

WONCA News

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From the President: February 2018



I am writing this on the first full week back in the office after the Christmas and New Year holidays - though by the

time you read it we shall be closer to Valentine's Day!

Whether we speak of love, new opportunities, or traditions and festivals, we know that life with its annual cycle is both predictable and uncertain. For most of us, we look back on a year at its end and are grateful if no major griefs or losses have occurred; and we recognise the joys and sorrows of those around us. It is a poignant time to think of those without homes or hearths – our papers seemed full of requests for donations for migrants, victims of conflict, the homeless, and the lonely. It is also a time when we think about the big picture - political events, impacts on the future, and what may happen in the next year.

Then we return to clinic, teaching, research, and the world of work, and our 'New Year's Resolutions' may start to fade. But let us share ours as we move into 2018: - let's continue to work towards

- Access to a family doctor for every family in the world
- A family medicine clinic in every community
- A family medicine training programme in every locality
- An academic family medicine unit in every medical school
- Strong primary health care in every system, which is accessible, affordable, acceptable, of high quality, and encourages relationships over time
- A meaningful universal health coverage package, which goes beyond minimal care into the full preventive, educative, curative,

chronic caring and integrative model of family medicine.

On the academic front, we have an exciting new project for which we have got funding from AriadneLabs, who are closely associated with the Gates Foundation and were collaborators in the Primary Health Care Performance Initiative – this is a research gap mapping exercise trying to identify issues which matter to low and middle income countries (LMICs), and we have a chance here to examine this from the family medicine perspective. I am grateful to our WONCA Working Party on Research chair, Prof Felicity Goodyear Smith, for taking on this project, and also to other colleagues – and be sure many member organisations will be approached for their views and inputs in due course!

I had a project in my department some years ago which basically showed that much of the evidence recommended to family doctors and their teams was not based in primary health care – and it certainly may not yet be coming from Low and Middle Income Countries (LMICs) as the research infrastructure in many is so weak. Hence our 'push' in WONCA for academic expertise and for research networks where data in PHC settings can be meaningfully used for new knowledge, evidence of impacts, and service improvements.

Photo: Amanda Howe with (l to r) JK Lee, immediate past Asia Pacific region president; Young-Sik Kim, conference president; Lisa Seo, CEO Korean Academy of Family Medicine.



I am delighted to see the wealth of work being put in for the Seoul conference, and encouraged by the slightly calmer political atmosphere on that side of the world.

I am also delighted, though also challenged, by the prospect of at least a dozen WONCA trips between now and the end of my presidency in October. The only region I did not manage to reach in 2017 was Iberoamericana, but I shall be there this spring in their regional Cumbre and conference in Colombia. And I will be in all the other regions as well at some point in this year if all goes according to plan. There are a number of Regional and Working Party

conferences in the first half of 2018, all of which look great. [More here.](#)

We shall be back at WHO in January and Geneva with more policy points to push. So WONCA business continues and hopefully will thrive – especially in this year where we mark the 40th anniversary of the Alma Ata Declaration, all eyes should be on us!

So thank you all again for all your great work in all corners of the earth: I hope you gain pleasure and recognition for it. I look forward to being in touch with many of you in 2018. Go well.

Amanda Howe

De la presidenta – Febrero 2018

Os estoy escribiendo este artículo en la primera semana de vuelta al trabajo después de Navidad y de las Vacaciones de Año Nuevo – ¡aunque cuando leáis este artículo estaremos probablemente más cerca del Día de San Valentín!

Tanto si hablamos del amor, de las nuevas oportunidades, como de las tradiciones y las festividades, sabemos que la vida con su ciclo anual es tan predecible como incierta. Muchos de nosotros, miramos atrás y vemos un año y que ha llegado a su fin y nos sentimos agradecidos porque no hayan sucedido más desastres; y reconocemos las felicidades y las tristezas de todos aquellos de nuestro entorno. En estos días es conmovedor pensar en todas aquellas personas que no tiene casa ni corazones – nuestra correspondencia está llena de cartas y solicitudes de donaciones para inmigrantes, víctimas de conflicto, gente sin techo y solitaria. También es conmovedor cuando pensamos en las grandes fotos del próximo año – eventos políticos, impactos del futuro, y lo que pueda ocurrir.

Entonces, es cuando volvemos a la investigación clínica, a la formación y al mundo del trabajo, y a nuestros “Propósitos de Año Nuevo” que por causa de todas estas inquietudes podrían empezar a desvanecerse. Compartamos nuestros propósitos mientras avanzamos por el 2018, así podemos seguir trabajando hacia:

- Acceso a 1 médico de familia por cada familia en el mundo.

- 1 centro de Medicina de Familia para cada comunidad.
- 1 programa formativo de Medicina de Familia en cada localidad.
- Una unidad académica de Medicina de Familia en cada escuela médica.
- Una Atención Primaria fuerte para cada sistema, y que procurar que esta sea accesible, asequible, aceptable, de alta calidad y que incentive las relaciones durante el tiempo.
- Una cobertura universal de salud con sentido, que vaya más allá de una mínima asistencia en la prevención completa, educativa, curativa, de cuidado crónico y con un modelo integrado de Medicina de Familia.

Desde el punto de vista académico, tenemos un nuevo proyecto muy estimulante por el que hemos obtenido financiación de los Ariadne Labs, que están asociados con la Fundación Gates y que fueron colaboradores con la Iniciativa de Asistencia en Atención Primaria – este es un ejercicio de mapeo para intentar identificar problemas que afectan a los países con ingresos medios y bajos (low and middle income countries, LMICs), y aquí es donde tenemos la oportunidad de examinar esta realidad desde una perspectiva de Medicina de Familia. Estoy muy agradecida a nuestra presidenta del Grupo de Trabajo en Investigación, la Profesora Felicity Goodyear Smith, por tirar adelante este proyecto y, también, a otros colegas – por asegurar que muchas organizaciones miembro se nos aproximarán para mostrar sus puntos de vista y comentarios acerca del curso!

Hace algunos años, tuve un proyecto en mi departamento que básicamente demostró que gran parte de la evidencia que se recomienda a los médicos de familia y a sus equipos no estaba basada en la Atención Primaria – y esta, ciertamente, podría no venir de los países con ingresos medios o bajos (KMICs) mientras la infraestructura en investigación siga siendo tan débil.

Así que la fuerza de nuestro impulso es para promover la especialización académica de WONCA y para las redes de investigación en las que los datos del marco PHC pueden ser utilizados en el sentido de conseguir nuevo conocimiento, evidencia de impactos y mejoras del servicio.

Estoy muy satisfecho de ver la gran riqueza del trabajo que se está realizando para el Congreso de Seúl, incentivado por una situación política que parece ser un poco más calmada en esta parte del mundo.

Foto: Amanda Howe con JK Lee, último Presidente de la región de Asia Pacífico; Young-Sik Kim, Presidente del Congreso; Lisa Seo, CEO Academia Coreana de Medicina de Familia.



También me siento muy satisfecha, y con ganas de asumir nuevos retos, tras la perspectiva de, por lo menos, una docena de viajes de WONCA entre ahora y el final de mi presidencia el próximo mes de octubre. La única región que no he conseguido visitar en todo este tiempo ha sido la de Iberoamérica, pero espero poder estar ahí en su Cumbre regional y su Congreso en Colombia. Y también voy a volver a visitar el resto de regiones en algún momento de este año si todo va tal y como esperamos en nuestro plan. Hay una serie de Congresos Regionales y de reuniones de Grupos de Trabajo en la primera mitad de 2018, y todos estos encuentros parece que van a ser geniales. www.globalfamilydoctor.com/Conferences.aspx

Vamos a volver a la reunión de la Organización Mundial de la Salud en el mes de enero en Ginebra con más puntos políticos para seguir adelante. Así que el trabajo de WONCA continúa y esperemos que se desarrolle – especialmente durante este año en que vamos a celebrar el 40 aniversario de la Declaración Alma Ata, por eso debemos hacer que ¡todo el mundo ponga su foco en nosotros!

Así que muchas gracias de nuevo por vuestro gran trabajo desde todos los rincones del planeta: Espero que estéis satisfechos y que se os reconozca como es debido. Espero que podamos vernos y contactar en 2018. ¡Que os vaya muy bien!

Amanda Howe
Presidenta de WONCA

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(semFYC) - Periodismo y comunicación

De la Présidente - Février 2018

De retour au bureau depuis une semaine après les vacances de Noël et Nouvel An, j'écris cette lettre bien que vous ne la lirez que vers la Saint Valentin!

Que nous parlions d'amour, de nouvelles opportunités ou de traditions et festivals, nous

savons que la vie, suivant son cycle annuel, est à la fois prévisible et incertaine. Pour la plupart d'entre nous, nous revisitons l'année à sa fin et sommes reconnaissants de n'avoir subi ni chagrin ni perte majeure et reconnaissons les joies et les peines de ceux qui nous entourent. C'est un moment poignant quand on pense à tous ceux qui sont sans

abris ou foyers -nos journaux sont pleins de demandes de donations pour les migrants, pour les victimes de conflits, pour les sans-abri et pour les personnes isolées. C'est aussi le moment de penser aux grands enjeux - événements politiques, impact sur le futur, et ce qui pourrait se passer au cours de l'année à venir.

Puis c'est le retour vers la clinique, l'enseignement, la recherche, le monde du travail, et nos résolutions pour la nouvelle année commencent à se dissiper. Permettez-nous de partager les nôtres au seuil de 2018: - continuons notre travail vers :

- L'accès pour toutes les familles du monde à un médecin de famille
- Une clinique de médecine familiale dans chaque communauté
- Un programme de formation en médecine familiale dans chaque localité
- Une unité de recherche universitaire en médecine familiale dans chaque faculté de médecine
- Des soins de santé primaires solides dans chaque système, accessibles, financièrement abordables, acceptables, de grande qualité et qui encouragent le développement de relations durables
- Une sérieuse couverture médicale universelle au-delà du basique vers le soutien préventif complet, les soins éducatifs, curatifs, les soins des maladies chroniques et un modèle de soins intégratifs familiaux.

Sur le plan de la recherche, nous avons un nouveau projet intéressant pour lequel nous avons reçu le soutien financier de AriadneLabs, étroitement associés à la Fondation Gates et qui ont collaboré à la Primary Health Care Performance Initiative - ceci étant un exercice de localisation des lacunes dans l'identification des problèmes importants pour les pays à bas ou moyens revenus, et nous avons maintenant le privilège d'examiner ces questions du point de vue de la médecine familiale. Je remercie Professeur Felicity Goodyear-Smith, présidente du Groupe de Travail de WONCA sur la Recherche, pour la direction de ce projet, ainsi que d'autres collègues -et soyez assurés que de nombreuses organisations membres seront contactées en temps utiles afin d'obtenir leurs vues et contributions.

Un des projets de mon département, il y a quelques années, avait démontré que la plupart des résultats recommandés aux

médecins de famille et à leurs équipes n'étaient pas basés sur les soins de santé primaires- et ils ne viennent sûrement pas encore des pays à bas et moyens revenus du fait de la faiblesse des infrastructures de recherche. D'où nos efforts au sein de WONCA pour la promotion de l'expertise universitaire et pour les réseaux de recherche dans lesquels les données sur les soins de santé primaires peuvent être utilisées à bon escient pour une nouvelle compréhension, une preuve des impacts et une amélioration des services.

Je suis ravie de voir l'étendue du travail d'organisation de la conférence de Seoul et suis encouragée par le climat politique quelque peu plus calme de ce côté du monde.

Je me réjouis également, bien que ce soit un défi, à l'idée de faire au moins douze voyages pour WONCA d'ici la fin de ma présidence en octobre. La seule région que je n'aie pu atteindre en 2017 était l'Amérique latine. J'y serai au printemps pour leur sommet régional et la conférence en Colombie. Je visiterai toutes les autres régions à différents moments de l'année si tout se passe comme prévu. Il y aura un certain nombre de conférences régionales et de groupes de travail dans la première moitié de 2018, qui toutes ont l'air intéressant.

Pour plus d'informations :

globalfamilydoctor.com/Conferences.aspx

Nous serons de nouveau à l'OMS en janvier et à Genève avec toujours plus de questions politiques à promouvoir. Le travail de WONCA continue donc et, j'espère, prospérera – particulièrement en cette année qui marque le 40e anniversaire de la Déclaration d'Alma Ata, tous les regards seront rivés sur nous !

Alors, merci encore pour tout le travail fantastique fait aux quatre coins de la terre : j'espère qu'il vous apporte satisfaction et reconnaissance. Je me réjouis de reprendre contact avec beaucoup d'entre vous en 2018.

Bonne santé.

Amanda Howe
Présidente

*Traduit par Josette Liebeck
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Accréditation NAATI No 75800*

From the CEO's desk: Scholarships for Seoul



This is the first WONCA News for 2018, so I wish all our readers and members a belated Happy New Year. This will, of course, be a busy year for us, with the World Council and conference scheduled for

Seoul, Korea, in October. Plans are already well advanced, and I wanted to use this month's column to promote a number of WONCA awards and bursaries which are available to assist attendance at the world conference.

Montegut scholarship

The Montegut Global Scholars Program (MGSP) was established by the American Board of Family Medicine Foundation (ABFM-F) in 2010. It supports the attendance of one family physician from each of the seven regions of WONCA at their regional meetings or to the international meeting in the year when it is held. The MGSP will provide a scholarship to the value of US\$3,300 for the selectee from each region to attend the WONCA world conference, in Seoul, in 2018. Further details, including an application form, are available on the [WONCA website](#)

PLEASE NOTE:

For WONCA Europe - the application deadline was 1st February 2018 but you should check the [WONCA Europe website](#) in case of a last-minute extension.

For WONCA North America - the award is limited to members of the Caribbean College of Family Physicians. Further details can be obtained from the WONCA North America Region President at presidentamerica@wonca.net.

For all other WONCA regions - the application deadline is 20th April 2018. All applications should be submitted to the WONCA World Secretariat, email:

manager@wonca.net

Taiwan Family Medicine Research Award

The Taiwan Family Medicine Research Award (TFMRA) was established by the Chinese Taipei Association of Family Medicine in 2008 and was founded to encourage junior family physicians to conduct research in the specialty of family medicine. TFMRA offers a prize of USD1,500 each to three young family physicians for the excellence of their research, to enable them to attend the WONCA World Conference in Seoul. The TFMRA winners are encouraged to present their research papers (if abstract is accepted) and to accept their award from the President of the Chinese Taipei Association of Family Medicine at the WONCA World Conference.

One out of the three award winners must be from the Asia Pacific region.

Eligibility for applicants

1. The applicant must be a practicing family physician, an attending physician, a resident, or a graduate student in the specialty of family medicine.
2. The applicant should be under 40 years old or have no more than three years of research experience.
3. The applicant must submit a full paper which is not yet published and has not been presented at any international meeting.
4. The submitted paper has not been funded or awarded any prize and will be submitted for presentation at the WONCA World Conference in Seoul.

Criteria for selection

1. Relevance of the research topic to family physicians of the country where the research was conducted.
2. The rigor of research methodology.
3. The contribution of the research to clinical practice.
4. Quality of the writing of the literature review, materials and methods, results, and discussion.
5. The paper should be an original article and comply with code of research ethics.

To apply

Please send submissions, including a covering letter to Chinese Taipei Association of Family Medicine and a copy of a recent CV, by the closing date of 31st March 2018, to:

Dr Donald Li, Chair of WONCA Nominating and Awards Committee, by email to the WONCA World Secretariat at manager@wonca.net

>[All awards](#)

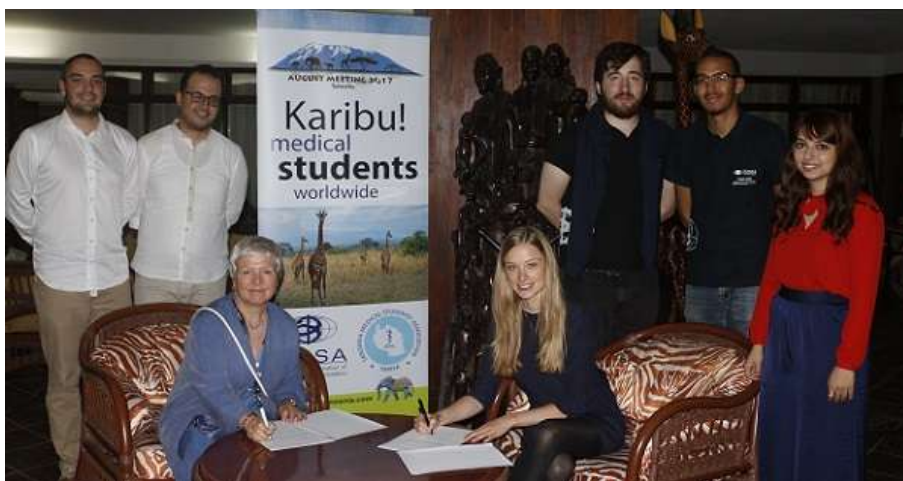
Finally, a reminder that the outline schedule for Seoul was included in my WONCA News article in June 2017, which can still be accessed.

>[Schedule for Seoul](#)

Until next month.

Dr Garth Manning
Chief Executive Officer

Policy Bite: Toolkit for Social Accountability in Medical Schools



Amanda Howe writes about the 'Students' Toolkit for Social Accountability in Medical Schools'. Photo (above) Amanda signing the MOU with The International Federation of Medical Students' Associations (IFMSA) representative, Marie Hauerslev, in Tanzania, in 2017.

The International Federation of Medical Students' Associations (IFMSA) and the Training for Health Equity Network ('THEnet') have recently published an important 'Students' Toolkit for Social Accountability in Medical Schools'.

[Toolkit](#)

WONCA has Memoranda of Understanding with both of these organisations, and the President was invited to comment on earlier versions, as well as hearing relevant conference presentations when she was

invited to the TUFH conference in April and the IFMSA meeting in Tanzania in August. It is a brief document – only 18 pages with definitions, questions to ask, and explanations of the ways to score and use the results. It is actually written for medical students, to raise their awareness of the definitions of social accountability,

and to encourage them to champion this cause, and to request curriculum reform, if needed. I am using it for the first 2018 policy bite because I think the ideals expressed are important for us all to reflect on.

The principles of social accountability are of equity, quality, relevance, partnership, and efficiency – echoing the frequently cited plea for care that is based on continuing relationships, accessible, affordable, acceptable, and effective.

Referencing this principle to providers of health care or of clinical education means that we turn the lens on ourselves and ask – for example – “what is medical education actually for?” Some might answer –to get a high status job which is intellectually stimulating and has good earning power. Others would give the answer cited in this publication – “Medical education does not exist to provide students

with a way of making a living, but to ensure the health of the community”.

Questions to ask include:

- Do we have an explicit mission statement which drives us to consider the needs of our communities on a consistent basis?
- To what extent are we able to show that our service / training addresses the needs of the population?
- Do we have real partnerships with the users of our services that actually uses their input to shape our work?
- Do those learning with us get positive exposure to all parts of the community, so that their understanding of patient diversity and community context is deepened and strengthened?

As family doctors, we have an important role to play in supporting the move towards delivering training for health professionals that improves social accountability.

By offering placement opportunities in community settings for medical, nursing, pharmacy and other health professionals, we allow learners to come close to the people – in their own homes and communities, in a better state of health than when in hospital, and with an immediate opportunity to understand how different backgrounds can influence health and health systems. We can show them the challenges and excitements of working to try to improve the health of the community through projects that address recurring health problems and try to work ‘upstream’ of the individuals who consult with us.

For example, Prof Jan de Maeseneer, in his keynote at the WONCA Europe 2015 conference, referred to the longstanding principle of community oriented primary care which he had established in his practice in Belgium - an ethnically diverse and relatively poor community where the practice developed an active patient and stakeholder meeting on a regular basis to guide and reform services, and where, over the years, projects delivered



improvements such as road traffic accident prevention, better nutrition, and ‘dental fitness’ from childhood.

Another reason to become family doctor educators and show students the value of our work is, of course, to assist in recruitment to our discipline.

One of the questions in the IFMSA/THENet Toolkit is “Are you required to do community based learning (opposed to only elective opportunities)?”, reflecting the stark reality that many students still complete a medical training with no real

experience of settings outside the university or hospitals – which makes any genuine understanding of population health and primary care unlikely.

So, the Toolkit should also inspire WONCA members to assess their own local medical schools using the same instrument, and to challenge areas where we feel that the courses lack a genuine sense of social responsiveness. We can address these issues via our member organisations, academic members, and through the work of our own WONCA Working Party on Education, as well as at individual clinic level. The weblink provides access to a useful set of teaching tools and draft documents which can be adapted as needed.

In conclusion – congratulations to the IFMSA and THENet for this useful and inspiring work.

Discussions between WONCA and IFMSA at WHO meetings and in conferences are now leading to more regular contact between our Young Doctors Movements and the IFMSA, also with the Education and Rural Working Parties, and students are welcome to join the YDM email lists. We look forward to making further contributions to the rollout of the SA Toolkit and to the general improvement in undergraduate education. Happy New Year!

Fragmentos de política: la Responsabilidad Social



Amanda Howe escribe acerca del Kit Estudiantil para la Responsabilidad Social en las Escuelas Médicas". Foto (arriba) Amanda firmando el MOU con la Federación Internacional de Asociaciones de Estudiantes de Medicina (IFMSA) en Tanzania, en 2017.

La Federación Internacional de Asociaciones de Estudiantes de Medicina (IFMSA) y Formación para la Red de Equidad ('THEnet') han publicado recientemente un Conjunto de Herramientas para "Estudiantes" por la Responsabilidad Social en las Escuelas Médicas (<https://ifmsa.org/social-accountability/>).

WONCA también ha publicado un Memorándum de Comprensión con dos de estas organizaciones, y la presidenta fue invitada a hacer comentarios acerca de las versiones anteriores, así como a escuchar las presentaciones congresuales relevantes cuando se la invitó al Congreso TUFH en abril en el encuentro IFMSA celebrado en Tanzania en el mes de agosto. Se trata de un documento breve – solamente 18 páginas con definiciones, preguntas que hacer y explicaciones acerca de las distintas formas mediante las cuales valorar y hacer un buen uso de los resultados. El documento ha sido escrito por los propios estudiantes de Medicina, para aumentar las definiciones de la responsabilidad social, y para exhortarlos a liderar esta causa y pedir una reforma del currículum en caso que sea necesario. Estoy utilizando esta noticia como el primer artículo de Fragmentos de política 2018 porque pienso que las ideas que se expresan en el documento son lo suficientemente importantes como para que las reflejemos.

Los principios de la responsabilidad social son

en las Escuelas Médicas

la equidad, calidad, relevancia, compañerismo y eficacia – dando resonancia a la demanda frecuente para la asistencia que está basada en la continuidad de las relaciones, accesibilidad, asequible, aceptable y efectiva.

Coger este principio como referencia para los proveedores de la asistencia sanitaria o para la educación médica significa mirarnos a nosotros mismos y, por ejemplo, preguntarnos – "¿para qué sirve la educación médica?" Algunos pueden afirmar que para conseguir una mejor posición laboral que sea intelectualmente estimulante y que tenga un mayor poder adquisitivo. Otras personas darían la respuesta que citamos en esta publicación – "La educación médica no existe para dar a los estudiantes una forma de ganarse la vida, sino para garantizar la salud de la comunidad".

Entre otras preguntas que se proponen también encontramos –

- ¿tenemos una declaración clara de los objetivos que nos permita llegar a considerar las necesidades de nuestras comunidades desde una base consistente?,
- ¿Hasta qué punto somos capaces de mostrar que nuestro servicio / formación está dirigido directamente a la población?,
- ¿Nuestros aprendizajes representan realmente una exposición en positivo para todos los miembros de la Comunidad, de modo que su comprensión de la diversidad de los pacientes y el contexto comunitario sea profundizado y fortalecido?

Como médicos de familia, tenemos un papel importante para jugar a la hora de apoyar y hacer una formación para los profesionales sanitarios que mejore la responsabilidad social. Si ofertamos oportunidades y ponemos un marco comunitario para profesionales sanitarios, en enfermería, farmacia y otros profesionales sanitarios, permitamos a los que quieren aprender a que se acerquen a la gente – en sus propias casas y comunidades, en un estado para la atención sanitaria mejor

que en el hospital y con una oportunidad inmediata para entender cómo los diferentes contextos pueden influenciar la salud y los sistemas sanitarios. Podemos mostrarles los desafíos y la emoción de trabajar para intentar mejorar la salud de la comunidad a través de proyectos que se dirigen a solucionar los problemas sanitarios recurrentes e intentar trabajar a “contracorriente” ante las personas que nos consultan. Por ejemplo, el Profesor Jan de Maeseneer en sus palabras de presentación del Congreso de WONCA Europa 2015 se refirió al antiguo principio de la Atención Primaria comunitaria orientada que tuvo que utilizar en su práctica en Bélgica – con su trabajo en un contexto comunitario de diversidad étnica y relativamente pobre donde la práctica se desarrollaba con un perfil de paciente activo y una reunión de gestores políticos en una base regular para su reforma, y donde trabajó desde los mejores los proyectos de prevención hasta los accidentes de tráfico, nutrición, y “dental fitness” desde la infancia.

Otra razón para convertirnos en educadores de la Medicina de Familia y para mostrar a los estudiantes el valor de nuestro trabajo es para que se unan a nuestra especialidad.

Una de las cuestiones reflejadas en el Kit de Herramientas es que “Se te requiere para hacer una formación basada en el ámbito comunitario (no solamente opuesto a las oportunidades electivas)?”, reflejando la dura realidad fuera de la universidad o los hospitales – lo que hace más difícil la

comprensión de la salud de la población y de la Atención Primaria. Así que el Kit de herramientas debería inspirar a los miembros de WONCA para valorar a sus propias

escuelas médicas utilizando los mismos instrumentos, y a través del trabajo de nuestro propio Grupo de Trabajo en Educación de la WONCA, y también a un nivel clínico individual. Los enlaces de la web permiten accesos a un conjunto de herramientas útiles para el aprendizaje y documentos borradores que pueden ser adaptados en función de cómo se necesitan.

Para concluir – muchas felicidades a IFMSA y theNET por este trabajo tan útil e inspirador. Los debates entre la

WONCA e IFMSA en las reuniones de la Organización Mundial de Salud y también en los congresos, en estos momentos están llegando a establecer contactos más regulares entre los Movimientos de Jóvenes Médicos e IFMSA, también con los Grupos de Trabajo en Educación y en Medicina Rural, y los estudiantes son muy bienvenidos para que se unan a la lista de email YDM. Estamos esperando a hacer más contribuciones para dar a conocer el Kit de Herramientas SA en la mejora general de los años de educación antes del graduado. ¡Feliz Año Nuevo!

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



<http://www.socmef.com/congresomf>

I Congreso Sub-Regional Andino
II Congreso Colombiano de Medicina Familiar

Nuevos desafíos para la Medicina Familiar: Un camino para la paz

Feature Stories

Registrations, Speakers, Abstracts for WONCA Seoul 2018

Latest news

The WONCA World conference is coming to Seoul, Korea from October 17-21, 2018. Registrations are open, some keynote speakers are announced, and abstracts are still open for oral and poster presentations.



The WONCA 2018 registration page is now open. You can register as an early bird **until March 31, 2018!**

Category	Early Bird Registration (March 31, 2018)	Pre - Registration
WONCA Direct Member	\$730	\$800
Delegate	\$780	\$850
Professional of Other Health Areas	\$500	\$600
Developing Countries	\$500	\$600
Junior Doctor, Trainee	\$375	\$400
Student	\$200	\$200
Accompanying Person	\$200	\$200
Gala Dinner	\$120	\$120
Fun Run	\$10	\$10
Charged Program(Workshop)	\$100	\$100

Registrations are now open: [Register now](#)

Keynote speakers announced are:

- Dr. John Beard Director Ageing and Life Course Department World Health Organization(WHO)
- Prof. Amanda Howe President World Organization of Family Doctors (WONCA)
- Dr. Young-Soo Shin President World Health Organization(WHO)

Abstracts are still open:

- [Conference website](#)

Call for Abstracts
February 28, 2018

We invite all interested family medicine experts to submit abstracts for oral and poster presentation. We welcome you to contribute to the most up-to-date research and latest developments from around the world.

World Family Doctor Day 2018



Dear colleagues

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

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

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. The Secretariat has also produced some posters which can be used and adapted locally: [Download posters](#)

We're always happy for Member Organizations to develop their own theme for FDD, depending on local priorities. However this year – 2018 – we have chosen as the key theme "*Family doctors – leading the way to better health*". We would love to hear of examples of good practice globally - and would even love to hear of any good examples in advance of Family Doctor Day. Karen Flegg, our WONCA Editor, has produced a template on the WONCA website where you can log examples of good practice, and all of these will be forwarded to our President, Professor Amanda Howe, in the first instance.

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

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

With best wishes
Dr Garth Manning, CEO

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

Scandinavian Delegation celebrates 30 years.



Dr Allan Pelch of Denmark, long time organiser / coordinator of the Scandinavian Delegation of Family Physicians which dates back to 1988 and the World WONCA Conference in New Orleans, reflects on 30 years of activities. Allan is pictured at front right (blue shirt) with the delegation who attended the world conference in Rio, in 2017, this visit outside a hospital in Manaus, Brazil.

opportunities to meet other family physicians and learn about their experiences, collaborate on research and to visit local practices... "WONCA conferences are also great fun and many more should take advantage of these opportunities. May I add that we always add a post-conference tour for our delegates and their "accompanying persons".

Photo: the delegation to Nepal in 2017.

Dear WONCA friends,

This year, 2018, marks our 30th year of organising Scandinavian delegations to WONCA conferences! I have no idea how many we have attended, but a conservative guess would be 40 or 50. Very conservative!

Our first conference was the 1988 World WONCA Conference in New Orleans. Very much encouraged by Dan Ostergaard (USA), we visited AAFP's Assemblies for the next many years. We still do! Back then Wes Fabb was the WONCA CEO. Dan introduced us to WONCA's leadership and from then on we focused on WONCA's conferences worldwide.

Our delegations have visited six out of seven continents! (The seventh being Antarctica!). We have been much helped by the WONCA Secretariat and the CEOs: Wes Fabb, Alfred Loh, and now Garth Manning. And we count as our friends these past and present presidents: Bob Higgins, Chris van Weel, Michael Kidd, Rich Roberts and now Amanda Howe.

May I quote Rich Roberts from a recent letter to me: "...WONCA conferences lead to



And the future? We will certainly be a part of most of this year's conferences and we count on the continued support of our Nordic Colleges of GPs. Their support is an important factor in our success.

We are aiming to attend WONCA Conferences in Krakow, Seoul, and New Delhi, in 2018. I have asked my younger colleague, Dr Peter Hansen, to share the responsibilities with me. Peter was the excellent leader of our delegation to Kathmandu in 2017.

I thank the editor for this opportunity to share our celebration with other WONCA members. We are looking forward to another great year with you and with WONCA.
Allan Pelch. M.D.

Pratyush Kumar on a Health Calendar for family doctors

Dr Pratyush Kumar, well known energetic leader of the WONCA South Asia Rural group (WoRSA) and Organising Secretary for the coming [WONCA World Rural health conference](#) in India has developed a health calendar for the new year.

When asked "Why a calendar?" Pratyush replied:

"This whole idea of calendar came when I realised that suddenly by the end of year everyone starts looking for a new calendar. These calendars anyhow attract our attention very often.

So I thought that this could be a very powerful medium with a far outreach for health promotion and awareness.

I worked on common health topics relevant to general population - keep it simple and colourful without overcrowding it with too much information.

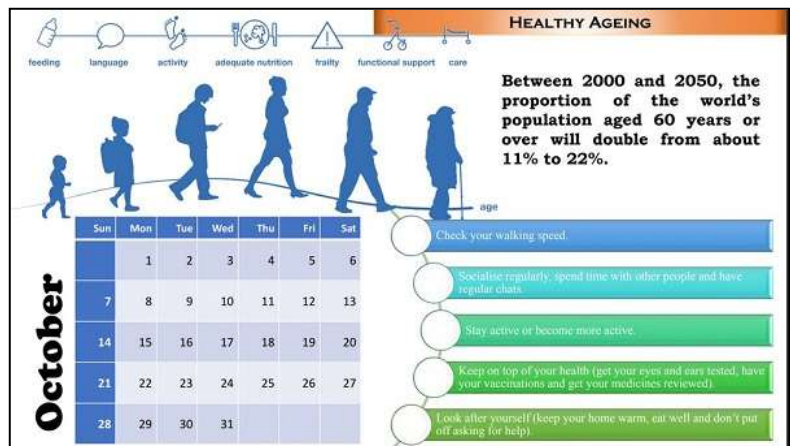
I managed to keep most health topics in the month its observed as a day or week (like 24th March which is Tuberculosis day).

I wanted to highlight gender equality out of the SDGs (January), as most of these diseases get lots of coverage, but gender equality as a health issue is much less discussed, although its vital to transform healthcare. Immunisation is highlighted but I have also put a few basic health tips like regular antenatal visits and iron and folic acid supplementation. We still have little more than 50% of antenatal coverage and vaccination coverage and around 40% of maternal mortality is directly or indirectly linked with anaemia.

There are some important health issues which I couldn't include - hopefully next time."

Pratyush is planning to translate it in different languages.

[Download full year calendar](#)



semFYC interview Dr Anna Stavdal



Anna Stavdal of Norway, President of WONCA Europe, is interviewed by

Pere Vilanova of the Spanish Society of Family Medicine, semFYC. This is an edited English version of that interview.

“Family Doctors, Family Medicine and Primary Care professionals have no choice, for all of us, universal coverage is mandatory”

How would you describe the development of Family Medicine Norway over the last 30 years?

Since WW II, Norway has had strong traditions for a collective health care and welfare system, based on equity, solidarity and social cohesion. We share this with the other Nordic countries, - and it is internationally referred to as the Nordic model. We have universal health coverage, with strong public health perspectives influencing the setup of services, healthcare for all.

There are some prerequisites for such a system to be sustainable, - trust in the state, and a basic understanding in the population of the importance of solidarity. In this sense we are in a dire situation in the Nordic region now, the tendency to fragmentation and commercialization in society in general, is reflected in health care, the result being that distribution of health services is more a consequence of demand, than of need.

What can you tell us about the current family medicine situation in the European Region of WONCA?

Our member organisations are facing different challenges due to the different national

contexts.

Each of the WONCA Regions has also very different kind of priorities and their strategies regarding Family Medicine depend on their particular situation. However, the European Region of WONCA is the one with the most advanced and developed healthcare systems in the world, and the one with strong Family Medicine. We have to be aware of that, we must work hard to maintain, share and develop what we have. That’s why it is so important that we keep on working together, hand in hand, with all the members of Europe.

Despite dissimilarities between the countries, together we are fortunate to live in the best region in the world when it comes to the strength of social rights and universal healthcare. All of our member organisations are not only very important partners and allies, but also excellent fighters who share the same values and ethics. Unity is important. As WONCA Europe President, my ambition is to support and give prestige to our member organisations.

Referring to your statements delivered to the WHO on the “Green Doctor” and a more “Green Medicine” would you say that WONCA Europe is defending the concept of better use of resources?

(Note In semFYC we’ve published the document [“Do not Do”](#), in which we promote that a better use of resources, as well as prevention of over diagnosis, would be a first step for a more well-functioning healthcare system.)

Certainly. Indeed, a healthcare system which provides the right amount of care and which uses the right amount of resources is more efficient financially, but more important; it gives better health outcomes.

If a patient comes to me concerned because he’s experiencing pain and I request tests which are not really needed, I am at risk of doing more harm, than good. If we don’t use our resources in a correct way, then the healthcare systems will no longer be sustainable and, what is more important, we won’t help patients either. We should all become “Green Doctors”, so our awareness of the limited resources we have will increase and patients will also use healthcare and primary care systems in a more responsible way.

[> WONCA Europe statements on refugees, planetary health and "the urgent case of family medicine" delivered to WHO in 2017](#)

Concerning the Refugee issue, what do you think should be European policy on that matter?

The Refugees crisis is dramatic, from a general perspective, and for and from the healthcare perspective in particular. Family doctors have a key role in health care for refugees and migrants. Let's hope healthcare systems will be developed to be strong enough to shoulder the task of giving the right care on the right level to the most vulnerable. The way we solve the refugee issue will be a

key element for our dignity as a Continent in the eyes of future generations.

You were talking about Universal coverage and, we have seen that Universal coverage is at stake in Spain.

As Family Doctors and healthcare professionals we must always defend universal healthcare coverage. Healthcare is not only a matter of the politics, but a fundamental human right for every single individual on the planet. Family Doctors, Family Medicine and primary care professionals have no choice, for all of us, universal coverage is mandatory.

Catching up with the Dragon- Wonca Krakow!



What's new about the 23rd WONCA Europe Conference coming to Krakow in May?

We have new Key Note Speakers of the Conference:

- Dr Anna Stavdal - President of WONCA Europe,
- Dr Przemysław Guła - Physician in Air Ambulance Service (HEMS), past Chair of Battlefield Medicine, Military Institute of Medicine in Warsaw
- Prof Sara Willems - First Belgian Professor in the field of equity in healthcare, Head of Equity in Health Care research group leading, numerous research projects on equity in primary care

What else?

- Remember that until end of February cost of registration is lower! [Register now.](#)
 - We have prepared a lot of attractions such as the Gala Dinner and Polish Evening in Forty Kleparz
 - If not subscribing yet - sign in WONCA Dragon Newsletter [here](#)
- [Conference website](#)

Working Parties & Special Interest Groups

Rural round-up - Society for Young Rural Surgeons

Lauren Smithson MD, together with some American colleagues struggling with communication and isolation in wanting to train in rural medicine, started the society for young rural surgeons (SYRUS). This was something that came out of a need for people with rural interests in health care being able to find mentors, jobs, and training opportunities in rural medical careers. Basically, we need connectivity, and we need a strong rural voice in medical training. Lauren is a surgeon in St Anthony, Newfoundland and writes more about SYRUS.



The Society for Young Rural Surgeons (SYRUS) is a non-profit organization based in the USA that was created to increase connectivity between rural surgeons and increase awareness of the need for excellent medical care in rural communities.

In 2012, the American College of Surgeons (ACS) realized the need for an Advisory Council for Rural Surgery (ARCS), and from this initiative, more awareness and advocacy at the college level has begun to flourish. One of the main issues that came to light as the rural surgical issues were addressed was the lack of connectivity between isolated rural practitioners and the inability of trainees to find not only rural rotations, but also support for and information on rural careers. From this seeming gap SYRUS was conceptualized. Two rural-minded surgical trainees, one resident and one student, came together to form SYRUS, with a mission to increase communication at the student, resident, and young graduating surgeon level.

The research on rural medicine recruitment over the past 20 to 30 years concludes that most rural practitioners come from rural

backgrounds, or from rural training programs, or with rural spouses. So in order to fill the gaps in our rural posts, and we believe at SYRUS that this is a world-wide issue, we have to start exposing trainees to rural opportunities from the grass roots of medicine: the students. By teaching students about the value of rural medicine as a career and a lifestyle, we can help to address the shortages that many of our countries will face in the near future.

SYRUS aims to bring medical students and residents together, providing them with contacts for mentorship in rural practice or global experience.

[SYRUS website](#)

Our website provides a place for medical students to seek out the 'rural-friendly' residency programs, and also lists locations for rural elective rotations for which they can apply. Most of these are in the USA or Canada, but we are aiming to expand the website to list global opportunities and volunteer medical trips. Most recently, rural conferences have been added to the site, and web links to other rural-focused medical groups exponentially expand the circles in which we can learn from and connect to each other.

We have already successfully placed an international medical graduate in a rural surgery rotation in Oregon, and have started a SYRUS newsletter, with a second issue soon to be released. SYRUS is looking to become a global force, although at present a majority of the members and executive are located in the USA.

In Australia, SYRUS has started to have a presence, but more members are needed. It is only by working together from all disciplines of medicine in all countries, that we can address the needs of the millions of patients in rural areas of the world who deserve excellence in health care not affected by the place in which they choose to reside.

Education - New Year Update

From Prof Val Wass, Chair WONCA Working Party on Education.



As the New Year opens the Working Party now has 110 members from 49 countries. A few of us are now active in facilitating together at conferences. It is great fun and an excellent learning experience. Would be fantastic if more people would come forward to join us.

WONCA Asia Pacific conference success. We held four successful collaborative workshops at the Asia Pacific Conference in Pattaya, Thailand:



Photo: Val Wass with new young Japanese recruit Daisukie Kato who joined us in Pattaya

1: Understanding assessment methodology and the move to more personalised formative feedback:

with Hashmet Parveen, Nobutaro Ban. Debate revealed little enthusiasm for work place based assessment. Internationally it is proving difficult to implement due to the time, lack of resources and limited trainer enthusiasm etc.!

2: Developing the undergraduate curriculum to promote Family Medicine in medical schools:

with Hashmet Parveen, Nobutaro Ban; Eva Irene Maglonzo; Chandra Nadarajan. The working groups produced some excellent thoughts on the challenges and ways forward and confirmed the need for our group to develop standards for UG teaching.

3: Role modelling: a tool to promote family medicine in medical schools at the invitation of the WONCA Working Party for Women and Family Medicine:

with WWPE members Zorayda Leopando and Leilanie Nicodemus. Wide ranging discussion confirmed how influential role modelling is if we are to recruit and retain doctors in FM.

4: Continuing professional development (CPD) standards:

meeting the needs of primary care practitioners worldwide Victor Ng and Val Wass highlighted the challenges of delivering CPD and the need for WONCA to move forward looking for ways to support using the standards.

Meeting the WONCA Executive:

While in Thailand I was invited to update the WONCA Exec on our working party. Discussion centred on three priorities: (i) developing WONCA standards for FM in Undergraduate training (ii) continuing to collaborate across networks (iii) the potential to have a preconference workshop in Seoul for a day to develop UG standards.

2018:

WWPE workshops with collaboration across networks are submitted for WONCA Rural in Delhi, WONCA Europe in Krakow. We are working on holding a preconference session in Seoul to develop WONCA standards for FM in medical schools.

If you have an interest in undergraduate education and influencing the medical school curriculum, please let me know at v.j.wass@keele.ac.uk

Migrant Care - 2018 activities

Prof Maria van den Muijsenbergh, chair of WONCA SIG on migrant care, international health and travel medicine and on behalf of Guus Busser, new co-chair of the SIG, gives a new year update. (photo Maria and Guus in Rio)



At the start of this New Year I want to wish you all a very peaceful, productive and pleasant 2018.

In the past six months, we have welcomed four new members to our SIG: Tugba Dabakoglu from Turkey, Emeka Iloegbu from the USA, Godwin Igodo from the UK, and Rachelle Fournier - Noel from Canada.

Upcoming activities this year are:

WONCA World Rural Health conference in Delhi - March 2018:

There will be a workshop on migrants in which several members of our SIG participate.

International Migrant Health conference in Edinburgh –

May 17 - 19; there will be several workshops and oral presentations by members of our SIG.

WONCA Europe Conference in Krakow - May 24 - 27

We have submitted an abstract for a workshop on behalf of our SIG: Caring for vulnerable migrants in General Practice, including undocumented migrants and survivors of torture, human trafficking and exploitation.

We hope many of you will join us. If you want to contribute to chairing of participating in this workshop, please let us know.

WONCA World conference in Seoul - October 17-21

As we are very keen on organising a workshop at every WONCA World conference, we would very much like to do so again in Seoul.

I invite all of you to let me know if you are able and willing to go to Seoul and if you would be willing to contribute to a workshop there, and if you have any suggestion for a theme. We then could draft an abstract together. We from the Netherlands are not able to participate in Seoul. Abstracts have to be submitted before January 31 - so unfortunately there is not much time. I sincerely hope some of you will have an interest in organising this workshop.

Research - Wanted: Low and Middle Income Country leaders in PHC practice or research.

Invitation to participate as a panel member

We are a research team supported by WONCA (the World Organization of Family Doctors) and funded by the Ariadne Labs Centre for Health Systems Innovation (with support from the Bill and Melinda Gates Foundation). The team is led by Prof Felicity Goodyear-Smith, Chair of the WONCA Working Party on Research, and co-investigators include WONCA President Prof Amanda Howe, and other people associated with WONCA including Profs Chris van Weel and Michael Kidd, and WONCA Regional Presidents from South Asia, Africa and South America.

Our project will identify the most important research questions on the organisation and financing of primary health care in low and middle income countries throughout the world.

We are reaching out to you as a leader in primary health care practice or research. We have an opportunity to help inform global decision making on what areas of primary health care research need funding, particularly in low and middle income countries, and we would welcome your input.

We will be using a Delphi panel of experts to help us generate possible research questions and then prioritise these. We are looking for primary health care experts (practitioners, researchers or policy-makers) from low and middle income countries to be members of this panel.

In the first round (February / March 2018) we will ask you to generate questions that need to be answered. In the second and third rounds (March / April 2018) we will send you a summary of questions for you to consider and then rank in order of importance.

If you come from a low or middle income country and would like to contribute to this important project, please email the following details to our project coordinator Mr Ricky Fortier r.fortier@auckland.ac.nz

- Name
- Email address
- Country
- First language spoken
- Professional training
- Work role

Please feel free to pass this invitation on to any colleagues whom you think might be suitable and interested.

If you have any questions, please contact the principal investigator Felicity Goodyear-Smith (f.goodyear-smith@auckland.ac.nz)

Thank you for taking the time to consider participating in this important research project.

Approved by the University of Auckland Human Participants Ethics Committee on 18 Jan 2018 for three years. Reference Number 020630

Family Violence newsletter - December 2017

News and items of interest from WONCA's [SIG Family Violence](#)

Summary of the Europrev Working Group Mental Health and Family Violence
Brussels, December 2017

On 1st and 2nd of December 2017, approximately 130 representatives from multidisciplinary collaboration projects on domestic violence, sexual violence and child abuse in the network of European Family Justice Centers met with the members of the European GP network on prevention with its

Working Group on Mental Health and Family Violence under the guidance of Leo Pas.

Many European countries had delegated colleagues to exchange ideas and to discuss problem areas related to family-oriented care, exchange of information and risk management in family violence. A better collaboration between doctors in the health sector and the judiciary system is needed. At present, so-

called Safe Houses are being created in all provinces in Flanders according to the family Justice Model developed originally in San Diego in USA.

To such collaborations care providers can register complex or high risk cases of any type of violence in the family for a chain approach of collaboration between services aimed at a client-system oriented care. In 25% of cases, for example, both victim and perpetrator are both involved in aggression against each other according to European data. Adaptations of legal provisions should allow better sharing of data between the care sector and law enforcement within such framework of multi-sectorial case management for family violence. In fact complementarity between the various tasks of services in the welfare sector, mental health sector and security enforcement can so be optimized. This is in the interest of the victims and their whole family including children observing violence and –when possible- the perpetrator who may also need attention to diminish causes and coping with aggressive behaviors. In current protocols the health sector role still has insufficiently been elaborated; this congress aimed to promote a better mutual understanding and collaboration and should be followed by new dynamics in that direction. The European general practitioner movement plays an important role here. A common display of materials and functioning to support awareness raising and train the trainers is considered for 2018.

**For further information, and upcoming workshops and web developments in 2018, please visit www.efjca.eu/

Mentor Mothers in Family Practice

The Implementation of a low threshold intervention for abused mothers and their children

Intimate partner violence (IPV) is highly prevalent worldwide and has negative consequences for the physical and mental health of women and their children. Along with these negative health sequels, it is widely acknowledged that violence is transmitted to the next generation. Children growing up in violent homes are, one out of three, future victims or perpetrators of IPV. To stop the violence and diminish these harmful consequences, effective IPV interventions need to be developed. Mentor mother support, a low threshold intervention in family practice

for mothers who are victims of IPV, proved to be effective in earlier studies. It was developed in Melbourne, Australia, and translated to the Dutch situation in Rotterdam. In 2011 we also implemented mentor mother support in Nijmegen, the Netherlands.

In this thesis we aim to find conditions to successfully implement mentor mother support in family practice by studying the facilitators and barriers of successful implementation. In this general introduction we start with defining IPV, followed by a discussion of its prevalence, the consequences it has for abused women and their child(ren), and the problems healthcare providers encounter with the identification of IPV. In line with these discussions, the main objective of the study, implementation of mentor mother support in family practice, and the corresponding research objectives will next be introduced. At the end of this introduction an outline of the thesis will be given which in summary describes objective, design and outcomes of the studies presented in the successive chapters of the thesis.

Author: Maartje Johanna Wilhelmina Loeffen - [read more](#)

Of Interest - WAVE Women Against Violence Europe

The WAVE Network, established in 1994 as an informal network, is a legal entity since 2014 and a formal network NGO composed of European women's NGOs working in the field of combating violence against women and children.

The WAVE Network aims to promote and strengthen the human rights of women and children in general and to prevent violence against women and children in particular. It aims at establishing gender equality by eliminating all forms of violence against women.

WAVE is the only European network focusing solely on the elimination of violence against women and children.

For more information, visit the WAVE website [here](#)

The SIG Family Violence mailing address is: sigfv.news@gmail.com

Montegut Scholar reports

Dr Sanam Shah

Dr Sanam Shah of Pakistan was awarded a Montegut Scholarship for the South Asia region. She is the national secretary, Pakistan for the WONCA Spice Route Young Doctors' Movement and reports on her attendance at the recent South Asia region conference in Nepal.



I was extremely delighted and humbled to receive the Montegut Scholarship Award courtesy of The American Board of Family Medicine Foundation (ABFM-F) to attend the WONCA South Asia Region (SAR) Conference in Kathmandu, Nepal in November 2017, themed "GP Specialist Progressing Towards Universal Health Coverage".

It has been my first WONCA Conference as well as my first time in Nepal!

The WONCA SAR was centred around The Spice Route Young Doctor's Pre-Conference followed by the main Conference and saw attendance from all South Asian countries as well as globally.

I was honoured to represent Pakistan and speak about the Spice Route accomplishments in Pakistan thus far, despite numerous challenges; from holding the first Spice Route workshop in Karachi in December 2016 to setting up Family Medicine Departments in the city. It was really humbling to speak before Dr Garth Manning, Prof Amanda Howe, Prof Kanu Bala, Prof Narayan Prasad and other great physicians in the audience!

Since I am providing tertiary hospital based care as a GP, I was fascinated to hear from GPs in Nepal about their tremendous contributions in primary care, made more incredible as it has flourished and continues so, despite infrastructure and resource challenges. Especially moving was the video

of the plight of Nepalis to access basic medical care as presented by Dr Mark Zimmerman. It was enlightening to learn how doctors saved Nepal's rural hospitals and the "8Cs Bundle" of comprehensive healthcare provision.

The main conference spread over two days had excellent plenary and scientific sessions. There was a grand Cultural Opening Ceremony and excellent oration on "Opportunity comes but does not linger" by Prof Amanda Howe.

I was honoured to again represent Pakistan during the WORSAs - Rural young doctors and students in rural practice workshop alongside Dr Raman Kumar and other GP colleagues from India, Sri Lanka, Bangladesh and Nepal. I believe that in Pakistan, GPs are doing a great service to rural communities but as always there is a magnetism toward urban practices because of better amenities. Therefore we need to encourage rural GPs to associate with the present WONCA members in Pakistan and regionally, encourage learning from experiences and research and academic collaborations as our working conditions are more alike than different and the support drawn from WONCA can positively impact the present primary care and family medicine landscape in Pakistan.

During the scientific sessions, I delineated the opportunities for exchange programs in family medicine in Pakistan during one of my oral presentations (pictured) and reiterated the need to develop "FM 360" to fully accomplish the aims of any exchange in the region. My second oral presentation the same day was centred around the E- Learning initiative by College of Family Medicine Pakistan. Since it has had much positive impact in Pakistan, I concluded with the need to develop more E- Learning programs, delivering education to GPs outside Pakistan and encouraging E- Conferencing amongst different countries.

The scientific sessions drew attention to some urgent but rarely vocalised issues like "patient initiated violence" in Bangladesh, which is as much of a concern in Pakistan. It was disheartening to hear about the lasting

psychological impact it can have on healthcare personnel. Other useful themes covered during the scientific sessions included clinical skills of GPs in rural Nepal, competency based medical education in General Practice Residency Program in Nepal and Evaluation of the rural staff support program (RSSP) amongst others, all equally vital to bring back lessons to Pakistan.



The second day of the Conference was equally impressive. Among other excellent

talks was one by Prof. Kanu Bala about the “Hippocratic Family Physician” and his words resounded wide when he relayed that “physicians always be well-kempt, honest, calm, understanding and serious”. There was a diverse range of topics from the supportive and palliative care indicator tool (SPICT) that particularly caught my attention as it is a resource to enable GPs to provide palliative care as part of Universal Health Coverage; to collaborative intervention of GPs and social workers to improve occupational health.

I am more determined to improve the quality of healthcare in Pakistan and one aspect that particularly concerns me is rural health, especially so because I belong to a village in the Sindh province of Pakistan, and how to garner support for rural healthcare. I have most certainly to take a lot from my Nepal experiences, from meeting and networking with the world leaders in family medicine and primary care, meeting the pioneers of The Spice Route Movement and having renewed vigour to take their efforts forward in Pakistan and regionally, to following the exceptional work conducted in Nepal and other South Asian countries to improve health indicators in Pakistan as well. I am really fortunate to meet GPs from different countries and being able to share experiences from Pakistan and discussing about ways to encourage bilateral networking in academics, research and exchange programs in family medicine.

Lastly I would again thank WONCA, The American Board of Family Medicine Foundation (ABFM-F) for their generous Scholars Program in Family Medicine, Dr Shehla Naseem, General Secretary College of Family Medicine Pakistan, for her support and guidance and all my colleagues who have helped and motivated me all the way.

Find out more about the Montegut Global Scholar Award

www.globalfamilydoctor.com/member/awards/MontegutScholarAward2.aspx

2018 applications now open

Dr Veena Kumari

Dr Veena Kumari was a 2017 Montegut Scholarship winner for the WONCA South Asia Region. She has recently taken up a new job as an Assistant Professor of Family Medicine in Dow University of Health Sciences, Karachi, Pakistan. Dr Kumari attended the South Asia region conference in Nepal from 24-26 November 2017 as well as The Spice Route pre conference. Here she reports on her experience.



The Spice Route Pre Conference -24 November 2017

I began my journey with the pre conference for young doctors. It started with the welcome address by WONCA world president, Prof Amanda Howe, who praised the work of The Spice Route movement and encouraged young doctors to come forward and take a lead. The theme “Diversity in Necessity” was well aligned with entire meeting.

My favourite part of the meeting was young Nepali GPs sharing their experience regarding how they work in remote and rural areas and manage it all by themselves.

For me a session I could relate to was on “General Practice in the region”, in which representative from every country discussed their primary health care system and the struggle for recognition of family medicine. Knowing and learning about the challenges and difficulties faced by other GPs in the region helps in reaching to the solutions of similar issues.

The talk on the family medicine residency program in Nepal was the highlight of the meeting for me. They have made a robust training program based on the needs of their country, which comprises of both emergency medicine and general practice. As a teacher and trainer of postgraduate trainees, I found this talk highly enriching and fruitful.

The Conference - 25-26 November 2017

The theme of the conference “GP specialist progressing towards universal health

coverage” was highly interesting, very well structured and relevant to the target audience. It was spread over two days in the form of keynote talks, plenary sessions, workshops and meetings.

Day one of the conference started with Prof Amanda Howe on “Opportunity comes but does not linger”, which is very true in the fast paced modern world.

I feel privileged to have conducted a workshop on young doctors and students in rural practice in which we discussed the rural health care in different countries of the region and how to improve health indicators.

Day two started with a very impressive talk on “Hippocratic Family Physician” by Dr Kanu Bala. The session on “Family doctor yesterday, today, tomorrow towards universal health coverage” by Dr Arulraj was also excellent. I learnt about family practice both in ancient times and the modern era.

The second day of this conference also provided me with the opportunity to present my work on “Knowledge and practices of mothers regarding food safety attending family medicine clinics of a teaching hospital of Karachi, Pakistan”. It was very well received.

Action Points

- Maintain an interactive relationship with the people I met, who belong to diverse cultural backgrounds, improving networking among the Family Medicine family.
- Design a robust Family Medicine residency program according to the needs and requirements of my country, incorporating all key points acquired at the conference.
- Implement the “learn, apply and develop” strategy to promote general practice in the region.
- Take the Family Medicine in Pakistan to a higher level by increasing the number of trained GPs in the country, providing them structured training program in line with the current demands of a well-organized health care system.
- Participate in international level research to benefit the population residing in resource limited setting.
- Introduce the concept of Family Medicine at the undergraduate level such that young doctors consider Family Medicine as a recognized specialty.
- Develop a strategy, in collaboration with my

international colleagues, which will enable Family Medicine to gain its deserved recognition globally.

Considering my role as Assistant Professor of Family Medicine in Dow University of Health Sciences, Karachi, I will have plenty of opportunities to apply my knowledge and experiences gained from this WONCA South Asia Regional Conference.

Dr Mya Win Hnit



Dr Mya Win Hnit, of Myanmar, was selected as a Montegut scholarship winner to attend 2017 WONCA Asia Pacific Regional Conference, which was recently held on November 1-4 in Pattaya, Thailand. He is pictured receiving his scholarship from WONCA CEO, Garth Manning.

Dr Hnit reports:

"It was my very first time to attend an international conference organized by WONCA and so it had already become a memorable moment of my professional life. These new experiences and lessons learned from the conference will be beneficial not only for patients from my clinical practice, but also for the development of primary care research in our country. Therefore, I would like to thank the Montegut Global Scholars Program of the American Board of Family Medicine Foundation for giving me this great opportunity to attend the WONCA Asia Pacific Regional Conference 2017."

Activities

Finally, I want to thank you to ABFM-F once again for offering me this opportunity to attend the WONCA South Asia Regional Conference 2017. It was a wonderful experience. The links that I have made, would last for life. The learnings and experiences that I have gathered, will not only benefit me but also my patients, my students and trainees, my department, my country and to the region

Pre-conference Day (October 31, 2017)

I had a chance to attend the WONCA Asia Pacific Council Meeting as one of the two observers from Myanmar.

Conference Days (November 1- 4, 2017)

At the very beginning of the conference, I was taught by Dr Donald Li (WONCA President Elect) about the role of family physician in the community before, during and after a disaster. From his keynote speech, I had learned about the innovative methods of disaster training for family doctors, including the use of virtual reality simulation tools.

I also attended the keynote lecture of Prof. Amanda Howe (WONCA President), who highlighted the challenges facing family physician in the 21st century. According to the lecture, it

noted that a significant number of challenges were encountered not only in the developing countries but also in the developed ones. It also reminded me about the challenges we were facing day to day in our clinical practice, especially the limitation of time, technical, financial and structural resources.

In the afternoon on day 1, I stood beside my poster and presented our study, "Awareness of type-2 diabetic patients on healthy diet: A preliminary study in selected general practitioners' clinic in Yangon, Myanmar".

On day-2, after attending the lecture of Prof Meng-Chih Lee, I was well-aware of how the health care system was reformed in Taiwan since 1995 and the development of their family and community medicine department. At that time, I was thinking about my own country, where our health authorities were

currently trying to promote family medicine by establishing the department of family medicine in medical universities.



Photo: (from l to r) Tin Myo Han (Myanmar FM leader), Amanda Howe (WONCA President), Mya Win Hnit, Meng-Chih Lee (APR president)

In the next keynote session, Prof. Michael Kidd gave me clear insight on what role I could play as a family doctor, and I was inspired by his answers on the question of "how do you know when you've had a good day in your family practice?".

Then, being a beginner in primary care research field, I joined the workshop on 'building up research capacity in primary care: how to write a scientific paper' and then the family counselling workshop;

On the 3rd day, from the keynote lecture of Prof. Zorayda Leopando, I had learned a concept that it is necessary to integrate occupational health and safety in primary health care and family physicians should take a leading role in this integration.

Then, I attended a plenary session on primary health care

policy implementation in the Asia Pacific region, and had a chance to compare and contrast several different lessons from each of those countries with that of our country, Myanmar.

The last plenary session of the conference was also attractive for me as its topic was geriatric assessment and health screening. As a volunteer doctor working in a charity clinic for the elderly, I was eager to learn detailed assessment and health screening methods for the geriatric population.

Action points

I have already donated part of my Montegut scholarship award, 500 US\$, to our Myanmar General Practitioners' Society during its monthly meeting on 8th November for the development and establishment of primary care research unit under our GP Society.

I will continue to be involved in the activities of our GP Society, as a young and active life-member.

I have decided to do more primary care research studies, which will be useful to promote the evidence-based primary care practices in Myanmar.

I will share the information about WONCA Young Doctors' Movement to junior doctors in my country, and also keep in touch with the representatives of the Rajakumar movement (TRM), whom I had met during the conference, via online to have a chance to participate in future TRM conferences.

Photo below shows Dr Hnit (back row second from right) with TRM members



Featured Doctor

Dr Katarzyna NESSLER, Poland

WONCA Europe VdGM preconference chair



Katarzyna Nessler is the chair of the Host Organising Committee of the preconference of the Vasco da Gama Movement (for European young family

doctors), coming up in Krakow 2018, in association with the WONCA Europe conference. (Photo: Piota Krol Fotografia)

What work do you do now?

I became a specialist in the field of family medicine, in October 2017. For two and a half years I have been working as a General Practitioner in a family medicine practice which now takes care of over 3500 of adults and children.

I have also worked and trained in a few foreign countries, like Australia, The Netherlands, Portugal, Spain and Ireland and now I am trying to introduce all the ideas and experience gained into my everyday practice.

Since 2016, I have also been working as an assistant in the Department of Family Medicine at Jagiellonian University Medical College, in Krakow, Poland. Before that, I was a PhD student in the same department for four years. I finished writing my PhD thesis two years ago and was awarded my doctoral degree in November 2016.

Besides my medical research and GP practice work, I have also strong academic interests. I am the supervisor of a family medicine interest group for medical students, at the Jagiellonian University Medical College. I absolutely love my academic work and I must admit that working with these future doctors gives me a lot of satisfaction.

Your involvement in the Vasco da Gama

Movement and your hopes for the VdGM Pre-conference in 2018?

I am a member of the Executive Board of Polish College of Family Physicians and also I have been in the Executive Group in the Polish Young Family Physicians Movement. Since 2014 I have been the Polish Representative for the Vasco da Gama Movement.

To me, my engagement in Vasco da Gama Movement (VdGM) is very important. Through this organisation I have been able to see how family medicine is organised in other European countries and I have had the opportunity to exchange ideas and visions. I have been an active and enthusiastic participant in all WONCA Conferences, VdGM pre-conferences and fora since I started my general practitioner training in 2012. When I get back from the conferences I try and implement what I have learnt into my every day practice and present this to my students.

After a few years of involvement with VdGM this year I have the privilege of chairing the Host Organising Committee of the pre-conference at the WONCA Europe conference in my home town, Krakow. I must admit this is definitely a big challenge but together with my team we are working hard to turn this event into a success. I have contributed with my knowledge and experience in organisational matters but also my passion for exchange of ideas across the borders.

Together with my team we hope every participant of Krakow pre-conference will find what Vasco da Gama Movement gives – namely: inspiration, motivation, opportunities for meeting other enthusiastic young family doctors, time for essential discussions until the late hours, and getting tons of ideas and perspectives on all aspects of our field.

We have prepared an interesting programme with inspiring key note speakers, variety of practical workshops and exciting social programme. It is going to be intense, so all my friends who are coming to Krakow in May - please rest before you come!

[More on the VdGM preconference](#)

What is it like to be a young family doctor in Poland?

This is a difficult question for me to answer as I am not what could be considered an average young family doctor in Poland. The combination of being a GP, researcher and academic teacher is unfortunately not very popular in Poland. I believe that young GPs have a lot of possibilities in Poland. I am not saying it is an easy job and everything is perfect because that wouldn't be true. Knowing the history of family medicine as a medical specialty in Poland and comparing the situation of young GPs several years ago to our situation now, I must admit it is much easier at the moment.

To become a family doctor in Poland there are four years of training, of which approximately two are spent in a GP office, the other two in other clinical fields. After completing training there is a MCQ test and then an oral exam.

Most of the time it is possible to choose where you would like to do your residency training. From my perspective our (young GPs) voice is heard, we are having the opportunity to discuss proposed changes in the system, we are involved in creating the pre-diploma and post-diploma family medicine training courses. I believe it is very important that we are involved in such activities at every possible opportunity.

You have a strong interest in research – what have you studied?

For a number of years now in my clinical work I have been especially interested in diabetes and dyslipidaemias. Before becoming a

medical doctor, I studied biotechnology and now I am trying to combine those two fields of medical science. My PhD degree investigated the influence of type 2 diabetes on the HDL-cholesterol profile and searched for a correlation with inflammation and oxidative stress in patients with ischemic heart disease. This research has been recognised a number of times primarily through the European Union scholarship "DOCTUS" for innovation and practical potential. Another area of special interest is the problem of influenza vaccinations in Poland.

I have been doing research for over seven years now and for the last six years I have been trying to bring the results from my academic study into my practice of family medicine. I am also the author of a few recently published papers in Polish and international medical journals. In all my scientific activities I have been strongly supported by my professional supervisor and academic mentor Professor Adam Windak.

What are your interests outside work?

I am the wife of a busy plastic surgeon and a mother of two energetic sons. We love to spend time together being active. In my family sport is very important and I love playing tennis, swimming and skiing. My dream is to run a marathon together with my dad. The distance of a marathon is too far for me at the moment (not for my dad) so I will keep on practising and maybe one day it will be possible.

Other than that I love travelling. With my family we have visited many countries and continents and there are still so many places that I would love to see.



Resources added for the New Year

There are a number of new resources now added on the WONCA website. Some have been suggested our Working Parties and Special Interest Groups and then there are Goodfellow Gems and PEARLS.

WONCA Working Party on Rural Practice Selected resources on Physician Resilience –

These resources are a synthesis from the Apr 30, 2017: Workshop “Building Resilience and Preventing Burnout in Rural Practice” as well as feedback from the May 2, 2017 Assembly at the 14th WONCA World Rural Health Conference. [Download resilience tools and publications resource list](#)

WONCA SIG on Non-Communicable Diseases

Numerous journal articles of relevance are available on the group's webpage under "resources:". These include articles on interventions to support safer prescribing in everyday practice , COPD rehabilitation, polypharmacy and mortality risk, strategies to improve the continuity of care in general practice, shared care outcomes.

[NCD resources - Click on "resources"](#)

WONCA SIG on Family Violence

Global resources

WHO: [Health care for women subjected to intimate partner violence or sexual violence –Handbook](#)

WHO: [Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers](#)

WHO: [Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence](#)

WHO: [Child maltreatment fact sheet](#)

Unicef: [Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings](#)

WHO: [Elder Abuse fact sheet](#)

WHO: [European report on preventing elder maltreatment](#)

National

Australia: [Royal Australian College of General Practitioners \(RACGP\) Clinical Guidelines "white book"](#)

Canada: [Violence Evidence Guidance Action: a public health response to family violence \(VEGA\)](#)

Slovenia: [Recognizing and treating victims of domestic violence in health care settings \(POND\)](#)

UK: [National Institute for Health and Care Excellence \(NICE\) – Domestic violence and abuse: multi-agency working](#)

UK: [Identification and Referral to Improve Safety \(IRIS\)](#)

USA: [Futures without Violence](#)

USA: [Aging in Place: National Council for Aging care](#)

USA: [CDC Child Abuse and Neglect Prevention](#)

Goodfellow Gems

Gems are chosen by the Goodfellow director Dr Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice. ©The Goodfellow Unit. Latest additions are:

- Pain control in sciatica. NSAIDs, corticosteroids and antidepressants of small benefit
- Gabapentinoids are probably ineffective in chronic low back pain and have significant adverse effects
- Sleep training improves infant sleep problems
- Tricyclics may prevent tension-type headache and reduce analgesic use
- Short term steroids may be associated with sepsis, thrombosis and fractures
- The nurse telephone call is a powerful tool for depression and possibly post-partum depression

- Mild, moderate and vigorous exercise may be effective for depression
- Coeliac disease can be asymptomatic: four reasons to treat it

➤ [All Goodfellow Gems](#)

PEARLS - Practical Evidence About Real Life Situations

These are brief (minimalistic summaries) of Cochrane Primary care systematic reviews with the answer in the title (so you only read the ones you like). Latest additions are:

- 566 Tobacco cessation interventions helpful for people with substance use disorders
- 564 Compression stockings prevent DVT in airline passengers
- 564 No evidence for drug treatments for recurrent abdominal pain in children
- 563 Little evidence of benefit for injected corticosteroids in plantar heel pain
- 520 Mixed evidence on interventions for improving outcomes in patients with multimorbidity
- 519 Limited benefit from non-steroidal anti-inflammatory drugs for chronic low back pain
- 518 Limited evidence for benefits of interventions to reduce sitting at work
- 517 Skin grafting and tissue replacement effective for diabetic foot ulcers
- 516 Legislative smoking bans improve health outcomes
- 515 Over-the-counter artificial tears effective for dry eye syndrome

➤ [All PEARLS](#)

WONCA CONFERENCES

Cuarenta Años De Alma Ata: Medicina Familiar Y Salud De La Familia, Un Camino Para La Paz

VII Cumbre De Medicina Familiar Y Comunitaria

La VII Cumbre de Medicina Familiar y Comunitaria se celebrará en Cali, Colombia, en el marco de los cuarenta años de Alma Ata, en marzo de 2018, 13 y 14,

Las Cumbres Iberoamericanas de Medicina Familiar son eventos importantes ya que constituyen un espacio político y técnico para la reflexión acerca del primer nivel de atención y su papel en los sistemas de salud. Desde la metodología utilizada en su organización que inclui la formación de grupos de discusión durante el evento, ellas permiten el intercambio de ideas entre gobiernos, organizaciones profesionales e instituciones formadoras. Las Cumbres también generan recomendaciones para apoyar el desarrollo y el mejoramiento de la Atención Primaria y de la Medicina Familiar.

El tema central de esta VII Cumbre cubrirá el papel de la Medicina de Familia y de la Atención Primaria en el desarrollo de una Cultura de Paz y también como desarrollar un abordaje eficiente sobre los efectos de la Violencia en la salud, cuando se trabaja directamente con las personas, las familias y las comunidades, los hitos de nuestra especialidad. Es un tema fundamental en todo el mundo y trabajar en contra la violencia ha sido una recomendación específica de la OMS y la OPS, desde 2002. Sabemos que la intolerancia y las diversas formas de violencia deben entenderse como síntomas de una sociedad enferma. Casi se han vuelto sistémicas, afectando especialmente a los más frágiles, comprometiendo sus derechos fundamentales como seres humanos.

Como médicos de familia, sabemos que la violencia y la intolerancia tienen un impacto fuerte y negativo en la salud de las personas lo que también trae impactos en los sistemas de salud como un todo. Pero, afectan especialmente a la Atención Primaria donde llevamos a cabo nuestras actividades y donde se cuida a la mayoría de las personas. Creemos que la Medicina Familiar y la Atención

Primaria pueden contribuir a garantizar el derecho fundamental a la salud y a construir una cultura de paz basada en la inclusión y la convivencia con las diferencias. Teniendo esto en cuenta, el lema de la VII Cumbre Iberoamericana de Medicina Familiar es: Cuarenta Años de Alma Ata: Medicina Familiar y Salud de la Familia, un camino para la paz. Otros ejes que se desarrollarán en la Cumbre también son muy importantes. Representan problemas relevantes para la medicina familiar en la actualidad, en todo el mundo:

1

1. Investigación aplicada a los Territorios;
 2. Impacto Económico de la Medicina Familiar en los Sistemas de Salud
 3. Medicina Familiar y Comunitaria como fuente de Atención en Salud Mental
 4. Prevención Cuaternaria: cómo hacer y cómo enseñar
 5. La Medicina Familiar y Comunitaria y la Salud de los Migrantes
- Creemos que la contribución de esta Cumbre traerá beneficios para todos y todas los médicos de familia en nuestra región y para toda las sub-regiones WONCA en su conjunto.

Maria Inez Padula Anderson- Presidenta Regional
Liliana Arias Castillo - Presidenta de la VII Cumbre

PS: Las Cumbres son eventos que se puede participar solamente por invitación y a través de la Sociedad Científica representativa de la Medicina Familiar de cada uno de los países Iberoamericanos (www.cimfwonca.org). En el caso de

alguna persona interesada en participar de la Cumbre no tener al canzado contacto con una de las Sociedades, favor de enviar un email para contacto@cimfwonca.org manifestando y justificando su interés. Serán consideradas las posibilidad es de participación de todos las solicitudes que se recibir hasta el día 10 de febrero de 2018. Vale informar que no habrá ninguno tipo de auspicio para el viaje o la estada en el local del evento. Recordamos que a continuación de la Cumbre, tendremos el I Congreso Sub-Regional Andino de Medicina Familiar–Wonca-Iberoamericana CIMF (www.socmef.com/congresomf).

[See this ítem in English](#)

VII Cumbre Iberoamericana de Medicina Familiar
Cuarenta años de Alma-Ata: Medicina Familiar y Salud Familiar, un Camino para la Paz

Marzo 13 y 14 2018
Cali, Colombia

Hotel Intercontinental Cali
Mayor información cumbremf2018cali@socmef.org

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WONCA CONFERENCES 2018

March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
March 13-14, 2018	VII Cumbre Iberoamericana de Medicina Familiar	Cali COLOMBIA	
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeuropa2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

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

WONCA CONFERENCES 2019

May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	www.woncaeuropa2019.com

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WONCA ENDORSED EVENTS 2018

www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx

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

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

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

01 Mar **Philippine Academy of Family Physicians**
- 03 Mar **57th Anniversary and Annual Convention**
2018 Manila, Philippines

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

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

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

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

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

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

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

10 May **EGPRN meeting**
- 13 May Lille, France
2018

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

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

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

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

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

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

11 Oct **EGPRN meeting**
- 14 Oct Sarajevo-Bosnia and Herzegovina
2019
