

WONCA News

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Global Family Doctor - Wonca Online

From the President: World Health Assembly



Photo: Donald Li and Anna Stavdal with Søren Brostrøm, Director of Health Services, Denmark, who told WHA that 'family doctors are the heroes of the health service'.

[Español](#) [Français](#) [中文](#)

World Family Doctor Day, regional conferences and consultations, and World Health Assembly. Last month was extra busy for WONCA. Much appreciation to all of those who participated so enthusiastically across the globe in events to celebrate World Family Doctor Day. It is good to see doctors (and their patients) take such pride in the work we do.

World Health Assembly (WHA) was the usual hectic time, with meetings and side events to attend and to participate in. The WONCA delegation of me; President-Elect, Anna Stavdal; CEO, Garth Manning; and WONCA-WHO Liaison, Viviana Martinez-Bianchi; had a tight schedule of meetings. We met, individually and as a group, with officials from WHO and other agencies and organisations, representing the range of interests of our organisation. We also participated in a number of side events, which are an important feature of World Health Assembly.

Of particular note was the side event on 'Primary Health Care towards Universal

Health Coverage and SDGs', with Health Ministers from 10 different countries presenting. WONCA members will be delighted to hear that WONCA was well represented at the side event! I was honoured to be a panellist at the event, where I spoke about the importance of Family Medicine as the tool to achieve comprehensive primary care leading to Universal Health Coverage. Our WONCA-WHO Liaison was invited to speak and Ana Nunes Barata, our Young Doctor Movement representative on Executive, was invited to offer a younger perspective on the issue. Ana

was attending WHA at the invitation of WHO, as part of the Young Leaders' Hub.

We met with the PHC Workforce team, accompanied by Bruce Chater, the incoming Chair of the WONCA Working Party on Rural Health, who are making very constructive contributions to 'Solving rural workforce shortages'. Bruce was at WHA at the invitation of Jim Campbell who leads the WHO workforce team. Bruce joined the WONCA delegation for a number of other meetings and social events.

The WONCA delegation was pleased to meet with the Young Leaders' Hub and to have a coffee and catch-up with members of the International Federation of Medical Student Associations (IFMSA), with whom we regularly correspond. The future of family medicine depends on our students and young doctors taking on the baton for delivering high quality primary care services in the future. Encouraging students and young doctors to make family medicine their career choice is an important role for all of us who know the value of the ongoing doctor-patient relationship.

Between us, the WONCA delegation made very good use of our time in Geneva, having face to face meetings with our primary care and UHC counterparts, including the newly

appointed Executive Director of UHC and Life Course, Dr Peter Salama. Pete told us about the newly established 'primary care special programme' made up of an 'agile' multidisciplinary group addressing the multitude of issues which impact on implementation of comprehensive primary care. This is a welcome development in WHO, which has a history of addressing issues in professional silos.

WONCA's relationship is well established with the related groups in WHO of Disaster Risk Reduction and Disaster Management. We had very productive discussions with both Dirk Horemans and Jonathan Abrahams about the potential for disaster preparedness being incorporated in family medicine training programmes. We also discussed the potential for primary care being incorporated into community-based disaster planning, since the

primary care teams, already working together, would be able to slot into the emergency response.

We had a number of meetings with the full WHO primary care team, including Shannon Barkley, whom many of you will know from the last WONCA World Conference. We wish Shannon a safe delivery as she goes on maternity leave immediately after WHA. During Shannon's maternity leave, the reins will be taken up by another friend of WONCA, Katherine Rouleau of the Besrou Centre and University of Toronto, also known to many of our members. We wish Katherine well in her temporary post – and we will be in regular contact on a range of issues!

Donald Li
WONCA President

From the CEO's desk: WONCA events coming

As I write this I'm in Geneva, along with our President, President-elect and WHO Liaison, representing WONCA at the annual World Health Assembly. It's always a very busy time, with important meetings with WHO colleagues and statements being made on your behalf in general committee meetings, and I will report back more fully in next month's news.

For this month though I wanted to look ahead to some WONCA events which are some months away but which I urge you to get into your diary.



Photo: CEO Garth Manning speaking at the recent WONCA APR conference in Kyoto.

[see all WONCA conferences](#)

WONCA SAR Conference

The WONCA South Asia Region conference will be held in Lahore, Pakistan, from 22nd to 24th November. There will also be a re-conference for Spice Route – the young doctor movement for South Asia. Full details of the conference, including how to submit an abstract, are [here on the WONCA website](#). Please note that the deadline for abstract submission is 15th June.

WONCA Rural Health Conference 2020

The WONCA Rural Health conference for 2020 will take place in Dhaka, Bangladesh, from 15th to 18th April 2020. Bangladesh is a remarkable country of over 180 million people – having grown from around 35 million at the time of its independence in 1971. Many of these people live in rural and remote places, with limited access to health care, so the timing and location of the conference are most appropriate. I will be visiting Bangladesh in August (where I lived for four years from 2000-2003) for a conference planning meeting. I'm sure a really great event will be organised and I encourage everyone interested in rural health to attend. The

website is still under preparation, but there are regular Facebook posts – search @wrhc2020.

WONCA Regional Events in 2020

In a world conference year there are always fewer regional events. Nevertheless three to mark in your diaries are:

- WONCA Asia Pacific Region (APR) – Auckland, New Zealand 23rd to 26th April
- WONCA Iberoamericana-CIMF – Puerto Rico. Cumbre (Summit) 27th and 28th April; conference 30th April to 2nd May
- WONCA Europe – Berlin, Germany 24th to 27th June

WONCA World Conference 2020

Of course the biggest event of 2020 will be the WONCA World Conference in Abu Dhabi, UAE, from 26th to 29th November. The conference website - <http://wonca2020.com> – is now operational, with full details about Abu Dhabi and ADNEC (Abu Dhabi National Exhibition Centre) which will be the location for both WONCA World Council and conference. Early Bird registrations now open, as is abstract submission for workshops and symposia.

Key dates are:

- 1st April 2019 – Abstract submissions open for workshops and symposia

- 1st April 2019 – Early Bird on-line registration open
- 15th September 2019 – On line accommodation open
- 15th December – Workshop and seminar abstract submissions close
- 20th January 2020 – Abstract submissions for oral presentations and posters opens
- 30th January 2020 – Authors notified for workshops and seminars

CEO Search Committee

As I wrote last month – and as many of you will know - I plan to step down from my role as WONCA CEO at the end of 2020, and so the search is now on for my successor. Executive had appointed a CEO Search Committee, led by Anna Stavdal and including Job Metsemakers and Ruth Wilson; they have developed a job description which Executive endorsed at its April meeting.

The advert and job description are [on the WONCA website](#) and have been circulated to all Member Organizations and other interested groups. Please do promote this as widely as possible so that we ensure plenty of good quality applicants.

Until next month.
Garth Manning CEO

WONCA 2020 world conference call for abstracts



<http://wonca2020.com>

In my View: Prof Val Wass

Our meetings at World Health Assembly (WHA) with the medical students' association (IFMSA) and with the Youth Hub and the Young Leaders Network reinforces to us the need for good undergraduate medical training, to encourage more people into our profession. There are a range of obstacles, right across the globe, to achieving the numbers of trained family doctors needed to achieve Universal Health Coverage. The earlier medical students are exposed to community based primary care, the more likely they are to choose family medicine as a career. So, this month, I have asked Professor Val Wass, globally renowned medical educator, Chair of the WONCA Working Party on Education, and also WONCA Member At Large and Honorary Treasurer, to give her views on how the education of medical students needs to adapt to the changing health environment.

Donald Li, WONCA President



Photo: Val Wass chairs a workshop

Transforming education to develop health systems in an interdependent world¹: the role of WONCA.

[Español](#)

WONCA World Family Doctor Day 2019 “caring for you for the whole of your life” reminded the world of the importance of Family Doctors. As highlighted in the WONCA Seoul 2018 declaration², they “must be trained to give comprehensive care across the lifecycle (from cradle to grave) in a person-centred way.” Holistic, compassionate generalist care lies at the heart of all we do.



The Seoul declaration states that family doctors can (and must) address “the emerging needs of ageing populations and the increase of non-communicable diseases (NCDs) at the Primary Health Care (PHC) level”². Strengthening PHC and achieving Universal Health Coverage (UHC) remains at the core of our strategy. The Seoul statement urges countries “to invest in training skilled Family Doctors through the development of academic capacity starting at the medical school level.”² In my view these two statements are intrinsically linked. Yet, globally, medical education has failed to recognise this.¹ We can now collaborate across the WONCA networks to reform undergraduate and postgraduate education and tackle the

changing needs of population health. Without this, UHC will, I believe, be unachievable.

The Lancet report on Health Professionals for a New Century states categorically that “20th century educational strategies are unfit to tackle 21st century challenges.”¹ The authors argue that changing population health drives a need for a different labour market; a workforce able to care in the community in a generalist way, that is, more Primary Care. What

medical education has failed to do is counterbalance this with the radical change in curricula to produce this workforce¹. (Figure below)

As long as medical education is based in hospitals, taught in the silos of specialisation and fails to foster the holistic generalist values of PHC, we will continue to produce a secondary-care oriented workforce. The ongoing shortage of Family Medicine doctors will not improve. I believe the secondary-care-dominant model, as perpetuated worldwide, is harmful. Medical education globally must adapt to health care delivery needs in the local context.

But we, as doctors, too must change. We need to address our own professional boundaries³, embrace societal needs and anticipate the roles of future doctors alongside other health care workers. This requires new professional values centred on social accountability, opening the borders between science and the humanities, addressing human rights, equity and justice, and supporting students to learn PHC skills, e.g. undifferentiated diagnosis, handling risk, uncertainty. As educators we have a crucial teaching role, yet this is not embedded in hospital dominated medical schools.

Unless we change our approach and raise our status within the medical school hierarchy, the world will continue to face an imbalanced workforce. In England, challenged by a shortage of General Practitioners, a report was commissioned on how to support careers for General Practice (GP) in medical schools. "By choice not by chance"⁴ revealed multiple factors negatively influencing career choices in GP. An unexpected finding was that the low status of GP as a career starts even in primary school. Lack of exposure to PHC and GP role models in the context of learning, not understanding what a General Practitioner does, a strong undermining of family medicine as a career option within the hospital

environment, and failure to promote the academic potential of GPs were among the factors mitigating against it. Quality exposure to exposure to PHC is positively transformational; a finding now well documented in the international literature.

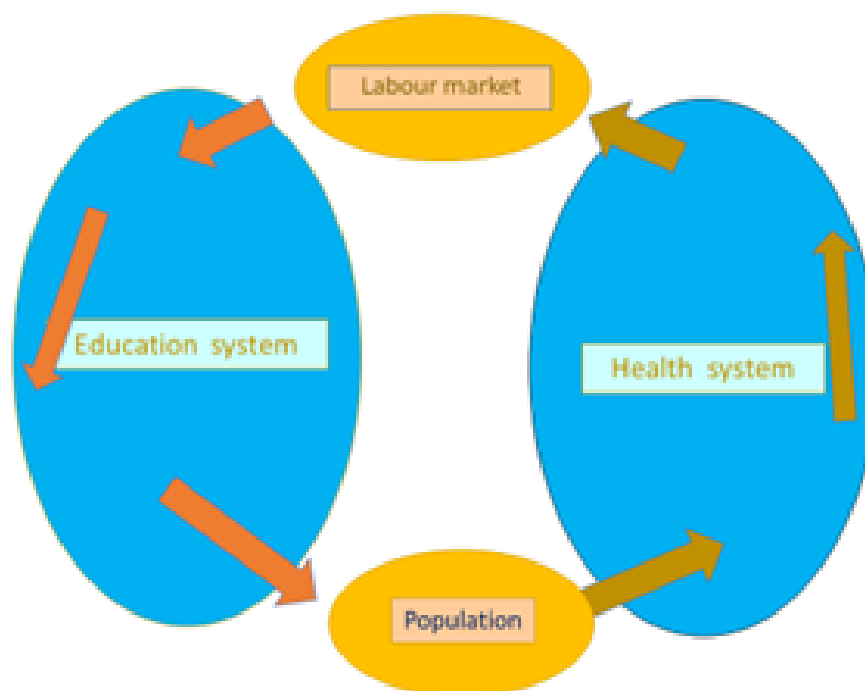
As Nelson Mandela so wisely said: "Education is the most powerful weapon which you can use to change the world." We have a great opportunity to positively act on the Seoul declaration. It both highlights the changing population needs and pleas for trained skilled family medicine doctors. This fits well into the Lancet report model (Figure below) of linking the two within our strategy and regional organisational structures. Now is the time to transform medical education.

References:

- 1: Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *Lancet*. 2010 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61854-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61854-5/fulltext)
- 2: WONCA : [Seoul Declaration 2018](#)
- 3: Wass V, Southgate L. Doctors without borders. *Acad Med*. 2017; 92 (4): 441-443 doi: 10.1097/ACM.0000000000001618
- 4: Wass V, Petty-Saphon K, Gregory S. By Choice not by Chance 2016 www.hee.nhs.uk/sites/default/files/documents/By%20choice%20-%20not%20by%20chance.pdf

Health Professionals for a New Century

<http://www.thelancet.com/journals/lancet/article/>



World Family Doctor Day 2019 report

2019 FDD Theme: “Family doctors – caring for you for the whole of your life”

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.



This year we decided to highlight the role of family doctors in providing life- long care to their patients – “from cradle to grave”. We especially wanted to emphasise that family doctors have a key role in the management of children and also their pivotal role in palliative and end of life care.

As is now the custom, the day was celebrated widely in many countries across the globe. Activities including videos and photographs have been posted on many social media sites for all to see.

Of particular note this year was the launch of two books which are featured in this report - both show what our specialty of family medicine is about - but from totally different perspectives. Other member organisation reports formally submitted by May 31 are included in the attached document.

Young Doctors’ Movement Video

The Young Doctors’ Movement combined voices from young family doctors around the world in a video of celebration.

<https://www.facebook.com/woncaydm/videos/1668400126636871/>



From Canada: "University of Toronto Family Medicine Report"

In recognition of World Family Doctor Day on May 19, 2019, the University of Toronto Department of Family and Community Medicine, a WONCA Academic member, has released the first-ever *University of Toronto Family Medicine Report*. This report is the first evidence-based, comprehensive picture of the state of family medicine and the health of our patients. The report highlights the many contributions family doctors make to the health and wellbeing of our population every day, and provides new insights into patterns of ill health affecting the people we serve.

"The University of Toronto Family Medicine Report demonstrates the value of family doctors and family medicine to our health system. This report provides a sketch of family medicine that—as the years go by – will become a beautiful portrait of the work we do, why we do it, what we should do differently, and what it all means for the health and wellbeing of the people we serve"

The report utilises the data from the electronic medical records of hundreds of thousands of patients to showcase the important work of family doctors, and the members of our teams, as well as providing new insights into patterns of ill health affecting our population. Written for a lay audience, I hope this report can serve as a template for others seeking to highlight the contributions of family medicine in their own context.

I encourage you to read and share this report as we share our pride in our profession as part of our World Family Doctor Day celebrations.

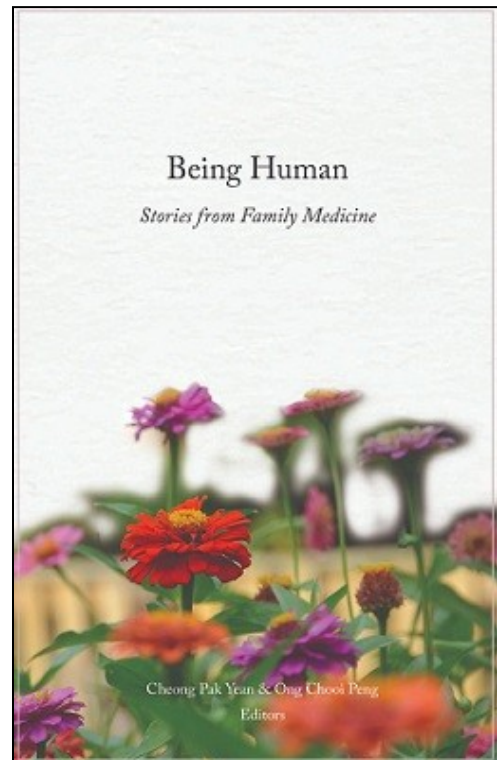
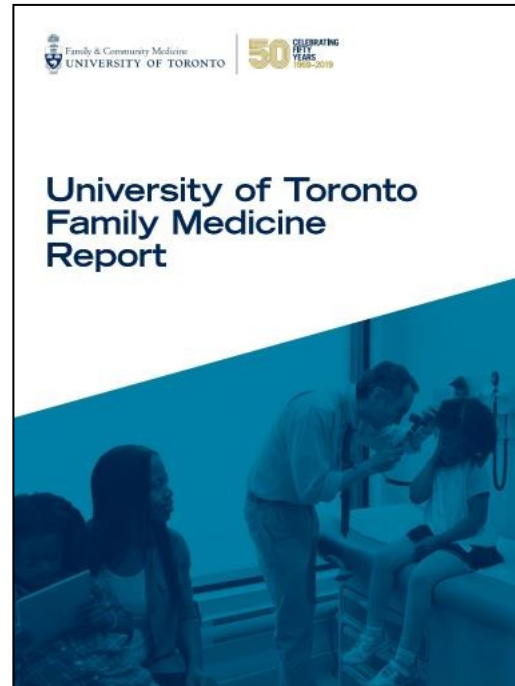
Michael Kidd
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Tu, K., Greiver, M., Kidd, M. R., Upshur, R., Mullin, A., et al (2019). The University of Toronto Family Medicine Report. Toronto, Ontario: Department of Family and Community Medicine. ISBN: 978-1-9990809-0-7
[Download full report here](#)

From Singapore: "Being Human", Cheong Pak Yean and Ong Chooi Peng (editors)

This interesting book was launched in Singapore in celebration of World Family Doctor Day 2019.

"Being Human" is a collection of pictures, accompanying stories, and reflections. The pictures were drawn by medical students of the National University of Singapore during their Year 3 Family Medicine posting (of eight weeks) in workshops titled Pictures from the Frontline and taught by A/Prof Cheong Pak Yean from 2012 to 2017 (this generated 200 pictures – one from each clinical group taught). Of these, 72 were shown to seasoned family physicians to comment, add their experiential stories, as



well as their reflections.

The lively book, designed in full colour by Liw Yi Ling, cohesively integrated both words and pictures to tell vibrant stories of life. Even the cover has a story – A riot of colours of the Zinnias growing out of a flower bed, and reflecting life – colourful, messy, but vibrant.

The 168-page book has 72 topics organised into five chapters (with the number of topics in parentheses): Doctor and Patient (9); Challenges to Care (16); Family and Sexuality (15); Being Human (15); and In Practice (14).

Being Human depicts the Hippocratic wisdom of Art outlives life. All medical students and all practitioners are potential beneficiaries. Enjoy.

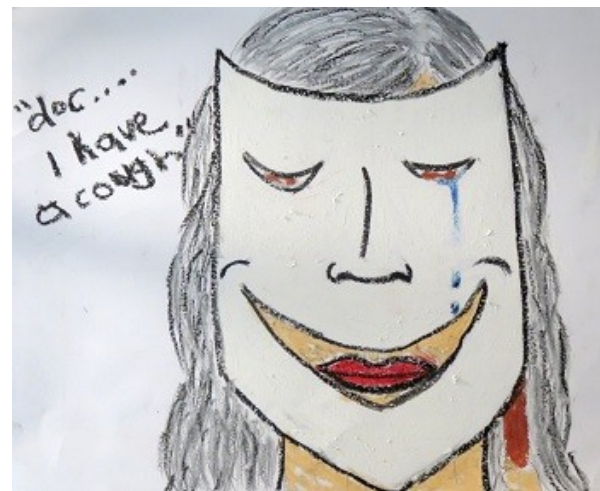
Topic 4.2 Social isolation. The commentary on the picture tells us more: "*... a listless-looking middle-aged man whose eyes are the focal point. Vertical black and white stripes depicting prison bars are drawn in lieu of normal eyes. If one looks closely at the right eye, a faded man can be seen tightly gripping the bars, his eyes squeezed shut; he looks like he is trying his hardest to escape. Is this a reflection of this man's circumstances? Is he trapped in his failing body? Instead of handcuffs or ropes he is tied down by nasal prongs...*"



Topic 1.6 Masquerades. The drawing leaves us in no doubt as to what this means to a family doctor. The example in the text vignette is of a young man who wanted to lose weight for his wedding. However he knew he was infertile. "*...The diagnosis of Klinefelter syndrome was his damning reality. Obesity was his masquerade*"

Commentary by A/Prof GOH Lee Gan, Past Regional President, WONCA Asia Pacific Region (2001-2007)

For more information and to ask about copies of this interesting book please contact Dr Tan Tze Lee, president of the Singapore College of Family Physicians president@cfps.org.sg



Member Organization reports on Family Doctor Day

Hong Kong SAR, China

Hong Kong College of Family Physicians (HKCFP)

In support of World Family Doctor, the HKCFP and the Department of Health of Hong Kong (DH) jointly held a symposium on 11 May 2019.

Photo 1: VIPs, Speakers, and all participants celebrating FDD 2019



Dr Constance Chan, the Director of Health, HKSAR, said in her opening remarks, “Family doctors are the key to well-delivered primary care, which is the foundation of a sustainable healthcare system. This is particularly true and important when our society is facing the challenges brought about by our ageing population and the increasing prevalence of non-communicable diseases (NCDs).”

The President of HKCFP, Dr David Chao, also highlighted in his opening remarks that family doctors have a key role in the management and care of patients in various stages in life, as well as a central role in the delivery of personal, comprehensive and continuing healthcare. Dr Chao also mentioned that the College had recently organised a certificate course on “End-of-life Care for Primary Care Doctors” and enthusiastic responses were received from members and colleagues. It serves as one of the many examples that we as family doctors are caring for our patients for the whole of their lives.



Photo 2: Dr Donald Li (centre), Dr Constance Chan (Department of Health, HKSAR) (third from left), Dr David Chao (President, HKCFP) (third from right), and VIPs

The symposium was 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 also provided an opportunity to celebrate the progress being made in Family Medicine and the special contributions of family doctors globally.

We are most privileged to have had three distinguished speakers in the symposium, to share with us the role of family doctors in providing life-long primary care in the community. Dr Donald Li, President of WONCA, a past president of HKCFP, was one of the speakers. Dr Li encouraged us in his keynote speech that ‘we can make, and it is our duty to make, a huge humanitarian contribution and difference to the local and global community, because we are uniquely at the frontline of providing continuous and lifelong healthcare services.’ The Public Education Committee of the HKCFP also compiled a short video of the “thank you” messages received from our patients for celebrating Family Doctor Day. The video clip is available from the HKCFP Facebook Fan page [here](#).

The HKCFP representative attended the live Radio Programme ‘Healthpedia’ of Radio Television Hong Kong on 13 May 2019, to promote Family Doctor Day. The programme can be reviewed [here](#).

Nigeria

**Association of General and Private Medical Practitioners of Nigeria
Society of Family Physicians of Nigeria
National Postgraduate Medical College of Nigeria**

Photo 1: Members of Society of Family Physicians of Nigeria Ibadan zone lectures / press interview

World Family Doctor Day was well celebrated in Nigeria. Activities from 17-20 May in nearly all the states, most were jointly sponsored by our WONCA Member Organizations in Nigeria.

Activities included : Public enlightenment campaigns through press releases and interviews in print and electronic media; advocacy visit to Minister of Health; road shows, free medical outreaches, lectures, rallies.



Photo 2: Some leaders of Family Doctors in Nigeria with the Health Minister of State in Abuja



Photo 3: Association of General and Private Medical Practitioners of Nigeria Lagos Chapter members addressing press conference.

Australia

**The Royal Australian College of GPs.
(RACGP)**

The RACGP Practice Owners Conference provided an ideal setting for GPs to reflect on what it means to be a family doctor. With hundreds of Australia's best family doctors convened in the one location, the RACGP took the opportunity to find out what motivated them to become general practitioners.

The theme for this year's World Family Doctor Day (WFDD), 'Family doctors – caring for you for the whole of your life', emphasised the lifelong care many GPs provide to patients, from the management of children to palliative and end-of-life care.

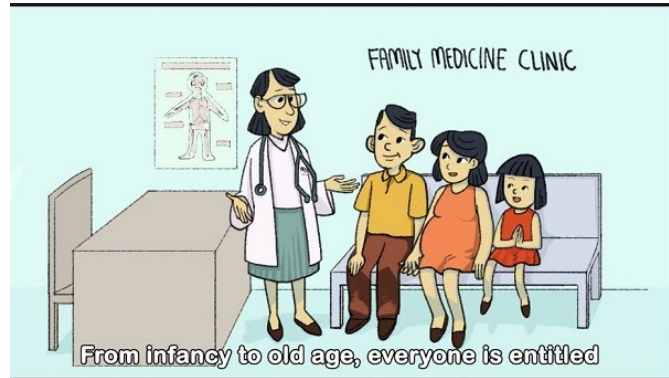
According to RACGP President Dr Harry Nespolon, this aspect of primary care is one of the main features that attracted him to becoming a GP. 'I love seeing my patients and I love the respect patients give me by coming to see me,' he said. 'I've lived through the whole of their lives, from having babies to unfortunately dying, but it's all that care. 'And one of the greatest things about general practice is you get to see people in all their states.' This was a common sentiment among attendees at the conference, as was the variety and excitement that the profession affords. Other commonly listed benefits of being a family doctor included the ability to build relationships with patients, job flexibility, and the chance to have a direct, positive impact on the community. [More here.](#)

Philippines

Philippine Academy of Family Physicians

Infomercial on Family Physicians as Primary Care Providers in UHC.

[Watch infomercial here.](#)



Portugal

APMGF - Portuguese Association of General and Family Medicine

The World Family Doctor Day 2019 (WFDD) celebration in Portugal included more than 500 family doctors and Family Medicine residents and thousands of their patients, across all regions of the country. The motto chosen for this year was “Family Doctor, the closest one to you” and in many

places the organized groups set up interactive activities such as community walks, health fairs, awareness sessions or public dance/gymnastic classes. All these activities were developed with the help of local authorities and community services and the logistics support of the Portuguese Association of General and Family Medicine (APMGF), which provided health information flyers and leaflets to the teams, as well as WFDD merchandising materials, such as balloons, stickers, caps and t-shirts.



Photo 1 Doctors and patients get together to celebrate WFDD in Chaves

Prior to the WFDD 2019, APMGF also launched a campaign called “Family Doctor, the closest one to you”, to find and reveal the most valuable local projects carried out by family doctors



that increase the strong bond between primary healthcare teams and their communities. Three particular projects (one in the Lisbon area, one in the northern part of the country and another one in the Azores Islands) were singled out by APMGF as the most relevant, tackling areas such as healthy lifestyle choices, informal caregivers training and integrated home support services.

Photo 2: visit to a market



WONCA

WONCA Groups

Rural Round-up; Training for under-resourced areas

Sommer Aldulaimi MD FAAFP discusses the way one urban-based Family Medicine Residency Program in Arizona, USA, has accomplished 45% of its graduating residents from the last three years working in rural practice and 100% of the graduates from the last three years working in healthcare professional shortage areas in North America.

Training Family Medicine residents for future practice in under-resourced areas domestically and abroad

The mission of The University of Arizona College of Medicine Family Medicine Residency (South Campus) is to train physicians to work in rural and underserved areas in Arizona and beyond. We had the honor this year of receiving the National Rural Training Track Collaboration Rural Recognition for having such a high percentage of residents go on to practice in rural areas after graduation. This is an honor that only 11 other residencies in the nation received!

How? We have employed several strategies. First, we start with recruiting the right residents to come to the program. We only interview medical students who show dedication to rural and underserved work through their volunteer, extracurricular activities, personal statement and letters. Then, during interviews, the degree to which they show dedication to the mission is accounted for in the final ranking of the applicants.

Then, we send residents every year to rural areas in Arizona to train as a required part of their education. The residents go for a month at a time and live in the rural community where they are working. Spending significant amounts of time in rural areas (16 weeks minimum over three years) allows the resident physicians to experience the professional and personal benefits of living and working in these underserved communities. The residents also travel to rural areas as parts of other specialty rotations throughout their residency to get even more exposure to rural practice. Each year, the Family Medicine residents rotate in family medicine, obstetrics, emergency medicine, geriatrics, rheumatology, and other electives in rural Arizona. The residents had the privilege to serve in diverse communities including Indian Health Services with several

different tribes, towns on the US-Mexico Border, rural mountain towns, rural mining towns, frontier medicine, and others. There are also opportunities for rotations in rural British Columbia and Alaska to further expose residents to rural practice.

The next piece of the training that helps us accomplish our goals is a robust Global Health Track that three to five residents in each class participate in. Predominantly completed during the second and third years of residency, the track offers opportunities to develop expertise in the diagnosis and treatment of common tropical conditions and diseases, and to expand clinical knowledge and management skills in preparation for work in areas of limited resources. The Global health track is comprised of a three weeks intensive global health course given through the college of medicine, and online global health ethics course, monthly global health journal clubs, quarterly global health oriented academic half days, volunteer in several clinics per year in Mexico, having two global health mentors, participation in a leprosy clinic with the CDC, asylum seekers exams and volunteer, attendance to a Global Health Conference during third year, a two month international rotation, a scholarly project, and other components. All graduates of the Global Health Track (Five years of graduates) are working in under-resourced areas in the US, and 80% of them continue to be involved in work abroad.

We, have a very diverse patient population that is seen including many Spanish speaking patients, Mexican Citizens, Border-Crossers, Asylum-Seekers, Native Americans, and many refugee patients from around the world. We started a dedicated refugee clinic as part of our own clinic to help better serve the complicated refugee patients who are seen in the clinic. The program also participates in a Spanish Language/Healthcare Disparities Distinction Track which is a two-year program that focuses on strengthening the Spanish language skills of residents in order to enhance the care of our bilingual patients noted above. They also cultivate discussions and host forums to help educate fellow residents in cultural competency and health

care disparities in the Track.

We have also added many curricular components to help better train our residents to practice in under-resourced areas including a longitudinal point of care ultrasound curriculum, a longitudinal mock code/emergency curriculum, procedure labs, additional pediatric and emergency medicine

rotations above the required amount, and work in the old county hospital for all their core inpatient family medicine blocks. We, take advantage of our unique position near the US-MX border and having rural areas and Indian Health Services so close and incorporate many different components to reach our mission of serving patients in rural and underserved areas domestically and abroad!

New WONCA SIGs announce their convenors

Two new WONCA Special Interest Groups (SIG) have announced their convenors. Also the Spice Route Movement for Young Doctors in the South Asia region has a new chair. Find out more about them!

SIG on Adolescent and Young Adult Care co-convenors

Maria Veronica Svetaz (USA)

Maria Veronica Svetaz MD is Assistant Professor at the Department of Family and Community Medicine, University of Minnesota. From Argentina originally, she came to the University of Minnesota in 1996 to join the Division of Paediatrics and Adolescent Health Leadership Education in Adolescent Health training program for a two-year fellowship where she is now a faculty member.

She was a member of the National team that drafted the 2002 "Consensus Statement on Health Care Transitions for Young Adults with Special Needs," (published in Pediatrics, 2002). She has been the creator and Medical Director of Aqui Para Ti/Here for You youth development program since its beginning in 2002. This program has received multiple US awards, given its Family Centred approach to adolescence. She has been a constant advocate in issues related to Health Equity and Immigrants' rights.



Her research interests include working with bilingual youth, chronic illness and youth, issues around parenting that youth, educating practitioners to better work with minority youth, and how to advance health equity. She is currently the chair of the US based Society of Adolescent Health and Medicine (SAHM) 's National Diversity Committee.

Pierre-Paul Tellier (Canada)

Pierre-Paul Tellier MD, is an associate professor in Family Medicine at McGill University, in Montreal. After working for two years, Dr Tellier went to New York City to do a Fellowship in Adolescent Health at Bellevue Hospital with Adele Hoffman, a pioneer of the discipline in the United States of America.

He is involved in education, at the School of Medicine and School of Nursing at McGill University, faculty development and continuing professional development locally, nationally and internationally. His current research interests include, Family Medicine identity development, medical student empathy and HPV epidemiology. In 2016, he was commissioned to author an article entitled "The impact on mental and physical health of human rights as they relate to gender and minority adolescent and emerging adults" for



the International Journal of Human Rights and Health, which was launched at the House of Commons in London, England. He also was the guest editor of a special edition of Clinical Child Psychology and Psychiatry on gender minority youth.

His longest community involvement has been with Head and Hands an organization offering services to young people between the ages of 14 to 25. As a result, he was awarded the Montreal Centraide Solidaire Citizen Engagement Award, and most recently the Sovereign Medal for Volunteers.

[email convenors](#)

SIG on LGBTQ Health co-convenors

Rafik Taibjee (UK)

Dr Rafik Taibjee is a family physician (GP) in the practice where he is a partner, serving 9,000 patients in South London, UK, and is a Fellow of the RCGP. He was chair of the Gay and Lesbian Association of Doctors and Dentists for a number of years, and is passionate about LGBT Issues. He has authored e-learning and book chapters on the subject and created national e-learning packages. He is also a former chair of the British Medical Association Equality Committee, working to improve health inequalities. He has sat on the Trans* Clinical Reference Group for NHS England, and more recently worked with colleagues to try and establish sexual orientation monitoring into NHS primary care in the UK. He is the Training Programme Director for GP Training at King's College Hospital, London, and trains GPs and medical students in his practice.



Rafik is a Specialty Advisor for the Care Quality Commission, the regulator for General Practice in the UK, involved in practice inspections. He is passionate about collaboration and improving quality, and has chaired the GP federation of 23 practices in Merton. He has delivered presentations on LGBT topics at Wonca conferences, and has been involved in the VdGM and Hippocrates Exchange Programmes. He has an interest in Research in Clinical Practice and has a Masters in Public Health from King's College London.

Julien Artigny (France)

Dr Julien Artigny is a general practitioner (GP) working in Toulouse in the south of France. He is involved in the CMG (French College of General Practice) as a member of the International Delegation.

He is an LGBT advocate and was co-chair of the "Educational committee" in a regional LGBT association, providing school interventions regarding LGBTphobia. He is working with GP residents as thesis director on LGBT health issues.

Passionate about General Practice and international collaboration, he is the WONCA Europe representative in the Organizational Equity Committee of WONCA World. He is also the Policy Officer of the Vasco da Gama Movement (VdGM), European Young Doctors Movement of WONCA and chair of Saint-Exupery Network, French association promoting international opportunities for GPs.



[email convenors](#)

The Spice Route - South Asia Young Doctors

Sankha Randenikumara (Sri Lanka)

Sankha is also the current national chair of the Spice Route in Sri Lanka and is a state doctor and family physician. He is a council member of the WONCA Working Party on Rural Practice and the regional chair of the WONCA Working Party on the Environment and a council member and honorary secretary of the 'Palliative and End of Life Care Task Force' of Sri Lanka Medical Association (SLMA).

Sankha graduated from the University of Sri Jayewardenepura, Sri Lanka and started his career as the Medical Officer-in-charge in a rural hospital in the southern province of Sri Lanka. He was conferred Southern Provincial Health Awards consecutively for two years in 2016 and 2017 for the upliftment of primary care services to the public by his hospital within a short period of time. With these achievements Sankha was selected as the youngest member to the expert committee appointed in 2017 to formulate a proposal on 'Re-organization of Primary Healthcare in Sri Lanka' for the World Bank country project which was launched recently.

Sankha earned his MCGP qualification in 2018 and he is an enthusiastic member of the College of General Practitioners of Sri Lanka. His research interests include primary care rural practice, NCD and archaeology.

[Email Chair](#)



Member Organisation news

World Federation of Public Health Associations Call to Action in Immunization

This World Federation of Public Health Associations (WFPHA) workshop calls for international action to improve access and uptake of vaccinations in all countries across the globe. We call on all levels of governments, governance levels in corporations (GAFAs), public health associations and like-minded organizations in every country to prioritize evidence based immunization decision making. We seek a commitment to increase supplies of cost effective vaccines, to improve awareness, and to program actions to strengthen professional capacity and human resources as a proven way of protecting health.

We recognise the dangers of an increasing number of outbreaks of measles and other vaccine preventable diseases. We are concerned that inadequate resources for health are not only limited to human resources for health but also embrace infrastructures, institutional capacity, and strategic investment. These are indicators that a more concerted effort is needed internationally.

The WFPHA aims with this call to feed into the

deliberations of civil society in the lead up to the United Nations Assembly in September 2019 on Universal Health Coverage (UHC). We call on all actors to implement an approach as set out in the Global Charter for the Public's Health:

Services:

- Protection
 - o Support the adoption of UHC approach in every country to guarantee equitable and appropriate health care for every individual independent of social status or wealth
 - o Ensure access to vaccines for all people no matter where they live
 - o Support appropriate short and long term planning and regulation of immunization at the national level in a manner consistent with World Health Organization (WHO) recommendations
 - o Monitor vaccine production, supply and delivery to avoid vaccine shortages and guarantee equitable immunization for all, including appropriate access to new vaccines for diseases such as HIV and malaria.
 - o Increase efforts for the final steps to eliminate polio from the world

- Prevention

- o Set goals and commit appropriate funding to optimize the protection of the public's health in a manner consistent with the WHO recommendations
- o Develop and strengthen partnerships to lead innovative research focussed on priority needs
- o Reduce inequities in vulnerable populations through appropriate knowledge and understanding, access to vaccines, and by empowering health professionals
- o Develop appropriate training programs for health professionals

- Health Promotion

- o Apply an understanding of the social determinants of health to ensure equitable access to vaccines
- o Counter the increasing lack of confidence in vaccination by addressing the “causes of the causes” of vaccine hesitancy
- o Change behaviour through improved health literacy of professionals and individuals
- o Understand cultural, religious, economic and gender barriers affecting immunization acceptance and develop appropriate solutions to break down such barriers
- o Minimise the threat of negative press regarding vaccinations as perpetuated through social media by appropriate social and communication change strategies

Enablers:

- Good Governance

- o Establish incentive systems, where possible, for primary health care providers to encourage immunization
- o Ensure transparency, accountability and best practice governance in dealing with vaccination including appropriate auditing of health professionals activities by local entities

- Accurate Information

- o Examine the rationale and the emotions linked to vaccination hesitancy and develop targeted innovative approaches to counteract such trends

- o Disseminate accurate information as widely as possible through traditional and social media

- o Support effective government campaigns warning of the dangers of vaccination refusal
- o Institute appropriate and accessible electronic immunization history registers for use by health professionals and individuals
- o Conduct mandatory evaluation of current and new vaccine programs including access, assessment of vaccine coverage, surveillance, safety and effectiveness

- Capacity building

- o Support research and communication to empower health and other professionals to promote evidence based vaccine messages
- o Improve knowledge and understanding of appropriate actions to be taken by health leaders, health professionals and educators through effective education and training
- o Expand knowledge and understanding within communities and parents

- Advocacy

- o Improve civil society leadership in raising vaccination confidence and uptake by governments and within communities
- o Engage health professionals, NGOs and all stakeholders to provide a strong voice in the media, in the community and to governments in order to counter vaccine hesitancy and to reject false myths
- o Improve coordination of wider advocacy communities to ‘speak with one voice’, to be better heard, and to avoid confusing stakeholders with conflicting messages
- o Support action internationally to improve access to vaccination, to strengthen capacity in health systems, to improve human resource for health, and to provide appropriate financial resourcing for equitable delivery

WFPHA is an organization in collaborative relations with WONCA



Conference news

24TH WONCA
EUROPE
CONFERENCE

 Bratislava
June 26-29, 2019



WONCA Europe coming soon

24th WONCA Europe Conference

June 26 - 29, 2019, Bratislava, Slovakia
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.

Detailed Programme Available!

We are pleased to inform you that the detailed Conference programme is now available on the Conference website.

[View Programme](#)

Skills Labs

If you want to improve your medical skills or try new instruments come to our Skills Labs Area. Here you can find six stands.

[More information](#)

Practice Visits

Maybe you are one of the delegates who have decided to visit a Slovak GP clinic and take a closer look at the system of Primary Care in Slovakia.

The Host Organizing Committee offers slots during the first and second day of the conference. Practice visits are held on Wednesday, June 26 and Thursday, June 27.

[Book Now](#)

Walking Workshop

We invite all GPs to walk for the health of their and their patients with the Slovak race walker and the current Olympic champion in the 50

km walk, Matej Toth.

Date: Thursday, June 27

Meeting Point: In front of the main entrance of the Slovak National Theatre (entrance to the registration area of the Conference venue)

[More information](#)

Bratislava Highlights - Volume 8



Slavín

The largest war memorial in Central Europe is thanks to its height of 52 metres one of the dominating features of the city skyline. It is the burial ground of 6845 soldiers of the Soviet army who died during the liberation of Bratislava in World War II.

[Conference website](#)

Successful WONCA APR 2019 in Kyoto, Japan

WONCA APR 2019 was held from May 15 - 18, 2019 at Kyoto International Conference Center, hosted by the Japan Primary Care Association. Total number of participants was 1643, from 46 countries, from all over the world.

The theme of the WONCA APR Conference 2019 was 'Medical generalists: bringing forward a brighter future.' Under this theme, three keynote speeches, seven plenary sessions, more than 50 workshops and symposia, and more than 500 oral presentations, as well as posters, were presented.



Photo: Amanda Howe leads "We are the Champions" at the gala dinner

Throughout the conference, I believe, we could share that Primary Care is the bedrock of the healthcare system. The discipline of Primary Care delivers the workforce, research evidence and strategic vision for practice and policy.

This year's WONCA APR Conference was the second time Japan has hosted, the previous one being in 2005. The marked difference from the previous conference was great engagement of many young physicians at the



conference, both from Japan and abroad.

Because May 19 was World Family Doctor Day (FDD), we advertised the day during the conference, through comments from the various persons including Prof Amanda Howe, immediate past president of WONCA, Prof Michael Kidd, past president of WONCA and Prof Meng-Chih Lee, current president of WONCA APR.

Although many participants have already given us positive feedback, we have sent the questionnaire to know the overall evaluation and are waiting for the responses.

The next WONCA APR Conference is going to be held in Auckland, New Zealand, 23-26 April, 2020. We are looking forward to getting together again there.

kindly yours,

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



Professor and Director
Medical Education Center
Aichi Medical University School of Medicine

Editor's note: Prof Nobutaro Ban and his team are to be particularly congratulated on both an excellent conference and the regular updates in the lead up to the conference, informing the WONCA family about the coming event.

Photo below: YDM preconference

Report on Iberoamericana-CIMF congress May 2019



Photo: WONCA Iberoamericana-CIMF leaders with Prof Anna Stavdal, WONCA President Elect from Norway.

Family and Community Medicine of Ibero-America is claimed as the central axis of all Health Systems in a multitudinous conference

WONCA Iberoamericana CIMF, which brings together twenty countries, including Spain and Portugal from Europe, held its VI Congress of Family and Community Medicine of Ibero-America, in Tijuana, in May. More than 1,500 family doctors and health professionals from all areas of Ibero-America met in Tijuana, Mexico.

The President of WONCA Ibero-Americana CIMF, Jacqueline Ponzo, opened the Congress with a speech encouraging a greater push and more solidarity to achieve the implementation of universality and to be the central axis of the system.

During the opening ceremony of the event, President elect of WONCA World, Anna Stavdal of Norway, assured that Ibero-American Family Medicine is on the world agenda. She emphasized one of her obsessions as an international representative of doctors and family doctors: universality. She has long been one of the most relevant international voices in the claim for greater

solidarity between regions that impede universality.

To the voice of Anna Stavdal, was added the Chilean, Ricardo Fábrega, advisor of the World Health Organization / Pan American Health Organization, who expressed concern about the slow implementation of Family Medicine in many of the countries represented in WONCA Iberoamericana, specifically in the Southern Cone Subregion.

As Tijuana is one of the most active points of the entire planet in terms of socio-economic and intercultural exchange, the issue of migration and how population flows are addressed is one of the great battles for Family Medicine. Of particular interest was the participation of doctors and health managers with academics in sociology commitment made by the #6CWIC scientific committee, alternating, mental health, tourism or even political science, resulting in a very complete kaleidoscope with which to have a vision as scientific as humanistic migration.

Commitment to Planetary Health

During the Conference, the Executive Board of WONCA Iberoamericana CIMF approved the creation of their regional Working Group on Health and Environment, an initiative that seeks to join the wave that has been generated since the World WONCA published the "Declaration Calling for Family Doctors of the World to Act on Planetary Health". With this initiative, the Ibero-American region wants to lead the awareness of health professionals to the threats of climate change and the

evidence that from the first level of care and from Family and Community Medicine we can be ambassadors in ecology, health and in how to set an example from our scientific organizations, in our consultations and health centers, and when dealing with ecological responsibility with our patients.

Puerto Rico 2020: A historic summit

During the crowded closing ceremony, all members of Congress were urged to mark the

Ibero-American Summit and the Mesoamerican Congress in their diaries, which will take place in Puerto Rico in April 2020. In the words of the president of WONCA Iberoamericana CIMF, "we must continue to strengthen these meeting points, with a vision of understanding that is also the vision that determines our passion for Family Medicine, to build a better society, based on strong health systems "

item provided by semFYC

Resources

WP Environment resources of interest

If you enjoy the following articles why not join the WONCA Working Party on the Environment?

[Join our working party](#)

[Politics, environment, and health](#)

The world is changing fast. Can our WONCA working party on the Environment avoid discussing about political issues, when they are driving the Social Determinants of Health and shaping our patients lives? We commissioned a brave colleague, Professor Seiji Yamada, to write about the possible discussion of politics in our working party.

[Climate change: a brief overview of the science and health impacts for Australia](#)

New article by Dr Liz Hannah (member of our working party)

[Effects of fossil fuel and total anthropogenic emission removal on public health and climate | PNAS](#)

New article by Andy Haines (our Scientific Advisor)

[Call for clinicians on Planetary Health](#)

By the Planetary Health Alliance (PHA), with contribution from our working party.

[Humans are driving one million species to extinction](#)

Landmark United Nations-backed report finds that agriculture is one of the biggest threats to Earth's ecosystems.

[How to shape research to advance global health](#)

New science division in the World Health Organization.

[Science support for Belt and Road](#)

China is implementing an infrastructure called Belt and Road that is transforming the world.

[Hague climate change judgement could inspire a global civil movement](#)

Dutch ruling could trigger similar cases worldwide with citizens taking their governments to courts to make them act on climate promises

Networking

WHO Public Health, Environmental and Social Determinants of Health e-News: [April 2019](#)

Planetary Health Alliance Newsletter: [April/2019](#)



Featured Doctor

A/Prof Pierre-Paul TELLIER

Co-convenor SIG Adolescent and Young Adult Care

Pierre-Paul Tellier MD, is associate professor in Family Medicine at McGill University, in Montreal. He is co-chair of the new [WONCA Special Interest Group \(SIG\) on Adolescent and Young Adult Care](#).

Good day to everyone reading this. I was asked to be a featured WONCA doctor, so you may become more familiar with our new SIG on Adolescent and Young Adult Care.

How did you come to have a passion for adolescent health?

If you read my short bio on [our SIG website](#) you will see that I did a Fellowship in Adolescent Health in New York. This was an exciting two years of my life. I did all sort of things including taking modern ballet dance, challenging as I don't know my left from my right, with a teacher who had danced with Martha Graham. The studio was located on Broadway opposite the theater where Katherine Hepburn played the lead in "The West Side Waltz". The unexpected result being that I improved my posture, which helped my chronic back pain, and since then I have been able to say that I danced on Broadway.

When I returned to Montreal I worked in a family medicine teaching practice and other clinics which offered services to young people. Eventually I became Director of Student Health Services at McGill University, common job for family physician interested in adolescent/young adult health.

I saw patients, did some administration, and developed a health promotion program which included setting up the "Shag Shop". This was the first condom store located in a university-based clinic in Canada. It wasn't just a condom store. We sold a variety of items that young people could use such as diaphragms,



lubricants, menstrual cups and thermometers, few students had one of these, so we thought it would be useful to provide them on site. The students, who worked in the shop, were trained as peer educators and provided safer sex information to the unsuspecting student who came in. Then, I became Dr T and started answering questions submitted online by students. Eventually, the powers that be demanded that I become a full-time administrator, something I didn't want to do. I decided to retire.

However, as a friend said, I failed at retirement. I returned to a teaching practice located within a government run community center. In this setting I see patients from a variety of ethnic backgrounds, including many young people seeking asylum because they are GLBT. I also continue to work, two evenings a week, in a grassroot community center which offers services to youth between the ages of 14 to 25, including many who are defined as "at risk" and who are seen at no cost to them. This has garnered me the Citizen of the Year award from Centraide Montreal, also known as the United Way and more recently the Sovereign's medal for Volunteers. While trophies and medals are nice, more rewarding for me is seeing the smile on the face of the young person who has been listened to and offered services with respect.

Other interesting things you have done?

I also volunteer on the Foundation for Advancing Family Medicine of the College of Family Medicine of Canada, chair the GLBT committee for the Society for Adolescent Health and Medicine and I just finished being a guest editor for a special edition of the Clinical Child Psychology and Psychiatry journal on the care of gender diverse children, adolescent and young adults. I also do research, why not? Current research interests include, Family Medicine identity development, medical student empathy and HPV epidemiology.

Oh, I am also the vice president of the Board of Director of the Rozynski Arts Centre. We have been working at trying to revive a pottery and ceramic school in the small hamlet of Ways Mills, in Canada. As a result, I have started to take pottery classes. I am as successful at this as I was at modern ballet. However, a piece I donated for a silent auction to raise funds for the Section of Teachers of the College of Family Medicine of Canada was sold for \$65 Canadian Dollars at the Family Medicine Forum last year.

So, why establish a SIG in Adolescent Health?

Primarily because the majority of adolescent in the world are cared for by family medicine. However, a systematic literature review of continuing education needs of family physicians in adolescent health, that we conducted at McGill, revealed that family physicians feel that they need to know more about a variety of issues related to adolescent health care including how to communicate with them. What Veronica Svetaz, the co-convenor of this SIG, and I would like to do is to encourage all of us to improve our competence in managing the health issues of this population which represents the largest age group in the world today. Please join us.

[Join our SIG](#)

Dr Daniel KNUPP AUGUSTO

President - Brazilian Society FM



For me, this activity is a great honour and responsibility, because the country needs a lot of family doctors to consolidate its primary care services and its health system. We are still very few, considering the size of our population. It is certainly an activity that demands great dedication, so I just have to give up some other things I would like to do.

Other interesting things you have done?

For many years I have also supervised doctors in residency training in the health centre and I acted as chair of the residency program in family and community medicine of the Belo Horizonte's city hospital. Teaching is really one of the areas that attracts me, so I hope that soon I will be able to get back to this activity.

What work do you do now?

I have been practicing as a GP / family doctor for nearly two decades since I finished residency training. During this period most of my time has been devoted to caring for patients, in the day-to-day business of a primary care service in the city of Belo Horizonte, in the southeastern region of Brazil. This is my hometown and also where I graduated and did my residency training in family and community medicine.

In addition, I completed a master's degree in epidemiology, studying the evaluation of primary health care from the perspective of the user. As soon as I can dedicate more time, I intend to start a doctorate. I am particularly interested in the subject of overdiagnosis and the intersection between sociology and epidemiology. That means, how medical practice changes according to its social construct and how the overdiagnosis phenomenon is linked to it.

At the moment, I divide my time between clinical practice and activities in the Brazilian Society of Family Medicine and Community Medicine, of which I am the current president.

As well, classification and terminology are other interests, particularly the ICPC. At the moment, I am working with the consortium which is developing the ICPC-3.

What is it like to be a family doctor in Brazil?

I believe that the family doctor, not only in Brazil, is always a restless person, who seeks for his patients, and for society as a whole, something that goes well beyond the diagnosis and treatment of the health conditions of the people who seek him.

This role is even more common in Brazil, because we have a challenge that is linked to the great size of our country, the great inequality in our society and the sociocultural factors of our history that has made social inequality perpetuate for centuries.

Your interests at work and privately

(most privately, in this case, as I've already mentioned above some interests at work)

When not at work, I like to spend time with my family. Especially with my wife and my daughter. And the time with my family is not just for leisure - to participate in my daughter's school activities is, for example, something that I consider very important. Whenever I can (and nowadays, much less than a few years ago) I also like to go cycling and mountaineering. The bicycle has been part of my life since childhood. Nowadays, even when there is no time to ride the bike as a sport, I try to commute to work on the bike sometimes. In days gone by, nature photography was also a hobby but one that almost became a profession.

Obituary - Yvonne van Leeuwen (1951-2019)

Vasco da Gama Movement founder

"The new generations of family doctors will hopefully enjoy their work as a GP as much as I have done. I hope that future Vasco da Gama GPs and trainees will promote general practice as the jewel of health care in front of political and social audiences."

Yvonne van Leeuwen, GP, PhD – the Netherlands

The month of May came with a sad message – our friend and colleague Yvonne van Leeuwen passed away. Almost three years after Fons Sips' death our souls are in tears. Together with Fons and Justin Allen, Yvonne was one of the Vasco da Gama Movement's first senior advisors. She was there since the beginning, witnessing and supporting her junior colleagues, and creating a unique organisation from a shared dream.



We always think our heroes are immortal. And they are. Their physical departure is mourned but, at the same time, we celebrate the life of a prodigious human being with a strange happiness. In every moment Yvonne had a right thought to share, a bright idea to move on, and a special word of inspiration. She was an exceptional person with a great soul. We will always remember her smile and wisdom, inviting all of us to reflect before acting. Her knowledge and friendship made the VdGM journey happier and fruitful. And made each of us a better person and family physician.

She was a prodigious teacher with a strong motto – "Education should be passion based". Yvonne started her academic pathway at Groningen University where she studied Medicine. In 1981 she started working at the Educational Department of Maastricht University, the newest medical faculty in the Netherlands, and started her GP vocational training. In 1995 Yvonne successfully defended her PhD thesis "Growth in knowledge of trainees in general practice: figures on facts", thereby introducing the first knowledge test for GP trainees in the Netherlands, and building the foundation for knowledge tests that still exist nowadays. For more than 30 years she combined working at the University with running a general practice.

Photo: 2007 Yvonne left with VdGM executive



In the period of the foundation of the VdGM, Yvonne was head of the Maastricht GP training department standing in that position from 1998 to 2005. She was a strong supporter for exchange of ideas and knowledge across borders.

For many years, she was a dedicated group facilitator in the VdGM preconferences and she was a reliable and inspirational mentor to the movement. Yvonne strongly urged GP trainees to become active members and advocates of the communities they served. In WONCA, she also joined EURACT to contribute to the improvement of GP training standards in Europe.

Yvonne was very eager to learn, not just in Medicine. She had also studied Theology and Cultural Sciences. She gave lessons on Ethics. She was a true, inspirational teacher and even at her own memorial service she provided a take home message: "the purpose of life is to add value to that of others". She sure did.

Yvonne, we already miss you but your bright knowledge is eternal and will always be part of us. Our sympathy is with her beloved sister Ingrid, her nieces and family, friends and colleagues.

Ingrid van der Heijden (the Netherlands)
Joao Sequeira Carlos (Portugal)
VdGM founder members

WONCA CONFERENCES

WONCA Conferences 2019

June 26-29 2019	WONCA Europe region conference	Bratislava, SLOVAK REPUBLIC	www.woncaeurope2019.com
August 9-10, 2019	1 st International WONCA Emergency medicine Seminar	Kathmandu, NEPAL	www.gpeman.org.np
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 World Rural Health Conference
Albuquerque, New Mexico, USA
Albuquerque Convention Center
October 12-15, 2019

WONCA Conferences 2020

April 15-18, 2020	World Rural Health Conference	Dhaka, BANGLADESH	Save the dates
April 23-26, 2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	www.woncanz2020.com/
April 27 – May 2, 2020	VIII Cumbre y Congreso Iberoamericana de Medicina Familiar	San Juan, PUERTO RICO	http://cimfwonca.org/eventos/proximos-regionales/
June 24-27, 2020	WONCA Europe region conference	Berlin, GERMANY	www.woncaeurope2020.org
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	http://wonca2020.com

Member Organization Events 2019

26 Jul **RNZCGP Conference for General Practice
and Quality Symposium**
- 28 Jul
2019 Dunedin, New Zealand

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

10 Sep **The Network: Towards Unity for Health**
- 13 Sep
2019 Darwin, Australia

24 Sep **AAFP Family Medicine Experience**
- 28 Sep
2019 Philadelphia, USA

29 Sep **European Forum for Primary Care
conference**
- 01 Oct
2019 Nanterre, Paris, France

17 Oct **EGPRN meeting**
- 20 Oct
2019 Vigo, Spain

23 Oct **Rural Medicine Australia 2019**
- 26 Oct
2019 Gold Coast, Queensland, Australia

24 Oct **RCGP annual primary care conference**
- 26 Oct
2019 Liverpool, United Kingdom

24 Oct **RACGP GP19**
- 26 Oct
2019 Adelaide, Australia

30 Oct **Family Medicine Forum / Forum en
médecine familiale**
- 02 Nov
2019 Vancouver, Canada

16 Nov **North American Primary Care Research
group annual conference**
- 20 Nov
2019 Toronto, Canada
