

# WONCA News

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## From the President: May 2017

### Prioritising people's needs – four thoughts on equity from this month's WONCA business

*Photo: President Howe and Palestinian colleagues including new president Mohammad Raba'l holding the WONCA shield*

A busy month in April / early May – I attended a conference as a keynote speaker, in Tunisia run by the 'Towards Unity for Health' (TUFH) network; then went to Palestine to the first conference of their new family medicine association; closely followed by the Rural Working Party conference in Cairns, Australia.

The Tunisia conference was about 'Improving the Social accountability of Educational Institutions'. It focused on how to ensure that universities and other key providers of health workforce training focus their work on the needs of populations – rather than sources of income, or less applied areas of research. Social accountability was defined by WHO in 2010 as "the obligation to direct education, research and service of activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve". I gave a keynote on embedding the values and 'competencies' of social accountability through the educational process. This was an excellent chance to emphasise the role of family medicine in making learners aware of the causes and consequences of people's ill health, as well as inspiring a person centred view and encouraging others to work outside the hospital setting.

WONCA's profile at the meeting was enhanced by contributions from Prof Amanda Barnard (WONCA Working Party on Women in Family Medicine), and Mayara Floss (WONCA Working Party on Rural Practice-WWPRP), who won one of the student prizes! Other allies included Prof Jan de Maeseneer, and Katherine Rouleau of the Canada Besrou Center – accompanied by its benefactor Dr Sadok Besrou, who is Tunisian, and is a key supporter of family medicine development. This was an excellent conference, and I would



encourage you to review the outputs on the [TUFH website](#).

Then on to Palestine, where I was invited to be a keynote speaker at the first conference of the newly formed Palestinian Association of Family Medicine (PAFM). This invite was supported by some of my UK colleagues in academic family medicine, who have been working for almost five years in a 'twinning' project to support developments in family medicine. They have been partnering with early leaders in the country such as Dr Mohammad Raba'l (first president of PAFM), Dr Samar Musmar and Dr Lubna Al-Saudi (leading the new academic FM unit at Al Najah University, who have already joined WONCA!); and jointly securing support from the Ministry of Health, WHO and various funders.

It was a profound learning experience to see the challenges in the West Bank, but also to experience the excitement of the GPs and first generation of FM residents at the 200+ person conference. I also visited some of the first accredited training sites, the university, and supported evidence and discussion at meeting with MoH and WHO. The equity issue here is the need to prioritise new members, especially in zones of political conflict, and to use our skills and relationships at personal and country to country level to try to support

development over time. I know that our WONCA regional President is keen to welcome the PAFM and to add to the developments in Palestine at this early and promising – but fragile, stage.



*Photo: President Howe and Dr Lubna Al-Saudi at her office in Al-Najah University*

Next, Cairns – I cannot write about what happened there yet (as I write before I attend this conference). We know the WONCA Working Party on Rural Practice have organised an excellent programme, with tours to remote and needy communities, a shared summit on the issue of rural medical generalists (family doctors? others? – we shall discuss...), and the overall thrust on the equity issue of securing and strengthening the rural and remote FM workforce. I look forward to seeing old friends, meeting new friends, being worked hard, and learning much!

Finally, we shall celebrate World Family Doctor Day on 19 May –and this year are picking up the theme of mental health, which is a key issue in everyone's life. Patients with serious mental health illnesses, or those who have been psychologically damaged by personal traumas, have particular challenges to meet. As family doctors, we have a need to ensure their care is as good as that of other patients, who are sometimes more able to ask for help; that our systems enable them to access our care; and that we ourselves are sufficiently supported and skilled to meet the needs of what can be a challenging and needy group of people. Fortunately, our WONCA Working Party on Mental Health is doing wonderful work to help our members to access the latest evidence on what we can do as family doctors to help both prevent and make better people's mental health problems.

So – different equity challenges – for family medicine in education; countries who are new to family medicine; rural workforce; mental health. All focusing on the best outcomes for the most needy.

I am also concerned to sustain our members to meet these challenges, so – as always – please make sure you care for yourselves as well as others in this demanding work. If you want help please ask a colleague – ask WONCA! – and sustain yourself so that you can deliver for others. Keep well!

Amanda Howe  
President

## De la Presidenta - mayo 217

### **Priorizando las necesidades de la gente – cuatro reflexiones acerca de las ocupaciones mensuales de WONCA**

Este mes de abril y principios de mayo está siendo un mes muy ajetreado. En primer lugar, participé como ponente en un congreso en Turquía organizado por la red "Hacia la Unidad en Salud". Después pasé por Palestina para asistir al primer congreso de su nueva Asociación de Medicina de Familia. Mis viajes continuaron con un Congreso de Medicina Rural en Cairns, Australia, y después con un congreso en Tunicia con el

nombre "Mejorando la responsabilidad social de las Instituciones Educativas" que estaba centrado en cómo garantizar que las universidades y otros importantes proveedores de formación del personal sanitario centran sus esfuerzos en las necesidades de las poblaciones – más allá de las que sean las fuentes de financiación, o áreas de investigación con menos aplicaciones.



*Foto: La Presidenta Howe con colegas palestinos con el nuevo Presidente Mohammad Raba'l sosteniendo el escudo de WONCA*

La responsabilidad social fue definida por parte de la Organización Mundial de la Salud en 2010 como “la obligación de recibir una educación directa, investigación y servicio de las actividades dirigidas a satisfacer las prioridades acerca de los problemas de salud de la comunidad, la región o el país para el que tienen que ser útiles”. Por mi parte, yo expliqué mis principios acerca de la integración de valores y competencias para la mejora social a través del proceso educativo. Esta fue una oportunidad excelente para enfatizar el papel de la Medicina de Familia a la hora de hacer que los estudiantes sean conscientes de las causas y las consecuencias de las enfermedades de la gente y su salud, así como para inspirar un punto de vista sanitario centrado en la persona y para alentar a todos y todas para que trabajen desde fuera del marco hospitalario. El perfil de WONCA en el encuentro destacó todavía más gracias a las contribuciones de la Profesora Amanda Barnard (WWPWFM) y Mayara Floss (WWPRP), ¡que también ganó uno de los premios de los estudiantes! Otros aliados que tuvimos fueron el Profesor Jan de Maeseneer y Katherine Rouleau del Centro Besrou de Canadá – acompañados por su benefactor, el Docto Sadok Besrou que es tunecino y es uno de los partidarios clave en el desarrollo de la Medicina de Familia. Fue un encuentro excelente: Os animo a echar un vistazo a los análisis publicados en [la página web de la TUFH](#)

Después, en Palestina, fui invitada a intervenir

como ponente en el primer congreso de la recientemente formada Asociación Palestina de Medicina de Familia (PAFM). Los colegas de la Academia de Medicina de Familia del Reino Unido fueron los encargados de mandarme la invitación. Ellos llevan trabajando durante los últimos cinco años en un proyecto de “hermanamiento” con el fin de apoyar el desarrollo de la Medicina de Familia, colaborando codo con codo con los nuevos líderes en el país como son el Doctor Mohammad Raba'l (primer presidente del PAFM), el Doctor Samar Musmar y la Doctora Lubna Al-Saudi (que dirige la nueva unidad académica FM en la Universidad de Al Najah y que también se ha unido recientemente a WONCA), y cuenta con el apoyo del Ministerio de Sanidad, la Organización Mundial de la Salud y otros inversores. El hecho de ver los retos en el West Bank fue una profunda experiencia de aprendizaje, y también el experimentar la felicidad de los médicos de cabecera y de la primera generación de residentes de médicos de familia durante el encuentro llamado “200+ personas” (200+ person). También visité algunos de los sitios donde se imparte formación con mejor reputación, como la Universidad, y apoyé participando en los debates basados en la evidencia en el encuentro con la MoH y la Organización Mundial de la Salud. El tema de la equidad tiene que ver con la necesidad de priorizar a los nuevos miembros, especialmente en zonas de conflicto político, y el uso de nuestras habilidades y relaciones a un nivel personal y de país a país para intentar ayudar en el desarrollo sostenido en el tiempo. Sé que el Presidente regional está muy entusiasmado para dar la bienvenida a PAFM y para añadirse a los acontecimientos vividos en Palestina en esta fase prometedora, aunque todavía frágil.



*Foto: La Presidenta Howe y la Doctora Lubna Al-Saudi en su oficina en la Universidad de Al-*

Najah

La siguiente parada es Cairns – todavía no puedo escribir acerca de lo que sucedió ahí, pero sabemos que el Departamento de Trabajo en Medicina Rural ha planteado un programa excelente, con visitas a comunidades necesitada y remotas, un objetivo común de los médicos rurales (¿médicos de familia rurales?, ¿otra denominación? – deberíamos discutirlo...) y el impulso definitivo en la cuestión de la equidad a la hora de asegurar y fortalecer al personal sanitario de Médicos de Familia rurales en el ámbito remoto. ¡Tengo muchas ganas de ver a viejos amigos, conocer nuevos, tras haber trabajado tan duro y haber aprendido tanto!

Finalmente, en mayo celebraremos el Día del Médico de Familia – y este año el tema elegido ha sido el de la Salud Mental, que se trata de una cuestión clave en la vida de todo el mundo. Los pacientes con enfermedades mentales serias, o aquellos que se han visto psicológicamente dañados por traumas personales, se enfrentan a diversos retos. Como médicos de familia, tenemos la necesidad de asegurarnos de que su asistencia es tan buena como la de otros pacientes que tienen más capacidad para pedir ayuda; que nuestros sistemas les permiten tener acceso a nuestra asistencia: y que nosotros mismos tenemos el apoyo suficiente y las habilidades suficientes para

responder a las necesidades de lo que puede representar un grupo de población necesitada. Afortunadamente, nuestro Grupo de Trabajo en Salud Mental está haciendo un trabajo fantástico para ayudar a nuestros miembros a tener acceso a las últimas evidencias científicas acerca de lo que podemos hacer como médicos de familia tanto para prevenir como para ayudar a mejorar los problemas de salud mental de la gente.

Así que tengo sobre la mesa diferentes retos sobre la equidad, respecto a la educación de Medicina de Familia, sobre el personal de médicos rurales y la Salud Mental y todos centrados en las mejores resoluciones para los más necesitados. También estoy preocupada en el hecho de apoyar a nuestros miembros para que se enfrenten a estos desafíos, así que – como siempre – aseguraos de cuidaros a vosotros mismos tan bien como cuidáis de los otros en este trabajo tan demandante. Si necesitáis ayuda, por favor, pedídselo a un colega o preguntad a WONCA y manteneos fuertes de modo que así podáis proteger a los demás. ¡Cuidaos!

Amanda Howe  
Presidenta

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

## Du Président - mai 2017

### Priorité aux besoins individuels – les quatre pensées du mois sur l'équité à WONCA

*Photo: Dr Howe, présidente, et des collègues palestiniens incluant Mohammad Raba'l, le nouveau président, tenant l'écu de WONCA.*

Avril et début mai a été une période bien remplie: j'ai assisté en tant qu'intervenante principale à une conférence proposée par le réseau « Towards Unity for Health » (TUFH) en Tunisie. Je me suis ensuite rendue en Palestine pour la première conférence de la nouvelle association de médecine familiale, immédiatement suivie par la conférence du Rural Working Party à Cairns en Australie.

‘L'amélioration de la responsabilité sociale



des institutions éducationnelles' était à l'ordre du jour de la conférence de Tunisie. Son contenu visait l'effort par les universités et autres fournisseurs de formation des employés de la santé concernant les besoins de la population, plutôt que les sources de revenus ou les domaines moins pratiques de la recherche. La responsabilité sociale a été définie par l'OMS en 2010 comme « l'obligation d'encourager l'enseignement, la recherche et le service d'activités vers l'établissement de priorités quant aux questions de santé dans la communauté, la région et/ou la nation qu'ils ont pour objectif de servir ». J'ai prononcé un discours sur l'intégration des valeurs et 'compétences' de responsabilité sociale tout au long du processus d'enseignement. C'était une excellente occasion de mettre l'accent sur le rôle de la médecine familiale en informant les apprenants des causes et conséquences des problèmes de santé de la population. C'était aussi une occasion d'inspirer une vision centrée sur la personne et d'encourager d'autres à intervenir hors du milieu hospitalier.

Le profil de WONCA à la réunion a été rehaussé par les interventions de Pr Amanda Barnard (Groupe de travail de WONCA sur les femmes en médecine familiale) et de Mayara Floss (Groupe de travail de WONCA sur la pratique médicale rurale) qui a gagné un des prix réservés aux étudiants. Parmi les autres alliés, il y avait le Pr Jan de Maeseneer et Katherine Rouleau du Centre Besrou du Canada, accompagnés du mécène du Centre, le Dr Sadok Besrou qui est tunisien et l'un promoteur clé du développement de la médecine familiale. C'était une excellente conférence et je vous encourage à examiner les résultats sur [le site internet](#).

Puis c'était le tour de la Palestine où j'étais invitée à parler à la première conférence de l'Association palestinienne de médecine familiale (PAFM), nouvellement formée. Cette invitation était à l'initiative de certains de mes collègues de recherche en médecine familiale au Royaume Uni, collègues qui ont travaillé près de cinq années sur un projet de jumelage soutenant le développement de la médecine familiale. Ils se sont joints à des chefs de file tels que le Dr Mohammad Raba'I (premier président de PAFM), le Dr Samar Musmar et le Dr Lubna Al-Saudi (directeur de la nouvelle unité de recherche en médecine familiale à l'université Al Najah, membre de WONCA) avec le soutien du Ministère de la santé, de l'OMS et d'autres donateurs.

*Photo: Dr Howe, présidente, et Dr Lubna Al-Saudi dans son bureau à l'université Al-Najah*

Ma prise de conscience des défis existant en Cisjordanie a été une profonde expérience



d'apprentissage tout autant que l'expérience de l'enthousiasme des médecins généralistes et de la première génération de résidents en médecine familiale lors de cette conférence de quelques 200 personnes. J'ai également visité certains des premiers centres de formation accrédités et l'université. J'ai apporté mon témoignage et participé à des discussions en réunion avec le Ministère de la santé et l'OMS. La question d'équité ici est le besoin de donner priorité aux nouveaux membres, en particulier en zones de conflit politique, et d'utiliser notre savoir-faire et nos contacts au niveau personnel ainsi qu'au niveau de pays à pays afin de soutenir le développement dans le temps. Je sais que le président régional de WONCA tient à accueillir le PAFM et à pousser les développements en Palestine dans ces premiers pas prometteurs mais fragiles.

Puis à Cairns -je ne puis encore rapporter ce qui s'y est passé (puisque j'écris ceci avant d'assister à la conférence). Nous savons que le groupe de travail de WONCA sur la pratique médicale en milieu rural a organisé un excellent programme qui comprend des visites à des communautés isolées et nécessiteuses, un sommet partagé sur la question des médecins généralistes ruraux (médecins de famille? autres?- nous en parlerons...) et l'approche globale sur la question d'équité quant à l'acquisition et au renforcement du personnel rural isolé en médecine familiale. Je me réjouis de revoir de vieux amis, d'en rencontrer de nouveaux, de travailler dur et de beaucoup apprendre.

Finalement, nous fêtons la journée mondiale du médecin de famille le 19 mai -et cette année nous avons choisi le thème de la santé mentale, problème crucial dans la vie de chacun. Les patients souffrant de maladies mentales sérieuses ou ceux qui ont subi des dommages psychologiques à la suite de drames personnels doivent faire face à des défis particuliers. En tant que médecins de famille, nous devons leur garantir un soin tout aussi bon que celui d'autres patients qui parfois sont plus à même de demander de l'aide. Il faut que notre système leur permette d'accéder aux soins et que nous-mêmes soyons adéquatement soutenus et spécialisés pour répondre aux besoins particuliers de ces patients nécessiteux. Heureusement, notre groupe de travail sur la santé mentale s'efforce d'aider les membres quant à l'accès aux données les plus récentes sur les moyens à la disposition des médecins de famille permettant de prévenir tout autant que de guérir les problèmes de santé mentale.

Donc -plusieurs défis d'équité- concernant la médecine familiale en éducation, les pays nouvellement formes a la médecine familiale, le personnel médical rural, la santé mentale. Et tout ceci centré sur les meilleurs résultats pour les plus nécessiteux.

Je m'applique également à soutenir nos membres afin qu'ils puissent faire face à ces défis. Comme toujours, je vous demande donc de bien vous soigner autant que les autres dans votre tâche exigeante. Si vous avez besoin d'aide, parlez à un collègue - demandez à WONCA!- et prenez bien soin de vous-mêmes afin que vous puissiez soigner les autres. Bonne santé!

Amanda Howe  
Présidente

*Traduit par Josette Liebeck  
Traductrice professionnelle anglais-français  
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## From the CEO's desk: WONCA Executive meeting

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*Photo: WONCA World Executive 2016-2018*

Greetings again from Bangkok. This month I want to report on the first full meeting for the 2016 -18 Executive, which took place in London on 1st and 2nd April.

### **WONCA Executive Meeting – April 2017**

The 2016-18 WONCA Executive had held an initial short meeting in Rio, immediately after the World Council, and of course also meets monthly via teleconference, but this was its first full face-to-face meeting. The meeting took place at the headquarters of the Royal College of GPs in London on 1st and 2nd April, and was preceded by a dinner on the

evening of 31st March, at which we were delighted to welcome and host several of our key RCGP colleagues, including Professor Helen Stokes-Lampard, RCGP Chair of Council; Professor Val Wass, RCGP WONCA representative and Chair of the WONCA Working Party on Education; and Dr Claire Thomas, Chair of the Vasco da Gama Movement, the Young Doctor Movement for WONCA Europe.

Our President, Professor Amanda Howe, had set out a number of strategic goals at the start of her presidency, and assigned some Key Performance Indicators (KPIs) for all Executive. In brief the goals were: building family medicine capacity in each region of the world; supporting our current member organizations (MOs); greater engagement and communication with our MOs; and looking at family medicine development in countries where WONCA does not currently have an MO.

Each of our Regional Presidents reported back to Executive on activities in their region, including countries which had joined, or had applied to join, or were contemplating joining, WONCA. They also reported back on work and collaboration with WHO in their individual regions. Ana Nunes Barata, the Young Doctor Movement (YDM) representative on Executive, then provided an update on all that the YDMs had been doing since the last Executive meeting.

The President, in her report to Executive, highlighted our aspiration to hold a global policy summit on family medicine, to which key ministries, WHO and other development partners could be invited. Discussions with the Robert Graham Center in Washington DC were ongoing, but it was hoped that such a summit might be possible in the next 12 to 18 months. She also reported on steps to improve our communication and engagement with our Member Organizations, and she will be writing to all MOs with some suggestions to help with better coordination and liaison.

## Membership

Membership matters were discussed. Professor Ruth Wilson, Chair of Membership Committee, presented the membership applications already considered by the Membership Committee, for consideration by Executive.

Executive endorsed the recommendations for

Full Membership to:

- College of Indonesian Primary Care Physicians

Academic Membership to:

- Department of Family Medicine, University of Malawi College of Medicine
- Division of Family Medicine, University of Cape Town, South Africa.

Professor Wilson and the CEO had also proposed some enhancements to the package of benefits offered to our Academic Members, including the provision of discounted delegate fee for one departmental member at every WONCA conference, and Executive endorsed the recommendations.

## Finances

WONCA's finances inevitably take up some discussion time, and this occasion was little different with the Treasurer, Professor Job Metsemakers, leading the discussion. Income for 2016 had been below estimates, but as expenditure had also been lower than forecast we finished the year with a slightly larger surplus than predicted. However it is still vital that we build up further reserves, and so your Executive remains determined that no deficit budget will be accepted.

The 2017 budget was revisited in the light of a number of extra demands on funds; not all of these were agreed, but in order to accede to some extra costs, inevitable savings had to be found, and regrettably Executive had to make small cuts to the budgets for all regions and Working Parties for 2017. It was agreed, however, that if budget permits the WP cuts would be at least partially restored in 2018.

## Bylaws and Regulations

Bylaws and Regulations is always another major topic for discussion. The 2016 Council in Rio de Janeiro had endorsed the proposal to split Bylaws and Regulations into "Bylaws" or "Constitution", and for Regulations to be converted into "Organizational Policies". This latter document can be freely amended and added to by Executive, whilst the Constitution requires approval of Council before any changes can be formally adopted. Dr Karen Flegg, as Chair of Bylaws, briefed Executive on the work carried out to date on Bylaws development, and outlined the further work



which would be required during this biennium. The Organizational Policies document is work in progress and she and the CEO continue to communicate and interact on this.

## Accreditation

WONCA Accreditation was also discussed. Accreditation of family medicine training programmes, against the criteria developed by our Working Party on Education ([WONCA Global Standards for Postgraduate Family Medicine Education](#)), has already been agreed, but WONCA has received a number of requests for accreditation of individual practices, in countries where no national standards apply. Thus I have been working to develop practice accreditation standards, in consultation with relevant Working Parties and regions, and I presented these to Executive for consideration. Executive was very supportive in principle, though recommended some changes to the criteria and to the wording of the documents. I am now working to refine the documents as suggested, and will re-present to Executive for final endorsement in the near future, after which piloting of the process can begin.

Prior to this Executive meeting all of WONCA's Working Party and Special Interest Groups had been asked to produce action plans for the biennium. These were all considered by Executive and it was heartening to see so many great developments and plans being made by so many of the groups.

## Working Parties and Special Interest Groups

At each Executive meeting we plan to have one or more WP or SIG provide a more detailed briefing, and in London we were pleased that Dr Kees van Boven from WICC (the WONCA International Classification Committee) was able to join by teleconference to brief Executive on the work of WICC, explain more about ICPC2 (International Classification of Primary Care version 2), describe the work that WICC is doing in collaboration with WHO on development of ICD-11 and tell a little of the plans for development of ICPC3 and what additional benefits this would bring. He took several questions from Executive and it proved a very useful opportunity to ensure that Executive

were better informed of the work of this, our oldest Working Party.

Executive was pleased to endorse a statement on planetary health, produced by our Working Party on the Environment, subject to a few minor amendments. A statement by the SIG on Family Violence was agreed in principle, but the SIG was asked to make some revisions to the document before sending it back to Executive for further consideration and formal endorsement.

Finally, two interesting discussion sessions were held: the first on the terminology around primary health care/family medicine; and the second on workforce models.

Of course many other topics were discussed and debated during a very busy two days, but I hope that this gives you a flavour of at least some of the issues which Executive considers on your behalf.

## World Family Doctor Day

Looking ahead to May (I'm writing this in late April), of course we have World Family Doctor Day on 19th May, when we celebrate the work of family doctors around the world.

The theme for this year is mental health issues, most especially depression, and a number of resources are available. Generic WONCA logos and posters are available via the [WONCA website](#).

Professor Chris Dowrick, Chair of the WONCA Working Party on Mental Health, has written his "[Mental Health Matters](#)" column focusing on Family Doctor Day and also highlighting the evidence-based guide which the WP have produced to help you with the first, crucial consultation with patients who may be depressed.

WHO also featured depression in its World Health Day and has made a number of resources available as part of its "Let's Talk" campaign. Many of these resources have a regional basis and can be accessed [here](#).

Until next month.  
Garth Manning  
CEO

## World Family Doctor day coming soon!

### May 19 World Family Doctor Day



In only two weeks we celebrate World Family Doctor Day (FDD) on May 19. WONCA's Member Organizations are making plans for their various celebrations and in June we hope to publish some of these.

This year our theme is depression which is supported by a number of [resources produced by the WHO](#).

Our Working Party on Mental Health has also launched a resource "Depression - an evidence-based first consultation". For more information see this month's [Mental Health Matters article](#) by Prof Chris Dowrick.

### Featuring Taiwan

One example of proposed celebrations has been sent in by Dr Steve Shih-Tzu Tsai from the Taiwan Academy of Family Medicine (TAFM).

The TAFM creates a new poster each year for Family Doctor day. This year is no exception with the incorporation of the Mental health theme. Dr Tsai reports that on May 14, The Taiwan Association of Family Medicine will hold a Family Doctor Day function, presided over by Professor Meng-Chih Lee, the WONCA Asia Pacific region president at the Mayor's Residence Art Salon in Taipei City.

They will invite more than hundred fellow members to mark the celebration. The TAFM slogan this year is "Talk to your family doctor: triumph over depression", which is in alignment with the theme of 2017 Wonca WFDD.

The program will also include a mini-concert performed by colleagues, presentation of awards for outstanding family doctors as well as winners of the solicited tributes to family doctors.

[See FDD webpage](#)

[Submit your Member Organization report](#)



## Policy bite: Nordic position paper on Overdiagnosis

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*This month's guest policy bite comes from the Nordic Federation of General Practice (NFGP), and is the recently endorsed Nordic position paper on overdiagnosis and related medical overactivity.*

### The Paper:

*Position Paper: Overdiagnosis and related medical excess*

[Link to paper](#)

### Background:

In 2016, the Norwegian College of General Practice published a [position paper](#) on overdiagnosis. Later in the same year, the Nordic Federation of General Practice (NFGP), a collaboration between the Nordic GPs in Denmark, Finland, Iceland, Norway and Sweden, endorsed the paper, thereby making it a Nordic position paper.

### The message:

**What's in it for our patients?**

The resources and technology of the health services provide considerable opportunities for preventing and treating disease. But when used in excess or inappropriately, medical activity can cause harm, both to patients and the healthcare system.

The Nordic document defines and describes overdiagnosis and related concepts such as medical overactivity, over-investigation, overtreatment, and questionable expansion of disease definitions.

Overdiagnosis may indirectly contribute to underdiagnosis, by allocating limited resources to excessive investigation and medicalization of the worried well, at the expense of those who need medical care the most. In other words, when well-meaning doctors are excessively active, they tend to reinforce social injustice.

### Involvement of GPs

The engagement of GPs in the battle to curb overdiagnosis is not coincidental. GPs work

closely with the general population – at the nexus between science and society, disease and normality. While they should evidently aim to identify and treat disease as early as possible, they also observe how increasing medicalisation underlies problematic tendencies in the population, among politicians and in the medical community. Overdiagnosis is one of these tendencies.

### Development and implementation

The Nordic position paper started as a draft paper by the Norwegian College of General Practice, presented at the 2016 Preventing Overdiagnosis conference in Barcelona and the WONCAEurope conference in Copenhagen. The paper received considerable attention, and was highlighted by Professor Paul Glasziou, Bond University, Australia who suggested we continue our efforts to raise awareness of this problem among our colleagues, stakeholders of health care, politicians and lay people. [See video of these comments](#)

### The Authors

Nordic Federation of General Practitioners (NFGP) is a forum for collaboration between the Nordic general practitioners in Denmark, Norway, Sweden, Finland and Iceland. NFGP is owned by the five Nordic Colleges of General Practitioners, and is responsible for the publication of the Scandinavian Journal of Primary Health Care and for the coordination of the organization of the Nordic congresses of general practice.

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## Working Party News

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### Mental Health Matters - World Family Doctor Day 2017: Highlighting Depression



*Professor Christopher Dowrick, Chair of the WONCA Working Party for Mental Health writes about Depression as this year's theme for World Family Doctor Day*

*and announces a new clinical resource for consultations.*

As family doctors, we can expect about one patient in every seven we see to be depressed. This means it is one of the most common problems we encounter. But it can also be one of the most challenging. The experience of depression causes enormous suffering. It affects patients' ability to carry out even the simplest everyday tasks. It can have overwhelming effects on relationships with family and friends, and interfere with the ability to earn a living. It may also lead to suicide.

This is why, on World Family Doctor Day 2017, we are focusing on depression. WONCA is determined to reduce the impact of depression on our patients' lives. Family doctors around the world have a central role to play in ensuring that patients receive the care they need and deserve.

To help you manage the first, crucial consultation with patients who may be depressed, we have created an evidence-based guide.

[Depression - an evidence based first consultation](#)

We begin by explaining how common depression is and how patients are most likely to present with physical symptoms. We offer you advice on how to introduce mental health concerns to the consultation. We discuss distress, depression and other mental health problems, and why family doctors may not make a mental health diagnosis. We recommend two screening questions to rule out depression, and explain how to explore further if depression is likely. We encourage family doctors to begin helping depressed patients by empathic listening and non-drug therapies. We advise on keeping antidepressants in reserve, and prescribing them only to those patients who are most likely to benefit. Finally, we recommend seeing the patient again soon.

I hope you find this guide helpful to your own practice, and encourage you to share it with your primary care colleagues.

You can also link into the [World Health Organisation's Lets Talk campaign](#)

Chris Dowrick

[Join our Working Party](#)



## Rural Round-up: David Hogg on RuralGP.com



*This month, David Hogg, a rural GP from the Isle of Arran, Scotland and tells us about his innovative website RuralGP.com*

The website [RuralGP.com](http://RuralGP.com) was launched in 2009, in a bid to provide a signpost for UK rural practice. Since then, it has grown from strength to strength, such that in 2016 there were 96,000 site visits, 484,000 page views and 1.8 million hits... and for the techy folk, this amounted to 76GB of data requested. With latest figures, it is forecast that visits will reach over 120,000 in 2017.

The aim of the site is to network and embrace rural general practice - and whilst there has been an inevitable Scottish focus (as I am currently writing most of the material) I am keen to feature any material relevant to international rural practice. The site is owned by me, the server costs paid by the Rural GP Association of Scotland, and as a result articles can be quickly turned around. The site is hosted with an excellent service provider, and using the Wordpress platform means that lots of advanced and helpful features can be incorporated - there is a wealth of plugins to aid site functionality.

I would be happy for anyone to submit content to the site. Logins can be set up so that you

can write the material directly to the website (this is no more difficult than writing an email online) and authorship control measures mean that articles can be submitted easily for quick review, before they are published. You can publish under your own avatar/biography too. Adding images, video and podcasts is very straightforward, and new articles are automatically tweeted out. A weekly newsletter auto-publishes and at present we have over 120 subscribers.

If you think that RuralGP.com could be helpful to publicise your innovative work or event, let me know by emailing [david@ruralgp.com](mailto:david@ruralgp.com) or tweeting to @RuralGP. You may also be interested in [RuralGP.scot](http://RuralGP.scot) too where we feature the work of the Rural GP Association of Scotland.

David Hogg  
@davidrhogg  
Rural GP,  
Isle of Arran, Scotland



## Open Access to patient safety education articles at "Education for Primary Care"

The *Education for Primary Care* journal has obtained free permanent open access for all WONCA members to five key and most informative leading articles on education for patient safety in primary care. These were commissioned from Paul Bowie, Programme Director (Safety & Improvement) - NHS Education for Scotland and published serially last year.

This is most apt as the Council of the WONCA Working Party on Rural Practice has just highlighted, at its meeting at the WONCA World Rural conference in Cairns, the importance of working globally across WONCA World to ensure patient safety.

These articles are written by experts in their subjects and offer truly helpful knowledge and advice. They cover such important areas of training. I am most grateful to Paul Bowie for recognising this and offering the funds to make them widely available.



Val Wass  
Chair, WONCA Working Party on Education

The free access patient safety education articles are:

[The past, present and future of patient safety education and research in primary care](#)

Paul Bowie, John McKay, Duncan McNab & Carl de Wet

[Human factors and ergonomics for primary care](#)

Paul Bowie & Shelly Jeffcott

[Human factors in general practice – early thoughts on the educational focus for specialty training and beyond](#)

John McKay, Laura Pickup, Sarah Atkinson, Duncan McNab & Paul Bowie

[Understanding and responding when things go wrong: key principles for primary care educators](#)

Duncan McNab, Paul Bowie, Alastair Ross & Jill Morrison

[Understanding patient safety performance and educational needs using the 'Safety-II' approach for complex systems](#)

Duncan McNab, Paul Bowie, Jill Morrison & Alastair Ross



## WONCA Statement on Planetary Health and Sustainable Development Goals

*The WONCA Working Party on the Environment has developed the WONCA Statement on Planetary Health and Sustainable Development Goals which was endorsed by the WONCA Executive in April 2017.*

Human health is dependent on natural systems which underpin a range of essential services such as the provision of clean air and water, nutritious food, stable climates, and clean energy for development. Planetary Health is defined as the pursuit of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems — political, economic, and social — that shape the future of humanity and the Earth's natural systems, which define the safe environmental limits within which humanity can flourish. Put simply, "Planetary Health is the health of human civilization and the state of the natural systems on which it depends". The Earth's natural systems are the foundation of the Sustainable Development Goals ; henceforth, in order to achieve good health and wellbeing we must address Climate Change and other environmental dangers by

attributing a high priority to efforts related to these issues.

As family doctors we are in a unique position to promote knowledge about Planetary Health and behaviour changes, which can improve both individual and Planetary Health - the so called co-benefits - such as active transportation, low emission sources of energy and a more vegetable based diet in our patient communities. It is also imperative that Planetary Health be included in the core curriculum of medical schools, family medicine residencies and further professional development. We must strive to integrate sustainability into our individual behaviour, clinical practice, and in our meetings.

Finally, we invite all family doctors to collaborate in the development of innovative strategies, practical examples, scientific evidence for effective action, inclusive educational resources and to advocate about Planetary Health.

*Endorsed by Wonca Executive October 2016*



## Special Interest Groups

### SIG Cancer and Palliative Care -Rio workshop and future plans



Annette Berendsen, Convenor of WONCA's [Special Interest Group on Cancer and Palliative Care](#), updates us on activities in Rio and plans for 2017-2018

#### Rio preconference workshop

The Rio pre-conference of the WONCA SIG on Cancer and Palliative care attracted a large group, including many Brazilians eager to hear about palliative care in the community internationally.

Prof Geoff Mitchell first welcomed everyone and explained the vision of the SIG and of the [International Primary Palliative Care Network](#) which had members in every continent.

Prof Scott Murray then highlighted the recent [WHO manual on integrating palliative care](#) in all settings, especially the community. He had contributed to this very useful manual which spells out how palliative care can be integrated in primary care in various high, middle and low income countries.

Then Dr Santiago Correa illustrated how his project in

Brazil works so that others could learn from it. This was received very enthusiastically. The new President of WONCA, Professor Amanda Howe, visited the special interest group and encouraged us to continue over the next few years in this priority area for primary care.

During the WONCA conference itself we held a "basics of palliative care" session for GPs which lasted three hours. Daniel Azevedo and Claudia Buria, both from Brazil, presented in a very dynamic fashion key issues about identifying and helping people with frailty and dementia. Geoff Mitchell then gave a clear basic talk on symptom control. Again there was much enthusiasm around this. Slides will be available on [www.ippcn.org](http://www.ippcn.org)

On the last day of the WONCA World conference there was a special panel on palliative care when we heard presentations from Geoff Mitchell (summarising palliative care in Latin America using a presentation from Dr Liliana deLima (USA), Maria Goretti Sales (Brazil), Thomas Martin (Costa Rica), and Santiago Correa (Brazil) In closing, Scott Murray (UK) who showed a four minute video giving a four dimensional rationale for early palliative care which was well received, and which soon should be available as a teaching aid for students and postgraduate teaching for nurses, doctors and allied health professionals.



There will be great opportunities for further



palliative care input at WONCA in Seoul in 2018 and in regional conferences before then.

## 2017-18 Plans

In 2017-18 our SIG plans to recruit more members, and maintain a strong advocacy for family physicians to play an increasing role in the care of people with cancer and also people who would benefit from a palliative care approach, independent of their illness. The group will highlight the practical nature of the WHO 2016 publication on Integrating palliative care in all settings, especially in the community.

We will try to hold meetings at regional and world WONCA meetings, and also at Palliative care and Cancer conference to explain our role to specialists.

In 2017, we will run a workshop on cancer survivorship at WONCA Prague in June 2017. Annette Berendsen and David Weller have taken the lead on this. We expect this workshop to be a success as they usually are. However, we find it a bit harsh to invite speakers who have to pay the full congress fee.

We hope to intensify the collaboration with The Cancer and Primary Care Research International Network (Ca-PRI).

After running a jointly-badged all-day workshop with Ca-PRI at the European Cancer Congress (ECCO) in Amsterdam January 28, we hope for an on-going

collaboration because the all-day workshop was very successful and well-attended.

David Weller is organising a [conference in April 2017](#) in Scotland to which all WONCA members are most welcome.

Some members of the palliative sub-group of Scott Murray have produced a video that they are translating into different languages to explain a rationale for early palliative care. They decided it was a very useful educational tool for GPs, so it is now published and a podcast [in the BMJ](#). And also available on [Facebook](#). They plan to do a further blog for WONCA to alert members about it.

We were invited by the European Commission Initiative on Breast Cancer (ECIBC) for a meeting at the Joint Research Centre (JRC) in Ispra to explore possible collaboration. This meeting will take place in May 2017. Meanwhile the SIG and International Palliative Care Network are going ahead to help different countries to integrate palliative care in primary care, using [the Toolkit](#) developed by the EAPC Taskforce and WONCA in 2016.

[Join our SIG](#)

## Conference Reports

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### Candan Kendir reflects on the VdGM forum

*Candan Kendir was the Vasco da Gama Movement (VdGM) Fund Winner attending the 4th VdGM Forum which was held from 20-21 April 2017 in Strasbourg, France*



I feel privileged to have been one of the winners of the

[Vasco da Gama Movement \(VdGM\) Fund 2017](#). This was to attend the VdGM Forum which was held in Strasbourg. The aim of VdGM Fund is to assist trainees and junior General Practitioners/Family Physicians (GPs/FPs). It was launched in 2012 - an initiative of VdGM Past President, Sven Streit, and the Fund has already helped 16 junior GPs/FPs to attend the WONCA Conferences in Prague, Lisbon, İstanbul and Copenhagen. This time, it was also available for the VdGM Forum.

At the Forum, as a receiver of the Fund, my goals were to meet with young doctors coming

from different countries across Europe and exchange ideas, projects, professional life with them. I appreciated making new friendships while meeting with my old friends. Needless to say, I enjoyed every moment of the forum with plenary sessions, workshops and social activities – many of which are now available to watch on [YouTube](#).



I was impressed with the beauty of the city of Strasbourg and took time to make visits to special places such as Petite-France, a historic neighbourhood on the city's canals, which in the past met the constant need of tanners, millers and fishermen, for water. Nowadays, their half-timbered homes situated along the river still stand, and provide a truly beautiful sightseeing place.

On the first day, I facilitated the workshop of the [ASPIRE Global Leaders](#) Program as Europe Liaison Person. In this session, I worked with Dr Claire Marie Thomas (the President of VdGM) and Prof Job Metsemakers (WONCA Treasurer and Past President of WONCA Europe). We focused on the topic "Improving presentation skills".

First, we presented a summary of the outcomes of our workshop held at the 3rd VdGM Forum "Characteristics and Skills of a Leader". Then, we worked in groups with the participants to define the different aspects of good presentation skills. The outcomes were divided into three requirements for a good presentation: before, during, and after the presentation. The most relevant for "before the presentation" were testing the presentation room, practicing the presentation and have a good plan of the topic adapted to the intended audience. The most important for "during the presentation" were interaction with the participants, using body language properly and believing in the presentation and showing

enthusiasm. Additionally, the groups focused on being empathic, on anticipating questions and receiving feedback "after the presentation".



In the second part, we had a guest speaker (Dr Emmanuel Allory, Rennes University) who made a 10 minute presentation. Then, we worked in groups to review his presentation skills. In the last part of our workshop, each group gave feedback to our guest and he gave his reflections to the participants.

The session was live streamed on Facebook and it's now available on-demand on the [VdGM YouTube channel](#).

This was my second workshop with Dr Claire Marie Thomas and Prof Job Metsemakers as co-facilitators. It was a great opportunity to observe them closely during the presentation - to consider how they face difficult situations and how they put their personal stamp on a workshop. At the end of the workshop, we also debriefed as co-facilitators. Working with two experienced leaders also gives me the opportunity to improve my own communication, presentation and leadership skills.

On the second day, the most interesting plenary to me was "Community Building" moderated by Claire Marie Thomas. This was an "Open Space Technology" session to allow members with new ideas or existing special interests and theme groups, to recruit, gather, network and develop ideas. According to the instructions, the participants were allowed to be either "a flower" (who has a project/idea and looks for collaboration) or "a Bumblebee" (who doesn't have a project but seeks for interesting ones in different flowers). I had a project in my mind about my interest in "Health Literacy" and with the help of this session, I



Family Health team led by Dr Marcia Santos, other Family physicians and trainees including – Drs Priscila Nunes, Carla Heinzemann, Annie Helena Wilson, Igor Soares Morais, Thamara Vieira, Luiz Sergio Zanini and Caio Maia; just to name a few. I also met other members of the FHT – community health agents, psychologists, physical educators, nutritionists, dentists, physiotherapists and pharmacists



Many fond memories come to mind as I think of my time at Assis Valente. Having spent most of my residency training and current practice at a tertiary based primary care setting, my stay at Assis Valente helped me appreciate the concept of putting the people first in the delivery of primary health care.[2] I was impressed with the location of this clinic, it was community based and served a defined geographic region. Apart from physical accessibility, members of the community could have access to care between 7 am – 7 pm.

Though this requires long work-hours for the health care providers here, they carried out their duties with such dedication and commitment I am yet to see in my own work setting. The family doctors were never in a hurry during consultations. Each consultation was done in a relaxed manner; hugs and laughter were a common phenomenon. It was so refreshing to see the camaraderie shared and continuity of care experienced. The patients knew their family health teams and each visit was an opportunity to catch up on the last visit, their health and that of their families. If I was impressed at the variety of skills the family doctors had acquired after such a short period of training, I was even more impressed that there was an intentional effort to ensure family doctors had the right set of attitudes.

From consultations for NCDs, providing health education and counselling to doing minor procedures – the role of the family physician as a provider of comprehensive health care

came alive to me.

From what I saw, primary health care in Rio was focused at ensuring universal health coverage. Not only did I witness accessibility to health care in terms of time and place, financial accessibility to services at this family clinic caught my attention. Here, patients did not have to pay for basic health care services. This made me think of my patients back at home and how many of them often could not afford basic health care services. Indeed as at 2014, out-of-pocket expenditure on health in Brazil had reduced to 47.2% from 68% in 1995 while that of Nigeria had increased from 94.6% in 1995 to 95.7% in 2014.[3]

Apart from basic and comprehensive health care at the facility, I also enjoyed the home visits (See figure 4). This is one way CF Assis Valente provides Community Oriented Primary Care (COPC); but the Family doctors are not alone on this, they have the support of the Community Health Agents (Agente Saude Comunitario); who are an important link



between the primary health centre and the community.

*Figure 4 Dr Yakubu at a home visit during the pre-WONCA 2016 conference exchange*

Apart from Assis Valente, I had the opportunity of visiting Centro Municipal de Saude Manoel Jose Ferreira and Clinica Familia de Santa Marta. Each had its unique set-up. However, its approach to health care delivery was based on the same ideology.

After a week at CF Assis Valente and a day visit to CF Santa Marta and CMS Manoel Jose Ferreira respectively, I was ready for the main WONCA conference. All through the sessions, I had this feeling of being part of a big

movement, a large family, something larger than my than what I was used to.

As each speaker took turns to deliver their lectures, I embarked on a journey of reflection through the precepts of quaternary prevention, rational drug use, managing Insomnia, the growing epidemic of NCDs, the unique cultural expressions of mental health disorders and the contributions of Family Medicine to health systems all over the world including Africa.

The resource persons were wonderful but two made the most impact on me: Dr Katherine Rouleau and Prof Juan Gérvas. The later through his lecture titled "Health management taking into account the precepts of the Quaternary prevention" helped me realise my role as a family physician, to protect the wellbeing of our patients through use of appropriate technology. At another session, Prof Juan Gérvas made a strong argument for the philosophy of primary care which promotes maximum quality, minimum quantity of interventions, appropriate technology that is people oriented with guaranteed access and trickle-down effect to where it is most needed. He presented the concept of "over-diagnosis" in such a brilliant way; reinforcing the need to know what to do and when not to do anything.

At the Barbara Starfield Memorial lecture titled "Advancing global family medicine through international partnerships", Dr Katherine Rouleau helped me appreciate the power of partnerships. I still marvel at the gift of oratory she displayed and recall how the audience came alive to the passion that drives the vision of family medicine through global health and collaboration. I have since longed for that magical experience of partnership, one in which "...individual vision is transformed into collective action and collective vision into individual momentum".

Apart from listening to others, I had the privilege of presenting a poster and an oral abstract. The former was titled, "Doctor-centered versus Patient-centered care: effect on patient enablement among adult hypertensives at a general out-patient clinic in Africa" and the later, "Improving Patient-Doctor concordance: An intervention in the management of hypertension at a tertiary based primary care setting in Nigeria". I also got to be a speaker at a BRITE session on the topic: "Guidelines for management and prevention of NCDS: dilemmas and solutions for the primary care physician" but WONCA 2016 was not all work. Through a rich array of social and cultural activities, the organisers spared no effort at ensuring we had memorable moments in Rio.

Last but certainly not the least, I recall with nostalgia, the opportunity to bond with other young family doctors. Indeed, this remains one of the main highlights of my conference experience. The friendship we had shared through a virtual community of Young Doctor Movements (YDMs) came alive as we saw each other – the warm hugs and kisses, the never-ending camera clicks, capturing the essence and feel of youthfulness. I daresay, I did feel invincible with these ones and even got to learn about the doctor-pose thanks to Dr Kim Yu.

I have the American Board of Family Medicine Foundation (ABFM-F) to thank for this opportunity. Through the Montegut Scholarship award for Africa, I was offered the opportunity to be part of an enriching experience, one I will remember for a very long while. Indeed, I feel blessed. Thank you, ABFM-F. It is my hope that many more young Family physicians (especially from Africa) get to benefit from this great initiative. I also hope soon; the efforts of the ABFM-F will inspire many more who will emulate their good work.



## Featured Doctor

### Prof Kanu BALA - Bangladesh : WONCA South Asia region president

*Prof Kanu Bala MBBS, FCGP [BD], LLB [DU], PhD [DU], PhD [USTC], FRCP [Dublin], FRCP [Edinburgh] is the WONCA South Asia Region President for 2016-2018. He has an extensive list of achievements some of which are mentioned here.*



#### What work do you do?

I am Professor of Family Medicine and Medical Director of the Bangladesh Institute of Family Medicine & Research (BIFMR), University of Science & Technology Chittagong (USTC). As Visiting Professor of Medicine and Gastroenterology, I teach undergraduate medical students of the Community Medical College of the People's University. I am a member of the board and a teacher of the Bangladesh College of General Practitioners (BCGP).

#### What are your other interesting achievements and positions?

I am one of the pioneers of introducing and developing Family Medicine Education in Bangladesh. I am the key person for establishing and running the BCGP and BIFMR. I have developed courses and curricula for both institutes.

At present I am the president of the Bangladesh Academy of Family Physicians and Editor-in-Chief of the Bangladesh Journal of Family Physicians. Throughout my career I have continued with patient management and research activities. My fields of research are family medicine education, hypertension, irritable bowel syndrome, chronic hepatitis B, intestinal tuberculosis, dyspepsia, etc. My 164 research articles and review articles are published in different national and international journals.

I have been honoured with the 'Leader of the Profession Award' of the USTC and 'Lifetime Achievement Award' of the Bangladesh Society of Ultrasonography. I was an recipient

of the 'WONCA Global Family Doctor Award' in December 2006. In March this year I was presented with my WONCA Life Direct membership by Prof Amanda Howe (see photo with Amanda Howe, WONCA President and Donald Li, WONCA President elect).

#### What do you hope to achieve as South Asia Region President?

I want to do the following work during my two years' tenure:



1. Strengthening bonds amongst the WONCA Member Organizations in the South Asia Region
2. Expansion of membership and upgrading membership of existing members including new members in the category of Academic Membership
3. Reinforcement the partnership with the WHO Regional and Country Offices
4. Continuing and increasing WONCA South Asia region activities
5. Support the Spice Route Movement for young family doctors.

#### What are your other interests?

My interests outside my works include:

- Drafting and amending constitutions of different organizations. I have completed Bachelor of Law (LLB) from Dhaka University
- Voluntary social work during peace and disaster
- Member of government and non-government committees on health policy
- Enjoying old songs, reading and travelling
- Spending times with children, grandchildren and other family members

## Conference News

### WONCA Rural 2018 announced



Dear colleagues,

It's a great pleasure to announce the 15th WONCA World Rural Health Conference, South Asia Rural health conference (WRHC 2018) to be held in New Delhi from 26 - 29th April 2018. This is an international event that will see delegates from around the world inspiring and exchanging ideas on the latest developments and challenges in rural family practice and rural and remote health generally.

The Academy of family physicians of India (AFPI) is proud to have been invited by the WONCA Working Party on Rural Practice to host this conference. This important conference will be held in collaboration with WONCA Rural South Asia (WoRSA).

WONCA now has 118 Member Organisations in 131 countries and territories with membership of about 500,000 family doctors and more than 90 per cent of the world's population. The WONCA Working Party on Rural Practice consists of up to 20 members with representatives from each of the world's regions: Europe, Asia, Africa, North America, South America, Australasia / Pacific with a vision of health for all rural people around the world.

The conference expects 1500+ national and international delegates to attend. These will include rural doctors, researchers and academics, teachers, medical students, policy makers, nurses, paramedics, administrators from both the public and private sectors and grass root workers like ASHA.

> Follow us on [Facebook](#)

It's a window of opportunity for all to know, the advances made in different rural health determinants and also a forum to discuss family medicine and its role in rural health solutions.

You all are welcome to join this academic extravaganza, to inspire, inform and exchange experiences and to celebrate the work we do daily with our patients and their communities.

We are happy to present our video for 15th WONCA World Rural Health Conference.



<https://youtu.be/A4D3WRvAC7s>

Registrations are now open with a super early bird offer.

Dr Raman Kumar (Organising Chair)  
Dr Pratyush Kumar (Organising Secretary)

### Contact options

- > Visit our [website](#) for more details.
- > We would be happy to help you by email [wrhc2018@gmail.com](mailto:wrhc2018@gmail.com)
- > WhatsApp us +918130668400

## WONCA CONFERENCES 2017

April 21-22, 2017	Vasco da Gama Forum	Strasbourg, France	<a href="http://vdgm.woncaeurope.org/4thforumvdgm/welcome-message">vdgm.woncaeurope.org/4thforumvdgm/welcome-message</a>
April 29 – May 2, 2017	WONCA World Rural Health conference	Cairns, AUSTRALIA	<a href="http://www.aworldofruralhealth.org.au">www.aworldofruralhealth.org.au</a>
June 28 – July 1, 2017	WONCA Europe Region conference	Prague, CZECH REPUBLIC	<a href="http://www.woncaeurope2017.eu">www.woncaeurope2017.eu</a>
August 17-20, 2017	WONCA Africa region conference	Pretoria, SOUTH AFRICA	<a href="http://saafp.org/conferences">http://saafp.org/conferences</a>
August 17-19, 2017	WONCA Iberoamericana-CIMF region conference	Lima, PERU	<a href="http://lima2017woncacimf.com/">http://lima2017woncacimf.com/</a>
November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	<a href="http://www.woncaaprc2017-pattaya.com/">http://www.woncaaprc2017-pattaya.com/</a>
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	<a href="http://www.gpansarwoncaconference.org.np/">http://www.gpansarwoncaconference.org.np/</a>

WONCA Direct Members enjoy *lower* conference registration fees.

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



## WONCA ENDORSED EVENTS

02 Nov - 05 Nov 2017 **World Federation for Mental Health congress**  
New Delhi, India



## MEMBER ORGANIZATION EVENTS

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

11 May **EGPRN meeting**

- 14 May Riga, Latvia

2017

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17 May **5th IPCRG Scientific Meeting**

- 18 May Ljubljana, Slovenia

2017

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21 May **International conference on Trauma and**

- 23 May **Mental Health**

2017 Jerusalem, Israel

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30 Jun **25th FCGP Annual Conference 2017**

- 02 Jul Yanuca Island, Fiji

2017

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27 Jul **RNZCGP Conference for General Practice &**

- 30 Jul **Quality Symposium**

2017 Dunedin, New Zealand

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03 Aug **1st IPCRG South Asian Scientific**

- 05 Aug **Conference**

2017 Colombo, Sri Lanka

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02 Sep **Hong Kong College 40th Anniversary**

- 03 Sep **conference**

2017

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12 Oct **RCGP annual primary care conference**

- 14 Oct Liverpool, United Kingdom

2017

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26 Oct **RACGP GP17**

- 28 Oct Sydney, Australia

2017

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02 Nov **EURIPA Rural Health Forum**

- 04 Nov Crete, Greece

2017

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