

WONCA News

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REGISTER NOW FOR WONCA SEOUL 2018

From the President: March 2018



Photo: Amanda Howe at the Vasco da Gama forum in Porto with (l to r) Candan Kendir, Sùheyla Atalay, Tuğba Onat.

First – working with WHO.

Dr Viviana Martinez Bianchi and I attended the WHO Executive Board in Geneva, and found that the fortieth anniversary of the Alma Ata Declaration, in October 2018, has become a big focus, with expectation of a major declaration to be signed off at a meeting in Almaty meeting in late October. The focus on strengthening primary health care, for universal health coverage, makes this an important opportunity for us to get our messages about family medicine across. We were told that WONCA is likely to be invited to be involved in the Almaty meeting, and also to have input into a number of activities leading up to the event. This is a tribute to our increased recognition, but there is much yet to clarify. We shall need all our Member Organizations and region presidents to engage at country level to make country representatives at WHO more committed to supporting family medicine in the next phase of workforce development. I have been in touch with our Member Organizations by personal newsletter both about this issue and about preparations for World Family Doctor Day 2018. Please see the Policy Bite as well!

The European young doctors' forum

I was then at the Vasco da Gama Movement (European young doctors) forum in Porto

together with our current and previous WONCA Europe Presidents. This excellent meeting, which attracted more than 300 attendees (including from the Middle East and Asia regions, was led in part by our own global young doctor leader, Dr Ana Nunes Barata, as well as many others from the Vasco da Gama Council, and the local host and scientific committee members. It was a really enjoyable meeting, and it gave me great pleasure to see how effective the networks across regions among the young doctors can be. Well done to Claire Thomas for her leadership of the current Vasco da Gama Council, to Ana, and to all involved.

[Read Forum report here](#)

Ariadnelabs project

I am also deeply immersed in the development and delivery of the project for which we won funding from Ariadnelabs. This project aims to identify research priorities from primary care for low and middle income countries, and I would like to recognise the hard work that our Chair of the Working Party on Research, Dr Felicity Goodyear-Smith, is putting into leading this work – also with our past Presidents, Prof Michael Kidd and Chris van Weel, and colleagues from the Robert Graham Center in the USA. We hope that this will be another route by which WONCA both gathers evidence for advocacy, and also

becomes more visible as an academic voice in relevant global networks.

Future activities

I have upcoming trips to Algeria, and then Kuwait for the [WONCA East Mediterranean region congress](#), then to the [IberoAmericana region summit and conference](#) in Columbia.

Momentum is also gathering for our conferences in Delhi ([WONCA World rural health conference](#) organised by our Working Party on Rural Practice), [WONCA Europe](#) in Krakow, and the [WONCA World conference](#), in Seoul. The Winter Olympics are happening as I write, and it is good to see the beauty, efficiency, and inclusivity of South Korea making an impact worldwide. Things are going well with all organisation for our Seoul conference - with good programmes and registration. We thank those who are leading

there. We also wish all those having national family medicine meetings and conferences a good success.

Meeting together across our global community is a really important means of sharing good practice, encouraging mutual support and professional development, and creating and maintaining formal policy and processes. I do hope that as many people as possible will attend at least one WONCA conference this year, and that we particularly succeed in gathering our global community together in South Korea, in October. It is not too late to register, and I am increasingly confident that this is going to be a brilliant conference.

Best wishes to you and your colleagues and communities, and I shall be with you again next month.

Amanda Howe
WONCA President

De la presidenta – Marzo 2018

En primer lugar – trabajando con la Organización Mundial de la Salud

La Doctora Vivian Martínez Bianchi y yo asistimos al Comité Ejecutivo de la Organización Mundial de la Salud en Ginebra, y constatamos que el próximo aniversario de la Declaración de Alma Ata, en octubre de 2018, se ha convertido en un gran foco de atención, con un gran nivel de expectación en relación a la declaración que se firmará en el encuentro y que tendrá lugar en Almaty a finales de octubre. Poner nuevamente el foco acerca del fortalecimiento de la Atención Primaria, para una cobertura universal de la salud, supone una oportunidad importante para hacer llegar nuestro mensaje de más Medicina de Familia en todo el mundo. Se nos dijo que WONCA será probablemente invitada a participar activamente en el encuentro de Almaty, y también intervendrá en las actividades precedentes antes del evento. Este es un homenaje a nuestro reconocimiento creciente, pero todavía hay mucho que clarificar. Necesitaremos que todas nuestras Organizaciones miembro y presidentes de región se unan a nivel nacional para lograr que las representaciones por países en la Organización Mundial de la Salud estén más comprometidas para apoyar a la Medicina de Familia en siguientes fases de desarrollo del personal sanitario. He estado en contacto con nuestras Organizaciones Miembro con un newsletter personalizado

tanto acerca de esta cuestión como acerca de los preparativos del Día Mundial del Médico de Familia 2018. Por favor, ¡leed el artículo de Fragmentos de Política también!

El Foro europeo de jóvenes médicos

Estuve en el foro del Movimiento Vasco da Gama (Jóvenes médico) en O Porto, junto con nuestra presidenta de WONCA Europa actual, Anna Stavdal, y nuestro presidente anterior. Este encuentro excelente, que atrajo a más de 300 asistentes (también del Próximo Oriente y de regiones de Asia), fue liderado en parte por nuestra joven líder Ana Nunes Barata, así como por parte de muchos otros médicos del Consejo de Vasco da Gama, miembros de la Asociación anfitriona – en este caso la Portuguesa – y del comité científico. Fue un encuentro verdaderamente agradable, y me produjo mucha satisfacción el hecho de ver hasta qué punto son efectivas las redes de trabajo en todas las regiones entre los jóvenes médicos. Bien hecho Clare Thomas, por tu liderazgo en el Consejo actual de Vasco da Gama, y felicidades Ana, y a todos los que participáis.

Leed [aquí](#) la noticia del Foro Vasco da Gama.

Proyecto Ariadnelabs

También estoy muy inmersa en el desarrollo y la presentación del proyecto por el cual nos

concedieron financiación de Aradnelabs. Este proyecto tiene como objetivo buscar prioridades en Atención Primaria para los países con pocos ingresos, y me gustaría reconocer el duro trabajo que nuestra Coordinadora del Grupo de Trabajo en Investigación, la Doctora Felicity Goodyear-Smith, está dedicando al liderazgo de este trabajo – también con respecto a nuestros presidentes anteriores, el Profesor Michael Kidd y Chris van Weel, y a los colegas del Centro Robert Graham en los Estados Unidos. Esperamos que esta será otra vía gracias a la cual WONCA conseguirá lograr más pruebas para defender sus acciones y que también conseguirá hacerse más visible como voz académica en las redes de trabajo globales.



Foto: Amanda Howe en el Foro Vasco da Gama en O Porto con Candan Kendir, Sühelya Atalay, Tuğba Onat

Actividades futuras

Mis próximos viajes serán Algeria, después Kuwait para participar [al Congreso de la Región WONCA del Este del Mediterráneo](#), y finalmente participaré en [el Congreso y la Cumbre de la Región de Iberoamérica](#) en Colombia.

Otros los momentos importantes también serán los encuentros para nuestras conferencias en Delhi ([conferencia WONCA World rural health](#) organizada por nuestro Grupo de Trabajo sobre Práctica Rural), [WONCA Europe](#) en Cracovia, y [la conferencia WONCA World](#), en Seúl. Los Juegos Olímpicos de Invierno están teniendo lugar mientras escribo, y es bueno ver la belleza, la eficiencia y la inclusión de Corea del Sur con ese impacto en todo el mundo. Las cosas van bien con toda la organización trabajando mucho para nuestro Congreso de Seúl, con buenos programas y ritmo de inscripciones. Agradecemos a los que están liderando el trabajo en esa región. También deseamos a todos los que tengan reuniones y congresos nacionales de medicina familiar que tengan mucho éxito.

Que nuestra comunidad global pueda reunirse en todo el mundo es una forma realmente importante de compartir buenas prácticas, alentar el apoyo mutuo y el desarrollo profesional, y crear y mantener políticas y procesos formales. Espero que el mayor número de gente posible asista a, por lo menos, una conferencia de WONCA este año, y que tengamos éxito a la hora de reunir a nuestra comunidad global en Corea del Sur, en octubre. No es demasiado tarde para inscribirse, y estoy cada vez más segura de que este va a ser un Congreso mundial brillante.

Mis mejores deseos para ti, tus colegas y comunidad, volveré el próximo mes.

Amanda Howe
WONCA President

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

De la Présidente - Mars 2018

Premièrement - Notre travail avec l'OMS

Dr Viviana Martinez Bianchi et moi avons assisté au Conseil Exécutif de l'OMS à Genève où nous avons découvert que le 40e anniversaire de la Déclaration d'Alma Ata en octobre 2018 sera un événement important qui devrait mener à la signature d'une déclaration majeure lors de la réunion d'Almaty fin octobre. L'accent mis sur le renforcement des soins de santé primaires et sur l'assurance-santé universelle nous donnera une occasion importante de faire

passer notre message sur la médecine familiale. On nous a dit que WONCA recevrait sans doute une invitation à participer à la réunion d'Almaty et de contribuer à des activités en préparation de l'événement. Il s'agit là d'un hommage à la croissance de notre profil, mais il reste encore beaucoup de choses à clarifier. Il faudra que toutes nos organisations membres et nos présidents de régions s'engagent au niveau de leurs pays afin que nos représentants nationaux auprès de l'OMS s'investissent davantage dans le soutien de la médecine familiale pour la phase

à venir de formation du personnel. J'ai contacté nos organisations membres par courrier personnel sur cette question ainsi que sur les préparatifs de la Journée mondiale de la médecine familiale 2018. Veuillez également lire la note politique!

Forum des jeunes médecins européens

Je me trouvais alors au forum du Mouvement Vasco de Gama (jeunes médecins européens) à Porto avec l'actuelle présidente de WONCA Europe et le président précédent. Cette excellente réunion qui a attiré plus de 300 participants (y compris du Moyen Orient et d'Asie) était dirigée par Dr Ana Nunes Barata, notre jeune médecin leader international, ainsi que de nombreux autres du Conseil Vasco da Gama, l'hôte local et les membres du comité scientifique. Ce fut un agréable rassemblement qui m'a permis de constater l'efficacité des réseaux interrégionaux parmi nos médecins. Bravo à Claire Thomas pour sa direction de l'actuel Conseil Vasco da Gama, à Ana et à tous les autres.

[Vous pouvez accéder au rapport du Forum ici](#)

Le projet Ariadnelabs

Je me trouve aussi profondément immergée dans le développement et la livraison du projet pour lequel nous avons gagné le soutien financier d'Ariadnelabs. Ce projet a pour objectif d'identifier les priorités en matière de recherche sur les soins primaires pour les pays à bas et moyens revenus. Je voudrais ici montrer ma reconnaissance des efforts fournis par la présidente de notre Groupe de Travail sur la recherche, Dr Felicity Goodyear-Smith, dans la direction de ce travail -ainsi que nos précédents présidents, Pr Michael Kidd et Chris van Weel, et nos collègues du Centre Robert Graham aux Etats-Unis. Nous espérons que ceci ouvrira une autre voie par laquelle WONCA pourra à la fois rassembler des preuves justifiant une mobilisation et acquérir plus de visibilité au niveau universitaire au sein de réseaux internationaux.

Activités futures

Mes voyages à venir incluront l'Algérie puis le Koweït pour le congrès régional de WONCA Méditerranée Orientale, ensuite le sommet de [la région Ibero-Américaine et la conférence](#) en Colombie.

Un élan positif se développe pour nos conférences à Delhi (WONCA conférence pour la santé rurale organisée par notre groupe de travail sur la médecine rurale), WONCA Europe à Cracovie et la conférence mondiale de WONCA à Seoul. Les Jeux Olympiques d'hiver se déroulent actuellement et il est bon de voir l'impact international de la beauté, l'efficacité et l'inclusion offertes par la Corée du Sud. Tout va bien en ce qui concerne l'organisation de notre conférence à Seoul -avec de bons programmes et des inscriptions. Nous remercions les personnes en charge de ce projet. Nous souhaitons beaucoup de succès à tous ceux qui ont organisé des réunions et conférences sur la médecine familiale nationale.

Un élan positif s'est développé pour nos conférences à Delhi ([conférence WONCA pour la santé rurale](#) organisée par notre Groupe de Travail sur la Médecine rurale), [WONCA Europe à Cracovie](#) et [la conférence mondiale de WONCA à Seoul](#). Les Jeux Olympiques d'hiver se déroulent actuellement et il est bon de voir l'impact international de la beauté, l'efficacité et l'inclusion offertes par la Corée du Sud. Tout va bien en ce qui concerne l'organisation de notre conférence de Seoul - bons programmes et inscriptions. Nous remercions les personnes en charge de ce projet. Nous souhaitons beaucoup de succès à tous ceux qui ont organisé des réunions et conférences sur la médecine familiale nationale.

Nos rencontres internationales sont un véritable moyen de partager les bonnes pratiques, d'encourager le soutien mutuel et la formation continue et de créer et maintenir des politiques et processus formels. J'espère que le plus grand nombre possible de membres assisteront au moins à l'une de nos conférences cette année, et que nous pourrions plus particulièrement rassembler la communauté internationale en Corée du Sud en octobre. Il est encore temps de s'inscrire et je suis certaine que ce sera une conférence extraordinaire.

Mes meilleurs souhaits à vous, vos collègues et vos communautés. Je vous retrouverai le mois prochain.

Amanda Howe
Présidente

*Traduit par Josette Liebeck
Traductrice professionnelle anglais-français
Accréditation NAATI No 75800*

From the CEO's desk: all coming conferences



Photo: WONCA conferences - a chance to meet old and new friends and have some fun - this photo from Dubrovnik in 2015.

This month I want to return to the theme of WONCA conferences and events. These are important landmarks in our calendar, as they afford a great opportunity to meet up with old friends, to make some new friends, and to share areas of interest with colleagues from all around the world.

WONCA World conference 2018 Seoul

Of course this is a world conference year, and the website continues to provide regular updates on registration,

keynote speakers and details of abstract submission for this key event.

[>More on Seoul 2018 world conference.](#)



Photo: More conference history: in 2013 in Prague, Garth Manning caught at his first world conference as CEO, with WONCA

Manager Nongluck Suwisith and then president-elect Amanda Howe.

But as well as the world conference in Seoul in October, there are several regional events of note.

WONCA EMR conference in Kuwait - 1st to 3rd March – sadly this event will be over by the time you read this article, but both Amanda Howe and I will be attending, and will report back in a future WONCA News.

WONCA Iberoamericana-CIMF. Our colleagues in Latin America are hosting not one but two events in mid-March in the city of Cali, Colombia. On 13th and 14th March they will host the VII Cumbre (Summit) of family and community medicine, and then from 15th to 17th March they will hold the Andean sub-regional conference. The Iberoamerican Family Medicine Summits are important events, as they provide political and technical opportunities for reflection on primary health care and its role in health systems. The event includes the formation of discussion groups, encouraging the exchange of ideas between governments, professional organizations and training institutions. Recommendations generated from these summits helps to inform and influence the development and improvement of Primary Care and Family Medicine in the region. more [here](#).



Photo: also in Prague in 2013, Shabir Moosa from South Africa (the current WONCA Africa region president-elect) and Ilkka Kunnamo from Finland who is now the chair of the Working Party on eHealth.

WONCA Rural Health conference 26th to 29th April – this event is planned for Delhi, and will be the first WONCA Rural event in the Indian sub-continent. The organizers have been working extremely hard to ensure a large attendance at a very varied event, and it's bound to be a further milestone in WONCA Rural's progress. More details of this event can be found [here](#).

WONCA Europe conference, 24th to 27th May – the WONCA Europe conference, this year in Krakow, Poland, is always one of the major events in our diary. It's the biggest

regional event by some margin, and always attracts a great crowd with some really excellent workshops and seminars and keynotes. An added bonus this year is the venue – Krakow is a very beautiful city, with many local attractions, and in late May the weather should be wonderful. More details [here](#).

Future dates for your diary

Plans are already advanced for many events in 2019 and beyond so here are a few dates for your 2019 diary.

- 14th to 17th May – WONCA APR conference in Kyoto, Japan
- 26th to 29th June – WONCA Europe conference in Bratislava, Slovak Republic.

Finally, I will be travelling again to Korea in mid-March for a further Conference Planning Committee meeting, and will report back in WONCA News next month.

[All WONCA conferences](#)

Until next month.

Dr Garth Manning
Chief Executive Officer

Photobelow : more conference fun, this time in Dhaka 2015

PS if you enjoyed the historical photos check out the [2015 conference photo collection here](#)



Policy Bite: Effective advocacy – personal, professional, and political

Amanda Howe (President) and Viviana Martinez-Bianchi (WONCA WHO Liaison) write:

One of the things that our members tell us they value about WONCA is its ability to advocate at the World Health Organization level. We spend time, energy, and money trying to get your voice heard in the different WHO activities. Our trip in January included regional office linkage, discussions with several different directorate leads (Service Delivery, Human Resources, Ageing and Lifecycle, NCDs...), other 'non-State actors' (such as the International Federation of Medical Students Association, the World Medical Association, International Council of Nurses, the World Federation of Public Health Associations, and the Global Coalition for Circulatory Health); and learning about the new programme of work for WHO.

Are we effective advocates on your behalf? Family doctors are often advocating for individual patients so they can get a better outcome; for communities, to reduce health risks and improve services; and to governments and authorities, to implement appropriate changes. Usually, our communication skills teaching is focused mainly on the clinical encounter. This policy bite aims to summarise key skills in effective organizational advocacy – and to invite your help.

There is some evidence about what makes a good advocate:

Clear and simple messages matter

In academic talks, on social media, or in a political meeting. Messages can be tailored to the language and background of the audience, and they need to be in words they can understand. They also need to show what the audience will gain, and what they can do to help – showing a desirable and achievable outcome.

Emotion with evidence

Many effective advocacy campaigns are led by stories and fed with passion. Both experience and evidence of why change is needed will add value. Use data to support

your claim. We can all make a claim, but if there is no evidence then – at least at government level – change is unlikely. Of course, a new situation may not yet have local evidence, but a case study from a similar setting can be very useful.

Hear from people who are affected

Patients' own experiences and stories may be the best advocates for an issue. When parliamentarians and other decision-makers meet the people, they are much more likely to listen and feel compelled to act than if professionals are claiming a need for change. It is also more effective to focus on outcomes and issues than to expect people to agree with our own preferences. As WONCA, everyone expects us to say that family doctors are the solution – this is nothing new to our members, or to our friends at WHO. We have to show why this is the best solution - an essential part of effective health care. "Actions speak louder than words"...

Work in coalition

It can be both efficient and effective to work in partnership – finding shared solutions, gaining strength from working with others, and avoiding division where possible. For example, if an agency is getting multiple representatives working in primary care (doctors, nurses, pharmacists, community health workers), they may find this both time consuming and confusing. A group coming together to explain how a modern primary health care service works may be more convincing. We saw an excellent example of this at WHO itself, where the NCD group had developed a number of documents integrating their work with the vertical programmes on malaria, HIV and TB.

Be seen, be heard, be prepared

It is very difficult to have an impact if your voice is not heard – this is why we try to enable all members to speak for family medicine; why we teach – to influence learners; why we publish – to influence knowledge and share ideas; and why we use different media to try to get messages across.

It is also why we send a delegation to Geneva twice a year – so that WONCA is seen at this

level. Each time we go to Geneva, we get more invitations to participate in more WHO activities. Participation increases spheres of influence, and as a result, we have seen significant WHO documents altered by our inputs. We also try to speak in the Assembly itself, as the President did this January. ([Link](#))



Photo: WONCA was represented at the 70th World Health Assembly in 2017 by (l to r) Garth Manning (WONCA CEO), Viviana Martinez-Bianchi (WONCA-WHO Liaison), Amanda Howe (WONCA President), Donald Li (WONCA President-Elect).

Create capacity for advocacy

The final point follows all the above – if you are just one person in one place at one time, the message and its impact will be limited. If you are many, and if the message brings a potential solution to the need of the listeners, then the chance of creating change is much greater.

Next steps

So what is happening at WHO?

There is a new programme of work following the change in Director General. There is a clear shift towards expecting the structures of WHO to implement its key strategies and technical advice, and to see these taken through to action at country level.

There will be a major Declaration and set of supporting documents issued to mark the fortieth anniversary of the Alma Ata Declaration. This is why it is crucial that WONCA at every opportunity gets its voice heard in the next six months: it is why our spoken statement included the key message that “.. in order to help countries to achieve

universal health coverage and strengthen PHC, WHO strategies need to promote the training of all members of the healthcare team; in particular, family physicians capable of diagnosing, managing and treating) the majority of presenting health problems. We urge WHO that it is of the utmost importance that meaningful investment in the education of health workers is more clearly specified to guide implementation.

We also request explicit reference to the need to invest in developing and strengthening a workforce of family doctors”. It is also why we shall be producing a briefing paper; attending as many WHO events as we can get invites to; asking our Special interest Groups and Working Parties to review statements in some very specific areas; and asking all our Member Organizations and regional Presidents to put aside time and energy to try to contact their country representatives to WHO – to lobby, to advocate, and to remind them that family medicine matters to the future of the world’s health and healthcare.

We are a diverse membership network, and within this network, we have many messages that are important. But we have no impact if there are no family doctors. We all have to become involved in delivering these messages and advocating for the importance of healthcare systems with Family Medicine at their core, with sufficient numbers of family doctors trained to meet the needs of diverse communities.

WONCA has grown hugely since the last decade, when we spoke to the 2008 WHO report – “Primary Care – Now more than Ever”. We know that each member organisation, and each member, can be an effective advocate for change. You can rehearse your “elevator” speech*! So if you run into your health minister, can you advocate for Family Medicine in 20 seconds? Do you have the two minute follow up ready to go if you are invited to share more information?

Please play your part.

*“elevator talk” = if you run into someone at the elevator you should have a well articulated and planned 20 second idea so that you can impress him or her then you are likely to be given the chance to a longer explanation or an audience to share the rest. Or at least you will leave a lasting impression about your area of advocacy.

Fragmentos de política : Apoyo efectivo - personal, profesional y político

*Amanda Howe y Viviana Martínez-Bianchi
(WONCA OMS Liaison)*

Una de las cuestiones que nuestros miembros nos dicen acerca de lo que más valoran de WONCA es su viabilidad a la hora de defender nuestros intereses a nivel de la Organización Mundial de la Salud. Invertimos tiempo, energías y dinero intentando que tu voz pueda ser escuchada en diferentes actividades de la Organización Mundial de la Salud. Un ejemplo de ello ha sido nuestro viaje de este mes de enero, que ha incluido la oportunidad de establecer conexiones con las oficinas regionales, y de hacer debates con diferentes miembros directivos y líderes (Servicios de Asistencia, Recursos Humanos, Envejecimiento y Ciclo vital, NCDs...), con otros actores “no-estatales” (como por ejemplo la Federación Internacional de Asociaciones de Médicos de Familia, la Asociación Médica Mundial, el Consejo Internacional de Enfermería, la Federación Mundial de Asociaciones de Estudiantes de Medicina y la Coalición Global de Salud Circulatoria); y de seguir conociendo más el nuevo programa de trabajo para la Organización Mundial de la Salud (OMS).

¿Somos defensores efectivos de nuestros intereses? Los médicos y las médicas de familia a menudo defendemos poder visitar de forma más individualizada a los pacientes de manera que así se puedan conseguir mejores resultados: para las comunidades, para reducir los riesgos en salud y para mejorar los servicios, y también para que los gobiernos y las autoridades pertinentes implementen los cambios apropiados. Habitualmente, nuestras habilidades comunicativas a la hora de enseñar se centran principalmente en el contexto del encuentro clínico. Este artículo de Fragmentos de política tiene la voluntad de sintetizar aquellas habilidades que consideramos claves para una defensa organizacional efectiva - y es también una invitación para que nos ayudéis.

Existe evidencia acerca de aquello que construye a un “buen defensor sanitario”: Los mensajes claros y simples son importantes - en las conversaciones académicas, en las redes sociales, o en los encuentros políticos. Los mensajes pueden

ceñirse al lenguaje y al contexto del público, y es necesario que estén escritos o se pronuncien en palabras que todo el mundo pueda entender. También es necesario que muestren lo que pueden ganar y qué es lo que pueden hacer para ayudar, por ejemplo mostrando unos resultados deseables y posibles de conseguir.

Emoción con evidencia

Muchas campañas de promoción están dirigidas de una forma narrativa y alimentadas por la pasión. Tanto la experiencia como la evidencia acerca de por qué el cambio es necesario añaden valor. También es importante utilizar datos que apoyen a nuestras demandas. Todos podemos reclamar algo, pero si no existe evidencia, entonces - al menos desde un nivel gubernamental - parece poco probable que se produzca algún cambio. Sin duda, por ejemplo ante una situación que no tuviese evidencia a nivel local, podría generar un caso de estudio desde un marco similar y ser útil.

Escuchar sobre a la gente afectada

Las propias experiencias e historias de los pacientes podrían ser los mejores recursos de defensa ante un problema. Cuando los parlamentarios y los políticos que toman las decisiones se encuentran con la gente, es mucho más probable que escuchen y se sientan interpelados para actuar que si son los profesionales sanitarios los que reclaman cambios. También resulta mucho más efectivo el hecho de que nos centremos en los beneficios y en las cuestiones positivas que en esperar a que la gente esté de acuerdo con nuestras propias preferencias. Como WONCA, todo el mundo espera que digamos que los médicos y las médicas de familia son la solución - este no es un hecho nuevo para nuestros miembros, o para nuestros amigos y amigas en la Organización Mundial de la Salud. Tenemos que demostrar porqué somos la mejor solución - una parte esencial de la asistencia sanitaria efectiva. “Las acciones valen más que las palabras...”

Trabajar conjuntamente

Trabajar de forma conjunta puede ser más

efectivo y más eficiente - encontrando soluciones compartidas, ganando fortaleza a través del trabajo con otros, y evitando la división cuando sea posible. Por ejemplo, si una agencia está contratando a diferentes profesionales para trabajar en Atención Primaria (médicos, enfermeros, farmacéuticos, trabajadores de la salud comunitaria...), puede que este proceso sea confuso y que esta tarea les consuma. Un grupo que se une para explicar cómo funcionan los servicios de una Atención Primaria moderna puede ser más convincente que una agencia. Hemos visto un excelente ejemplo de esto en la propia Organización Mundial de la Salud, donde el grupo NCD desarrolló una gran cantidad de documentos integrando su trabajo con programas “verticales” sobre malaria, VIH y TB.

Ser visto, ser escuchado, estar preparado

Es muy difícil conseguir repercusión si tu voz no está siendo escuchada - esta es la razón por la cual intentamos que todos nuestros miembros hablen acerca de Medicina de Familia y Comunitaria; la razón por la cual enseñamos - para influenciar a nuestros estudiantes; por la cual publicamos - para tener influencia en el conocimiento y para compartir ideas; y la razón por la que utilizamos diferentes medios a través de los cuales mandar mensajes.

Esta es también la razón por la que mandamos una delegación a Ginebra dos veces al año - de forma que la WONCA sea vista a este nivel. Cada vez que vamos a Ginebra, recibimos más invitaciones para participar en más actividades de la Organización Mundial de la Salud. La participación hace que crezcan las esferas de influencia, y como resultado de esto, hemos visto que importantes publicaciones de la Organización Mundial de la Salud han sido modificadas y/o actualizadas con nuestras aportaciones. También intentamos hablar en la propia Asamblea, tal y como hizo la Presidenta este pasado mes de enero (Enlace: youtu.be/k5JqhYRHOUE)

Crear capacidades para la defensa

El punto final es resultado de todos los arriba mencionados - si tú eres una sola persona en un solo sitio y en un momento concreto, tu mensaje y la repercusión del mismo serán limitados. Si sois muchos y el mensaje aporta una solución potencial ante la necesidad del

oyente, entonces la posibilidad de que se produzcan cambios es mucho mayor.

Nuevos pasos

Así que, ¿qué está pasando en la Organización Mundial de la Salud? Hay un nuevo programa de trabajo tras el cambio de la Dirección General. Parece que se está tomando la dirección hacia la expectativa de que las estructuras de la OMS implementen estrategias clave y consejos técnicos, y vamos a ver todas estas estrategias llevadas a cabo al nivel de los países.

Habrà una gran Declaración y un conjunto de documentos de apoyo publicados en motivo del 40 aniversario de la Declaración Alma Ata. Esta es la razón por la cual WONCA tiene que ser crucial con cada oportunidad que tenemos de hacer que se escuche nuestra voz en los próximos 6 meses:

Esta es la razón por la cual en nuestra declaración se incluye el mensaje clave que *“... para ayudar a los países para que consigan implementar la cobertura universal de salud y refuercen la Atención Primaria, es necesario que las estrategias de la OMS promuevan la formación de todos los profesionales del personal sanitario (particularmente, los médicos de familia capaces de diagnosticar, gestionar y tratar) que son capaces de curar la mayoría de problemas de salud. Urgimos a la Organización Mundial de la Salud a que presione para que se refuerce la importancia y la inversión en la educación de los trabajadores sanitarios, hecho que ya se ha especificado de forma más clara para guiar la implementación. También pedimos una referencia explícita respecto a la necesidad de invertir en desarrollo y fortalecimiento del personal de médicos de familia”*. Por eso deberemos publicar una declaración de intenciones; atender a tantos eventos de la OMS como seamos invitados para preguntar a nuestros Grupos de Especial Interés y Grupos de Trabajo para que revisen sus estatutos en algunas áreas específicas; y pedir a todas nuestras Organizaciones Miembro y Presidentes regionales que inviertan tiempo y energías para intentar estar en contacto con sus representantes de sus países en la Organización Mundial de la salud - para influir, defender, y recordar a todos que la Medicina de Familia importa mucho para el futuro de la salud mundial y para la asistencia sanitaria.

Somos una red de miembros muy diversos, y dentro de esta red, tenemos muchos mensajes que son importantes. Pero no vamos a conseguir ninguna repercusión si no hay médicos y médicas de familia. Todos y todas tenemos que sentirnos comprometidos y comprometidas en hacer llegar estos mensajes y defender la importancia de los sistemas sanitarios con la Medicina de Familia como elemento central, con médicos de familia suficientes formados para cubrir las necesidades de comunidades diversas.

WONCA ha crecido de forma espectacular en la última década, si comparamos con los datos

del informe de la OMS de 2008 - "Atención Primaria - Ahora más que nunca". Sabemos que cada organización miembro, y cada miembro, pueden defender y provocar que se produzcan cambios. ¡Podéis ir practicando vuestro discurso! Así que, ¿si coincidís con un Ministro de Sanidad, podríais hacer una defensa resumida de la Medicina de Familia en 20 segundos?, ¿Tenéis los puntos principales preparados si os invitan a compartir más información? Por favor, jugad vuestro papel.

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

Notices

World Family Doctor Day 2018: "Family doctors - leading the way to better health"

Dear colleagues

World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors globally.

"World Family Doctor Day: May 19" has also now been translated into a number of different languages, including Spanish, Portuguese and Chinese:

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. The Secretariat has also produced some posters which can be used and adapted locally: [Download posters](#)

We're always happy for Member Organizations to develop their own theme for FDD, depending on local priorities. However



this year – 2018 – we have chosen as the key theme

"Family doctors – leading the way to better health". We would love to hear of examples of good practice globally - and would even love to hear of any good examples in advance of Family Doctor Day. Karen Flegg, our WONCA Editor, has produced a template on the WONCA website where you can log examples of good practice, and all of these will be forwarded to our President, Professor Amanda Howe, in the first instance.

[Submit example of "Family doctors- leading the way to better health"](#)

We look forward to getting reports from Member Organizations in due course with news and photos of the events held – whatever theme you choose. Many of these will be featured in future editions of WONCA News, though we regret that we now receive so many submissions on FDD that it's simply not possible to publish them all.

With best wishes
Dr Garth Manning, CEO

[All information on World Family Doctor Day](#)

MRCGP (Int) South Asia Grant

RCGP (Int) will provide a grant amount of USD 2500 per year to support young GPs of The Spice Route movement in the following type of activities (In case more than one are selected the amount will be divided).

1. A research or audit project relevant to Family Medicine/ General practice Specialty
2. An oral or poster presentation at one of the WONCA South Asia regional conferences, WONCA World conference or RCGP conferences.
3. Participation in a Faculty Development Workshop following success in a postgraduate qualification in Family Medicine (Preference may be given to those with the MRCGP INT qualification)

4. Any Innovative project related to the development and Progress of Family Medicine in the South Asia region

Please submit the above type research/ poster/ presentation abstracts, that have been accepted by relevant conference scientific committee (with the confirmation email of acceptance) with your complete CV and a covering letter explaining why you deserve the support to national spice route chairs or direct to thespiceroutemovement@gmail.com

*A three member committee of the MRCGP Board will review each application on merit and decide on the applicant(s) and amount to be supported.

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Working Parties and Special Interest Groups

Rural Round-up: A Passage to India

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



“Alone we can do so little; together we can do so much” (Helen Keller) and this is so true when it comes to addressing the inequity that exists worldwide between urban and rural health care.

The WONCA rural family will be meeting once again in two months' time in Delhi for the 15th WONCA World Rural Health Conference. It is this global collective approach that has made a difference over the last 22 years since we met in Shanghai in 1996 for our first inaugural conference. So much has changed in health care technology, yet Rural Universal Health Coverage (UN: Sustainable Development Goal 3.8) still remains a very distant goal.

The world is gradually urbanising, with people moving into mega-cities leaving an impoverished aging and vulnerable rural population with poor or no access to even the most basic health care. It is WONCA's stated aim that everyone should have access to an appropriately trained family doctor working within a team of health care professionals and community health workers. We must strive to develop models of primary care that are community focused and patient centred. Our rural workforce must be socially accountable and fit for purpose. With this in mind the main

theme of the conference will be "Healing the Heart of Healthcare: Leaving No One Behind"

We have travelled around the world with our conferences, regularly attracting over 700 delegates, yet this is the first time that we will be meeting in South Asia. This vast populous subcontinent has one of the largest rural populations in the world and it surprises me to think that it has taken us so long to get here. We have seen significant changes to rural health provision and access to care in the richer countries of the world, but we must now further concentrate our attention on rural care in Low and Middle-Income Countries.

We used our global Google group to identify learning and policy needs and as a result we have a needs-based extensive range of workshops and panels for you. The emphasis remains on the needs of low and middle-income countries and the sharing of good practice and innovations that work. This conference programme has been developed by young inspiring Indian colleagues and members of our global Rural Seeds network. The future of rural health care will be in their hands and not in ours.

The main conference starts on 26th April and runs through until 29th. However, there is much to occupy and inspire you beforehand. The opening ceremony is preceded by FISFA 2018, an International Short film and Arts Festival and RuralWONCA's Assembly meeting. Everyone is welcome to join us for the Assembly. We want to tell you what we are doing, and we want to hear from you to set our future agenda. The conference organisers have arranged cultural tours after the conference and you can take part in practice exchanges. Please look on the website for more details. One exciting innovation is the "Ideathon" which is a competition for medical students on a rural health theme.



[conference website](#)

The range of topics in the main programme is extensive with emphasis on issues such as rural research, medical education, mental health, family violence, women's issues, engaging with policy and much more.

If you have not registered yet, please do so. The organisers have emphasised that this will be a multidisciplinary conference working on the principle that if we learn together then we will also work together.

Finally, I wish to thank our colleagues from the Academy of Family Physicians of India and especially Dr Pratyush Kumar, Dr Raman Kumar and their young and inspiring organising team. We need you to come and join us in Delhi and help us make a difference around the world. We need you to come and leave a legacy as well as making changes in your own countries and your own health systems. Come and work with us and expand the rural health family.

Core Competencies of Family Doctors in Mental Health Care - 2018

Chris Dowrick, chair of the WONCA Working Party on Mental Health writes about the latest resource produced by his Working Party : Core Competencies of Family Doctors in Mental Health Care.



As family doctors, we frequently come into contact with patients with mental health problems. But many of us are uncertain about what family doctors should be able to do to help them. So, the WONCA Working Party for Mental Health has produced guidance on what can reasonably be expected of all trained and qualified family doctors, working in primary care settings in any part of the world, when caring for people with mental health problems.

We consider that there are six domains for the core competencies of family doctors in primary mental health care.

1. Values: Family doctors consider mental health to be important.
2. Communication skills: Family doctors adopt person-centred approaches to assess, manage and support people with mental health problems.

3. Assessment: Family doctors identify and diagnose common mental health problems, and can identify severe mental health problems and assess risk.
4. Management: Family doctors manage people with common mental health problems, and the physical health of people with severe mental health problems.
5. Collaboration and referral: Family doctors use a range of available options and resources for care of people with mental health problems, and tailor them to patients' and carers' needs.
6. Reflective practice: Family doctors take care of their own health and well-being.

In our document on core competencies, we present the core competencies for family doctors within each of these domains. We also note competencies that would be expected for more advanced practice. We offer practical examples, supported by key resources and references. We consider policy, training and research implications of these competencies. Finally, we explain how this document has been generated.

We have also just received formal endorsement from the Royal College of General Practitioners for this document. [Core Competencies of Family Doctors in Mental Health Care](#)

SIG on Family Violence 'Call To Action'



The [WONCA Special Interest Group on Family Violence](#) calls on all Member Organizations in WONCA to address family violence policy, training and procedures as a matter of urgent priority in order to have their members supported and resourced to manage this common problem effectively and in an evidence-based manner.

Global prevalence figures indicate that one in three women worldwide have experienced physical and/or sexual violence in their lifetime. A quarter of all adults report having been physically abused as children; one in five women and one in 13 men report having been sexually abused as a child. Around one in six older people experienced some form of abuse in the past year, and this rate is expected to increase as many countries are experiencing rapidly ageing population.

The 2016 World Health Assembly's global plan of action recommends strengthening family violence health system leadership and governance; health service delivery and providers' capacity to respond to family violence (in particular against women and children); and to improve information and evidence. There is overwhelming evidence that family violence (includes intimate partner violence, child abuse and elder abuse) is a major public health problem, due to short and long term effects on quality of life, health, social damage and costs to individuals, families, and communities. Family violence is associated with societal issues of gender inequity and poverty and presents a major challenge for family medicine and society

more generally. However, family physicians usually have long term relationships with their patients and are in a unique position to intervene in this chronic social condition that impacts on health.

This Plan of Action aligns with WONCA's mission to improve quality of life, promote gender equity and comprehensive care for the family, through supporting family physicians to exchange knowledge and information on family violence and connect with other world organizations concerned with the health effects of family violence.

Recommendation 1:

Encourage each national college and academy to develop policy and implementation strategies on family violence identification and response for intimate partner violence, child abuse and elder abuse.

Recommendation 2:

National colleges and academies promote basic training at undergraduate, graduate and continuing professional development on identification and support for family violence survivors and their children, recognising the critical need for a systems approach and adequate support for family doctors to undertake this sensitive work.

Recommendation 3:

Contribute to the development of primary care based research, performance and outcome measures for general practitioners/family doctors and primary care teams in each of our member nations to enable evaluation of family violence care.

Recommendation 4:

Assist in making information on family violence accessible on national and international web sites, sharing information and quality resources for interdisciplinary collaboration for health care, advocacy and legal support of families. Policy and practice guidelines should recognise the need for culturally safe strategies for vulnerable groups and adaptation of care to health care settings in high, middle and low income countries.

[Call to Action - full document and references](#)

Education for Primary Care - February free articles

Prof Val Wass, Editor of *Education for Primary Care* and Chair of the WONCA Working Party on Education reports that the January issue of *Education for Primary Care* is now [online](#).

Every month the journal *Education for Primary Care* provides WONCA members with free access to one interesting article. We are offering free access this month to a paper from Maggie Bartlett and the team at Keele Medical School UK on community attachments for 15 weeks in final year and the accompanying stimulating commentary from Paul Worley.



2018 is a year when we must move for change in medical schools. As Paul Worley “why do we continue to tolerate, despite increasing evidence, the perceivable injustices of the current learning environments we offer doctors in training”.

[‘Knowledge leech’ to ‘part of the team’: students’ learning in rural communities of practice](#)

Maggie Bartlett, Eliot Lloyd Rees & Robert K. McKinley
Education for Primary Care Vol. 29, Iss. 1, 2018

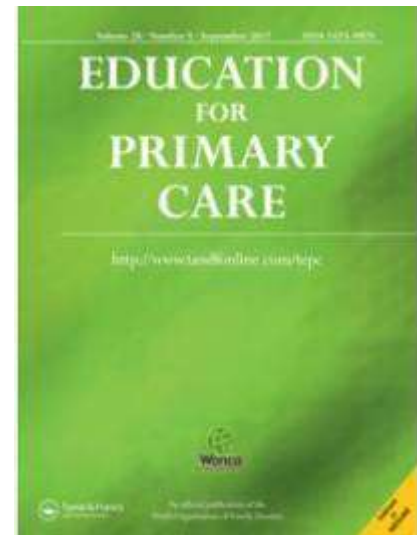
[Why do we persist with teaching students in antagonistic unrepresentative learning environments?](#)

Paul Worley
Education for Primary Care Vol. 29, Iss. 1, 2018

And while you are there why not read Val's editorial?

[We do not receive wisdom. We must discover it for ourselves](#)

Val Wass
Education for Primary Care Vol. 29, Iss. 1, 2018



WHO Patient Safety Challenge “Medication Without Harm” (#MWH Pride)

Dr Maria-Pilar Astier-Peña (Pictured), chair of the [WONCA Working Party on Quality and Safety](#) has participated in an expert consultation concerning “Early global action to support implementation of the third WHO Patient Safety Challenge “Medication Without Harm” (#MWH Pride).



The meeting was held at WHO Headquarters, in Geneva, from December 11-13, 2017 and was led by Dr Neelam Dhingra-Kumar, coordinator of the WHO Patient Safety and Risk Management Department and Sir Liam Donaldson, WHO envoy for Patient Safety.

Medication Without Harm: The third WHO Global Patient Safety Challenge will propose solutions to address many of the obstacles the world faces today to ensure the safety of medication practices. WHO’s goal is to achieve widespread engagement and commitment of WHO Member States and professional bodies around the world to reducing the harm associated with medication. *Medication Without Harm* aims to reduce severe avoidable medication-related harm by 50%, globally in the next 5 years.

Experts from all over the world came to the meeting, to share ideas which could improve the implementation of ‘the Challenge’. They worked on evaluation tools and methodologies for measuring the progress and impact of ‘the Challenge’. They discussed indicators which could be considered for the assessment of the different pledges signed with national governments, healthcare organizations, scientific societies and other institutions. Those pledges set the commitment to ‘the Challenge’ and will provide a kit of indicators to assess the goal of ‘the Challenge’. The indicators consider structure, levels and priorities of commitments: health policies, institutions’ activities, structural improvements, tasks of professionals in the field.

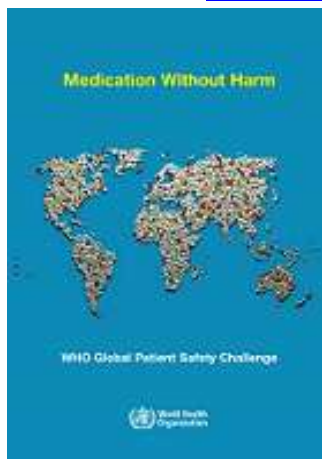
The WHO advisory group on patient safety introduced a patient tool to be used in healthcare settings: “5 moments for

medication safety” keeping in mind the success of the “5 moments for Hand Hygiene”. All experts agreed on the proposal to develop tools to improve patient participation in the safer use of medications. WONCA representative, Dr Astier-Peña, talked about the role that those tools have in primary care settings to foster a safer use of medication for patients and healthcare professionals.

Finally, the group discussed medication safety gaps in knowledge and the identification of priorities for medication safety research considering both low and middle income countries’ priorities and high income countries’ priorities.

The meeting ended with a clear message to make a sound link between Medication Without Harm Challenge with a broader WHO Challenge “Universal Health Coverage”.

The WONCA Working Party on Quality and Safety will try to foster this Challenge of Medication without Harm in all WONCA Regions. If you are interested in joining us, [click here](#). [Join our working party](#)



WHO Global Patient Safety Challenge: *Medication Without Harm* Brochure

The WHO’s Global Patient Safety Challenge: Medication Without Harm brochure outlines the vision and strategic direction of this global initiative aiming to reduce the level of severe, avoidable harm related to medications by 50% over the next five years, globally. It provides an overview of the key components of the

Challenge including the local, national and global action to be taken.

Publication details

Number of pages: 16

Publication date: May 2017

[Download brochure](#)

Conference news and reports

2018 Krakow conference speakers



Latest on speakers for WONCA Europe's coming conference in Krakow. Please note that until 28th of February registration fee is lower.

As time flows by, we are getting closer to 23rd WONCA Europe Conference. The biggest event for Family Doctors in Europe, this year.

Attendance at the conference a great opportunity to meet and discuss most important issues within the family doctors' environment, and to see the everyday problems from perspective of doctors from different countries.

Also, the venue of the conference is not accidental. Krakow is a magical city, where family medicine in Poland was born.

Keynote Speeches

Our WONCA conference is mainly about participants' contributions - Check your emails to see whether your abstracts were qualified for a session!!

We have seven special keynote speeches ([See speakers' bios here](#)):

- Evolving Family Medicine to Meet 21st Century Demands by Dr Mukesh Chawla
- The terrorist threat: a challenge for healthcare systems by Dr Przemysław Guła
- Family Medicine: Quality, Efficiency and Equity – how well are we doing, and what does this have to do with dragons? by Prof Michael Kidd
- Strengthening primary care at EU level by Dr Andrzej Ryś
- The gender role shift, - any implications for family medicine? by Dr Anna Stavdal
- How Cochrane can help to achieve quality, efficiency and equity in family medicine by Dr Sera Tort
- Are we all equal? Social differences in health and health care in Europe by Prof Sara Willems

[Programme](#)

Featured Doctors

WONCA's Featured Doctors have recently included two of the conference organisers. Find out more about them:

[Prof Adam Windak](#)
– [WONCA Europe Kraków scientific committee chair](#)

[Dr Katarzyna Nessler](#)
- [WONCA Europe VdGM preconference chair](#)

[Conference website](#)



Report on 5th VdGM forum in Porto.



The Host Organising Committee of the 5th VdGM forum (there are two members missing).

On the 26-27th January, 2018, the 5th Vasco da Gama Movement (VdGM) Forum took place in the beautiful city of Porto, Portugal.

The event was organised by the Portuguese Association of Family Medicine (APMGF) and, for the past two years, together with an amazing team, we have looked at the possibilities for creating an innovative and inspiring event that would facilitate networking, learning and collaboration.

“Stronger Together: charting the course to navigate the future” was this forum’s topic. The program and all activities related to the forum, were designed to promote teamwork and also to be a showcase for new, alternative ways to structure and to organize a conference.

In the days prior to the forum, a pre-forum exchange was held, where 17 participants from nine different countries got to know and experience the Portuguese Primary Care system for four days. Delegates were challenged to participate in a “treasure hunt” throughout the city of Porto and in an “escape game”, where they needed to collaborate in order to solve mysteries and cross the finish line (or open the door!).

The keynotes followed the Forum’s topic with each keynote addressing it from a different point of view. Anna Stavdal’s keynote “Stronger Together: networking across borders in primary care” highlighted the importance of understanding borders and respecting them. Amanda Howe and Salomé Azevedo covered the topic “Stronger Together: teaming up with patients”, where possibilities for patient collaboration were addressed with examples taken from the [Patient Innovation](#) platform, a non-profit startup where patients share the solutions they have developed for their own conditions. Finally, the last keynote “Stronger Together: teamwork in healthcare” was given by Nadim Habib, who wrapped up the whole ethos of the forum by drawing attention to the importance of collaborating and working in teams, a fact especially relevant when it comes to primary care.

For the scientific program, we received a total of 127 abstract submissions, with nearly 100 accepted. As well as the usual oral presentation and workshop formats, we opened submissions for creative, “unconference” sessions (participant-driven sessions that complement a traditional

scientific program): the “ignite” presentations and special sessions. Ignite presentations offered participants an opportunity to pitch an idea in just five minutes and 20 Powerpoint slides and to share information that would not fit into the usual Oral/Poster presentations. In the special sessions, participants were invited to share a question or a challenge for open-ended discussion. All special sessions and workshops included a team building icebreaker/energizer that was planned and discussed with the authors of the sessions in advance of the forum.



Photo: The dragon mascot for the forum

Posters were also presented in a new, creative way. All authors were requested to record a “poster spotlight”, a small video on the topic of their poster that was [uploaded on youtube](#) and was used to draw the participants’ attention to their work. Prior to the forum, these spotlights had already been watched over 1700 times in a total of 17 viewing hours. Posters and their spotlights were continuously displayed through QR-codes in coffee breaks and lunch, thus driving up attention to the posters and total watch time. Attendees were able to vote on their three favorite posters throughout the Forum. Ultimately, posters were presented in “speed geeking” sessions, where presenters stood beside their posters and discussed their work with a small group who rotated every five

minutes to the next poster on one of four poster circuits.

A “Healthy Body, Healthy Mind session” was also organized, so that delegates could start off the second day of the Forum with rhythm and fully re-energized!

Having social responsibility in mind, and being committed to the importance of sharing and contributing to the ones who need it most, participants were offered the opportunity to donate to the VdGM Fund and also to donate clothes for charity.

Overall, we are very pleased with the outcome and the participation of this forum – with 341 participants, this VdGM Forum had not only the biggest attendance of all five fora to date, but also had a global impact, including at least one participant from each of the seven WONCA regions. Preliminary results of the feedback survey show high levels of satisfaction and that participants felt professionally and personally enhanced. The event was streamed live and the sessions held in the main hall are available online.

[Videos of main sessions](#)

Team building and teamwork being in the forefront of the 5th VdGM Forum, we cannot thank enough the dream team who made it all possible: Nina Monteiro, Ana Luís Pereira, Vera Silva, Mariana Leite, Maria João Nobre, Beatriz Figueiredo, Tiago Castanheiro, Sara Teotónio Dinis and Helder Vaz Batista. We feel it was a privilege and an honour to be entrusted with such an undertaking.

Hoping that the success of this forum will inspire the further development of the young doctors’ movements in each of our regions!

Don’t forget to check out the last [Young Doctors’ Movements news](#) and please feel free to [join us!](#)

Ana Nunes Barata, WONCA Young Doctors’ Representative, Chair of the 5th VdGM Forum
Luís Pinho-Costa, Chair of the scientific committee of the 5th VdGM Forum

Featured doctors

Kyle Hoedebecke: my experience working in Korea

Kyle Hoedebecke, inaugural chair of Polaris, the WONCA Young Doctors' Movement in North America was recently selected as the US Army Physician of the Year. he has been working in South Korea for two years and here he talks of "My experience working in South Korea"



I have been blessed with the opportunity to work as a family physician and medical director in Seoul, South Korea for the last two years and – with the upcoming [2018 WONCA World Conference](#) being hosted here – I wanted to share my amazing experiences with you all!

Situated on the Han River, Seoul is an incredibly modern city of over 25 million people. It is currently the ninth most-popular city to visit in the world per CNN.com and has the third best airport globally. The country as a whole has the most advanced broadband connection and this will be clearly evident during the conference. The quantities and speed at which technology advances here are like none I have ever experienced!

Originating for the US, this has been my first time being immersed Korean culture. I have found that respect has been the key characteristic that has transcended our differences in experience and languages. Beyond this, Koreans also love food! They prepare hundreds of traditional dishes and even have their own cultural twists on international items like bulgogi (Korean-style

meat) hamburgers or kimchi (spicy fermented cabbage) fries. Be careful though as local food often proves to be spicy!

While here for the 2018 WONCA World Conference, you also can take advantage of some of the biggest shopping malls in the world – including the largest Ikea and IMAX 4D movie theater - with stores often remaining open until 4am!

In the primary care realm, I have had the opportunity to collaborate with the Korean Academy of Family Medicine at their annual conferences as well as help plan the WONCA World 2018 conference itself. This type of international collaboration is at the heart of family medicine in order to improve health globally. As of 2030, South Koreans are projected to have the longest life expectancy in the world at 90.8 and 84.1 years for women and men, respectively. They must be doing something right – so let's find out what! We must continue to share best practices in medicine, diet, and other aspects of health in order to assure that our own communities may benefit.

As preparations for WONCA World 2018 in Seoul continue, I highly recommend that you make every effort to attend. This is a unique experience to visit with colleagues, experience a new culture, and improve your medical knowledge. Please do not hesitate to ask me questions or get advice about the conference or related topics.

고맙습니다 (gomabseubnida)– Thank you!

www.wonca2018.com

22nd WONCA WORLD CONFERENCE

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Primary Care in the Future: Professional Excellence

SEOUL

SIG Migrant Care new co-chair, Guus Busser



The WONCA [Special Interest Group on Migrant Care, International Health & Travel Medicine](#) has a new co-chair, Guus Busser, who joins existing chair, Maria van den Muijsenbergh. Above Maria and Guus at work at the WONCA World conference in Rio in 2016. The WONCA Editor finds out more about Guus.

Who is Guus Busser, new co-chair of the SIG Migrant Care?

For several years now, I have worked as the right hand of the chair of the WONCA Special Interest Group Migrant Care, Maria van den Muijsenbergh.

Maria and I are both family doctors, with many common interests, especially vulnerable groups in healthcare. We both work at Radboudumc, Nijmegen, in the Netherlands. Maria leads and initiates many research activities and I am mainly involved in teaching.

I combined working in clinical practice and teaching for 28 years, but these last seven years I have focussed only on the teaching. Many of my patients were vulnerable, had a migrant background, less education, less income. They taught me a lot about their lives, and the world - but also about the imperfect

nature of our medical care and of medical education.

Improving and adapting our medical care for the most vulnerable groups gradually became my mission in medical education.

So at this moment my focus in teaching is about the organization of care, culture and healthcare, health illiteracy, migration and vulnerable groups.

I co-designed parts of the undergraduate medicine curriculum, as well as the vocational training for Family Physicians. Recently I developed (with Maria) a three month program for medical students about vulnerable groups, and also again this year a two week summer school for international students.

Coordinating is also a part of my work, such as for all clerkships in Family Medicine, the international elective clerkships at our faculty and all international student and teacher exchanges in the field of family medicine.

Being a senior lecturer, I also like to coach our next generation. I am the coach/mentor of several students in basic medical education, and also of 30 residents, who are following an expert curriculum for example, in education skills, leadership or medical topics. And I coach our junior lecturers team.

I strongly believe that we should address the special needs of migrants and other vulnerable group in our education. And doing so we should not only focus on the many problems patients and doctors have to deal with, but also on the many things these patients can give to us doctors, like a new perspective on and significance of our work. [Join our SIG Why we need a SIG on Migrant Care, International Health & Travel Medicine](#)

A/Prof Verónica Casado WONCA Europe 5-Star doctor



A/Prof Verónica Casado, from Spain, is the 2017 WONCA Europe 5-Star doctor award winner.

What work do you do now?

I am a family doctor, I work at a university healthcare centre, and since 1988 I have been an associate professor of Health Sciences, responsible for leading the Family and Community Medicine Teaching Unit with 21 teachers, at the University of Valladolid in Spain.

My healthcare center is located in a neighborhood of 30,000 inhabitants of average socio-economic level. I work with 14 Family Physicians, four pediatricians, 18 nurses, a social worker, two midwives and three support teams: mental health, oral and physiotherapy. I look after the health of 1,600 people and conduct 30-35 consultations per day. I deal with their acute and chronic health problems, and this includes preventive activities, palliative care, ultrasound, minor surgery. As well, I lead and coordinate the teaching activity of the healthcare center with students and residents of Family and Community Medicine.

Did winning the 2017 WONCA Europe 5 Star award make any difference in your community?

Among the awards that I have received throughout my life: the WONCA Europe 5-Star doctor award has had the greatest of the impacts I've ever felt at the Spanish national level, and in my community. I have been

interviewed on national and regional television and radio. I've recorded a 45-minute program that is broadcast periodically at the regional level. The magazine 'Mujeres del Mundo' has placed me among the 500 most important Spanish women and among the 27 women scientists / doctors of the 21st century. The newspaper 'El Norte de Castilla' has considered me one of the most important people of 2017, the Federation of Neighborhood Associations and Consumers in Valladolid has given me its "Conde Ansúrez de Bronce" award for "a recognized trajectory and wide national and international prestige". The radio chain COPE has opened a section called "Your health... with Verónica Casado" that airs every Monday.

So the WONCA Europe 5-Star Doctor award has changed my life, yes.

This award has therefore been very important, not only for me but for the Family Doctors of this country. It has had an incredible impact on the media that probably has done more than any campaign in recent years to show the quality of Spanish Family Medicine. It has also allowed us to know what WONCA is and what it means to many Spanish doctors.

What other interesting things have you done?

I have chosen four fundamental paths in my professional life: management, teaching, research and dissemination of knowledge. I was responsible for the Healthcare of an area with 250,000 inhabitants from 1990 to 1994. During this period, I was directing a team of more than 700 people. And we launched 16 health centers.

Then, I became a General Deputy Director of Health Planning of the Ministry of Health and Consumer Affairs. When I returned to clinical work, in 1997, I focused on clinical duties and also on training. I was a member of the National Commission of the Specialty of Family and Community Medicine for 15 years, teaching more than 15,000 residents in 97 teaching units.

I feel most proud of two projects: the specialty program of Family and Community Medicine,

which is the first specialized training program based on competences with innovative training and evaluation methodologies and secondly, the core project. The core project aims for Family and Community Medicine to be an initial training environment for all medical specialties, with all residents of all different specialties having to acquire skills in dealing with problems in primary care.

As for university education, I have been in "the fight" for 27 years in order to help Family and Community Medicine to take its rightful place in that training.

I have been actively involved in the Spanish Society for Family medicine (semFYC) since I was in the second year of residency and I was one of the founders and president for six years of the Castilian and Leonese Society of Family and Community Medicine, (a regional part of semFYC). I am interested in the WONCA Working Party on Education activities and have presented at WONCA conferences, notably in three WONCA Iberoamericana-CIMF summits (Seville, Spain; San José, Costa Rica; and Quito, Ecuador).

At the research level, I have published 163 articles, 53 of them have been published in high impact journals, and have directed several doctoral theses, dissertations, final degree projects and master's degree projects. And I am a member of the Board of Directors and of the scientific committees of seven journals of Primary Care / Family Medicine.

Could you tell us more about your hobbies and interests?

My "passion" has been, is and will be to turn Family Medicine into the central core of the healthcare system and therefore the central element of the core university and specialised training. My hobbies are reading, hiking, photography, film, I also have an active presence in social networks. I am still lucky to have my mother, I am married and I have a daughter and, above all, what I love is to be with my family.

Verónica can be found on twitter
@DoctoraVCasado
<https://twitter.com/DoctoraVCasado>



WONCA CONFERENCES 2018

March 13-14, 2018	VII Cumbre Iberoamericana de Medicina Familiar	Cali COLOMBIA	http://www.globalfamilydoctor.com/Conferences/VIIcumbrelberoamericanadeMedicinaFamiliar.aspx
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

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WONCA CONFERENCES 2019

May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	www.woncaeurope2019.com

WONCA CONFERENCES 2020

March 24-28, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
June 17-20, 2020	WONCA Europe región conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

WONCA ENDORSED EVENTS 2018

www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx

15 Mar - 17 Mar 2018
I Congreso Sub-Regional Andino
 Cali, Colombia

08 Apr - 11 Apr 2018
**Geneva Conference on Person-Centred
 Medicine**
 Geneva

MEMBER ORGANIZATION EVENTS

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

15 Mar - 17 Mar 2018
I Congreso Sub-Regional Andino / II Congreso Colombiano de Medicina Familiar
Cali, Colombia

23 Mar - 23 Mar 2018
BJGP Research Conference
London, United Kingdom

05 Apr - 07 Apr 2018
Congress of General Practice France
Paris, France

12 Apr - 15 Apr 2018
I Congreso Internacional de Medicina Familiar en el Ecuador
Quito, Ecuador

13 Apr - 14 Apr 2018
15th International Primary Care Diabetes Europe Conference
Barcelona, Spain

16 Apr - 20 Apr 2018
PCI GP Update Global Programme 2018
London, United Kingdom

05 May - 06 May 2018
7th Pan - Caribbean Triennial Conference
Kingston, Jamaica

10 May - 13 May 2018
EGPRN meeting
Lille, France

16 Jun - 18 Jun 2018
9th Annual Conference of Japan Primary Care Association
Mie Prefecture, Japan

26 Jul - 29 Jul 2018
RNZCGP Conference for General Practice
Auckland, New Zealand

16 Aug - 20 Aug 2018
Community Empowerment for Health: A Multi-Sectoral Approach
Limerick, Ireland

21 Sep - 22 Sep 2018
EURACT Medical Education conference
Leuven, Belgium

04 Oct - 06 Oct 2018
RCGP annual primary care conference
Glasgow, United Kingdom

09 Oct - 13 Oct 2018
AAFP Family Medicine Experience
New Orleans, USA

11 Oct - 14 Oct 2018
EGPRN meeting
Sarajevo-Bosnia and Herzegovina

11 Oct - 13 Oct 2018
RACGP GP18
Gold Coast, Queensland, Australia

14 Nov - 17 Nov 2018
Family Medicine Forum / Forum en médecine familiale
Toronto, Canada

14 Nov - 16 Nov 2018
EURIPA Rural Health Forum
Maale Hachamisha, Israel

15 Nov - 18 Nov 2018
17th International Conference of Iraqi Family Physicians Society (IFPS)
Baghdad, Iraq
