

# WONCA News

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## Contents

<b>From the President : Family Medicine transformation in China</b>	2
Del Presidente: La Transformación de la Medicina de Familia en China	
Du président: La transformation de la médecine familiale en Chine	
<b>From the CEO's desk: Many meetings and Rio planning dates</b>	9
<b>Feature Stories</b> .....	11
Michael Kidd launches 'The Universal Doctor' stories ...	
FM360 exchange hosts needed	
<b>Working Parties</b>	12
Rural Round-up: returning to rural health in Catalonia	
Rural Round-up: de vuelta a la medicina rural catalana	
Working Party on the Environment to have presence in Rio	
<b>Member Organization news</b>	16
Bangladesh Academy of Family Physicians	
Launch of family medicine training in Malawi	
EURACT: Educating Doctors for General Practice 2.0 ....	
<b>Resources</b>	19
International Perspectives on Primary Care Research ...	
Basic Occupational Health Service for informal industry	
RCGP publishes Roger Neighbour's 'The Inner Physician'	
<b>Featured Doctor</b>	21
Prof Christopher DOWRICK	
Dr Pratyush KUMAR	
<b>WONCA Europe Conference 2016</b>	23
Skills lab at WONCA Europe 2016	
WONCA Europe 2016 - "patient voice" to speak	
<b>WONCA World conference 2016</b>	25
Rio 2016 abstracts summary	
Rio 2016 speakers	
<b>WONCA CONFERENCES 2016 &amp; 2017</b>	27
<b>MEMBER ORGANIZATION EVENTS</b>	28

**WONCA President**  
Prof Michael Kidd AM  
Faculty of Health Sciences, Flinders University  
GPO Box 2100, Adelaide SA 5001, Australia  
Tel: +61 8 8201 3909  
Fax: +61 8 8201 3905  
Mob: +61 414 573 065  
Email: [President@WONCA.net](mailto:President@WONCA.net)  
Twitter @WONCApresident  
LinkedIn WONCA president  
Facebook Michael Kidd - WONCA president

**WONCA Chief Executive Officer**  
Dr Garth Manning

**WONCA World Secretariat**  
World Organization of Family Doctors  
12A-05 Chartered Square Building,  
152 North Sathon Road,  
Silom, Bangrak, Bangkok 10500, THAILAND  
Phone: +66 2 637 9010  
Fax: +66 2 637 9011  
Email: [admin@WONCA.net](mailto:admin@WONCA.net)

**President-Elect**  
Prof Amanda Howe (United Kingdom)

**Executive Member at Large & Honorary Treasurer** Dr Donald Li (Hong Kong, China)

**Executive Member at Large & WHO Liaison Person**  
Dr Luisa Pettigrew (United Kingdom)

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**Regional President, WONCA South Asia**  
Prof Pratap Prasad (Nepal)

**Young Doctor Representative**  
Dr Raman Kumar (India)

**Editor, WONCA News & Editorial Office**  
Dr Karen M Flegg  
PO Box 94  
Bungendore NSW 2621 Australia  
Email [editor@WONCA.net](mailto:editor@WONCA.net)

## From the President : Family Medicine transformation continues in China



Photo: Delegates from the People's Republic of China, Hong Kong, Macau and Taiwan with the WONCA president and CEO in Shenzhen

Dr Zhang Jianjun leads a team of family doctors at the Lian Tang Community Health Centre in the city of Shenzhen in Guangdong Province in the People's Republic of China, situated immediately north of the Hong Kong Special Administrative Region. The health centre was founded in 1999 and provides comprehensive

primary health care services to a population of 60,000 people. It is a training site for residents in family medicine and also provides community outreach services to the aged and to those recently discharged from hospitals. The family doctors (called general practitioners in China) are at the centre of the success of the community health centre, working with teams of nurses and allied health professionals to meet the primary health care needs of the members of the local community.

Photo: Dr Zhang Jianjun, Director of the Lian Tang Community Health Centre in Shenzhen, with young GP, Dr Weng Haibing

The challenge of providing essential services to a large and



rapidly expanding population, including many young families, has provided the opportunity for innovation in health care delivery. A network of community health centres, with primary care teams led by general practitioners, has been established across the metropolis.

Photo: Family Doctor, Dr Fang Qing, with Director Huang

Yongping, at the Dongmen Community Health Centre in Luohu, in Shenzhen



I was in Shenzhen to attend the 3rd annual General Practice Conference of the Cross-Straits Medical Association. The Cross-Straits Association was established in 2014 and brings together family doctors from 27 different provinces from across the People's Republic of China, from the Hong Kong Special Administrative Region, from the Macau Special Administrative Region, and from Taiwan. Over 1500 family doctors from across the region attended the conference. The Cross-Straits Association is a wonderful example of family doctors working across political and geographic borders to support

each other to deliver the best possible health care to the people of this region of the world. Led by Chinese family medicine leader, Professor Zhu Shanzhu, it also complements the wonderful work of the Chinese Society of General Practice of the Chinese Medical Association, the long-standing WONCA member organization in China.



*Photo: Professor Zhu Shanzhu, chair of the Cross-Straits Medicine Exchange Association*

This was my 8th visit to the People's Republic of China since I became WONCA president in May 2013. WONCA has

a long history of supporting our colleagues in China in the development of family medicine, dating back to the work commenced in the 1980s by past WONCA president, Dr Peter Lee, from Hong Kong. WONCA recognizes the powerful impact that family medicine can have on the delivery of high quality health care to the people of the world's most populous nation.

The conference delegates heard the announcement of the Dr Donald Li Scholarship, named in honour of one of WONCA's most inspiring recent leaders, which will provide funding for three young practising family doctors from the People's Republic of China to travel to Hong Kong to receive additional training opportunities in the Department of Family Medicine and Primary Care at the University of Hong Kong, and with the Hong Kong Hospital Authority.



*Photo: Dr Donald Li, WONCA Treasurer and former President of the WONCA Asia Pacific Region*

I have written before about how the Government of China has embarked on a process to

transform health care delivery in China, based on the family doctor model, with the aim of training an additional 400,000 specialist general practitioners by 2020, to meet the needs of the 1.35 billion people of China, including the 800 million people living in rural areas.

The Government of China has recognized that there is substantial overuse by the population of expensive specialty care and hospital services, and that the solution is to strengthen the quality of health care provided by primary care medical providers. The Government has introduced three-year postgraduate residency training for medical graduates wishing to specialise as general practitioners, with high quality training now being offered in many centres across the country. The Government also provides "transformation training" to other medical specialists wishing to retrain as family doctors, and an extensive program of continuing medical education for existing primary care doctors wishing to upgrade their skills and improve the quality of care they provide to their patients and their communities.

This is a bold initiative which is transforming health care delivery across China, and which has the potential to impact on models of health care delivery in many other nations that look to the examples in China to find ways to strengthen primary health care and ensure universal health coverage for their own populations.

But there are many challenges, not least the challenge of gaining the trust of the local community so that people will attend the family doctors in their local community health centre, rather than go straight to a hospital or a consultant specialist. And there is still work to be done in many parts of China to ensure that family medicine is the specialty of choice for recent medical graduates, and to attract and retain family doctors to work where they are most needed, which includes many rural areas where the medical workforce is scarce and ageing. These are challenges which face many countries, but if China can meet these challenges, and find innovative solutions, there will be lessons for the rest of the world as well.



These challenges are being met in Shenzhen with innovative models of care. I visited the Dongmen Community Health Centre where 10 family doctor teams, each composed of a general practitioner, community nurse and public health doctor, work together to ensure the

health and well-being of the 100,000 plus

members of their local community. It was exciting to see elderly people in the community being visited at home by their family doctor teams, and the use of wearable devices, remote monitoring and telehealth to enhance health care delivery.

*Photo: Staff at the Luohu Dongmen Community Health Service Centre, Shenzhen, People's Republic of China*

In the words of one of the inspiring speakers at the Cross-Straits Conference, from the Government of Shanghai, "There is no better gift to a community than the gift of better health, and nobody is as well equipped to deliver this than family doctors."

Michael Kidd  
President

## Del Presidente: La Transformación de la Medicina de Familia continua en China



*Delegados de la República Popular de la China, Hong Kong, Macao y Taiwan con el Presidente de WONCA y del CEO en Shenzhen.*

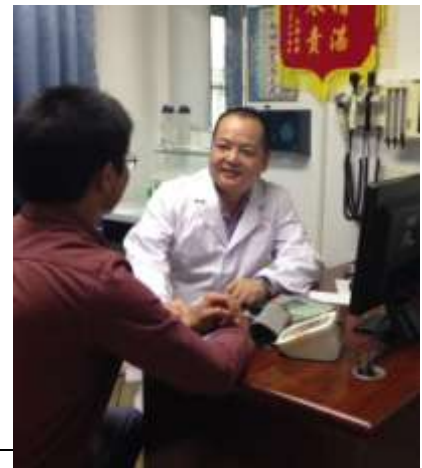
El Doctor Zhang Jianjun lidera un equipo de médicos de familia en el Centro de Salud Comunitaria de Lian Tang, en la Ciudad de Shenzhen en la Provincia de Guangdong de la República Popular de la China, situada inmediatamente al norte de la Región Administrativa Especial de Hong Kong. El Centro de Salud fue fundado en el año 1999 y ofrece asistencia de Atención Primaria completa a una población de 60.000 personas. Se trata de un espacio de formación para residentes de Medicina de

Familia y

también ofrece servicios de alcance comunitario a las personas mayores y a todos aquellos que han sido dados de alta de los hospitales. Los médicos de familia (generalmente

llamados de cabecera en China) son el centro del éxito del Centro de Salud Comunitaria, trabajando en equipos de enfermeras y en colaboración con profesionales sanitarios para conocer las necesidades en Atención Primaria de los miembros de la comunidad local.

*Foto: Dr Zhang Jianjun, Director del Centro de Salud Comunitaria Lian Tang en*



*Shenzhen, con el joven médico de cabecera, el Doctor Weng Haibing.*

Shenzhen es uno de los milagros de la China moderna. Antes de 1979 era una pequeña ciudad mercantil. Fue en esta fecha en la que se estableció la ciudad en la primera Área Económica Especial de la China, facilitando las oportunidades a las rápidas inversiones extranjeras. La ciudad se convirtió en una de las ciudades que experimentó un crecimiento más rápido en todo el mundo y ahora tiene una población de más de 10 millones de personas y una reconocida reputación como innovadora y "liderando el camino". El reto de proveer de servicios esenciales a una población que crece rápidamente, incluyendo muchas familias jóvenes, ha dado la oportunidad de apostar por la innovación en la asistencia de asistencia sanitaria. Una red de centros de salud comunitarios, con equipos de Atención Primaria liderados por médicos de cabecera, ha sido establecida en toda la metrópolis.



*Foto: Médico de Familia, el Doctor Fang Qing, con el Director Huang Yongping, en el Centro de Salud Comunitaria Dongmen en Luohu (Shenzhen)*

Yo estuve en Shenzhen para asistir al Tercer Congreso General de Médicos de Familia de la Asociación Médica de Colaboración entre Estrechos. La Asociación de Intereses Compartidos se estableció en 2014 y une a los médicos de familia de las 27 distintas provincias de la República Popular de China, desde la Región Administrativa Especial de Hong Kong, hasta la de Macao y Taiwán. Más de 1.500 médicos de familia de toda la región asistieron al Congreso. La Asociación Médica de Colaboración entre Estrechos es un ejemplo magnífico de médicos de familia trabajando entre fronteras geográficas y políticas para apoyarse y ofrecer la mejor asistencia de salud a la población de esta zona del mundo. Liderada por el médico de

familia chino, el Catedrático Zhu Shanzhu, también complementa el fant trabajo de la Sociedad China de Atención Primaria de la Asociación China de Medicina, organización desde hace tiempo miembro de WONCA.

Esta fue mi octava visita a la República Popular de la China desde que me convertí en Presidente de WONCA en mayo de 2013. WONCA tiene una larga historia de apoyo a los colegas chinos en el desarrollo de la Medicina Familiar, anterior del trabajo que empezó en los años ochenta por parte del anterior Presidente de WONCA, el Doctor Peter Lee, de Hong Kong. WONCA reconoce el poderoso impacto que la Medicina de Familia puede tener en el ofrecimiento de la asistencia de salud de alta calidad para la población del país más poblado del mundo.

Los participantes del Congreso pudieron escuchar la presentación de la Beca Doctor Donald Li, que lleva su nombre en honor a uno de los líderes más inspiradores de WONCA, que ayudará a financiar a tres jóvenes médicos de familia de la República Popular de la China para que puedan viajar a Hong Kong y puedan obtener más formación en el Departamento de Medicina Familiar y Atención Primaria de la Universidad de Hong Kong, y con la colaboración del Hospital del Gobierno de Hong Kong. Ya escribí en otras ocasiones sobre como el Gobierno de China se ha embarcado en un proceso de transformación de la asistencia de salud en todo el país basándose en el modelo del médico de familia, con la voluntad de formar a 400.000 profesionales de Atención Primaria especialistas más hasta 2020, para cubrir la demanda de las 1,35 billones de personas que viven en China, incluyendo los 800 millones de personas que viven en las áreas rurales.

El Gobierno de la China ha reconocido que existe una sobreexplotación de la población con respecto al alto coste de la asistencia y los servicios hospitalarios, y que la solución a este problema solo puede solucionarse fortaleciendo la calidad de la salud que ofrecen los Centros de Atención Primaria. El Gobierno ha establecido un periodo de tres años de residencia y formación para los postgraduados que deseen especializarse como médicos de familia, con formación de alta calidad que en este momento se está empezando a impartir en muchos centros de todo el país. El Gobierno también ofrece la "formación transformadora" a otros

especialistas médicos con los objetivos de especializarlos nuevamente en Medicina de Familia, y un extenso programa de educación médica continuada para los profesionales de Atención Primaria que trabajan en la actualidad y que quieren actualizar sus habilidades y conocimientos y mejorar así la calidad de la asistencia que ofrecen a sus pacientes y a sus respectivas comunidades.

Esta es una iniciativa atrevida que está transformando la asistencia de salud en toda China, y que potencialmente puede influenciar las formas de asistencia en muchos otros países que toman a China como referente en el refuerzo de la Atención Primaria y el asegurar la cobertura universal de salud para sus propios habitantes.

Pero hay muchos retos, ni más ni menos que empezando por el de ganarse la confianza de la comunidad local para que los pacientes vayan al médico de familia en su Centro de Salud en lugar de ir al Hospital o a la Consulta del especialista. Y todavía queda trabajo por hacer en muchos lugares de China para asegurar que la especialidad de Familia es la que eligen los jóvenes médicos graduados, y para atraer y fidelizar a los médicos de familia para que trabajen en los lugares donde más se les necesita, incluyendo las numerosas áreas rurales en las que el personal médico es escaso y envejecido. Estos son los retos a los se enfrentan muchos países, pero si China puede afrontarlos y encontrar soluciones

innovadoras, esto será una lección para el resto del mundo.

Todos estos retos fueron tratados en Shenzhen con innovadores modelos de asistencia. Visité el Centro de Salud Comunitario de Dongmen en el que 10 equipos de Medicina de Familiar, cada uno de ellos formado por un médico de cabecera, enfermera comunitaria y médico de salud pública, trabajan conjuntamente para asegurar la salud y el bienestar de los más de 100.000 miembros de su comunidad local. Fue muy estimulante ver a la gente mayor de la comunidad ser visitada en sus domicilios por sus equipos de médicos de familia, y constatar el uso de dispositivos portátiles, con control a distancia y teleasistencia para mejorar el servicio.

En palabras de uno de los ponentes más inspiradores al Congreso de Asociación Médica de Colaboración entre Estrechos, del Gobierno de Shanghai, "No hay mejor regalo para una comunidad que el de una salud mejor, y nadie está tan bien equipado para proporcionarla como los médicos de familia."

Michael Kidd  
Presidente de WONCA

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

## Du président: La transformation de la médecine familiale continue en Chine



*Photo: Des délégués de la République populaire de Chine, Hong Kong, Macao et Taiwan avec le président de WONCA et le PDG à Shenzhen*

Dr Zhang Jianjun mène une équipe de médecins de famille au Centre de Santé communautaire Lian Tang à Shenzhen, dans la province de Guangdong en République populaire de Chine. La ville de Shenzhen est située directement au nord de la région administrative spéciale de Hong Kong. Le centre de santé a été fondé en 1999 et fournit des services de santé primaires complets à une population de 60 000 personnes. C'est un lieu de formation pour résidents en médecine familiale qui fournit également

des services à domicile aux personnes âgées et à ceux récemment sortis de l'hôpital. Les médecins de famille (appelés médecins généralistes en Chine) sont au cœur du succès du centre de santé communautaire, travaillant avec des équipes d'infirmières et de professionnels paramédicaux pour satisfaire aux besoins primaires de santé des membres de la communauté locale.

*Photo : Dr Zhang Jianjun, directeur du Centre de santé communautaire Lian Tang à Shenzhen, en compagnie du jeune médecin généraliste, Dr Weng Haibing*

Shenzhen est un des miracles de la Chine moderne. Avant 1979, c'était une petite ville marchande. Cette année-là, elle est devenue la première zone économique spéciale en Chine, ouvrant des possibilités d'investissement étranger rapide. Shenzhen est devenue l'une des villes à plus forte croissance du monde et a maintenant une population surpassant les 10 millions d'habitants ainsi qu'une réputation d'innovation et de chef de file. Le défi de fournir des services essentiels à une grande population croissante, y compris à de nombreuses jeunes familles, a encouragé l'innovation dans la prestation des services de santé. Un réseau de centres de santé communautaires, avec des équipes de soins primaires menées par des médecins généralistes, a été établi dans toute la métropole.

*Photo : Dr Fang Qing, médecin de famille, avec le directeur Huang Yongping au Centre de Santé communautaire de Dongmen à Luohu, Shenzhen*

J'étais à Shenzhen pour la 3ème Conférence annuelle de Médecine générale organisée par Cross-Straits Medical Association. L'association Cross-Straits a été établie en 2014 et rassemble des médecins de famille de 27 provinces différentes de la République populaire de Chine, de la région administrative spéciale de Hong Kong, de la région administrative spéciale de Macao, et de Taiwan. Plus de 1 500 médecins de famille de toute la région ont suivi la conférence. L'association Cross-Straits est un excellent

exemple qui montre des médecins de famille travaillant de part et d'autre des frontières politiques et géographiques pour se soutenir mutuellement et fournir les meilleurs soins de santé aux habitants de la région. Menée par le professeur Zhu Shanzhu, leader chinois en matière de médecine de famille, l'association complète également l'excellent travail de la Chinese Society of General Practice -Chinese Medical Association- organisation membre de WONCA en Chine de longue date.



C'était ma 8ème visite en République populaire de Chine depuis ma nomination à la présidence de WONCA en mai 2013. WONCA s'est forgé une longue histoire dans le soutien des collègues de Chine en ce qui concerne le développement

de la médecine familiale, depuis le travail débuté dans les années 80 par l'ancien président de WONCA, Dr Peter Lee de Hong Kong. WONCA reconnaît l'impact important de la médecine familiale sur la prestation de soins de santé de qualité pour les habitants de la nation la plus peuplée au monde.

La bourse, Dr Donald Li Scholarship, a été annoncée à la conférence, bourse nommée en hommage à l'un des leaders les plus inspirants de WONCA au cours des années récentes. Cette bourse permettra le placement à Hong Kong de trois jeunes médecins de

famille exerçant actuellement en République populaire de Chine afin de recevoir des formations complémentaires dans le département de la médecine familiale et des soins primaires à l'université de Hong Kong, et sous l'égide de Hong Kong Hospital Authority.



J'ai écrit auparavant sur la façon dont le gouvernement chinois s'est embarqué dans un processus visant à transformer la prestation de services de santé dans le pays, basée sur le modèle du médecin de famille, dans le but de former 400 000 médecins généralistes spécialistes supplémentaires d'ici à 2020 afin de satisfaire aux besoins d'1 milliard 350 millions d'habitants en Chine, y compris 800 millions de personnes vivant en

zones rurales.

Le gouvernement chinois accepte qu'il y a des abus importants dans l'utilisation de services de soins et d'hospitalisation coûteux, et que la solution est de renforcer la qualité des services de soins de santé fournis par les prestataires de soins médicaux primaires. Le gouvernement a annoncé une formation universitaire supérieure de trois ans en résidence pour les diplômés en médecine qui souhaitent se spécialiser comme médecins généralistes, avec une formation de qualité étant maintenant offerte dans de nombreux centres à travers le pays. Le gouvernement offre également une « formation de transformation » à d'autres spécialistes médicaux qui souhaitent se recycler comme médecins de famille, et un programme approfondi d'éducation médicale continue pour les médecins primaires en activité qui souhaitent améliorer leurs qualifications ainsi que la qualité des soins qu'ils fournissent à leurs patients et à leurs communautés.

Il s'agit là d'une initiative audacieuse qui transforme la prestation des services de santé à travers la Chine, et qui aura un impact sur la prestation des services de santé dans beaucoup d'autres nations auxquelles la Chine sert d'exemple pour déterminer les moyens de renforcer la santé primaire et d'assurer l'assurance universelle de santé à leurs propres populations.

Bien sûr, il y a de nombreux défis, non le moindre étant le défi de gagner la confiance de la communauté locale afin que les individus s'adressent aux médecins de famille dans leur centre médical local au lieu d'aller directement vers un hôpital ou un médecin spécialiste. Beaucoup de travail à faire dans de nombreuses régions de Chine pour s'assurer que la médecine de famille soit la spécialité de choix des nouveaux diplômés en médecine, et pour attirer et maintenir des médecins de famille en exercice là où ils sont le plus nécessaires, y compris dans de nombreuses zones rurales où le

personnel médical est rare et vieillissant. Ce sont les défis auxquels beaucoup de pays font face, mais si la Chine peut relever ces défis et trouver des solutions innovantes, il y aura alors des enseignements pour le reste du monde.

Shenzhen est actuellement en train de relever ces défis par l'innovation dans ses modèles de soins. J'ai visité le Centre de Santé communautaire de Dongmen où 10 équipes de médecins de famille, chacune composée d'un médecin généraliste, d'une infirmière communautaire et d'un médecin de santé publique, travaillent ensemble pour assurer la santé et le bien-être des 100 000 membres de leur communauté locale. J'ai eu plaisir à voir des personnes âgées dans la communauté recevant des visites à domicile de leurs équipes de médecins de famille, et utilisant des appareils de suivi médical et de télémédecine, améliorant ainsi la prestation des services de santé.



*Photo : Personnel du Centre médical communautaire Luohu Dongmen, Shenzhen, République populaire de Chine*

Pour emprunter les mots d'un des orateurs inspirants du gouvernement de Shanghai à la conférence de Cross-Straits, « *Il n'y a pas de meilleur cadeau pour une communauté que le cadeau d'une meilleure santé et personne n'est aussi bien équipé pour la livrer que les médecins de famille.* »

Michael Kidd  
Président

*Traduit de l'anglais par Josette Liebeck,  
Traductrice accréditée NAATI No 75800*



## From the CEO's desk: Many meetings and Rio planning dates

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Hello again. In last month's column I had said that I would report back on both the WONCA Eastern Mediterranean Region conference and the latest Executive meeting. However editorial deadlines have meant that I have been asked to produce copy BEFORE those events have taken place, so I apologise but will report back in May's News.

### Busy times!

It's the start of a very busy few weeks for me, and I will be travelling quite a lot on WONCA's behalf to attend a variety of meetings and events.

As I write this, I'm packing my cases to head to Dubai for the WONCA EMR conference, and from there I travel to Abu Dhabi for the WONCA Executive meeting. After a short break over Easter it's off to Brazil for a series of visits and meetings all linked to the forthcoming World Council and conference. I'll visit Paraty, south of Rio, where the WONCA Executive will hold a meeting in advance of the World Council. Then it's back to Brazil for an intense day of meetings with the Professional Conference Organizers (PCO) responsible for all the logistics to do with the various events, before being joined by Dan Ostergaard and Bohumil Seifert and our colleagues from the Brazilian Host Organizing Committee, for a busy two days of meetings and visits. We will inspect the facilities at the Windsor Hotel, in Barra di Tijuca, where the World Council will be held, and also RioCentro, the conference venue.

The HOC just reported this week that they received over 3,000 abstract submissions from 78 different countries. They are delighted at the response, and are more convinced than ever that this will be the biggest and best WONCA world event yet. You can look more closely at the breakdown of abstract submission on the [WONCA website](#)

And – for your diaries – below is a timetable for the Executive and Council meetings, regional meetings and meetings of Working Parties and Special Interest Groups, as well as the conference itself. I hope this is useful for you all.

Dates	Event
Tuesday 25th October	Executive travel to Paraty for meeting
Wednesday 26th to noon Friday 28th October	Executive meeting Paraty.
early afternoon Fri 28th October	Executive travel back to Rio
Saturday 29th October	Regional meetings in Windsor Hotel, Barra da Tijuca Evening welcome reception for Council delegates
Sunday 30th October to lunchtime Tuesday 1st November	WONCA World Council, Windsor Hotel
Tuesday 1st November	Lunchtime meeting of new WONCA Executive
Wednesday 2nd November Breakfast meeting (0730 – 0900)	new Executive, together with new Chairs of WONCA WPs and SIGs
Afternoon of Tuesday 1st and all day Wednesday 2nd	Meetings of WONCA WPs and SIGs at conference venue (RioCentro)

Evening of Wednesday 2nd November	Opening ceremony of WONCA World Conference – RioCentro
Thursday 3rd to Sunday 6th November	WONCA World Conference Sunday 6th will have an Iberoamericana theme

After Brazil I will then travel on to San Jose, Costa Rica, where I will meet up with the President and President-elect to take part in the latest Iberoamericana Cumbre, or Summit, of key health leaders in the region. This will be followed by the first-ever Mesoamerican conference, also in Costa Rica, and we look forward to a typical Latin American welcome and hospitality.

## World Family Doctor Day – 19th May

I make no apology for returning to the theme of World Family Doctor Day. This really has become an important day in the health calendar – a chance to highlight the role and contribution of family doctors in health care systems around the world and also a chance to say “thank you” to all of you who provide such brilliant family medicine care to your patients throughout the year.

We want to hear from you to let us know what events and activities you are planning to celebrate the day. As I indicated last month, we’d especially like to suggest the topic of smoking cessation, and we have made a number of resources available to our members for them to use during FDD:

- The FDD logo is available via the WONCA [website](#)
- Our colleagues in the American Academy of Family Physicians (AAFP) have very kindly allowed us to access their smoking cessation tools. These can be accessed [here](#) and all we ask is that you acknowledge AAFP as the source of the materials.
- IPCRG (the International Primary Care Respiratory Group) also produce a number of helpful resources for family doctors available [here](#), including a very useful desktop helper: “*Helping patients quit smoking: brief interventions for healthcare professionals*”

We look forward to getting reports from Member Organizations in due course with news and photos of the events held, and many of these will be featured in future editions of WONCA News.

## Next month

There will be many things to report back on next month. The WONCA EMR conference, Executive meeting, CPC meeting in Rio and the Iberoamericana Cumbre and conference in San Jose, Costa Rica. Our best wishes until then.

Dr Garth Manning  
CEO

## Policy Bite

Due to family holidays and multiple WONCA commitments during March, the President Elect has not been able to finalise a policy bite for April. She apologises for this and promises to make it up in May.

See 2015 Policy Bites summarised [here](#)



## Feature Stories

### Michael Kidd launches 'The Universal Doctor' stories

**The Universal Doctor: Doctors writing about humanity and resilience in medicine. What is your story?**

Now available as a free eBook on the [WONCA website](#). Following the release of our book 'First Do no harm: being a resilient doctor in the 21st century', my co-author Leanne Rowe and I asked some inspirational doctors how they transcend adversity and continue to care for their patients, their families and their own spiritual, mental and physical health in times of immense stress. 'The Universal Doctor' was created after we discovered that many of them use writing as a powerful outlet for the inevitable pressures at work.



The doctors' stories in 'The Universal Doctor' are honest, poignant and diverse, and from them a number of themes about resilience emerged, which have formed the sections of this book on:

- Seek inspiration and support from mentors and role models
- Debrief often about loss and death
- Focus on the quality of patient care
- Advocate against disadvantage
- Remain curious about humanity.

The optimistic messages in each chapter are for doctors at all stages of their careers, and everyone else involved in the health system - nursing and allied health professionals, medical practice and hospital staff and their patients and families - because the search for resilience and humanity is shared by us all.

'The Universal Doctor' is presented an example of the power of doctors' stories. We are seeking more stories from family doctors from around the world to contribute to a new edition on humanity, human rights and resilience. Please send your piece of writing (no more than 2000 words) to us for consideration for volume two to: [admin@medicalconsulting.com.au](mailto:admin@medicalconsulting.com.au)

Professor Michael Kidd  
WONCA President

### FM360 exchange hosts needed

Dear Colleague,

Are you interested in hosting a young GP from overseas? The Family Medicine 360° program is looking for host practices worldwide, particularly in Canada, Australia and New Zealand.

We would like to invite you to participate in the Family Medicine 360° program, a global exchange program, with educational intent, designed for young and future General Practitioners/Family Doctors. This program is supported by WONCA and works thanks to the collaboration of the seven WONCA Young Doctors' Movements. The official language of the program is English.

Your visitor will be a General Practice/Family Medicine trainee or in the first five years of Family Medicine practice. As a host, you will be able to participate in an experience that allows you to exchange knowledge between peers on a multicultural level. This interaction promotes global collaboration, learning and actively contributes to the professional and personal development of primary care physicians.

The visitor's activities will be strictly observational. There is no expectation for you to pay for the visitor's activities. The program usually runs between one and four weeks and you will determine your availability, prior to the exchange.

The Family Medicine 360° exchange is organized as an educational program so we ask you to, please:

- Prepare an educational program that matches the visitor's learning objectives.
- Tutor the visitor during the exchange.
- Assess the visitor after the exchange.

We hope that you will be motivated to participate in this project! Please register as a host [here](#).

The FM360 representative of your region will contact you thereafter.

Thank you very much for collaborating!  
Ana Nunes Barata

For further information on the program, click [here](#). If you have any questions please email [fm360@wonca.net](mailto:fm360@wonca.net)

## Working Parties

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### Rural Round-up: returning to rural health in Catalonia

*In this month's rural round-up, Dr Josep Vidal-Alaball describes rural medicine in Catalonia (Spain), and his return to rural practice.*



In Catalan we have an expression that says “roda el món i torna al born”, it means that after travelling for a while; people have a tendency to come back to their native place. In my case I have come back to Catalonia, and I have gone back to work as a rural family doctor after some time developing other medical skills.

I was born in a small rural city north of Barcelona named Berga. After finishing my medical education in Barcelona, I decided to train as a family doctor in the south west of England where I completed my training at [Abbey Surgery](#) (Tavistock). After this, I took an academic post at the [Department of General Practice in Cardiff](#). I had the most exciting 2 years of my life, being involved in research, medical education and being a part time family doctor in some of the most

deprived areas of south Wales. I also completed a Masters in Public Health, which took me to work in Public Health for two and a half years. By the end of 2006, I decided to finish my British adventure and come back to Catalonia to work in a rural practice.

Luckily this was possible and I started working as a rural family doctor in an area north of Berga. Sooner than I probably would have wished I got involved in primary care management and after becoming director of my local primary care team, two years later I was called to a higher post in regional primary care services and eventually I became deputy medical director of the region. This was a very convulsive time as the country started a terrible economic recession, but this also offered opportunities and we could start some very successful programmes for example in Telemedicine. Eventually after 5 years I returned last year to full time clinical work and I was fortunate to be able to work again in a rural practice.

I am now based in Artés, a town of about 5,600 inhabitants near the city on Manresa at the centre of Catalonia. It is an industrial town but also is well known for its agriculture and production of wine. The Basic Health Area of

Artés consists of one Primary Care Centre located in Artés and 5 local medical offices located in 5 smaller towns and villages. It is a rural region with 11.267 inhabitants and an average population density of 75,8 inhabitants/km<sup>2</sup>.

I work for the [Institut Català de la Salut](#), the main public primary care provider in Catalonia. Primary care in Catalonia is organized in Basic Health Areas, each one with doctors, nurses, administrative staff, paediatricians, health workers, dentists and midwives. The primary care teams are organized so that a family doctor and a nurse make up what we call a Basic Care Unit. This is one of the strongest points in our primary care system as this unit jointly takes care of a population around 1,500 habitants and facilitates doctors and nurses to work very closely. This collaboration is especially important in rural areas. As in other rural areas, allied health workers visit patients in several practices during the day as most of towns and villages have their own medical centres.

*Photo: Josep and his nurse- both great supporters of FC Barcelona*



Family doctors in Spain are called "médicos de cabecera" which means doctors who stay at the bedside of the patient. I think this is a wonderful way to describe the work we do, especially in rural areas. In our team, we try to be very close to our patients and communities and provide them holistic care; from the day they are born until the day they die. In our team, we provide a 24/7 service for our community and our staff cover the majority of on-call hours, providing continuity of care for our patients. Of course, it is not all good, in our rural medicine as we feel the effects of isolation and the distance from the training resources and hospitals.

Returning to rural medicine after five years has provided me the opportunity to analyse how rural medicine has changed during this period in my area. I have noticed the huge advantages of having a very well developed

electronic medical system, that allow us for example to do all prescriptions and referrals electronically and to have access to hospital notes, discharge letters and all tests done in hospitals. I am also enjoying using the telemedicine system that I helped develop and see it has made a big impact on dermatology waiting lists. All these advances have made my daily work easier, but on the other hand I have noticed the impact on of an increasing aging population with chronic diseases that make my consultations much more complex. We also feel the pressure to trying to reduce referrals to hospitals.

Not having managerial pressures has given me the chance and the time to get involved with WONCA. I am now an active member of international section of the Spanish Society of Family and Community Medicine (semFYC) and I am representing the Society at the WONCA EUROPE network of the European Rural and Isolated Practitioners Association (EURIPA) where I am currently the treasurer.

It has been marvellous to return to my homeland Catalonia and to be able to practice rural medicine again. Now I feel really at home!

Dr Josep Vidal-Alaball ([Twitter: @jvalaball](#))

semFYC: <http://www.semfyc.es>

EURIPA: <http://euripa.woncaeurope.org>



*Photo: Josep at a motor vehicle accident (luckily no casualties)*

## Rural Round-up: de vuelta a la medicina rural catalana



*En el artículo de este mes, el Dr Josep Vidal-Alaball describe la medicina rural en Cataluña (España) y su retorno a la práctica médica rural.*

En catalán tenemos un dicho que dice "roda el món i torna al Born", que significa que después de viajar por un tiempo; la gente tiene una tendencia natural a volver a su lugar de origen. Éste es mi caso, ya que he vuelto a Cataluña, y he vuelto a trabajar como médico de familia rural, después de algún tiempo ejerciendo otras actividades sanitarias.

Nací en una pequeña ciudad rural al norte de Barcelona, llamada Berga. Después de terminar mi carrera de medicina en Barcelona, decidí especializarme como médico de familia en el suroeste de Inglaterra, donde completé mi formación en [Tavistock](#). Al finalizar la residencia, trabajé como académico en el [Departamento de Atención Primaria](#) en Cardiff. Ésta fue una etapa profesional muy interesante, ya que durante dos años estuve involucrado en investigación, educación médica y ejercí como médico de familia en algunas de las zonas más necesitadas del sur de Gales. También relicé un Máster en Salud Pública, que me llevó a trabajar en Salud Pública durante dos años y medio. A finales de 2006, decidí terminar mi aventura británica y volver a Cataluña para trabajar como médico rural.

Esto fue posible y empecé a trabajar como médico de familia en una zona rural al norte de mi ciudad natal. Más pronto de lo que probablemente habría deseado, me impliqué en la gestión sanitaria y después de convertirme en el director de mi equipo de atención primaria, dos años después me llamaron para ejercer un puesto de gestión en los servicios de atención primaria regionales y, finalmente, me convertí en director asistencial adjunto de la región. Este fue un momento muy convulso, ya que coincidió con el inicio de la terrible recesión económica que

aún afecta al país; pero esto también me ofreció oportunidades y pude iniciar algunos programas muy exitosos como el de telemedicina. Después de 5 años en gestión, el año pasado volví a las tareas clínicas a tiempo completo y tuve la suerte de poder trabajar de nuevo en un equipo rural.

En la actualidad estoy trabajando en Artés, un pueblo de unos 5.600 habitantes, cerca de la ciudad de Manresa, en el centro de Cataluña. Es un pueblo industrial, pero también es conocido por su agricultura y su producción de vino. El Área Básica de Salud de Artés consiste en un centro de atención primaria situado en Artés y 5 consultorios médicos locales, ubicados en 5 pueblos más pequeños. Es una región rural, con 11.267 habitantes y una densidad de población media de 75,8 habitantes / km<sup>2</sup>.

Trabajo para el Institut [Català de la Salut](#), el principal proveedor de atención primaria pública de Cataluña. La atención primaria en Cataluña se organiza en áreas básicas de salud, cada una con médicos, personal de enfermería, personal administrativo, pediatras, trabajadores sociales, dentistas y comadronas. Los equipos de atención primaria se organizan de modo que un médico de familia y un enfermero/a configuran lo que denominamos una Unidad Básica de Salud, llevando conjuntamente el cuidado de una población de alrededor de 1.500 habitantes. Esta organización facilita que médicos y enfermero/as trabajen muy de cerca, formando un equipo compacto, cosa que es especialmente importante en las zonas rurales. Al igual que en otras zonas rurales, los profesionales de la salud tienen que visitar a sus pacientes en varias localidades durante el día, ya que la mayoría de los pueblos tienen sus propios consultorios médicos.

Los médicos de familia en España se llaman también "Médicos de cabecera", que significa que son los médicos que visitan junto al cabezal de la cama del paciente. Creo que esta es una maravillosa manera de describir el trabajo que hacemos, sobre todo en las zonas rurales. En nuestro equipo, tratamos de estar muy cerca de nuestros pacientes y de nuestra comunidad y les proporcionamos una atención integral; desde el día que nacen

hasta que el día de su muerte. En nuestro equipo, ofrecemos un servicio 24/7 ya que nuestro personal cubre la mayoría de las horas de guardia, proporcionando continuidad en la atención a nuestros pacientes. Por supuesto, no todo es bueno en la medicina rural, ya que como en otros lugares, notamos los efectos del aislamiento y la distancia de los recursos de formación y de los hospitales de referencia.

Volver a la medicina rural después de 5 años, me ha dado la oportunidad de analizar cómo la medicina rural ha cambiado durante este período de tiempo. Me he dado cuenta de las enormes ventajas que supone tener un sistema de historia clínica electrónica muy bien desarrollado, que nos permite, por ejemplo, hacer todas las recetas y derivaciones por vía electrónica y tener acceso a las notas clínicas del hospital, altas hospitalarias y a todas las pruebas que allí se realizan. También estoy disfrutando de poder utilizar el sistema de telemedicina que ayudé a desarrollar y estoy contento al ver el gran impacto que ha tenido en la reducción de las listas de espera en dermatología. Todos estos avances han hecho que mi trabajo diario sea más fácil, pero por otra parte, me he dado cuenta del enorme impacto que el aumento de la población anciana y con enfermedades crónicas tiene sobre mis consultas, que se

han vuelto mucho más largas y complejas. También he notado la presión de tener que tratar de reducir los ingresos y derivaciones hospitalarias.

El hecho de que en la actualidad no tenga tareas de gestión, me ha dado la oportunidad y el tiempo necesario para involucrarse en WONCA. Ahora soy un miembro activo de la sección internacional de la Sociedad Española de Medicina de Familia y Comunitaria (semFYC) y represento a la Sociedad en la red WONCA Europa de médicos rurales (EURIPA), donde actualmente ejerzo como tesorero.

Ha sido maravilloso volver a mi tierra Cataluña y poder ejercer la medicina rural de nuevo. Ahora sí que realmente me siento como en casa!

Dr Josep Vidal-Alaball ([Twitter: @jvalaball](#))

semFYC: <http://www.semfyec.es>

EURIPA: <http://euripa.woncaeurope.org>

## Working Party on the Environment to have presence in Rio

*Dr Enrique Falceto de Barros  
Pro-Tem Chair WONCA  
Working Party on the  
Environment writes:*



Dear members of the  
WONCA Working Party  
on the Environment,

I am the present pro-tempore chair of our Environmental Working Party. I thought it would be nice to present myself and tell about our last developments. I practice as a rural family doctor in the mountains of southern Brazil, and I am very passionate about environmental health. I hope I can keep up the good energy flow from former chairs Grant

and Alan, so that you feel inspired to help any way you can.

Our Working Party has had a busy year: Ernesto Mola is leading the process for a WONCA resolution on justification for medical radiation exposure; Alan Abelsohn is leading a partnership with the WHO to tackle climate change and air pollution; and we submitted a proposal to the WONCA World Executive to sign the [DOHA declaration](#) which was approved at their March meeting.

Above all we are getting ready for an amazing WONCA World Conference in Rio! We are preparing some captivating activities (still to be approved by the WONCA scientific committee) on Planetary Health, Medical Radiation exposure justification, children's environmental health, among others (see

complete [draft list here](#)).

We would love to know if you have submitted a workshop to WONCA Rio, as we could coordinate it with the scientific committee.

Anyway, we want you to come to our official meeting in Rio, as we plan to reorganize into regional groups with regional co-chairs... and your participation is essential!

Please answer this email if you want to stay in our mailing list!! (just say hi or hello in your native language!!)

e-mail: [WPEvironment@wonca.net](mailto:WPEvironment@wonca.net)

[more about the Working Party on the Environment](#)

Hope to see you in Rio! Obrigado! (Thanks!)

Dr Enrique Falceto de Barros  
Pro-Tem Chair WONCA Working Party on the Environment

[Read more about Enrique](#)  
(WONCA News featured doctor September 2015)

## Member Organization news

### Bangladesh Academy of Family Physicians

[download full newsletter and photos](#)



*The Bangladesh Academy of Family Physicians reports on recent activities including the annual conference, the WONCA South Asia Region conference held recently in Colombo, the Academy CME programs, the family medicine diploma course and finally the coming WONCA world conference in Rio. For all stories and photos download the newsletter at the link above.*

**The Twentieth National Conference of the Bangladesh Academy of Family Physicians** was held on 5 & 6 February 2016 at the BRAC Centre, 75 Mohakhali, Dhaka and 'Pond's Garden', Kanchon, Rupganj, Narayanganj.

Inauguration of the Conference was held on 5 February 2016, Friday morning at the BRAC Centre Auditorium, 75 Mohakhali, Dhaka. Other programs of the day was also held at the same place including Scientific Sessions, MRCGP Workshop, Teas, Lunch, Dinner, Cultural Events, etc.

Prof Ainul Islam Choudhury, Former President of the Academy and Associate Professor of the University of Science & Technology Chittagong was the Chief Guest at the Inauguration Ceremony.

Dr Ramnik Parekh, and Eminent Family Physician and Occupational Medicine Specialist from Mumbai, India and Secretary of the WONCA South Asia was the Special Guest. About 200 participants joined the Inauguration Ceremony.

Dr Md. Nurul Islam Bhuiyan, Senior Family Physician of Dhaka City was awarded the 'Family Physician Award 2016'. (photo) The Academy gives this award to one of the eminent family physicians of the country every year.





Dr Hafizur Rahman presided over the occasion, Dr Kanu Bala Delivered Welcome Address, Dr Md. Nurul Islam Bhuiyan gave Secretary General's Address & Dr Md. Cinnamon gave vote of thanks

"National Prof N. Islam Memorial Lecture" was delivered by Dr Ramnik Parekh and introduced by Mr. A. I. Islam-Chairman of the University of Science & Technology Chittagong. The session was chaired by Prof S. A. Mahmoud & Dr Abdul Latin Biswas, coordinated by Dr Sarah Bane. Prof Kanu Bala delivered the plenary lecture.

In the Scientific Sessions there were five Free Papers and two Theme Lectures. Prof A. K. Khan-Dean of Goon Vishabidwalaya and Dr Ramnik Parekh were the speakers of Theme Session. Prof Md. Nurul Islam and Dr R. K. Mallik were session Chairmen while Dr Mohammed Ali was Rapporteur.

A parallel session on the Orientation of MRCGP [International] South Asia was arranged at a small conference room with a capacity of 50 attendants.

The session was on 5 February 2016 evening starting at 2.30 pm and continued till 7.00 pm. 50 participants were registered for the session.

There was Annual General Meeting for members only, where important topics on the activities of Academy were discussed. Cultural Evening, Raffle Draw and Annual Dinner were enjoyed by the Guests, Participants and their families.

## Launch of family medicine training in Malawi

On 25 February 2016, an exciting event occurred in Malawi, the launch of postgraduate family medicine training. Malawi is a landlocked country of about 17 million people in Southern Africa, one of the least developed nations in the world, but known as the warm heart of Africa.

In 2008 a summit was held in Malawi to discuss what was, at that time, only a dream - to establish district-based family medicine training. The idea of family medicine in Malawi was little unknown at that time and there were no indigenous family doctors. That has now changed. Two Malawian physicians, Drs Luckson Dullie and Martha Makwero, completed family medicine training in Lesotho and returned to Malawi to lead development. With support from many partners a department of family medicine was established within the University Of Malawi College Of Medicine. Under the VLIR-supported Primafamed twinning programme, Malawi was linked to the Department of Family Medicine at the University of the Witwatersrand, South Africa. An undergraduate clerkship in family medicine with rotations at district hospitals was started

in 2009 and has been instilling family medicine values in undergraduate students sustainably since that time.



*The first Family Medicine registrars in training in Malawi*

From this base, a curriculum was developed for a four year Masters of Medicine programme to train family physicians for Malawi, based on models from other African countries. It was decided that the training should be based in district hospitals. Thus it came about that 3 family medicine registrars commenced training in Mangochi District Hospital in early 2015. Under the leadership of Dr Makwero, the current head of department, a team of family medicine faculty, including US Peace Corps volunteer physicians and visiting specialists, works with the department in Blantyre, 190km away, which conducts

regular visits to the district hospital facility.



*Family Medicine Faculty, registrars, and partners*

The launch of postgraduate family medicine training in Malawi, hosted by the District Health Officer of Mangochi, was attended by about 50 people from across the country. Amongst the dignitaries present were the guest of honor, Secretary for Health of Malawi Dr McPhail Magwira, the Principal of the College of Medicine Dr Mwapatsa Mipando and representatives from partner organizations. Dr Mipando remarked that family medicine as a key part in the recently established School of Public Health and Family Medicine at the college, acknowledging family medicine as the bridge between communities and specialist based in hospital. Dr Magwira acknowledged that a health

system based on primary care delivers efficient and cost-effective care, and was clear that family physicians are central to achieving this outcome. The Ministry of Health in its strategic plan is committed that there will be a minimum of two family physicians in each district hospital.

It is hoped that the programme will attract both sufficient funding and applications to expand to other sites going forward. We believe that future family physicians in Malawi, and the communities they serve, will be able to look back on this day as an historic turning point.



*Group Photo of Attendees at the Family Medicine Launch*

A brief news report produced by Malawi Broadcasting Corporation is [here](#)

Ian Couper, Martha Makwero, John Parks

## EURACT: Educating Doctors for General Practice / Family Medicine 2.0

**Host:** European Academy of Teachers in General Practice / Family Medicine (EURACT)

**Venue:** Trinity College, Dublin, Ireland

**Dates:** September 8-10, 2016

**Web:** [www.euractdublin2016.org](http://www.euractdublin2016.org)

**Contact:** [euract@icgp.ie](mailto:euract@icgp.ie)

I am writing to let you know about EURACT's educational conference which is being held in Dublin from 8th -10th September 2016. This will provide a unique opportunity to network with colleagues from across Europe - EURACT council members will attend the conference and so over 30 different European countries will be represented.

We are looking for contributions from as wide a range of backgrounds, both undergraduate and postgraduate, as possible – there are 21 workshop slots available, 18 oral presentations and the opportunity to present posters in the breaks. We are looking for proposals on topics relevant to the teaching of General Practice. The themes can be found under abstract submission at the [conference website](#)



There will be prizes for the best abstract and poster. The deadline for submission of abstracts is Friday 29th April 2016.

This will be an opportunity for GP Teachers and researchers to meet and exchange ideas

on how best to prepare students and doctors for a career in general practice in the future.

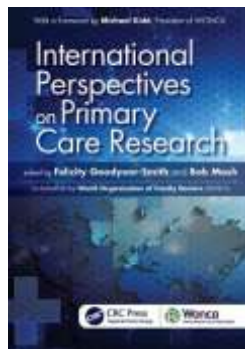
If you require any further information please do not hesitate to contact me.

With best wishes  
Jo Buchanan

## Resources

### International Perspectives on Primary Care Research

*International Perspectives on Primary Care Research* examines how the evidence base from primary care research can strengthen health care services and delivery, tackle the growing burden of disease, improve quality and safety, and increase a person-centred focus to health care.



Demonstrating the inter-professional nature of the discipline, the book also features a section on cross-nation organisations and primary care networks supporting research. National perspectives are offered from researchers in 20 countries that form part of the World Organization of Family Doctors, providing case histories from research-rich to resource-poor nations that

illustrate the range of research development and capacity building.

This book argues the importance of primary care research, especially to policy makers, decision makers and funders in informing best practice, training primary health care providers and achieving equitable distribution of care.

#### International Perspectives on Primary Care Research

**Editors:** Felicity Goodyear-Smith, Bob Mash  
**Publication date:** May 4, 2016 by CRC Press  
**Reference:** - 243 Pages - 3 B/W Illustrations  
**ISBN:** 9781785230127

[Visit publishers website - 20% discount on price](#)

### Basic Occupational Health Service for Informal Industry resource published

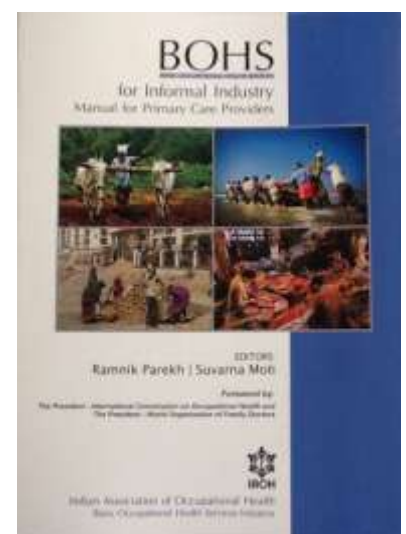
The Indian Association of Occupational Health has just published a book, titled "*Basic Occupational Health Service for Informal Industry: Manual for Primary Care Providers*".

The book is edited by well-known WONCA leader, [Dr Ramnik Parekh](#) and Dr Suvarna Moti. A small write up on the book, price and availability is shown below.

The forewords of the book are written by Michael Kidd, WONCA President, and Dr Jukka Takala, president of the International Commission on Occupational Health (ICOH).

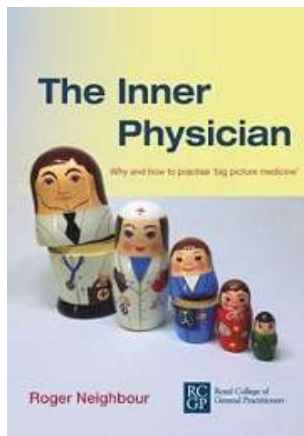
This is a monumental and significant step towards achieving the objective of the [pledge on Workers' Health](#) made in 2014 by WONCA and ICOH.

[More online](#)



## RCGP publishes Roger Neighbour's 'The Inner Physician'

Full details can be found on the [RCGP website](#)



The final volume of Roger Neighbour's 'Inner' trilogy, *The Inner Physician*.

Roger explores the relationship between a doctor's professional and private selves. He suggests that the mind of every doctor retains an untrained 'ordinary human being' part – their Inner Physician – which makes an important, though often neglected, contribution to medical practice.

The Inner Physician, which he calls 'the amateur within' or 'the expert minus the expertise', plays a major role in diagnosis and treatment, and is the chief source of insight, empathy and clinical acumen.

Drawing on ideas ranging from Greek philosophy to catastrophe theory and quantum mechanics, but written in an engaging easy-to-read style, *The Inner Physician* makes a powerful case for humanity, thoughtfulness and self-awareness as hallmarks of the effective clinician.

It will be challenging but inspiring to GPs at every career stage, and also to specialists keen to understand how their own work fits into medicine's 'big picture'.

Iona Heath in her Foreword calls the book 'the distillation of (Roger Neighbour's) extraordinarily thoughtful career in general practice. In essence it is a gentle, careful explanation of the fundamental importance of the doctor's subjective self'.

Coming at a time when doctors are under pressure to function more as biomedical technicians than as caring professionals, *The Inner Physician* aims to help GPs rediscover their pride in the human aspects of their work with patients.

Readers should be comforted and inspired to have confirmed what they always knew – that they themselves are an important factor in their clinical effectiveness.

Three reasons to buy this book:

1. It will help you see medicine's 'big picture' – how it fits into the sweep of history, philosophy, and the latest developments in science.
2. It's an antidote to burnout, cynicism, disaffection and feelings of professional inferiority.
3. It will remind you of why you became a doctor in the first place, and how celebrating your own uniqueness can help you be the best possible doctor you can be.

Read a sample [chapter](#)

To celebrate the book's publication, we're offering Roger's other 'Inner' books at special member rates. [Click here](#) for more details.

ISBN Number: 9780850844115  
Number of pages: 348  
Publisher: RCGP  
Published: February 2016

## Featured Doctor

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### Prof Christopher DOWRICK

UK - mhGAP consultancy coordinator



#### What work do you do now?

I am Professor of Primary Medical Care in the University of Liverpool and have been a general practitioner in north Liverpool for the past 25 years. I'm

also Professorial Research Fellow in the University of Melbourne in Australia, member of the World Organisation of Family Doctors' working party on mental health, and a technical expert for the World Health Organisation's mhGAP programme.

The main focus on my work is on common mental health problems in primary care, particularly depression and medically unexplained symptoms. I'm currently looking at ways to improve equity of access to primary care for people from marginalised communities, including asylum seekers and refugees, while reducing the over-medicalisation of human suffering. I am exploring the concept of self in primary care encounters, and how this can help us to counter the increasing technocratic and bureaucratic emphases of primary care in high income countries such as the UK.

The second edition of my book *Beyond Depression* was published by Oxford University Press in 2009. I contributed to the [BMJ 'Too Much Medicine' series](#) on the over-medicalisation of depression.

#### Other interesting things you have done?

My first degree was in modern history at Oxford University. My special interest was in the French Revolution, which has often proved useful in understanding the arcane worlds of university and medical politics! I then trained as a social worker and psychotherapist,

working in London, Worcester and Manchester for six years before switching to medicine in my late 20s. Although it's been a rather circuitous career path, I've found all these experiences invaluable to my practice as a GP in north Liverpool.

I was born and brought up in Ireland, and reclaimed my Irish citizenship in protest against British involvement in the 2003 invasion of Iraq.

#### You coordinate the MHGAP consultancies - what are they about?

WONCA has recently set up an international consultancy services in primary mental health care. This is in support of WHO's mhGAP programme, which is scaling up evidence-based interventions to improve community based mental health care in low and middle income countries. We provide advice on policy, education and training and research, [see this page for more information](#). We are currently delivering a 'train the trainers' programme in primary mental health care for GPs in Moldova in eastern Europe. We will be offering an educational event for Brazilian GPs in conjunction with the World WONCA meeting in Rio.

#### What are your interests outside work?

I have a wonderful extended family, with seven children and (so far) eight grandchildren who keep me continually entertained. I love walking in the Sierra Nevada in southern Spain, where we have a holiday home; I did the Inca Trail a few years ago and have my sights set on a Himalayan trek while I'm still capable. I enjoy reading modern literature and watching Scandinavian detective dramas, and find Test Match cricket endlessly fascinating.

## Dr Pratyush KUMAR

India - WoRSA inaugural chair

*Dr Pratyush KUMAR (India) is the inaugural chair of WONCA Rural South Asia (WoRSA)*



### What work do you do currently?

Currently I am in third year of my post graduate training in Department of Family Medicine at Sir Ganga Ram Hospital, New Delhi, India. I attend outpatient clinic, and visit our rural health centre as a primary care physician which is also a part of our training. Apart from my regular clinical and academic schedule as a post graduate trainee, I devote my extra time to primary care research. Currently I am working on Diabetes, HIV and infectious disease outbreaks like dengue and swine flu. I have also published and presented my research papers on the above subjects in peer reviewed indexed journals .

### What other interesting activities have you been involved in?

If I have to choose one, it's going to be WoRSA. WONCA Rural South Asia (WoRSA) is the group which was launched at the WONCA South Asia region conference in February 2016. This been the most exciting and interesting activity I have done so far. Rural health has always been close to my heart and definitely this has been the driving force behind choosing family medicine as my career.

Publishing research papers and being appreciated for work done is what makes us to do more quality research work in the future. Primary care research is something I am really interested in, as we don't have much regional data on primary health care; mostly we supplement it with western data available which may not always be applicable. As the chair of WoRSA, I understand the need so to make the best out of it, so we have also undertaken a new initiative WoRSA – Primary care research (WoRSA –PCR). Our idea is to start multicentric research studies.

I have also developed an android app – WoRSA. We have few interesting plans to

utilize this platform and disseminate our work and developments. We are going to start by featuring rural health success stories. We have also plans to keep all the presentations done as a part of rural CME as educational resources.

### What are your interests as a family physician and what do you enjoy doing when you are not working?

As a family physician my area of interests are primary care research and developing a cost effective model using innovations like telemedicine, electronic medical records to provide an affordable and quality healthcare service in rural areas and also to keep a check on spending and wastage of resources. I have also presented a model to strengthen primary healthcare at the "Youth Leadership Summit – Primary Health Care" and was awarded the Youth ambassador award.

Apart from work it's traveling, of which I am very fond. I feel it's a learning experience when you travel abroad. You see a different world, experience different ways of living. Although I have travelled only to Istanbul and Colombo for conferences, I have learned a lot and would love to explore some other beautiful cities.

### How did you come to be the new leader of WoRSA?

Rural health has always been my passion as I come from a small village in Bihar, in India, and have seen and experienced difficulties as a patient and now also as a primary care physician. Good history taking and clinical judgment are the only tools in the hands of rural physicians. Although with time, health care facilities have improved, it's not enough to meet the growing demands of a rising population and nevertheless they incur huge out of pocket expenditure. Affordable, accessible and quality healthcare is the need of the hour.

The idea of WoRSA came during FMPC conference at New Delhi in 2015, in discussion with Dr John Wynn-Jones. He is an inspiring leader who supported and encouraged me. Dr Raman Kumar has been very kind and supportive towards this initiative. I worked on its basic principles and objectives and named it WoRSA. During the recent

WONCA South Asia region conference we officially launched this group and also discussed rural health and the objectives of WoRSA, which was well received.

For a young doctor in his postgraduate training period to become a leader of WoRSA is the most exciting and interesting responsibility I would have ever asked for. It gives a platform to young, old and any family doctor interested in rural health to contribute

and help us in reaching our goal of “positive health for all rural people”.

We are currently working on creating an online [rural health database](#), publishing quality research papers through our WoRSA – PCR forum, inspiring doctors through our WoRSA rural health success stories and campaign #4ruralheath in the pipeline.

## WONCA Europe Conference 2016

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### Skills lab at WONCA Europe 2016

Great news: The participants of WONCA Copenhagen will be able to train skills that are important to the daily work of a GP.

We have created a “Skills lab” in an open area in the conference center.

#### 1. A microscopy skills lab

You will learn how to recognize the most common bacteria safely and quickly and how to diagnose a urinary tract infection so that the right course of antibiotics can be started when necessary. You can also learn how to quickly diagnose cervicitis, vaginitis etc. through microscopy of vaginal secretions.

#### 2. A gynecology skills lab

You can practice IUD insertion, learn how to administer contraceptive implants, and also discuss diagnostics and treatment of menorrhagia, including demonstration of an endometrial suction biopsy.

#### 3. A clinical ultrasound skills lab

To many of us, clinical ultrasound is a completely new feature in general practice. You can try scanning and seeing how ultrasound can be used to support the clinical examination in the diagnosis of common disorders in general practice.



**FAMILY  
DOCTORS**  
with heads and hearts

WONCA EUROPE CONFERENCE 15-18 JUNE 2016 • Copenhagen • Denmark

## WONCA Europe 2016 - "patient voice" to speak

Meet Ulrika Sandén - our "patient voice" - in Copenhagen in June



Ulrika Sandén is a social worker pursuing doctoral research of cancer processes at the Ingvar Kamprad Design Centre, Lund University, Sweden. She is also a brain tumor survivor and her trajectory as a

surgical and oncological patient was on the literature curriculum of the Karolinska Institute medical school.

Ulrika Sandén's research is part of the patient-centered project "Proactive Cancer Care" where she recently interviewed 19 focus group patients about their lives as cancer patients and how they perceive the cancer care processes. At the WONCA Europe 2016 conference in June she will present different perspectives on consultations and the diagnostic process both as a researcher and as a patient.

"What do you do as a patient when what the hospital specialists say doesn't make any sense?"

Follow up after cancer treatment is something that scares many patients, but do they need to be scared? Many patients have both a hospital specialist and a GP for follow up care. Is there a way for GPs to reduce fear and to gain the trust of scared patients?

Many people are talking about the future consultation in availability terms. Some argue

that we should have drop-in consultations at shopping malls etc.

Ulrika Sandén will discuss the future consultation from another angle, where the feelings experienced by the patient is central. Is it possible to empower patients through consultations? This and other issues will be dealt with in Ulrika Sandén's presentation.

At the WONCA Europe 2016 in Copenhagen you can meet Ulrika Thursday 16 June and Friday 17 June in morning sessions.

Remember: final deadline for very late abstracts is 31 March

We still have a few vacant exhibition booths for rent for non-pharmaceutical companies - [read more](#)

We wish you all a Happy Easter, where we hope you will find time to [register for WONCA Europe Conference 2016](#) :-)

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

[Conference website](#)

Peter Vedsted  
Professor  
President of Scientific Committee

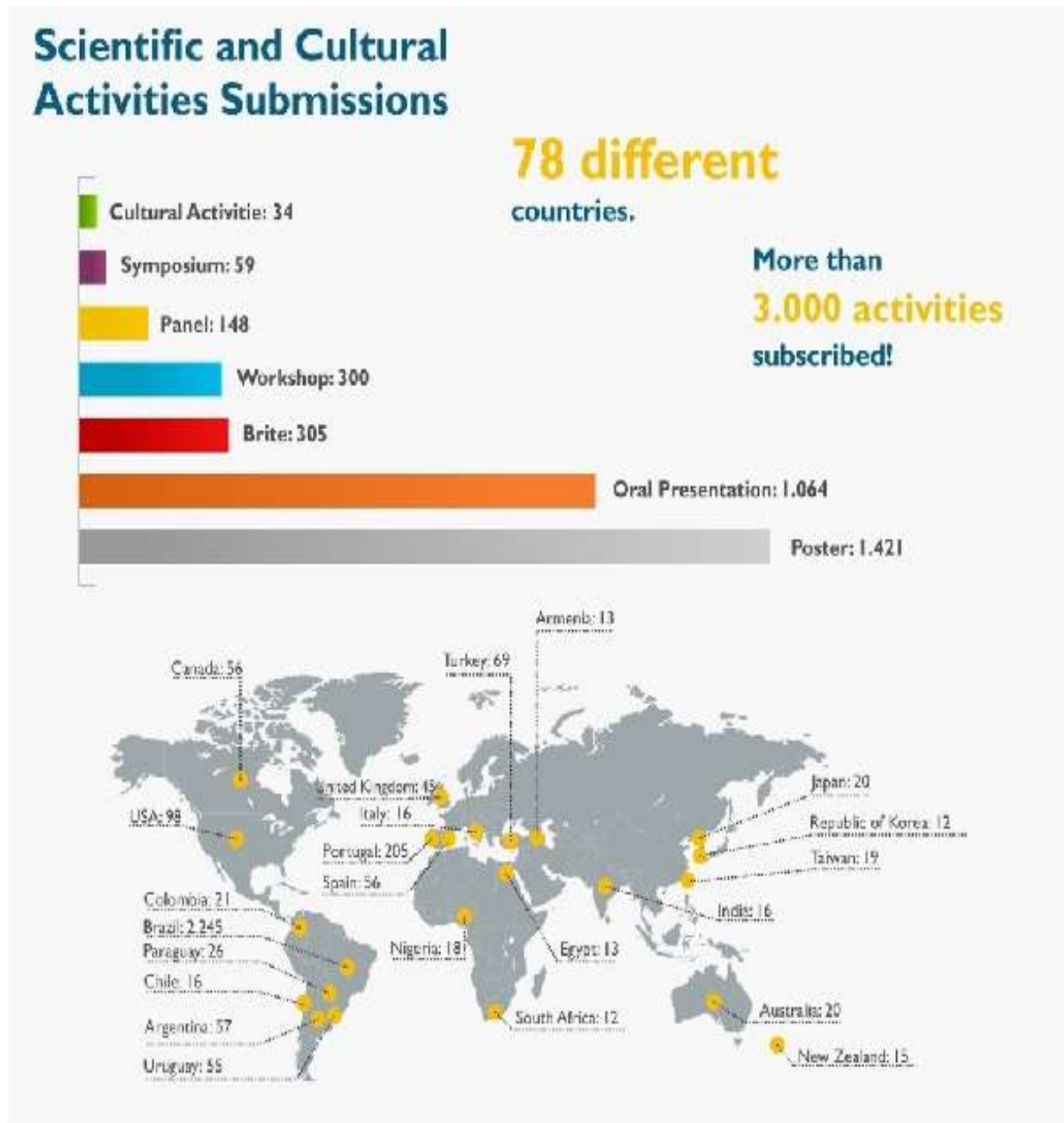
Roar Maagaard  
GP & Associate Professor  
President of Host Organising Committee



## WONCA World conference 2016

### Rio 2016 abstracts summary

Our next WONCA World conference is coming to Rio in November. Discount registration closes on April 30. Why not register now?



## Rio 2016 speakers

The WONCA World conference coming to Rio in November promises to be a scientific meeting of the highest level, where we can share our experiences, make new friends and have the advantage of enjoying the city of Rio de Janeiro,

The Organizing Committee of the WONCA World Conference 2016 has invited top professionals to share knowledge and experience with us. Many concepts and topics related to the development of family medicine will be discussed, such as quaternary

prevention, "overdiagnosis", electronic health records, management of common health problems, quality assessment, the pre-test probability, system management of health and organization, etc. Check the professionals who will be part of this team!

Discount registration closes on April 30. Why not register now?

[Website](#)



[like us today](#)

Invited Speakers			
 <b>People, policy and poetry - three reasons for the success of family medicine.</b> <b>Amanda Howe</b> United Kingdom WONCA World Elected President	 <b>Primary Health Care reform in Rio de Janeiro.</b> <b>Daniel Soranz</b> Brazil Secretary of Health of Rio de Janeiro		
 <b>Ebola anywhere is Ebola everywhere: The Liberian experience.</b> <b>Atal-Omoruto</b> Uganda Former chair - Departments of Family Medicine - Makerere University College of Health Sciences Community Health - Mulago National Referral Hospital	 <b>Advancing global family medicine through international partnerships: samba, stories, strategies and suggestions.</b> <b>Katherine Rouleau</b> Canada Program Director, Global Health Program, Department of Family & Community Medicine - University of Toronto		
 <b>It takes two to tango. The Patient, his/her doctor and the reason for encounter.</b> <b>Kees van Boven</b> Netherlands Chair of Transition Project Foundation - Radboud University Nijmegen Medical Center	 <b>Why so few patients benefit from the drugs they take and why so many are killed by them?</b> <b>Peter Gotzsche</b> Denmark Director of Nordic Cochrane Centre		



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Now, more than ever!

**2 - 6**  
**November, 2016**  
Riocentro - Rio de Janeiro, Brazil

## WONCA CONFERENCES 2016

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April 11-17, 2016	WONCA Iberoamericana-CIMF summit & Mesoamerican conference	San Jose COSTA RICA	<a href="http://www.medicinafamiliar.comunitariacr.org/">http://www.medicinafamiliar.comunitariacr.org/</a>
June 15-18, 2016 June 14-15, 2016	WONCA Europe Region conference and VdGM preconference	Copenhagen, DENMARK	<a href="http://www.woncaeurope2016.com">www.woncaeurope2016.com</a>
September 14-16, 2016	3rd Vasco da Gama forum	Jerusalem, ISRAEL	<a href="http://3rdforumvdgm">3rdforumvdgm</a>
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	<a href="http://www.wonca2016.com">www.wonca2016.com</a>

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

## WONCA CONFERENCES 2017

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April 30 – May 3, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	Save the dates!
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!

## MEMBER ORGANIZATION EVENTS

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For more information on Member Organization events go to

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

22 Apr - 23 Apr 2016	<b>49th EQuiP assembly meeting</b> ↻ Prague, Czech Republic
30 Apr - 04 May 2016	<b>STFM Annual Spring Conference</b> ↻ Minneapolis, Minnesota, USA
16 May - 27 May 2016	<b>Toronto International Program (TIPS-FM)</b> ↻ Toronto, Canada
20 May - 24 May 2016	<b>EGPRN meeting</b> ↻ Tel Aviv, Israel
04 Jun - 05 Jun 2016	<b>6th Hong Kong Primary Care Conference (HKPCC)</b> ↻ Wong Chuk Hang, Hong Kong
09 Jun - 11 Jun 2016	<b>36 CONGRESO SEMFYC</b> ↻ La Coruña, Spain
26 Jul - 30 Jul 2016	<b>The Network: Towards Unity for Health conference</b> ↻ Shenyang, China
28 Jul - 31 Jul 2016	<b>RNZCGP conference for general practice</b> ↻ Auckland, New Zealand
04 Sep - 08 Sep 2016	<b>European Forum for Primary Care conference</b> ↻ Riga, Latvia
08 Sep - 10 Sep 2016	<b>EURACT Educational onference in Dublin</b> ↻ Dublin, Ireland
20 Sep - 24 Sep 2016	<b>AAFP Family Medicine Experience</b> ↻ Orlando, Florida, USA
29 Sep - 01 Oct 2016	<b>RACGP GP 16 conference</b> ↻ Perth, Australia
05 Oct - 08 Oct 2016	<b>11th JSFM conference for family medicine</b> ↻ Amman, Jordan
06 Oct - 08 Oct 2016	<b>RCGP annual primary care conference</b> ↻ Harrogate, United Kingdom
20 Oct - 22 Oct 2016	<b>Rural Medicine Australia 2016</b> ↻ Canberra, Australia