

WONCA News

Vol 43 Number 2 : March 2017



www.globalfamilydoctor.com

CONTENTS

From the President: March 2017	2
De la Presidenta : Marzo 2017	
Du Président mars 2017	
From the CEO's desk: more on SIGs	5
From the CEO's desk: World Family Doctor Day May 19, 2017	7
Policy Bite from the UK: multimorbidity	8
Fragmentos de política: mult morbidez	
Working Parties and SIGs	10
Rural round up: The World of Rural Health	
Mental Health Matters - focus on depression & activities	
WONCA Working Party on Education set priorities for action	
Member Organization News	15
News from EACH - now international.	
KRISTINA - virtual assistant speaks Spanish, German and Polish	
Featured Doctors	17
Donald KT LI - Hong Kong, China - WONCA President Elect	
María-Pilar ASTIER-PEÑA - Spain - Chair WP Quality & Safety	
Announcements and Notices	21
Montegut Scholarships -Africa and Iberoamericana	
WONCA Global Jobs Board	
The Lancet Commission on Essential Medicines Policies	
WONCA Conference News	23
WONCA Europe Prague 2017 - speaker interviews	
WONCA World of Rural Health conference- latest bits and pieces	
WONCA Lima 2017 - ¡Queda una semana!	
CONFERENCES	27

WONCA President

Prof Amanda Howe
United Kingdom
Email: President@WONCA.net
Twitter @WONCApresident
Facebook Amanda Howe - 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

President-Elect

Dr Donald Li (Hong Kong, China)

Immediate Past President

Prof Michael Kidd (Australia)

Executive Member at Large & Honorary Treasurer

Prof Job FM Metsemakers (Netherlands)

Executive Member at Large & WHO Liaison Person

Dr Viviana Martinez- Bianchi (USA/Argentina)

Executive Member at Large

Dr Karen Flegg (Australia)

Regional President, WONCA Africa

Dr Henry Lawson (Ghana)

Regional President, WONCA Asia Pacific

Prof Meng-Chih Lee (Taiwan)

Regional President, WONCA East Mediterranean

Mohammed Tarawneh (Jordan)

Regional President, WONCA Europe

Dr Anna Stavdal (Norway)

Regional President, WONCA Iberoamericana-CIMF

A/Prof Inez Padula (Brazil)

Regional President, WONCA North America

Prof Ruth Wilson (Canada)

Regional President, WONCA South Asia

Prof Kanu Bala (Bangladesh)

Young Doctor Representative

Dr Ana Nunes Barata (Portugal)

Editor, WONCA News & Editorial Office

Dr Karen M Flegg
PO Box 3161
Manuka 2603 ACT Australia
Email editor@WONCA.net

From the President: March 2017



I attended the Executive Board of WHO in late January with Dr Manning. Much of the Assembly was preoccupied with the election of the next

Secretary General, which will occur in May 2017, and with the core historical business of management of international infectious disease outbreaks and other humanitarian crises. However, there were several items on the agenda where we gave statements on behalf of WONCA – on workforce, and also migrant health. You can see the whole Executive Board agenda with published statements on the [WHO website](#).

We are currently working both within WONCA, and with the WHO Service Development and Delivery leads, to define our preferred models of the position of family medicine within a strong primary health care workforce. Most of our thinking is already done – train as many family doctors as possible, and make sure they can offer accessible, affordable, high quality care over time, to an identified population where they can integrate care at the level of the person and across the cycle of health and illness. Easy to say – but hard to do: so it is great that we have established contacts at WHO level and can build on these.

We also had meetings with a number of other directorates linked to our Working Parties and Special Interest Groups – mental health, environmental issues, workers health, classification, ageing and the lifecycle. There were meetings with other NGOs such as the International College of Nurses, and the International Federation of Medical students – both important to the workforce discussions.

I also attended a meeting of the Organization for Economic Cooperation and Development (OECD), at the suggestion of WHO colleagues. This was called '*People at the Centre: a Policy Forum on the Future of Health*', and it felt like the speakers had belatedly discovered the importance of people rather than diseases! A lot of commendable issues about patient priorities and integrated care were discussed, though with predictable concerns about the need to measure activity and contain costs. An important document

was launched at the event by the Commonwealth Fund, and was the subject of one of the main panel discussions '[Designing High-Performance Health Care System for Patients with Complex Needs – Ten Recommendations for Policy Makers](#)'.

This document said that 'more family physicians and geriatricians were needed' rather than the escalating numbers of hospital subspecialists seen in most OECD countries. Another report on the OECD website 'Caring for Quality in Health' had four major recommendations on strengthening primary care and the role of generalists – so these two reports are worth quoting to support our case.

Much of the rest of my time on WONCA business has been spent on:

- the development and review of materials from our Working Parties and Special Interest Groups (SIGs) as they update for the new biennium, including identification of gaps in activity; and

- many internal discussions and preparations for talks and meeting in March and April – including the WONCA East Mediterranean region conference, a visit to our member organisation, the Cross Straits Medicine Exchange Association in mainland China, and the next meeting of the WONCA Executive at the end of March.

Finally at a personal level, I have continued to enact what I think we all need to do in our own place and context – see patients, prepare for the annual professional review meeting for my clinical and academic work (called an 'appraisal', a requirement of all doctors in UK - [find out more here](#)); supervise and support students, registrars, and learners in various roles; be active in research and improving the knowledge base for clinical practice; and continue to champion family medicine in whatever way I can and is needed.

If you want to see a short interview with me in the British Medical Journal, please have a look [here](#).

Amanda Howe
WONCA President

De la Presidenta – Marzo 2017

A finales de enero fui al Consejo Ejecutivo de la Organización Mundial de la Salud con el



Doctor Manning. Buena parte de la Asamblea estaba preocupada acerca de la elección del nuevo Secretario General, que tendrá

lugar en mayo de 2017, y con el núcleo histórico de dirección internacional en la gestión de brotes de enfermedades infecciosas y otras crisis humanitarias. De todos modos, hubo diversos elementos en la agenda en la que pusimos puntos en común en nombre de WONCA – también en el ámbito personal – tanto en lo referente al personal sanitario como a los inmigrantes sanitarios, puesto que para ambos de ellos ya disponemos de una política disponible. La agenda completa del Consejo Ejecutivo está disponible con las presentaciones publicadas en [la página web de la Organización Mundial de la Salud](#).

Actualmente estamos trabajando tanto en el seno de WONCA como con los líderes del Servicio de Desarrollo y Entrega de la OMS para definir nuestros modelos predilectos en lo que respeta a la Medicina de Familia dentro de un personal sanitario de Atención Primaria fuerte, pero la mayor parte de nuestras ambiciones ya han sido realizadas – formar a tantos médicos de familia como sea posible, y garantizar que pueden ofrecer una asistencia accesible, asequible, de alta calidad a lo largo del tiempo y dirigida a una población identificada en la que pueden integrar la asistencia al nivel de la persona y a lo largo del ciclo de la salud y la enfermedad. Es fácil decirlo – pero es difícil hacerlo; por eso es tan importante que hayamos establecido y construido contactos al nivel de la OMS. También tuvimos encuentros con una serie de consejos de administración relacionados con nuestros Departamentos de Trabajo y Grupos de Interés Especial – salud mental, cuestiones medioambientales, salud de los propios profesionales sanitarios, clasificación, envejecimiento y ciclo vital: y con otras Organizaciones No Gubernamentales como por ejemplo el Colegio de Enfermería y la Federación Internacional de Estudiantes de Medicina – ambas importantes en las cuestiones referentes a los debates sobre el personal.

También asistí a un encuentro de la Organización para la Cooperación y el Desarrollo Económico, siguiendo la sugerencia de los colegas de las OMS: La reunión llevaba por título La población en el Centro: Un Foro político sobre el Futuro de la Salud, ¡y sentí como si los ponentes hubieran descubierto finalmente la importancia de la gente a parte de las enfermedades! Salieron a la luz muchos problemas destacables acerca de las prioridades de los pacientes y la asistencia integrada, aunque hay que decir que gran parte de las preocupaciones eran esperables y se situaban entorno a la necesidad de medir la actividad y los costes de los contenidos. En el evento, la Commonwealth Fund dio a conocer un importante documento que fue el tema principal dentro del grupo de debate [Diseñando un Sistema de Asistencia Sanitaria de Alto Rendimiento para Pacientes con Necesidades Compleja – Diez Recomendaciones para los responsables políticos](#).

Una vez dicho esto, necesitamos a más médicos de familia y geriatras en lugar de los números cada vez mayores de subespecialistas hospitalarios, incremento que estamos experimentando en la mayoría de los países que forman parte de la Organización para el Desarrollo y la Cooperación Económica (OECD, Organization for Economic Co-operation and Development). Otro informe en la web oficial de la OECD Cuidando la Calidad en la Salud ha tenido 4 grandes recomendaciones en el fortalecimiento de la Atención Primaria y el papel de los médicos generalistas – así que estos dos informes están llegando a algunos titulares citando y presionando para apoyar nuestra causa.

Hemos pasado buena parte del resto del tiempo de las ocupaciones de WONCA desarrollando y revisando los materiales provenientes de nuestros Grupos de Trabajo y SIGs mientras se iban actualizando de cara al nuevo bienio, identificando los vacíos de actividad, además de haciendo muchos debates y llevando a cabo muchos preparativos para organizar las presentaciones y los encuentros en marzo y abril – también – cuando tendrán lugar el Congreso de EMR, la visita del grupo de

Relaciones entre Estrechos en China continental, y el próximo encuentro del Ejecutivo de WONCA.

Finalmente, a un nivel personal, he continuado promulgando lo que creo que todos necesitamos hacer en nuestro sitio y contexto – visitar pacientes, prepararme para mi autoevaluación anual consistente en revisar mi trabajo clínico y académico; supervisar y asesorar a los estudiantes, participantes y personas en formación en diversos roles; estar activa en investigación y mejorar el conocimiento base de la clínica

práctica; y continuar para defender la Medicina de Familia en cualquier forma que pueda y que sea necesaria. Si quieres leer una pequeña entrevista que me hicieron en el British Medical Journal puedes encontrarla [aquí](#):

Amanda Howe
Presidenta

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

Du Président mars 2017



J'ai assisté au Conseil d'administration de l'OMS (Organisation mondiale de la Santé) fin janvier en compagnie de Dr Manning. La préoccupation principale

de l'Assemblée concernait l'élection du prochain Secrétaire Général qui aura lieu en mai 2017. L'autre préoccupation concernait l'activité historique principale de gestion des éclosons de maladies infectieuses à l'échelle mondiale et d'autres crises humanitaires. Plusieurs autres points à l'ordre du jour nous ont permis de faire des déclarations au nom de WONCA –sur le personnel et sur la santé des migrants, sujets pour lesquels nous avons déjà établi des politiques. Le programme du Conseil d'administration et les déclarations publiées peuvent être consultés sur [le site de l'OMS](#).

Nous travaillons actuellement au sein de WONCA et avec les responsables du Service de conception et de prestation de l'OMS pour définir nos modèles préférés en ce qui concerne la place de la médecine familiale dans la profession des prestataires de services de santé, mais l'élaboration de nos idées est déjà faite –former un maximum de médecins de famille et s'assurer qu'ils soient en mesure de fournir des services de santé de grande qualité accessibles et abordables sur le long terme à une certaine population en tenant compte du niveau de soin requis tout au long d'un cycle santé-maladie. Facile à dire –mais difficile à faire! Nous avons la chance d'avoir établi des liens que nous pouvons continuer à développer avec l'OMS. Nous avons également eu des réunions avec plusieurs autres directions se rapportant à nos

groupes de travail et à nos groupes consultatifs -santé mentale, questions environnementales, santé des travailleurs, classification, vieillissement et cycle de vie- et avec d'autres ONG telles que le Collège international des infirmiers et la Fédération internationale des étudiants en médecine - tous deux importants aux discussions ayant trait au personnel.

J'ai également assisté à une réunion de l'Organisation de coopération et de développement économique (OCDE) sur les conseils de collègues de l'OMS. Il s'agissait de 'People at the Centre: a Policy Forum on the Future of Health' –« L'humain au centre: Forum politique sur le futur de la santé »-. C'était un peu comme si les intervenants venaient de découvrir l'importance des êtres humains plutôt que celle des maladies! De nombreuses questions méritoires concernant les priorités du patient et les soins intégrés furent traitées, cependant le souci principal et prévisible était centré sur la mesure de l'activité et le contrôle des coûts. Le Commonwealth Fund a rendu public un important document qui fut le sujet de la table ronde « [Conception d'un système de soins de santé de haut niveau pour les patients à besoins complexes -Dix recommandations pour les décideurs politiques](#) ».

La conclusion était qu'un plus grand nombre de médecins et de gériatres est nécessaire plutôt qu'un nombre croissant de spécialistes en hôpital comme dans la plupart des pays de l'OCDE. Autre rapport sur le site de l'OCDE « Protéger la qualité de la santé » ('Caring for Quality in Health') contient 4 recommandations principales sur le

renforcement des soins de santé primaires et sur le rôle des médecins généralistes -il y a des rubriques importantes dans ces deux rapports que nous pourrions citer afin de plaider notre cause.

La majeure partie du temps consacré à WONCA, je l'ai passée à développer et à réviser le matériel de nos groupes de travail et de nos groupes consultatifs mis à jour en vue de l'exercice biennal. Cela inclut l'identification de lacunes dans l'activité ainsi que de nombreuses discussions internes et la préparation pour des interventions et réunions en mars et avril, y compris la conférence EMR, une visite à notre group Cross Straits en Chine et la prochaine réunion du Comité exécutif de WONCA fin mars.

Finalement sur le plan personnel, j'ai continué à mettre en œuvre ce qu'il me semble que nous devrions tous faire -voir des patients, préparer mes évaluations annuelles en révisant mon travail clinique et académique, encadrer et soutenir étudiants, registraires et apprenants en tout rôle, poursuivre ma recherche et améliorer mes connaissances de fonds pour la pratique clinique, continuer à promouvoir la médecine familiale comme je peux et là où c'est nécessaire. Si vous voulez voir une de mes courtes interviews dans le British Medical Journal, [consultez le BMJ](#).

Amanda Howe
President.

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

From the CEO's desk: more on SIGs

Greetings again. I had reported that WONCA, at its October 2016 Council, had approved the formation of several new Special Interest Groups (SIGs) – in Non-Communicable Diseases; Conflict and Catastrophe Medicine; Men's Health; Health Equity; Genetics; Emergency Medicine; Quaternary Prevention; and Workers' Health. In last month's article I featured four of these new SIGs and now am delighted to feature three more of these important groups.

As a reminder - WONCA is blessed with many Working Parties (WPs) and SIGs which work between world council meetings to progress specific areas of interest to WONCA and its members around the globe. These groups comprise hundreds of family doctors who meet at world conferences, sometimes more often, and in between they work by correspondence. Over the years they have carried out groundbreaking studies and research, and have produced a variety of important publications. These new SIGs thus add to WONCA's portfolio of special groups which offer members a chance to collaborate with others with a shared interest, and with the aim of enhancing WONCA's knowledge base and expertise.

SIG on Conflict and Catastrophe Medicine

The aims of the SIG on Conflict and

Catastrophe medicine are to:

- Generate networks that help to develop the specialist medical, public health, leadership and managerial competencies required at the scenes of major man-made and natural disasters.
- Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organisations, and varying degrees of host nation support.
- Provide an invaluable forum for an exchange of knowledge and information between member organisations' GPs/FDs.
- Enable the global educational, research and service provision activities of military GPs/FDs to be represented before other world organisations and forums concerned with health and medical care.
- Engender symbiotic support for the extant WONCA Working Party on Rural Practice, as both groups of colleagues sometimes face similar clinical challenges.
- Encourage international military, conflict and catastrophe primary care research, promote the role of the military GPs/FDs, facilitate education and help to develop effective international military working relationships at all levels.

Convenor is Professor Rich Withnall (UK) – sigccm@wonca.net

[SIG conflict & catastrophe webpage](#)

SIG on Emergency Medicine

Emergency medicine/urgent care is an important domain of care within the scope of family medicine and general practice. Many family doctors practice in an emergency medicine/urgent care setting. In the 2015 membership census at the American Academy of Family Physicians, nearly 25% of members describe urgent care or emergency medicine as part of their scope of practice. In Canada, there are over 3000 family doctors who hold a certificate of special competency in emergency medicine. In addition, there are several thousands more family doctors who provide emergency medicine as part of a comprehensive continuing practice.

In many low middle income countries (LMIC), it is primarily the general practitioners who provide acute medical care to patients in the rural community health centres and larger regional centres. The disease states encountered in both an urgent care and emergency medicine setting are very much within the scope of family medicine. The goal of family medicine is not to train emergency medicine specialists, but rather to ensure the scope of practice of family medicine remains being able to care for all patient populations in varied settings including urgent/emergency care in a competent and compassionate manner.

Convenor is Dr Victor Ng (Canada) – vng@cfpc.ca

[SIG Emergency Medicine webpage](#)

SIG on Workers' Health

Health and work are intimately linked, as formulated in the WONCA - ICOH Statement (Lisbon, 2014; see below). Poor health, injuries and disabilities prevent many from working at full capacity or from working at all. Having no work is a risk in itself for health and wellbeing, for not having an income, poverty for the family, a less purposeful life, and social isolation.

WONCA, ICOH (International Commission on Occupational Health), WHO and others recognize that basic elements of workers'

health care, including preventive services, is or could be provided in primary care settings. 70-80% of the global population is covered by primary health care, while only 10-15% of the global workforce is covered by expert-based occupational health services. Workers trust their primary care providers, who are usually based close to where people live or work. The challenge is to provide basic forms of occupational health care in primary care, in collaboration with expert-based occupational health services or with new forms of support by occupational health experts, online information and referral facilities in hospitals.

The mission of this newest WONCA SIG is to identify collaborative ventures regarding gaps in services, education, research and policies for the health and safety of workers and to better integrate occupational health in PHC settings.

WONCA / ICOH Pledge on Workers' Health

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

Convenor is Dr Ezequiel Lopez (Argentina) – sigworkershealth@wonca.net

[SIG Workers' Health webpage](#)

Full details of all WONCA WPs and SIGs can be found via the [WONCA website](#).

Finally, your WONCA Executive has met virtually several times since Rio de Janeiro, in regular teleconferences. However, it will have its first full face-to-face meeting in London on 1st and 2nd April.

There is a very full agenda, and I hope to report back next month on the many issues under discussion.

Until next month
Garth Manning
CEO



From the CEO's desk: World Family Doctor Day May 19, 2017 theme

Letter from the CEO to all WONCA Member Organizations

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 has gained momentum globally each year and it 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 all around the world.

"World Family Doctor Day: May 19" has become important as the day spreads around the world, and has been translated into a number of different languages, including Spanish, Portuguese and Chinese:

- Día Mundial del Médico de Familia: 19 de Mayo
- Dia Mundial do Médico de Família: 19 de Maio
- 519世界家庭醫師日

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. Karen Flegg, the WONCA Editor, has even produced a template for countries and College and societies and associations, to aid reporting. The Secretariat has also produced some posters which can be used and adapted locally.

We're very happy for Member Organizations to develop their own theme for FDD, depending on local priorities, but this year we'd especially like to highlight depression. Depression is the chosen theme for World Health Day, and WHO has made a number of posters and videos available for general use, and has even produced regional variations of many of the posters. These materials can all be found on the [WHO website](#)

WONCA would like to help to publicise this very important topic and this will be augmented by articles in *WONCA News* from our Working Party on Mental 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 - and many of these will be featured in future editions of *WONCA News*.

Dr Garth Manning
WONCA Chief Executive Officer

[For all resources go to the FDD webpage.](#)



Policy Bite from the UK: the needs of patients with multimorbidity



Royal College of
General Practitioners

This month's Policy Bite is another 'external invite', this time by the Royal College of General Practitioners (RCGP) in the United Kingdom. The document deals with multimorbidity and our role as family doctors in caring for patients with multimorbidity. It is a 20 page monograph written by Maureen Baker and Holly Jeffers and is endorsed by the RCGP Council.

Baker M, Jeffers H. *Responding to the needs of patients with multimorbidity: a vision for general practice*. Royal College of General Practitioners, London. 2016.

The Policy Document

Responding to the needs of patients with multimorbidity: a vision for general practice from the Royal College of General Practitioners was published in November 2016 [Download the document](#)

The Message

The provision of effective, person-centred care to the rising number of patients with multimorbidity in the UK is a key challenge for the NHS in the 21st century, and one in which general practice is very much at the forefront.

Living with multiple long-term conditions is already a significant burden. Patients often have to adapt their lifestyle to live with their conditions, attend numerous appointments, and follow complex treatment and medication regimens.

In addition, patients with multimorbidity often have a worse experience of the health and social care system. This can include a lack of access to services, consultations that are too short to discuss their multiple conditions, and fragmented care as a result of the disjointed, disease-specific approach of many specialisms and services.

General practice plays a vital role in caring for patients with multiple long-term conditions. However, GPs face many barriers in providing holistic care, including a lack of research into multimorbidity, complexities of polypharmacy, and incentives which are single disease focused.

To address these barriers, it is essential that action is taken at GP practice, local health system and national level.

Priorities should include:

- giving patients the opportunity to form ongoing relationships with the general practice team to ensure continuity of care;
- prioritising longer consultations for those who need them;
- care planning to support coordinated, holistic care;
- developing multidisciplinary teams so GPs have rapid access to other professionals;
- improving communication across the primary and secondary care interface, supported by better interoperability of IT systems;
- medicine reviews that incorporate the skills of GPs and practice based pharmacists;
- more experience of caring for patients with multimorbidity for those in foundation training;
- developing improved tools and guidance for GPs and patients;
- developing alternatives to performance related payments focused on disease specific targets that encourage person-centred care; and
- funding for research into multimorbidity, including common clusters of conditions and drug effectiveness.

This will support the cultural, clinical, contractual and organisational changes needed to improve outcomes for patients with

multimorbidity.

The Authors

The RCGP is the professional membership body and guardian of standards for family doctors in the UK, working to promote excellence in primary healthcare. The RCGP is a member organization of WONCA.

[The RCGP'S other policy work in integration of care.](#)

Fragmentos de política: Respondiendo las necesidades del paciente con multimorbidez: una visión general práctica

Este mes el artículo de Fragmentos de Política ha sido escrito por otro invitado externo. En esta ocasión el texto ha sido realizado por parte del Real Colegio de Médicos Generalistas (Royal College of General Practitioners, RCGP) del Reino Unido. El documento trata el tema de la multimorbidez. Se trata de una pequeña introducción-resumen escrita por Maureen Baker y Holly Jeffers que también ha recibido el apoyo del Consejo de la RCGP.

Baker M, Jeffers H. *Respondiendo las necesidades del paciente con multimorbidez: una visión general práctica*. Real Colegio de Médicos Generalistas del Reino Unido, Londres. 2016.

[Consulta el documento aquí](#)

Documento Político

Real Colegio de Médicos Generalistas del Reino Unido, En respuesta a las necesidades de los pacientes con multimorbidez: una visión acerca de la Práctica Generalista, 2016.

<http://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/RCGP-Responding-to-needs-of-Multimorbidity-2016.ashx?la=en>

El mensaje

El abastecimiento de la asistencia efectiva centrada en la persona ante un número creciente de pacientes con multimorbidez en el Reino Unido es un factor clave ante los desafíos de futuro del National Health Care System (Seguridad Social británica) del Siglo XXI, y, además, se trata de un reto ante el

Feedback

Comment and questions are very welcome - these can be addressed to policy@rcgp.org.uk

Or join the online discussion under "Policy Bites"

[Login to the WONCA discussion forum](#)

[Join the WONCA discussion forum](#)

cual la práctica generalista se encuentra en primera línea.

El hecho de vivir con múltiples enfermedades o dolencias de larga duración ya es, por sí solo, una carga. A menudo los pacientes tienen que adaptar su estilo de vida para vivir en estas condiciones, asistir a numerosas citas, y seguir tratamientos complejos y regímenes de medicación difíciles.

Además, a menudo los pacientes con multimorbidez viven peores experiencias en el sistema de atención de la salud. Esto incluye a menudo la imposibilidad de acceder a los servicios, entrevistas clínicas que son demasiado cortas para tratar sus múltiples dolencias, y una asistencia fragmentada como resultado de una aproximación dispersa a la enfermedad por parte de diversos especialistas y servicios.

La práctica generalista juega un papel vital en el cuidado de los pacientes con enfermedades de larga duración. A pesar de ello, los Médicos de Familia se enfrentan a diversas barreras a la hora de proporcionar una asistencia holística, incluyendo una falta de investigación en el campo de la multimorbidez, las complejidades de la polifarmacia y los incentivos focalizados en enfermedades individuales.

Para sortear estos obstáculos, es esencial que se tome la iniciativa desde la práctica del Médico de Familia, empezando por el sistema sanitario local para llegar hacia un nivel nacional.

Estas prioridades son:

- Dar a los pacientes la oportunidad de establecer unas relaciones regulares con el equipo de práctica generalista y asegurar la continuidad de la asistencia;
- Promover sesiones más largas en las consultas para aquellos que las necesiten;
- Planificar el apoyo a una asistencia holística y coordinada.
- Desarrollar equipos multidisciplinares de forma que los Médicos de Familia tengan acceso más rápido a otros profesionales;
- Mejorar la comunicación a través de interfaces en Atención Primaria y Secundaria, compatibles con una mejor interoperabilidad de los sistemas de IT;
- Los análisis de medicina que incluyen las habilidades de los médicos de familia y la práctica basada en la experiencia de los farmacéuticos.
- Más experiencia en el cuidado de los pacientes con multimorbidez para aquellos que están realizando una formación desde la base.
- Desarrollar herramientas mejoradas para orientar a los médicos de familia y a los pacientes;
- Desarrollar alternativas para la acción relacionadas con los pagos centrados en objetivos concretos que ayuden a desarrollar la asistencia centrada en la persona; y
- Financiar la investigación en el ámbito de la multimorbidez, teniendo en cuenta grupos de dolencias y efectividad de los medicamentos.

Esto servirá para apoyar los cambios culturales, clínicos, contractuales y organizacionales necesarios para mejorar los resultados de nuestros pacientes con multimorbidez.

Los autores

El Real Colegio de Médicos Generalistas del Reino Unido es la organización profesional miembro de WONCA y guardiana de los estándares para médicos de familia en el Reino Unido, trabajando para promover la excelencia en la Atención Primaria. Para más información acerca de la política del RCGP en la integración de la asistencia: [aquí](#)

Comentarios

Los comentarios y las preguntas son muy bienvenidos – podéis dirigirlos a policy@rcgp.org.uk

Únete al debate on-line de Fragmentos de Política

[Regístrate al Foro de discusión de WONCA](#)
[Únete al Foro de discusión de WONCA](#)

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

Working Parties and SIGs

Rural round up: The World of Rural Health

John Wynn-Jones, Chair of the WONCA Working Party on Rural Practice speaks of his hopes for the 14th WONCA Rural health conference coming up in Cairns at the end of April.

It's amazing to think that the "World of Rural Health" is almost upon us and only eight weeks away. The 14th WONCA World Rural Health Conference takes place in Cairns, Australia from 29th April to 2nd May. The WONCA conference is part of an even bigger event where we join with the Australian Rural Health Alliance to hold what



is probably one of the largest and diverse rural health gatherings for many years.

It's difficult to believe that we held our first WONCA World Rural Conference in 1996 in China. We have subsequently traveled to every corner of the world, championing and promoting rural practice. It's great to be back in Australia again and we have been delighted with the number of abstract submissions for workshops, free papers and posters.

The scientific committee has managed to develop a full and robust programme, which is

jam-packed with practical, strategic, educational and thought provoking sessions. My only sadness, is that we can't get to everyone.

The programme starts with the Alliance's conference, leads on to the 3rd World Summit on Rural Generalism and finishes with the 14th WONCA World Rural Health Conference. Thanks to ACRRM (The Australian College of Rural and Remote Medicine) for their vision and fantastic organisation, which means that those of you who will be joining us in Cairns are in for a really exciting and stimulating programme as well as the tropical delights of Cairns, the Great Barrier Reef and all that great Aussie hospitality.

As the chair of the WONCA Working Party on Rural Practice (RuralWONCA), I thought that I would take this opportunity to tell you what I am looking forward to during the conference.

The Alliance's biennial National Rural Health Conference is the pre-eminent event in Australia for anyone who is committed to rural and remote health and wellbeing. It's a multi-professional, multiagency and cross sectoral event which is committed to building healthy, sustainable and resilient rural communities. The conference is targeted at consumers, health professionals, students, researchers, managers and many more. It's about the bigger picture of health, community resilience and building of sustainable social capital.

We are delighted that the 3rd Global Summit on Rural Generalism is taking place immediately prior to the World Rural Health Conference. It is hosted by the Australian College of Rural and Remote Medicine (ACRRM) in collaboration with the Society of Rural Physicians Canada (SRPC) Generalism is the essence of good rural practice. It means that we as rural family doctors have to expand the scope of our practice to meet the needs of our patients, providing care and services that usual provided by others in more urban settings. Extended rural generalism differs from country to country and from health

service but when services are not readily available we need to ensure our rural workforces are well trained and are fit for purpose. This summit follows on from the successful previous summits and is targeting the areas of achieving recognition, gathering and generating the evidence, developing a rural generalist toolkit, and improving communication.

I am delighted to announce that this conference will have a special young doctor and medical student programme. We aim to ensure that this will become a regular feature of all future conferences. Students from around the world have shaped the programme and we aim to launch our new student and young doctor network in here in Cairns. I must mention a young medical student from Brazil who some of you may already know. Mayara Floss will be one of the keynote speakers in the main conference. She will be sharing the platform with the President of WONCA, Amanda Howe. Mayara's contribution to RuralWONCA and especially the development of the student network, the Rural Café and rural Success stories has been immense.

Finally, we will be welcoming members of the WONCA Environment Working Party to Cairns. Climate change in my opinion is the elephant in the corner for rural communities. I believe that climate change is the biggest threat to rural communities and the rural poor around the world in the future. We will be joining our environment colleagues for a workshop and we intend to release a joint statement at the end of the conference.

We hope to see as many of you as possible in Cairns. You can find everything you need at www.aworldofruralhealth.org.au

It's an un-missable conference and so is Australia. See you there!

John Wynn-Jones
Chair WONCA Working Party on Rural Practice



Mental Health Matters - focus on depression and working party activities

Chris Dowrick, newly elected chair of the [WONCA Working Party on Mental Health](#), writes the second of his updates since our conference in Rio - speaking on activities of the working party and also on WONCA's decision to use depression as the theme for World Family Doctor Day on May 19.



Dear colleagues,

I hope you are all thriving, and enjoying some good times in the midst of all your hard work.

WWPMH Officers meeting.

We held our second officers meeting on 1 March, and I am greatly enthused by the energy and activity of our teams across the world. Following from the Train the Trainers course in Rio, Raquel Cardoso and Sandra Fortes are busy organising a whole series of primary mental health care training courses for family doctors across different regions in Brazil; they are also steadily building up the Iberoamericana regional membership of our working party. Cindy Lam is investigating ways to expand primary mental health care in mainland China. Christos Lionis is proposing a new task group on multi-morbidity, and Kim Griswold is keeping a careful eye on how the current US administration's plans to amend the Affordable Care Act will impact on mental health care.

Depression awareness.

There are two big events coming up soon. WHO's World Health Day on 7 April, and WONCA's World Family Doctor Day on 19 May are both dedicated to raising awareness about depression.

WONCA CEO, Garth Manning gives more information [here](#). It includes a link to the [WHO website](#) where you can find posters, videos and handouts (in several languages) which will help us to promote depression awareness:

This is a major opportunity for us to remind

our patients and our primary care colleagues about the importance of good care for people who experience depression. As well as making use of the WHO materials, we can also bring our own ideas forward on how to help people with depression. Bruce Arroll from Auckland is developing guidance on the first consultation for depression, which we plan to circulate in time for you to use during these events. I am sure many of you will have other excellent suggestions - please let me know about them.

Families, Systems and Health.

Todd Edwards from San Diego is guest editing a special issue on global mental health for the journal *Families, Systems and Health*. He would love to receive submissions from members of our Working Party from round the world. I encourage you to take up this offer to publicise the important work you are doing. Here is the link. The deadline for submission is 1 May.

Task Groups.

Our six task groups are all busy developing guidance on some of the most important concerns in primary mental health care - I am very grateful to those of you who are contributing to these. Everyone will have opportunities to have their say - for example, around the end of March I am planning to ask you all for your thoughts about core competencies.

WONCA Conferences.

Calls for submissions are open for the Iberoamericana-CIMF conference in Lima (17-19 August) and the Africa conference in Pretoria (18-20 August). Raquel Cardoso (raquelvc.mfc@gmail.com) is coordinating our submissions for Lima, and Joseph Ariba (aribaaj02@gmail.com) is coordinating our submissions for Pretoria. So please let them know if you would like to present or join in a paper or a workshop. In November, we can also look forward to the Asia-Pacific conference in Pattaya, Thailand - where Weng Chin will be showcasing our new guidance on non-drug interventions for common mental health problems - and the South Asia

conference in Kathmandu, Nepal.

Social media accounts.

We do already have [Facebook](#) and [Twitter](#) accounts for the Working Party. Ray Mendez is now looking after our social media. raymendez4@gmail.com

Tragedy in South Africa

I have been saddened by the news that many vulnerable people with severe mental health problems have died in South Africa, following the abrupt closure of a private residential facility, without adequate community based provision - you can read about this [here](#). This avoidable tragedy reminds us all of the need to be vocal and vigilant in our advocacy for

patients with mental health problems, wherever we may be working.

Wellbecoming blog.

And finally, you may like to know that I write an occasional personal blog about wellbeing, which you can read [here](#). I hope you will find some of the posts helpful for your patients, your families - and even for yourselves. Please feel free to share this with whoever you think might benefit.

[Join our working party](#)

Chris Dowrick

Chair of WONCA Working Party on Mental Health

WONCA Working Party on Education set priorities for action



Prof Val Wass, the new chair of the [WONCA Working Party on Education](#) sets out the group's coming priorities and activities.

I have been very delighted to be elected as chair of the WONCA Working Party on Education (WWPE). As many of our group have repeatedly said so much was achieved under the excellent proactive leadership of Professor Allyn Walsh – she is a very hard act to follow. I will do my best and have really appreciated the welcome and best wishes from the WWPE members.

Our three Strategic Priorities for 2017-2018.

Allyn Walsh and I can be seen above working together in Rio with the group. We agreed our priorities for 2017-2108. These can be viewed in full on our [website page](#). The three areas for action aim to:

1: Raise the status of FM in the undergraduate (UG) curriculum: by lobbying through WONCA to influence the UG curriculum and support the WONCA Singapore and Rio statements. We aim to (i) improve the status of the discipline (ii) attract the brightest and best into FM (iii) foster a high academic status for FM.

2: Continue the development of programme accreditation: by building on the published WONCA standards for postgraduate (PG) training and Continuing Professional Development (CPD) and acting as a resource for WONCA to support programme accreditation. We aim to promote PG training and CPD for FM particularly in underserved areas.

3: Sharing resources: by disseminating education resources both within WWPE and across the WONCA networks and producing guideline documents applicable across the

continuum of education.

Our first action:

This has been to create a strong interactive Google group to ensure we have a vibrant mutually supportive WONCA Education network and for exchange of ideas. I have been contacting members on the original group email list and have had positive intents to remain from 65 members representing 37 countries.

As I have not received replies from a significant number, if you are not receiving emails on behalf of the WWPE and want to remain or join please send up-to-date information via the Education website: Click the link below to join us.

[Join our Working Party](#)

Sharing resources with EACH

Many of the WWPE group have expressed an interest in communication skills training. I am delighted to have met up with a very old friend, Evelyn van Weel-Baumgarten (now president of the International Association of Communication in Healthcare - EACH), whose advice I originally sought in 1995 when creating a primary care skills centre for a London medical school!

Many of the WWPE have declared a strong interest in communication skills training. Evelyn and I now aim to move to create an active link between our two groups; an ideal opportunity to share resources and expertise across WONCA. Evelyn has written an [article on EACH](#) in this month's *WONCA News*.

By choice - not by chance

Michael Kidd has highlighted that this UK



report [By Choice - not by chance](#), which I chaired has lessons for all WONCA members.

The report looks at careers for General Practice in medical schools and takes a focused view from the student's perspective. Length of exposure to primary care and access to Family Medicine role models impact positively on a student's career choice. An entrenched tribalism between primary and secondary care leads student to perceive GP as of lower status and lacking an academic profile. This is a challenge WWPE aims to address.

Conferences

Two WWPE workshops have been accepted for the [WONCA rural health conference in Cairns](#)

(i) Continuing Professional Development (CPD) standards: Meeting the needs of a rural practitioner and

(ii) Developing social accountability with the rural undergraduate curriculum. Please come along if you are attending.

A further two have been submitted for [WONCA Europe in Prague](#) - more news on these hopefully in the next newsletter.

We have much to do. Raising the academic status of Family Medicine for undergraduates remains an international challenge; as does the development of training and CPD globally. The 2010 Lancet report [Health Professionals for a New Century](#)

highlights that education is inextricably linked to workforce development. Arguably medical school education has lagged far behind the future needs of health care. Join our working party if you are inspired to help!

Val Wass
v.j.wass@keele.ac.uk



Member Organization News

News from EACH - now international.



From Evelyn van Weel-Baumgarten, President of EACH: International Association of Communication in Healthcare (EACH) an Organization in Collaborative relations with WONCA.



I'm very pleased to be given the opportunity to tell you a bit more about developments in the International Association of Communication in Healthcare (EACH) as well as about our collaboration with WONCA.

EACH is now International

EACH, formerly a European Association, has now officially become International. This better represents where our members come from and makes it easier to connect and collaborate with professionals and organisations involved in improvement of healthcare communication all over the world. We hope that everybody considers EACH as the place where they turn to for support in all healthcare communication endeavours.

EACH is a small organization when compared to WONCA. However we are growing and now have members in 46 countries all over the world, as more and more healthcare professionals seem to have become aware of the evidence that effective healthcare communication is essential to high quality clinical practice. It is our aim to help in that field through networking and building bridges between people for whom this matters. We offer support and we help all health care professions with research, teaching and practice/policy issues. We realize and appreciate that WONCA is specifically

dedicated to the needs of family doctors. Although general practice has been a leader of developments in communication, this should be a component of every healthcare interaction, whatever the discipline. Therefore we are trying to extend the lessons of research and teaching into all healthcare professions, and in all contexts, as well as continuing the established work in family medicine.

EACH aims

To list a few of the strategies we use to achieve our aims, EACH:

- organises major international conferences on health care communication research, and teaching. The next one will be in Porto, Portugal 2-5 September 2018
- provides multiple workshops, courses and meetings every year on specific research and teaching components of healthcare communication for teachers and researchers
- provides a dedicated website to raise awareness and share related resources on teaching and research with the wider community of healthcare practitioners, researchers, teachers and patients
- is affiliated with a scientific journal, *Patient Education and Counselling*, to disseminate results of research on health care communication
- carries out site visits to countries in Europe and beyond without established health care communication research and teaching programmes to establish networks, and train teachers and researchers
- promotes best practice in health care communication to other local and national organisations and has a subcommittee dedicated to practice and policy issues: pEACH
- collaborates with existing networks and associations, with similar purposes and WONCA is one of them.

Working with WONCA

You may have read the results of the first project in which we worked together: The Moldova project. This was a 'train the trainers' project to train primary healthcare

professionals in communication skills and mental health diagnosis and treatment for a healthcare reform in that country, in 2016. A team of tEACH, the teaching committee within EACH worked side by side with the WONCA Working Party on Mental Health and the Mental Health Gap consultancy in developing and delivering this training program.

In Rio, preceding the WONCA World conference I represented EACH at the WONCA world council and consolidated the relationship between the two organisations. We also started making plans for the future and have been continuing our discussions since.

I want to highlight two specific steps we are taking together: working with the WONCA Working Party (WWP) on Mental Health and the WONCA Working Party on Education.

The new chair of the WWP on Mental Health, Chris Dowrick, and myself, as president of

EACH, see many opportunities for working together in the recently formulated action plan, including work on defining core competencies for primary mental health care and identifying effective non drug interventions for common mental health problems.

The same counts for the WWP on education, and I look forward to working with the new chair Val Wass. A priority for this group is to develop and share education resources across primary care. As learning communication skills is a strong interest for members we aim to build a strong collaboration. We do see a lot of possibilities to bring in the topic of communication into training developed and given by WONCA.

Please visit our website at www.each.eu which will soon change as we are now International to look at what we can offer you and about membership of our association.

KRISTINA - The first European virtual assistant in the field of healthcare already speaks Spanish, German and Polish

KRISTINA is a research project funded by the European Union, within the Horizon 2020 Program. The main goal of this project is to develop a technological solution to overcome migrants' language and cultural barriers in healthcare and geriatric services in the host countries.

The project is coordinated by Leo Wanner, ICREA research professor of the Department of Information and Communication Technologies (DTIC) and nine project partners are contributing to the research: the Spanish Society of Family and Community Medicine – semFYC (Spain), the Eberhard Karls Universität of Tübingen (Germany), the Deutsches Rotes Kreuz (Germany), the Ausuburg University (Germany), the Centre for Research and Technology Hellas (Greece), Almende (Netherlands), the Ulm University (Germany), Vocapia Research (France), Universidad Pompeu Fabra (Spain)

The social challenge of this project has an increasing importance: different research areas are integrated to improve a real system

able to overcome linguistic barriers for migrants looking for health assistance in Europe. Within the European funded project, KRISTINA, technical partners are constantly working in different research areas in order to ensure a natural conversation, improving the expressions and the ability to recognize and interpret emotions and human feelings. This first prototype demonstrates the current state-of-the-art in natural conversation and it can be considered as a working basis on which enhancements will be build.

According to eHealth Action Plan 2012-2020 on Innovative healthcare for the 21st century, presented by the European Commission, the market potential of eHealth is strong, despite the economic crisis: the global telemedicine market has grown from \$9.8 billion in 2010 to \$11.6 billion in 2011, and is expected to continue to expand to \$27.3 billion in 2016. The European Commission's eHealth Action Plan 2012-2020 provides a roadmap to empower patients but also to link up devices and technologies, and to invest in research towards the personalized medicine of the

future. This means providing smarter, safer and patient-centered health services: the EU project KRISTINA is working to fulfil this main objective and to ensure a real social impact of technology in the healthcare system.

The first prototype of a virtual assistant has been successfully tested



With the first prototype, KRISTINA becomes a conversation partner. The first prototype was presented in November 2016 in Tübingen (Germany) and will be used for testing in real situations in order to improve the prototype's capacity for natural conversation. In the future, the assistant will be capable of holding a conversation by providing responses at

colloquial speed, recognizing emotions in the voice, the face and body posture, as well as the cultural conditions of the person with whom it is talking and hold conversations in German, Spanish, Polish, Turkish and Arabic.

However, at the present stage, KRISTINA can only interact in German, Spanish and Polish responding to specific questions about health assistance, advising on specific health issues or reading some articles). One of the aspects on which most work has been done on this prototype is that the assistant will generate a natural language output voice for each response.

Leo Wanner, main responsible and coordinator of the KRISTINA project, ensures that the general objective of the first prototype has been achieved: users can conduct a basic dialogue with the system and this interaction is now supported by an overall structure that includes the interaction and the exchange of information between each system component. The first prototype was not expected to support a flexible dialogue but partners are now on the right track and they will continue to work, improving the functionalities and the quality of each individual technical component!

Web: kristina-project.eu/en

Interview: www.youtube.com

Social media:

[Twitter](#)

[Facebook](#)

[LinkedIn](#)



Featured Doctors

Dr Donald KT LI

Hong Kong, China - WONCA President Elect



Donald Li
MBBS
FHKCFP
FRACGP
FHKAM (Fam
Med) FFPH
SBS O St J JP
was elected
WONCA
President-elect
at the recent

World Council meeting in Rio, and will assume the office of WONCA President in November 2018.

What work do you do?

I am still seeing patients with 70 % of my time being in private practice. I have just stepped down as President and am now the Immediate Past President of the Hong Kong Academy of Medicine (a statutory body responsible for postgraduate training and standards of all specialists).

Of course as WONCA President-elect I am doing WONCA related work, but I am also involved in a number of other organisations. I am chair of the Hong Kong Jockey Club Disaster Preparedness and Response Institute (HKJC DPRi), with a mission to build a prepared community in Hong Kong to respond to disasters. With our academic and community partners, we provide comprehensive training, research, policy exchange and platform to enhance resilience in the community. We focus on the need for competencies on knowledge, skills as well as attitude to reduce disaster loss and suffering.

I also chair the Sheng Kung Hui Welfare council - a church related social welfare institute which manages over 200 child, youth elderly daycare centers, schools and old people's homes. In Hong Kong we also have the Bauhinia Foundation research Centre that does a lot of research on the competitiveness of Hong Kong and I chair the think tank. I

serve as Honorary Secretary of St John's Ambulance of Hong Kong.

Interesting things you have done?

- I serve on the Board of the Hong Kong Jockey Club which is amongst top ten philanthropic charitable trust funds in the world.

- In China, I have been teaching Family Medicine, and assisting in training new family doctors. (pictured at the Shenzhen Training Centre)



- I have had the pleasure of setting up a Chinese restaurant "Good Kitchen", involving menu design and recipes - with a dish named after me: "Donald's Duck" (pictured right).



What do you hope to achieve as WONCA's president elect?

(we will ask you about your aspirations as president next year)?

- I want to learn about culture, expectations, aspirations of family doctors in the different regions and around the world.

- I would like to get to know members of the executive of WONCA and I need to learn more about our Working Parties, SIGs and our Young Doctors' movements.

- I wish to build and formulate strategy to provide effective leadership when I become president and this will of course include to strengthen our relationship with WHO.

Your interests inside and outside work?

My interests in my work include:

- Family Medicine training to meet the needs of the Hong Kong public
- Healthcare financing
- Healthcare policy - I serve on numerous government boards and committees of the Hong Kong Special Administrative Government
- Through my work at the HKJC DPRI I take a lot of interest in the role of Family Doctors in Disaster response, building community

resilience . Through my work at the Hong Kong Academy of Medicine I maintain my interest in quality and safety in specialist training .

Outside work my interests include:

- Gourmet cooking
- Rating restaurants
- Wine tasting
- Food related travels
- Horse Racing (pictured at Shatin race course



in Hong Kong)

Prof María-Pilar ASTIER-PEÑA Spain - Chair WP Quality & Safety

Prof Maria Pilar Astier- Peña is the new chair of the [WONCA Working Party on Quality and Safety in Family Medicine](#).



What work do you do?

I work as a family doctor in a rural health centre (Centro de Salud Tauste, Zaragoza, Spain).

I am also a professor at the University of Zaragoza. I belong to the Medical Ethics and Professionalism Unit and I teach medical students on improving clinical reasoning as a strategy to reduce diagnostic errors and

improve professionalism. At this moment I am focused on research about patient safety in primary care.

Other interesting things you have done?

I have been the chair of the patient safety working group of the Spanish Society for Family and Community Medicine (SEMFYC) since 2012. We have a [blog](#) where we publish patient safety in primary care issues. We also have a twitter account to spread information to enhance patient safety in family medicine: @sanoysalvoblog. We use several hashtags #PtSafety and #SegPac (in Spanish).

We organise the Annual Conference on patient safety in primary care in Spain in collaboration with four other Spanish scientific societies (Spanish Society for Healthcare

Quality, Spanish Society for Family and Community Medicine, Spanish Society for Primary Care Pharmacists, Spanish Federation of Primary Care Nursing Associations). Two of our recent reports can be seen here one [in English](#) y [aquí en Español](#).

As I have been always interested on healthcare quality issues, I have been a member of the National Board of the Spanish Society for Quality in HealthCare (SECA) since 2008, and have served as treasurer and currently as Honorary Secretary.

I am a reviewer for the SEMFYC Primary Care Journal (Revista Atención Primaria) since 2013, and SECA Journal (Revista Calidad Asistencial).

I worked as a hospital manager for eight years and in that position, I obtained European Foundation for Quality Management audit expertise. I have worked with other quality management systems in primary care as ISO (International Society Office) certification 9001:2008 for the Caspe Health Centre, in Aragón.

My personal commitment to quality and patient safety during my professional career led me to join the WONCA Working Party on Quality and Safety, in 2008.

What do you hope to achieve as the new chair of the WONCA Working Party on Quality and Safety (WWPQS)?

First, I want to thank you very much the former WWPQS, Dr Daniel Thuraiappah, who chaired the group for the last six years and promoted many activities to enhance a quality and safety culture among family doctors.

Leading the way for the next two years, I will be joined by Dr José-Miguel Bueno-Ortiz (as secretary) and Dr Alexandre Gouveia (as IT Officer).

This year one activity we plan is to contribute regularly to *WONCA News* with short items about quality and safety issues in primary care. Our aim is to support family doctors in their daily work with best practice ideas in quality and safety.

We are developing a strategic plan to coordinate activities in all WONCA Regions and to collaborate with other institutions that are interested in promoting patient safety and quality in family medicine.

We do not see our working party as in competition with other evidence based medicine groups but as complementary and closer to family practices where primary care activities take place.

Patient safety has always been at the heart of the movement to improve quality in health care. I believe we are at a turning point in the history of improving patient safety in primary care. There are many factors that are changing: payment models, uncertainty surrounding health reforms around the world, and the modern digital age which demand lively and creative thinking on how best to ensure harm-free care in every practice.

I am aware of the great variety of settings in which family doctors work around the world, of patients and communities, and of very different access to technologies etcetera. Nevertheless, our challenge is to offer the safest, most reliable and most effective care as possible. This goal years made up of two crucial behaviours: a quality and safety culture, and a continuing learning approach.

What are your interests outside work?

I enjoy my family, my husband Jorge and my two daughters (Leticia and Lucia) and my son, Juan. I like playing sports with them such as running, swimming, basketball. I enjoy dancing and meditating four a small moment every day ([Insight timer](#)).

I love travelling around the world talking and sharing lives with people from different origins and cultures, feeling the life in the world.

Announcements and Notices

Montegut Scholarships -Africa and Iberoamericana

Dear colleagues in Africa region and Iberoamericana region

The time has come to seek applications from doctors from these two regions for Montegut scholarships, allowing one doctor from each region to attend regional conferences in August. The 2015 award for Africa was never claimed so this year there will be two awards for the Africa region and one for the Iberoamericana region.

About the Montegut Global Scholars Program

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F) in 2010. The MGSP was established to foster international education, research and collaboration, in the specialty of family medicine. It will support the attendance of one family physician from each of the seven regions of the international organisation of family physicians (WONCA) to their regional meetings or to the international meeting in the year when it is held.

The MGSP will provide a \$2,250 scholarship for one (1) family physician selected from each of the seven (7) WONCA regions to attend their respective regional WONCA meetings in 2017.

Full details of the Montegut awards, and how to apply, can be found on the [WONCA website](#)

Deadline for applications from Africa and IberoAmericana is 15th April

Dr Garth Manning, Chief Executive Officer

WONCA Global Jobs Board

WONCA CEO, Garth Manning, has written a letter to member organisations informing them of an exciting development of a new global jobs board on the WONCA website.

Dear colleagues,

[WONCA Global Jobs Board](#)

I write to share exciting news. WONCA has set up a Global Jobs Board on our website for all Member Organizations and their members to use – and it's free of charge for a limited time. This provides the opportunity to advertise relevant job opportunities to a truly global audience in excess of half a million medical professionals. Visit the site [here](#).

The site has just been launched and features listings from a number of prominent employment agencies, medical centres and practitioners seeking family doctors and support staff. It also features a live jobs feed from the *British Medical Journal*.

We are keen to offer you the opportunity to advertise all relevant vacancies you may have with us at no charge until April 30, 2017. In order to take advantage of this offer simply use the code globaljobsfree1 when moving through to the payment page, when placing an employment advert.

You can view our tutorial [here](#) or visit the [FAQ tab](#). For further information on placing these adverts or if you have any questions please contact Megan Voo at jobs@woncarecruitment.com.

We have developed this site in response to feedback from our members, and are very excited about this new dimension to the service we provide. The driving force behind this strategy has been to serve

our members even better; they will now be able to access this information on a website already known and trusted by them, as a reliable source relating to global family medicine. We believe that this method of advertising job opportunities represents great value and will be highly effective in producing results for all stakeholders.

We hope that you and your members will take full advantage of this opportunity and join us to make this new service to the WONCA community a huge success.

Yours Sincerely
Dr Garth Manning, Chief Executive Officer

The Lancet Commission on Essential Medicines Policies

In mid 2014 *The Lancet* commissioned a group of 21 independent experts in a variety of disciplines to generate a report on Essential Medicines Policies to be published in late 2016, about 30 years after the Nairobi Conference on the Rational Use of Drugs. Dr Lembit Rågo, the Secretary-General of the Council for International Organizations of Medical Sciences (CIOMS) was one of the Commissioners.

The goals of *The Lancet* Commission on Essential Medicines Policies were:

- 1) Reconfirming the ongoing relevance, and the crucial need of comprehensive essential medicines policies to achieve broader global health and sustainable development goals, especially universal health coverage, and
- 2) Formulating recommendations for global essential medicine policies for the next two decades.

The tasks of the Commission included:

- Synthesize lessons learned from the first 30 years of essential medicines policies' development and implementation
- Develop an agenda for the next 20 years of institutional, regional, national and global policies on essential medicines and other health technologies
- Raise global awareness of the relevance of essential medicine policies in achieving global health and sustainable development goals, with special attention paid to universal health coverage
- Define the current needs of operational research that contribute to increasing the effectiveness and efficiency of essential medicines policies and programmes

We would like to share with you the report that was published by *The Lancet* on 8 November 2016. The report is available from the [Commission web site](#)

Essential medicines for universal health coverage.

Wirtz, Veronika J et al.

The Lancet, Volume 389, Issue 10067, 403 - 476

Best regards,

Dr Lembit Rågo, Secretary-General, CIOMS

The Council for International Organizations of Medical Sciences (CIOMS) is an international, non-governmental, non-profit organization established jointly by WHO and UNESCO in 1949.

Website: www.cioms.ch

WONCA Conferences

WONCA Europe Prague 2017 - speaker interviews



Dear WONCA family,

Growing together in diversity is the main motto of our conference. Having been already united in WONCA family we want to grow as a discipline in European diversity by learning from each other and exchanging experience and knowledge.

We plan to prepare a balanced programme based on original abstracts, contributions suggested by leading international scientific networks, committees and groups recognised by WONCA. Contributions by networks and SIGs are regarded to be the scientific heart of the conference.

On behalf of WONCA 2017 Scientific and Host Organizing Committee we are very proud to inform you, we received many abstracts and suggestions from 33 WONCA scientific networks and SIGs and their proposals promise to present actual state of art of FM/GP. These abstracts did not go through the usual peer-review process but were considered by Scientific Committee. They covered all suggested topics, as they are listed below.

We are also proud to announce that we have received more than 1400 abstracts, which are under review now.

Programme at a Glance

Programme at a glance is [available here](#).

Meet WONCA Europe 2017 Keynote Speakers

Interview with Cyril Hoeschl



Why did you choose to become a doctor and why did you decide to be specialised in psychiatry?

Lacking a specific talent or motivation I always looked for the most universal study covering almost everything from math to humanities. Therefore I choose medicine, and again, among medical disciplines, psychiatry seemed mostly to correspond with this approach involving everything from biological psychiatry, ECT and pharmacology to logotherapy, psychoanalysis and philosophy. In other words I always postponed the decision as far as possible.

What is the position of GPs in psychiatric reform in Europe, what are the main characteristics of this reform?

The main feature of the reform is a shift of mental health care (MHC) from huge mental hospitals towards community. It means among other things to establish so called mental health centres serving patients somewhere on the way between outpatient and inpatient settings and reflecting special social needs of psychiatric patients. The role of GPs becomes now more important and closer to the MHC system as GPs per definition work much closer to the natural environment of patients. GPs also become more and more involved in the psychiatric treatment process having

increasing rights to prescribe antidepressants and other psychotropics. Another common area is a care for elderly.

The whole interview is available [here](#).

Interview with Charilaos (Harris) Lygidakis

Are we growing together in diversity?

In 1990, Voyager 1 took a photo of the Earth from a distance of 6 billion kilometres. Seen against the darkness of space, our planet appeared as a pale blue dot. "Earth is a very small stage in a vast cosmic arena," was the reflection of the astronomer Carl Sagan, and he continued: "To me, it underscores our responsibility to deal more kindly and compassionately with one another and to preserve and cherish that pale blue dot, the only home we've ever known."



Our world is such a small, yet diverse place. To tackle its challenges, from the tame to the grand ones, we must foster diversity to harness expertise and deliver effectiveness. Respecting, communicating and building on the perspectives and experiences of different individuals, are key to personal and collective development, enhanced decision-making and problem-solving, as well as to creativity and true innovation. Family doctors are uniquely positioned to see diversity and care for people and societies unconditionally, regardless of gender, age, race, ethnicity, and other dimensions. We work with a diversified team of health professionals and workers, and we leverage their different viewpoints and experiences to address challenges creatively.

How attractive you find family medicine for young doctors?

It surely depends on the country, the context and the individual aspirations, but generally speaking, I would say that it is not as attractive as it should be!

The whole interview is available [here](#).

[Register now](#)

WONCA World of Rural Health conference- latest bits and pieces.

The WONCA World Rural Health Conference comes to Cairns, Australia at the end of April. This is the latest information on visas, accommodation, transport, postconference workshops.

Need a visa?

Some wait times apply, organise yours today Time is running out to book your visa for the conference. There are several types of visas available for conference delegates. If you're visiting for the conference, and you're not being paid for your participation in the event, you need to apply for one of the following visas:

- [1. Electronic Travel Authority \(subclass 601\)](#)
- [2. eVisitor visa \(subclass 651\)](#)
- [3. Visitor \(Business Stream\) visa \(subclass 600\)](#)



For full details on Australia's visa requirements, visit www.border.gov.au.

Please note: this information is a guide only. It is the responsibility of the individual traveller to make sure they are applying for the correct visa.

Have you booked your accommodation?

We've secured a range of accommodation options for you to enjoy at the conference. Our partners Travel Makers will manage your accommodation booking, with flexible rates offered exclusively to conference delegates. Budget options also available.

[Contact Travel Makers today to reserve your accommodation.](#)

We've got your transport needs covered

Flying into Cairns airport? International Coaches and Tours offer a Cairns Airport shuttle service to and from Cairns city hotels.

Price for a one way transfer from the airport to hotels in Cairns city or from hotels in Cairns city to the airport is AUD12.50 per person. Cancellation for a booking requires 24 hour notice.

To start booking your airport shuttle, please call International Coaches and Tours' friendly reservation staff on +61 7 4032 5877 or email intcoachesres@qld.chariot.net.au.

[Visit the website for more information.](#)

Pre-conferences and post-conference courses

Don't miss the World Summit on Rural Generalist Medicine

In 2013, over 200 delegates from around the globe visited Cairns for the first World Summit on Rural Generalist Medicine. This April, the Summit returns to Australia once again. Help us create the conversation around rural generalist medicine, and develop key action items for the specialities international recognition. [Purchase tickets](#) to the World Summit today.

Post-conference workshops

Make the most of your time at #ruralwonca - register now for our post-conference courses.

We invite any doctor from around the world to attend one of the College's highly regarded and renowned courses, to experience the ways in which medicine is delivered in rural Australia. Our courses are developed by rural doctors, for rural doctors.

The following courses will be presented in Cairns, immediately following the 14th World Rural Health Conference on May 3.

- [Rural Emergency Obstetrics Training](#)
- [Advanced Life Support](#)
- [Ultrasound](#)

[Post conference study tour in New Zealand](#)

Can't attend the Conference? Why not contribute to the bursaries?

If you will not be attending the WONCA 14th World Rural Health Conference in Cairns, but would like to contribute funds in support of eligible applicants from developing countries to attend, [please consider this opportunity.](#)

WONCA ASIA PACIFIC
REGIONAL CONFERENCE 2017

FAMILY MEDICINE INNOVATION:
CHALLENGES FACING FAMILY PHYSICIANS IN THE 21ST-CENTURY

NOVEMBER 1 -4, 2017
THE ROYAL CLIFF HOTELS GROUP, PATTAYA, THAILAND

WONCA Lima 2017 - ¡Queda una semana!

[Web del Congreso](#)

5° Congreso Iberoamericano de Medicina Familiar y Comunitaria

Pulse aquí, para visualizar correctamente la news

¡Abierto el plazo de presentación de Actividades Científicas!

Fecha límite: 15 de abril de 2017



Envío de trabajos

Queda abierto el plazo de envío de Actividades Científicas para el Congreso.

[CONSULTE AQUÍ LAS NORMAS DE ENVÍO](#)

[PRESENTE AQUÍ SU ACTIVIDAD CIENTÍFICA](#)

Inscripción

TIPO DE INSCRIPCIÓN	Hasta el 30 de septiembre 2016	Hasta el 28 de febrero 2017	Hasta el 30 de julio 2017	En Congreso
Miembros WONCA y Socios Asociaciones de WONCA Iberoamericana – CIMF *	150,00 USD	200,00 USD	250,00 USD	300,00 USD
No Miembros WONCA Iberoamericana CIMF	200,00 USD	250,00 USD	300,00 USD	350,00 USD
Residentes Medicina Familiar y Comunitaria (hasta junio 2017) **	100,00 USD	140,00 USD	180,00 USD	220,00 USD
Otro Profesional de Salud (Enfermería, Obstetricia, Odontología, etc.)	100,00 USD	140,00 USD	180,00 USD	220,00 USD
Estudiantes área salud, técnicos enfermería y agentes comunitarios **	80,00 USD	100,00 USD	140,00 USD	180,00 USD
Acompañante ***	80,00 USD	100,00 USD	140,00 USD	180,00 USD

* La sociedad a la que pertenece debe estar al día en sus cuotas para la fecha del Congreso.

** Necesario enviar certificado oficial que acredite su condición via email.

*** La cuota de acompañante sólo incluye los actos sociales publicados en la web del Congreso.

[Para inscribirse, por favor, pulse aquí](#)

WONCA CONFERENCES 2017

April 21-22, 2017	Vasco da Gama Forum	Strasbourg, France	vdgm.woncaeurope.org/4thfor umvdgm/welcome-message
April 29 – May 2, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	www.aworldofruralhealth.org.au
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	www.woncaeurope2017.eu
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	Save the dates!
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	Save the dates!
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	Save the dates!
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	Save the dates!

WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>

WONCA ASIA PACIFIC REGIONAL CONFERENCE 2017

'FAMILY MEDICINE INNOVATION:
CHALLENGES FACING FAMILY PHYSICIANS IN THE 21ST CENTURY'

NOVEMBER 1 -4, 2017
THE ROYAL CLIFF HOTELS GROUP, PATTAYA, THAILAND



www.woncaaprc2017-pattaya.com



WONCA ENDORSED EVENTS

08 Apr **World Summit on Social Accountability**
- 12 Apr Hammamet, Tunisia
2017

MEMBER ORGANIZATION EVENTS

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

24 Mar **RCGP Global Health**
- 26 Mar **Conference**
2017 London, United Kingdom

24 Mar **International Medicine in**
- 26 Mar **Addiction Conference 2017**
2017 Sydney, Australia

30 Mar **11th Congress of General**
- 01 Apr **Practice France**
2017 Paris, France

13 Apr **Palestinian Association of**
- 14 Apr **Family Medicine Conference**
2017 Bethlehem, Palestine

04 May **37th semFYC conference**
- 06 May Madrid, Spain
2017

05 May **STFM Spring conference**
- 09 May San Diego, California
2017

11 May **EGPRN meeting**
- 14 May Riga, Latvia
2017

17 May **5th IPCRG Scientific Meeting**
- 18 May Ljubljana, Slovenia
2017

21 May **International conference on**
- 23 May **Trauma and Mental Health**
2017 Jerusalem, Israel

30 Jun **25th FCGP Annual**
- 02 Jul **Conference 2017**
2017 Yanuca Island, Fiji

27 Jul **RNZCGP Conference for**
- 30 Jul **General Practice & Quality**
2017 **Symposium**
Dunedin, New Zealand

03 Aug **1st IPCRG South Asian**
- 05 Aug **Scientific Conference**
2017 Colombo, Sri Lanka

02 Sep **Hong Kong College 40th**
- 03 Sep **Anniversary conference**
2017

12 Oct **RCGP annual primary care**
- 14 Oct **conference**
2017 Liverpool, United Kingdom

26 Oct **RACGP GP17**
- 28 Oct Sydney, Australia
2017
