

WONCA News

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Special Announcement

WONCA and WHO – Memorandum of Understanding signed



WONCA President, Donald Li, and Dr Tedros Adhanom Chebreyesus, Director General of WHO sign a Memorandum of Understanding on behalf of both organisations, reflecting the crucial role played by family medicine in achieving the goal of Universal Health Coverage. The MOU offers all our members and Member Organisations an official entry point to build even closer collaboration with WHO colleagues globally.

[Español](#) [中文](#)

We know from surveys that our relationship, collaboration and advocacy with WHO is extremely important to our Member Organisations.

Over the years we have steadily built our reputation at WHO as a respected representative professional organisation, representing more than 500,000 family doctors and general practitioners across the globe.

For some years we have been privileged to have the official status of ‘Organization in Official Relations’ or ‘Non State Actor’ with WHO. This status enables us to contribute to policy papers, to respond to drafts of publications and policy documents, to engage directly in the debates at WHO, as well as attending the annual Executive Board and the World Health Assembly, where major decisions are taken by the WHO Member

States. It allows us access, through our Working Parties and Special Interest Groups and through our Executive, to provide specialist inputs on a wide range of topics, contributing to global health policy and implementation.

Many of us were disappointed that the final Astana Declaration did not reference the central role played by family doctors and general practitioners, despite their role being in all the preceding drafts of the document. With WONCA’s active engagement, many of the technical papers and presentations at the Astana Conference did focus on the crucial role played by family medicine. But we felt this did not go far enough.

In an earlier ‘In my view ...’ column I highlighted our agenda for the biennium. I cite it here as a reminder:

Key external priorities for the 2018-2020 biennium are to liaise effectively with WHO, raise the WONCA profile and increase visibility of WONCA globally. Our agenda has been set. We will take on the challenge, using the body of expertise available in our membership. We will assist WONCA Regional Presidents to liaise effectively with WHO regional offices. We will increase, co-ordinate and target our liaison with WHO at the global policy level.

In November I wrote to the Director General of WHO, Dr Tedros Adhanom Ghebreyesus, expressing our disappointment at the absence of family medicine from the Astana Declaration and received a very positive response. During December and January, we worked with senior colleagues at WHO to develop a Memorandum of Understanding (an MOU), and I am delighted to report that this was signed – both by Dr Tedros and by me - during the WHO's Executive Board at the end of January.

MOUs are a relative rarity in WHO. This MOU acknowledges the central role played by family medicine in achieving Universal Health Coverage. It also offers the potential to work in even closer collaboration with WHO on policy

and implementation issues which will progress Universal Health Coverage globally.

The MOU strengthens and consolidates our position with WHO. It does not supersede our existing relationship but recognises on record – at Director General level of WHO – that family doctors are an important part of the primary health care team necessary to achieve comprehensive patient-centred care and Universal Health Coverage.

We look forward to ever closer collaborative working with WHO - at central level in Geneva,, across the regions and at country level, to progress the goal of effective, accessible, qualified primary care for everyone. The MOU will provide WONCA Region Presidents the long-awaited entry point to engage more effectively and proactively with WHO colleagues, in country and regional offices.

We will continue to build our reputation and support for our family medicine colleagues, to make sure our voice is not just heard, but listened to, and acted on. We will continue to address the challenges we have set ourselves, on behalf of our members.

Donald Li's address on the signing of the MOU with the WHO.

Director General Dr Tedros and gathered colleagues, WONCA has had a close relationship with WHO for many years. This MOU between us is a consolidation of that commitment and a pledge for the future.

The consequences of the Astana Declaration and the achievement of SDG3 are of utmost importance to our members, in the pursuit of Universal Health Coverage for every person everywhere.

WONCA has 600,000 members in 150 countries and territories. We are provide quality primary care to millions of people globally. We recognise that effective, timely primary care delivery is not only about the doctors - we value working in professional and competent multidisciplinary primary care teams to reach ever greater numbers and population groups.

This MOU provides a springboard to strengthen our collaboration with WHO – at central level here in Geneva, through technical and policy collaboration – but also at regional level and at country level.

Our Member Organisations will relish working with WHO country and regional colleagues on a wide range of issues in which family doctors and GPs have specialist expertise. This includes, of course, planning, delivering, accrediting and monitoring primary care programmes. It includes the establishment of - and curriculum development for - family medicine programmes at undergraduate and postgraduate levels. But our expertise also includes system development to support effective primary care, Health Security, Health Emergencies, Mental Health, Measurement and Classification of primary care, Environment, Workers Health and Disaster Risk Reduction.

We welcome this MOU and the joint commitment it signifies. We look forward to working with our WHO colleagues to reach every corner of the globe, to achieve effective, accessible primary care for every single person.

From the President: Lunar New Year message

[Español](#) [Français](#) [中文](#)

WONCA is big family: fellow members from different places of the world celebrate their New Year's Day at different times. As a home-grown Chinese from Hong Kong, Lunar New Year (or Chinese New Year) is always my favourite festival.



The New Year's Day usually falls on a day in late January or early February and we would put aside our busy work, business functions and appointments to spend time with families and friends. People stay at home for parties, one after another, and enjoy the 'must have' traditional Chinese food. My impression of Lunar New Year is filled with the taste of steamed carrot cakes and rice dumplings in ginger soup.

Many patients bring us sweets, chocolates and cookies. My clinic is always packed with their hampers and it takes my clinic's colleagues a few weeks to savour all the treats. Our annual ritual is to pay a New Year visit to relatives and friends, and when we greet, we deliver our blessings to each other, (and these must be loud and clear). Among our older generation, the most common phrase we say is "*Kung Hei Fat Choy*", which means "wish you a good fortune". The new generation is getting more health conscious and many have changed their greeting to "wish you good health" or "as healthy as a dragon and strong as a horse". This is a good change indeed, and shows that many of us realise that health is more important than wealth.

Lunar New Year is also the time that when our health care system is under great stress. As most government-run outpatient clinics here are closed during the long holiday, the public Accident and Emergency departments that open their doors around the clock and all year, have become the last places for patients to turn to. Many elderly patients fall sick during

the winter 'flu season and they pack the Accident and Emergency rooms. The result is that both health care workers and patients are unhappy - doctors are frustrated that emergency services are used for treating minor ailments, such as common colds and stomach upsets, while some patients complain that they have to wait for more than eight or even 12 hours to see a doctor.

This phenomenon illustrates how important a strong community-based primary care medical network is. Many other countries are facing the same problem - while governments are putting much resources into hospitals and specialist services, they spend far less on primary care and health prevention. Another problem for many health care systems, is the fragmentation due to the public and private sectors not collaborating and supporting each other well enough. The Lunar New Year situation in Hong Kong is a classic example, while many private doctors are on holiday, the over-stretched public outpatient system cannot support the surge situation.

We cannot expect doctors to work non-stop round the year - they have to rest as well and have families to take care of. We put emphasis on work-life balance. Nonetheless, services are in demand. In recent years, various private medical practice groups in Hong Kong are making effort to disseminate information to the public about doctors who keep their clinics open during holidays. Prevention is better than cure, and we are glad to see our government putting more resources into preventive measures such as promoting 'flu vaccinations in order to reduce cases during winter seasons. However, more planning and policies have to be in place when the demand for medical services is growing.

The World Health Organization has recently endorsed the Astana Declaration and again warned that health resources have been overwhelmingly focused on single disease

interventions rather than strong, comprehensive health systems. Building on sustainable Primary Health Care is one of the key foundations to better health for all. WONCA is playing an important role for this message to be heard and policies to be carried out.

I wish you all good health and a Happy New Year. “*Kung Hei Fat Choy*”.

Donald Li
President of WONCA

From the CEO's desk: WONCA and WHO

This month I thought it would be timely to write on WONCA and its ever-closer relationship with the World Health Organization (WHO). Our members regularly tell us that our relationship and interaction with WHO is one of the most important roles that WONCA can play.

The big news, of course, is the MOU which has just been signed between WONCA and WHO – featured elsewhere in this newsletter.

[WONCA WHO memorandum of understanding](#)

WONCA has had “Organization in Official Relations” status with WHO for many years but the status of an MOU, rarely granted by WHO, gives us considerably more access to, and leverage with, departments at WHO Headquarters and the regions. The MOU consolidates the relationship between the two organizations and reflects the key role played by family doctors and GPs in achieving the global goal of Universal Health Coverage, through comprehensive, patient-centred, professional primary care. It clearly acknowledges the importance of the primary care team in the delivery of appropriate, affordable care to the world’s population.

But there are, of course, many examples where WONCA is already working closely with WHO, and even as I write this, a delegation comprising our President, Dr Donald Li; President Elect, Dr Anna Stavdal; and WHO Liaison, Dr Viviana Martinez Bianchi; are attending the WHO Executive Board assembly and holding a series of meetings with colleagues and partners. They will report more fully in a subsequent WONCA News.



Many of the partnerships are undertaken by our Working Parties (WPs) and Special Interest Groups (SIGs). Our Working Party (WP) on Mental Health has a long standing and productive relationship with the WHO Department of Mental Health and Substance Abuse. WONCA's International Classification Committee (WICC) attends regular meetings of WHO-FIC – the WHO Family of International Classification. The WP on the Environment was recently represented at a Global Conference on Air Pollution and

Health, whilst our Special Interest Group (SIG) on Non-Communicable Diseases (NCDs) attended a meeting of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases on our behalf. Meantime our SIG on Conflict and Catastrophe Medicine and SIG on Emergency Medicine have been contributing to WHO documents and meetings on Disaster Risk Reduction.

In addition to all of these, those of you who attended the World Council meeting, in Korea, will have been privileged to hear Dr Shannon Barkley, our Designated Technical Officer (ie our key liaison point in WHO) talk on our work with WHO. This followed on from the presentations at World Council, in Rio, where both Dr Hernan Montenegro and Dr Jim Campbell spoke so eloquently and informatively to Council.

These are just a few of the many interactions between our two organizations, and further details can be found on the [WONCA website](#).

I also commend the [WHO website](#) to you, as it contains many interesting features. Current topics being featured, which are directly

relevant to WONCA, include:

- 10 things to know about the health of refugees and migrants
- Country profiles of mental health resources
- A report from the Global Commission on the Future of Work, highlighting steps needed to provide healthier and safer workplaces for the workforce.

And of special interest to WONCA members will be the "[Ten threats to global health in 2019](#)".

Among these are:

- Air pollution and climate change – already being actively monitored by our WP on the Environment, as mentioned above.
- Non-communicable diseases – being overseen by our SIG on NCDs
- Weak primary health care – a major concern of us all and one that WONCA will be working with WHO, post-Astana, to try to find solutions to.

Dr Garth Manning, CEO

WONCA Groups

Rural Round-up: Reformation of Rural PHC in Ukraine

A/Prof Victoria Tkachenko, from Kiev, in Ukraine, writes on the new wave of reformation in primary health in her country. [See more about Victoria.](#)

The implementation of family medicine in Ukraine started in 1986-1987. Many positive interventions have been introduced since then, but the results have been insufficient.

A more effective wave of health system reorganisation took place between 2011-2014, when independent primary care centres began to be created - independent of secondary care. These centres contained several primary care clinics, emergency care points and administrative centres in their structure. In addition, approximately 125 national guidelines and protocols for the management of common diseases and syndromes in primary care were developed and approved, together with a new financing structure for GPs' work. This led to a significant increase in the number of general practitioners (up to approximately 14,000) and nurses, in general practice. However, it was still not enough to provide primary care for the whole Ukrainian population of 42 million.

Other problems such as limited resources, insufficient equipment in primary care centres, paper medical records with low levels of



computerisation, low salaries (made worse by the economic crisis), and recent military conflict, have resulted in a reduction in the number of GPs and in their status within the health system.

In 2017-2018, another wave of health care reorganisation was introduced, and aimed to give priority to the development of rural primary care. The two specific national laws were "State Financial Guarantees of Medical Care of the Population" and "Increasing the Availability and Quality of Rural Primary Care". The new per capita funding mechanism for primary care is based on the principle that money follows the patient - resulting in decentralisation and greater local control over the health care.

The National Health Service of Ukraine (NHS) has been created, and the communal primary care centres began their reorganisation to be communal non-profit enterprises. Primary care doctors and patients started to sign their agreement for medical services. An e-Health system and electronic registry of patients were implemented. Training in ICPC-2 use for trainers and doctors was provided with support of WONCA International Classification Committee (WICC) and EURIPA (The European Rural and Isolated Practitioners

Association).

The Ministry of Health reports that about 50% of population have chosen their primary care doctor, and about 623 primary care establishments (including 85 private primary centres) have signed payment agreements with the NHS and received per capita funding, until the end of 2018. However, such changes have led to staff reductions in some places. Further steps will be the computerisation of primary care (especially in rural areas), improvement in the availability of primary care equipment, implementation of electronic medical records with ICPC-2, e-receipt, internet, and telemedicine (consulting and GP support). Also planned are measures to improve rural recruitment and retention in the villages and rural territory such as better salary, different discounts, etc.

In collaboration with WICC the two 'train the trainer' sessions on the implementation and use of ICPC-2-E were conducted. The last two-day training for teachers in academic departments of family medicine was provided by Dr Jean K Soler (Malta) and Dr Nicola Buono (Italy) by distance learning, in December 2018. The educated trainers actively shared this knowledge with other primary care doctors in regions of Ukraine.

Conclusion: The first steps of the reformation of rural primary care in Ukraine have had positive and negative aspects. The reform will continue until the end of 2020, so that the impact on the quality of rural primary health care from each step can be analysed and evaluated.

Air Health Train the Trainer applications



We are delighted to announce our call for applications for the Air Health Train the Trainer Program. This program is run by WONCA through the Working Party on the Environment, which aims to increase awareness among family doctors and other primary healthcare practitioners– and in turn their patients - in Lower and Middle Income countries (LMICs) about the health risks of exposure to air pollution, with the goal of reducing the impacts of air pollution on their

patients and communities, especially non-communicable diseases (NCDs) such as Chronic Respiratory and Cardiovascular Diseases, as well as childhood pneumonia. For more information on the course, take a look at the invitation letter attached.

We have funding to recruit 40 health professionals in this pilot program. Participants will be health professionals from LMICs from each of the appropriate WONCA regions. Half of the participants shall be family doctors and the other half shall be other specialists and health professionals, including respirologists, cardiologists, paediatricians, nurses, community health workers and students. Could you please share this invitation letter through your local networks, including the above mentioned other specialists and other health professionals?

To participate in this program, please complete this [application form](#). The deadline for applications is Monday 18th of February.

[More information here](#). If you have any questions regarding the program, please email Alan Abelsohn: alan.abelsohn@utoronto.ca

Alan Abelsohn and Alice McGushin
WONCA Working Party on the Environment

New Chair for SIG on Migrant Care, International Health and Travel Medicine



Maria van den Muijsenbergh, Chair of the WONCA Special Interest Group on Migrant Care, International Health and Travel Medicine, introduces the new chair Guus Busser. (Photo shows Maria and Guus together in Rio 2016)

and already known to many of you as he has been involved in the organisation of our workshops for many years as well.

I want to thank you all for your enthusiastic contributions to our workshops and other activities, but above all for your ongoing attention and care for our migrant patients.

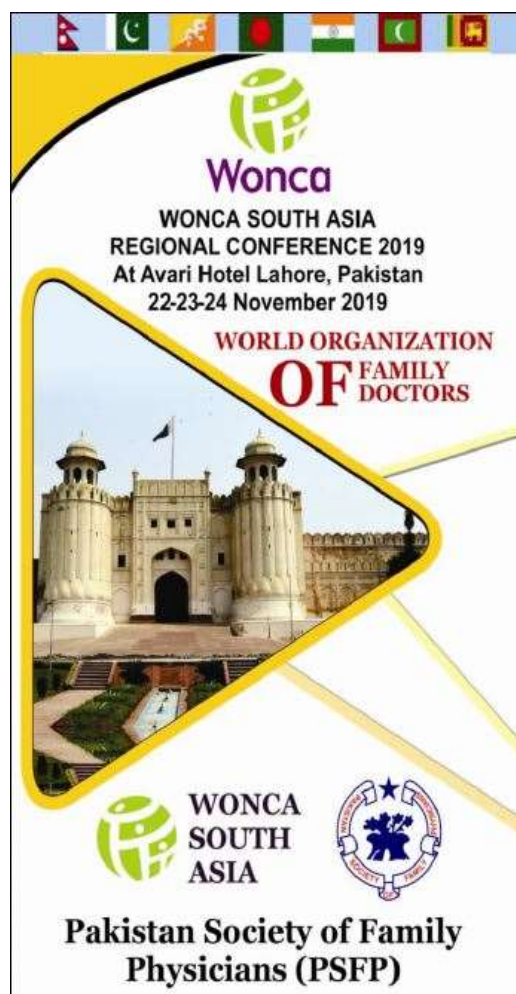
I wish you all well,
Best regards,
Maria van den Muijsenbergh
[Join our SIG](#)

Ten years ago, at the WONCA Europe conference in Istanbul, a small group of us took the initiative to start a special interest group on migrant care; a year later we combined our SIG with the existing SIG on travel medicine.

Since then, we organised workshops at every WONCA Europe conference, as well as at most world conferences, and now we have over 150 members all over the world (though most originating from Europe or Northern America). This year, the first WONCA supported international book on health of and primary healthcare for migrants will be published to which many of you have contributed.

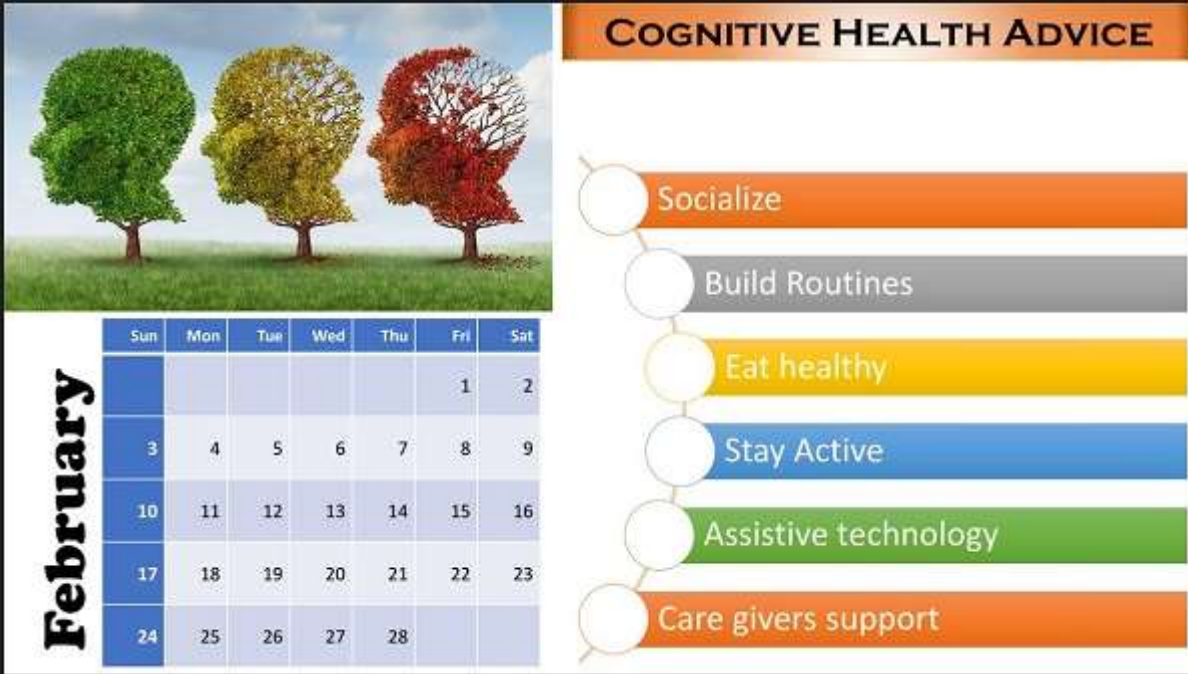
Given the still growing rate of (forced) migration and international travel, the precarious health and often limited access to good primary healthcare of many immigrants, and at the same time the challenges family doctors face in providing good quality care to them, our SIG still has a lot of relevant work to do.

After ten years however, I am very glad that my dear colleague Guus Busser has accepted to take over the chair of our SIG. He is a very experienced GP and teacher of migrant care,



Feature Stories

Pratyush Kumar's 2019 Geriatric Health Calendar



	Sun	Mon	Tue	Wed	Thu	Fri	Sat
February						1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28		

COGNITIVE HEALTH ADVICE

- Socialize
- Build Routines
- Eat healthy
- Stay Active
- Assistive technology
- Care givers support



Dr Pratyush Kumar, WONCA executive, member at large, and chair of WONCA Rural South Asia is happy to share with you all his Geriatric Health Calendar 2019. Pratyush has created other health calendars in previous years but this year's focus is on geriatric issues.

WHO has declared 2020-2030, the decade of healthy ageing and it needs a concerted effort to provide optimum care and support to a rapidly growing ageing population, the majority of whom are going to be in low and middle income countries.

Health calendar 2019 focuses on common geriatric issues and how the elderly and caregivers can manage these. The 12 common issues highlighted are osteoarthritis, cognitive health, osteoporosis, falls, hypertension, stroke and heart attack, mental health, oral health, bladder and bowel health, pain and palliative care, diabetes and immunisation. Relevant pictures (credits - google images) have been added.

The aim of this calendar is to promote healthy ideas for healthy ageing and contribute towards awareness and sensitise geriatric needs. Health advice on the calendar includes lifestyle modifications, dietary advice, caregiver support, and suggestions to seek support of a healthcare provider whenever necessary.

This calendar is designed for the general public and especially for the older population. Our last calendar found itself on hospital/clinic notice boards. Sharing the calendar with my patients has helped build trust and rapport and that's what encouraged me to do a calendar again this year.

[Download calendar here](#)

A Spanish doctor in Antarctica - Adrián Castellote



Adrián Castellote, from Spain, is not like any other family doctor, he is an adventurer, an explorer, and his resumé proves it. After finishing his medical studies and before starting his “Residency” period, he embarked on a three year world trip. Years later, Adrián is semFYC’s representative in WONCA Europe’s Network, [EURIPA](#) – the organisation for doctors from rural and remote areas in Europe. He is now embarking on a working trip on a sailing expedition to Antarctica.

Here, semFYC, the Spanish organisation for Family Doctors, interviews Adrián.

Hello Adrián, we know that you are very busy preparing your next expedition to Antarctica. Why do you find remote medicine interesting?

I think it’s because the remote area - very often directly related to the rural environment - presents a set of peculiarities in which family doctors and nurses have to learn how to take very different sort of decisions from those that would sometimes be taken in a urban or semi-urban environment. This seems interesting to me, first because I like to live in places a little far away, on a personal level it motivates me, and also because we can be very useful.

After returning from your world trip you talked a lot about your experiences, in the media. Do you plan to broadcast your new trip to the Antarctica in a similar way?

When I went around the world between 2009 and 2012 I kept a blog of the places I was going and the experiences I lived, my thoughts, emotions ... I did it mainly thinking of my family and friends. I have never been very active on social networks, I do not even have Twitter. During this new trip, I will be most of the time without internet connection, but I do have the intention of describing the experience. We’ll be about 60 people and I’ll be the only doctor. Being in charge of this small human community makes me feel responsible and makes me think that it may be interesting to reflect my medical experiences on the boat.

What else can you tell us about this new adventure?

It is a training expedition for those people who want to learn how to navigate in difficult situations and in isolated places. The company that organises it is called Bark Europa and it is a Dutch company that restored the boat a few years ago. My role will be mainly medical, to ensure that the health of the entire expedition is under control and participate in all expeditions on the Antarctic coast.

Who are the people who will come with you?

Most of the 60 people who will travel with me have a rather playful motivation for the trip, although it is true that many of them are also scientists, biologists or students of climate change and the ocean. It will be interesting to see how they work and analyse the changes in the ocean’s fauna and the geology of the sites that we are finding. Most of the landscapes and coasts that we see will be uninhabited, but there will be camps of other scientific research teams.

How will this experience differ from that of the daily work of a rural doctor or a doctor in a remote area?

I think that mainly I will not have a nursing partner and that the possibilities for evacuation will be limited. When you are on land the possibilities for assistance are greater than when you are at sea. I will have to be especially cautious and I will have to take advantage of the opportunities of communication with medical teams on the ground.

What are you hoping to learn?

I think I will learn a lot. Both as a family doctor and as a person. I would like to talk with people and know their stories. The possibility of combining medicine with travel, photography, writing and doing it with total independence motivates me a lot. I also believe that I will learn to cope with high levels of responsibility in the face of potentially dramatic conditions.

How can we track your trip?

From the [website](#) of the company that organises the trip, you can where the ship is at all times.



Interview with Dr Peter Makara : Slovak Republic

Dr Peter Makara is Host Organizing Committee Chair for the WONCA Europe conference coming to the Slovak Republic in June 2019. He is President of the Slovak Society of General Practice.



How do you view the position of GPs in Slovakia in comparison with other European countries?

According to our information and based on our conversations with our colleagues from abroad, the position of GPs in Slovakia is one of the weakest. In spite of that, according to unofficial surveys, GPs in Slovakia enjoy a great deal of trust from their patients. Our aim is to convince politicians to turn their declared support for primary care, to real acts.

What may inspire our GPs at the WONCA conference and how in turn may Slovak GPs serve as an inspiration to foreign participants?

To our GPs, WONCA has given an opportunity to participate in a European congress of GPs on home grounds and learn/confront themselves first-hand, about how GPs around the world operate. Foreign participants will get

the opportunity to visit our practices.

As mentioned a recent survey shows that GPs in Slovakia enjoy an 80 – 90% trust rating from their patients. This on the one hand, represents a commitment and, on the other hand, significantly improves doctor – patient communication. Only doctors who have won trust can best help their patients. This trust must be built constantly.

A family doctor, a general practitioner, a medical practitioner – the name of a professional providing primary care varies in different parts of Europe. How important is it for the patient?

The name is a result of a historical development and, in many countries, the general practitioner (GP) looks after the entire families, the children, pregnancies, parents and grandparents. Historically, in Slovakia, children have been looked after by paediatricians. Therefore, GPs in Slovakia take over the patients only after they reached adulthood. We do not want to change this system but we believe that a patient should register with a general medical practitioner as soon as possible after reaching adulthood.

According to the findings of the World Bank, in Slovakia, GPs are involved in the management of the patient in 70% of cases and 30% are referred to a specialist. However, the standard abroad is up to 90%. Is the achievement of this figure in Slovakia

realistic and desirable? (Aren't the GPs already quite overburdened?)

In my opinion, it is realistic to significantly reduce the percentage of referrals to specialists by removing barriers in patient care. In Slovakia, the prescription of a large number of medicines, medical devices, biochemical tests, CT scans, MRI scans can only be obtained through a referral to a specialist. I am convinced that by removing these barriers, the burden on doctors will not increase and it might even decrease. On the other hand, in the current situation, we are not able to assume all the responsibilities as in some countries, such as paediatric care, care of pregnant women, performance of "minor" surgical procedures in our offices because we are not equipped or trained for this at all.

Why is the enforcement of the requirements that improve position of general practice not only in the interest of health professionals but especially in the interest of patients?

By organising this conference, we want to draw the attention of the media, the politicians and the Ministry to the need to build primary care and improve the working conditions of GPs because primary care provides accessible and high-quality health care for all, in particular in the context of an ageing population and an epidemic non-communicable diseases such as hypertension, diabetes, cancer, etc.

What does the human aspect of medicine mean to you personally?

In recent years, the administrative burden and the introduction of new duties have been increasing constantly in Slovakia: stealing time which the doctor could devote to their patients. The human aspect of primary care medicine also includes the time to talk and listen to the patients, to prepare tailor-made plans for examinations, treatments or lifestyle changes and not only to measure physiological functions, prescribe medicines and report/charge the services to the health insurance company.

Resources added

Goodfellow Gems

What is a GEM?

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.

<https://www.goodfellowunit.org/gems>

Gems added

[Iron supplements on alternative days may be as effective as daily with fewer adverse effects](#)

[Ketogenic diet may cause small reductions in weight but no long term data](#)

[No antibiotics for asymptomatic bacteriuria in non-pregnant women](#)

[Bisphosphonate holiday for some after 4 to 5 years](#)

[Oral flucloxacillin 1000 mg with food TDS is probably effective](#)

[Recent opioid use may cause fall-related injury among older patients with trauma](#)

[Primary care weight loss study results in 46% getting remission from diabetes](#)

[Vaginal self-swab better for STIs in women than other tests](#)

[Management tips for the common cold](#)



Featured Doctors

Prof Cindy LAM

Hong Kong – WWPMH Asia Pacific regional vice chair

What work do you do now?

I am clinical professor and Head of the Department of Family Medicine and Primary Care, of the University of Hong Kong. I have worked for 30 years from the beginning in 1985, to develop the family medicine and primary care undergraduate programme and family medicine research. My research interests are evaluation of quality and outcome of care, and patient-reported outcomes.



Hospital, in China, to pilot the general practice led care model, as part of health care reform in China, in 2012.

I collaborated with senior academics from Universities in Australia, Mainland China, Malaysia, Singapore and Hong Kong to form the Asia-Pacific Academic Primary Care Group (AAPCG), to nurture emerging scholars in family medicine and primary care, in 2018. We had the inaugural meeting in Hong Kong in June, 2018, and the AAPCG scholars will present their work a

symposium in the 2019 Asia Pacific WONCA Conference, in Kyoto.

I am Chief Censor of the Hong Kong College of Family Physicians, involved in assuring the quality of training and examination of family medicine trainees. I continue to practice family medicine serving public primary care patients in Hong Kong. My special clinical interests are chronic diseases and mental health.

Other interesting things you have done?

I developed the six-year specialist in family medicine training programme, in Hong Kong, from 1994 to 1997. I established a Department of Family Medicine in the HKU-Shenzhen

Why your interest in the WP Mental health?

Many patients in Asia present with psychosomatic symptoms to primary care but receive insufficient care for their mental health problems. I hope we can engage, enable and empower primary care doctors in our region to manage the large number of patients with mental health problems effectively.

What are your interests outside work?

Reading, knitting and travel.

A/Prof Carmel Mary MARTIN

Australia - convenor SIG on Complexities in Health

What work do you do now?

I am an Associate Professor of Medicine, Nursing and Allied Health at Monash University in Australia, a medical consultant to the local regional health service, as well as a part-time General Practitioner. I have always been grounded in clinical general practice while doing other roles, and I have a particular interest in chronic disease and illness, and patient centred care and complex systems.



The main focus of my work is the experience of illness and wellness, and the biopsychosocial care of unstable complex health conditions that often fall between. My research in Australia, Canada and Ireland has focussed on reforms related to primary health care and chronic care; the nature of health

in body, mind, society and the environment; and meaning and sense-making about personal health. I am a co-editor, with A/Prof Joachim Sturmborg, of the forum on systems and complexity in medicine and healthcare, in

the *Journal of Evaluation in Clinical Practice*.

What are your plans/hopes for the WONCA SIG on Complexities in Health?

My major objective is to improve the experience of illness and the experience of care through supporting the human capacity to heal, and the human capacity to care and support others. I am highly committed to a generalist approach, in clinical care and primary health care. I am involved in developing the role of the GP (primary care physician), in conjunction with the developing roles of community health workers, care managers, primary care nurses and care guides.

My current vision is to continue to centre care on dynamic systems that represent changes in health experiences, including pain and also health systems design and evaluation. I am highly supportive of others who have the courage to work with new methodologies and new ideas.

I would like to engage and link WONCA members who are working on transforming overly simple, silos of disease management into care networks that can address multimorbidity.

My other objective is to encourage evaluation methodology that is able to accommodate the ongoing adaptive change of the complex systems of unstable health, in primary health care. I encourage colleagues who wish to publish such evaluations or research to submit to the forum on systems and complexity in medicine and healthcare in the *Journal of Evaluation in Clinical Practice*: [submit here](#)

Other interesting things you have done?

I studied medicine at the University of Queensland, and after registration worked and trained as a GP and a Public Health Physician, in London. My research work started with my own experience of chronic illness that began my PhD - The Care of Chronic Illness in General Practice - Australian National University 1994-1998.

I am now operationalising this work through the Patient Journey Record System program. Practically this work is now being conducted utilising design thinking approaches to improving patient experience, sociology,

trajectory analysis, natural language processing, machine learning and artificial intelligence.

In Canada, I participated in the evaluation of Pan-Canadian Primary Health Care Transition Fund initiatives in 2001-2006 and the Pan-Canadian Aboriginal Health Care Transition Fund initiatives as the internal evaluator for the Inuit 2005-2009. On my recent return to Australia from the UK after 13 years, I was an inaugural member of the GP Evaluation Program, Technical Advisory Group which oversaw the first wave of Australian primary care reforms.

I am the Chief Medical Officer of PHC Research Pty Ltd which is a research and development company focussed on developing software to improve the care of complex illness. My husband, Kevin Smith, is a Computer Scientist who leads software development for tracking unstable patient journeys as well as many other health related applications.

What are your interests outside work?

My interests are travel and learning about how different societies and their (online) cultures evolve. After many years in Europe and North America (being fascinated by Western culture), and moving back to Australia in 2015, I am now captivated by Asian culture, history and development. I am very interested in online television drama at an international level and what that reveals about the societies that develop them, and the audiences that watch them. I have recently become particularly fascinated by the creative energies of countries on the geopolitical margins.

I am a fifth generation Australian of northern and southern Irish ancestry on my paternal side and second generation Basque and Catalan on my maternal side, thus I'm aware of the nature of historical grievances. I grew up in the tropics in far North Queensland in a rural community. As a woman in medicine, I have always been supported by my husband and family to develop my work. I am the mother of adult triplets who are following various paths in historiography, computer science and social work and am blessed to be living closer to my siblings and relatives in Australia, although I miss my friends and colleagues in Canada, US, and Ireland.

WONCA conferences

WONCA EMR conference in Beirut in March



The sixth regional WONCA East Mediterranean region conference will be held from March 21- 23, 2019 in the Phoenicia Hotel, Beirut Lebanon. It will be hosted by the Lebanese Society of Family Medicine.

The theme of the conference “Bridging Gaps and Paving Future” was chosen to illustrate the important role that family medicine can play in providing universal health coverage at all times. The scientific program is quite rich and varied covering all age groups: from assessment of speech delay in children, to counselling adolescents about their sexual identity, to updates on the management of non-communicable diseases, to evaluation of male menopause, and delirium in the elderly. There are also sessions on providing

comprehensive care like integrative medicine and palliative care and others guiding the primary care physician to deliver appropriate care in the era of e-health.

This year family medicine will be 40 years of age in the region. The program will thus include panel discussions of family medicine achievements, lessons learnt and way forward to achieve universal health coverage. Several working groups will also be launching their activities in the EMR region through workshops and networking.

Register before March 4, 2019 for discounted fee.

[Conference website](#)

Call for submissions: World Rural Health conference



Oct. 12-15, 2019
Albuquerque, New Mexico

As co-hosts, the University of New Mexico Health Sciences Center and the National Rural Health Association invite you to submit an oral or poster presentation in consideration for the 16th WONCA World Rural Health Conference Oct. 12-15 2019 in Albuquerque, New Mexico, USA.

With this conference, we hope to bring together providers, educators and researchers in the pursuit of improving health care for all

rural populations across the globe. Expand your knowledge of rural health best practices and engage with clinicians, educators, and health researchers from around the world in the Land of Enchantment.

The deadline for submissions is 11:59 p.m. CDT, March 29, and registration for the event is open. A 50% discount on registration is offered to selected speakers and a full list of [instructions and guidelines for submissions](#) are available for you to reference and share.

[Conference Website](#)
[PDF registration form](#)

Why you should join us at WONCA APR in Kyoto (Japanese cuisine)



Dates: May 15-18, 2019

Venue: Kyoto, Japan

Discounted registration ends March 11

[Conference website:](#)

One of the enjoyments of visiting a foreign country will always be eating and drinking. Japanese cuisine (washoku) offers an abundance of gastronomical delights with a boundless variety of regional and seasonal dishes, as well as international cuisine. In this issue of 'Why you should join us at WONCA APR in Kyoto', I will review several Japanese dishes which are not expensive VIP ones, but ordinary, everyday, tasteful ones you should try when you come to Kyoto.



First of all, for lunch I recommend Udon noodles (pictured). Udon noodles are thick Japanese noodles made of wheat flour. They are thicker than soba noodles which are made of buckwheat flour. Udon is widely available at restaurants across Japan and prepared in various hot and cold dishes.

The next dish I will recommend is Okonomiyaki. Okonomiyaki is a popular pan fried food that consists of batter and cabbage. Selected toppings and ingredients are added which can vary greatly (anything from meat to seafood). This variability is reflected in the

dish's name: "okonomi" literally means "to one's liking".

Takoyaki is also one of my recommendations. It is a ball-shaped Japanese snack made of a wheat flour batter and cooked in a special molded pan. It is typically filled with minced or diced octopus, tempura scraps, pickled ginger, and green onion.

Appropriate for dinner and at a reasonable cost is my suggestion of Yakitori. Yakitori is grilled chicken skewers made from bite sized pieces of meat, from all different parts of the chicken. Sushi and Tempura are also appropriate for dinner, however, you better consult your local friends, or travel guides, to choose reasonable restaurants, because some of these dishes can be fairly expensive.

Although I have no intention to downgrade the Kyoto Kaiseki cuisine, they are usually fairly expensive and not particularly tasteful, although they will entertain your eyesight by their artistic arrangement.



kindly yours,

Prof Nobutaro Ban
Representing the Japan Primary Care
Association
Chair, Organizing Committee, WONCA APR
2019 Japan

WONCA Europe Conference - call for abstracts

24TH WONCA
EUROPE
CONFERENCE

 Bratislava
June 26-29, 2019



[Conference Website](#)

Dear GP/FM colleagues,
We are delighted to invite you to the 24th WONCA Europe Conference that will be held in Bratislava, Slovakia on June 26 - 29, 2019.

Call For Abstracts

Call for abstracts has been extended but still only few days left to submit and be part of the WONCA Europe 2019 Conference scientific programme. Don't miss this opportunity!
Abstract Submission Deadline: January 31, 2019

[Submit Now](#)

Registration

We would like to thank to those of you who have already registered! For those who have not yet registered, there is still opportunity to register for a discounted regular registration fee.

Conference Dinner

Venue: Radisson Blu Carlton Hotel Bratislava
Date: June 28, 2019

Housed in Hviezdoslav Square in the Slovakian capital's historical quarter, the beautifully restored Radisson Blu Carlton Hotel, Bratislava reflects the city's atmosphere with a blend of historical architecture and modern convenience. The history of one of the most famous Slovak hotels, the Carlton, reaches back to the 13th century when on the site of today's hotel stood a much smaller hotel with the name The Swan.

Programme At A Glance

Programme at a glance is available.

[View Now](#)

Bratislava Highlights

Old Town Hall

The former seat of the city self-government is since 1868 the seat of the Bratislava City Museum, the oldest museum in Slovakia. After climbing up the narrow stairs leading to its 45-

metre-high tower you will be rewarded with a beautiful panoramic view of the Old Town.



Primate's Palace



A Classicist palace built in the 18th century in which the Peace of Pressburg was signed after Napoleon's victory at the Battle of Austerlitz between the representatives of the French and Austrian emperors. The Palace houses a gallery depositing a unique collection of six English tapestries from the 17th century and also serves as the seat of the Mayor of Bratislava.

Conference Secretariat

GUARANT International

E-mail: wonca2019@guarant.cz

WONCA CONFERENCES

WONCA Conferences 2019

March 21-23, 2019	WONCA East Mediterranean region conference	Beirut, LEBANON	woncaemr2019.com
May 1-4, 2019	Congreso Iberoamericano de Medicina Familiar	Tijuana, MEXICO	http://cimfwonca.org/eventos/proximos-regionales/
May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	www.woncafrica2019.com
June 26-29 2019	WONCA Europe region conference	Bratislava, SLOVAK REPUBLIC	www.woncaeuropa2019.com
October 11-15, 2019	WONCA World Rural Health conference	Albuquerque USA	www.ruralhealthweb.org/wrhc
November 22-24, 2019	WONCA South Asia region conference	Lahore, PAKISTAN	www.globalfamilydoctor.com/SAR19

WONCA Direct Members enjoy *lower* conference registration fees.

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

WONCA Conferences 2020

April 21-22, 2020	VIII Cumbre Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	Save the dates.
May 28-31, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.conference.co.nz/wonca20
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	www.woncaeuropa2020.org
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

Member Organization Events 2019

27 Apr **STFM Spring conference**

- 01 May Toronto, Ontario, Canada

2019

09 May **88th EGPRN Meeting**

- 12 May Tampere, Finland

2019

09 May **39th semFYC conference**

- 11 May Malaga, Spain

2019

10 Jun **Toronto International Program :**

- 21 Jun **Strengthening FM & Primary Care**

2019 University of Toronto, Canada

26 Jul **RNZCGP Conference for General Practice**

- 28 Jul **and Quality Symposium**

2019 Dunedin, New Zealand

24 Sep **AAFP Family Medicine Experience**

- 28 Sep Philadelphia, USA

2019

29 Sep **European Forum for Primary Care**

- 01 Oct **conference**

2019 Nanterre, Paris, France

17 Oct **EGPRN meeting**

- 20 Oct Vigo, Spain

2019

23 Oct **Rural Medicine Australia 2019**

- 26 Oct Gold Coast, Queensland, Australia

2019

24 Oct **RCGP annual primary care conference**

- 26 Oct Liverpool, United Kingdom

2019

24 Oct **RACGP GP19**

- 26 Oct Adelaide, Australia

2019

30 Oct **Family Medicine Forum / Forum en**

- 02 Nov **médecine familiale**

2019 Vancouver, Canada

For more information on Member Organization events go to

www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx