

# WONCA News

An International Forum for Family Doctors



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**World Organization of Family Doctors**  
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## From the President: Family Medicine in the East Mediterranean Region

*Photo above: The closing ceremony of the recent WONCA East Mediterranean Regional Conference held in Dubai*

The WONCA East Mediterranean Region is WONCA's newest region, but family medicine has been in this region for a very long time, as we have seen from the writings of Ancient Egypt. WONCA's East Mediterranean region extends from Morocco in the west, to Afghanistan in the east, and includes over 20 countries. WONCA's East Mediterranean Region recently held its 2015 regional conference in Dubai in the United Arab Emirates.

WONCA works closely on health system strengthening with the World Health Organization (WHO), both at a global level, and in each of the regions of the world. The Eastern Mediterranean Regional Organization of the WHO, called EMRO, led by Regional Director, Dr Ala Alwan, has a very special focus on the contributions family medicine can make to universal health coverage in each of the nations of the WHO's Eastern Mediterranean

Region. Indeed Dr Alwan and the WHO EMRO is leading the world in this focus on strengthening health services through family practice.

At a recent WHO meeting held in Cairo, Dr Ala Alwan, reminded delegates from the 22 nations of the region that "Universal health coverage needs to focus on the provision of quality health services to all people" and that

"Family practice is one of the principle service provision aspects of universal health coverage ... offering person-centred integrated health services."

The WHO has been working with our WONCA member organisations to identify the current status of family practice in the 22 countries of the EMRO region. Professor Waris Qidwai from Pakistan has led a review by WHO EMRO on the status of family medicine training programs in the nations of the region. WONCA is now supporting a new initiative of the WHO to assist the roll out of new family medicine education and training program developments in countries including Morocco, Sudan and Tunisia.

In February the World Health Organization regional office for the Eastern Mediterranean Region released its new report on [\*Strengthening service provision through a family practice approach: towards universal health coverage in the Eastern Mediterranean Region\*](#). This is a landmark document from a WHO region, with lessons for all nations, and I commend it to you.

WONCA is committed to working with our WHO colleagues on continuing to strengthen health service provision in each of the nations of the Eastern Mediterranean Region through a family practice approach. This is essential if we are to achieve universal health coverage for the people of this region. This region is unique with its range of low, middle and high income countries, and countries in crisis. The lessons learned during implementation of



*Photo: WONCA East Mediterranean region president Dr Mohammed Ibrahim Tarawneh (Jordan), addresses delegates at the recent regional conference.*

these reforms in this region will inform developments in many other nations, especially low income nations, in other regions of the world.

WONCA's recognizes the importance of supporting the next generation of family doctors. Over the past 18 months we have seen young family doctor movements established in all seven regions of the world. In the EMR region young family doctors can become involved with WONCA through the Al Razi Movement, established by young family doctors in this region in 2013, and led by Dr Nagwa Nashat Hegazy from Egypt. The Al Razi Movement is named after the great physician and teacher from Persia who is credited with several medical "firsts", most notably describing for the first time the clinical distinction between smallpox and measles.



*Photo: The President of WONCA learns to use a 'selfie stick', thanks to young doctors at the conference.*

A particular challenge for some of the nations in this region of the world is rebuilding their health services following emergency situations. This includes natural disasters such as earthquakes like the recent tragedy that affected our

friends and colleagues in Nepal, and the Ebola crisis which has had a devastating effect on the populations and the health services in the affected nations of West Africa. Emergency situations can also be due to armed conflicts and civil unrest as we have seen unfolding in some of the nations of the EMR region, including Iraq and Syria and Libya and Afghanistan. Regardless of the cause of emergency situations, a cascade of human suffering is often the result including large scale displacement with refugees moving across borders, shortages of food and clean water and sanitation, disease outbreaks and human rights abuses. The WHO has been working to address the mental health consequences of emergency situations and has produced an excellent report on Building Back Better Sustainable Mental Health Care after Emergencies. It documents work underway to support rebuilding of more sustainable mental health services in countries and areas like Afghanistan, Iraq, Jordan, Somalia and the West Bank and Gaza Strip.

WONCA works closely with the WHO on the integration of mental health into primary care services. We need to re-energise this commitment and work together to ensure that the entire primary health care systems in these nations are strengthened after conflict and catastrophe. It is only through strong primary care that each of our nations will have the resilience to withstand future crises and be able to support our people at their times of greatest need.

Michael Kidd,  
President, World Organization of Family  
Doctors (WONCA)

## Del Presidente: La Medicina de Familia en la Región Mediterránea Oriental

La Región Mediterránea Oriental es la nueva región de WONCA, aunque la medicina de familia se instaló ahí hace ya mucho tiempo, tal y como nos demuestran los escritos del Antiguo Egipto. Esta nueva Región Mediterránea Oriental se extiende desde Marruecos, en el oeste, hasta Afganistán, incluyendo más de 20 países y recientemente celebró su convención en Dubai, en los Emiratos Árabes Unidos.



*foto: El presidente de la WONCA de la Región Mediterránea Oriental, Dr. Mohammed Tarawneh, se dirige a los delegados en el reciente Congreso.*

WONCA trabaja estrechamente en el fortalecimiento del sistema de salud con la Organización Mundial de la Salud (OMS), tanto a nivel global como en cada una de las regiones del mundo. La Organización Regional del Mediterráneo Oriental de la OMS, también llamada EMRO, está siendo dirigida por el doctor Ala Alwan, y da una especial relevancia a las contribuciones que la medicina de familia aporta a la cobertura universal de salud en los países que forman parte de la OMS en el este del Mediterráneo. Sin duda alguna, el doctor Alwan y la EMRO están liderando en el mundo este enfoque de fortalecimiento de los servicios de salud a través de la práctica de la medicina de familia.

En uno de los últimos encuentros de la OMS celebrados en El Cairo, el doctor Alwan recordó a los delegados de las 22 naciones que integran la región que "la cobertura universal debe centrarse en la prestación de servicios de salud de calidad para todas las personas" y que "la práctica de la medicina de familia es uno de los pilares centrales de la cobertura universal de salud (...) en la oferta de servicios integrados centrados en la

persona".

Recientemente, la OMS ha estado trabajando con los miembros de nuestras organizaciones WONCA, para identificar el estado actual de la práctica de la medicina de familia en los 22 países de la región EMRO. El profesor Waris Qidwai, de Pakistán, ha dirigido un informe de la OMS-EMRO sobre el estado de los programas de formación de medicina de familia en las naciones de la región. WONCA está apoyando la nueva iniciativa de la OMS para ayudar al despliegue de una nueva educación en las áreas de la medicina de familia y comunitaria, así como en el desarrollo de los programas de formación de países como Marruecos, Sudán y Túnez.

En febrero, la oficina regional de la Organización Mundial de la Salud para la Región del Mediterráneo Oriental dio a conocer su nuevo informe sobre el [Fortalecimiento de la prestación de servicios a través de un enfoque de medicina familiar: hacia la cobertura universal de salud en la Región del Mediterráneo Oriental](#). Este es un documento de referencia para esta región de la OMS que os recomiendo mucho, con lecciones aplicables a todos los países.

WONCA está comprometida con nuestros colegas de la OMS en continuar fortaleciendo la prestación de servicios de salud en cada uno de los países de la Región del Mediterráneo Oriental (EMR), a través del enfoque de la medicina de familia. Si lo que queremos es alcanzar la cobertura universal para la gente de esta región, eso es fundamental. Los notables contrastes entre países por lo que respecta a los desiguales índices de bajos, medianos y grandes ingresos, así como las crisis en las que se encuentran algunos de ellos, hacen totalmente única a esta región. Las lecciones aprendidas durante la implementación de las reformas nos permitirán avanzar en muchos otros países del mundo, especialmente en aquellos con una tasa de ingresos más baja.

WONCA reconoce la importancia de apoyar a la próxima generación. En los últimos 18 meses hemos visto la movilidad de los médicos de familia en las siete regiones del

mundo. Concretamente, en la región EMR, los jóvenes médicos de familia que lo deseen pueden involucrarse con WONCA a través del Movimiento Al Razi, creado precisamente en 2013 por jóvenes profesionales de la región, y dirigido por el doctor Nagwa Nashat Hegazy, de Egipto. El Movimiento Al Razi lleva el nombre del gran médico y maestro de Persia que, junto con otros médicos pioneros, es considerado como el primero en distinguir clínicamente la viruela y el sarampión.



*foto: El presidente de WONCA aprende a usar un 'palo de selfie', gracias a los jóvenes médicos de familia del Congreso WONCA de la Región Mediterránea Oriental.*

Para algunos de los países de esta región, la reconstrucción de sus servicios de salud tras haber padecido situaciones de emergencia, constituyen un desafío especial, desde desastres naturales como los terremotos, con la tragedia reciente que afectó a nuestros colegas del Nepal, o la crisis del Ébola, que ha tenido un efecto devastador en las poblaciones y en los servicios sanitarios de los países afectados en África Occidental. También hay, tal y como hemos visto en algunos de los países que forman parte de la EMR, situaciones de emergencia provocadas por

conflictos armados y disturbios civiles, incluyendo Iraq, Siria, Libia y Afganistán. Independientemente de su causa, estas situaciones provocan una cascada de sufrimiento humano y, junto con el desplazamiento a gran escala de refugiados a través de las fronteras, la escasez de alimentos y agua potable, así como el saneamiento, brotes de enfermedades y abusos contra los derechos humanos. La OMS ha estado trabajando en hacer frente a las consecuencias para la salud mental que comportan las situaciones de emergencia y ha realizado un informe excelente sobre Reconstruir una Mejor y más Sostenible Atención Sanitaria después de Emergencias. En países y en áreas como Afganistán, Iraq, Jordania, Somalia, Cisjordania o la Franja de Gaza, el informe recoge los trabajos que están apoyando la reconstrucción de servicios de asistencia en salud mental.

WONCA trabaja en estrecha colaboración con la OMS en la integración de la salud mental en los servicios de atención primaria. Necesitamos revitalizar este compromiso y trabajar juntos para asegurar que la totalidad de los sistemas de atención primaria de salud en estos países se fortalecen tras el conflicto y la catástrofe. Es sólo por medio de una fuerte atención primaria que cada una de nuestros países tendrá la capacidad de resistencia para soportar futuras crisis y poder apoyar a nuestra gente en sus momentos de mayor necesidad.

Michael Kidd,  
Presidente, Organización Mundial de Médicos de Familia (World Organization of Family Doctors, WONCA).

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



*Foto: Ceremonia de Clausura del Congreso WONCA de la Región Mediterránea Oriental.*

## From the CEO's desk: June activities & the future

Hello again

Thankfully June has been a slightly quieter month for the Secretariat, and for me, after a very hectic few weeks through April and May.

### Korea

I started the month in Seoul, South Korea, attending the international conference of ICOH – the International Commission on Occupational Health. ICOH is the occupational health equivalent of WONCA, and is one of our Organizations in Collaborative Relationship. WONCA and ICOH have jointly developed a [“Pledge” on workers’ health](#) and this was launched by our President, Michael Kidd, in Lisbon last year, during the WONCA Europe conference.

Only 15% of the world’s workers have access to an occupational health system, and this may be as low as 2% in less developed countries (where it is almost always provided on an individual basis by one or two large international companies). This means that the doctor most likely to see a worker – for whatever condition and however caused – is likely to be the primary care physician. Thus there is a real need to assist primary care doctors in their recognition and prevention and management of work-related health issues. WONCA recognises that worker’s health is an important component of our work as family doctors in each of our countries, and so two occupational health physicians – Peter Buijs and Frank van Dijk - have been contributing an article on workers’ health to WONCA News every 2nd month. You can read their latest article [here](#).

While I was at the conference I took part in two really interesting sessions. The first was a half-day session on occupational health and primary health care, whilst the second was a half-day session on occupational health within Universal Health Coverage. Dr Ivan Ivanov, of WHO in Geneva, facilitated this session. We already work closely with Ivan on occupational health issues, and are exploring ways in which we can collaborate further with WHO, and also ILO (the International Labour Organization) on workers’ health matters.

Whilst I was in Korea I also met with some of the Host Organizing Committee for the 2018 WONCA World Conference. They are already busy with their planning, for what promises to be a wonderful conference, and we look forward to October 2018 in Seoul.



### Brazil

Before Korea, though, we are looking forward to the 2016 World Conference in Rio next November (2nd to 5th). I will be travelling next month to Brazil for the latest meeting of the Conference Planning Committee, and will report more fully in next month’s column. More information on the conference [here](#).

### WHO Integrated Person Centred Care Strategy

WHO has been developing a strategy on integrated and person-centred care, and WONCA has made several contributions to the development. The final version of this Strategy will be submitted for discussion at the January 2016 WHO Executive Board, before presentation to the 69th World Health Assembly in May 2016. Prior to this, WHO is inviting additional contributions to enrich and revise the current interim documents. WONCA members are encouraged to provide inputs before the closing date of 15th July. [Link to the survey](#)

### WONCA Annual Report

A brief word on the WONCA Annual report. It’s hard to believe but it’s two years since the wonderful world conference in Prague – and thus two years since the current Executive took up their position. Last year we produced WONCA’s [first-ever Annual Report](#), covering the period from June 2013 to the end of June 2014. Preliminary work has already begun on the second Annual Report, which will cover from July 2014 to June 2015, and we hope to have that available in the last quarter of this year, when it will sent out to all Member Organizations and will also be accessible via the WONCA website. All Regional Presidents, and Chairs of WONCA Working Parties and Special Interest Groups, have been invited to contribute, as a way of keeping all members fully informed of the organization and its activities.

### Welcome

Last month’s column finished with the sad news of the death of two WONCA stalwarts, so this month it’s great to finish on some happier news. Our warmest congratulations to Dr Luisa Pettigrew, WONCA Executive Member-at-Large, and also our WHO Liaison, on the birth of Daniel on 22nd June. We send her, Santi, Sebastian and Daniel our very best wishes.

Until next month.

Dr Garth Manning CEO

## Policy Bite: Family doctors – what does the name really mean?



*Prof Amanda Howe,  
President-elect, writes:*

This has been a special month for some. From a personal perspective, the huge news is that I have had seen the birth of my first grandchild, and our friend and colleague Dr Luisa Pettigrew (member at large

on WONCA Executive) has had her second child. This has caused me to reflect on the word and meaning of 'family' – 'those to whom we are bound by blood(1)', rather than faith, race, community, or common interests.

But family doctors are clearly not defined as being doctors to our family members – in fact, in UK this is specifically discouraged, because of factors such as emotional over-involvement, and breaking of boundaries such as discussion of personal risk factors(2). 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** – we watch the lives of others, try to help, give comfort, and advise: but not control

**Watching and waiting** – however hard we work, many things are uncertain in life's fluctuations of health and illness; hope and despair; birth and death. Unlike many medical disciplines, we recognise the inevitability of some bad outcomes, we know that biology can play tricks; and we strive to avoid intervention and excessive heroism. We

watch symptoms shift, hurts heal, and use time to reveal diagnoses and appropriate treatments.

**Wonder** – because in a strong health system, every night and day, for every patient, in all their ups and downs, a family doctor says hello, and treats us like family. They give consistent high quality care to us all (small /big, white/black, ill/well, old/young, tall/short) and some of them laugh and hug, and we experience each other as partners in a difficult world.

It is a huge challenge, of course, to deal with the traumas and difficulties of embracing humanity – one can only do it for so long. We must also sleep, switch off, hand over, and lean on others. Parents need support, recognition, and renewal. So do family doctors – but sometimes it comes through the act of nurturing. And so I now know again that this is what is great about health professionals, especially in family medicine. We are involved in life events and transitions – lives are lived through us, and we get involved with the lives of our patients and communities. I was very moved to hear that when Michael gave my apologies for the African regional meeting in Ghana, they applauded my reasons for staying home ("President Elect is grounded by imminent grandchild").

So let us strive to do our best for our patients - as if they are our own.

1. [source accessed here](#)

2. [www.gmc-uk.org/guidance/10247.asp](http://www.gmc-uk.org/guidance/10247.asp)



WONCA  
2016 RIO

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

## WONCA Working Party on Rural Practice special feature

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The Wonca Working Party on Rural Practice

In April, the WONCA world rural health conference was held in Dubrovnik and our very active [WONCA Working Party on Rural Practice](#) (WWPRP) met, both formally and informally.

The WWPRP is chaired by Dr John Wynn-Jones of Wales and he and the WWPRP communications guru, Jo Scott-Jones of New Zealand have fuelled such a wave of enthusiasm from working party members that we have decided to make a special rural feature in this month's *WONCA News*. John and Jo are not just enthusiastic about rural practice but their enthusiasm supports the high level of activity we see from the WWPRP. They are true leaders and advocates for WONCA and rural practice.



### Conference reports

[Report on WONCA world rural health conference 2015](#) and [Dubrovnik conference photos](#)

[Engaging students and young doctors with rural health by Dr Veronica Rasic](#)

### People featured

[Dr Oliver 'Dan' SMITH - USA WONCA featured doctor](#)

[Rural Round-up by Dr Noreen Lineen-Curtis "Island Hopping in the Atlantic"](#)

[A rural doctor's earthquake experience by Dr Roshan Khatri of Nepal](#)

### Also new this month

[Rural heroes page](#)

Rural heroes Lachlan Grant (Scotland) and Dewi Rees (Wales and Canada) have been added to the heroes list.

[New WONCA Working Party on Rural Practice resource page](#)

### Working Party reports (WONCA News May 2015)

[Report of activities of WONCA Working Party on Rural Practice in Dubrovnik](#)

[Rural heroes project launch](#)

## World rural conference in Dubrovnik - report from Jo Scott-Jones

All photos are courtesy of Conventus Credo (professional conference organisers of the WONCA World Rural Health conference in Dubrovnik). These and more can be accessed at the link below.

[Dubrovnik conference photos](#)

Conferences are confusing.

There is an excitement about preparation, hopes around outcomes and anticipation of re-establishing old connections, and of making new ones.

There is the travel and dissociation from the “real world” – perhaps this was more acutely felt arriving in Dubrovnik which is an amazing 15th Century walled town used as a set for the *Game of Thrones* TV series.

There are late nights, early mornings, last minute changes to make in presentations, over coffee conversations ad-hoc meetings and whirl of new ideas, challenges and commitments that suddenly ends.

There is then a return to normal life and a period of let-down and recovery, and you look back and think what on earth happened?

A great conference leaves an impression that lasts, a great health conference creates something new that impacts on patient outcomes.

On this measure, Dubrovnik was a great conference.

One of the key moments I have taken away was the closing ceremony – 1200 delegates holding hands, singing Queen’s “*We are the Champions*” in a celebration of rural practice and the work our rural heroes have undertaken that enable us to be where we are today. It sounds a bit cheesy writing it down – but the sense of camaraderie, support and mutual appreciation that everyone took away from the conference I suspect will sustain them in

their practice in the coming year.



Maja Racic from Bosnia Herzegovina shared the value of being part of WONCA – “It is so much easier, even as a woman in Bosnia, to be heard when you have six other countries standing beside you” – the links she has made through WONCA being instrumental in her ability to drive the development of family medicine training in her country.

[Rich Roberts](#), immediate past president of WONCA, shared his insights into the role of family doctors around the world, building bridges that change the world, addressing the personal, community, political and future focussed roles that every one of us can fulfil. Inspiring.

[Amanda Howe](#), WONCA President elect, gave a

fantastic keynote speech about gender equity with a number of challenges for us as organisations and individuals. The key point for me would be the reflection that until ALL our processes are gender neutral we need to keep a clear focus on ensuring the way we do things is appropriate and accessible to young women, this means being family friendly in our conferences, meeting times and work expectations.

[Barbara Doty](#) from the USA talked about Climate Change and our role as rural family physicians, taking the conversation away from hybrid cars and vegetarianism (both of which are v good for the climate) and into the space of community health assessment. The tool she advocated we use is called [BRACE](#) and came from the CDC in the USA - the focus was on communities Building Resilience Against Climate Change Effects and sees well worth exploring. Rhys Jones from [Ora Taio](#) would be a good NZ alternative.

In the social media workshop run by Ewen McPhee on the final day he and his colleagues illustrated the issues by developing debate the pros and cons of utilising social media in health care for education, and patient information. Every country could benefit from a determined policy around use of social media, and provision of social media training for trainees and current providers. On line education through [#FOAMed](#) (Free Open Access Medical Education) and [#FOAM4GP](#) is a growing phenomenon we should be aware of and promoting.

The impact on patients will become evident as the doctors, nurses and other health professionals who attended the conference take away the shared energy and inspiration - but also a number of practical skills.

For me personally a significant impact that is impacting on my patient care has come from meeting some of the people involved in the Faculty of Medical Leadership and Management from the UK and subsequent involvement in [#FMChangemakers](#) tweet chats.

Being a rural doctor can be an isolating experience and the collegial support I am receiving, and giving through these connections is sustaining me in my daily work.

I am looking forward to [the World conference coming to Brazil in 2016](#) and the next World Rural

Conference in Cairns, Australia in 2017.



Photographs of the conference are available to remind participants and what the appetite of people thinking about coming to [Cairns in 2017](#) Related articles of news from Dubrovnik conference

[Report of activities of WONCA Working Party on Rural Practice in Dubrovnik](#)



Jo Scott-Jones (and at right pictured in Dubrovnik)

## Rural Round-up: Island hopping in the Atlantic



*Dr Noreen Lineen-Curtis, a general practitioner from Achill, County Mayo, Ireland says that life as a rural GP on the West coast of Ireland is never, ever dull. Read on to find out why ..*

At the mention of “island hopping” one conjures up an image of cerulean waters sparkling in the sun, a warm sea breeze and sipping a cold drink while waiting to embark on a grand vessel to be transported to another gem for exploration in the ocean.

How about shivering on a seaweed coated slipway, wrapped in a woolly hat and rain jacket while the biting January wind whips around your knees and you lug armfuls of medical equipment to the small *currach* waiting to take you across a choppy, iron grey sea, the wind blowing the white tops off the waves and flinging the salty spray in your face?

Well, it's not always that uninviting.....sometimes it's worse! (see (see photo at top)

Living and working on the West coast of Ireland, in a place called Achill Island, it is my privilege, along with my colleagues in the practice, to look after the medical needs of two offshore island called Clare Island and Inishbiggle. Achill itself is joined to the mainland by a bridge, much to the disappointment of many tourists who arrive here expecting to need to get a boat to visit us! We have a population of about 3,500 and there are about 160 living on Clare Island and just 16 on Inishbiggle.

We visit Clare Island weekly and the trip there takes about 45 minutes on a small ferry boat

*(photo below).* We bring the medications out ourselves and run a clinic in the Health Centre there, with the local nurse who lives on the island, and then head off around the island on any necessary house calls to the elderly or housebound patients. There is always a warm welcome from the patients there and when the weather is good it is a most enjoyable day. On the rare event when the sun shines out of a clear blue sky and the dolphins swim next to the

boat, leaping in the air, it easily surpasses any Mediterranean or Adriatic voyage.

Inishbiggle had 40 residents when I began working here, 14 years ago, but

the passing of the years has seen the population dwindle and I expect that another 10 years will sadly see the island deserted, much the same as the island of Achill Beg. My father, a GP here for 40 years, can recall a time as a child when the primary school on Achill Beg held 60 children, but nobody has lived there now since 1965. *Photo over - off to Inishbiggle*

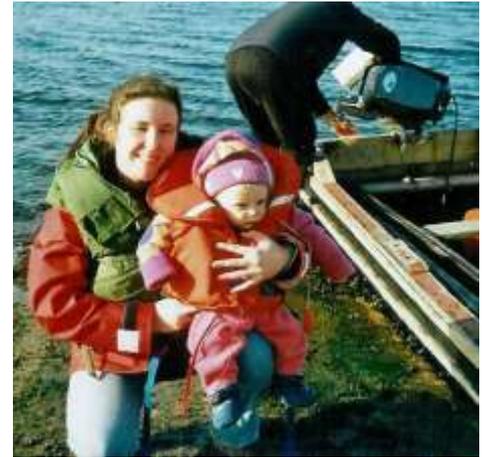
We travel in turn to Inishbiggle every two weeks, again bringing the necessary medications and equipment to run a clinic in the old schoolhouse. The crossing is very short, only about five minutes, but the current running in the channel is extremely strong and dangerous, and on a windy day it is always a relief to get out of the *currach* and set foot on solid ground.

Back in Achill, our day to day General Practice is much like any other rural practice. Aside from the visits to the islands, we handle calls from them on a daily basis and make decisions over the phone. When an emergency occurs it may mean leaving Achill in a rush to get to the island in question –



thank goodness for the local RNLI lifeboat which can speed us to Clare Island is less than 15 minutes – and/or co-ordinating the transfer of a patient from the island to hospital by lifeboat and ambulance or helicopter. The adrenaline rush while managing these emergencies is thankfully not something we experience too often, but certainly keeps us on our toes.

Life as a rural GP on the West coast of Ireland is never, ever dull. I love it, and couldn't imagine doing anything else.



## Engaging Students and Young Doctors with Rural Health



*Photo left to right: Ivana Babić (Croatia), John Wynn-Jones (UK, chair WWPRP), Claire Marie Thomas (UK), Mayara Floss (student, Brazil), Marita Cowie (Australia), Tanja Pekez-Pavliško (Croatia, Conference president), Ines Balint (Croatia, KoHOM president), Veronika Rašić (Croatia), Julia Pongracz (Austria, student), Rok Petrovčič (Slovenia, student), Beatriz Jiménez Muñoz (Spain, student), Jozo Schmuck (Croatia, student), Dave Townsend (Australia, student).*

*Veronika Rašić, a family medicine trainee, from Croatia and a member of the Vasco da Gama Movement for young doctors writes on her experience with the WONCA Working Party on Rural Practice in Croatia recently.*

Since starting my specialisation in family medicine I have become more aware of all the wonderful opportunities available in primary healthcare. One such opportunity came to my attention through the Vasco da Gama movement – they were looking for people interested in rural health for the

WONCA World Rural Health conference, being held in Dubrovnik in April this year.

Up until then I had not really thought too much about rural practice as it had rarely (if at all) been mentioned during my medical education. But getting involved with the WONCA Working Party on Rural Practice (WWPRP) I started to see how much this area of family medicine had to offer. Rural practice

seemed to be more hands on, community based and called for a wide variety of skills, not to mention an adventurous spirit. These were all things that appealed to me and it seemed like an interesting direction to explore for my career.

With all of this going for it rural practice seems to be struggling in all parts of the world. One problem that kept being repeated during the conference in Dubrovnik was the difficulties in attracting and keeping young doctors in rural areas. It was also clear those countries that were having better success in this had well developed rural education tracks for students and junior doctors, as well as opportunities for academic advancement and CME.

The WWPRP recognised a need to involve students and young doctors in the discussion about rural health. During their annual meeting they brainstormed ideas on how to engage with this group of future rural practitioners. One idea that came from this meeting was to attempt to

form an international rural group for students and young doctors.

We have started to gather students and junior doctors interested in rural health and have about 20 members at this stage. In collaboration with the [FM change makers](#) (@FMChangemakers) we have held two tweet chats on the topic of rural health – rural general practice and rural connectivity. Currently we are deciding on the aims and goals of our group. We hope to promote rural practice as a career option, help improve the opportunities for training and work conditions, with support from WWPRP and the wider WONCA family. Some of the projects we are interested in pursuing are establishing a mentorship program with WWPRP, facilitating training and exchange

opportunities, gathering relevant information about a career in rural practice, and establishing a support network for rural practitioners. With the guidance of WWPRP we hope to share the voice of future and current rural practitioners and rural communities with a wider audience and policy makers.

The group is in its initial stages and is looking for young rural enthusiasts to join us. If you are one or know one, get in contact with us (@YDMRural).



Veronika Rašić (above)

## A rural doctor's earthquake experience

*This is the story of a doctor's experience in the worst case disaster situation, it is a story unsung bravery and of the courage staff at Jiri Hospital, Nepal, displayed during and after the disaster - Dr Roshan Khatri, Medical Superintendent at Jiri Hospital, Dolakha district east of Kathmandu writes.*



### The strike:

We had just finished examining new cases on that day, May 12th 2015. We were following up with investigation results in our patient examination room when the earth beneath us began to beat the drums.

Our team and patients had experienced violent shakes in the April 25th quake, and remembered the noise of massive drums being beaten deep underneath, were aware of what was about to happen next so soon cleared the room and were running in all directions.

The only word anyone uttered was "ayo ayo, bhuichalo ayo, bhaga bhaga" ( Earthquake, earthquake, run, run). It took some time for me to gather myself, some time to mentally assemble my next step. I remembered running in cases of earthquakes is a big no, the advice is to find a table, a bed, a door frame and save your head. I was sitting on a chair, had my arms on a table and a bed just a few steps away. But this time it was big, the shakes were violent and I realized that the walls of this building would not be able to with stand it. I had to run, to flee for safe ground or risk being crushed.



Photo: Our pharmacy building turning into rubble just as the earthquake was happening.

As I stepped outdoors, clouds of dust were rising from all directions and hospital staff and patients were running in all possible directions searching for open ground.

The quake struck at the busiest moment of the day for our nursing staff so I tried to run towards the indoor block knowing they would need help, suddenly one of our laboratory staff who was panic-stricken and so shaken from the quakes emerged out from the lab and collided with me and she fell flat on the ground.

She was totally blank and wasn't able to speak. I helped her up and took her to open ground, where I saw almost all the patients and staff. Up in the nearby town all we could see was clouds of dust and smoke. We could hear loud thuds of houses turning into piles of stone and wood. I felt that at any moment flocks of injured people would be rushed into the hospital and we should be ready to receive them. But our story was no

better. Our store rooms, and our inpatient ward building were like ticking time bombs ready to drop flat into big piles of rocks.

All the hospital staff were panic-stricken. Everyone was trying to make contact with their families, although this was futile, with telephone networks long gone, local staff had already rushed to locate their loved ones.

I tried to gather as many staff as I could. Everyone was shaken; scared, in a turmoil of thought processes, it was a situation where your senses and brain decide to give up on you, there was a unique combination of fear, confusion, anxiety and emotion. I had to shout at the top of my lungs to gather their attention. I grabbed each of the shaky ones and console them. I told them that this was our moment, that it was us now who should be brave and be prepared for the worst case scenario.



*Photos: (above) Counselling room for patients and discussion room for doctors and nurses and (below) Pharmacy and guest room.*



We decided to use our badminton court as emergency arena, while the bigger challenge lay

in gathering our medical and emergency supplies from piles of stones, all the time the earth beneath us still shaking.

Time was of essence so I decided that each of the men would rush inside the building one by one, grab the first thing they could see and walk out as soon as possible. Staff wanted to take part in this as much as the men did, if not more and in no time, we were all able to set up our emergency triage center, gather adequate medical supplies, and be prepared for the emergency management of all cases about to come within few minutes of the disaster.



*Photo: Our makeshift hospital – with sincere gratitude to all the donor agencies for the tents and supplies. In this picture is our Out patient department, Inpatient ward with 18 beds, Post-op tent with 3 beds, and a Emergency tent plus a duty room.*

### **The Rebuilding**

With the harsh monsoons knocking at our front door, all we lack now is the pleasure of time! We have gathered all the resources possible and have started rebuilding. Our target for now is to shift all the patients, outpatient clinics and the quarters indoors within one month.

Our first priority was to provide safe and clean drinking water to all our patients, staffs and the public, hence we have setup an electrical water purification plant near our tents.

*(photo)* This supply is open to all patients, visitors, staff and the public.

Strange but true, number of regular surgical cases increased drastically after the



quake. It was a very difficult time for us, more for the new mothers, a very strange world indeed to welcome our new-born. We had to conduct seven C-sections within a period of one month since the first quake in April and 20 normal deliveries. Five of the deliveries were conducted in the open since the patient and the family didn't approve of going indoors.

*Photo: First time mother of one day along with her baby leaving the hospital early morning on a bamboo basket carried by the father. Their home is six hours away for a normal person without a bag pack. I wonder how and when they might have made home?*

Editor's note:  
Roshan has informed us that the Jiri hospital management committee decided to begin with reconstruction as soon as possible to shift their patients,



their hospital and staff indoors. The hospital management committee is supervising all works and strictly governing the financial activities. "We are relying on many different friends like yourself on this project, hence we are regularly providing financial updates and feedback. We will acknowledge the receipt of any aid as soon as we receive it and give you the detailed worksheet of its expenditures."

If you wish to help Jiri Hospital bank details are as follows:  
Prime Commercial Bank Limited  
Swift Code: PCBLNPKA  
Jiri Branch  
I.B.A.N. : 008-00800436SA  
A/C HOLDER Name: Jiri Hospital Samiti saving account

Roshan adds that details of activities are on [Jiri hospital facebook page](#). Some of Jiri hospital's activities have been covered in [the national dailies](#). You can also follow his personal [blogpost](#) for details of the earthquake, damages caused to the hospital and everyday activities.

## Working Party on Rural Practice resource page

At [www.woncarural.org](http://www.woncarural.org) you will find the new WONCA Working Party on Rural Practice's resource page. Here you will be able to access and submit rural grey literature as well as discuss these resources with your peers through the online portal. The resource page is complimentary to the [WONCA Rural Practice Working Party web page](#) on WONCA's website.

The new resource page will provide an up to date working space for accessing helpful resources, links, conference announcements and discussions for WONCA Rural Practice topics.

WONCArural.org is a searchable website for looking up resources by topic, category or free search. We will need contributors to build this new resource for WONCA so please explore the site, register online and help us make the most of this

new opportunity. Examples include providing updates and comments to the WONCA Rural Medical Education Guidebook, links to journals and organizations of interest and contributing to other important reports, studies and clinical resources.



For more information contact Dave Schmitz.  
[dschmitz4@msn.com](mailto:dschmitz4@msn.com)

## Featured Rural Heroes

### Dr Lachlan GRANT - Scotland: (1871 - 1945)

#### Place of Work

Ballachulish, SCOTLAND

#### Biography

Lachlan Grant was born in the Renfrewshire town of Johnstone in April 1871. His father Peter, ran a successful joinery and engineering business in the town. In 1878 his father's business was bankrupt – and the family moved to Ballachulish. In 1889 he successfully applied for a place to study medicine at Edinburgh.

He seemed destined for a career in the upper echelons of Edinburgh medicine.

But instead he turned his back on that in 1896 and he briefly took up the post of a GP assistant in Oban and then became the Medical Officer in Gesto Hospital in North Skye. In 1900, he accepted the post of medical officer for the Ballachulish Slate Quarry Company. During this time Grant became politicised. He started to raise concerns about the state of the company's housing stock. The quarry company eventually dismissed him in 1902 leading to a lock out and strike by the workers to have Grant reinstated which lasted until the end of 1903 at which point Grant was returned to his role. After the quarry dispute an invigorated Grant took up the cause of crofters and cottars leading, in 1906, to the formation of the Highland Crofters and Cottars Association.

In 1913 his contribution to the Dewar Committee was influential in the establishment of the Highlands and Island Medical Service (HIMS). Over 30 years later when a State-funded healthcare system was being proposed for the whole of the United Kingdom HIMS was the only model cited in the discussion material.

In 1934 Lachlan published an article entitled "A National Health Service" – "every individual and every section of the community would from an organised network of health preservation and disease prevention machinery; and just as every corner of the land is served by the Post Office and the police, controlled by a central authority, so would the Scottish Minister for Health's organisation penetrate every house and hamlet from John O' Groats to the Mull of Galloway. But no class would benefit more than womenfolk, especially the mothers in rural and outlandish districts. In some parts they only see a doctor once in several months and some mothers with



large families have never had medical attendance or skilled nursing".

In 1933 he joined the Sea-League a movement to protect the West coast fishing industry and in 1934 he published a paper which led to the Highland Development League in 1936 which ultimately led to the Highlands and Islands Development Board.

Lachlan Grant remained the doctor for Ballachulish for 45 years until his death there in 1945.

Further reading: Dr Lachlan Grant of Ballachulish by Dr Roderick MacLeod (published by House of Lochar, 2013)

#### Why a Rural Hero?

#### The man who invented the UK National Health Service

One of the abiding myths in our society is that the concept of universal, State-funded healthcare in Scotland was devised by a Welshman in the 1940s. It wasn't.

When Lachlan Grant was called to give evidence to the Dewar Committee which was set up to develop a solution to addressing the healthcare needs of people living in the Scottish highlands and Islands, he identified the main issues as - no job security; poor housing; poor incomes for health workers; poor transport systems; a lack of good telecommunications; no holidays for health staff due to locums being scarce and unaffordable; and

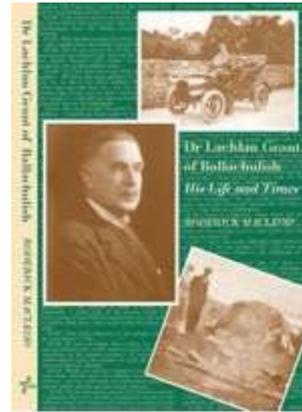
lack of access for health staff to a proper programme of post-graduate training.

He felt that the Highlands and Islands deserved and required special treatment and consideration.

In his eyes “the present moment is right for the inauguration of a State medical service”. He envisaged this being Scotland-wide but thought that the Highlands and Islands could act as a “launch for such a service”.

He went on to state that “only on these lines will every individual...receive proper medical and surgical attention; such a State is a coming event all over the country and in the near future”.

The Dewar Committee agreed.



Further reading: *Dr Lachlan Grant of Ballachulish* by Dr Roderick MacLeod (published by House of Lochar, 2013)

## Dr Dewi REES - Wales, Canada: (1929 - )

### Places of Work

Labrador (Canada) , Llanidloes (Wales), Stretton-on-Dunsmore (Warwickshire, England)

### Biography

He was born in Cadoxton, Barry, educated at Llandovery College and trained at St Thomas' Hospital. His last senior appointment was as a Medical Director of St Mary's Hospice in Birmingham.

He started his medical career in 1956 in South Wales and went on to work in Labrador, Mid Wales and rural Warwickshire as a GP as well as working in a psychiatric hospital in South Wales and a medical director of a hospice.

In Canada he worked with indigenous Inuit and Innu people. After a period working in a psychiatric hospital he moved to Mid Wales when he joined a neighbouring practice in Llanidloes (1960-74).

### Why a Rural Hero?

While working as a rural doctor in Wales his research highlighted high death rates from tractor accidents which eventually led to the introduction of compulsory cabs and roll-bars. He was also one of the first doctors to undertake research into bereavement.

He was the first British doctor to describe the high mortality caused by agricultural tractors and the first GP to undertake early research on bereavement, studies which are now described as pioneering.

He describes in his book “General Practice as it was (A GPs life in Canada and Rural Wales)” the experiences of other rural GPs which pre-date penicillin, modern technological medicine and a rural practice which is very different from today. He also describes the role of traditional healers both in Canada and Wales.

He has published widely in the scientific press as well as writing a number of well respected books and reviews. The list below is only a sample of his prolific work. He is however my rural hero because he saved the lives of so many Welsh Hill Farmers!

### Publications.

*General Practice as it was- A GP's life in Canada and rural Wales*; April 2012; Y Lolfa .

*Pointers to Eternity*: Dr Dewi Rees: May 2010: Y Lolfa

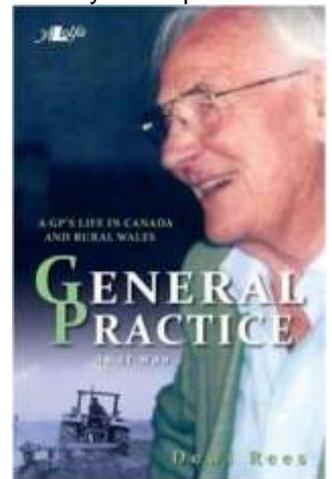
*Death and Bereavement: The psychological, religious and cultural interfaces*; Dr Dewi Rees Feb 2001; Wiley;

*Healing in Perspective*; Dr Dewi Rees, Sept 2003; Wiley

*The hallucinations of widowhood*: Dewi Rees W. *Br Med J.* 1971 Oct 2;4(5778):37-41.

*The distress of dying*::Dewi Rees W. *Br Med J.* 1972 Jul 8;3(5818):105-7.

*The Beck Inventory--hidden cost*. Dewi Rees W. *Br J Gen Pract.* 2003 Jun;53(491):489.



## Region News



### The latest about WONCA Europe's coming Istanbul conference

#### HostPro-IST2015

Learn and live the experience of primary health care system of Turkey

Would you like to extend your travel to Turkey before the WONCA Europe conference in October?

We propose an observation program called HostPro-IST2015 for the 20th anniversary of WONCA Europe and the 25th anniversary of Turkish Association of Family Physician (TAHUD).

HostPro-IST2015 program starts on October 17th, 2015 before the WONCA Europe Istanbul Conference and lasts October 21st, 2015. HostPro-IST2015 program includes amazing social and cultural tours, primary health care visits.

You will have an opportunity to investigate the Turkish primary health care system and family medicine discipline closely as well as seeing different places in Turkey before the Istanbul Conference.

For more information you can read here and for application you can contact [hostpro-ist2015@wonca2015.org](mailto:hostpro-ist2015@wonca2015.org)

#### Extension for early bird registration

Early registration is extended to July 1st, 2015.

The deadline for authors to complete registration payment for their accepted abstracts is extended to August 1st, 2015. However, in order to use advantage of early registration rates we advise

authors to complete payment before the early registration deadline.

#### Good News About BRITE

The abstract deadline has just finished. However submission for BRITES is still going until all vacancies for the main BRITE titles are full. You can see main titles for BRITES on [congress web site](#)

Submitting a BRITE is the way to be speaker at the congress. BRITES reflect personal experiences of physicians. So everyone can submit a BRITE.

#### 20th Anniversary Networking Event

Bosphorus Cruise by Private Boat and Reception Saturday 24th October 2015

The Networking Event will be held at night at a private boat on Bosphorous. A ticket is required to attend, and can be purchased via the Congress registration page. Limited places so please book early!

#### Book your accommodation

Walking distance to congress center or located in downtown Taksim area, our congress organizing secretariat offers 16 selected hotels for congress participants. Free shuttle tickets will be provided for those who book their hotel rooms through the secretariat. Participants can book their hotel room online.

[www.wonca2015.org](http://www.wonca2015.org)

## Montegut scholar report for WONCA/EMR 2015 conference



*Nagwa Nashat Hegazy (pictured presenting) was a Montegut Scholar attending the recent WONCA East Mediterranean region congress was held from 30 April to 2 May 2015 in Dubai city in the UAE. Nagwa is a lecturer in family medicine at the Faculty of Medicine, Menoufyia University, in Egypt. She is a young general practitioner who is not only a lecturer but also a member of the exam committee of the Egyptian fellowship of family medicine and health. She is chair of the [Al Razi movement](#) for young doctors in the WONCA East Mediterranean region.*

*This edited report written by Nagwa is reproduced with the permission of the American Board of Family Medicine Foundation (ABFM-F) who provide the scholarship. The scholarship was established to foster international education, research and collaboration, in the specialty of family medicine. It supports the attendance of one family physician from each of the seven regions of WONCA to their regional meetings or to the international meeting in the year when it is held. [more about the Montegut Scholarship](#)*

The WONCA East Mediterranean region congress ran 16 sessions in parallel with five workshops for three days under the theme of "Family medicine gateway to excellence in health care systems".

It provided me with an outstanding educational opportunity. First of all, I was able to meet family practice specialists from all around the EMR region which gave a great chance for communication, sharing difficulties and differences. Moreover it refreshed and updated my scientific background regarding many topics. Also

it showed me a diversity of research with different outcomes that me enthusiastic to do similar ones to compare the regional differences. Furthermore it draws my attention to area that unnoticeable before.

### Day 1

It started with the opening ceremony and welcome Address then I had to attend the first workshop which was pre-registered. It was titled "Initiating Type II Diabetes Patients on Insulin" and Directed by Prof Thomas Forst. It was a very interesting session from all the aspects as nearly one fourth of the family health care attenders are diabetics. I had refreshed my knowledge regarding the treatment requirements for pharmacological intervention in type II DM. I also knew about the once-weekly glucagon-like peptide-1 receptor agonist (Dulaglutide) in a ready-to-use pen. Moreover I learned not rush in using insulin in type II diabetes as in comparing the cost effectiveness regarding the insulin resistance should slow me up.

Then I joined session 2 which was the best investment In Achieving Stable, High Quality Health Care and session 3 which was a panel discussion. It was the first time for me to attend a panel discussion and I found it very informative and fruitful. It was under the title of "Learn from Expert" where the panelists were Dr Amer Sharif, Dr Nawal Alkaabi and Prof Taghreed Farhat and the panel Moderator was Dr Afaf Jaffer. It was about training & research/ medical education and evidence based Medicine in family practice.

Then I attended session 4 which was around Quality & Accreditation in family practice, Followed by session 5 for the oral presentations. It was interesting to hear Sreyosh Alam oral presentation as she is a medical Student in Alfaisal University in Saudi Arabia. Her presentation was the Impact of multithematic longitudinal curriculum in family medicine on career choices in undergraduate medical students. It was impressive to have medical students among the presenters' beside the topic itself. She discussed how family medicine study in the undergraduate may influence the career choice. This had touched me as a lecturer because I have undergraduates.

### Day 2

I joined session 6 that included a diversity of topics about diabetes mellitus treatment, diagnostic and screening approaches to the breast and choosing the Optimal Combination is a

Science not an Art. It was information refreshing and updating. It also gave an idea about some protocols in different countries. For example it was agreeable to know that in Australia there is a governmental screening program applied to women from 50 years old. Screening is done by mammography through two views for both breasts and interpreted by two radiologists. Furthermore choosing the optimal combination is a science not an art was an educational one where the treatment of a hypertensive patient was discussed according to NICE, JNC8 and AHA protocols.

Then I shared in the third workshop which was Life Transitions and Resilience in the Workforce Workshop that was directed by Dr Amanda Howe. It was a quiet motivating workshop. I was able to identify the idea of professional resilience. It was around everywhere but recognizing its terminology and core items were a new step. We also exposed few challenges to resilience faced by female physicians in the EMR. There were different challenges and most of them were cultural and ant gender among the workshop attendees. It was noticeable that the strategies that have been shown to support women through these events were on individual base.

I returned to the main hall to attend Session 8: Challenges in Family Medicine, Session 9: Well Being and Session 10: Oral presentations.

### Day 3

I joined session 11 for the oral presentations where I was impressed by the oral presentation titled "Metabolic syndrome in osteoporotic postmenopausal women attending a family practice clinic in Jordan". The topic and methodology were educational. After that I attended session 12 for mental health where I had a talk about counseling skills. I then received an thankfulness certificate for the talk.

Session 13 had many interesting topics; the health aging presentation by Dr Ahmed Mohamed Foul was quite enlightening. I learned about new pharmaceutical agent, telomerase enzyme supplement that acts as anti-aging. Then there was session 14 for oral presentations, session 15 for palliative care and session 16 for oral presentations.

I was interested in two presentations the first was the Impact of Female Genital Mutilation Worldwide presented by Dr Sinan Jabbar, General Practitioner/Family Physician in the NHS Primary Care in United Kingdom. I was surprised by the

figures shown for FGM and by the cultural believe behind it.

The second was Antepartum Depression; Prevalence in Muscat Region, Outcome of Pregnancy and the Risk of Developing Postpartum Depression presented by Dr Maisa Al-Kiyumi. It showed that the mode of delivery has a relation to Antepartum depression which was reported in 24% of the participants in the study in the study.

It was shocking to find that women have huge problems with the mentioned figures in both presentations which highlighted in my mind the workshop I attended about Women Resilience.



*Photo shows Nagwa receiving a celebratory plaque from Dr Mohammed Farghaly (HOC chair) while Dr Hany Swidan observes.*

### Acknowledgement

I am deeply indebted to the American Board of Family Medicine Foundation (ABFM-F) for their Montegut Global Scholars Program that foster international education, research and collaboration, in the specialty of family medicine.

I also would like to express my deep gratitude to Dr Mohammed Ibrahim Tarawneh WONCA/ EMR President for his kind guidance, initiating power, stimulating suggestions and continuous encouragement.

Finally I would like to extend my appreciation to all those who helped me in gaining the scholarship, facilitated its process and directed me in each step.



## WONCA Europe is in Istanbul this year but 2016 is in Copenhagen

### WONCA Europe Conference 2016 - Visit us in Copenhagen 15 - 18 June 2016

Copenhagen opens for abstract-submission and for registration on 15 June 2015.

WONCA Europe Conference 2016, Copenhagen, opens for abstract-submission and for registration on 15 June 2015.

The GP/FM colleges from Denmark, Iceland, Norway, Sweden and Finland are very proud to invite you all to Copenhagen in June 2016.

For the first time colleges from 5 countries join forces to create a memorable WONCA Europe Conference.

The overall theme of the conference is *Family doctors with heads and hearts*.

The preliminary programme outlines the themes of the conference and our seven keynote speakers.

Scientific Committee with members from the 5 Nordic countries has chosen five themes which are relevant for all European GPs/FMs - now and also in future. These themes will act as a skeleton for the conference - and all themes will be addressed by 1-2 outstanding keynote speakers.

The WONCA Europe Copenhagen Conference will run from 15 June to 18 June 2016. It will be a conference for all family doctors, also with many young doctors.

We invite you to experience the "Nordic light" – Be prepared for very late sunset and early sunrise! Together we will all experience Copenhagen - one of the most clean, safe, ecological and friendly cities in the world.

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

See our video about the conference.

Peter Vedsted  
Professor  
President of Scientific Committee

Roar Maagaard  
GP & Associate Professor  
President of Host Organising Committee

## News from Canada

### Prof Ruth Wilson receives civil honour



*Prof Ruth Wilson is the WONCA North America region president. WONCA congratulates her on receiving the award of Member of the Order of Canada.*

#### **Family medicine professor named to Order of Canada**

Health-care leader Ruth Wilson earns prestigious

national honour, following in the footsteps of her mother Lois Wilson.

Ruth Wilson, a professor in the Department of Family Medicine at Queen's, was named today as a Member of the Order of Canada by His Excellency the Right Honourable David Johnston (Law'66), Governor General of Canada, for her contributions to improving primary care in Ontario and for her leadership in family medicine.

Dr Wilson follows in the footsteps of her mother Lois Wilson, a Companion of the Order of Canada, the first female moderator of the United Church of Canada and former member of the Canadian Senate.

"I am very honoured to be receiving the Order of Canada," says Dr Wilson. "I love the motto of the Order of Canada: 'They desire a better country.' I do the work that I do because of my desire for a better country. This award is also significant because it extends beyond the world of medicine." Ruth Wilson has been named to the Order of Canada.

A leader in the Canadian medical field, Dr Wilson joined the Queen's in 1989 and served as Department of Family Medicine head from 1991 to 2001. She is currently vice-president of medical and academic programs for Providence Care, where her leadership has advanced the organization's reputation as a leading provider of integrated services in the areas of mental health, aging and rehabilitative care.

"The Order of Canada recognizes outstanding achievement and dedication to the community and to Canada," says Principal Daniel Woolf. "As a leader in the field of health care, Dr Wilson is

deserving of this award for the enrichment she has brought to the lives of others which extends to the Queen's community and our students."

In addition to her research work, Dr Wilson is a family physician with the Queen's Family Health Team. She also has more than a decade of experience practicing family medicine in remote areas of Canada. From 2001-2004, she served as chair of the Ontario Family Health Network, which was responsible for implementing primary care reform in the province. She has also contributed internationally to the development of primary health-care systems in areas of need.

"What I love about my work is I'm able to bridge the continuum between caring for patients, leading change in the medical system in Canada, developing policy, and teaching the next generation," says Dr Wilson. "I'm a generalist. I want to join policy, patients and learners."

In 2013, Dr Wilson was elected president of the North American region of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), which works to foster high standards of care in family medicine globally. In 2010, WONCA awarded Dr Wilson a Five Star Doctor Award, one of two triennial awards for excellence in health care, citing her excellence as a care provider, a decision maker, a communicator, a community leader and a team member.

Also in 2010, Canada's Women's Executive Network named her one of the country's Top 100 Most Powerful Women.

"Dr Wilson is highly respected within her community, her department, throughout the Faculty of Health Sciences and, indeed, throughout the university," says Glenn Brown, Head, Department of Family Medicine. "She has provided leadership in many important and sensitive areas, always demonstrating deep knowledge, respect and sound judgement."

For more information about the Order of Canada, visit the Governor General's [website](#).

*This article is reproduced with permission of the Queen's university Queen's Gazette and was written by Anne Craig, Communications Officer.*

## Canada announce Director of Besrou Centre

Dear Colleagues,

I am delighted to announce that Dr Katherine Rouleau has been appointed to the position of Director, Besrou Centre effective immediately. She has been a valued member of our team since taking on the role of Global Health Consultant with the College in September 2014 and we look forward to her continued contributions to this important portfolio as a member of our Senior Advisory Team.

Katherine is a family physician at St-Michael's Hospital in Toronto and holds the rank of associate professor with the Department of Family and Community Medicine at the University of Toronto (DFCM). She is the director of the Global Health Program with the DFCM as well as a teacher and medical educator. Her clinical practice is focused on the care of underserved and marginalized populations.

Internationally, her recent activities have focused on collaboration to support the development of family medicine in low and middle-income countries. She is past co-chair of the Global Health Group of the Association of Faculties of Medicine of Canada (AFMC) and currently chairs the Global Health Committee of the College of Family Physicians of Canada.

Over the past few years, working closely with Canadian and international colleagues, Katherine has led the establishment of the Besrou Centre at the College, a hub of collaboration to advance family medicine globally. Her academic activities focus on family medicine, medical education, global health and global health education, capacity-building in primary care and family medicine, leadership and collaboration.

Please join me in congratulating Katherine on her appointment.

Sincerely,

Eric Mang  
Executive Director, Member and External  
Relations  
College of Family Physicians of Canada

Chers collègues,

Je suis ravi d'annoncer que Dre Katherine Rouleau a été nommée au poste de directrice du Centre Besrou, en vigueur immédiatement. Dre Rouleau joue un rôle important dans notre équipe depuis son arrivée en septembre 2014 en tant que consultante en santé mondiale. Elle continuera de contribuer à cet important dossier en tant que membre de notre équipe consultative de direction.

Dre Rouleau est médecin de famille à l'Hôpital St-Michael's de Toronto. Elle est professeure agrégée au département de médecine familiale et communautaire de l'Université de Toronto, directrice du programme de santé mondiale au sein du même département, ainsi qu'enseignante et éducatrice médicale. Sa pratique clinique porte principalement sur les soins aux populations démunies et marginalisées.

Sur la scène internationale, ses récentes activités ont porté sur la collaboration afin d'appuyer le développement de la médecine familiale dans les pays à faible et à moyen revenu. Elle a été coprésidente du Groupe de santé mondiale de l'Association des facultés de médecine du Canada (AFMC) et est actuellement présidente du Comité de la santé mondiale du Collège.

Au cours des dernières années, en collaboration avec des collègues au Canada et à l'étranger, elle a dirigé la création du Centre Besrou au Collège – un pivot de la collaboration pour l'avancement de la médecine familiale à l'échelle mondiale. Ses activités universitaires visent principalement la médecine familiale, la formation médicale, la santé mondiale et l'éducation en santé mondiale; le renforcement des capacités en matière de soins primaires, de médecine familiale, de leadership et de collaboration.

Veuillez vous joindre à moi pour féliciter Katherine de cette nomination.

Cordialement,

Eric Mang  
Directeur général, Services aux membres et  
relations externes

## Featured Doctors

### Dr Oliver 'Dan' SMITH - USA - Rural family doctor



*Dan Smith M.D., FAAFP, CMD, Member of WONCA Working Party on Rural Practice pictured with his wife Vickie.*

#### What work does Dr Dan do now?

Dr Dan Smith is currently conducting clinic in his retirement location in Island Park, ID, USA, four days a week. He came out of retirement to help at the clinic after a physician assistant terminated her contract the end of January, 2015. The Island Park Clinic is located 29 miles (47km) from West Yellowstone, Montana, the west gateway to Yellowstone Park.

Island Park Clinic is located in a rural vacation area at an altitude of about 6300 feet (2100m) in the Island Park caldera. It has two busy seasons, summer and winter. This area has a population of about 600 regular residents. During the summer, most weekends see 8,000-10,000 people. In the winter snowmobile season, good weekends will see 3,000-4,000 visitors to enjoy the one to two metres of snow. The clinic sees 12-20 patients a day in summer and winter and 3-5 a day in the shoulder seasons. The clinic is administered by the Ashton Memorial Foundation in Ashton, Idaho.

#### Interesting things about living near Yellowstone, USA?

Dr Dan and Vickie Smith retired to this area, in 2005. They love to travel from their retirement home in Island Park to watch geysers around the Old Faithful area of Yellowstone, a distance of 52 miles (84km).

"We like to take a lunch, a water bottle, and a book, check with the visitor center for approximate

predicted geyser eruptions and walk out onto the Upper Geyser Basin and wait for geysers to go off. Some days we can see four or five geysers in a four hour period." "We were really pleased to witness the eruption of Giant Geyser on November 7, 2006." It erupts only sporadically to a height of 270 feet (90m), compared to 165 feet (55m) for Old Faithful Geyser. Giant Geyser is the second highest in the park. We saw it a second time in late summer of 2010. It has not erupted in the last five years. The eruption of Giant Geyser lasts for a full 90 minutes (compared to five minutes for Old Faithful).



#### Dr Dan's past working life..

Dr Dan attended medical school in Memphis, Tennessee, graduating in 1969. He did a year of internship at the McKay-Dee Hospital in Ogden, Utah and then served in the US Army for two years active and four years reserve duty. He started practice with his father, David H Smith MD, a GP, and they were later joined by a brother, Douglas R Smith, also a GP. Dr Dan certified with the American Board of Family Practice, in 1975, and has taken the recertification exams five additional times. Dr Dan served as a Medical Director in three long-term-care facilities in Idaho Falls, Idaho. He also became a Hospice Medical Director starting in 1983. He has served as President of the Idaho Falls Medical Society, President of the Idaho Academy of Family Physicians and as a board member and vice-speaker of the Idaho Medical Association. In 1997, the Idaho Academy of Family Physicians selected him as the Idaho Family Physician of the year.

Dr Dan closed his office in Idaho Falls, in 2006, and did long-term care and hospice home visits for another year. He and Vickie then went to Beijing,

China and served as volunteers with the Society of General Practice of the China Medical Association. Vickie taught medical terminology in English, to Chinese Students. Dr Dan taught doctors and medical students at Capital University in Beijing, Peking Center for Health Sciences, and at over 20 different hospitals in Beijing. He also spoke at the Chinese Society of General Practice meetings in Beijing, Nanking and Shanghai.

His parting presentation, in 2010, was on the subject of "Who will establish the first Department of General Practice in a hospital in China?" He presented on how to set up a department using core privileges, similar to departments of family medicine in the US. Dr Smith obtained a Chinese Medical License and worked clinics at the 2008 Olympics, and in the Emergency Room of United Family Hospital, in Beijing, while there. He speaks Mandarin Chinese, which he learned as a young missionary.

After serving in China for 32 months, the Smiths returned home and submitted applications to serve a senior mission for the Church of Jesus Christ of Latter-day Saints (LDS). They served 18 months in the Singapore Mission, assigned to serve in Sibul, Sarawak, Borneo, East Malaysia, where they performed leadership training for the Church in Sibul, in 2011 and 2012. In 2013, they were called to serve as Area Medical Advisors for the South America South Area, located in Buenos Aires, Argentina. They were assigned to help take care of the medical needs of eight LDS missions and about 2000 mostly 18-25 year old missionaries serving there. This 18 month assignment ended at 15 months when Dr Dan

required decompression surgery on his back. He did however have a chance to pick up a lot of Spanish during his stay in Argentina.

#### **About WONCA and the future**

Dr Dan has been a member of WONCA since 2005. He was invited to be on the WONCA Working Party on Rural Practice in 1999, at the Kuching meeting. He has attended most WONCA meetings since 1995, and enjoys the contact with the members of the Working Party. He plans to continue his "out of retirement" work at the Island Park Clinic until this fall and then he and his spouse will become full time caregivers for Vickie's 93 year old mother in Utah, USA.



*Photo: Vickie at home in the snow.*

Dr Dan's motto is "You can always do something to help."

## Notices

### **Consultation on WHO global strategy on people-centred and integrated health services**

*The World Health Organization seeks input to the WHO global strategy on people-centred and integrated health services through a public consultation process.*

Dear Madam, Dear Sir,

As you may know, the World Health Organization launched the WHO global strategy on people-centred and integrated health services at the 15th International Conference for Integrated Care that took place in Edinburgh in March 2015 as an interim report. The Strategy promotes a paradigm

shift in the way health services are funded, managed and delivered, and responds to the need to put people at the centre of service delivery and to foster integration across the care continuum. As we all know, this is urgently needed to meet the challenges being faced by health systems around the world, whether in high, middle or low income countries.

The final version of the Strategy will be submitted for discussion at the 138th meeting of the Executive Board to the 69th World Health Assembly in 2016. Before this official submission, we are expecting additional contributions from the

WHO Regional Offices and experts in the field to enrich and revise the current interim documents.

It is with great pleasure that I announce that the Strategy is now ready for public consultation. We would like to engage individuals and organizations who have an interest in people-centred and integrated health services, with the aim of undertaking a critical review of the Strategy's strengths and weaknesses and receiving valuable inputs to help inform its implementation. For this purpose, we have designed an online survey that deals with different sections of the Strategy. The survey will close on 15 July 2015, and the results will be compiled in a report to be published in the coming months. You can find all the information regarding this initiative and the online survey via the following [link](#).

On behalf of the Service Delivery and Safety department, I am pleased to invite you to contribute to this public consultation process.

## Scholarship to attend the Society of Teachers of Family Medicine's 2016 Annual Spring Conference

Dear Colleague:

We'd like to inform you of a scholarship opportunity for one International Scholar to attend the Society of Teachers of Family Medicine's Annual Spring Conference, April 30-May 4, 2016 in Minneapolis, Minnesota.

This letter is being sent to family/general practice organizations in Mexico, Central and South America for whom the Society of Teachers of Family Medicine has e-mail addresses. We believe this scholarship provides an excellent opportunity for a physician from one of these countries to participate in the STFM 2016 annual meeting.

The STFM Annual Spring Conference is the Society's largest annual gathering of approximately 1,500 family medicine educators from a variety of disciplines and educational settings. Nearly 400 sessions will be offered through a wide variety of presentations on the critical issues facing family medicine education today. To get a sense of the sessions offered at previous meetings, visit [www.fmdrl.org](http://www.fmdrl.org), click "search" and then "filter by" and choose "conference" and then "Annual Spring Conference". Preliminary conference information is [sbrungardt@stfm.org](mailto:sbrungardt@stfm.org)

We look forward to your active and enthusiastic involvement and encourage you to spread the message widely in your network.

We thank you very much for your collaboration.

Yours faithfully,

Dr Edward Kelley  
Director  
Service Delivery and Safety  
World Health Organization  
20 Avenue Appia  
1211 Geneva 27, Switzerland  
+41 22 791 2472 (phone)  
+41 22 791 4769 (fax)  
[kelleye@who.int](mailto:kelleye@who.int)

available at [www.stfm.org/annual](http://www.stfm.org/annual). Complete details and registration information will be available in December 2015.

Please note the requirements for the scholarship on the [attached announcement](#). You'll see we have set a limit of one nominee per country and require that the nominee has support of the country's family/general practice organization. We also require that to be eligible for the award, the nominee should not have previously attended an STFM conference. This preference is intended to provide a unique opportunity to experience medical education as exemplified by STFM. We encourage you to share this information with your country's family/general practice organization to encourage others who might be interested in applying.

Please feel free to e-mail, write, or call me or Pat Lodge ([plodge@stfm.org](mailto:plodge@stfm.org)) from our staff, with any questions you might have.

Sincerely,

Stacy H. Brungardt, CAE, Executive Director  
Society of Teachers of Family Medicine  
Foundation

## WONCA CONFERENCES 2015

October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	For more information on these conferences as it comes to hand go to the <a href="#">WONCA website conference page</a> :
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20<sup>th</sup>  
**Wonca** Europe Conference 2015  
*istanbul*

October 22-25, 2015  
Halic Congress Center  
Istanbul / TURKEY

  [www.wonca2015.org](http://www.wonca2015.org)

*"FUTURE OF FAMILY MEDICINE... BEING YOUNG, STAYING YOUNG ..."*

## WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	SAVE THE DATE
June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	<a href="http://www.woncaeurope2016.com">www.woncaeurope2016.com</a>
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	<a href="http://www.wonca2016.com">www.wonca2016.com</a>

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<http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

## WONCA ENDORSED EVENTS

For more information on WONCA endorsed events go to  
<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

04 Apr - 09 Apr 2016  
**VI Cumbre Iberoamericana**   
San Jose, Costa Rica

## MEMBER ORGANIZATION EVENTS

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For more information on Member Organization events go to

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

31 Jul - 02 Aug 2015	<b>RNZCGP conference for general practice</b> 
	Hamilton, New Zealand
12 Sep - 16 Sep 2015	<b>The Network: Towards Unity for Health conference</b> 
	Johannesburg, South Africa
21 Sep - 23 Sep 2015	<b>RACGP GP '15 conference</b> 
	Melbourne, Australia
29 Sep - 03 Oct 2015	<b>AAFP Family Medicine Experience</b> 
	Denver, Colorado, USA
01 Oct - 03 Oct 2015	<b>RCGP annual primary care conference</b> 
	Glasgow, United Kingdom
02 Oct - 04 Oct 2015	<b>AAFP Family Medicine Global Health Workshop</b> 
	Denver, Colorado, USA
19 Nov - 22 Nov 2015	<b>2nd National Conference FMPC 2015</b> 
	IHC New Delhi, India
21 Nov - 22 Nov 2015	<b>Family Medicine &amp; Primary Care India 2015</b> 
	New Delhi, India
04 Dec - 06 Dec 2015	<b>5th Asia Pacific Research conference</b> 
	Putrajaya, Malaysia
30 Apr - 04 May 2016	<b>STFM Annual Spring Conference</b> 
	Minneapolis, Minnesota, USA