WONCANews

An International Forum for Family Doctors

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WONCA is greatly saddened by the tragic loss of Malaysian Airlines Flight 017 and the dreadful loss of life.

We send our condolences to colleagues in all countries affected, but most especially to colleagues in Netherlands, Malaysia and Australia, which have suffered more than most.

Our President has written personally to the Presidents of the Dutch and Malaysian colleges to express personal and collective shock and sadness at the tragedy

From the President: Family medicine and the fight against HIV/AIDS

Photo: AIDS 2014 sign for the World AIDS Conference in Melbourne, with flowers left by members of the public for those lost to AIDS and those who were on flight MH17

WONCA members around the world have expressed their shock and sadness at the terrible loss of so many lives on Malaysian Airlines flight 17. Another tragic day in world history. On your behalf I have expressed our condolences to our friends and colleagues in affected nations, especially the Netherlands and Malaysia.

I was at the World AIDS Conference in Melbourne in the days following this tragedy. As you may have read in the media, several leading Dutch researchers and clinicians and community advocates were on board flight MH17. It was very sad to be in sessions where one of the speakers was not present and to know that he or she would never arrive.

The World AIDS Conference continued under the shadow of this event. The organisers recognized that the meeting needed to continue because the tragedy of the global HIV/AIDS epidemic continues. While there have been great improvements in recent years in the diagnosis and treatment and care of people with HIV in many parts of the world, millions continue to die due to lack of access to treatment and care, and millions remain undiagnosed.

My work as a family doctor has had a strong focus on the care of people with HIV over the past 25 years. Attending the World AIDS Conference led me to reflect on this experience and some of the key lessons I have learned.

1. **HIV is a primary care condition.** Most treatment and care for people with HIV can be provided by family doctors and their teams in the community. HIV treatment and care needs to be integrated into primary care, not run through stand alone clinics.

2. **Family doctors can play a key role in HIV prevention.** Every encounter with a patient is an opportunity for a discussion about prevention and health promotion. And this includes the prevention of HIV and other blood borne viruses and sexually transmissible infections.

3. **If researchers want to find out what's going on in at risk communities, they should ask the family doctors working in those communities.** I am often annoyed by research reports that are out of touch with the reality of what is happening in communities. As family doctors we have a special insight into the health issues affecting the members of our own communities and can assist researchers to ask the questions that need to be asked in order to make a difference.

Photo: Consultation at the Pronto drop-in HIV testing centre in Melbourne

4. **Informed consent is important for all investigations**. Just as informed consent is required for an HIV antibody test, I now always discuss with my patients the investigations I would like to recommend and ensure I have their consent to order each of them.

5. **We must not let professional boundaries get in the way of delivering the best care for our community.** As family doctors we often do our best work as a member of a team of primary health care workers. While I support task sharing between the members of a primary care team, I find it difficult to support the trend towards task shifting when it leaves primary care nurses and community health workers unsupported.

6. **Continuity of care is the single most important factor influencing adherence to therapies.** As family doctors we are experts in supporting our patients with chronic diseases who need to take medication each day for conditions like diabetes, hypertension and asthma. The same lessons apply to supporting our patients with HIV on antiretroviral medications. The lessons on the management of co-morbidities also apply to the care of people with HIV.

7**. People with HIV have led other advances in the health consumer movement through promoting therapeutic partnerships with their doctors.** Over the past 25 years I have seen consumer activists challenge the stigma and discrimination that often accompanies a diagnosis of HIV, or identification as a member of an at-risk community. And I have seen many brave family doctors stand up beside their patients to call for reforms to unfair laws and policies in their countries. The evidence is clear. Access to effective health care saves lives. And access to compassionate laws saves lives too.

8. **If you listen and learn from your patients, you will become a better doctor**. I have learned a lot about the management of HIV over the years. During this time, far more useful lessons have come from my patients sharing their experiences and insights, than have come from textbooks and lectures.

In Australia I now chair the government's national advisory committee on HIV/AIDS and related diseases. We have recently released Australia's seventh national strategy, which sets out the nation's strategic response to tackling HIV over the coming four years. It includes a strong focus on the role of family doctors and the members of our teams in HIV treatment and care. You can access a copy online.

Photo: Public health campaign running through primary care clinics in Oman promoting discussion about HIV/AIDS

Michael Kidd
President
World Organization of Family Doctors

Del Presidente: Medicina de familia y la lucha contra el VIH / SIDA

Foto: SIDA 2014. Cartel de la Conferencia Mundial contra el SIDA en Melbourne, con las flores depositadas por las personas del público para quienes desaparecieron a causa del SIDA y para quienes estaban en el vuelo MH17.

Miembros de de WONCA de todo el mundo han expresado su conmoción y tristeza por la terrible pérdida de muchas vidas en el vuelo 17 de Malasyan Airlines. Otro día trágico en la historia del mundo. En su nombre he expresado nuestras condolencias a nuestros amigos y colegas de los países afectados, especialmente de los Países Bajos y Malasia.

Yo estaba en la Conferencia Mundial contra el SIDA en Melbourne en los días siguientes a esta tragedia. Como habrás leído en los medios de comunicación, varios destacados investigadores y médicos holandeses, defensores de la comunidad, iban a bordo del vuelo MH17. Fue muy triste estar en sesiones en las que no estaba presente uno de los oradores y saber que él o ella nunca iban a llegar.

La Conferencia Mundial contra el SIDA continuó bajo la sombra de este evento. Los organizadores reconocieron que la reunión tenía que continuar porque la tragedia de la epidemia mundial del VIH / SIDA continúa. Si bien ha habido grandes mejoras en los últimos años en el diagnóstico, el tratamiento y el cuidado de las personas con VIH en muchas partes del mundo, millones de personas siguen muriendo debido a la falta de acceso al tratamiento y a la atención, y hay millones de personas que siguen sin diagnosticar.

Mi trabajo como médico de familia ha tenido un firme enfoque hacia la atención de personas con VIH durante en los últimos 25 años. Asistir a la Conferencia Mundial contra el SIDA me ha llevado a reflexionar sobre esta experiencia y sobre algunas de las principales lecciones que he aprendido.

1. **El VIH es un problema de salud de atención primaria.** La mayor parte del tratamiento y de la atención para las personas con VIH pueden ser proporcionados por los médicos de familia y sus equipos en las comunidades. El tratamiento y la atención del VIH deben integrarse en la atención primaria y se está llevando a cabo solo a través de las clínicas independientes.

Foto: Consulta sin cita previa en el centro de pruebas de VIH Pronto, en Melbourne.

2. **Los médicos de familia pueden jugar un papel clave en la prevención del VIH.** Cada encuentro con un paciente es una oportunidad para mantener una conversación acerca de la prevención y la promoción de la salud. Y esto incluye la prevención del VIH y de otros virus transmitidos por la sangre, así como las infecciones de transmisión sexual.

3. **Si los investigadores quieren averiguar lo que está pasando en las comunidades en riesgo, que se lo pregunten a los médicos de familia que trabajan en esas comunidades.** A menudo me siento molesto

por los informes de investigación que están fuera de contacto con la realidad de lo que está ocurriendo en las comunidades. Como médicos de familia tenemos una visión especial de los problemas de salud que afectan a los miembros de nuestras propias comunidades y podemos ayudar a los investigadores a hacer las preguntas que se necesita hacer para marcar la diferencia.

4. **El consentimiento informado es importante para todas las pruebas.** Del mismo modo que se exige el consentimiento informado para la prueba de anticuerpos del VIH, ahora siempre hablo con mis pacientes sobre las pruebas que me gustaría recomendarles y me aseguro de que tengo su consentimiento para pedir cada una de ellas.

5. **No debemos dejar que los límites profesionales se interpongan en el camino de ofrecer la mejor atención para nuestra comunidad.** Como médicos de familia, a menudo hacemos nuestro mejor trabajo como miembros de un equipo de atención primaria. Aunque apoyo el reparto de tareas entre los miembros de un equipo de atención primaria, se me hace difícil mantener la tendencia hacia la delegación de funciones cuando se deja a las enfermeras de atención primaria y a los trabajadores comunitarios de salud sin apoyo.

6. **La continuidad de la atención es el factor más importante que influye en la adherencia a los tratamientos.** Como médicos de familia, somos expertos en apoyar a nuestros pacientes con enfermedades crónicas que necesitan tomar medicamentos todos los días para enfermedades como la diabetes, la hipertensión y el asma. Las mismas lecciones son aplicables en el apoyo a nuestros pacientes con VIH y con medicamentos antirretrovirales. Las enseñanzas sobre el manejo de las comorbilidades se aplican también a la atención de personas con VIH.

7. **Las personas con VIH han llevado a otros avances en el movimiento de usuarios en el ámbito de la salud, mediante la promoción de asociaciones terapéuticas con sus médicos.** En los últimos 25 años he visto a usuarios activistas cuestionando el estigma y la discriminación que a menudo acompaña a un diagnóstico de VIH o a la identificación como miembro de una comunidad en riesgo. Y he visto a muchos médicos de familia valientes, de pie, al lado de sus pacientes, para pedir reformas sobre las leyes y las políticas abusivas en sus países. La evidencia es clara. El acceso a una atención de salud eficaz salva vidas. Y el acceso a leyes compasivas salva vidas también.

Foto: Campaña de salud pública que se lleva a cabo a través de clínicas de atención primaria en Omán y que promueve la discusión sobre el VIH / SIDA.

8. **Si escuchas y aprendes de tus pacientes, te convertirás en un mejor médico.** He aprendido mucho sobre el manejo del VIH en los últimos años. Durante este tiempo, han salido de mis pacientes muchas más lecciones útiles, al compartir sus experiencias y puntos de vista, que las que he obtenido de los libros de texto y lecturas.

En Australia, soy el actual presidente del comité del gobierno nacional de asesoramiento sobre el VIH / SIDA y las enfermedades relacionadas. Hemos publicado recientemente la séptima estrategia nacional de Australia, que establece la respuesta estratégica del país para hacer frente al VIH en los próximos cuatro años. En ella se incluye un fuerte énfasis en el papel de los médicos de familia y los miembros de nuestros equipos en el tratamiento y la atención del VIH. Puedes acceder a una copia en este enlace.

Michael Kidd
Presidente
Organización Mundial de Médicos de Familia

From the CEO's desk: August 2014

Photo: WONCA Europe Lisbon organising committee

What a great WONCA Europe conference! As ever with regional events it was a brilliant opportunity to meet with old friends, to make new ones, and to enjoy both the academic and more social sessions that were taking place. My thanks and congratulations to João Carlos and his colleagues for a wonderful event. Each year the bar is raised, but I'm sure that the 2015 WONCA Europe conference in Istanbul in October 2015, will be even better!!

João Carlos (right) and Job Metsemakers (WONCA Europe president) wave goodbye to the particpants in Lisbon

Prior to the main conference Vasco da Gama, the Young Doctors Movement of WONCA Europe Region, held an immensely successful pre-conference, to celebrate its 10th anniversary. There are reports of this event elsewhere in *WONCA News*, but it is an incredible movement, with energy, passion and motivation, ensuring that the next generation of family medicine leaders is already there and waiting.

Congratulations to Harris Lygidakis for his recent fantastic leadership, and congratulations to Peter Sloane of Ireland who has taken over as Chair. We look forward very much to working with him.

WONCA Executive

The WONCA Executive "meets" every 4-6 weeks by teleconference, and we would love to have more face-to-face meetings, but sadly finances do not currently allow that. However with half of the Executive physically in Lisbon, and most of the rest joining by video link, it gave us a great chance to hold a half-day Executive meeting and to discuss some issues in greater detail. Among the many issues discussed were:

- **WONCA Accreditation**

The WONCA Working Party on Education (WWPE) worked hard to develop "Standards for Postgraduate Family Medicine Education". These were based on those developed by the World Federation of Medical Education but were adapted to meet the specific requirements of family medicine training. WONCA World Council endorsed these standards in Prague, and in March this year we had a chance to pilot them when we were invited by Shanghai Medical College of Fudan University to carry out an accreditation of their training programme. Michael Kidd, Allyn Walsh, Donald Li and I undertook the visit, and we were delighted to be able to recommend that WONCA accredit the programme, which Executive endorsed. Michael Kidd will report more fully on the presentation of their accreditation certificate, which took place last month in front of Dr Margaret Chan, Director General of WHO, but WONCA Executive has now endorsed the accreditation process for future visits.

Photo: WONCA President, Michael Kidd presenting to Prof Zhu Shanzhu, president of the Society of General Practice of the Chinese Medical Association; in the presence of Dr Margaret Chan (second from right)

- **Membership Issues**

WONCA has been keen to encourage membership of as many family doctors as possible, and yet the current interpretation of our bylaws has prevented several groups or associations from applying. In many countries – such as Brunei, Oman and Kuwait – governments do not allow independent professional bodies and thus these countries have been unable to apply for WONCA membership, as they have not met the current membership criteria. There was a very considered and thoughtful discussion among Executive on this issue, with everyone keen to encourage membership wherever possible. Executive has now agreed a solution to allow these countries to enjoy the equivalence of Associate Membership pro tem. In the meantime a revision to the Bylaws will be proposed to the 2016 World Council for it to consider for endorsement.

- **FM360 Exchange Programme**

Exchange programmes for junior doctors, organised though WONCA networks, have been running since 2000. The Vasco da Gama Young Doctors movement in Europe has been coordinating these programmes, but in Prague in 2013 they proposed rolling out exchange programmes to the whole WONCA network. Executive discussed ownership of the programme and was keen to encourage it, but at the same time was acutely aware that it had a duty of care to anyone taking part in the programme. After a productive discussion Executive agreed to endorse the programme but has asked the Young Doctor movements to work with the CEO and legal advisers to ensure that certain disclaimers are inserted into the application process to protect WONCA from any future claim. There is huge enthusiasm for these programmes, and the American Academy of Family Physicians recently published a report from one of their members on his exchange to Austria.

WONCA and Occupational Health

For a while now, WONCA has been having discussions with ICOH (International Commission on Occupational Health), which is the occupational health counterpart to WONCA. This culminated in a joint statement on workers' health, launched by our President, Professor Michael Kidd, at the WONCA Europe conference in Lisbon. You can read the statement here.

The key point is that most people have access to a family doctor, whereas few have access to an occupational physician, and as family doctors we have to be ever-more-aware of how the workplace can affect the way our patients present – and with what. Over the coming months WONCA hopes to be featuring a series of articles from ICOH as a resource for our members, to help them when dealing with work-related conditions. Keep an eye out for that.

Men's Health

At the Asia Pacific Region conference recently in Kuching there were some really excellent presentations on men's health – with some really worrying statistics provided. WONCA has been having discussions with the International Society on Men's Health (ISMH) to see how we can collaborate more closely in the future. They fully recognise that men consult rarely, and if they do consult then it's most likely to be with a family doctor. Thus we are key to better screening, diagnosis and education for men and their health. This was highlighted in a recent newspaper article in the UK, which reinforced that men often ignore what might be really quite serious signs and symptoms.

WONCA is keen to see a Special Interest Group on Men's Health established, so if anyone is interested in leading on this, please contact me at ceo@wonca.net for further information.

And that is all for this month. In August I will be in Taipei attending the General Assembly of the International Federation of Medical Students Associations (IFMSA) which is an Organization in Collaborative Relationship with WONCA. We will renewing our Memorandum of Understanding with IFMSA

for another 3 years, and I will also have an opportunity to talk to them about family medicine and the role of WONCA. I also hope to meet with the organizers of the 2015 Asia Pacific Region conference, which will be held in Taipei in March 2015. On 16th and 17th August, along with our President, I'll be in Chennai at the WONCA South Asia conference. Of course I'll report back on all of these events next month, but for now we send greetings to the WONCA family from all of us in Bangkok.

Garth Manning
CEO

FEATURE STORIES

Policy Bite (August): Emergency preparedness – the role of family medicine

The topic for this month's Policy Bite is inspired by three personal contacts. I have just been at the Royal College of New Zealand GPs' conference, which was held in the city of Christchurch. This city was decimated by an earthquake in 2011 - 189 lives were lost, including some health professionals. More than three years later, there are still many parts of the city which await reconstruction. GPs were key to both the short term and longer term response, and did heroic work, albeit with major challenges1. Today, the whole of New Zealand routinely braces for further seismic destruction, and primary care teams rehearse on a regular basis so they can play their part.

During that visit I received an email from one of our most active WONCA advocates – Dr Atai Omoruto (Uganda), who is a member of the Organizational Equity Committee, and a key player in the WONCA Women's Working Party for Women and Family Medicine. She is currently in Liberia as part of the Ebola health professional workforce from other countries dispatched to try to contain the spread of this deadly disease – which has already caused the death of some medical professionals in the last few days2.

In a selfish way, I hope against hope that Atai does not become included in this toll – just as I hoped for my friends' survival when Christchurch was first hit. Both examples have also made me think about the overall role of GPs in 'emergency preparedness'. In the UK we are not named as lead providers in any sort of emergency event – yet we know that in potential pandemics, local disasters, drug contaminations, and terrorist attacks, primary care providers are often expected to help, and become the first port of call both for those at risk and those who are affected by the psychological sequelae. It therefore behoves us to think proactively about our role.

For doctors or teams who already do emergency and urgent care, the physical side may seem less daunting. Rural and remote doctors, or those with hospital bed access, may be used to trauma care and organising people to urgent triage. But all GPs and their teams need to be ready for someone with injuries being brought into us – clean semi-sterile areas, comprehensive first aid kits, up to date IV fluids, defibrillators and oxygen, plus knowing how and when to use these are core skills and protocols that any GP should keep up to date.

Similarly, most of us work in an environment of uncertainty, but a new fever or respiratory tract symptoms take on a different meaning in a potential communicable disease outbreak – whether influenza, anthrax, or SARs. Triage areas, rapid assessment protocols to differentiate new cases from the 'worried well', dedicated 'through routes' and waiting areas, plus available supplies of handcleanser, masks and gowns if indicated may make a difference to your own risk and that for others.

At a national level, member organizations may be interested to know about the RCGP's role in the last flu pandemic, and to check whether they are expected to play a similar role. Ably led by my colleague Dr Maureen Baker (then my predecessor as RCGP Honorary Secretary, now Chair of our Council), the RCGP used its 4 nations' network to give daily communications about the latest figures on the outbreak; update vaccination and triage advice; support members and answer queries on email; and enforce communications to the public about what to watch for - and what to do - to prevent and manage illness.

Of course, the risk profile of our country and location will vary - natural disasters such as earthquakes and tsunamis3, chemical or physical infrastructure accidents, communicable disease outbreaks, and the local impacts of conflicts or terrorism all alter the situation, as do sudden migrations and displacements of people trying to escape danger. Governments and emergency services often expect health services to assist in major event prevention and management of the aftermath: however, rehearsals do not usually involve family doctor services, and in many lower resourced countries there may be little direct guidance or support even when an event occurs. This makes our own preparedness and resilience important. Planning for 'business continuity' in the event of loss of power, clean water, electronic communications, staff shortages, and medical equipment, can all make the difference in the first days and weeks of a problem. Psychological and practical preparations, mutual support, clear agreement as to who does what, debriefing and expert advice can enable a chaotic situation to move to one where family doctors can both protect and lead their teams while delivering effective help to those in need. So let's give respect to all who act in hard times (as we all have, or shall sooner or later) – let's learn from each other4, and also ensure our governments include us in advance if they expect us to do the best job we can for our patients and our own colleagues.

Amanda Howe
President Elect

Notes and References

1. Johal S et al. Coping with Disaster: General Practitioners' Perspectives on the Impact of the Canterbury Earthquakes. PLOS Currents: Disasters 2014; 2 April online [doi: 10.1371/currents.dis.cf4c8fa61b-9f4535b878c48eca87ed5d
2. This version written 30/7/14
3. Previously *WONCA news* has covered issues such as the impacts on our Japanese and Phillipines colleagues of their own sad events… fourth report written in APril 2012 of Japanese Tsunami; President's column presenting a very sobering report on The Japanese tsumnami three years on; Initial report on Philippines Typhoon
4. This is a good conference topic for parallel sessions and workshops!

Fragmentos de política (Julio): ¿Por qué homenajear a los médicos jóvenes?

El reciente Congreso de WONCA Europa en Lisboa marcaba en el calendario la maravillosa cita del 10º aniversario del movimiento Vasco da Gama, la organización de los jóvenes médicos de familia europeos. El presidente, Michael Kidd, aportó sus felicitaciones y también se mostró encantado de decirles a los delegados que las siete regiones WONCA tienen ahora una red de etapas tempranas de médicos de familia reconocida formalmente por las organizaciones miembro. Además, tenemos un representante de jóvenes médicos en la Ejecutiva de WONCA, el Dr. Raman Kumar, quien también se encontraba en Lisboa para desarrollar vínculos y ampliar su propia red representativa.

Pero como médico mayor, que preside el Comité de Equidad Organizacional WONCA

(CEO), y como ex presidenta del Grupo de Trabajo sobre Mujer y Medicina de Familia de WONCA, me encontré reflexionando sobre por qué ese reconocimiento a los médicos debe limitarse exclusivamente a la etapa temprana de sus carreras. En la OEC, hemos discutido una serie de dimensiones de la equidad que percibimos como relevantes para nuestros miembros: la edad es una, el sexo otra, la mezcla regional y étnica sería la tercera, pero también tenemos temas de equidad para afrontar en el eje urbano-rural y en el acceso a las actividades de WONCA (lenguaje, visados y costes también pueden ser pertinentes, en este caso).

Entonces, ¿por qué priorizar a los médicos más jóvenes?

Esta ha sido una decisión absolutamente acertada, porque:

1. Tener un número creciente de miembros activos en las primeras etapas de sus carreras es enormemente valioso, ya que su compromiso con la medicina de familia es un agente de cambio en sus regiones. Nuestros médicos de familia jóvenes se están enfrentando el status quo en lugares donde los médicos se deciden por carreras hospitalarias, porque estas son percibidas como de mayor estatus o más seguras. Ellos son los innovadores y hacia dónde ellos van, otros lo percibirán y les seguirán.

2. Son enormemente enérgicos e inspiradores, aportan un reto y una energía que reconozco, ¡pero que no puede reproducirse eternamente!

3. Están abiertos a desarrollarse como líderes, siendo activos en la WONCA y sus organizaciones miembro, y están pidiendo nuestra ayuda en sus carreras. Esto nos da una oportunidad fantástica para hacer tutoría directa y para la conformación de su competencia y sabiduría como líderes del futuro.

4. Son un recurso para otros en todas las regiones, dentro de sus propias redes y también para otros en WONCA que puedan beneficiarse de sus ideas y habilidades.

Así que yo animo a todos los miembros de la WONCA a pensar cómo pueden ayudar a traer más médicos jóvenes a nuestra disciplina. A menudo, es la enseñanza o capacitación para un empleo, o el encontrar a un médico de familia al que se admira lo que convence a alguien para elegir medicina de familia. Gracias a todos los que enseñáis y capacitáis, por favor, hacedlo tanto como os sea posible, para que podamos reclutar más de estos grandes profesionales jóvenes.

También hay posibilidades de apoyar las becas para asegurar que los médicos en el inicio de sus carreras puedan asistir a las reuniones. Algunos grupos (como Vasco da Gama) disponen de fondos donde los miembros pueden donar, otros crean opciones dentro de sus propias regiones o de las organizaciones afiliadas. ¡Todo ayuda!

Por último, vale la pena señalar que el lema del congreso europeo del próximo año (en Estambul, Turquía) es 'Ser joven, mantenerse joven'. La web http://www.wonca2015.org/ señala que podemos permanecer jóvenes como médicos por los retos que aceptamos para seguir creciendo y desarrollándonos como profesionales, ya sea a través del contacto con nuestros pacientes como con nuestros colegas, quienes comparten nuestros intereses, o a través de nuestra misión compartida por hacer una medicina de familia efectiva en todo el mundo.

Enhorabuena por los 10 años de Vasco da Gama. Todos los que ahora navegan con vosotros buscarán avanzar hacia la siguiente etapa del viaje a través del mundo WONCA.

Amanda Howe

Rural Round-up : the John Macleod Oration 2014

Improving the Health of Rural People through Health Workforce Policy - by Roger Strasser

Dr John Macleod (pictured) was a rural family doctor and founding member of the WONCA Working Party on Rural Practice. John and his parents before him provided family medicine care to the people of Hebridean island of North Uist for 77 years. To honour his outstanding contribution to rural health, the WONCA Working Party on Rural Practice initiated the John Macleod Oration as a feature plenary address at WONCA World Rural Health Conferences. This edition of Rural Round-up is based on the 2014 John Macleod Oration which was delivered by Professor Roger Strasser at the 2014 WONCA World Rural Health Conference in Gramado, Brazil.

This article explores the role of health workforce policy in improving the health of rural people. After presenting the rural health context, there is a description of key initiatives which enhance rural health workforce followed by an introduction to the Northern Ontario School of Medicine (NOSM) in Canada, an example of education and training initiatives which strengthen the rural health workforce.

Policy is a high level overall plan often specified by government which outlines acceptable procedures aimed at achieving general goals. In the context of “evidence based medicine”, there is often an expectation amongst doctors that there should be “evidence based policy”. Frequently however, political leaders are guided by the evidence of public opinion and/or adopt policy ideas before looking for evidence to justify their ideas.

Photo: a younger Roger Strasser with John Macleod

There are a series of key parameters that provide the framework which determines the structure and function of rural health services, how rural practitioners work and the nature of rural practice. These “rural realities” are the physical environment, the rural culture, the patterns of health status, illness and injury, and availability of resources and personnel. Despite substantial differences between developing and developed countries, access is the major rural health issue around the world. Even in the countries where the majority of the population lives in rural areas, the resources are concentrated in the cities. All countries have transport and communication difficulties between rural and urban communities, and they all face the challenge of shortages of doctors and other health professionals in remote rural areas.

When compared to their metropolitan counterparts, rural practitioners provide a wider range of services and carry a higher level of clinical responsibility in relative professional isolation. Living in the community they serve, rural practitioners also have a specific community health role with the opportunity to influence the health of the community as a whole, as well as through individual patient and family interactions. As a

general statement, interprofessional collaboration is common in rural communities with insufficient numbers of healthcare providers working together to respond to community needs. In this context, the most effective rural health service models are those developed in rural communities for rural communities with the doctors and other health professionals providing all local health services supported by distant specialist services.

It is the common experience in rural communities that policies are developed to address issues of large population centres without any consideration of implications or potential negative consequences for small rural communities. Recognising this phenomenon, the Commission for Rural Communities in Great Britain developed a mechanism for assessing potential policies known as "rural proofing". This approach recommends that rural communities engage in policy development at an early stage supported by strong and robust data. It is recommended also that health professionals develop partnerships at local, regional and national levels with the potential for multi-sector networks.

Focusing specifically on rural health workforce, the WONCA Working Party on Rural Practice has provided global leadership since 1995 in developing and promulgating WONCA rural policies. In fact, it was not until 2008 that the World Health Organisation (WHO) initiated the first Global Forum on Human Resources for Health. The 2002 WONCA Rural Health Conference adopted the "Melbourne Manifesto: a code of practice for international recruitment of health care professionals" which was followed in 2010 by the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Also in 2010, the WHO released Global Policy Recommendations on "increasing access to health workers in remote and rural areas through improved retention". The four key headings in this document are: education and training; regulatory initiatives; financial incentives and reward; and personal and professional support. Subsequently, I have come to the view that a fifth item is sustainable service models. Health services in small rural communities achieve sustainability through strong collaboration involving: the health service authority/agency; local healthcare providers; and active community participation.

The three factors most strongly associated with recruitment into rural practice are: a rural upbringing; positive rural educational and clinical experiences during undergraduate medical education; and targeted postgraduate training for rural practice. Key retention factors include: academic involvement (education and research); recognition and reward for rural practitioners; support from the health service system; and active community engagement.

Northern Ontario is a vast rural region of Canada which has a volatile resource based economy. The health status of people in the region is worse than Ontario as a whole and there is a chronic shortage of doctors and other health professionals. NOSM opened in 2005 with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. Uniquely developed through a community consultative process, the holistic cohesive curriculum for the NOSM undergraduate program is set in the Northern Ontario health context, relies heavily on electronic communications and on community partnerships to support Distributed Community Engaged Learning. In the classroom and in clinical settings, students explore cases from the perspective of doctors practising in Northern Ontario. There is a strong emphasis on interprofessional education and integrated clinical learning which takes place in over 90 communities and many different health service settings, so that the students have personal experience of the diversity of the region's communities and cultures.

After seven years of recruiting applicants from its underserved health workforce region, there are signs that NOSM is successful in graduating health professionals who have the skills and the desire to provide healthcare in remote rural communities.

Prof Roger Strasser (pictured)

WONCA Europe awards

At the recent WONCA Europe conference in Lisbon, this year's winners of various awards were announced.

Vasco da Gama Movement prizes:

Hippokrates Prize
Solveig Carmienke (Germany) - *(pictured at right)*

Claudio Carosino Prize
Gemma Rovira Marcelino (Spain)

Junior Researcher Award
Daniel Pinto (Portugal) - *(pictured in his practice with WONCA President Michael Kidd)*

Sam Creavin (England)
Danielle Divilly (Ireland)

Montegut scholarship

Eralda Turkeshi (Albania)

The five star Doctor

For more information about the award of WONCA's award of excellence - the five star doctor award

Three extraordinary nominations were received:

1) Dr Bas Houweling, The Netherlands
2) Dr Nato Shengelia, Georgia
3) Dr Antonija Poplas Susic, Slovenia

The winner was - Dr Antonija Poplas Susic, Slovenia

In brief, Antonija is:

- Specialty trained family doctor
- 20 years in Ljubljana suburb practice:
- Innovative services for a community / special patient group preventive services for non-communicable diseases
- Chair of scientific board for primary care
- Advisor to Minister of Health for 5 years
- An expert advisor in a World Bank project in Montenegro
- Teacher in family medicine
- Author of several papers
- Quality manager of a large health care centre

WONCA News hope to be able to write more about Antoija in a future newsletter

VDGM executive farewell

Also at the award ceremony the outgoing executive committee of the Vasco da Gama Movement were congratulated on the job they have done. That committee consisted of:

- Charilaos (Harris) Lygidakis (Chair)
- Tobias Freund (Secretary)
- Martin Sattler (Treasurer)
- Sara Rigon (Exchange, Hippokrates)
- Persijn Honkoop (Research Liaison)
- Zuzana Švadlenková (Education)
- Raluca Zoitanu (Image Liaison)
- Raquel Gomez Bravo (Beyond Europe Liaison)
- Catarina Matias (Lisbon Preconference 2014 Manager)

Wonca Working Parties and groups

Hidden violence: Working to meet the challenges facing family physicians and their patients.

Introduction

The WONCA Working Party on Women and Family Medicine (WWPWFM) has, since its inception in 2001, identified family violence as a major health issue facing women doctors and their patients WONCA's stance against family violence has been further strengthened by the Vasco da Gama Young Doctors group work and the formation of the WONCA Special Interest Group on Family Violence (WONCA SIGFV) in 2014.

In 2013, at the WONCA World Meeting in Prague, the WWPWFM ran a workshop led by A/Professor Jan Coles from Australia on "Hidden Violence". At this workshops participants addressed the challenges facing family physicians and then worked on solutions to the challenges they identified. To engage with doctors from more WONCA regions these workshops have been repeated in 2014 with WWPWFM members leading at the WONCA Asia-Pacific Meeting in Kuching, Malaysia (in collaboration with the WONCA SIGFV) and at WONCA Rural meeting in Gramado, Brazil.

Key themes from the Workshops

A number of key themes were identified at all workshops. The universal themes were: the need to improve training for doctors in recognising and responding to family violence, improved strategies within the community to prevent violence and to raise awareness of its health costs; and finally, the value of access to coordinated multidiscipline team response supported by community-based services such as refuges for women and specialist family violence services for women and men, victims and perpetrators. At the Malaysian conference gendered and cultural behaviours identified as a particular challenge in the Asia Pacific. In Brazil, specific challenges faced by rural family doctors included the lack of confidentiality and anonymity in small rural communities, being the doctor for victims and perpetrators, violence directed towards informers and sometimes the doctor, and the lack of support for the physicians.

Priority Areas for development

Workshop participants shared their ideas and strategies for responding to the challenges posed by responding to family violence in clinical practice. Solutions included developing local referral networks, working with other community based agencies and working as part of a multidiscipline team. In areas where few services were available, up skilling in trauma counselling by doctor and/or other health workers and the formation of self-help women's groups may be innovative sources of support were services are limited.

Improved professional education was the theme that was raised in every workshop. Education was felt to be most effective if it started early with medical students and vertically integrated to progressively improve the doctors' skills as they moved from novice to expert family physicians. Increasing curriculum content in this area of medicinal training was recommended.

What's next?

It is planned to hold the workshop at regional meetings, including WONCA Africa in 2015. The findings from each of the workshops will be used to focus and prioritise future initiatives of the WWPWFM so that the needs of doctors working with, and responding to, patients who experience family violence are addressed. For the WWPWFM group, these include a planning half day training workshop for family physicians and a workshop on sharing and developing educational resources for participants to use in their context to be presented at WONCA regional meetings in 2015.

A number of collaborative initiatives are being developed for future WONCA conferences and for the sharing of resources by the WWPWFM, the Vasco da Gama and other young doctors groups and the WONCA SIGFV.

Jan Coles

To find out more about the SIG on Family Violence email Leo Pas convenor SIGfamilyviolence@wonca.net

WONCA and ICOH statement on workers and their families

Pledge announced in Lisbon

In his keynote speech at the recent WONCA Europe conference in Lisbon, Prof Michael Kidd, WONCA President, announced a joint statement on workers health.

"In another innovation, WONCA has been working with the WHO and the International Commission on Occupational Health looking at the health of workers and their families, especially in developing parts of the world.

We recognise that health and safety are threatened by poor working conditions, which are a daily reality for many workers around the world. We are also aware of the poor health of many migrant workers based in countries where they have no access to health services. And we recognize that most health care and preventive services for workers and their families is provided in primary care settings by family doctors like you and me.

Today WONCA and the International Commission on Occupational Health are launching our joint statement on workers and their families and we pledge 'to work with our partner organizations (including the World Health Organization and the International Labour Organisation) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families."

Joint Statement

Health and work are intimately linked. Work under good conditions can have positive effects on health and wellbeing. On the other hand, health and safety are threatened in poor working conditions, which are a daily reality for many workers around the world. Workers exposed to hazards at work suffer various work-related diseases. Failure to adapt working conditions to the capabilities of workers with chronic health problems may limit their ability to work. Poor health, injuries and disabilities prevent many from working at all or at full capacity. Those who do not work frequently suffer worse health because of limited resources or social isolation. Yet, the health and safety of people at work are too often addressed separately from their health outside of work. Similarly, the health and safety of those at work are often viewed in isolation from the health and safety of their families and communities. Each of these affects the others.The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) recognize that most health care and preventive services for workers and their families in the formal and informal health system is provided in primary care settings along with variously organized occupational health services. A global challenge is to make more systematic use of the primary care setting and available occupational health services. It is essential to improve the health and productivity of workers by increasing the number, expertise and capacity of health professionals able to prevent and manage work-related health problems. In addition there is an urgent need to increase the number and capacity of occupational health experts and services. This is especially true for those working in low and medium resource countries, the informal economy, small businesses, and agriculture.

Pledge

The World Organization of Family Doctors (WONCA) and the International Commission on Occupational Health (ICOH) pledge to work with our partner organizations (including WHO and ILO) to address the gaps in services, research, and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families.

ILO = International Labour Organization

Young Doctors

Raman Kumar's young doctors' update

Photo: (left to right) - Scott MacLean, Raman Kumar, Peter Sloane, Kyle Hoedebecke, Victor Ng and Kayode Alao at the preconference in Lisbon

WONCA Executive member (Young Doctor representative), Dr Raman Kumar, of India, attended the WONCA Europe Conference held in Lisbon in July 2014. He reports on activities from the Young Doctor perspective.

The 19th WONCA Family Medicine European Conference was organized from 2nd to 5th July 2014 in the city of Lisbon Portugal. There was a pre conference on 1st and 2nd July 2014; organized by Vasco da Gama Movement – VGDM (the forum for young, establishing, new and future family doctors in Europe). The conference also marked the 10th anniversary of VGDM. Being the representative of young doctor movements on WONCA world executive, I was invited by VGDM chair Harris Lygidakis. My participation was facilitated by a generous grant from WONCA Europe.

At preconference, I attended the VGDM inauguration ceremony, council meeting, group presentations and the anniversary book release. I feel privileged to be part of this historical moment of the 10th anniversary of VGDM. During the council meeting I witnessed the robust governance process of VGDM as an organization and saw the seamless transfer of leadership. It was an excellent display of energy, enthusiasm, leadership, teamwork and professionalism. Peter A Sloane (Ireland) took over from Harris Lygidakis (Italy) as chair of Vasco da Gama. During the preconference and at the social get-together I had opportunity to meet and interact with almost all representatives from different European countries. I took effort and time to meet and talk to each member on the new executive of VGDM.

The conference opened on 2nd July 2014 with a very impressive inaugural ceremony. The scientific program offered a wide spectrum of education and learning opportunity. I attended sessions of my interest such as prevention, research and education. I was one of the co authors for an accepted poster: FM 360 – Global Exchange Program with Ana Nunes Barata and others.

All arrangements were planned in detail and successfully carried out by our Portuguese hosts lead by pre conference manager Catarina Matias. During the conference, the chairs of other regional young doctor movements had opportunity to meet. Kyle Hoedebecke (Polaris – North America) Alao Kayode (AFRIWON - Africa), Peter Sloane (VGDM- Europe) and myself (Spice Route – South Asia) were present and all of us met in person for the first time. The meeting was very productive as we discussed few key points of action in future.

We organized a meeting to discuss FM 360, global exchange program for family medicine trainees and residents. This meeting was led by Ana Nunes Barata and was participated by Prof Job Metsemakers (president WONCA Europe), Prof Richard Roberts (past president WONCA world) along with several other young enthusiastic delegates. During the conference, I also had opportunity to briefly meet Dr João Sequeira Carlos, Dr Carl Steylaerts and Dr Per Kallestrup. inspiring figures who, were founders and first generation leaders of junior doctor movements.

It was good to see how the two leading colleges in world, CFPC Canada (College of Family Physicians of Canada) and RCGP UK (Royal College of General Practitioners), are supporting their newly qualified or establishing members through innovative forums such as CFPC First Five Years, RCGP First 5 and RCGP JIC. It was pleasant meeting Scot

MacLean, Victor Ng, Greg Irving, and Robin Ramsay.

The conference broadened my understanding about historical background of development of universal health coverage in many parts of Europe. Earlier my knowledge was limited to NHS in UK. I also came to know about the diversity existing among several of the European health systems. Also, how the present economic crisis is impacting the health systems in Europe. Lisbon declaration is one of the important achievements of this conference. From personal perspective I found this information very useful, since back in India, we are discussing about provision of universal health coverage for a huge population.

I attended the WONCA world executive meeting on 2nd July; part of the executive was available in person while others participated remotely from different parts of the world with the help of video conferencing.
Overall, my experience during the conference was very enriching and I returned back as a more energized person.

Acknowledgement: I would like to convey my sincere thanks to Prof Job Metsemakers and WONCA Europe for arranging special bursary, enabling my participation in WONCA Europe Conference Lisbon 2014.

Dr Raman Kumar

Statement from Shin Yoshida, new chair of the Rajakumar Movement

Hello, junior family doctors in the WONCA Asia Pacific Region(APR) and in the world! I am Shin Yoshida, a Japanese junior family physician.

I feel honored to take over as the new chair of the Rajakumar Movement from Dr Naomi Harris. The late Dr MK Rajakumar was a famous Malaysian family doctor who contributed to international activities among Asian family doctors. The Rajakumar Movement was established in 2009, for new & future family doctors in Asia Pacific region, so that more junior doctors could nurture family medicine internationally.

My mission as the new chair of this movement is to expand our community among APR counties and over the world by various means such as SNS, presentations/workshops at WONCA APR conferences, and mutual exchange between young doctors from two different countries in APR or worldwide (Family Medicine 360 program).

We are also creating an effective executive team composed of junior leaders of family medicine from each APR country supported by WONCA APR senior members. Let's share our generalism, learn from our differences, and built true friendship in the WONCA Asia Pacific Region!!

Our Slogan / Motto
Network of Junior Family Doctors in the WONCA Asia Pacific Region

Our Mission
We promote family medicine among new and future doctors in the WONCA Asia Pacific Region by building networks for the exchange of experience and expertise for contribution to the leadership development and the advancement of health care.

email Shin rajakumar@wonca.net

Country specific news

China's health reform

Dr Donald Li, WONCA Executive member-at-large, was invited by World Health Organization and World Bank to participate in a meeting to discuss about China's Healthcare reform. He was amongst two speakers who were invited to present and was asked to speak on strengthening primary care in China sharing his experience in promoting family medicine over the last 20 years. The meeting was attended by vice Ministers of Finance and Health of China and the President of World Bank, Jim Yong Kim, his Vice Presidents and directors , Vice President of the International finance Corporation as well as Director General of World Health Organization Dr Margaret Chan, the Regional Director of Western Pacific Shin Young- Soo, country representatives and assistants.

Photo: Donald Li (right) with (l to r) Michael Porter, Harvard Business School: Margaret Chan, WHO; Jim Yong Kim, World Bank president

Dr Li commented on challenges faced in strengthening primary care in China which included:

1. manpower issues, capacity building, training to meet the needs of the population,
2. The need to train family doctors in leadership and administration to enable them to be true managers of a multidisciplinary primary healthcare team,
3. the need for other specialists to understand the concept of family medicine through training,
4. the need to recognize that family doctors are specialists equal to hospital based specialists, and the financial incentives and reward for family doctors , and how to attract students and graduates to go into family medicine,
5. the need for primary care research to generate evidence that supports the cost effectiveness and improved health come through the practice of family medicine and
6. the need for proper community perception, appreciation of family medical practice and increased health literacy.
7. resource allocation to support the education and training of family doctors and
8. to continue to upgrade the rural practitioners which accounted for a big percentage of the primary healthcare workforce.
9. Setting up of well resourced community centers which were linked with Grade A hospitals for branding as well as providing confidence to the patients. Appropriate IT support such as establishing electronic health records should be a priority.

Dr Li made recommendations to enhance the training program of family doctors to include community orientated primary care, leadership and suggested setting up structured quality assurance programs, as well as regulatory bodies such as a medical council to improve accountability and responsibilities.
He also made recommendations to enhance health literacy of the public and alter their health seeking behavior , influence their value and expectations. He urged government to support patient empowerment and mutual support groups.

His recommendation to the administration was to have policies that supported primary care in particular reimbursement policies that promote the gate keeping role of family doctors. Innovation in medical insurance allowing co payment would also promote quality through reward. Registering patients with a family doctor to establish continuity could be achieved through medical insurance maneuvers.

Lastly Dr Li reported on the successful accreditation of the Family Doctor training program in Shanghai, introduced WONCA and encouraged other provinces in china to obtain accreditation. The successful accreditation witnessed by WHO DG was a great encouragement to GPs .

Primary Care Indonesia – Recent Developments in 2014

Dr Mora Claramita (pictured), from the Department of Medical Education at Gadjah Mada University in Yogyakarta, provides her perspectives on the recent changes for primary care doctors in Indonesia.

Background

Indonesia is one of the largest archipelagos; which is located in the Southeast Asian region and the fourth largest population in the world. Indonesia is included as having one of the highest maternal and infant mortality rates in this region.1 More than 60% of male are active smokers, therefore lots of health problems related to smoking exposures including growth and development disorders of babies and toddlers.2 However, on the 1st January 2014, a universal coverage health insurance system began and now drives primary care services in Indonesia to be better for the people.3 In conjunction with that, we need high quality Primary Care Doctors, to be cost-effective, delivering high quality primary care and to meet the people expectations.4 The task for Indonesia is enormous and unable to be done by medical doctors who only underwent six years of basic medical training. Therefore, the current 80,000 medical doctors who work in community settings are now preparing to be upgraded to Family Medicine Specialists/ General Practitioners equal to postgraduate training for other specialists.

Careful and serious consensus had been made by many stakeholders in Indonesia in choosing the appropriate name of "Primary Care Doctors", suitable for Indonesian settings.5 In such a huge nation like Indonesia, this 'informed and shared decision making' process; involving many parties, was challenging and took many years.

Current Development of the 'Primary Care Doctors' of Indonesia as the 'Gate-Keepers'

Today we keenly await the National Board of Primary Care Doctors to be established by the Ministry of Education & Culture and the Ministry of Health. The National Board of Primary Care Doctors has been preparing:

(1) the standards for competence of the 'Primary Care Doctor'; equal to Family Medicine Specialist,
(2) educational standards,
(3) Upskilling program for the existing doctors as well as for newly graduated doctors, and
(4) teacher training program as well as a benchmarking study.

Seventeen Faculties of Medicine in Indonesia have been prepared to open a new Department of Primary Care to start the specialization of what we call the 'Primary Care Doctors'. Challenges are intensive coordination among both involved ministries, and the proper approach to other specialist colleagues; who are central; in regards to future inter-professional collaboration between primary, secondary and tertiary care settings. Potential internal conflict will be from current "General Practitioners" who may not wish to be further trained, or exposed to the latest evidence based medicine.

All current development mentioned above may be done by small number of faculty who look forward to the changes of better primary care. Apparently, good leadership is the key of change.6 The National Board of Primary Care Doctors of Indonesia may consist of younger doctors compared to American Board of Family Doctors or British National Board of General Practitioners in the mid 1900s; which no doubt mostly consisted of senior leaders.

"*Give me only 10 young men/women and I can change the world*." Soekarno (The first President Republic of Indonesia).

We should celebrate and pray for the coming birth of Primary Care Doctors of Indonesia. May it be free of internal conflict.

Acknowledgements and references **– see website**

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Featured Doctor

A/Prof Jan Coles: Australia

Jan Coles PhD, MMed (Women's Health), MBBS, DCH, GCHPE is one of the members of the new WONCA Special Interest Group (SIG) on Family Violence.

What is your current work?
I am an associate professor and academic family physician at Monash University in Melbourne, Australia and have been a family doctor for more than 25 years.

How did you become interested in Sexual and Family Violence?
I began working and researching in the area of sexual violence because of the patients I saw in my clinical practice. It was one young mother who was having difficulty holding and caring for her young son that opened my eyes to severe lifelong consequences of childhood sexual abuse. It was the starkness of the young mother's distress and my own lack of training that pushed me into research, medical education and advocacy work.

Since meeting that young mother I have researched in the area of early mothering and breastfeeding after childhood sexual abuse and perinatal service provision to survivors finding that those who have experienced sexual abuse have significant issues with intimate touch and early parenting even when they "successfully" breastfeed. I continue to document the impacts of childhood sexual violence and adult violence on mental and physical health and on GP service use and satisfaction for young Australian women working with the Australian Longitudinal Women's Health Study data.
My international work is with the Sexual Violence Research Initiative (SVRI) in Pretoria, South Africa and with WONCA. In collaboration with the SVRI I have run workshops to assist in the prevention of vicarious trauma for those undertaking sexual violence research, writing a briefing paper for researchers and guidelines. In 2011, I gave the closing address at the 2nd International Sexual Violence Research Forum on "Staying Safe".

As a medical educator I have worked across the primary care disciplines with University partners across Australia to develop an open access online learning module on family violence for primary health care students across Australia. By better educating students, the project team aims to improve the support and services available to survivors. The education resource will soon be available on http://www.med.monash.edu.au/general-practice/pacts/.

What involvement have you had with WONCA?
My work with WONCA includes being an active member of the WONCA Working Party on Women and Family Medicine since 2007. She is a foundation member of the WONCA Special Interest Group on Family Violence. I ran four international workshops on "Hidden Violence" including teaching family doctors in China in the last year.

My two greatest achievements are firstly taking a problem I saw in my clinic, adding to medical knowledge in the area and working with WONCA to advocate to improve family violence education to doctors so that patients can access better care. This year WONCA with the World Medical Association and Medical Women International Association, took a document to the 67th World Health Assembly which documented the care needed by women and girls who have experienced violence. I was amazed and proud that as a family doctor I could see an issue with my patients and work with WONCA to influence international policy. My second greatest achievement (though not necessarily in that order) are my wonderful children and family, having three children in 13 months was challenging early in my career. I only had time for my clinical work and my family. It was hard to do anything extra.

What do you like doing out of hours?
For relaxation I like to read, write, sew patchwork quilts, cycle on my pinarello bicycle, swim and spend time at the beach preferably with my family - but if the family can't come, my Rhodesian Ridgebacks help fill the gap - regardless of the weather.

Jan's email is jan.coles@monash.edu

Notices

Launch of WHO Consultation on draft global action plan on antimicrobial resistance

At the Sixty-seventh World Health Assembly (WHA) in May 2014, a resolution was passed which called for the World Health Organization (WHO) to lead the development of a global action plan to address antimicrobial resistance (AMR).

The WHO Secretariat will lead the development of a draft global action plan that reflects the commitment, perspectives and roles of all relevant stakeholders, and in which everyone has clear and shared ownership and responsibilities. In this regard, WHO is now inviting contributions from all relevant organizations, institutions, networks, civil society groups, national authorities and ministries through an online consultation. The consultation will be open until 1st September 2014. To participate in the consultation please click here

In addition, if you would like to receive updates on the development of the global action plan and join the AMR mailing list, please send an email to amractionplan@who.int with the subject line 'SUBSCRIBE TO MAILING LIST'. Include your name and the name of your organization in the email.

If you have additional queries or comments on the development of the AMR global action plan, please write to amractionplan@who.int.

Society of Teachers of Family Medicine – 2015 Scholarship

Each year the Society of Teachers of Family Medicine (STFM) – a WONCA Member – offers a scholarship to one GP/family doctor to attend the STFM Annual Spring Meeting. For 2015 this meeting with be in Orlando, Florida, from 25th to 29th April.

STFM has determined that for 2015 the scholarship will be awarded to a GP/FP from Asia and have confirmed to WONCA that doctors from both South Asia and Asia Pacific Regions are eligible to apply.

Applicants are especially asked to note:
• Applications must be made directly to STFM and not to WONCA
• Closing date for applications is 30th September 2014
• Applicants must be junior Faculty, in the first 5 – 10 years of a Faculty appointment.

STFM will provide assistance with identifying a US sponsor to help with coordinating the visit and will give an award of up to $3,500 to support travel and other expenses.

Full details can be found on the WONCA website at the following link.

WONCA website resources

WONCA resources page can be found here
In need of holiday reading? Why not look at some of the resources on WONCA's website? It includes

- A-Z topic listing
- Journals of interest
- PEARLS
- Databases (search the literature)
- Evidence & guidelines
- Downloadable Apps
- WONCA Publications

PEARLS

These are an independent product of the Cochrane primary care group and are meant for educational use and not to guide clinical care. In the recent month the following have been added to our website.

421 Interventions effective for promoting informed consent
422 Limited benefit from telephone support for pregnant women
423 Alternating and combined antipyretics effective for febrile children
424 Little benefit from omega-3 fatty acids for intermittent claudication
425 No evidence for benefits of influenza vaccine in institutional healthcare workers
426 Prophylactic antibiotics effective for chronic obstructive pulmonary disease
427 Venous thrombosis risk of combined pills varies
428 Computerised advice on drug dosage of some benefit
429 Interventions effective for endometriosis

The "Barbara Starfield Collection"

Professor Barbara Starfield championed the value and need of strong primary health care systems worldwide. This collection emphasizes the case for primary care and includes a number of Barbara Starfield's own articles as well as other key related material.

Featured WONCA Publications listed below can be found here

Family Doctors in the Field 2014

Stories from environmental family doctors from across the globe. Launched in Lisbon in July 2014, the aim of the book is to profile ordinary family doctors around the world who are interested or involved in environmental issues.

Download in pdf format from the WONCA website.

Rural Medical Education Guidebook 2014

The project has been proudly supported by WONCA through the WONCA Working Party on Rural Practice, the Northern Ontario School of Medicine, Memorial University of Newfoundland (MUN), and the Rockefeller Foundation.
Consisting of 71 chapters written by 74 authors, it represents a unique collaboration, with contributions from every continent. It is intended to be a free resource for doctors, educators and others wanting to obtain practical ideas on implementing aspects of rural medical education and to learn from the experience of colleagues in different contexts.

Download in pdf format from the WONCA website.

The WONCA "Guidebook" 2013

The Contribution of Family Medicine to Improving Health Systems: A guidebook from the World Organization of Family Doctors, Second Edition
ISBN: 9781846195549
Editor: Michael Kidd

It provides practical, inspirational reading for healthcare managers, policy makers and shapers, and public health academics and professionals who will benefit greatly from implementing the flexible, local level options presented. The approaches described are consistent with each country's specific health care needs, resources, and cultural expectations.

Available for purchase from Radcliffe Health

WONCA CONFERENCES 2014

August 16-17, 2014	WONCA South Asia Region conference	Chennai, INDIA	Hope healing and healthy nation through family medicine. www.woncasar2014.com

See WONCA website conference page for updates.

WONCA CONFERENCES 2015

February 13-14, 2015	WONCA South Asia Region conference	Dhaka, BANGLADESH	For more information on these conferences as it comes to hand go to the WONCA website conference page:
February 18-21, 2015	WONCA Africa region conference	Accra, GHANA	
March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

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

WONCA ENDORSED EVENTS

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

April 28-30 2015 — Mental Health for All — Lille, France

MEMBER ORGANIZATION EVENTS

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

August 16-16 2014	SAAFP Mini Conference Cape Town 2014	Cape Town, South Africa
September 01-02 2014	EFPC 2014 Bi-annual conference	Barcelona, Spain
September 12-13 2014	II Balearic Meeting of European Residents & Young GPs of Ibamfic	Palma de Mallorca
September 23-27 2014	EURACT - International course in Bled	Bled, Slovenia
October 02-04 2014	RCGP annual primary care conference	Liverpool, United Kingdom
October 09-11 2014	RACGP GP '14 conference	Adelaide, Australia
October 21-25 2014	AAFP annual scientific assembly	Washington DC, USA
October 23-26 2014	EGPRN Autumn meeting	Heraklion, Crete, Greece
November 13-15 2014	Family Medicine Forum / Forum en médicine familiale	Québec, Canada
November 19-23 2014	The Network: Towards Unity for Health conference	Fortaleza, brazil
April 25-29 2015	STFM Annual Spring Conference	Orlando, Florida, USA
May 07-10 2015	EGPRN Spring meeting	Timisoara, Romania
June 16-18 2015	19th Nordic Congress of General Practice	Gothenburg, Sweden