

# WONCA News

Vol 44 Number 9 : October 2018



[www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)

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## From the President : the final column

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*Amanda Howe and  
WONCA Executive  
2016-2018*

This will be my last news as President, which feels very strange! I would like to thank all our members for their support for family medicine, and for WONCA.

Soon we shall host our World Council and World conference in Seoul in South Korea, where we shall have much business to discuss. Thanks to the efforts of the Secretariat and the current Treasurer (Prof Job Metsemakers), our accounts are healthy, and we can plan with more confidence for the next biennium. We are very pleased that one of our lead contacts at WHO, Dr Shannon Barkley, will join us for part of Council, which will help us to focus on this key relationship and the ways we can most effectively work together. In fact, much of September's WONCA business was generated by WHO as they consulted with us and other stakeholders in preparation for the 40th Anniversary of the Alma Ata Declaration: more thoughts on this work and its implications are in my September policy bite. We shall report later on the WHO meeting, in October, in Astana, where five of us will represent WONCA at this important summit to mark the anniversary, and launch a new Declaration.

### **Recent visits**

I was delighted to undertake two overseas visits in the last period - to Indonesia, where I met leaders of the Indonesian College of Primary Care Physicians (our member organisation), gave a keynote at their seminar, and saw the graduation of some of their recent cohort of new family doctors. Their situation is challenging, as family medicine is not yet legally recognised as a speciality, and there is only one training scheme at present – which for a country of more than 260 million people is not much! But colleagues are fighting hard to change this, have the support of their health ministry, and are hoping for change soon.



I also spoke at a conference on rural health workforce, hosted by one of the universities, and was able to draw on the excellent work of our own WONCA Working Party on Rural Practice for much of the evidence I presented in my keynote. Indonesia faces huge challenges to supply its rural population with health care as it is spread over more than 17,000 islands; but it is making strong efforts to achieve UHC for the rural population – helped by the Indonesian Rural and Remote Doctors association (IRRDA). I met many passionate and committed staff from primary care, and congratulate them all.

By the time this news is published, I shall also have attended the World Psychiatric Association meeting in Mexico, where I am giving a keynote on 'Making mental health work in primary care'. Again, I am grateful to be able to draw on and promote the excellent work of our WONCA Working Party on Mental Health – it is a real strength of WONCA that we can bring expertise from all parts of the world into our policies and presentations, and it certainly enhances our reputation with other specialities. Psychiatry is a speciality which also faces many challenges, and it will be good to share our learning and expertise, as mental health is such an important part of both our jobs.

### **Reflections**

I shall close this column with a few reflections on what I have learned in this two years as President.

I think we must never assume that our

speciality is safe – as we have attrition from other specialists, from markets that can draw our workforce overseas or out of service, and also some 'competition' from other health professionals. While professional choice is important, and the skills of others are fully recognised and valued, many countries continue to not train enough family doctors for the needs of their people; fail to offer them equitable terms and conditions; and also may not support their career structures.

Some regions, such as Iberoamerica, have family medicine embedded in most countries' health systems, while other regions, such as Africa, have very few countries with such acknowledgement of our speciality. Even in a country like the UK, the choice to become a family doctor has become less popular because of excessive workload and unstable working conditions. So our efforts must continue to develop our discipline's profile and expertise, get recognition for its importance and status; and to inspire and train others to join us.

### De la presidenta – la última columna

Esta será mi última columna como Presidenta, ¡lo que me hace sentir muy extraña! Me gustaría dar las gracias a todos los miembros de la WONCA por su apoyo a la Medicina de Familia, y por su trabajo en la WONCA.

Pronto vamos a dar la bienvenida al Congreso Mundial de WONCA en Seúl, en Corea del Sur, donde tendremos muchos temas de los que hablar. Gracias a los esfuerzos del Secretariado y a nuestro Tesorero actual (el Profesor Job Metsemakers), nuestras cuentas están saneadas, y podemos afrontar los próximos dos años con mayor confianza. Estamos muy satisfechos de que una de nuestras personas de contacto dentro de la Organización Mundial de la Salud, la Doctora Shannon Barkley, se nos vaya a unir para formar parte del Consejo. Esto nos ayudará a concentrarnos en esta relación clave y en las diferentes maneras mediante las que podemos trabajar de forma conjunta. De hecho, buena parte de la actividad de la WONCA de septiembre fue generada por parte de la Organización Mundial de la Salud mientras ellos nos estuvieron haciendo consultas, junto con otros gestores políticos, a propósito de las preparaciones con respecto a la conmemoración del 40 Aniversario de la Declaración de Alma Ata: Podéis encontrar más pensamientos y más implicaciones

I have been constantly impressed and encouraged by the wonderful family doctors I have met on my Presidential visits, so I know we have many working for the same cause. And as past President, just like my esteemed predecessors, I shall continue to support WONCA and its mission. Thank you.

Amanda Howe  
President



acerca de este trabajo en mi artículo de Fragmentos de Política de este mes de septiembre. Más adelante vamos a daremos más información sobre la Organización Mundial de la Salud y el evento de Astana de octubre donde cinco de nosotros representaremos a la WONCA en esta importante cumbre para celebrar el aniversario de Alma Ata y lanzar una nueva Declaración.

Me sentí muy feliz de poder llevar a cabo dos visitas intercontinentales en el último periodo – a Indonesia, donde me encontré con los líderes del Colegio Indonecio de Atención Primaria (nuestra organización miembro), y di un discurso en uno de sus seminarios, y pude asistir a la ceremonia de graduación de algunos de sus nuevos médicos de familia. Su situación representa un reto, puesto que la Medicina de Familia no ha sido todavía legalmente reconocida como una especialidad, y existe un solo programa de formación en estos momentos – que ¡para un país con 260 millones de personas no es mucho! Pero nuestros colegas están luchando mucho para cambiar esta situación, tienen el apoyo de su Ministerio de Sanidad y la esperanza de que pronto se produzca un cambio.

En su Congreso también hice un discurso a

propósito del personal sanitario en el entorno rural, en un evento en que nos acogió una de las universidades, y pude poner el foco en el excelente trabajo que hace nuestro Grupo de Trabajo WONCA en Medicina Rural y presentar mucha de la evidencia de su labor. Indonesia se enfrenta a enormes retos a la hora de proveer a su gran población rural con asistencia sanitaria, una población que vive en un entorno rural disperso, compuesto de más de 17.000 islas, pero los indonesios están haciendo grandes esfuerzos para conseguir implementar la universalidad para toda la población rural – ayudados por la Asociación Indonesia de Médicos Rurales y Remotos (Indonesian Rural and Remote Doctors Association, IRRDA). Conocí a mucha gente apasionada y comprometida con la Atención Primaria y les felicité a todos.

Para cuando se publique este artículo, ya habré estado en el encuentro de la Asociación Mundial de Psiquiatría en México, donde voy a colaborar con un discurso sobre cómo “Hacer que funcione la Salud Mental en el contexto de la Atención Primaria”. Una vez más, estoy agradecida por poder aprovechar y promover el excelente trabajo de nuestro Grupo de Trabajo WONCA en Salud Mental – este es uno de los grandes potenciales que tiene la WONCA, que puede hacer llegar su experiencia desde todos los sitios del mundo para lograr que esta influya en nuestras políticas y presentaciones, y ciertamente este hecho mejora nuestra reputación con otras especialidades. La psiquiatría es a una especialidad que también se enfrenta a muchos retos, y será bueno compartir nuestro aprendizaje y experiencia, puesto que la salud mental es un elemento tan importante de nuestros trabajos.

Finalizaré esta columna con algunas reflexiones con respecto a lo que he aprendido en estos 2 años como Presidenta.

### De la présidente : la dernière lettre

Ceci sera ma dernière lettre en tant que présidente, sentiment étrange. Je voudrais remercier tous nos membres pour leur soutien de la médecine familiale et de WONCA.

Nous accueillerons bientôt notre Conseil International et notre Conférence internationale à Séoul en Corée du Sud ou nous aurons beaucoup de discussions

Pienso que debemos asumir que la nuestra es una especialidad segura – puesto que sufrimos de la misma “erosión” que otros especialistas, desde “mercados” que pueden llevarse a nuestros profesionales a otros países o servicios, y en la que también existe una cierta “competición” desde otros profesionales de la salud. Mientras que la elección profesional es importante, y las habilidades de otros han sido totalmente reconocidas y puestas en valor, muchos países continúan sin ofrecer una formación suficiente a los médicos de familia para las necesidades de sus comunidades y fallan a la hora de ofertar unas condiciones equitativas, incluso no les apoyan lo suficiente en sus carreras.

Algunas regiones, como Iberoamérica, tienen la Medicina Familia integrada en la mayoría de los sistemas de salud de la mayor parte de sus países, mientras que otras regiones, como en África, tienen muy pocos países con un conocimiento global de nuestra especialidad. Incluso en un país como el Reino Unido, la elección de ser un médico de familia ha ido perdiendo popularidad a causa de una carga de trabajo excesiva y unas condiciones de trabajo inestables. De modo que nuestros esfuerzos deben continuar desarrollando el perfil de nuestra disciplina y nuestra experiencia, para conseguir más reconocimiento para su importancia y su estatus y para inspirar y formar a los otros esperando a que se nos unan.

Constantemente, me he sentido impresionada por los maravillosos médicos y médicas de familia que he conocido en mis visitas presidenciales, de modo que sé que tenemos mucho trabajo que hacer por una causa común. Y como expresidenta, de la misma forma que mis amados predecesores, continuaré apoyando a la WONCA y a su misión. Muchas gracias

Amanda Howe

professionnelles. Grâce aux efforts du Secrétariat et du Trésorier actuel (Pr Job Metsemakers), notre comptabilité est saine et nous pouvons envisager notre prochain exercice biennal avec confiance. Nous avons le plaisir d'accueillir au Conseil Dr Shannon Barkley, un de nos contacts auprès de l'OMS, ce qui nous permettra de nous concentrer sur cette relation clé et sur les moyens de

travailler plus efficacement ensemble. En fait, une grande part des activités de septembre de WONCA a été produite par l'OMS à travers nos consultations en vue du 40e anniversaire de la déclaration d'Alma Ata. Vous trouverez des réflexions supplémentaires sur ce travail et ses implications dans ma note politique de septembre. Plus tard, nous ferons un rapport de notre réunion avec l'OMS d'octobre à Astana où cinq d'entre nous représenteront WONCA pour cet important sommet marquant l'anniversaire et le lancement d'une nouvelle déclaration.

J'ai eu le plaisir de faire deux visites à l'étranger au cours de la dernière période -en Indonésie où j'ai rencontré des dirigeants de l'Indonesian College of Primary Care Physicians (membre de notre organisation) au séminaire duquel j'ai prononcé un discours liminaire et assisté à la remise des diplômes du plus récent groupe de diplômés en médecine familiale. Leur situation est difficile du fait que la médecine familiale n'est pas encore légalement reconnue comme spécialité et qu'il existe seulement jusqu'ici un seul programme de formation -ce qui est peu pour un pays qui compte plus de 260 millions d'habitants ! Cependant nos collègues se battent pour changer cela avec l'aide de leur ministère de la santé. Ils espèrent donc voir un changement bientôt.

J'ai aussi pris la parole, lors d'une conférence organisée par une des universités, sur le personnel de santé en milieu rural, utilisant les résultats de recherche dans l'excellent travail de notre propre groupe de travail sur la médecine rurale. L'Indonésie confronte d'énormes défis en ce qui concerne la provision de services de santé car le pays se répartit sur 17 000 îles. Le pays fait cependant de gros efforts qui visent à fournir une couverture universelle de santé à la population rurale- soutenu par l'association des Indonesian Rural and Remote Doctors (IRRDA). J'ai rencontré de nombreux membres du personnel de soins de santé primaire, tous passionnés et dévoués, et je les félicite tous.

Au moment où ces nouvelles seront publiées, j'aurai aussi assisté à la réunion de l'Association mondiale de psychiatrie au Mexique, au cours de laquelle je présenterai un discours sur « Faire fonctionner la santé mentale au sein des soins de santé primaire ». Encore une fois, je suis reconnaissante de pouvoir utiliser et promouvoir l'excellent travail

du groupe de travail de WONCA sur la santé mentale -il s'agit là d'une véritable force de WONCA car nous pouvons apporter notre expertise de tous les coins du monde dans nos politiques et nos présentations. Ceci rehausse vraiment notre réputation auprès d'autres spécialités. La psychiatrie est une spécialité qui rencontre également beaucoup de défis et il sera bon de partager notre apprentissage et notre expertise car la santé mentale représente une grande partie de nos activités respectives.

Pour clore cette colonne, voici quelques réflexions sur ce que j'ai appris au cours de mes deux ans à la présidence.

Je pense qu'il ne faut jamais supposer que notre spécialité est hors de danger -nous souffrons de l'attrition d'autres spécialistes, des marchés desquels nous pouvons engager du personnel étranger ou au chômage et aussi d'une certaine compétition de la part d'autres professionnels de la santé. Alors que le choix professionnel est important et que les compétences des autres sont totalement reconnues et appréciées, de nombreux pays continuent à ne pas former suffisamment de médecins de famille pour répondre aux besoins de leur population, ne leur offrent pas de conditions équitables et ne soutiennent pas leurs structures de carrière.

Certaines régions, telles que l'Amérique latine, intègrent la médecine familiale dans les systèmes de santé de la plupart des pays. Par contre, d'autres régions telles que l'Afrique ont très peu de pays où notre spécialité est reconnue. Même dans un pays comme le Royaume Uni, le choix d'une carrière de médecin de famille est moins attractif du fait de la surcharge de travail et des conditions de travail incertaines. Nos efforts doivent donc continuer à développer le profil et l'expertise de notre discipline, obtenir reconnaissance pour son importance et son statut ainsi qu'à inspirer d'autres à nous joindre et à les former.

J'ai toujours été impressionnée et encouragée par les incroyables médecins de famille que j'ai rencontrés durant mes visites en tant que présidente et je sais donc que nous sommes nombreux à travailler pour la même cause. Comme ancienne présidente, tout comme mes prédécesseurs respectés, je continuerai à soutenir WONCA et sa mission. Merci.

Amanda Howe

## From the CEO's desk: Korea activities and logistics

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Hello again from Bangkok. The Secretariat has been extremely busy of late finalising the Annual Report and with getting papers and logistics ready for the Korea Council and conference. In addition, WHO will be holding a meeting in Astana, Kazakhstan, in late October (just after the WONCA conference), to celebrate the 40th anniversary of the Alma Ata conference and Declaration. WONCA has been incredibly busy providing inputs into numerous WHO technical papers, often with a very short turn-round time.

### Korea Timetable

We're publishing the timetable for Korea to try to ensure that everyone has a clear idea of the schedule for the various meetings around the time of the World Council. Just p

rior to Council our Regional Councils meet, whilst between Council and conference most of our Working Parties and Special Interest Groups meet, and we have already been in contact with all of these groups regarding logistics arrangements.

*Photo: Say hello to the WONCA secretariat Seoul: Chalita Taothong (admin), Garth Manning (CEO), Nongluck Suwisith (manager)*



### Regional and World Council meetings

Those attending regional Council meetings will need to be at the Sheraton Hotel in Incheon by the evening of Friday 12th October, ready to start on Saturday 13th.

All other Council delegates need to be at Sheraton Hotel by evening of Saturday 13th October – when there will be an informal welcome reception – ready to begin the work of Council on Sunday morning, October 14th.

Website for the [Sheraton hotel in Incheon](#)

There are three main options from transferring from Incheon Airport to the Sheraton Hotel Incheon:

- Taxi (around 30 minutes and 40,000 KRW – about \$36)
- Hotel limo (around 30 minutes and 85,000 KRW – about \$77)
- KAL Limousine bus (around 30 minutes and 7,000 KRW – about \$6). Bus departs from Terminal 1 arrivals area outside Gate 4A and 10B. Bus runs every 30-40 minutes – see schedule [here](#). Details for Terminal 2 still awaited

The Council meeting will run through to lunchtime on Tuesday 16th October. The new WONCA Executive will then hold its first meeting, but all other delegates will be free to transfer to downtown Gangnam in Seoul, venue of the WONCA conference ([CoEx centre](#)). Some buses will be available, on a first come-first serve basis, to transfer delegates to the CoEx centre in Seoul. Bus departure times will be confirmed nearer the date.

[All meetings](#)

### World Conference

The opening ceremony of the conference will be at 9.30am on Thursday 18th October, whilst the welcome reception will be at 6.30pm that evening.

[Conference website](#)  
[Outline programme](#)

## **WONCA Awards ceremony**

A particular date for your diary is Saturday 20th October at 9.30am, when the WONCA Awards ceremony will be held, followed by the Presidential handover from Amanda Howe to Donald Li.

### **Timetable in full:**

#### **Wednesday 10th October 2018**

WONCA Executive gather in Incheon

#### **Thursday 11th and Friday 12th October**

WONCA Executive meeting in Incheon

#### **Saturday 13th October**

Morning - WONCA Regional Executive meetings at Sheraton Hotel, Incheon (Asia Pacific and CIMF)

Afternoon - WONCA Regional Council meetings at Sheraton Hotel, Incheon (all except Europe).

Details of [Region meetings](#)

5.30pm – briefing for all new delegates to World Council

6.30pm - Evening welcome reception for Council delegates

#### **Sunday 14th to lunchtime Tuesday 16th October**

WONCA World Council at Sheraton Hotel Incheon

#### **Afternoon of Tuesday 16th October**

New WONCA Executive meets at Sheraton Hotel Incheon

#### **Wednesday 17th October**

7.30am – breakfast meeting for new Executive and for all Chairs of WPs and SIGs – Jupiter Room, Intercontinental Seoul CoEx hotel.

9.00am onwards - WONCA WPs and SIGs meet at CoEx centre (the conference centre)

Timetable for all WP, SIG and young doctor meetings can also be found [here](#)

#### **Thursday 18th October**

Conference opening ceremony at 9.30am,

Welcome reception at 6.30pm

#### **Thursday 18th to Sunday 21st**

WONCA World Conference at CoEx.

#### **Saturday 20th October**

9.30am – WONCA Awards Ceremony (WONCA Fellows, Hon Life Direct Members; Five Star Doctor Award) and Presidential handover ceremony

Full details of the conference, and also the hotels, [social activities](#) and tours being arranged, can be found on the [conference website](#).

Many of the workshops being run by various working parties and special interest groups can be found [here](#).

See you in Korea

Garth Manning CEO

Note: there is a supplement to this newsletter with more details of meetings

## Policy Bite : Making global action effective

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*Amanda Howe writes:*

I have held a number of leadership positions in my career – including owning a practice from 1984-2001, running a medical course from 2004-2008,

being an Officer and Trustee of the Royal College of GPs from 2009–2015, and being President of WONCA 2016-2018. The scale of these positions moves from micro to macro, and the ‘chain of command’ is much looser and more complex as the scale increases. In fact, WONCA is a network of member organisations, all of which are autonomous and choose whether to be part of WONCA or not: so the President is mainly a representational and ‘figurehead’ role, who can encourage a sense of direction and lend expertise but cannot demand any specific change.

The question of how to achieve consensus and ensure that action occurs, if needed, is therefore a complex one for an organisation such as WONCA. This has been mirrored by the challenges we have seen for the UN in taking any effective steps in the crises in Yemen and Syria, and more recently in our shared experience of WHO’s lead into the 40th anniversary of the Alma Ata Declaration. Having agreed to make a major Declaration leading into country level implementation, there has been widespread consultation, development of supporting documentation, and an ‘invitation only’ meeting in Astana – but with an intention to engage multiple stakeholders. The named partners are member states, registered non-State actors (NSAs, including WONCA), civil society organisations, donors, and some ‘nominated’ experts. The third version of the Declaration is now in the process of signoff at country level, and many arrangements remain outstanding - a huge challenge to bring this altogether, and to ensure real ownership of the initiative.

The majority of attendees at the Astana meeting have to be self-funding, so there are significant risks that this might exclude some groups and favour others unless the process is well managed. Some free places are allocated for constituents deemed a priority – for example, representation from low and middle income countries (LMICs), and from ‘youth’ constituents. WONCA sees the need to ensure the voice of family medicine is heard in the debate about how to strengthen primary health care for universal health coverage as an absolute global priority at this stage, but we have been invited! So we have agreed to fund up to five representatives – a substantial budget implication, and one that we shall evaluate afterwards.

Just as WONCA is dependent on all its constituent parts to meet deadlines and prepare for Seoul Council, so WHO has had to align the inputs of multiple players into its final version of the Declaration. WONCA has been able to comment on a number of the documents, but these have often come to us with very short timelines, and of course with no guarantees that our suggested changes will be taken on board. The workload for those at the heart of this has been very challenging, but also been significant for those attempting to engage with the process. The bigger question though is not what is involved at this stage but what will happen after the anniversary, as we move into the next decade.

The stated intention is to have an implementation phase, where member states and others will be asked to make specific commitments to deliver on the Astana ‘promise’. As an NSA, we have to renew our programme of work with WHO on a regular basis, and this may allow WHO a means to call us to account for our involvement – but the member states themselves also have to align. Funding from WHO can of course be used as a lever for change, but the kinds of reforms needed for UHC are not those which commonly attract WHO funding – this is more usual for e.g. the Ebola crisis, and is often dependent on complex pathways (including donor availability and expectations). So the likelihood of action will rest on whether member states actually agree with the overall analysis of what is needed and why; can

actually harness the resources to make the changes needed – including training a different workforce and improving investment into the primary care sector: and whether conditions are sufficiently economically and politically stable to allow progressive changes.

My conclusion is therefore that global action can only be effective if the constituent partners agree with the key priorities set, and are in a position to work towards the change they agree. This is true for WHO, and it is true for us. WONCA tries to use the funding it gets from membership fees and other sources to facilitate sharing of knowledge and also effective communications – both internally to members and externally to others. We are reliant on each member organisation – indeed, each member – to continue to put effort into changes that are needed for our patients and peoples to get the health care they deserve. Creating a momentum round a set of ideas, a form of words such as a ‘Declaration’, and a major meeting or conference to explore and

launch this, is a common mode of working – see for example the Delhi Declaration which came out of the Rural Working Party’s meeting earlier this year. But any such statement is really judged by what happens afterwards.

So we look forward, both to Seoul and to Astana. We shall make our own WONCA Declaration at Seoul, and carry this forward into the next biennium, and onwards to Astana. I know the new Executive under Dr Donald Li as President will continue to serve WONCA’s mission as best they can. We hope all members will feel part of this effort, and share their views and actions to our common goal – *“to improve the quality of life of the peoples of the world ... by fostering high standards of care in general practice/family medicine”*.

Thank you all.  
Amanda Howe.  
WONCA President

## Fragmentos de política – Haciendo que la acción global sea efectiva

Durante mi carrera he desempeñado diversos puestos de responsabilidad y liderazgo – incluyendo el hecho de ser directora y propietaria de un Centro de Salud entre 1984 y 2001, coordinar una formación médica durante 4 años (entre 2004-2008), trabajar como Adjunta de Administrativa en el Real Colegio de Médicos de Familia entre 2009-2015, y presidir la WONCA entre 2016 y 2018. El rango de estas posiciones se mueve desde el nivel más micro a la posición de responsabilidad más macro, y es por eso que “la cadena de mando” es mucho menor como más se sube, y las herramientas de trabajo se vuelven más complejas a medida que esta escala de responsabilidad aumenta.

De hecho, la WONCA es una red de organizaciones, cada una de ellas autónoma, que escoge de forma libre si quieren unirse o no a la WONCA, de manera que la figura del Presidente o de la Presidenta es, de hecho, meramente representativa y tiene una función más bien simbólica que puede ayudar a animar en el sentido de dirigir y transmitir experiencia pero no puede reclamar, mandar ni obligar a que haya un cambio específico concreto.

El tema sobre cómo conseguir un amplio

consenso para garantizar que una acción se cumpla, en caso de ser necesaria, es ante todo una cuestión compleja en una organización como WONCA. Esta complejidad se ha visto reflejada en el momento en que las Naciones Unidas han tenido que tomar pasos efectivos en las crisis del Yemen y Siria y, también, más recientemente, en nuestra experiencia compartida en el proceso de la Organización Mundial de la Salud hacia los actos de celebración del 40 Aniversario de la Declaración de Alma Ata. En ese sentido, acordamos hacer una Declaración global para instar a que los acuerdos se implementasen a nivel de los países, y para lograr este texto, hubo una ronda de consultas muy amplia, un desarrollo de argumentario de soporte y una “invitación individualizada” a participar en el encuentro de Astana, con la clara intención de involucrar a los diversos actores internacionales necesarios. Estos actores imprescindibles son, evidentemente, los Estados miembro, las organizaciones no-Estatales registradas (NSAs, como por ejemplo la propia WONCA), las organizaciones de la sociedad civil, los contribuyentes y algunos expertos “elegidos”. La tercera versión de la Declaración en este momento se encuentra en el proceso de ser refrendada en los diversos países que han

participado, y muchos de los preparativos se están desarrollando de forma intensa. Otro de los grandes retos es el de juntar todos estos elementos juntos y garantizar que todos y todas nos sintamos copropietarios y copropietarias de la iniciativa.

La mayoría de los asistentes que vendrán en el encuentro de Astana tienen que cargar con los gastos de trayecto y alojamiento con sus propios recursos, así que existe un riesgo importante de que ciertos colectivos y grupos queden excluidos del encuentro y que, por otro lado, esta misma situación beneficie a otros. Todo esto, claro está, a menos que este proceso no se dirija de forma correcta. Algunas de las plazas libres se han designado para aquellas personas que han sido consideradas como prioritarias – por ejemplo, aquellas plazas que vienen de países con menos recursos (low and middle income countries, LMICs), o los médicos más jóvenes.

La WONCA es consciente de que es muy necesario garantizar que la voz de la Medicina de Familia es escuchada en el debate sobre cómo fortalecer la Atención Primaria para llegar a una cobertura universal de salud como objetivo global absolutamente prioritario, y... ¡nos han invitado! Así que nos hemos puesto de acuerdo para aprovechar esta ocasión y financiar la asistencia de cinco representantes – lo que representa un compromiso presupuestario importante, y cuyos resultados evaluaremos más adelante.

De la misma forma que la WONCA depende de todas sus diversas partes para cumplir con los términos fijados y prepararnos para el Congreso de la WONCA de Seúl, la Organización Mundial de la Salud ha tenido que ordenar las diversas aportaciones de múltiples colaboradores en su versión final de la Declaración. WONCA ha podido añadir sus comentarios en un buen número de documentos, pero estos nos han llegado a menudo con muy poco tiempo para gestionarlos, y, por otro lado, no tenemos garantías de que nuestras sugerencias se lleguen a tomar en consideración. La carga de trabajo que soportan todos aquellos que se encuentran en el núcleo de esta situación ha representado un reto muy grande, pero también lo ha sido para aquellos que se han intentado unir desde fuera a este proceso. A pesar de todo, la gran cuestión no es la implicación presente, si no lo que sucederá tras la conmemoración de los 40 años, mientras vamos entrando en la nueva década.

La intención hecha pública es que haya una fase de implementación, en la que los estados miembro y otras organizaciones serán consultadas para que se comprometan de forma específica a poner en práctica la “promesa” de Astana. Como NSA (National Speakers Association), debemos renovar nuestro programa de trabajo con la Organización Mundial de la Salud de una forma regular, y esto puede que permita a la Organización Mundial de la Salud tenernos en cuenta para nuestra implicación – siempre y cuando los estados miembro estén de acuerdo. La financiación proveniente de la Organización Mundial de la Salud puede, sin duda, ser utilizada como una palanca para cambiar ciertas cosas, pero el tipo de reformas necesarias para conseguir la universalidad no acostumbra a despertar el interés de la OMS a la hora de financiarlas – un buen ejemplo de ello es la crisis del Ébola y la dependencia que suele tener la OMS con respecto a la complejidad de ciertos caminos a tomar (incluyendo la disponibilidad de los contribuyentes y sus expectativas).

De forma que la probabilidad de llegar a acciones concretas se mantendrá siempre y cuando los estados miembros pongan finalmente de acuerdo en el análisis global de lo que es necesario y el por qué; en realidad, es posible aprovechar recursos para realizar los cambios necesarios, incluida una mejor capacitación del personal sanitario y una mejor inversión en el sector de la Atención Primaria: siempre y cuando las condiciones políticas y económicas se mantengan suficientemente estables para permitir cambios progresivos.

En ese sentido, mi conclusión es que la acción global solo puede ser realmente efectiva si los compañeros y compañeras que constituyen las bases de esta declaración se ponen de acuerdo en el conjunto de las prioridades, y se ponen en una posición de trabajar hacia un cambio compartido. Esto es verdad por parte de la Organización Mundial de la Salud y es también verdad para nosotros. WONCA intenta utilizar todos los recursos económicos que recibe de las organizaciones miembro mediante sus cuotas y otras fuentes para facilitar que se comparta el conocimiento, así como que se realicen comunicaciones efectivas – tanto internamente entre miembros como externamente hacia otros. Nosotros confiamos en cada organización miembro – efectivamente, tenemos plena confianza en

cada uno de vosotros – para que continúe poniendo su esfuerzo en los cambios necesarios para nuestros pacientes para que la gente consiga la asistencia sanitaria que se merecen. Creando un momentum entorno a un conjunto de ideas, formalizar una Declaración y compartirla en un encuentro o congreso para explorarla y lanzarla, es una forma comuna de trabajo – ved por ejemplo la Declaración de Delhi que fue publicada por parte del Grupo de Trabajo en Medicina Rural tras su encuentro a principios de este año. Pero una declaración como esta será juzgada realmente por lo sus efectos posteriores.

Así que estamos esperando con mucha ilusión, tanto nuestro encuentro en Seúl como el de Astana. Nosotros también debemos hacer nuestra propia Declaración WONCA en Seúl, y llevar a cabo los compromisos que

alcancemos en nuestro próximo bienio, y con la vista puesta en Astana.

Estoy segura de que la nueva Ejecutiva de WONCA presidida por el Doctor Li continuará sirviendo a la misión de la WONCA de la mejor manera de la que serán capaces. Esperemos que todas las organizaciones miembro se sientan parte de este esfuerzo compartido, y que pongan en común sus puntos de vista y acciones para lograr nuestro objetivo – “para mejorar la calidad de la vida de los pueblos del mundo... mediante la promoción de altos estándares de la asistencia en la Medicina de Familia”.

Muchas gracias a todos y a todas,

Amanda Howe  
Presidenta de WONCA

## Young Doctors Movements news

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### Young Doctors develop "Statement on Exchanges"

*The Young Doctors' Movement has developed the WONCA statement on the value of exchanges in Family Medicine which has been endorsed by WONCA Executive.*

#### **The value of exchanges in Family Medicine**

Definition: an “exchange” refers to a structured observational placement of one doctor (the “visitor”) to a Family Medicine practice or clinic, in a country other than the one they normally work in, under the guidance of a designated “host”, a Family Doctor who serves as supervisor and mentor.

Family Medicine exchanges set the stage for the development of Family Medicine on a global level, fostering the personal and professional development of all involved.

The exchanges promoted by WONCA Young Doctors' Movements are built on an educational program designed with specific learning objectives identified by the visitor, and agreed between host and visitor. After the exchange, the visitor is assessed by the host and produces a report on his/her exchange. Host practices are required to meet certain criteria to be acceptable to host visitors.

The host practices offered as exchange sites are those that have been assessed by the national representatives. In order to guarantee the quality and the safety of the host practices, the appointed national representative is linked to the regional Young Doctors' Movement and, in some cases, to the national Family Medicine Association or College.

Healthcare, organisation and provision, differs from country to country. This diversity enriches the experience of the participant who is able to learn how healthcare responds to the contextual needs of



**Wonca**  
Young Doctors'  
Movements

the local population - a cultural exchange which enhances one's breadth of experience in life and professional terms. Medically, an experience that may see the visitor returning home with strategies to improve the practice and implementation of family medicine in their own region and possible country.

Exchanges in family medicine are effective and efficient ways to promote bilateral knowledge exchange, facilitate the sharing of experiences and expertise. Encouraging exchanges as part of postgraduate family medicine training will empower young doctors.

*endorsed September 2018*

## Announcement: YDM Global Fund

WONCA's Young Doctors Movements (YDMs) are proud to announce the establishment of the Young Doctors' Movements Global Fund - a platform to collect donations that are going to be used for different activities of Young Doctors' Movements from all over the globe.

### Why?

The number of trainees and young doctors participating and actively involving themselves in activities promoted by WONCA has greatly increased during the past few years. More young doctors are participating in WONCA conferences, and they are also engaging in activities related to WONCA's YDMs, WONCA's Special Interest Groups (SIGs) and WONCA's Working Parties. However, member participation is still not equal between WONCA regions.

Recognising the importance of nurturing and motivating the future generations of Family Doctors, all WONCA regions have been looking into possibilities to develop regional, structured and sustainable strategies for this support, but regional contexts differ, and this creates some limitations. The differences between regional YDM members' engagement may be due to the fact that some YDMs are quite new; some countries only have small numbers of family doctors in their Member Organisations; or it may be due to difficulties for YDMs in making effective contact with their potential members within each region. Finally, new members often join at regional conferences, but there is inequity in how many young doctors can attend these meetings. The establishment of the YDM Global Fund aims to address this issue, giving the possibility for WONCA's YDMs to access a stable additional source for funding that may then be applied according to the requirements of a region.

### Why organise an additional fund?

At the moment, some national and regional associations are providing financial support to young doctors from their country/region: but all such resources have limits, including usually being restricted to their own locality. Also some regions are wealthier than others. This again is one of the main reasons why we are currently facing this disparity between the number of participants from different countries/regions.

The fund will offer the possibility to further expand the participation of young doctors and to facilitate their access and involvement with WONCA's activities – consequently, WONCA's global network will grow and these young doctors will become WONCA's ambassadors both at national and at regional levels. This will be a means to support the work that has been developed by young doctors within their regional YDM networks as well as at global level.

### How does it work?

The YDM Global Fund is fully based on donations which are then distributed among the Regional Young Doctors' Movements. The purpose of this fund is to make YDM projects come to fruition and to further strengthen the national and international momentum the YDMs are building.

All donations are collected via paypal.

[Donate here](#)

Every small donation is welcome.

For any further questions please contact [youngdoctor@wonca.net](mailto:youngdoctor@wonca.net)

Thank you!  
Ana Nunes Barata  
YDM representative on Executive

## WONCA Groups

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### WP on Education update and Seoul preconference

*Prof Val Wass, chair of the WONCA Working Party on Medical Education updates us before Korea:*

The working party continues to expand with approaching 150 members on the circulation list. I am also

delighted that over 50 young doctors have expressed an interest in joining and are in the process of signing up. Work is progressing with the IFMSA to involve medical students – as we strive to move education in family medicine forward it is essential we hear and include their views.



The challenge for me remains twofold:

Firstly, how to engage and serve our members. The circulation list is large. We need more interaction. A common request is for access to education resources. David Keegan from Canada, has volunteered to scope our needs and develop a resource site – we had a useful meeting at the Association for Medical Education in Europe (AMEE). This should be a significant advance.

Secondly, we continue to develop our education standards. Victor Ng champions the CPD standards for Family Medicine Organisations with workshops at WONCA conferences. We are increasingly aware these need to be targeted to local needs. The postgraduate standards, championed by Allyn Walsh, have formed an excellent platform for WONCA accreditation of training programmes. Their worth was exemplified at a recent accreditation visit to the University of Toronto.

#### Seoul Preconference Workshop

The work on principles and standards for the undergraduate curriculum is

progressing. I am fortunate to have a great international group supporting this. We are holding a preconference workshop in Seoul on Wednesday October 17th in the Conference Centre. It is free. All are welcome! Please help us shape the future of Family Medicine.

[Email convenor for more information](#)  
[Register for Preconference Workshop](#)

#### Free Access Article of Month

*Education for Primary Care* are delighted to offer free access for one month to an article from Dr Hugh Alberti on the “Authentic general practice placements for medical students”

This offers a review of three papers which compound evidence for the significant educational advantage of placing medical students in Family Medicine to learn. A useful addition to his paper in the *British Journal of General Practice* titled “Exposure of undergraduates to authentic GP teaching and subsequent entry to GP training: a quantitative study of UK medical schools”. This demonstrates a positive correlation between time spent by medical students learning in Family Medicine and their interest in Primary Care as a career. Hugh Alberti et al *Br J Gen Pract* 2017; 67 (657): e248-e252.

[Education for Primary Care: Free Access article](#)

*Photo: WP Education workshops - fun and interactive*



### Rural Round Up: Taking the Rural Alma Ata forward in Seoul



*Photo: The WONCA Rural Council met in Delhi in April.*

*John Wynn-Jones, Chair of the WONCA Working Party on Rural Practice writes:*

Our 15th World Rural Health Conference last April in Delhi seems such a long way now as we find ourselves preparing for another WONCA Conference, the 22nd WONCA World Conference which will be held in Seoul from October 17 to 21. Unlike previous world congresses, the Rural WONCA Council met at our Delhi conference. This gives us the opportunity to devote our time to meeting with other Working Parties and Special Interest Groups and promoting rural issues across the WONCA Family.

I still find it difficult to believe that a cross cutting discipline, which impacts on the work of all the other groups in WONCA, still has such limited global impact. This is despite the fact that half the world's population is rural and compared with the world's urban population, it is older, poorer, carries the highest burden of disease and has the lowest access to health and social care. The International Labour Organisation in its 2015 report *Universal 'Health Protection: Progress to date and the way forward'* quoted that "56% of those living in rural areas worldwide are not covered by basic health care against 22% in cities and towns" and went on to state that "The rural-urban divide was omnipresent from the richest countries down to the poorest countries"

With the 40th anniversary of the Declaration of Alma Ata, I find it difficult to believe that the draft conference declaration for the WHO Global Conference on Primary Care, "Towards Health for All" to be held in Astana, Kazakhstan in October, fails to acknowledge the challenge that rural and isolated communities will pose for Universal Health

Coverage. The word rural does not even appear in the document. It's clear that much more needs to be done to address this inequity and we have to change gear to ensure that the brave new world of Universal Health Coverage acknowledges and prioritizes rural and isolated communities.

I was delighted to find that our own rural response to the Alma Ata anniversary, the [Delhi Declaration](#) has been put up on the WHO website. It is our manifesto for change, but we need to establish ways of getting the messages and solutions across to fellow professionals, policy makers and governments if we are to take it forward.

Let's make a commitment at Seoul to promote rural issues whenever possible and make a plan that we can all take home with us. As citizens of our respective countries we must lobby and influence our own policy makers and politicians and as global citizens let's work together, share ideas, promote good practice and make a difference.

There will be a meeting of WONCA Working Party on Rural Practice on the afternoon of 17th October (13.30 P.M. – 17.30 P.M. Room: E2 / 3 Floor at the convention centre). I will be sending a brief agenda out soon, but we want to keep it informal. Everyone with an interest in rural practice is welcome. Please engage with us and come and share your ideas and concerns. Let's use it to promote the Delhi Declaration and create our own Alma Ata aspirations.

The conference programme has over 17 rural workshops and many more rural presentations. Our request to label all rural activities in the programme was sadly turned down. I will be sending the finalised programme out next week. Karen Flegg will be putting it in *WONCA News* or you can come and visit us at the exhibition. I look forward to

meeting old friends in Seoul and making new contacts.

## [Rural workshops programme](#)

Finally, I am delighted to share with you, the news that Ewen McPhee (pictured right) has been elected as the President Elect of the Australian College of Rural and Remote Medicine ACRRM). Ewen has been a member of the Council of our Working Party for a number of years. He has been a wonderful advocate of Rural Health and Rural Practice both in Australia and around the world. Among

his many valuable contributions, he has made a major impact with his work with social media and digital health. We wish him every success.



## SIG on Conflict and Catastrophe Medicine report

*Rich Withnall reports*

### [Join our SIG](#)

Membership of the SIG now exceeds 500. We have made good progress against all objectives in our 2016-2018 biennium activity plan accepted by the WONCA Executive in Jan 17:



### **Networks**

We have generated new networks amongst the Commanders Medical of 45 countries (COMEDS); established a pan-NATO 'Futures Advisory Board' (Genoa, 12-18 Apr 18); and delivered the first COMEDS 'Prioritized Research List' (Prague, 29-31 May18) to focus international conflict and catastrophe medicine developmental efforts around six themes: blood and blood products forward; real-time telemedicine to support clinical reach-back and reach-forward; information management systems with integrated clinical decision support; growth of more empowered paramedical personnel; heightened physiological monitoring, including biosensors as a mass-casualty triage tool; and telemetry, artificial intelligence and 'big data' within conflict & catastrophe medicine.

### **Operational Appreciation**

We have enhanced the appreciation of specific Operational environments through a Mission Exploitation Symposium (8 May 18) and

Clinical Judgment Panel (3 July 18) following the combined military and humanitarian operations in Sep 17 to provide relief to the British Overseas Territories in the Caribbean affected by Hurricane Irma. We also led, and co-chaired working groups within 'Warrior Care in the 21st Century' (Toronto, 19-21 Sep 17), enhancing international best practice in the areas of resilience; recovery & rehabilitation; and reintegration in military or civilian life post-conflict or catastrophe.

### **Knowledge Sharing**

We have improved knowledge and information exchange between military (Commander UAE Medical Services Corps) and non-military teams at Governmental level (UK Department of International Trade) in support of family medicine delivery in the Middle East. This has included delivery of a keynote presentation at the Arab Health Conference (Dubai, 27-31 Jan 18) and continued work with the Iraqi Red Crescent Society to mentor five new Primary Care Directors establishing a Family Medicine Centre of Excellence in Baghdad. We are also providing input to the Scientific Advisory Committee for WONCA World 2020.

### **Research**

Investing in the next generation of conflict & catastrophe medicine clinicians, we have secured funding and educational supervision for two MSc students (one in Birmingham and one in Brussels) and a one-year Fellowship in Disaster and Humanitarian Medicine (Harvard).

### **2018-20 Aims**

For 2018-20, the proposed aims of the SIG will be to:

1. Continue to generate networks that help to develop the specialist medical, public health, leadership and managerial competencies required at the scenes of major man-made and natural disasters.

2. Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organisations, and varying degrees of host nation support.

3. Provide a forum for an exchange of knowledge and information between member organisations' GPs/FMDs.

4. Encourage international conflict and catastrophe primary care research, promote the role of the GP/FMD, facilitate education and help to develop effective international collaborative relationships at all levels.

## World Mental Health day 10th October - Young people and Mental Health in a changing world

*Prof Henk Parmentier, member WONCA Working Party on Mental Health and Vice President for Europe, World Federation for Mental Health writes:*

Imagine growing up in our world today. Constantly battling the effects of human rights violations, wars and violence in the home, schools and businesses. Young people are spending most of their day on the internet – experiencing cyber crimes, cyber bullying, and playing violent video games. Suicide and substance abuse numbers have been steadily rising, LGBTQ youth are feeling alone and persecuted for being true to themselves and young adults are at the age when serious mental illnesses can occur and [Report on "Young people and Mental Health in a changing world" 70pp](#)



yet they are taught little to nothing about mental illness and wellbeing.

The World Federation for Mental Health is focusing the 2018 WMHDAY campaign on Young People and Mental Health in a Changing World. We want to bring attention to the issues our youth and young adults are facing in our world today and begin the conversation around what they need in order to grow up healthy, happy and resilient.

Lets all use this year to emphasize the needs of our young people. Its time to take a stand and demand more for this vulnerable population – our future depends on it!

Please join us with your activities on World Mental health Day

#worldmentalhealthday

## Member Organization news

### Balearic Meeting of European Residents and Young GPs in Palma de Mallorca

*“Thinking Outside The Box”.*

On September 14-15, 2018, more than one hundred European Residents and Young GPs met at the College of Doctors of the Balearic Islands (COMIB) in Palma de Mallorca, to take part in the VI Balearic Meeting of European Residents and Young GPs. It was organised by the Balearic Society of Family and Community Medicine, with the collaboration of

the COMIB, the Spanish Society of Family and Community Medicine (semFYC) and the Vasco da Gama Movement (VdGM).

Under the theme “Thinking Outside The Box”, the organising committee tried to motivate the participants to open their minds and to cross borders. Residents and young GPs played an active role in the different sessions about



## Featured Doctor

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### Dr Cheyanne VETTER

#### USA – Polaris chair



*Cheyenne Vetter is the chair of the WONCA North American Young Doctors' movement-Polaris.*

#### **What work do you do now?**

I am currently a family medicine resident in Prince Albert Saskatchewan, Canada. My work is highly varied as my post graduate program has been specifically designed to train graduates to practice in rural Canada. I have a special interest in obstetrics, women's health, and emergency medicine. The population and geography of Northern Saskatchewan makes every day interesting; There are unfortunately high rates of HIV in Saskatchewan (3x the Canadian national average), the majority of our population is rural, we serve many remote communities, and the aboriginal population faces major health inequities every day. I am lucky to train in a program that's focus is on training comprehensive family physicians equipped with the skills to serve in rural and remote areas and respond to the needs of their community. Every day is a learning curve and right now I have amazing mentors to look up to.

#### **Other interesting things you have done?**

I was fortunate to participate in a United Nations Pilgrimage for Youth when I was 17; I truly believe it was that experience that ignited my passion for advocacy and global health. I became involved in medical leadership very early in medical school, it was a natural transition from growing up in a rural community where I was expected to participate in every activity. I became the chair of the family medicine club in my first year of medical school, chaired the research committee of the Government Affairs and Advocacy Committee and was the treasurer of the Reproductive Action Group.

#### **What are your hopes in your new role as Polaris chair?**

As the chair of Polaris, I really hope to continue to establish Polaris in North America as an organization specifically for young family physicians to support the continuous improvement of the specialty. With such strong academies in our region, I hope to work closely with them to establish projects of value for our membership- projects with academic merit, support networks for those of us facing the challenges of training and early practice, and to continue to showcase the value of family medicine to the communities we work in.

#### **Your interests at work and privately.**

My passions are medicine and rural life. I grew up on a cattle ranch in Alberta Canada and have a love for all things rural and outdoors; which is why rural comprehensive care is the perfect marriage of the two things I love the most. I am a true Canadian who can often be found playing hockey in the winter and at the lake in the summer.

## Featured Doctor

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### Dr Zakiur RAHMAN

### Bangladesh - Spice Route Movement secretary



*Dr Zakiur Rahman, from Bangladesh who is secretary of the Spice Route Movement for Young Doctors, in South Asia, and also is president of Primary Care & Rural Health, Bangladesh.*

*Zakiur was recently interviewed by Kyle Hoedebecke. Kyle tells us about Zakiur.*

#### **Current work and roles.**

Zakiur Rahman is a family physician who focuses on the primary health of rural populations. He is motivated by treating the most helpless with the least amount of resources. Currently Zakiur works in a tertiary level teaching hospital as well as various locations throughout rural Bangladesh.

He holds a fellowship degree in general practice in the field of family medicine and has had the privilege of working for both the Bangladesh College of General Practitioners and the Bangladesh Academy of Family Physicians as a teacher to the next generation of FPs/GPs. Beyond this, Zakiur serves as a governing body member of the Bangladesh College of General Practitioners as well as a Research Executive at the Bangladesh Disease Research Institute.

#### **Other interesting activities**

Recently, he led Primary Care and Rural Health Bangladesh in providing medical care for over one million people by providing medical advice, health education, a free health camp, free medicine, and collaboration with other health partners. He offers his heartfelt gratitude to all of his colleagues who made it possible to accomplish such a feat.

Beyond Bangladesh, Zakiur loves exchanging best practices with international colleagues. He was selected for the 2016 WONCA Europe scholarship for young doctors to attend the WONCA Rio conference - sending a Bangladeshi representative to a WONCA world conference for the first time. He was again recognised with the WONCA Rural Bursary in 2017 to attend the WONCA Rural Conference in Cairns, Australia.

#### **Young Doctors' Movement – The Spice Route activities.**

Finally, Zakiur has placed much of his efforts into the South Asian Young Doctors' Movement - the next generation of FPs/GPs. He is secretary of the Spice Route Movement for Young Doctors in South Asia. He has helped represent Bangladesh as a Social Media Ambassador and is the Bangladesh national representative for the #1WordforFamilyMedicine project.

Zakiur notes, "I love my students, patients, friends & family because they all are my inspiration." He sees these as a great method to invigorate and promote family medicine and rural primary health care in Bangladesh and across the world. He hopes to continue his work with WONCA, in his country, and across all borders on a larger scale to ensure no one is left behind, as we push for universal healthcare for all urban and rural people.

## 2019 conference news

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### WONCA Kyoto 2019 - important dates



In the previous issue of WONCA News, I made a first the first announcement of the WONCA Asia Pacific region conference coming in 2019 to Kyoto, Japan.

I would like to inform our international colleagues on important dates to remember.

#### Call for abstracts etc

- Call for Symposia and Workshops Deadline: November 30, 2018
- Call for Abstracts: October 1, 2018 - January 15, 2019

#### Registration dates

- Early Registration: October 1, 2018 - January 15, 2019
- Regular Registration: January 16, 2019 - March 11, 2019
- Late Registration: March 12, 2019 - April 15, 2019

Please keep your eye on our website for the up-to-date information:

[conference website](#)

I will also keep up-dating the information of the WONCA APR 2019 Kyoto in most issues of WONCA News. Please mark your calendar and save the date for the WONCA APR 2019 in Kyoto.

Kindly yours,  
Prof Nobutaro Ban  
Representing the Japan Primary Care Association  
Chair, Organizing Committee, WONCA APR 2019 Japan

Professor and Director  
Medical Education Center  
Aichi Medical University School of Medicine



## WONCA Europe Conference June 26 - 29, 2019, Bratislava, Slovakia

24<sup>TH</sup> WONCA  
EUROPE  
CONFERENCE

 Bratislava  
June 26-29, 2019



Dear GP/FM colleagues,

We are delighted to invite you to the 24th WONCA Europe Conference that will be held in Bratislava, Slovakia on June 26 - 29, 2019.

### On-line abstract submission

We would like to announce, that WONCA Europe Conference 2019, Bratislava, opened for abstract submission two months ago. Abstract submission deadline is on January 10, 2019.

[>More information](#)

### On-line registration

We are pleased to announce that you can now register online. Select your registration fee, pay before December 31, 2018 and benefit from the early registration fee.

[>register now](#)

### Bratislava

The Capital of the Slovak Republic Bratislava, also referred to as the Beauty on the Danube can not only boast interesting history but it also is the centre of the most dynamically developing region of central Europe at present.

Bratislava (population 425,500), situated in the south-west of Slovakia stretches on both banks of the Danube and in the foothills of the Little Carpathian Mts. Thanks to this favourable position it was always a commercial centre. Today the historic places witnesses to the rapid development of the young Slovak Republic. In spite of its exciting history, Bratislava is one of the youngest Capitals of the world and its population is also very young. The modern metropolis is opened to Europe and to the world as proved by the increasing number of foreign visitors of most diverse countries. They are attracted by the cosiness of the rather small city that nevertheless possesses a throbbing social life and historic charms combined with the most recent trends. Palaces, modern shopping and trade centres, admirable arts of the Slovak cooks and brewers, friendly people and various international cultural or sport events, exhibitions, and business opportunities are the reasons why it is worth of visit.

[More information](#)

[Conference website](#)



## WONCA CONFERENCES

### WONCA Conferences 2018

October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	<a href="http://www.wonca2018.com/">http://www.wonca2018.com/</a>
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### WONCA Conferences 2019

March 20-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	Save the dates.
May 1-3, 2019	Congreso Iberoamericano de Medicina Familiar	Tijuana, MEXICO	<a href="http://cimfwonca.org/eventos/proximos-regionales/">http://cimfwonca.org/eventos/proximos-regionales/</a>
May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	<a href="http://www.c-linkage.co.jp/woncaaprc2019kyoto">www.c-linkage.co.jp/woncaaprc2019kyoto</a>
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	Save the dates.
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	<a href="http://www.woncaeurope2019.com">www.woncaeurope2019.com</a>
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	<a href="http://www.ruralhealthweb.org/wrhc">www.ruralhealthweb.org/wrhc</a>
November 22-24, 2019	WONCA South Asia región conference	Lahore, PAKISTAN	<a href="http://www.globalfamilydoctor.com/SAR19">www.globalfamilydoctor.com/SAR19</a>

### WONCA Conferences 2020

April 21-22, 2020	VIII Cumbre Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	Save the dates.
May 26-31, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
June 24-27, 2020	WONCA Europe región conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

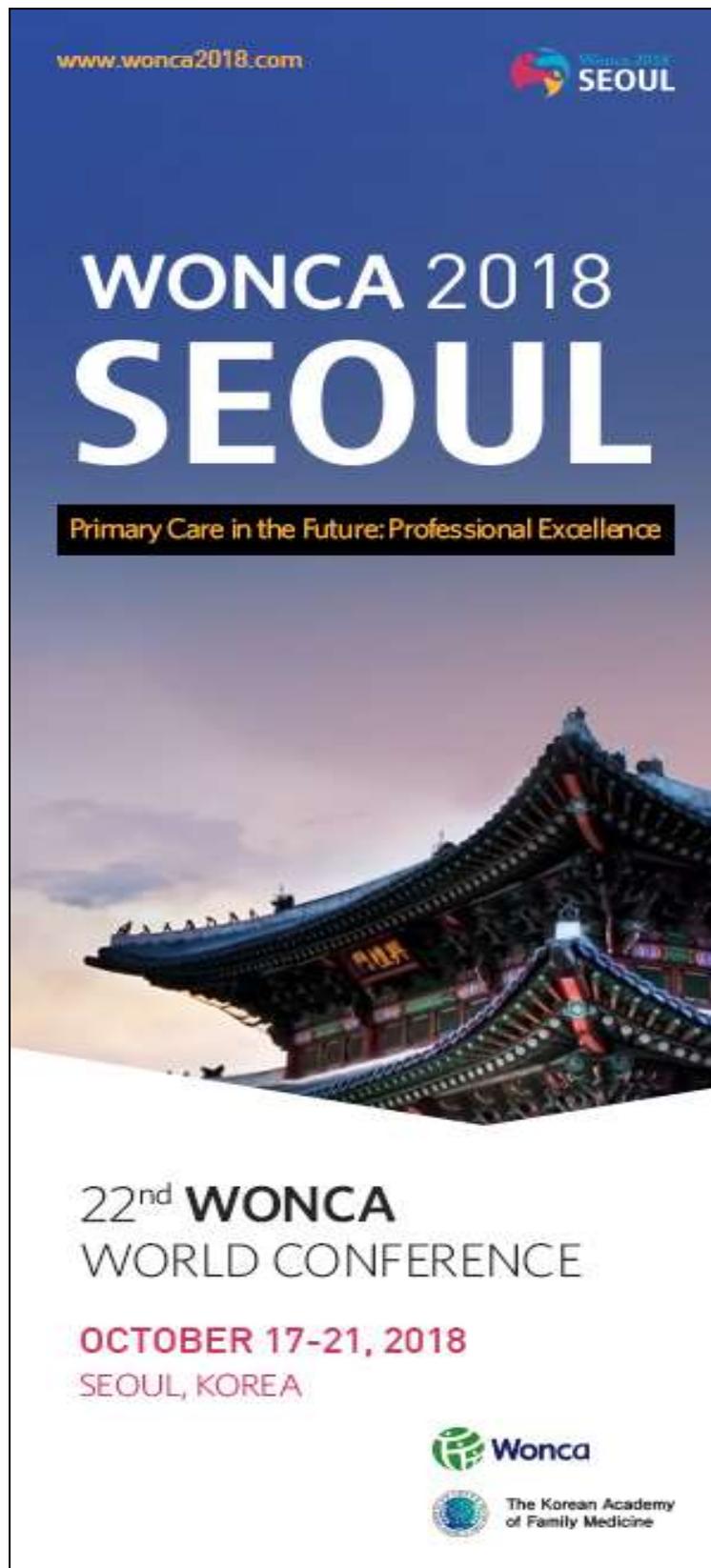
## Member Organization Events 2018

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

09 Oct - 13 Oct 2018	<b>AAFP Family Medicine Experience</b> New Orleans, USA
11 Oct - 13 Oct 2018	<b>RACGP GP18</b> Gold Coast, Queensland, Australia
07 Nov - 10 Nov 2018	<b>The 12th International Conference of Jordan Society of Family Medicine</b> Amman, Jordan
14 Nov - 17 Nov 2018	<b>Family Medicine Forum / Forum en médecine familiale</b> Toronto, Canada
14 Nov - 16 Nov 2018	<b>EURIPA Rural Health Forum</b> Maale Hachamisha, Israel
15 Nov - 18 Nov 2018	<b>17th International Conference of Iraqi Family Physicians Society (IFPS)</b> Baghdad, Iraq

## WONCA Korea supplement



www.wonca2018.com

WONCA 2018  
**SEOUL**

Primary Care in the Future: Professional Excellence

22<sup>nd</sup> **WONCA**  
WORLD CONFERENCE

**OCTOBER 17-21, 2018**  
SEOUL, KOREA

 **Wonca**

 The Korean Academy  
of Family Medicine

## 2018 WONCA World Meetings

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### WONCA Executive Meetings

**11-12 October 2018**

Venue: Sheraton Grand Incheon Hotel

#### WONCA New Executive Meeting

**16 October 2018**

1.00-3.00 PM

Room: Lotus 5, 3 Floor

Venue: Sheraton Grand Incheon Hotel

### WONCA Regional Meetings

**13 October 2018**

Venue: Sheraton Grand Incheon Hotel

[Regional Meeting Schedules](#)

### WONCA World Council Meeting

#### Pre-Briefing for WONCA World Council Members

**13 October 2018**

5.30-6.30 PM

Venue: Sheraton Grand Incheon Hotel

Room: Grand Ballroom 1

#### Welcoming Party

**13 October 2018**

6.30-8.00 PM

Venue: Sheraton Grand Incheon Hotel

Room: Grand Ballroom 2

#### Council Meeting

**14 - 16 October 2018**

Venue: Sheraton Grand Incheon Hotel

Room: Grand Ballroom 1 and 2

[WONCA Council Meeting Agenda and papers](#)

### WONCA Group Meetings - WPs/ SIGs/ YDMs

#### Meetings of WONCA Working Parties and Special Interest Groups

**17 October 2018**

Venue: COEX Convention & Exhibition Center, Gangnum, Seoul

[Meeting schedule of the WPs and SIGs](#)

#### Meetings of the Young Doctors' Movement regional groups

**17 - 18 October 2018**

Venue: COEX Convention & Exhibition Center, Gangnum, Seoul

[Meeting schedule of the YDM regional groups](#)

#### Breakfast meeting of new WONCA Executive and Chairs of WONCA WPs, SIGs and YDMs

**17 October 2018**

07:30 a.m. - 09:00 a.m.

Venue: Jupiter room, COEX Intercontinental Hotel

### WONCA Awards Ceremony

**20 October 2018**

9.30 a.m. - 10.30 a.m. times may be subject to change - please check programme

Venue: COEX Convention & Exhibition Center

Starfield memorial lecture  
WONCA Honorary Life Direct Membership award  
WONCA Fellowship award  
WONCA Global Five Star Doctor award  
The Taiwan Family Medicine Research award (TFMRA)  
Includes WONCA President Transition Ceremony

## Closing Ceremony

**21 October 2018**

12.00 A.M. – 12.50 P.M. times may be subject to change - please check programme

## WONCA Seoul Social Programme

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### Young Doctors' Pre-conference Party

Date / Time : Oct. 17(Wed)

Place : Gyeongbokgung Palace

After the Young Doctors Pre-conference's scientific programs finish, we have prepared a short trip around Seoul to Gyeongbokgung palace, which was the first and largest of the royal palaces built during the Joseon Dynasty in 1395, with a Korean-style barbecue dinner. We hope young doctors enjoy networking with colleagues coming from all around the world.

### Opening Ceremony

Date / Duration : Oct. 18(Thu) / 9:30~10:30

Place : 3F, Auditorium, COEX

All registered participants are cordially invited to join us and celebrate the official opening.

### Welcome Reception

Date / Time : Oct. 18(Thu) / 18:30~20:00

Place : COEX

The perfect setting to warm up for the next 3 days of WONCA 2018 with colleagues from all over the world. Light snacks and drinks will be served. Entrance is included in the registration fee.

### Sunrise Run to Olympic Stadium

Date / Time : Oct. 20(Sat) / 06:30~08:00

Meeting Point : Seoul Olympic Stadium

The location of the 1988 Summer Games, held under the motto "Harmony and Progress," makes the Olympic Stadium the perfect venue for us to get together to walk, run and have a fun time while enjoying the beautiful skyline and landscape of Seoul.

[>more information and register](#)

### Gala Dinner

Date / Time : Oct. 20(Sat) / 18:30~21:00

Place : Sebitseom

Please join us and share an unforgettable evening. The conference dinner will be the ideal place for networking and entertainment. Enjoy the climax of WONCA 2018 with an impressive dinner and performance. Free shuttle buses are available for the Gala Dinner.

> [more information and purchase tickets](#)

### Closing Ceremony

Date / Time : Oct. 21(Sun) / 12:10~12:50

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Place : 3F, Auditorium, COEX

Bid farewell to your new friends and colleagues at the closing ceremony. We hope to meet all of you again at the next WONCA Conference!

[Conference website](#)

## Workshops of our WONCA Groups - WPs, SIGs, YDM - at WONCA Seoul

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### Young Doctors' Movement Preconference

Wednesday Oct 17, all day

Venue: COEX

[>Registration link on the main registration page](#)

### Working Parties/Special Interest Groups

Working Parties and Special Interest groups will meet on Wednesday Oct 17 at COEX. [schedules of WPs and SIGs meetings](#)

The following list includes many of the workshops/ presentations being run by WONCA Working Parties and Special Interest groups during the conference. Please check for any changes to timing and rooms on the conference programme at [www.wonca2018.com](http://www.wonca2018.com)

#### ***SIG Family Violence with WP Women, WP Rural Practice, and YDM***

Joint workshop - Family Violence: Working with the Whole Family

Currently scheduled for Sunday Oct 21 at 08:00 but change requested to Friday Oct 19. please check official programme.

#### ***WP on Education***

Wednesday, Oct 17th - all day

Preconference workshop. [Register here](#)

Throughout the conference WWPE members are active in presentations and workshops covering the wide spectrum of education - please check the programme.

#### ***WP on the Environment***

Friday Oct 19, 10:40 - 12:10

WONCA's Carbon Footprint: a Sustainable Practice Policy. Alice McGushin

Friday Oct 19, 14:15-15:45

What Are You Doing about Climate Change/Planetary Health in Your Practice? Alan Abelson & Alice McGushin

Friday Oct 19, 16:05-17:35

A Healthy Response to Climate Change: Climate-Action Case Studies and Mentorship. Alan Abelson & Alice McGushin

Sunday Oct 21, 10:40-12:10

Air pollution and Health and environmental epidemic. Alan Abelson

#### ***WP on Ethics***

Sunday Oct 21, 10:40-12:10

Ethical Considerations of Physicians Involvement with Politics

## **WP on Indigenous & Minority Groups**

Thursday Oct 18 from 16.30

Indigenous & Minority Groups Health issues

## **WP on Mental Health**

Friday Oct 19 10:40 -12:10

Bread and Butter of Primary Care Mental Health – Guidance Notes Development by the WONCA Working Party for Mental Health (WWPMH). Cindy Lam et al.

Thursday Oct 18, 14:30-16:00

It Sounds So Easy But Is It? Training Trainers for Mental Health Consultations. Evelyn Van Weel Baumgarten, Val Wass, Chris Dowrick

## **WP on Research**

Wednesday 17 Oct 9.30-12.30

WONCA Working Party on Research Pre-conference meeting. Venue: roomE2, Coex

Thursday Oct 18, 14:30 -16:00

Scientific writing and publishing workshop. Felicity Goodyear-Smith with Karen Flegg, Mehmet Akman

Thursday Oct 18, 16:20-17:50

Developing PHC measures – is it possible to capture the values of PHC? Chris van Weel with Felicity Goodyear-Smith, Ryuki Kassai, Andrew Bazemore

Friday Oct 19, 10.40-12.10

Profiles of Primary Health Care Policy Implementation around the World – from current experiences towards the next phase. Chris van Weel with F Goodyear-Smith, R Kassai, A Bazemore

Friday Oct 19, 14:15-15:45

Identification of research gaps to enable better primary health care models of care and financing in low and middle-income countries. Felicity Goodyear-Smith with C van Weel, A Bazemore, R Phillips, M Kidd, K Bala, H Lawson, I Padula

Saturday Oct 20, 10.40-12.10

WONCA's Academic Members - How Can We Best Support Their Leadership? Amanda Howe with Michael Kidd, Chris van Weel, Felicity Goodyear-Smith, Val Wass

## **WP on Rural Practice**

Research: Challenges & Opportunities for Family Medicine	Zakiur Rahman	Thursday Oct 18 <sup>th</sup>	13.20-14.20
Are you ready for Rural? (Global Health & Primary Care Policy)	Bruce Chater	Thursday 18 <sup>th</sup> Oct	14.30-16.00
Rural Family Medicine Cafe	Amber Wheatley	Thursday Oct 18 <sup>th</sup>	16.20-17.50
Digital Health International Policy Directions	Ewen McPhee	Thursday 18 <sup>th</sup> Oct	16.20 – 17.50
Building a GP/FP Curriculum that is more reflective of variety of Practice and Uniform across Regions (Yet include Individual Rural Needs)	Santosh Kumar Dhungana	Friday 19 <sup>th</sup> Oct	08.00 – 09.00
Primary Care & Rural Health for Sustainable Development-Experience from Developing and Developed Countries	Zakiur Rahman	Friday 19 <sup>th</sup> Oct	08.00 – 09.00

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Planned Parenthood in Rural Primary Care	Bikash Gauchan	Friday 19 <sup>th</sup> Oct	08.00 – 09.00
Getting Published in Rural & Remote Health	Amanda Barnard	Friday 19 <sup>th</sup> Oct	08.00 – 09.00
Calypso and Public Health	Amber Wheatley	Friday Oct 19 <sup>th</sup>	8.00-9.00
First management of Second Victims in a Rural Practice	Jose Miguel Bueno Ortiz	Friday Oct 19 <sup>th</sup>	10.40- 12.10
Developing a Module of Rural Health for Medical Students	Trevino Pakasi	Friday Oct 19 <sup>th</sup>	10.40- 12.10
International Rural Emergency Care: a Canadian and Australian Perspective for the Primary Care Physician	Tim Baker	Friday Oct 19 <sup>th</sup>	10.40- 12.10
Panel: Rural Experiences around the World: Student and Young Doctors	Nagwa Hegazy	Friday Oct 19 <sup>th</sup>	14.15 – 15.45
Rural Emergency Care Training for Family Physicians (RECTIFY) in Trauma	Victor Ng	Friday Oct 19 <sup>th</sup>	14.15 – 15.45
Community Health Clinics in Bangladesh: A model for developing countries	Kanu Bala	Saturday Oct 20 <sup>th</sup>	8.00-9.00
Family Physician's Role in Emergency Medicine around the World	Victor Ng	Saturday Oct 20 <sup>th</sup>	8.00-9.00
Point of Care Testing in Daily Practice: A Workable Hit	Roger Hopstaken	Saturday Oct 20 <sup>th</sup>	14.15- 15.45
The role of Family Doctors in the Delivery of Surgical Care at District Level Hospitals in the Developing World	Walter Johnson	Saturday Oct 20 <sup>th</sup>	14.15- 15.45
Basic Emergency Life Support for Family Physicians	Nisanth Menon Nedungalaparambil	Saturday Oct 20 <sup>th</sup>	14.15- 15.45
Rural Emergency Training for Family Physicians (RECTIFY) - Toxicology	Nisanth Menon Nedungalaparambil	Saturday Oct 20 <sup>th</sup>	16.05- 17.05
Family Violence: Working with the Whole family-Joint Workshop with WWPWFM, RuralWonca & YDM	Kelsey Hegarty	Sunday 21 <sup>st</sup> Oct	8.00 – 9.00
Increasing Family Physician's Capacity to Coach and Mentor Each Other. Who Benefits...? Why...? Joint Seminar	Victor Ng	Sunday 21 <sup>st</sup> Oct	10.40 – 12.10
Building Blocks for Rural Practice: Clinical Competence, Culture & Colaboration	Nagwa Hegazy	Sunday Oct 21	10:40- 12:10

### WP on Rural practice additional presentations

A stich in time: An Innovative Community Participation by Family Physicians to Uplift Cardiopulmonary Resuscitation Knowledge and Practices among probable First Responders in India	Nisanth Menon Nedungalaparambil		
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Transforming Regional Specialist Training (Queensland University Specialist Training Hubs)	Ewen McPhee	Thursday 18 <sup>th</sup> Oct	14.00- 16.00
Advocacy in General Practice	Bikash Gauchan		
Ordinary People in Prevention of Non-communicable Disease: Study on a model care	Gobith Ratnasingam		
Study on Integrated Screening and Awareness Programme for Oral Potentially Malignant Disorders (OPMDs) at the Primary Care Level	Sanka Randanikumara	Friday 19 <sup>th</sup> Oct	15.45- 16.05
Happy-G- Project- Health Advice,, promotion and Disease Prevention among Youth to Geriatric	Pratyush Kumar		
Teaching Rural Practice-A Two Weekend Programme in Germany. Experiences of Five Years	Marcus Hermann	Saturday Oct 20 <sup>th</sup>	15.45- 16.05
Four Key Elements in Creating a Rural Generalist Pathway	Dan Manahan		
What about me! Being a Child of Rural Clinicians	Lillian Manahan		

## **WP on Women in Family Medicine**

Wednesday Oct 17, 09:00-17:00 Pre-conference meeting

“Rising to the Challenge”. venue: CoEx centre

[Pre-register here.](#) [Programme here](#)

Thursday Oct 18, 14:30-16:00

Addressing Mental Health in Emergency Situations-Mental health. Jinan Usta et al

Thursday Oct 18, 16:20-17:50

Skill development for effective research development and publication. Elizabeth Reji et al.

Friday Oct 19, 08:00-09:00

Leadership skills for women family doctors: cultural and region aspects. Omneya ElSherif

Friday Oct 19, 10:40-12:10

Skill Development for Family Doctors to Provide Women-centered Primary Care. Kate Anteyi, Jane Namatovu, Jinan Usta et al

Friday Oct 19, 16:05-17:35

Building & retaining resilience during lifecycle transition. Amanda Howe, Noemi Doohan et al AND Working Conditions for Women Family Doctors around the World. Lucy Candib, Jinan Usta et al

Friday Oct 19- time not specified

The Perceived quality of life of patients with DM at a district hospital in South Africa. Elizabeth Reji

Saturday Oct 20, 08:00-9:00

Role of Fathers in Child Marriage. Jinan Usta, Nagwa Hagarty, Omneya ElSherif & Temitope Ilori

Saturday Oct 20, 11:40-12:10

Mentorship in Leadership for Young Female Doctors. Martha Makwero, Zorayda Leopando et al

## **SIG on Ageing and Health**

**Saturday Oct 20, 08:00-9:00**

Improving GP Management of the Elderly. Dimity Pond

## ***SIG on Emergency Medicine***

All sessions by SIG convenor, Dr Victor Ng

Thursday Oct 18, 13:20-14:20

Professional Training & Development in Family Medicine/ General Practice around the World - What Is New?

Friday Oct 19, 10:40-12:10

WONCA Continuing Professional Development (CPD) Standards: Meeting the Needs of WONCA Membership Organizations.-

Friday Oct 19, 14:15-15:45

Rural Emergency Care Training for Family Physicians (RECTIFY) in Trauma

Saturday Oct 20, 8:00-9:00

The Family Physicians Role in Emergency Medicine around the World

Saturday Oct 20, 14:15-15:45

Basic Emergency Life Support for Family Physicians

Saturday Oct 20, 16:05-17:05

Rural Emergency Care Training for Family Physicians (RECTIFY) - Toxicology

Sunday Oct 21, 10:40-12:10

Increasing Family Physicians' Capacity to Coach and Mentor Each Other...Who Benefits...Why? (semFYC)

Sunday Oct 21, 8:00-9:00

Emergency Medicine- Can We Incorporate It in Undergraduate Curriculum, Experiences for Different Countries

## ***SIG on Family Violence***

Friday Oct 19, 10:40-12:10.

Collaborating in Family Violence across Sectors - the Effects and Benefits

Friday October 19, 14:15

Violence against women, Identify, Protect, Support for Quality Primary Care.

Sunday October 21, 8:00 (reschedule requested to Friday- check official programme)

Family Violence: Working with the whole family (joint workshop)

## ***SIG on Health Equity***

Friday October 19, 8:00-9:00

Health Equity Across Nations 1

Friday Oct 19, 14:15-15:45

Health Equity Across Nations 2

Friday Oct 19, 16:00-17:00

Applying Health Equity Lenses in YOUR Own Healthcare Setting

## ***SIG on Quaternary Prevention & Overmedicalization***

Friday Oct 19 14:15-15:45

WONCA SIG Quaternary Prevention and Overmedicalization Meeting. Monica Niveló (Chile), Daniel Widmer (Switzerland)