

WONCA News

An International Forum for Family Doctors/



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From the President: WONCA and the new United Nations Sustainable Development Goals



Photo: WONCA President with young family doctor members of the Brazilian Society of Family and Community Medicine

family health teams of doctors, nurses and community health workers, each providing comprehensive clinic-based and home-based care as a team to a defined population.

There are now nearly 40,000 Family

“To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care.”

- United Nations. Transforming our World: the 2030 Agenda for Sustainable Development

I was recently in Natal in the north-east of Brazil, meeting with members of WONCA’s member organization, the Brazilian Society of Family and Community Medicine, and speaking at the society’s 13th national congress.

As a frequent visitor to Brazil and other countries in Central and South America over the past few years, I am very impressed by the work our WONCA member organisations are doing in this part of the world, especially to ensure both quality and equity in family medicine for the people of this region of the world.

Universal coverage does not mean meeting the needs of 60% or 80% or 90% of the population – it means meeting the challenge of ensuring that health care is available to everybody. Brazil is one of the countries leading the world in strengthening family medicine to ensure that health care is available to all people. Brazil has become an important global leader in addressing universal health coverage through the famous model of

Health Teams in operation across the entirety of Brazil. It is a very impressive model as I hope many of our colleagues from around the world will be able to see this for themselves when they attend our next WONCA world conference in November next year in Rio de Janeiro.

I believe there is hope for global health as countries around the world, like Brazil, wake up to the importance of strengthening primary care and the role of the family doctor. You and I know that family medicine has the power to play a transformative role in the shaping of societies.

2015 is a landmark year in global health as we come to the end of the Millennium Development Goals. In September 2015, the United Nations will be asked to adopt the 17 new Sustainable Development Goals. There is only one health specific goal, number 3: *“Ensure healthy lives and promote well-being for all at all ages.”* But each of the 17 goals has an impact on global health and the health of individuals and communities.

The document going to the United Nations for approval in September is called *Transforming our World: the 2030 Agenda for Sustainable Development*. The preamble of the document reads:



Banner: United Nations call for Sustainable Development

“This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom. We recognise that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development.

“All countries and all stakeholders, acting in collaborative partnership, will implement this plan. We are resolved to free the human race from the tyranny of poverty and want, and to heal and secure our planet. We are determined to take the bold and transformative steps which are urgently needed to shift the world onto a sustainable and resilient path. As we embark on this collective journey, we pledge that no one will be left behind.

“The 17 Sustainable Development Goals and 169 targets demonstrate the scale and ambition of this new universal Agenda. They seek to build on the Millennium Development Goals and complete what these did not achieve. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental.”

The United Nations document focuses on people, the planet, prosperity, peace and partnerships. It states that, “We envisage a world free of poverty, hunger, disease and want, where all life can thrive. We envisage a world free of fear and violence. A world with universal literacy. A world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured. A world where we reaffirm our commitments regarding the human right to safe drinking water and sanitation and where there is improved hygiene; and where food is sufficient, safe, affordable and nutritious. A world where human habitats are safe, resilient and sustainable and where there is universal access to affordable, reliable and sustainable energy.”

I want to share with you the elements of this new United Nations strategy that focus on health. The document recognises that “Global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of the development progress made in recent decades.”

It recognizes that with the Millennium Development Goals “progress has been uneven, particularly in Africa, least developed countries, landlocked developing countries, and small island developing States, and some of the MDGs remain off-track, in particular those related to maternal, newborn and child health and to reproductive health.”

Specifically on health, the document states that, “To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing anti-microbial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development.” These commitments will only be met through strong systems of primary care in each nation.

The document also well recognizes the importance of the environment on human health and well-being, including the need to “reduce the negative impacts of urban activities and of chemicals which are hazardous for human health and the environment, including through the environmentally sound management and safe use

of chemicals, the reduction and recycling of waste and more efficient use of water and energy.”

And that we can't have prosperity without “having a healthy and well-educated workforce with the knowledge and skills needed for productive and fulfilling work and full participation in society.”

The document even recognizes sport as “an important enabler of sustainable development. We recognize the growing contribution of sport to the realization of development and peace in its promotion of tolerance and respect and the contributions it makes to the empowerment of women and of young people, individuals and communities as well as to health, education and social inclusion objectives.”

These are bold ambitions, and as global citizens, family doctors must play our part in the implementation of the Sustainable Development Goals. People-centred care is a core component of universal health coverage, and there will be an increasing role for family medicine over the coming years in each country to ensure this happens. This global movement will provide welcome opportunities to strengthen the role of family medicine and primary care in all nations, and the important work we do as family doctors supporting the health and well-being of our individual patients, their families and our communities.

Michael Kidd
WONCA President

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From the CEO's desk: reminders on vacation

Hello again

It's a somewhat shorter column this month, as I will be on holiday when you read this, and activities have slowed a little for the holiday period. Last month I featured Brazil and also mentioned some of the other regional conferences which will come up in 2016, and I'm using this column to update you on all of these events

Plenary speakers for Brazil

Last month I highlighted that a number of plenary speakers had already been identified for Rio in November 2016. Now, in addition to Amanda Howe (UK), Katherine Rouleau (Canada) and Peter Gotzsche (Denmark), we can confirm a further two plenary speakers.

Dr Atai Omorotu of Uganda (pictured at right) will be known to many. A very dynamic and motivated



colleague, she has been involved with WONCA over many years, most especially through the WONCA Working Party on Women in Family Medicine and as a member of the Organizational Equity Committee. Last year Atai volunteered to go to Liberia to work with victims of the Ebola outbreak and was there for about six months. Her plenary will particularly focus on her experiences in Liberia, and she will doubtless have many interesting and thought-provoking reflections to share with us all.

Professor ZENG Yi-Xin is Professor and Head of Peking Union Medical College in Beijing, and the current Chair of the Chinese Society of General Practitioners. China is undergoing significant health reforms, including a massive expansion of primary care and family medicine, and Professor ZENG will share the Chinese experiences with the delegates in Rio. He delivered a similar presentation to the WONCA Asia Pacific conference in Taiwan earlier this year and it really was most interesting and informative.

Finally we still hope very much to have some senior WHO representatives present, but confirmation of this is awaited.

Istanbul – final reminder

A final reminder this month about the forthcoming WONCA Europe conference which we still look

forward to in Istanbul from 22nd to 25th October. More details about the Istanbul conference are available on the [conference website](#).

2016 regional conferences

I also mentioned several regional conferences, which will take place in 2016. We can now confirm that the WONCA Eastern Mediterranean Region conference has been confirmed for Dubai, in Le Meridien Hotel, from 17th to 19th March 2016. We will send out further details as and when we get them.

A reminder of the other regional conferences throughout 2016:

- South Asia Region conference in Colombo, Sri Lanka, on 13th and 14th February. See www.woncasar2016.com for further details.
- Iberoamericana-CIMF Summit in Costa Rica on 11th and 12th April, with Mesoamerican Conference 14th to 17th April
- Europe Region conference in Copenhagen, Denmark, from 15th to 18th June. See the [conference website](#) for more details.

WONCA Direct Membership

I would like to take the opportunity to remind everyone that significant discounts on delegate registration are available at all WONCA conferences to WONCA Direct Members. Brazil is offering particularly generous discounts to WONCA Direct Members so now would be an excellent time to consider taking out this individual membership.

Direct Membership is normally available for three years, for \$140, but with a discount for anyone from less developed countries. Even better value is:

Life Direct Membership which is to support the work of WONCA through a one-off donation, currently \$750. For this Life Direct Members, as well as supporting the work of WONCA, also get a special certificate, a unique lapel pin and their name is entered onto the Roll of Honour on the WONCA website.

Further details about Direct Membership and Life Direct Membership can be found on [our website](#). Or contact Arisa, our Membership Officer, on admin@wonca.net.

Until next month.
Dr Garth Manning

Policy Bite with Amanda Howe: Gender & health – a major equity agenda

Professor Amanda Howe, our President-Elect, said in her speech at the WONCA Council that she would “help with policy messages. In WONCA



.... we know what we want to say. I'd work on how we say it – getting accurate clear briefing documents out, so you can adapt them for use in your place”. This month she invites Prof Toine Lagro-Janssen to speak about a publication called “Gender and Health Knowledge Agenda”.

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. It emphasises some important areas which are common clinical challenges for family doctors - patients who are victims of physical and psychological abuse, mental health problems, and unexplained multiple symptoms – as well as general principles of lifestyle and health promotion, cardiovascular disease, drug treatments, diabetes, sexuality and domestic violence. I found section 2 a really good knowledge update, reminding me of the different epidemiologies and needs of men and women at different life stages. It will be a fantastic resource for members who need to get facts at their fingertips, as it also sets out the evidence, and gaps in the research.

The report was drawn to my attention by Professor Toine Lagro-Janssen (pictured over), who was an academic colleague of our past President Prof Chris van Weel, and who has done exceptional scholarly work and advocacy throughout her career on issues of gender both in the workforce and in health. I asked Toine to comment on the report and its implications for our members internationally. She comments:

“This Gender and Knowledge Agenda has been drawn up on behalf of the Gender & Health alliance in collaboration with a large number of experts in the healthcare sector and academia and significant contribution from the GPs connected to Women’s Studies at the Department of Primary Care at Nijmegen.

By exploring the differences between men and women in health, illness and treatment more and more effectively we have the potential to improve quality of life and at the same time reduce waste and healthcare costs. A bio-psycho-social approach, as common in general practice, and personalized medicine will benefit from the attainments of gender-sensitive medicine. Data from gender-sensitive research confirm how important it is to keep pursuing equal health outcomes. Equal outcomes may require unequal treatments for women and men.”

WONCA has organised itself to examine and champion issues around gender and health - the WONCA Working Party on Women and Family Medicine (WWPWF) has led on this, and the Organizational Equity Committee aims to turn our gaze inwards to how conscious we are about equity issues, including gender. We have many academic colleagues who will be interested in its conclusions about the necessary research priorities. We also have a Health Inequalities SIG, who will find this report very relevant from a patient perspective. We have linked the report as a resource on our website, [see publication in English](#)

But for those of you who don't have time to read it right now – I would give my take home message as being about ‘blind spots’. As generalists, we family doctors pride ourselves on being able to care for people of all ages and backgrounds with different health needs. Nevertheless, we are ourselves influenced by our own preferences, experiences, and socio-cultural contexts. This report is a timely reminder of some key clinical areas and their gendered prevalence and presentation. It should inform our clinical, academic and policymaking activities. Read and learn!

About Toine Lagro-Janssen

Toine Lagro-Janssen holds a PhD in medicine and is Professor of Women’s Studies Medicine, at the Radboud university medical centre, the Netherlands. Her key areas of research are: gender in medical education and professional development; intimate partner violence and sexual abuse; pelvic floor problems; reproductive health issues, especially home delivery; and female students/doctors careers and leadership. She led the knowledge centre for ‘Sex and Diversity in

Medical Education'. She is the head of the Center for Sexual and Family Violence Nijmegen. She is a member of the Health Council of the Netherlands.

In 2007 she received the Royal Honour as Officer of the Order of Orange-Nassau, for profiling the role of women as patients and doctors, especially in an international perspective, Nijmegen and she received the University Education Prize with the teaching team for 'Gender-Specific Medicine in the Medical Curriculum', Radboud University Nijmegen. In 2013 she was awarded the NHG-

Speld (The Dutch College of General Practitioners-pin), as a token of appreciation for her work for the GP care and for the Dutch college of General Practitioners.

She is a member of WONCA and the Working Party Women and General Practice.



Conference News and Reports

Visit us in Copenhagen 15 - 18 June 2016

We are pleased to share the below important message from the president of WONCA World



"Family Doctors with heads and hearts". This is the thought-provoking theme of our 2016 WONCA Europe Conference

being held in Copenhagen next June. How do we combine our scientific knowledge with the tender, loving care that is a distinguishing feature of our work as family doctors?

I look forward to increasing my clinical knowledge, to having my preconceptions challenged, and to hearing the experiences of our peers, as we explore those things that bind us as family doctors.

I am looking forward to meeting you at our WONCA conference in Copenhagen. I am sure you will find this conference a rewarding and enjoyable experience, and that you will make many new friends among our family medicine colleagues from around the world attending this conference.

Best wishes

Professor Michael Kidd
President - World Organization of Family Doctors (WONCA)

Conference information and links

Now you have the possibility to register for WONCA Europe 2016 - please [click here](#) for registration

Abstract submission is also open, and please do not hesitate to submit your abstract - [start submission here](#)

The conference in Copenhagen 15-18 June 2016 will integrate the networks and special interest groups (SIGs) into the program, and we expect that many SIGs and networks are interested in playing a significant role in providing a valuable content.

For more information about this special invitation to SIGs and networks - please [click here](#)

Please share WONCA Europe 2016 on Facebook with all your colleagues and friends. During the coming months there will be even more to share, as we will be delighted to present our seven keynote speakers (including Michael Kidd) and the main themes for our conference "Family Doctors with heads and hearts".

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

[conference website](#)

Prof Peter Vedsted
President of Scientific Committee

A/Prof Roar Maagaard
President of Host Organising Committee

2015 WONCA conference photos

2015 has been a big year for WONCA conferences - with more still to come. If the photos on this page tempt you to join us at a WONCA conference in future, then [click here](#) to see where and when your WONCA colleagues are next meeting. If you have a link to another easily accessible collection of WONCA conference photos please email editor@wonca.net

Vasco da Gama forum : Dublin - February 20-21, 2015

[ICGP photo collection](#)

[VDGM Conference report](#)

Videos

<https://youtu.be/jyLdeAk8hgY>

<https://youtu.be/wlubeg9Fn0U>



South Asia region conference : Dhaka - February 12-14, 2015

[Conference report and photos](#)



Asia Pacific region conference : Taipei - March 4-8, 2015

- [Album March 5](#)
- [Album March 4](#)
- [Album March 6-7](#)
- [Album March 7](#)
- [Album March 8](#)



Iberoamericana region conference Montevideo - March 18-21, 2015

[Photos courtesy of our colleague Viviana and her friends](#)
photo right from Lisdamys Morera Gonzalez



**World Rural Health conference :
Dubrovnik - April 15-18, 2015**

[Rural conference photos](#)

[Rural conference report](#)



**East
Mediterranean
region
conference :**

**Dubai - April 30-
May 2, 2015**

[EMR congress photos](#)



**Africa region
conference :
Accra - May 6-9,
2015**

[Accra facebook page
photos](#)



WONCA Europe region conference : Istanbul October 22-25, 2015

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Working Parties and Special Interest Groups

Rural Round-up: a history of the WONCA Working Party on Rural Practice

Ian Couper (centre), Roger Strasser (left), Jim Rourke, and John Wynn-Jones have published a history of the WONCA Working Party on Rural Practice (WWPRP) 1992 to 2012 in the journal *Rural and Remote Health*. It includes some fascinating memories and conclusions about the state of play at the moment.

The importance of rural medical education has been accepted, with the WWPRP's Guidebook on [Rural Medical Education](#) having now been published, but equally there is a need to intensify support for rural practitioners on the ground and to ensure the 'rural proofing' of policies adopted by governments as key to the goal of Health for All Rural People.



Photo: Figure 3 from the article - Pictured after their investiture as honorary chiefs by the Okoyong community, near Calabar, Nigeria, during the eighth conference (from L to R), Dr Roger Strasser (Canada), Dr Ndifreke Udonwa (host organiser, Nigeria), Dr Ian Couper (chair WWPRP, South Africa), Dr Victor Inem (Nigeria) and Dr Bruce Chater (Australia). This has become an iconic image for the WWPRP – hardly a conference goes by without this being shown at least once!

Citation: Couper I, Strasser R, Rourke J, Wynn-Jones J. Rural health activism over two decades: the WONCA Working Party on Rural Practice 1992-2012. *Rural and Remote Health* 15: 3245. (Online) 2015. Available: <http://www.rrh.org.au>

The authors' conclusion in the article: *Much has been achieved, but there is still much more to do. There is a need to review and consolidate, but also to move forward in terms of new challenges.*

New areas that need to be tackled in relation to rural communities include the global pandemic of chronic non-communicable diseases, the continuing problems of HIV–AIDS and tuberculosis, particularly in developing countries, the impact of climate change on the rural environment and the health of rural people, and the ongoing effects of the global financial crisis.

The WWPRP has functioned effectively because of the passion of its members, who are committed to the health and wellbeing of rural communities, and the relationships that have been forged because of shared experiences and goals. The working party is striving towards recruiting members who are younger, from a greater diversity of backgrounds and from all parts of the world, as well as being balanced from a gender perspective. Just as new technology (the conference call and the fax machine) helped connect WWPRP members and rural doctors around the world in the early years, the WWPRP now uses available social media communication technologies to link rural doctors who cannot attend traditional meetings. There is no doubt that new ways will be found in the future that will support a new group of passionate individuals to join together to impact on the delivery of rural health care over the next 20 years. There is also no doubt that much work still needs to be done.

Abstract

The WONCA Working Party on Rural Practice (WWPRP) was formed in 1992 in response to the realization that rural healthcare faced many serious and similar challenges around the world. Over the years the members of the committee have come from many different countries but

found inspiration and strength in developing and sharing educational and health system innovations that could be modified and applied to different rural settings.

The 11 world rural health conferences organized by the WWPRP over the first two decades since it was founded brought together a range of people, from rural doctors and other front-line healthcare workers to administrators and educational leaders, who connected with and learned from each other to advance rural health care around the world. The

WWPRP policy documents and conference consensus statements have been important in shaping rural health care in a number of different contexts, and have led to issues of rural health care rising to prominence on the world stage.

The WWPRP has throughout been an activist lobby group with a focus on the rural communities it serves rather than its members, and enters its third decade with much left to be done.

[view and print full article](#)

SIG on Conflict & Catastrophe Medicine to meet in Istanbul

From Prof Rich Withnall

About our new Special Interest Group

The WONCA Special Interest Group on Conflict & Catastrophe Medicine (WONCA SIG C&CM) provides a forum through which WONCA can lend its support to improving the quality of care of peoples of the world when they face some of life's greatest challenges. Since Alma-Ata in 1978, the World Health Organisation, United Nations and individual Governments and Administrations have advocated the global use of primary health care to raise the levels of health in deprived populations by acting upon social, economic and political causes of ill health. Population deprivation and health inequality may result from or be exacerbated by wars, revolutions and civil uprisings, terrorism, natural disasters and other humanitarian crises. Global analyses of strategic trends anticipate conditions that could widen global health inequality, making coordinated General Practice/Family Medicine efforts in times of conflict and catastrophe even more important.

General Practitioners / Family Medicine Doctors (GP/FMDs) from over 30 countries tried to help the populations of Afghanistan and Iraq ravaged by conflict. Concurrently, GP/FMD have contributed to the defence of their nations, peacekeeping and peace support activities, anti-piracy initiatives and counter-narcotic operations. GP/FMDs working within international Governmental and Non-Governmental Organisations have also provided humanitarian



assistance whenever and wherever the need arises, including the 2004 Tsunami, the 2005 Kashmir earthquake, the 2007 flooding in Central Africa, the 2014 Ebola outbreak in West Africa and the 2015 earthquake in Nepal. GP/FMDs' scope of work in these environments is wide-ranging and often includes pre-hospital emergency care, public health, environmental medicine, tropical medicine and community mental health.

What we hope to do

The WONCA SIG C&CM provides useful in-country and regional contacts and networks of GP/FMDs. It encourages collegial discussions between countries, and is a vehicle for sharing best practice and clinical innovation. It also aims to influence the management of medical services during conflict or post-catastrophe in areas that have big needs but are resource poor.

Membership and Istanbul

General membership is open to all GP/FMDs. There are also opportunities for one representative from each WONCA region to join the Executive Committee. A WONCA SIG C&CM 'European Workshop' will be held during the [WONCA Europe Conference in Istanbul](#) (22-25 October 2015). This will provide an opportunity for all delegates interested in conflict and catastrophe medicine, humanitarian relief and clinical support to displaced persons to learn more about the group, share ideas and become involved. Please come and join us!

More information is available on the [website](#):

or from the Convenor, Professor Rich Withnall
email: SIGC&CM@wonca.net

Special Interest Group on Global Point of Care Testing (POCT) annual report

Introduction:

The WONCA Special Interest Group on Global Point-of-Care Testing was approved by the WONCA World Council in Prague in June 2013.

Executive Membership:

The Executive Members of the SIG representing all of WONCA's seven regions are as follows:

- Prof Mark Shephard, Asia Pacific (Chair)
- Tessa McCormack, Asia Pacific (Secretary)
- Dr Anthony Omolola, Africa
- Dr Ndi Okwuosa, Africa
- Assoc Prof Bohumil Seifert, Europe
- Dr Cristina Isar, Europe
- Dr Tim Kolotylyuk, North America
- Dr Raman Kumar, South Asia
- Dr Jose' Carlos Prado Junior, Iberoamericana
- Dr Dalal AlArfaj, East Mediterranean
- Dr Igor Toskin, Europe (WHO Observer)

General Membership:

General membership is open to interested family doctors and to date 79 members from 41 countries representing all seven WONCA regions have joined the SIG. [> Join here](#)

Activities:

- Continuing Survey regarding POCT in WONCA practices (see update below)
- 5 January 2015 - First SIG POCT newsletter sent to 75 members
- 6 January 2015 - Dr Dalal AlArfaj accepted as Executive Member representing East Mediterranean
- 8 February 2015 - access Article on survey published in WONCA news
- 16 April 2015 - Professor Shephard presented POCT workshop at WONCA World Rural Health Conference in Dubrovnik
- May to June (Ongoing) - Professor Shephard has started dialogue with Dr Rich Withnall from the [WONCA SIG on Catastrophe and Conflict Medicine](#) about collaborative activities between the two SIGs

Survey regarding point-of-care testing in WONCA practices

During 2014, the SIG launched an online survey on point-of-care testing (POCT) and Executive and General Members were asked to disseminate the link to their family doctor colleagues. The purpose of the survey is to obtain a wide understanding of the clinical use, availability, needs, advantages, and limitations or barriers to

the implementation of point-of-care testing across all WONCA regions of the world. This information will continue to inform the SIG on priorities for education and research.

Results (as of 4 August 2015):

- 113 responses have been received representing all 7 WONCA regions, with two-thirds of respondents from Europe.
- 90% of respondents are Family Doctors.
- 80% of respondents are currently using POCT in their practices.
- POCT is being performed by doctors (57%), nurses and nurse practitioners (67%) and laboratory professionals (38%).
- 55% of respondents perform quality testing to support POCT in their practices.
- The most common POC tests used in the respondents' practices are glucose (95%), urinalysis (77%), HbA1c (74%), haemoglobin (63%) and Hepatitis B/C (67%).
- When asked which POC tests respondents would like to have available for their use, 74% said that they would like to have HbA1c testing available by POC. Other tests that 50% or more respondents would like to have available are blood alcohol levels, drugs of abuse, full blood count, INR, C-reactive protein, electrolytes, glucose, cardiac markers, HIV, chlamydia, HBV and HCV.
- The most commonly reported attributes of POCT were rapid diagnosis and/or treatment (93%), convenience for patient (77%), ease of use (65%) and improved doctor-patient relationship (62%) (Figure 1).
- 98% of respondents reported one or more barriers to the implementation of POCT. The three most commonly reported barriers related to the cost of POCT (81%), lack of Government reimbursement (51%) and staffing issues (38%).
- Regarding government regulations and support, only 28% of respondents stated that their country had standards or guidelines for the conduct of POCT, had access to quality assurance programs, and had an accreditation framework for POCT. Just over 40% stated that their local laboratory provided support for POCT.

The survey continues to be [open for responses](#) from WONCA Family Doctors and their health professional colleagues. It is the intention of the SIG to publish the results of the survey in an international peer-reviewed journal across the next year.

Report on SIG Workshop on POCT held in Dubrovnik, April 2015

A workshop entitled 'Barriers to Access of Quality Point-of-Care Testing for Family Doctors' was presented by Professor Mark Shephard on behalf of the WONCA Special Interest Group on Global



Point-of-Care Testing at the 13th WONCA World Rural Health Conference in Dubrovnik, Croatia, held during mid-April 2015. (see photo of Mark speaking)

At the Workshop, Professor Shephard (Chair of the SIG on Global POCT) gave a brief presentation which covered the following topics to set the scene for the Workshop: (i) an overview of the common principles that should be applied when establishing and maintaining a POCT service in a rural family practice setting, (ii) gave selected examples of successful POCT networks in primary care settings, (iii) provided an overview of the SIG's activities to date (iv) summarised the current findings of the WONCA SIG's Survey on POCT, particularly in relation to barriers to POCT identified by family doctors who had completed the survey to date, and (v) provided a synthesis of the recent published literature concerning barriers to the implementation of POCT in family medicine.

There were some common themes between results of the WONCA survey and the published literature including (a) the cost of supporting POCT in a family practice setting without access to reimbursement and (b) lingering concerns over the accuracy of POCT.

The major focus of the workshop was a discussion of barriers to accessing POCT in rural and remote family practices.

The workshop was attended by 20 participants including 6 from the host nation Croatia, as well as participants from Macedonia, USA, Sweden, Norway, Japan, UK and Australia. For the group discussion session, participants were split into three small (regional) groups who engaged in active conversation and then reported back to the full audience.

Group one from Croatia prepared a wish list for POC tests that they would like to have available in their country. Most participants identified C-



reactive protein, HbA1c, troponin, INR, micro-albumin and streptococcus as POC tests that are most in demand. The main barriers to accessing POCT identified by this group included lack of education, knowledge and awareness of the scope of POCT (which could be addressed by the WONCA SIG); resistance among the laboratory fraternity to support POCT in primary care in their country; the high costs of POCT without government rebates and the lack of evidence on the cost effectiveness of POCT. The second group, which comprised members from the Asia-Pacific region, also felt the cost of POCT consumables such as quality control materials was high and that these costs needed to be reduced through pressure from the general practice community. They also mentioned the strain on staff time to perform POCT and pressure from the laboratory sector were inhibiting the uptake of POCT in primary care settings like family medicine. The third group from North America and Scandinavia felt issues with administrative aspects of POCT including the need for detailed documentation of POCT processes and accreditation requirements impeded the uptake of POCT, as well as the lack of financial reimbursement. The Workshop was conducted in a spirit of collegiality and with a positive will to improve access to POCT across WONCA family practices globally.

During the conference, eight new members joined the SIG on Global POCT. For more information or to join the SIG, visit the [WONCA SIG on Point-of-Care Testing](#). Please [click here](#) to access the short survey on POCT.

Expression of Interest to continue as Chair and Secretariat of SIG

The current Chair and Secretary of the SIG would like to express their interest in continuing in these roles for a second term, and we will be writing to the SIG general membership to seek their support.

Report prepared by Professor Mark Shephard (Chair) and Tessa McCormack (Secretary),

Region news

North America region annual report

Member organizations of the North American region of WONCA remained strong and active in the past year. All held successful and well-attended meetings in 2014.

Montegut Scholar

Our Montegut scholar for 2014 was Dr Aileen Standard-Goldson, Co-ordinator of the Family Program, University of the West Indies, Jamaica. She attended the Besroul Conference in November 2014 held in conjunction with the College of Family Physicians of Canada Family Medicine Forum meeting. Thanks to the American Board of Family Medicine for sponsoring these scholarships. The Besroul Centre for Innovation in Global Health is a project of the CFPC; this 3rd conference brought together over 70 Family Medicine academics from Canada and 14 other countries around the world as well as administrators from donor agencies such as the World Bank. Dr Michael Kidd, President of WONCA, addressed the conference.

Polaris

The newly formed group of young family doctors held an organizing meeting in November 2014; many of the leaders also met at the AAFP global health workshop in La Jolla, as well as at the WONCA Europe meeting in Lisbon. The group has been active in devising the #1WordforFamilyMedicine; this project is easier to view than to explain, so take a look [here](#).

Polaris now boasts over 1000 Facebook followers. The group has also pioneered online international Balint groups. It is planning a pre-conference day in conjunction with the AAFP Family Medicine Global Health Workshop in Denver in October 2015.

[> more about Polaris](#)

Region President's activities

Dr Wilson attended the World Health Assembly in May 2014 in Geneva on behalf of WONCA. This was an opportunity to present the importance of family medicine and primary care at a global level. The key role played by primary care in sustainable effective health systems is important to communicate as the United Nations is working towards the new Sustainable Development Goals.

Dr Wilson was able to strengthen ties throughout the region with visits and speaking engagements. She attended the American Academy of Family Physicians FMX in Washington DC in October, bringing greetings on behalf of WONCA to the Board of Directors. She also attended the College of Family Physicians Family Medicine Forum and Besroul Conference, facilitating a panel at that event in November 2014. She was the keynote speaker at the Hawaii Chapter of the AAFP in February 2015. She was pleased to strengthen ties with members of the Caribbean College of Family Physicians through her appointment as the external examiner for the family medicine examinations of the University of the West Indies in June 2014.



Prof Ruth Wilson
WONCA North America region president

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

This item is repeated and as such shortened For complete item see [website](#)

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. Preliminary conference information is available at www.stfm.org/annual.

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.

For more information e-mail Pat Lodge plodge@stfm.org or Stacy H. Brungardt, sbrungardt@stfm.org

Member Organization news

Ethiopian residents join WONCA with help from a colleague



The first family medicine residency in Ethiopia began at Addis Ababa University (AAU) in February 2013 (see [WONCA News item March 2013](#) and [Society of Teachers of Family Medicine 2014 article by Philpott](#)). Now in its third year, there are 20 residents with the first seven expected to graduate in January 2016. Two resident physicians will remain at AAU to be the first Ethiopian family medicine faculty. A second year resident, Dr Sena Dhugassa, attended the WONCA Africa conference, in May 2015, and was inspired by representatives from regional family medicine programs.

The AAU residency leadership has been assisted by American, British and Canadian expatriate faculty including Ann Evensen MD FAAFP, Associate Professor of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health. Dr Evensen

volunteered at the residency for seven weeks in summer 2015 as a clinical supervisor, instructor, research colleague, and mentor.

With the support of the WONCA administration, her family subsidized WONCA membership for 14 Ethiopian family medicine residents who wished to join. We are inspired to see these patient-focused and community-minded physicians lead and define the new specialty of family medicine in Ethiopia.

Key to above photo: (all individuals are residents from Addis Ababa University School of Medicine Family Medicine program except as noted; please note that physicians in Ethiopia are addressed by their first name. There are 2 "Dr Assefa" residents and 2 "Dr Daniel" physicians - one is a resident, one is faculty - so their last names are listed for clarity.)

*kneeling left - Dr Shimeles
kneeling center - Dr Assefa Beyene
kneeling right - Dr Murutse
standing front row L to R: Dr Assefa A, Dr Betelihem, Dr Meseret, Dr Tigist (AAU emergency medicine faculty), Dr Sawra, Dr Amal (AAU radiology faculty), Dr Judith Peranson (family medicine faculty, U of Toronto), Dr Adane, Dr Assegid
standing between Betelihem and Meseret: Dr Sena
standing between Meseret and Tigist: Dr Sofia (AAU emergency medicine faculty)
standing back row L to R: Dr Yonas (AAU psychiatry faculty), Dr Abbas Ghavam-Rassoul (family medicine faculty, U of Toronto), Dr Hadish, Dr Surapheal, Dr Eshetu, Dr Mesfin (AAU psychiatry faculty), Dr Hal Evensen (engineering physics faculty, U of Wisconsin-Platteville), Dr Daniel Zemenfas (AAU general and GI surgery faculty -- he is the new Addis Ababa University family medicine program director taking over for Dr Dawit of psychiatry who is now on sabbatical), Dr Ann Evensen (family medicine faculty, U of Wisconsin-Madison), Dr Dufera (AAU cardiology faculty)*

Missing AAU residents who have registered for WONCA: Dr Robel, Dr Nuhamin, Dr Jemal, Dr Daniel Shiferaw

Featured doctors

Dr Viviana MARTINEZ-BIANCHI -USA / Argentina

Dr Viviana Martinez-Bianchi is the Program Director of the Duke Family Medicine Residency Program at Duke University in North Carolina, USA. She is a member of the WONCA Organizational Equity Committee (OEC), the Working Party on Education and the Special Interest Group on Migrant Health care.



What work do you do currently?

I am a family physician, the director of the [Duke Family Medicine Residency program](#), and I am dedicated to training family doctors who are excellent clinicians, leaders and advocates of health within the community.

I take care of people, enjoy the breadth of Family Medicine at the Duke Family Medicine Center in the Department of Community and Family Medicine, where I see my own patients, teach and supervise residents, medical students, and physician assistant students.

I practiced full spectrum Family Medicine in a rural/industrial town in Iowa before starting my academic career.

What other interesting activities have you been involved in?

I am passionate about decreasing health disparities, and training people who will not only provide healthcare but also address social determinants of health and vulnerability, and advocate for the communities they serve.

I grew up during the Argentine dictatorship, and saw my parents (a surgeon and a biochemist) use their professional organizations as a place for policymaking and leadership activities as their political involvement, so it was natural that I would be involved in the academic organizations of Family Medicine when I moved to the United States. I am a member of the American Academy of Family Physicians (AAFP), the AAFP Foundation Diversity Workgroup, a member of the

Society of Teachers of Family Medicine (STFM), the Duke University Academic Council's Steering Committee Diversity task force and a physician trustee of the North Carolina Academy of Family Physicians Foundation.

I have been a Delegate for Minority Physicians to the AAFP Congress of Delegates, Chair of the Commission on Membership and Member Services of the AAFP, and faculty for the AAFP Foundation Family Medicine Leads Emerging Leader Institute.

In 2011 I represented civil society of Argentina and WONCA at the United Nations High Level Summit on Chronic Non Communicable Diseases, and again at its follow-up meeting in 2014.

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

I love creating safe learning environments that engage new generations of students and residents into becoming excellent and quality driven family doctors and members/leaders of the healthcare team. I love performing and teaching office procedures, and figuring out workshops to learn dexterity through simulation before doing a procedure on a patient.

I love learning and creating innovative ways of teaching and providing primary care and improving population health.

I love traveling and public speaking. WONCA activities have opened the doors to meeting family doctors from around the world who have given me the opportunity to present about healthcare in the US, cultural humility, leadership, population health, mental health, advocacy and procedures training.

I love cooking, sailing, gardening, dancing and dining out with my husband Greg Bianchi (a urologist at the University of North Carolina), and friends and family (my mother and sister also emigrated to the United States and live here in Raleigh). I often travel with my son, Francesco who is 13 years old.

I love social media. I blog [here](#) and [here](#)
I [tweet](#)
I [LinkedIn](#)
And I Facebook [here](#)

How did you come to be involved in both North America and Iberoamericana regions of WONCA?

The AAFP and STFM have provided my organizational home and their members have become my academic family here in the United States.

I have “grown up” with the AAFP since I was a FM resident in Iowa in 1994. We are members of the WONCA North American Region, and I represent the region to WONCA on the Organizational Equity Committee (OEC). I became involved with the OEC in Prague when I realized there were many issues of equity that needed to be paid attention to, from gender to socioeconomic equity, from cost and visas to attend conferences to language equity. I am passionate about seeing WONCA become a very transparent and equitable organization that unites and represents GPs and Family docs from diverse backgrounds and every corner in the world. I also see that we are becoming stronger through collaboration with WHO, yet there is so much more to do still to have a larger impact in policy and health systems redesign, and we need to gain government, civil society, academia and private sector attention and understanding of the strengths of our specialty.

And in WONCA Iberoamericana?

As a native Argentinean, I work in the United States and my heart beats in the rhythms of Iberoamerica. Argentina is my Southern compass.

Several years ago, I was longing for an opportunity to do something meaningful using my dual Southern and Northern Hemispheres citizenships and understanding; and one of my most important mentors Prof Richard Roberts, asked that I join him in engaging with the WONCA Iberoamericana- CIMF region. I was invited to the *Cumbre* in Paraguay in 2010, and since then I have been meeting wonderful colleagues whom I call *amigos y amigas, hermanos y hermanas en la lucha por una mayor salud para todos* (friends, brothers and sisters in the fight for better health for all). I now travel to meetings in South or Central America or Spain and I feel this bond, this amazing energy, and I am inspired by their commitment and contributions for a better world through a health system based in Family and Community Medicine.

There is much to do, Family Medicine is very young or barely starting in some countries of the region, and it is trying to find its own identity and recognition while it is presented with multiple challenges, and in other countries FM is strong with a long and wonderful tradition of Community and Family Medicine shaping best outcomes in health. I try to contribute with whatever I might be helpful with. It sometimes means mentoring, other times it might be speaking at a conference, or doing procedures’ training, writing an article, curriculum development or leadership training, and other times it might be listening and trying to make sense of a difficult political dilemma.

The truth is that when I travel to Iberoamerica I am always learning... I learn from my colleagues’ resilience, their commitment, their faith and their knowledge. I admire their ethics in hosting meetings that are free from the influences of the pharmaceutical industry, I am inspired with their ability to innovate and take care of people in spite of lower economic resources and funding, I grasp quaternary prevention and learn models for primary care and public health integration. I am excited by the sprouting of Waynakay (young doctors’ movement) chapters, and by the hopes of a new generation of family physicians who are the present and future of the specialty in the region.

We communicate often, Whatsapp, Facebook, emails and twitter bridge the geographic distance, but time afar brings “tesha gau” - a Guaraní language expression that means “missing the communication of the eyes”... There is nothing like the joy of getting together with my colleagues at a WONCA conference, a regional *Cumbre* (High level meeting) or a country’s Family Medicine society’s annual meeting!!!

...There is a palpable positive energy emanating from Iberoamerica. You will see it, I am certain, when you join us in [WONCA Rio in 2016!](#)



Dra Viviana MARTINEZ-BIANCHI - Estados Unidos / Argentina

La Dra. Viviana Martínez-Bianchi es la Directora del Programa de Residencia de Medicina Familiar en la Universidad de Duke en Carolina del Norte, EE.UU.

Es miembro del Comité de Equidad Organizacional WONCA (OEC), el Grupo de Trabajo sobre la Educación y el Grupo de Interés Especial en la Atención de Salud para Inmigrantes.

¿Qué trabajo hace usted actualmente?

Soy médico de familia, y directora del programa de [Residencia de Medicina Familiar en Duke](#), y estoy dedicada al entrenamiento de médicos de familia para que sean médicos excelentes, líderes y defensores de la salud dentro de la comunidad.

Me ocupo de la gente, disfruto de la amplitud de Medicina Familiar en el Centro de Medicina Familiar en el Departamento de Medicina Comunitaria y Familiar de la Duke University, en donde veo a mis propios pacientes, enseño y superviso a residentes, estudiantes de medicina y estudiantes de asistente médico.

Practiqué el espectro completo de medicina familiar en un pueblo rural / industrial en Iowa antes de comenzar mi carrera académica.

¿En qué otras actividades interesantes has estado involucrada?

Soy una apasionada por disminuir las inequidades de salud, y la formación de personas que no sólo van a proporcionar la asistencia sanitaria a sus pacientes, sino que también van a abordar los determinantes sociales de la salud y la vulnerabilidad, y van a abogar por las comunidades con las que trabajan.

Crecí durante la dictadura argentina y vi a mis padres (un cirujano y una bioquímica) utilizar a sus organizaciones profesionales como lugar de participación política y de liderazgo. Su ejemplo hizo que fuera natural para mí involucrarme en las organizaciones académicas de Medicina de Familia cuando me mudé a los Estados Unidos. Yo soy miembro de la American Academy of Family Physicians (AAFP), el equipo de trabajo de Diversidad de la AAFP Foundation, miembro de la Society of Teachers of Family Medicine (STFM), miembro del Comité Directivo del Grupo de Trabajo en Diversidad del Consejo Académico de la Universidad de Duke y administrador médico la

North Carolina Academy of Family Physicians Foundation.

He sido Delegada para los Médicos Minorías al Congreso de Delegados de AAFP, Presidente de la Comisión de Afiliación y Servicios a los Miembros de la AAFP, y profesora en el Instituto de Líderes Emergentes de la Fundación de la AAFP. En 2011 representé a la sociedad civil de Argentina y WONCA en la Cumbre de Alto Nivel de Naciones Unidas sobre las Enfermedades Crónicas no Transmisibles, y en su reunión de seguimiento en 2014.

¿Cuáles son sus intereses como médica familiar y también fuera del trabajo?

Me encanta crear entornos de aprendizaje seguros que comprometen a nuevas generaciones de estudiantes y residentes a convertirse en excelentes médicos de familia, de alta calidad y miembros/líderes del equipo de salud. Me encanta realizar y enseñar procedimientos de clínica ambulatoria, y crear talleres para que los residentes y estudiantes puedan aprender destrezas a través de la simulación antes de realizar los procedimientos en un paciente.

Me encanta viajar y hablar en público. Actividades de la WONCA me han abierto las puertas a conocer médicos de familia de todo el mundo que me han dado la oportunidad de presentar en sus países acerca de la atención sanitaria en los EE.UU., la humildad cultural, liderazgo, el estudio de la salud de la población, la salud mental, el compromiso comunitario y abogacía, y el entrenamiento en procedimientos quirúrgicos menores.

Me encanta cocinar, la navegación, la jardinería, bailar y cenar fuera con mi marido Greg Bianchi (un urólogo de la Universidad de Carolina del Norte), y los amigos y la familia (mi madre y mi hermana también emigraron a los Estados Unidos y viven aquí en Raleigh). Viajo a menudo con mi hijo, Francesco, que tiene 13 años.

Me encantan las redes sociales. Blogueo [aquí](#) y [aquí](#)
Participo en [tweet](#)
En [LinkedIn](#)
Y Facebook [aquí](#)



¿Cómo llegaste a participar en ambas regiones de WONCA, de América del Norte y de la Iberoamericana?

La AAFP y STFM me han proporcionado un hogar profesional en las organizaciones y sus miembros se han convertido en mi familia académica aquí en los Estados Unidos.

He "crecido" con la AAFP desde que era residente de Medicina Familiar en Iowa en 1994. Somos miembros de la Región de la WONCA de América del Norte, y represento a esta región de WONCA en el Comité de Equidad Organizacional (OEC). Me involucré con el OEC en Praga, cuando me di cuenta de que había muchas cuestiones de equidad a las que le debíamos prestar atención: desde cuestiones de género a la inequidad socioeconómica, de costo y visas para asistir a conferencias a la equidad del lenguaje.

Me apasiona la idea de ver a la WONCA convertirse en una organización muy transparente y equitativa que une y representa a los médicos generales y familiares de diversos orígenes y de todos los rincones del mundo. También veo que cada vez somos más fuertes a través de la colaboración con la OMS, sin embargo hay mucho más que hacer todavía para tener un mayor impacto en la política global o local y en el rediseño de sistemas de salud, y tenemos que lograr la atención de los gobiernos, la sociedad civil, la academia y sectores privados para lograr que comprendan los aspectos fuertes de nuestra especialidad.

Y en WONCA Iberoamericana-CIMF?

Como argentina nativa, yo trabajo en los Estados Unidos y mi corazón late en los ritmos de Iberoamérica. Argentina es mi brújula, ese compás interno que me llama al Sur.

Hace varios años, estaba deseando la oportunidad de hacer algo significativo usando mis dos ciudadanía y el conocimiento de las características del Sur y del Norte; y uno de mis mentores más importantes el Prof Richard Roberts, me pidió que me uniera a él en su participación con la región WONCA Iberoamericana-CIMF. Me invitaron a la Cumbre en Paraguay en 2010, y a partir de ahí me he venido encontrando con maravillosos colegas a quienes llamo amigos y amigas, hermanos y hermanas en la lucha por una mejor salud para todos. Ahora viajo a reuniones en Sur o Centro

América o España, y siento que estoy unida a ellos, siento una energía increíble, y me veo inspirada por su compromiso y sus contribuciones para un mundo mejor a través de un sistema de salud basado en la Medicina Familiar y Comunitaria.

Hay mucho que hacer, en algunos países de la región la Medicina Familiar es muy joven o apenas está comenzando y está tratando de encontrar su propia identidad y reconocimiento ante muchos desafíos, mientras que en otros países la Medicina Familiar y Comunitaria es fuerte y tiene una larga y maravillosa tradición de demostrar mejores resultados en salud. Trato de contribuir con lo que pueda ser útil. A veces significa tutoría, otras veces podría ser hablar en una conferencia, o proveer entrenamiento de procedimientos quirúrgicos, escribir un artículo, desarrollar un currículo académico o capacitación para el liderazgo, y otras veces es escuchar y tratar de dar sentido a un dilema político difícil.

La verdad es que cuando viajo a Iberoamérica siempre estoy aprendiendo... Aprendo de la capacidad de recuperación o resiliencia de mis colegas, de su compromiso, su fe y su conocimiento. Admiro su ética en la organización de congresos que están libres de la influencia de la industria farmacéutica, me siento inspirada con su capacidad para innovar y cuidar a la gente a pesar de tener menores recursos económicos y de financiación. Entiendo la prevención cuaternaria y aprendo modelos para la atención primaria y la integración de la salud pública. Estoy muy emocionada por ver el surgimiento de Waynakay (movimiento de jóvenes médicos), y por la esperanza de una nueva generación de médicos de familia que son el presente y futuro de la especialidad en la región.

Nos comunicamos a menudo, Whatsapp, Facebook, mensajes de correo electrónico y Twitter son puentes que acortan la distancia geográfica... Pero el tiempo trae "tesha gau" - una expresión guaraní que significa "me falta su mirada"... ¡No hay nada como la alegría de encontrarme junto con mis colegas en una conferencia de WONCA, una Cumbre regional o la reunión anual de la sociedad de Medicina Familiar de un país!!!

Existe una energía positiva y palpable que emana de Iberoamérica. ¡Estoy segura de que Ustedes la verán cuando se unan a nosotros en [WONCA Río en el 2016!](#)

Prof Enrique BARROS - Brazil - pro tem chair, WONCA Working Party on the Environment



Enrique Barros is from Brazil and has just been appointed Pro-tem chair of the WONCA Working Party on the Environment.

What work do you do currently?

I currently live and practice in a rural town of 6000 people

in the mountains in southern Brazil - Santa Maria do Herval.

I am also professor at Universidade de Caxias do Sul, and take interns and residents on placements in my community practice. As part of my clinical practice I am on call at the regional community hospital once a week.

What other interesting activities that you have been involved in?

- Host of a national TV show called [Ser Saudável](#) ("Being Healthy") for four years.
- Research project to implement the first Brazilian Family Therapy online for rural communities.
- Helped organize the WONCA Rural Health Conference, held in Gramado Brazil in 2014.

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

It is a privilege to have come to my small community and to serve it - to dutifully and respectfully watch the lives of my neighbors unfold and flourish - to witness the cycle of life (yes!, i just read the book *The Fortunate Man*).

I am especially interested in exploring the hidden interdependencies between people and the environment - which crystallize in my consultations and make me understand [Planetary Health](#) in a peculiar way that may be familiar to other general practitioners.

As a good Brazilian, of course I love football! and above all my family (wife and two kids).

How did you come to be involved in the WONCA Working Party on the Environment?

I first became involved while doing research on climate change and primary care in 2008 - later recognized by the Global Forum for Health Research and *The Lancet* ([more here](#)).

More recently, Alan Abelsohn and Grant Blashki, former Chairs of the WONCA Working Party on the Environment, invited me to contribute to an e-book "*Family Doctors in the Field*". My story can be read [here](#).

Now I find myself pro-tem Chair of the WONCA Working Party on the Environment and look forward to taking up this new role.



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Resources

"L'enseignement en milieu ambulatoire" - un guide pratique en français

L'enseignement en milieu ambulatoire est un guide pratique conçu pour aider les médecins de toutes les spécialités à former les étudiants en médecine et les résidents dans des cabinets privés et des cliniques en milieu hospitalier. Concis, agréable et facile à lire, il s'agit d'un ouvrage idéal pour les praticiens occupés qui cherchent à améliorer leurs compétences en matière d'enseignement.

Les auteurs traitent notamment de la théorie fondamentale de l'enseignement, des techniques d'enseignement spécifiques et des stratégies pour évaluer les stagiaires. Ils donnent en outre des conseils pour gérer les apprenants problématiques. À travers les aventures fictives du Dr Smith, l'ouvrage donne des exemples pratiques qui viennent compléter chaque théorie, technique et stratégie présentée.

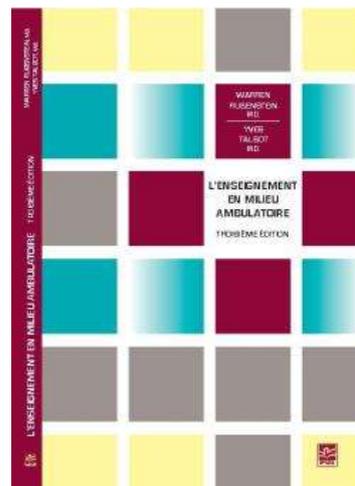
Des informations détaillées au sujet des principales théories d'enseignement de la médecine, de l'enseignement individuel et des formats structurés à utiliser pour évaluer les interactions entre apprenants et patients ont été ajoutées à cette nouvelle édition. Les auteurs s'intéressent par ailleurs à l'impact de la technologie numérique sur l'enseignement de la médecine en cabinet médical et donnent des conseils pour savoir comment travailler avec cette nouvelle génération d'apprenants qui jouissent – et s'attendent à jouir – d'un accès instantané à tous les types d'information.

Les auteurs

Warren Rubenstein MD, est médecin de famille et professeur agrégé au Département de médecine familiale et communautaire de l'Université de Toronto.

Yves Talbot MD, est médecin de famille et professeur au Département de médecine familiale et communautaire, au Département de gestion et d'évaluation des politiques sur la santé et à l'École de santé publique Dalla Lana de l'Université de Toronto.

[extrait .pdf](#) (La table des matières et l'introduction)



Acheter [la version française](#)
[English version](#)

Quaternary Prevention special issue published

The *Brazilian Journal of Family and Community Medicine* (RBMFC) is the quarterly scientific publication of Brazilian Society of Family and Community Medicine (SBMFC). It recently published a special issue about 'Quaternary Prevention' which has had a significant spread in South America.

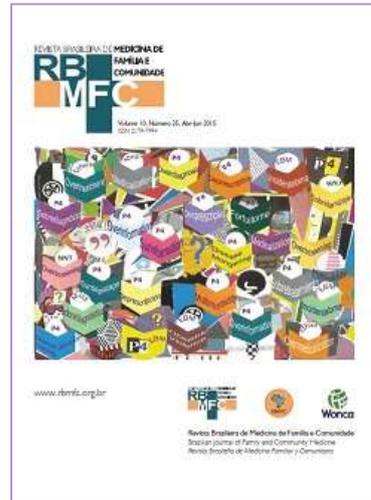
The special issue contains 21 papers, 34 authors from 12 countries - articles with an enormous spectrum but with the same focus on Quaternary Prevention. It shows the strength of international cooperation among family physicians and the

interest to co-operate. The Quaternary Prevention focus is very broad and involves ethical issues, shared decision making, person focused care, conflict of interest, crisis in evidence based medicine, and research financing. The main tool we have to face this turbulence is the promotion of critical thinking by educating new generations with a new paradigm based on critical thinking. In his editorial "*Quaternary Prevention; first do not harm*" in the special issue, Dr Marc Jamouille of Belgium says "Quaternary prevention involves the need for close monitoring by the doctor himself, a sort of permanent quality control on behalf of the

consciousness of the harm they could do, even unintentionally, to their patients. Quaternary prevention is also about understanding that medicine is based on a relationship, and that this relation must remain truly therapeutic by respecting the autonomy of patients and doctors."

The articles are in English, Portuguese and Spanish so can be of interest to all.

[Table of contents of "Quaternary Prevention \(P4\)"](#)



Un número especial sobre “Prevenção Cuaternaria”

La Revista Brasileira de Medicina de Família e Comunidade (RBMFC) es la publicación científica trimestral de la Sociedade Brasileira de Medicina de Família e Comunidade (SBMFC). Se ha publicado recientemente en ella, un número especial sobre “Prevenção Cuaternaria”, concepto que ha tenido una expansión significativa en Sud América.

El referido número especial cuenta con 21 artículos, de 34 autores de 12 países diferentes. Los artículos despliegan un amplio espectro de contenidos pero con el mismo foco, la Prevenção Cuaternaria. Esta publicación demuestra el poder y la sinergia que es posible alcanzar, cuando contamos con médicos de familia interesados en cooperar.

La perspectiva que propone la Prevenção Cuaternaria es muy amplia e incluye temas tan variados de la práctica médica como, los aspectos éticos, las decisiones compartidas, los cuidados centrados en la persona, conflictos de intereses, la crisis de la medicina basada en la evidencia y el financiamiento de la investigación. La principal herramienta que disponemos, para enfrentar estos tiempos turbulentos es la promoción del

pensamiento crítico. En un nuevo paradigma, basado en el pensamiento crítico, deberán ser formadas las nuevas generaciones.

En el editorial de este número especial titulado "Prevenção Cuaternaria; antes que nada no hacer daño", Dr Marc Jamouille de Bélgica dice: “La prevención cuaternaria implica una estrecha auto vigilancia del médico a sí mismo, una especie de permanente control de calidad sustentado en la conciencia del posible daño a provocar a sus pacientes, incluso sin intención. La prevención cuaternaria también requiere comprender que la medicina se basa en una relación y esta relación debe ser verdaderamente terapéutica, respetando la autonomía de los pacientes y de los médicos”.

Hay artículos disponibles en inglés, portugués y español por lo que pueden ser de gran interés para todos ustedes.

[Índice de contenidos sobre Prevenção Cuaternaria de la RBMFC.](#)

Traducción: Miguel Pizzanelli

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19 Nov - 22 Nov 2015	2nd National Conference FMPC 2015 
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21 Nov - 22 Nov 2015	Family Medicine & Primary Care India 2015 
	New Delhi, India
04 Dec - 06 Dec 2015	5th Asia Pacific Research conference 
	Putrajaya, Malaysia
30 Apr - 04 May 2016	STFM Annual Spring Conference 
	Minneapolis, Minnesota, USA