michael Kidd

Presidente de WONCA

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

Du président: Développement de la médecine familiale en Asie du Sud



Photo: Le Conseil régional de WONCA Asie du Sud en compagnie du président, du président désigné et du PDG de WONCA

WONCA rassemble les médecins de famille du monde afin de partager les expériences de pratique clinique, d'éducation et de recherche dans chaque pays. WONCA Asie du Sud a tenu sa conférence annuelle à Colombo au Sri Lanka en février. Plus de 600 médecins de famille du Sri Lanka, d'Inde, du Pakistan, du Bangladesh, du Bhoutan et des Maldives se sont joints à des collègues de nombreuses autres nations afin de partager leurs expériences en soins cliniques, en éducation et formation, et en recherche.

Notre centre d'accueil était l'Université de Médecine générale du Sri Lanka. La présidente du collège, Antoinette Perera, la présidente du programme scientifique, Shyamale Samaranayaka, et l'ancien président régional de WONCA Asie du Sud, Preethi Wijegoonewardene, ont mené l'équipe à l'université en organisant la conférence et son programme scientifique.

L'Université de Médecine générale du Sri Lanka a été établie en 1974 -juste deux ans après l'établissement de WONCA- et elle est rapidement devenue partie intégrante de la famille WONCA. La participation actuelle de l'université représente la diversité des médecins de famille au Sri Lanka rural et urbain, avec beaucoup de jeunes médecins enthousiastes travaillant de concert avec des membres plus expérimentés, y compris des membres fondateurs et d'anciens présidents

tels que le professeur Leela Karunaratne et le professeur Denis Aloysius. La devise de l'université, « Arogya Parama Labha », se traduit par « le plus important de tous les gains est la bonne santé ». L'université est fortement engagée dans l'éducation et coopère avec l'Institut universitaire supérieur national de médecine pour offrir un diplôme de médecine familiale et un master en médecine familiale par la formation et l'évaluation cliniques pour ceux qui recherchent une qualification comme spécialiste auprès du Ministère de la Santé.

J'ai voyagé au Sri Lanka régulièrement au cours des 20 dernières années et j'ai eu l'occasion de rendre visite à de nombreux collègues dans leurs cliniques à Colombo et dans des secteurs ruraux aux environs de Kandy et de Galle, et j'ai aussi pu participer aux programmes d'éducation de l'université ainsi qu'aux activités rigoureuses d'évaluation. J'ai toujours été impressionné par le caractère chaleureux, le dévouement et l'engagement des médecins de famille du Sri Lanka, et en particulier au lendemain du terrible tsunami du 26 décembre 2004 lorsque plus de 35 000 personnes avaient péri au Sri Lanka, et que plus de 500 000 personnes avaient perdu des personnes chères, leurs maisons et leurs moyens de subsistance. Nos collègues à l'université, beaucoup eux-mêmes endeuillés, ont immédiatement joint les secours humanitaires afin

d'aider leurs compatriotes en fournissant des soins de santé et des services de conseil, et en aidant à reconstruire des cliniques et des maisons dans beaucoup de secteurs affectés. Nos collègues de WONCA dans beaucoup de nations s'étaient également rassemblés pour collecter des fonds et envoyer l'équipement de si grande nécessité afin de soutenir nos collègues au Sri Lanka.

Plus d'un 25% de la population mondiale vit en Asie du Sud, beaucoup en grande pauvreté avec un accès limité ou non existant aux services de santé, et WONCA s'engage à soutenir le développement dans toute cette région. C'était ma cinquième visite en Asie du Sud en ma qualité de président de WONCA et à chacune de mes visites j'ai été impressionné par les progrès accomplis quant au renforcement de la médecine familiale dans chaque pays et par les efforts faits pour affronter les énormes défis dans le but d'assurer l'accès aux services de santé à tous.

Avec une population de 20 millions, le Sri Lanka n'est pas une exception et doit confronter les doubles défis sérieux des maladies contagieuses ainsi que des maladies non-contagieuses, et le défi de la croissance d'une population vieillissante, souvent affectée de comorbidités multiples et ayant besoin de soins à domicile. La conférence a permis à des médecins de famille de toute la région de partager des solutions aux défis affectant chaque nation quant au renforcement des services de soins primaires par la médecine familiale pour relever ces défis et pour assurer l'assurance santé universelle.

Un des points marquants de la conférence a été le programme des événements organisés par les membres de Spice Route Movement, organisation active de WONCA pour jeunes médecins de famille d'Asie du Sud, fondée par le membre exécutif de WONCA, Dr Raman Kumar, et aujourd'hui dirigée par Dr Bhavna Matta en Inde, et du lancement du nouveau groupe rural de santé de WONCA Asie du Sud (WoRSA), initiative menée par Pratyush Kumar, jeune médecin de famille en Inde, et consacrée à l'amélioration de la santé pour la majorité de la population rurale dans les pays d'Asie du Sud.

J'ai également eu le plaisir de rencontrer Dr Ali Shareef, notre premier membre direct des Maldives, île lointaine de l'Océan Indien. Ali et ses collègues envisagent l'établissement de leur

propre association nationale de médecins de famille afin d'améliorer la formation des médecins de famille et d'assurer les normes de soins de santé primaire dans leur pays.



Photo : Membres de Spice Route Movement, l'organisation de WONCA pour jeunes médecins de famille en Asie du Sud

Mon séjour à Colombo a inclus un événement personnel spécial. Il y a 20 ans, au cours de ma première visite à Colombo, j'ai accepté d'encadrer la thèse de master d'un jeune médecin de famille du Sri Lanka, Kumara Mendis. Depuis cette époque, Kumara est devenu un ami proche et a pris un rôle actif au sein de WONCA, particulièrement auprès de notre groupe de travail ehealth, partageant ses expériences des défis présentés par l'introduction des dossiers médicaux numériques dans les nations aux revenus bas -et moyens-. Lors de ma première rencontre avec Kumara au Sri Lanka, il m'avait invité chez lui pour me présenter son épouse, Ramani, et ses deux petites filles. 20 ans plus tard, j'ai été invité à assister au mariage de leur fille aînée, Radhika, lors d'une cérémonie Poruwa, cérémonie cingalaise traditionnelle de mariage qui a eu lieu sur une plateforme de bois admirablement décorée, animée par des batteurs et des chanteurs. C'était un joyeux rappel de mon adhésion privilégiée à la famille globale des médecins de famille.

Michael Kidd
Président de WONCA

*Traduit de l'anglais par Josette Liebeck,
Traductrice accréditée NAATI No 75800*

From the CEO's desk: South Asia, Family Doctor Day and more

Hello again. This month I want to look back on the wonderful South Asia Region conference and look forward to World Family Doctor Day in May.

WONCA South Asia Region Conference

This year's WONCA SAR conference took place in Colombo, Sri Lanka, on 13th and 14th February, with pre-conferences on 11th and 12th. Hosted by the College of GPs of Sri Lanka (CGPSL) this was the first time since 2005 that the conference had been held in Sri Lanka, and right from the outset everyone was amazed by the very genuine warmth and friendliness of the event.

The opening ceremony took place on the evening of Friday 12th, with much Sri Lankan ceremony and music and dance – and a guest lecture by our President, Michael Kidd - followed by a splendid cultural event. Saturday opened with three plenary sessions. Amanda Howe spoke on “*Towards Universal Health Coverage – ensuring the centrality of primary health care*”. Preethi Wijegoonewardene then spoke on “*PHC development in a health system with a vision on the Sustainable Development Goals*” and this was followed by Val Wass on “*Transforming education to deliver our aspirations in PHC for the 21st century*”.

Four parallel sessions then opened up, each with a varied and interesting programme of lectures and symposia. Of particular note was a symposium coordinated by Professor Chris van Weel, entitled “*Primary Care policy implementation for Universal Health Coverage*”. A joint event with WHO SEARO, this symposium featured presentations from colleagues from each of five countries in the region (Bangladesh; India, Nepal, Pakistan, Sri Lanka) comparing and contrasting their health systems and indices. It's probably the first time that such a symposium has been held at a WONCA regional conference, and Chris hopes to publish the findings in due course.

Saturday night saw a wonderful conference banquet, and then on Sunday there was a further excellent mix of plenaries and symposia and lectures. Sunday also saw the launch of WoRSA – the WONCA Rural South Asia Working Group, led by young family doctor Pratyush Kumar of India. Pratyush and the launch is featured elsewhere in

this edition of the news, so you can read more on the state of rural practice in the region. [News item on WoRSA](#)

Huge thanks to everyone involved in this conference, but most especially Antoinette Perera, President of CGPSL, Preethi Wijegoonewardene, Chair of the HOC, and Shyamale Samaranayaka, Chair of the Scientific Committee. Their months of hard work culminated in a really successful event and we are most grateful to them. Hopefully it won't be another 11 years before we return to lovely Sri Lanka.



World Family Doctor Day – 19th May
World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010

and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. Karen Flegg, the WONCA Editor, has even produced a template for countries and College and societies and associations, to aid reporting: [submit report here](#)

We're very happy for Member Organizations to develop their own theme for FDD, depending on local priorities, but this year we'd especially like to highlight smoking cessation. Smoking is the activity most damaging to health in a whole range of ways, and part of our role as family doctors is to be able to encourage our patients to stop smoking and to provide resources and support to help

them. We're making a number of resources available to our members for them to use during FDD:

- FDD logo and posters are available via the WONCA [website](#)

- Our colleagues in the American Academy of Family Physicians (AAFP) have very kindly allowed us to access their smoking cessation tools. These can be accessed [here](#) and all we ask is that you acknowledge AAFP as the source of the materials.

- IPCRG (the International Primary Care Respiratory Group) also produce a number of helpful resources for family doctors available [here](#), including a very useful desktop helper: "*Helping patients quit smoking: brief interventions for healthcare professionals*"

We look forward to getting reports from Member Organizations in due course with news and photos of the events held, and many of these will be featured in future editions of WONCA News.

Next month

March sees the [WONCA Eastern Mediterranean Region conference](#) in Dubai from 17th to 19th March, and then your WONCA Executive will have a very busy two-day meeting in Abu Dhabi on 20th and 21st March. Next month I'll report back on both of these activities. Our best wishes until then.

Dr Garth Manning
CEO

Policy Bite: Electives, exchanges and ethics



Policy Bite with Professor Amanda Howe, WONCA President-elect

How can we ensure mutual benefit when we go on study leave?

As part of my international work, I have just been asked to lead the 'electives' module for my medical school(1) - this is a usually a 1-2 month placement in the latter part of the course where the student chooses for themselves where they go and what speciality they link with. This week, we had the enormous pleasure of hearing four really inspiring talks from students about their electives in 2015. One had been to South Africa to work at the Chris Hani Baragwanath Hospital which serves Soweto; one to the Solomon Islands; one to the Philippines; and one had stayed in Norwich but spent her time with the homeless, refugees, sex workers and other marginalised communities cared for by our 'City Health' project. They had all clearly learned a huge amount, and our impression was that they had given a lot to their elective hosts – in work, in company, in appreciation, and in their newly acquired global health awareness. As a school, we have been considering the ways in which we can add value to the students' learning from their elective, while also ensuring their safety and effective contribution.

Similarly, we encourage and applaud the exchanges that have grown up through our Young Doctors' Movements(2) whose declared aim is to "...give doctors an opportunity to learn from each other in different cultural and socio-economic contexts. Aside from being an opportunity to broaden one's professional and personal horizons, these exchanges provide the possibility to interact with different primary care settings and health care systems in general".

Wonderful! If only we could all do these So I was interested to be taken aside by one of the younger students, who had concerns about the ethics of electives. She cited the costs and potential harms done by such visits, where resource-poor services might find their time and

effort distracted onto a group of foreign doctors or students who are only through – potentially taking most of their visit to acclimatise and understand the working context. She showed me a website with a set of challenges (3); some of which I could happily say we were already addressing, but others which we need to consider further. I was grateful for her ideas and thoughtfulness – and also



mindful of my own experiences on elective 40 years ago (see photo of me in Abidjan, Cote d'Ivoire, 1975),* which gave me a vivid and lasting commitment to family medicine across space and time.

So the balance of risk and benefit need to be assessed, and made in a conscious and conscientious fashion: WONCA has made a contribution to this, by developing a checklist to support family medicine learning and exchanges through the International Federation of Medical Students Association (IFMSA), and also through many of its different communities. The Organizational Equity Committee has been discussing the importance of access to conferences – costs, visas, bursaries – so that our activities are not a 'one way traffic' open only to richer members. The Rural Working party has a stream of policies and publications which advocate for exposure to rural and remote settings through training placements. And no doubt many of our members host, supervise and send students and young doctors out to family medicine in many

settings explicitly so they understand the fuller picture of health and health care – much of which needs to be set in a global context.

In conclusion – it is a great privilege to have the chance to go to another setting and learn from new colleagues. Those of us who work in medical schools need to consider how best to make this work for those who host our students and residents, as well as making sure they have a great experience. There is a huge richness of experience in our community of how this works. I would value hearing from colleagues about whether elective attachments in their own settings work, and if so what helps them to work for the host and the visitor.

1. Norwich Medical School, University of East Anglia – see www.uea.ac.uk/medicine
2. See vdgm.woncaeurope.org/content/exchanges
3. MedSin ethical electives - medsin.org/advocate/policy-statements/ethical-electives

Policy Bites with Amanda Howe: 2015 in review

Professor Amanda Howe, WONCA President–

Elect, said in her speech at the WONCA Council in 2013 that she would “help with policy messages”.

These are her policy bites from 2015 with most having been translated into Spanish:

Policy Bite: Early years – the importance of family doctors in intervention and advocacy.
[December, 2015](#)

One of the most heart wrenching aspects of the photos of refugees is the sight of small children trailing across deserts, being dragged into boats, or through police lines. Any family can be the victim of a tragedy, but the odds are stacked against children from lower income families.

español: [Fragmentos de política: Primeros años – la importancia de la intervención y la promoción para los médicos de familia](#)

Policy Bite: Migration & refugee health – new challenges
[November, 2015](#)

The recent situation of rapid and unplanned migration in Europe has raised my awareness of a situation which many other regions have already experienced. The WONCA Europe conference saw the launch of the 'Istanbul statement' on refugee health, and much discussion.

español: [Fragmentos de Política: Migraciones y refugiados de la salud](#)

Policy Bite: What gets measured gets managed?
[October, 2015](#)

Prof Amanda Howe is on holidays, so this month's Policy Bite is written by guest author Dr is Luisa Pettigrew. Luisa is a member of WONCA Executive and our liaison person with the WHO. The cliché is that “if it is not measured it is not managed” - or simply may not be done. Whilst there are numerous pitfalls associated with

wanting to measure things that cannot or should not be measured, there is also some underlying truth in this saying.

español: [Fragmentos de Política: ¿Lo que se mide, se gestiona?](#)

Policy Bite: Gender and health – a major equity agenda
[September, 2015](#)

A new publication from colleagues in the Netherlands came my way this month, and reminded me of why I got involved with WONCA in the 1990s. The report was drawn to my attention by Professor Toine Lagro-Janssen, who was an academic colleague of our Past President Prof Chris van Weel.

español: [Fragmentos de Política: Género y salud – una agenda más equitativa](#)

Policy Bite: The modern primary care workforce
[August, 2015](#)

I have recently been a member of an independent ‘Commission’ to make recommendations about the primary care workforce in England - very interesting to put one’s own ideas to scrutiny by equally intelligent and critical peers from other backgrounds.

español: [Fragmentos de Política: El personal moderno de Atención Primaria](#)

Policy Bite: Family doctors – what does the name really mean?
[July, 2015](#)

So what does the deep commitment to “family” mean in our title? As I sat in the late nights in a hospital ward following the birth, I thought of witness, watching and waiting, wonder.

español: [Fragmentos de Política: médicos de familia – a qué nos referimos realmente?](#)

Policy bite: The role of family medicine in ‘choosing wisely’.
[June, 2015](#)

There is a big conversation going on – about a group of concepts variously termed as ‘overdiagnosis’, ‘overmedicalization’, and ‘quaternary prevention’. WONCA already has members who are active in this debate.

español: [Fragmentos de Política : El papel de la medicina familiar al “elegir sabiamente”](#)

Policy Bite: A brief note on election day...
[May, 2015](#)

Today my country goes to the polls. During the last government, we had a major health service reform, with a new ‘market’ model where more services could be contracted with private providers; family medicine doctors were tasked to manage the budget to buy services from the hospital and referral centres: and large scale reorganisation occurred, within the context of a taxation funded public health service.

Policy Bite: The role of primary care in the ageing population
[April, 2015](#)

At the end of the day good primary health care for older people reflects the value we place on our elders; the ‘pay back’ we offer for their contribution, and the resources they still offer us. It is a test of civilised societies, a moral imperative, and what we hope for ourselves in our old age.

español: [Fragmentos de Política: El papel de la atención primaria en el envejecimiento de la población](#)

Policy Bite: successful lobbying for family medicine
[March, 2015](#)

I am writing to share with you what a 'roadmap' to strengthen family medicine in your own country might need to include in terms of strategy: and also to share with you the things my own WONCA member organisation, did to try to secure this high level intervention.

español: [Fragmentos de Política: Influencia exitosa para la medicina de familia](#)

Policy Bite: Hot on the planet – should WONCA be considering sustainable travel policies?
[February, 2015](#)

This month's policy bite with Amanda Howe, President-elect ... 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.

[See all Policy Bites](#)

Fragmentos de política: Optativas, intercambios y ética

¿cómo podemos asegurar el beneficio mutuo en un viaje de estudios?

Como parte de mi trabajo internacional, me han pedido que dirija el módulo de "optativas" de mi Facultad de Medicina – normalmente esto representa un puesto durante 1 o 2 meses en el último periodo del curso, momento en el cual los estudiantes escogen donde irse y qué especialidad desarrollarán. Esta semana, tuvimos el enorme placer de escuchar cuatro charlas muy inspiradoras hechas por estudiantes acerca de sus elecciones en 2015. Uno de ellos estuvo en Sudáfrica trabajando en el Hospital Chris Hani Baragwanath que da asistencia a Soweto, otro de ellos estuvo en las Islas Salomón, un tercero en las Filipinas y el último se quedó en Norwich pero trabajó con los sintecho, las personas explotadas sexualmente y otras comunidades marginalizadas de nuestro proyecto de cobertura sanitaria "City Health". Quedó muy claro que todos habían aprendido muchísimo, y nuestra impresión fue que se habían comprometido intensamente y lo habían dado todo por sus anfitriones. Como facultad, hemos estado considerando las formas mediante las cuales puede darse un valor añadido al aprendizaje de los estudiantes a partir de sus elecciones de destino de los programas de intercambio, mientras al mismo tiempo se asegura su seguridad y contribución efectiva.

De una manera similar, animamos y aplaudimos aquellos estudiantes de intercambio que han crecido a través de nuestros Movimientos de Jóvenes Médicos(1) cuya voluntad es la de "...dar a los médicos una oportunidad para que aprendan los unos de los otros en distintos contextos

culturales y socio-económicos. A parte de ser una oportunidad para ampliar los horizontes profesionales y personales, estos intercambios ofrecen la posibilidad de interactuar con diferentes escenarios en Atención Primaria y diversos sistemas de Asistencia Médica en general".

¡Fantástico! Si todos pudiéramos realizarlos... Una de las jóvenes estudiantes con la que conversé privadamente llamó mi atención acerca de sus preocupaciones sobre la ética de los programas de intercambio. Ella me citó los costes y los posibles daños hechos en este tipo de visitas en las que los servicios de asistencia con menos recursos podrían ver su tiempo y sus esfuerzos debilitados a causa de la atención prestada a un grupo de jóvenes médicos extranjeros que solo están ahí de paso y que utilizarían potencialmente la mayor parte de su tiempo para aclimatarse y

para comprender el contexto de trabajo. Ella me mostró una página web con una serie de retos (2), con alguno de los cuales le pude explicar que ya nos estamos enfrentando. Sin embargo, había otros que todavía hace falta que consideremos más. Agradecí mucho sus ideas y su consideración – y también que estuviera informada de mis propias experiencias en



optativas hace ya 40 años (vean mi foto en Abidjan, Costa de Marfil, 1975), que me proporcionó un compromiso vigoroso y duradero con la Medicina de Familia en el tiempo y en el espacio.

Así pues, hay que encontrar un equilibrio entre el riesgo y el beneficio: WONCA ha hecho su contribución desarrollando una lista de verificación para dar soporte al aprendizaje de la Medicina de Familia y a los estudiantes de intercambio a través de la Federación Internacional de Asociaciones de Estudiantes de Medicina (Federation of Medical Students Association, IFMSA), y también a través de una buena cantidad de comunidades diversas. El Comité Organizacional por la Equidad ha estado discutiendo la importancia del acceso a las conferencias – costes, visas, becas – por lo que nuestras actividades no van solo en una dirección dirigidas solamente a los miembros más ricos. La parte del Trabajo Rural tiene una serie de políticas y publicaciones que abogan por la exposición a los marcos rurales y remotos a través de las localizaciones de formación. Y no hay duda de que muchos de nuestros miembros acogen, supervisan y mandan estudiantes y jóvenes médicos fuera en muchos entornos diversos y así pueden entender el ámbito global de la salud y la asistencia sanitaria – muchos de estos necesitan fijarse en el contexto global.

En conclusión, es un gran privilegio tener la oportunidad de viajar a otro escenario y aprender de nuevos colegas. Aquellos de nosotros que trabajamos en la docencia médica debemos considerar cuál es la mejor forma de hacer este trabajo en relación a los nuestros estudiantes y residentes, así como asegurarnos de que viven una gran experiencia. La experiencia acerca de cómo funcionan las cosas es una gran riqueza para nuestra comunidad. Me gustaría que los colegas compartiesen el testimonio de los procesos de adaptación de sus estudiantes de intercambio en los propios entornos laborales y que explicaran cuáles son los elementos que ayudan a trabajar tanto a los anfitriones como a los visitantes.

Amanda Howe
Presidenta electa de WONCA

1. Norwich Medical School, University of East Anglia – see www.uea.ac.uk/medicine
2. See vdgm.woncaeurope.org/content/exchanges
3. MedSin ethical electives - medsin.org/advocate/policy-statements/ethical-electives

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

FEATURE STORIES

Call for Submissions to Education for Primary Care - WONCA Special Edition

The journal *Education for Primary Care* aims to reflect the best experience, expertise and innovative ideas in the development of undergraduate, postgraduate and continuing primary care education.

The journal is currently seeking submissions for a 'WONCA' special edition. The special edition seeks to publish the work of family doctors and other primary care education professionals worldwide linked to WONCA. It will be published in September 2016 ahead of the [WONCA World Conference](#) which will take place in Rio de Janeiro on 2-6th November 2016.

The special edition will follow the usual format of the journal in which there are various types of articles. Details of this can be found [here](#). Manuscripts should be uploaded to [here](#), and the 'WONCA special edition' option selected.

Closing date for contributions is Sunday 20th March 2016

Allyn, Luisa & Ronald
• Allyn Walsh, WONCA Working Party on Education, Chair (walsha@mcmaster.ca)
• Luisa Pettigrew, WONCA Executive, Member-at-Large (luisa.pettigrew@lshtm.ac.uk)
• Ronald MacVicar, Education for Primary Care, Deputy Editor (ronald.macvicar@nes.scot.nhs.uk)

Rural Round-up: WONCA South Asia group launch

It is planned to launch the WONCA Rural South Asia (WoRSA) health group formally during forthcoming WONCA-SAR conference in Feb 2016. Dr John Wynn-Jones, Chair of the WONCA Working Party on Rural Practice (WWPRP); Dr Pratyush Kumar, inaugural chair of WoRSA and representative of the Spice Route young doctors movement for WONCA South Asia region to WWPRP) and Dr Ranjith Dissanayake are the speakers for the symposium on rural health scheduled on 13 February.

Background

South Asia is predominantly marked by developing economies with considerably poor health infrastructure. Also on various health indices such as maternal mortality rate, infant mortality rate, immunization coverage and human development index, South Asian countries feature somewhat at the lowest in the world. A significant rise in out of pocket expenditure has led to serious socioeconomic impacts in rural areas.

Although a majority of the South Asian countries' populations reside in rural areas, the irony is that most of the development in terms of healthcare is concentrated in urban areas.

The beginning of WONCA Rural South Asia. (WoRSA)

Realizing the need for rural health, it was decided in 2015, during 2nd National family medicine and primary care conference in New Delhi to form a rural health group to advocate and work toward our mission of positive health for all rural people. Dr Raman Kumar president of the AFPI and WONCA world executive member was very supportive and encouraged young doctors to be a part of such initiative.

At the conference, Dr John Wynn-Jones (pictured), chair of WONCA Working Party on Rural Practice, gave a very detailed presentation on rural health which inspired many young doctors. The response was overwhelming as many young doctors volunteered to be a part of this initiative.

The conference helped us to arrive at an understanding to have an active group and encourage young family doctors to join. It was decided that positive health for all rural people would be its main objective. There are various other short and long term goals which we would try to achieve in the future. We are also working on a

scientific paper to give an overview of its objectives, challenges, and models to achieve our goals.

Our thoughts were that it would be a great initiative



WONCA
Rural South Asia
Positive health for all rural people

on our part as family physicians to be able to help those who are in serious need of health services. There would be many challenges on the path of this rewarding journey, which we must be ready to face.

Advocacy and awareness towards rural health is the need of the hour. To meet our health goals we also need political commitment and community participation. We also need to understand regional differences of disease epidemiology and to prioritize accordingly. Passion towards rural health usually develops when young doctors are exposed to rural health during their undergraduate days. Such an interest leads to a life-long commitment to rural health which benefits its growth and development policies.

It is imperative to make our governments understand health related morbidity in terms of



economic burden. Economy also gets a boost when people are healthy. Healthy citizens are a boon to any economy in terms of reduced

absenteeism, increased productivity, less insurance claims, better quality of life and reduced disability adjusted life years. In many parts of South Asia the focus is on tertiary care, evident by sudden boom of corporate chains of tertiary care hospitals. Primary care services are mostly dependent on public/ government services which are usually inadequate and inefficient in terms of the growing demand of rising population. This is the time for a family physician to make the best use of our specialty and make the world realize the importance of rural health. Cost-effective curative and preventive health services with great deal of awareness, community participation and equitable distribution could be pivotal towards achieving target goals.

We do understand that this is just the beginning and there is a long way to go but with a team effort

we will be able to achieve our goals in the shortest possible time. We also need to coordinate with family physicians' academies /federations /associations of every country in order to request them to nominate and encourage doctors to join this movement and share their innovative ideas.



Dr Pratyush Kumar
Chair WONCA Rural South Asia (WoRSA) group

WHO LIAISON

WONCA remains an 'organization in official relations" with WHO

WHO has confirmed that WONCA has had its "Organization in Official Relations" status renewed for a further three years. The decision was confirmed at the 138th session of the WHO Executive Board and detailed in a letter to the WONCA CEO as follows:

In accordance with exchanges between our organizations last year, the WHO Executive Board reviewed the report of our relations and collaboration at its 138th session. I am pleased to inform you that the Board decided to maintain the World Organization of Family Doctors in official relations with the World Health Organization.

In making its decision, the Board commended the continuing dedication of the organization you represent in support of the work of WHO.

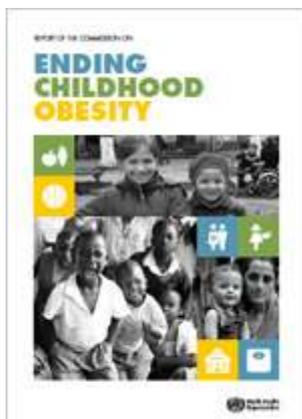
I would like to take this opportunity to convey my thanks to the World Organization of Family Doctors for its work with WHO. I hope that our activities continue to be as fruitful. In this connection, please contact Dr Montenegro Von Muhlenbrock who serves as the Designated Technical Officer for our relations, to pursue implementation of the agreed plan for collaboration.

I look forward to the continuing support and collaboration of your organization in implementing activities to achieve global health goals

*Yours sincerely,
Dr Gaudenz Silberschmidt
Director,
Partnerships and non-State Actors
Office of the Director-General*

WHO releases reports on Childhood Obesity and also on Ageing and Health

Ending Childhood Obesity report



The Commission on Ending Childhood Obesity (ECHO) presented its final report to the WHO Director-General on 25 January 2016, culminating a two-year process to address the alarming levels of childhood obesity and overweight globally. The ECHO report proposes a range of recommendations for governments aimed at reversing the rising trend of children aged under 5 years becoming overweight and obese.

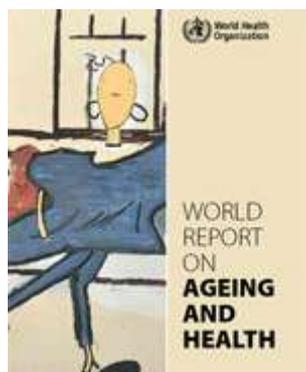
The Ending Childhood Obesity report highlights that:

"Primary health-care services are important for the early detection and management of obesity and its associated complications, such as diabetes. Regular growth monitoring at the primary health-care facility or at school provides an opportunity to identify children at risk of developing obesity. Low-energy diets can be effective in the short term for the management of obesity, but reducing inactivity and increasing physical activity will increase the effectiveness of interventions. There is little written

on models of health service delivery for the provision of obesity treatment in children and adolescents, but it is clear that these efforts can only be effective with the involvement of the whole family or care environment."

[Link to report](#)

World report on Ageing and Health



The WHO's World report on Ageing and Health published in September 2015 outlines that Comprehensive public health action on population ageing is urgently needed. The report states that in order to achieve this we will require fundamental shifts, not just in the things we do, but in how we think about ageing itself. It offers a framework for action to foster Healthy Ageing built around the new concept of functional ability. The report suggests that these investments will have valuable social and economic returns, both in terms of health and wellbeing of older people and in enabling their on-going participation in society.

The report highlights:

""Older people often identify a preference for growing old in their own homes or at least within the communities where they live. This allows them to maintain the relationships and community networks that can foster well-being and act as resources in times of adversity. Although the focus of ageing in place has frequently been on ensuring appropriate and affordable housing and age-friendly built environments, as well as providing instrumental support, health services also have an important role to play by providing care that reaches people where they live. Thus, models of care will need to be reoriented towards prioritizing primary care and community-based care. This encompasses a shift from inpatient care to ambulatory and outpatient care, to more homebased interventions, community engagement and a fully integrated referral system."

[Link to report](#)

YOUNG DOCTORS' MOVEMENTS

The Spice Route young doctors report on Colombo

An update from WONCA South Asia region conference 2016

Reported by

Dr Bhavna Matta, Dr Pratap Prasad, Dr Raman Kumar, Dr Santosh Kumar Dhungana, Dr Hiranthini De Silva, Dr Zakiur Rahman, Dr Ali Shareef, Dr Rabeeya Saeed and Dr Md. Idris Shareef.

Over 650 delegates attended the magnificent WONCA SAR 2016 conference at Waters Edge, Colombo Sri Lanka organized and hosted by College of General Practitioners of Sri Lanka. The theme of the conference was 'Reaching across the shores to strengthen primary care'.

The Spice Route Movement session on 12 February 2016 (pre conference)

Attendees:

- Dr Bhavna Matta
- Dr Hiranthini de Silva
- Dr Maliha Khanam
- Dr Santosh Kumar Dhungana
- Dr Rabeeya Arsalan
- Dr Ali Shareef
- Dr Mohammed Idris Shariff
- Dr Zakiur Rahman
- Dr Malkanthi Galhena - Dr Anojana Jeyaseelan
- Dr Kalpanie Wijewardana
- Dr Dumindu Wijewardana
- Dr R. Gobith
- Dr Dinusha Perera
- Dr Roman Schlager
- Dr Sankha Randenikumara
- Dr Jithendrie Perera

(Countries represented: Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka and Germany)

The conference was preceded by 'The Spice Route Movement session' at Sri Lanka Medical Association, Colombo on 12 February 2016. The session manifested over seventeen young doctors representing seven different countries. The agenda of the session was already planned and circulated via Skype calls and emails to National Chairs of The Spice Route Movement representing respective SAR countries.

The session was opened with introduction of attendees and discussion of purpose of the session. Following topics were discussed: Non

communicable diseases (NCD), Elderly Care, FM 360 exchange and Social Media. Leads of topics were as follows: NCD- Dr Hiranthini De Silva, Elderly Care- Dr Dinusha Perera, FM 360 exchange- Dr Bhavna Matta and Social Media- Dr Md. Idris. The session involved discussion on challenges faced by GPs during Non-communicable disease consults, with focus on counselling the patient regarding lifestyle modification. The session transformed into a creative role play (real time doctor-patient interaction) this seemed to be an excellent idea to be presented on the successive day.

Discussion on the challenges faced by GPs during elderly care consult and highlighting patients' perspectives of GPs brought in the idea of bringing real time patients into the house for our main session to be presented on the successive day. WONCA FM 360 Exchange program was introduced to all. Challenges faced by trainees and young doctors to consolidate their plans for exchange were discussed. Induction of Young Doctors to facilitate the process of exchange in their respective country and training institute/ university/ area of practice was done. Social Media activities were introduced to the attendees. Focussed discussion on use of Social Media to participate in global Family Medicine activities followed. Use of Facebook, twitter, whatsapp and hika messenger, etc to facilitate future discussions and continuation of our activities in various countries of SAR was discussed. Further discussions were encouraged in groups for facilitation of next day's session. Exchange of ideas to build a stronger team and to carry out various projects collectively were discussed. Contribution to literature in the form of research and representation of Young Doctors team from SAR at WONCA World Conference at Rio was discussed. The Spice Route Movement Research group formation is in the pipeline being led by Dr Sankha Randenikumara from Sri Lanka.

The Spice Route Movement workshop on 13 February 2016

The Spice Route Movement workshop on 13 February was labelled Symposium 12, at Hall D Albatross room at Waters Edge, Battaramulla, Colombo. "The Spice Route movement for Young and Future South Asia Family Practitioners" is a WONCA forum for young, new and establishing family medicine doctors in the South Asia Region.

It includes medical students, residents, trainees and recently qualified Family Medicine doctors within first five years of practice. The workshop was chaired by world leaders of Family Medicine

- b. Elderly care and Geriatric patients' perspective- Dr Dinusha Perera and team
- c. FM 360 Exchange program- Dr Bhavna Matta
- d. Social Media updates and live Skype call with



namely Prof. Amanda Howe, WONCA President elect, Dr Pratap Narayan Prasad, President WONCA SAR, Dr Ramnik Parikh, Hon Secretary WONCA SAR and Dr Raman Kumar, young doctors' representation on WONCA World Executive. The workshop commenced with delivery of presentation by Dr Bhavna Matta who introduced "International WONCA Young Doctor Movements". There are seven Young Doctor Movements namely Vasco da Gama movement, The Rajakumar movement, The Waynakay movement, The Al Razi movement, AfriWon movement, Polaris and The Spice Route movement. This was followed by presentations from the previous day discussions namely:

- a. Challenges in day to day consult of patient with NCDs- Dr Hiranthini De Silva and team

Kyle Hoedebecke (Polaris Chairperson)- Dr Md Idris

This was followed by felicitation of 'Jyoti & Ramnik Parekh Scholarship' award winners. 'Jyoti & Ramnik Parekh Scholarship' award partially supported travel of four young doctors of different SAR countries to attend WONCA SAR 2016 Colombo conference. Dr Ramnik Parekh, Dr Pratap Prasad and Dr Raman Kumar gave a brief account of lying down of foundation of 'The Spice Route Movement' and encouraged young doctors to be a part of the movement. Announcement of 'The Spice Route Movement Constitution' undertaking was made

MEMBER ORGANIZATION NEWS

Development of Family Medicine in Uganda¹

Background

Family Medicine is rapidly evolving in Africa. By the year 2000, family medicine was well known only in South Africa and Nigeria. However by 2016, efforts to promote the discipline were underway in almost all African countries. Those countries without family medicine such as Burundi and South Sudan are contemplating launching training programs. This rapid development is largely due to politicians, health managers and academics realization of family physicians' potential contributions to the performance of health systems. However, family medicine remains a poorly understood medical specialty through most of the African continent. Therefore, it is important for countries to document and share their experiences to foster continued growth, to evaluate the impact, and to establish best practices.

Family Medicine in Uganda

The first training Programme, named Community Practice, was started in 1989 with the aim of training all round clinically competent generalists to provide clinical services in rural health facilities where more than 80% of Ugandans lived.

- The programme was funded by the Canadian International Development Agency (CIDA) in partnership with Memorial University, Makerere University and the Ugandan Ministry of Health. Prof John Munro Ross from Memorial University stayed at Makerere University to run this project for the five year period.

- The first year of the project was for planning and curriculum development. At the end of the project, fifteen generalists had completed the four-year training period.

After the project, Makerere University recruited two faculty who continued the programme with a fluctuating number of trainees with some years having no trainees.

A similar programme named Integral Medicine was introduced at Mbarara University of Science and Technology (MUST) in Uganda in 1999 with the main aim of improving physicians' surgical skills to work in rural hospitals.



Photos show Visiting faculty, residents and undergraduate students at the Department of Family Medicine Makerere University.

- In 2005 the Makerere programme name was changed from Community Practice to Family Medicine when Dr Haq served as a visiting professor from the University of Wisconsin. The curriculum was revised to include the principles of family medicine and other primary care related topics.

- The training programme was accredited by the Ugandan medical licensing body. Graduates were recognized and paid as specialists by the Ugandan Ministry of Health.

- In 2012, another family medicine training

programme was introduced at International Health Sciences University (IHSU), a private university in Kampala Capital City.

- All the programmes are recruiting and training at less than full capacity. However, there has been a steady increase in the number of trainees in the last eight years with a significant number of potential trainees expressing interest.

- Several Ugandan family physicians have been trained abroad and returned to Uganda to practice.



Currently there are three, three-year family medicine programmes in Uganda. They can be summarized as:

1. Makerere University has nine faculty and 15 residents. Its training sites are Mulago National Referral and Teaching Hospital (MNRTH) and Tororo General/District Hospital. The program has trained more than 50 graduates who are practicing throughout the country.

2. Mbarara University has three faculty but no residents. Its training site is Mbarara Regional Referral Hospital (MRRH)

3. International Health Sciences University has two faculty and five residents. Its training site is the International Hospital Kampala (IHK) and its affiliated clinics

Issues that have affected scaling up

- Family Medicine at Makerere started as a postgraduate programme with no curriculum for undergraduate medical students. Family medicine was introduced into the undergraduate curriculum

in July 2014. We expect more medical students will select family medicine if they are exposed to positive role models early in their training.

- Post-graduate residency training programs in Uganda require trainees to pay substantial tuition to the university. This limits the potential number of trainees.

- There are very few family medicine faculty with limited support or opportunities for faculty development. Makerere has no senior faculty in family medicine, all faculty are at the rank of Lecturer; there are no Senior Lecturers, Associate or full Professors.

What is needed for family medicine to flourish?

1. Training of family physicians needs to be supported at all levels by all the stakeholders. One form of such support would be providing scholarships and providing salaries to support post-graduate training.

2. Family physicians should be recruited into public service employment by the Health Service Commission as family physicians and not as Public Health Specialists. Then, their career path will be made clearer and they will be able to focus on providing clinical services and supervision of other health personnel.

3. Family physicians should have opportunities for faculty development and to be promoted to the highest possible rank as other medical specialists.

4. Strengthening partnerships between the Ministry of Health, Ugandan training institutions and international colleagues to promote and market family medicine.

We believe that the future is bright and look forward to continued growth and development of the specialty.

Jane Namatovu MBBS
Head, Department of Family Medicine, Makerere University
Cynthia Haq MD
Professor of Family Medicine, University of Wisconsin

Philippines – FM educators conference

The Foundation for Family Medicine Educators is an associate member organization of WONCA in the Asia Pacific since the 1990s. Prof Zoragyda 'Dada' Leopando is its founding president. It will celebrate its 30th Anniversary on April 21-23, 2016 at the Hotel Jen, in Pasay Metro Manila.



1st ASEAN Congress for Family Medicine Educators

*"Strengthening Primary Care in the
ASEAN Region through Family
Medicine Education"*

April 21-23, 2016

Hotel Jen, Pasay City Philippines

www.famededucators.com

An offering for the 30th Founding Anniversary and
Annual Convention of the **Foundation for
Family Medicine Educators, Inc.**



FEATURED DOCTOR

Prof Gustavo GUSSO

Brazil – President WONCA Rio HOC



Gustavo Gusso is President of the Host Organizing Committee for the coming WONCA World conference in Rio de Janeiro in November

What work you do now?

I am part time professor of primary care and family medicine at University of São Paulo. Unfortunately, the only family doctor professor at this institution.

My position is in the Internal Medicine Department since there isn't a department of Primary Care or Family Medicine. I thought it would be more important to be in the Internal Medicine department than the Preventive Medicine one because in Brazil there was the idea until some years ago that family medicine was the same thing as public health, denying the clinical aspects of our speciality. I practice also in a solo private practice at the place I live in São Paulo. And finally I work as consultant helping to organize family medicine services. I am currently leading the organization of new primary care services at Amil/ United Health Group in Brazil which will represent a new attractive career for family doctors in Brazil.

What other interesting things have you done?

I was president of Brazilian Society of Family and Community Medicine from 2008 to 2012. We structured the society and spread family medicine throughout Brazil. Beside meetings with 3000 to 4000 participants we strengthened our journal,

organized working groups, developed workshops focused on training tutors, translated and published new books, included Textbook of Family Medicine that won the most important book award in 2013.

What are your interests in work and outside work?

I am interested in Classification and the link between the register and clinical reasoning. For any patient consultation, we are three things interacting: doctor, patient and our record.

Outside work I like to travel and I have started backpacking with my eight year old daughter. For example in February did a five day trip to Spain to a workshop of 'Sacred Consultations' (consultations that needs more time) in Bilbao. I hope Beatriz enjoyed it!

What are your hopes for the WONCA world conference coming to Rio in November?

I hope we can put on a very exciting scientific meeting. This is the first goal.

The meeting will cover workshops, seminars, and panels approved by our scientific committee to attract highly qualified professionals. We expect as well a very multicultural meeting, lots of exchanges of experiences and the opportunity to get to know about the primary care revolution Rio de Janeiro has made during the last eight years. Probably the most incredible WONCA conference ever.

[More about the WONCA World conference in Rio.](#)

WONCA
2016 RIO 21st WONCA World Conference
of Family Doctors
November 2 - 6, 2016
Riocentro Exhibition & Convention Center
Family Medicine
Now, more than ever!

FEATURED FUTURE DOCTOR

Ms Mayara FLOSS

Brazil - Rural FM café innovator



Mayara Floss is a medical student from Brazil, who is committed to rural family medicine and is the driving force behind the new Rural Family Medicine Café initiative.

What work do you do currently?

Now I am completing my studies in Brazil to be a

doctor and hopefully soon do my residence in Family Medicine.

I did my undergraduate fellowship in Ireland through the Brazilian Government Programme 'Science Without Borders', in 2014-15, and there I experienced rural general practice ([see more](#)) and I got more interested in rural Family Medicine. Since then I have been trying to develop some actions to discuss and raise the awareness of rural care in my university and around.

You are a medical student - why did you do medicine and what do you hope for your future?

Firstly, I choose medicine because I got mesmerized with the idea of caring people. I decided to keep doing medicine because I think I could construct a better world with what I am learning (mainly with the patients). I have learnt that entering peoples' houses and listening to them and maybe by them listening to me, is a powerful way of empowering, struggling and trying to make life a little better.

For the future, I hope we can change (in a good way). I hope we can guarantee fundamental rights – de-commodifying the right to health, and having and doing health for all. I hope we can help less and empower more – overcoming the idea of dominating. I hope that any "developing country" can manage themselves in their own culture and way and that other countries will empower us - maybe by just exchanging experiences and not doing things in our place. Also, I hope that the economy works for people and not people work for the economy. I hope we can listen more to our patients who might then educate us

simultaneously in a learning process.

Finally, I hope we can finally change and do not just turn a bit.

What is it like to be a future family doctor in Brazil?

As for the entire world, we are struggling to balance biomedical knowledge and humanity in medicine. Also, primary care is not recognized by other specialties as much it should be. It is possible that as a student or even a doctor you will suffer prejudice because you choose primary care – I have already suffered because I choose it. However, I think we have a good network of family doctors to support each other and try to change it. It is a matter of time before consciousness is aroused. In Brazil, we have a lot of differences different cultures and diversity; I believe that to deal with these differences with competence is a great challenge in being a doctor here.

What other interesting activities have you been involved in?

In 2010, some colleagues and I created a project to work in communities based on popular education called the "Health Education League" ([see more](#)).

Some health professionals from all around Brazil, as well as me, created a space for medicine and arts where we wrote poems, chronicles, texts and undertook other arts. The project is called "[Rua Balsa das 10](#)". I blogged every week bringing the daily reflections of being a student.

During my studies in Ireland, I decided to do a series of short movies talking about the Brazilian Health System so with some friends we organized the "Série SUS" (in English: "SUS Series" – [see more](#)). It is a whiteboard animation with the aim to inform and empower Brazilian citizens.

Finally, in October of last year I organized the First Rural FM Café ([see more](#)), and already, a lot of GPs and students are getting involved in the development of this project.

Can you tell me about the rural FM Café?

With my reality being a university in an urban area,

I needed to maintain the energy and fulfilment that the rural practice gave to me. After the WONCA Rural Conference in Dubrovnik last year and with some new Young GPs and other students I put forward the idea to create an informal conversation about some themes in Rural Practice and Family Medicine in general. This became the “Rural Family Medicine Café” with an atmosphere of a “café” we discuss themes, give ideas, listen and exchange. It is a way to strength Rural Family Medicine and networking.

Editor's note

There have now been five rural cafés and each time after the café Mayara posts on the WONCA Working Party for Rural Practice Google group and those who missed the café can find them on Youtube.

Check out the next event on [Facebook events](#)
[Google plus](#)
[Facebook page](#)
[Some page](#)

RESOURCES FOR FAMILY DOCTORS

RCGP publishes new book: Mapping Uncertainty in Medicine

The Royal College of General Practitioners (RCGP) has just published guidance to help clinicians understand uncertainty in medical practice, help them manage it effectively and improve their stress levels and resilience as a result.

The book has wide appeal – clinicians in all specialties whether experienced or in training, or wherever in the world they are practising.

Full details, a sample chapter and purchasing can be found on the [RCGP website](#).

The RCGP website preview of the book says:

If you experience uncertainty in clinical practice, this book will help you understand and manage it effectively, improving your stress levels and resilience as a result.

Uncertainty is the norm in medical practice, yet often gives rise to distress in clinicians who fear they will make shameful or guilt inducing errors.

This book offers a succinct method for classifying uncertainty and finding the right skills to manage different types of uncertainty successfully.

The psychology of uncertainty is explored in a way that gives rise to increased resilience as you learn to accept and manage uncertainty more proactively rather than fearing or denying it.

Uncertainty falls into distinct types:

- Analysing skills unpick uncertainties relating to diagnosis in the consultation.
- Networking skills are needed for effective use of diagnostic tests or referral pathways.
- Uncertainties in managing care will be helped by effective negotiating skills with individual patients or teamworking skills where a group, team or family is involved.

Uncertainty is normalised and contextualised to different aspects of daily practice. There is a simple algorithm, used to classify uncertainty and find the right skills for the particular problem. This method has been tried and tested with numerous groups and found to work well. The tool is also used to map effective methods for teaching and training on the subject of uncertainty.

Patient perspectives on uncertainty are also included.

ISBN Number: 9780850844054

Number of pages: 332

Publisher: RCGP

Published: February 2016

Full details, a sample chapter and purchasing can be found on the [RCGP website](#).

PEARLS - latest resources added

PEARLS are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care. New items added recently are:

[479 Topical rubefaciants ineffective for musculoskeletal pain](#)

[478 Uricosuric medications effective for chronic gout](#)

[477 CBT effective for medically unexplained physical symptoms](#)

[476 Case management beneficial for people with dementia](#)

[475 Topical anti-inflammatory agents effective for seborrhoeic dermatitis of the face or scalp](#)

[474 Effects of fixed-dose combination therapy for prevention of cardiovascular disease uncertain](#)

[473 Limited evidence for effectiveness of H1-antihistamines for chronic spontaneous urticaria](#)

[472 Alpha-blockers effective for ureteral stones](#)

[471 No specific treatment beneficial for painful nipples among breastfeeding women](#)

[469 Evidence for effectiveness of pharmacotherapies for cannabis dependence is incomplete](#)

[see all PEARLS](#)

2016 – WONCA CONFERENCES

2016 sees a another WONCA world conference, this time coming to Rio, in November. There are also several regional events and events for young doctors so why not join us at a WONCA conference this year? WONCA individual direct members normally receive substantial discounts on registration fees (and membership costs USD60 per year)

[Information on all WONCA conferences](#)

[Information on WONCA direct membership](#)

WONCA world conference - November 2-6, 2016

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

website - www.wonca2016.com

WONCA EMR Conference

- March 17-19, 2016

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

Further details are available on the conference [website](#).

WONCA Europe Conference

– June 15-18, 2016

Latest newsletters with information on key speakers available [here](#)

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



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

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

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

[Website \(en español\)](#)



Vasco da Gama movement events

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

The group will also hold their third forum in Jerusalem, Israel from September 14-16.

Deadline for abstract submissions for this event is April 1, 2016



WONCA Europe 2016 conference news



June and WONCA Europe in Copenhagen is getting closer :-)

In Copenhagen in June we are delighted to present:

Professor Martin Roland, University of Cambridge – giving a keynote on The future of primary care “What is primary care going to look like in the future?”



Many GPs' workload is becoming more complex with more older multi-morbid patients and with care increasingly moving away from specialists into primary care in many countries. However, there are major problems of the workforce available to deal with these challenges. Most countries either have difficulty recruiting enough GPs or have geographical parts where it's difficult to get GPs to go and work. Professor Martin Roland, a GP for 35 years and Professor of Health Services Research at the University of Cambridge, has recently addressed these challenges in a report for the UK government: The Future of Primary Care: Creating Teams for Tomorrow. In his keynote he will describe solutions that will enable countries across Europe to rise to the challenges of coming years. These include a more multi-disciplinary workforce, networks of practices working more closely together, and better use of IT both for communication between professionals and with our patients. Hearing Martin Roland's presentation about the future of primary care will certainly be of interest for clinicians and most certainly also for health care planners.

At the WONCA Europe 2016 in Copenhagen Martin Roland will give his presentation on Friday morning 17 June.

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

Peter Vedsted
President of Scientific Committee

Roar Maagaard
President of Host Organising Committee

WONCA CONFERENCES 2016

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

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

WONCA CONFERENCES 2017

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

WONCA ENDORSED EVENTS 2016

10 Apr
- 13 Apr
2016

9th Geneva conference on person-centred medicine 

Geneva, Switzerland

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

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

31 Mar - 02 Apr 2016	10th Congress of General Practice France 
	Paris, France
22 Apr - 23 Apr 2016	49th EQuiP assembly meeting 
	Prague, Czech Republic
30 Apr - 04 May 2016	STFM Annual Spring Conference 
	Minneapolis, Minnesota, USA
16 May - 27 May 2016	Toronto International Program (TIPS-FM) 
	Toronto, Canada
20 May - 24 May 2016	EGPRN meeting 
	Tel Aviv, Israel
04 Jun - 05 Jun 2016	6th Hong Kong Primary Care Conference (HKPCC) 
	Wong Chuk Hang, Hong Kong
09 Jun - 11 Jun 2016	36 CONGRESO SEMFYC 
	La Coruña, Spain

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- 26 Jul
- 30 Jul
2016
- The Network: Towards Unity for Health conference** 
- Shenyang, China
-
- 28 Jul
- 31 Jul
2016
- RNZCGP conference for general practice** 
- Auckland, New Zealand
-
- 04 Sep
- 06 Sep
2016
- European Forum for Primary Care conference** 
- Riga, Latvia
-
- 20 Sep
- 24 Sep
2016
- AAFP Family Medicine Experience** 
- Orlando, Florida, USA
-
- 29 Sep
- 01 Oct
2016
- RACGP GP 16 conference** 
- Perth, Australia
-
- 06 Oct
- 08 Oct
2016
- RCGP annual primary care conference** 
- Harrogate, United Kingdom
-
- 20 Oct
- 22 Oct
2016
- Rural Medicine Australia 2016** 
- Canberra, Australia
-

