WONCANews

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From the President: April 2018

Photo: The president at the Colombia conference

Greetings to all. Since I last wrote I have seen sun, snow, the beginnings of spring in England, and some great work!

I have been to two regional conferences – the East Mediterranean Region congress, in Kuwait, and the IberoAmericana cumbre and conference, in Columbia - as well as visiting Algeria to attend a high level summit organised by the local member organisation. In Kuwait City, I visited the Al-Yamouk Clinic, which is sponsored by the local community, and runs multiple services with both clinical and societal activities.

This led me to thinking – again – about the role of family doctors in highlighting, challenging, and modifying the impacts of poverty and inequality. Another trigger for reflection on this theme was the escalating crisis in Syria, and the ongoing problems in Yemen: a number of members have discussed with me what kind of action WONCA can take to address these big problems. We issued a statement of concern about the situation in Eastern Ghouta (see next page), but this is not likely to alter the course of events.

As citizens we can ask politicians for action, or make donations for aid. As doctors we can raise awareness, and try to provide services that are really useful for our local communities, also partnering with others to address some of the causes of ill health – as I saw at al-Yamouk. Of course, this takes extra energy and staff time – in some health systems, time is allocated for clinical staff to carry out these more 'population oriented' activities, and some specific members of staff are given the task of community liaison. In other settings, where the system does not allocate populations to family doctors, it may be harder to identify specific partners – but I have seen in most clinics some key messages: for example about reducing sugary drinks and high calorie foods, or stopping smoking. So I think the public health role is embraced by most of us – and it is good to see how far we can prioritise this, as this is often where prevention can really start.

It is a different kind of intervention to work with migrants, displaced persons, and in conflict zones or areas of disaster. I have also become aware of the displacement of medical personnel caused by conflict, and the disruption to clinical services and their own careers under conditions of political instability. I want to offer the support of the WONCA community to all those who are affected in this way.

I was also interested in some of the actions taken by colleagues on International Women's Day – including a short 'strike' during the working day which was explained to patients as aiming "to show the challenges in reaching social equality between men and women anywhere in the world:
- equality and respect in homes
- equality and respect in society
- equal payment recognition

- equal access to decision-making positions all needed to create a shared, cooperative and welcoming society".

Apparently the patients took this well and it caused ongoing discussion through the day!

Photo: Maria Pilar Astier-Peña, Chair of our Working Party on Quality and Safety with the poster explaining the Spanish strike to patients.

So the question for me this month is – what is a legitimate political action for professionals? Most of the time we try NOT to take sides, or to allow particular beliefs and values to affect our work with patients. We take a neutral position - make it clear when people's actions are causing harm to themselves or others, but try to help them to change, and act supportively. Most of our day is spent answering requests for help, and a minority of time engaging with the 'upstream' causes of illness. But sometimes, for our own sakes and for others, it is right to speak out. Even if we cannot directly take an action that will change things, we feel more empowered by acting than staying silent. And if we ourselves are in the frontline, we also feel acknowledged by the support of others.

This is not party politics – it is the duty of professionals to speak out on behalf of others, and to speak up if conditions are undermining our work or the needs of our patients. Advocacy – again!

Amanda Howe
WONCA President.

WONCA Statement on Eastern Ghouta

In early March, all WONCA Member Organizations were sent this statement on the situation in Eastern Ghouta.

Dear colleagues,

I write on behalf of our President and the WONCA Executive. We have noted with great concern the situation in Eastern Ghouta and felt that we could no longer sit idly by, but that we needed to express our grave concerns about the state of affairs. With the agreement of our WONCA Eastern Mediterranean Region, WONCA now issues the following statement, and urges Member Organizations to re-post and to lobby their own politicians and other leaders to try to end the appalling humanitarian situation

"WONCA has been noting with grave concern the escalating problems in Syria, and specifically the impact on Eastern Ghouta; recognises the desperate situation of people in the area, including health workers; and urges members to ask their own leaders to respect human rights and allow access to health care through a genuine ceasefire and an end to hostilities."

With best regards
Dr Garth Manning
Chief Executive Officer

De la Presidenta – Abril 2018

Salutaciones a todos y a todas. Desde la última vez que os escribí he visto el Sol, la nieve, el comienzo de la primavera en Inglaterra y ¡algunos buenos trabajos!

He estado en dos congresos regionales – el de la Región del Mediterráneo Este, en Kuwait, y en la cumbre y el congreso de IberoAmérica, en Colombia – y también he visitado Algeria para asistir a la cumbre de alto nivel organizada por parte de la organización local miembro de WONCA. En Kuwait City, visitié la clínica Al-Yamouk, que está patrocinada por la comunidad local, y en la que se hacen múltiples servicios tanto por lo que respecta a las actividades clínicas como societarias.

Esto me llevó a pensar – de nuevo – en el rol de los médicos y las médicas de familia cuando se trata de poner en valor, de enfrentarse y de luchar para cambiar el impacto brutal que tienen la pobreza y la desigualdad. Uno de los elementos que debería hacernos reflexionar acerca de estos temas, es la crisis creciente en Siria, y los problemas que están sucediendo en Yemen. En ese sentido, una gran cantidad de miembros han debatido conmigo acerca de qué tipo de acción se puede llevar a cabo por parte de la WONCA para enfrentarnos a estos grandes problemas. Nosotros sacamos adelante una declaración en la que mostrábamos nuestra preocupación sobre la situación en Ghouta Est, pero una declaración no va a alterar el curso de los eventos.

Como ciudadanos y ciudadanos, podemos interpelar a los políticos para que pasen a la acción, o hacer donaciones para contribuir a la ayuda. Como médicos y médicas, podemos ayudar a que crezcan los niveles de concienciación, y ofrecer aquellos servicios que realmente son útiles para nuestras comunidades locales, compartiendo, al mismo tiempo , con otros, la respuesta a algunas de la causas de la salud de los enfermos – como vi en Al-Yamouk. Desde luego, esto quita una energía extra y es una inversión dentro de la jornada laboral del personal sanitario – en algunos sistemas sanitarios, el tiempo está distribuido de una forma mediante la que los profesionales pueden desarrollar estas actividades más dirigidas a la población, y a algunos de estos profesionales se les da la tarea de enlace de comunicación. En otros contextos en los que el sistema no distribuye a los médicos de familia en función de las necesidades de la población, puede que sea más difícil identificar a los aliados específicos – pero en la mayoría de las clínicas he visto mensajes clave: por ejemplo, en todo lo relacionado en la reducción de las bebidas azucaradas y la comida con altos contenidos calóricos, o el abandono del tabaco. Así que pienso que nuestro rol con respecto a la salud pública es un papel que debemos jugar de forma compartida la mayoría de nosotros y nosotras – y está bien ver hasta qué punto podemos priorizar eso, ya que es desde esta priorización desde donde podremos empezar a hablar de prevención.

Para trabajar con migrantes, personas desplazadas y en zonas de conflicto o áreas que han sufrido un desastre medioambiental es necesaria un tipo diferente de intervención. Últimamente me he vuelto más consciente acerca del desplazamiento del personal médico causado por los conflictos, y la alteración de los servicios clínicos y las propias carreras profesionales bajo situaciones de inestabilidad política. Quiero ofrecer todo el apoyo de la Comunidad WONCA a todos aquellos que se hayan visto afectados de esta forma.

También me han interesado mucho algunas de las acciones llevadas a cabo por parte nuestros colegas a propósito del Día Internacional de la Mujer – incluyendo una breve “huelga” durante la jornada laboral que fue explicada a los pacientes como una forma de:

“mostrar los retos en la búsqueda de la igualdad social entre hombres y mujeres en todos los lugares del mundo:
- Igualdad y respecto en casa
- Igualdad y respecto dentro de la sociedad
- Equiparación salarial
- Igualdad de oportunidades de acceso en posiciones de decisión
todas estas cuestiones son necesarias para crear una sociedad solidaria, cooperativa y acogedora.”

¡Aparentemente los pacientes se tomaron bien la iniciativa y esto causó un debate que estuvo activo durante todo el día!

Sí queréis ver más acerca de las acciones

que se llevaron a cabo en España, podéis verlo aquí:

Fotografía: María Pilar Astier, Coordinadora del Grupo de Trabajo de Calidad y Seguridad del Paciente con el poster donde explica las razones de la huelga a los pacientes.

Así que para mí la pregunta de este mes es – ¿qué podemos considerar una acción política legítima por parte de los profesionales? En la mayoría de ocasiones intentamos no tomar partido en los bandos de un conflicto, así como que nuestras creencias y valores personales no afecten a nuestro trabajo con los pacientes. Tomamos una posición neutral – somos claros y claras cuando las acciones de la gente nos están causando daño, bien sea a nosotros o a los otros, pero les intentamos ayudar para que cambien y actúen. Pasamos la mayor parte del día respondiendo a peticiones de ayuda, y una minoría del tiempo nos involucramos con las causas a "contracorriente" de curar enfermedades. Pero algunas veces, por nuestro propio bien y por el de los otros, lo correcto es hablar fuerte y claro. Aunque no podamos llegar a tomar una acción que directamente cambie las cosas, nos sentimos más empoderados y empoderadas cuando actuamos que cuando nos quedamos en silencio. Y cuando nosotros nos situamos en la primera línea de frente, entonces es cuando podemos sentir el reconocimiento y el apoyo de los otros. Esto no es política partidista, sino el deber de todos y todas los y las profesionales de levantar nuestra voz en nombre de otros, y de hacernos oír si las condiciones laborales y sociales están minando nuestro trabajo o las necesidades de nuestros pacientes.

¡Defendámonos – de nuevo!
Amanda Howe
WONCA President

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

De la présidente : Avril 2018

Salutations à tous. Depuis ma dernière lettre, j'ai vu soleil et neige, l'aube du printemps en Angleterre et beaucoup de travail splendide!

J'ai assisté à deux conférences régionales -le congrès de la région Méditerranée orientale au Koweït, le sommet ibero-américain et la conférence en Colombie- je me suis aussi rendue en Algérie pour assister à un sommet de haut niveau organisé par l'organisation membre du pays. A Koweït-city, j'ai visité la clinique Al-Yamouk parrainée par la communauté locale et qui offre des services multiples ainsi que des activités à la fois cliniques et sociales.

Ceci m'a menée à penser -à nouveau- au rôle que jouent les médecins de famille en mettant l'accent sur l'impact de la pauvreté et de l'inégalité, le défiant et modifiant. Un autre déclencheur de réflexion sur ce thème a été la crise montante en Syrie et les problèmes persistants au Yémen: j'ai tenu des conversations avec de nombreux membres sur le type d'action que WONCA pourrait initier afin d'adresser ces importantes questions. Nous avons fait part de notre inquiétude en ce qui concerne la situation en Ghouta orientale, mais ceci n'aura sans doute pas d'impact sur le cours des événements.

En tant que citoyens, nous pouvons demander que nos politiciens prennent action ou consentent des donations humanitaires. En tant que médecins, nous pouvons mobiliser l'attention et fournir des services vraiment utiles pour nos communautés locales. Nous pouvons aussi nous joindre à d'autres afin d'adresser certaines des causes de mauvaise santé -comme je l'ai vu à al-Yamouk. Bien sûr, cela demande beaucoup d'énergie et de temps de la part du personnel -dans certains systèmes de santé, du temps est alloué au personnel clinique pour fournir ces activités

ciblant la population et certains membres particuliers du personnel sont chargés de la liaison communautaire. Dans d'autres circonstances, où le système n'affecte pas de médecins de famille à la population, il est difficile d'identifier des partenaires particuliers -mais dans la plupart des cliniques j'ai vu quelques messages clés: par exemple concernant la consommation réduite de boissons sucrées et d'aliments hypercaloriques, ou l'encouragement à arrêter de fumer. Je pense donc que la plupart d'entre nous adhère au rôle de santé publique -et il est bon de voir comment nous priorisons ce rôle car c'est souvent à ce niveau que nous pouvons commencer la prévention.

Le travail avec les migrants, les personnes déplacées et celles en zones de conflit ou de désastre représente un autre type d'intervention. J'ai aussi pris conscience du déplacement de personnels médicaux dû aux conflits et de la perturbation des services cliniques ainsi qu'à l'état de leurs propres carrières en conditions politiques instables. Je voudrais offrir le soutien de la communauté WONCA à tous ceux qui sont affectés.

Certaines des actions menées par nos collègues lors de la Journée internationale de la femme m'ont bien intéressée -y compris une petite grève au cours de la journée de travail, expliquant les objectifs aux patients :

« montrer les défis pour atteindre l'égalité sociale entre hommes et femmes partout dans le monde:
- égalité et respect dans les foyers
- égalité et respect dans la société
- reconnaissance de l'égalité de salaire
- égalité d'accès aux postes de prise de décision
toutes nécessaires pour créer une société partagée, coopérative et accueillante ».

Les patients semblent avoir apprécié et la conversation en a été stimulée toute la journée!

Voir ici pour plus d'information sur l'action espagnole.

Photo: Maria Pilar, Présidente de notre groupe de travail sur la qualité et la sécurité, près de l'affiche expliquant la grève espagnole aux patients.

Ma question du mois -qu'est-ce qu'une action politique légitime pour les professionnels? La plupart du temps nous nous efforçons de NE PAS prendre parti, ou permettre que des croyances ou valeurs particulières affectent notre travail auprès des patients. Nous prenons une position neutre -exprimant clairement quand les actions de certains causent préjudice à eux-mêmes ou à d'autres, en encourageant le changement et en agissant de manière coopérative. Nous passons une grande partie de nos journées à répondre à des demandes d'aide et le reste -une minorité- à l'intervention en amont sur les causes de maladie. Cependant, il est parfois nécessaire d'élever la voix, pour notre bien propre et pour celui des autres. Même lorsque nous ne pouvons pas influencer le cours des choses directement, nous nous sentons plus habilités par l'action que par le silence. Si nous nous trouvons nous-mêmes en première ligne, nous sommes conscients de la reconnaissance des autres par leur soutien. Il ne s'agit pas là de politique partisane -il est de la responsabilité des professionnels de s'exprimer au nom des autres, et d'élever la voix si les conditions nuisent à notre travail ou aux besoins de nos patients.

Travail de plaidoyer - encore!
Amanda Howe
Présidente

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

From the CEO's desk: Arrangements for Seoul 2018

Photo: the last WONCA World Council met in Rio in 2016

Hello again from Bangkok. In March I returned to Korea, for a further (and final) meeting of the Conference Planning Committee (CPC) for Seoul 2018, so I thought that this month I'd remind everyone of the arrangements and timetable for Seoul, and encourage everyone to make their travel plans for what will be an excellent event in a fascinating city.

There are really four (or even five) events, staged back to back at WONCA conferences. It all starts with a meeting of the WONCA World Executive, then the Regional Councils, followed by the World Council meeting. Then just before the conference gets under way many of WONCA Working Parties (WPs) and Special Interest Groups (SIGs) hold a meeting, or even a full pre-conference event, and our Young Doctor Movements (YDMs) also arrange a pre-conference. Finally there is the World Conference itself. I'll take each of these events in turn.

WONCA Executive -October 11-12 at Incheon

The WONCA executive will hold its fourth, and final, full meeting of the 2016-18 biennium on Thursday 11th and Friday 12th October. Much of the meeting is devoted to preparations for the World Council, but it is also a chance for the outgoing Executive to reflect on their achievements over the two years, and to give those remaining on Executive a chance to identify key priorities for the two years ahead.

Regional Councils - October 13 at Incheon

All WONCA regions hold a meeting of their Council on the day before World Council begins. For 2018 this will take place on Saturday 13th October, with Europe and Iberoamericana Councils meeting all day and the remainder meeting for half a day. One key decision each Council must make is to confirm their nomination for Regional President for the biennium ahead, as this recommendation has to be put to World Council for endorsement.

WONCA World Council - October 14-16 at Incheon

The full meeting of our World Council – the governing body of the organization – will take place from 9am on Sunday 14th through to lunchtime on Tuesday 16th October. Location and more detailed logistics are highlighted below. Well in advance of the meeting, the Secretariat will contact all WONCA Member Organizations asking for a formal notification of their representative (and observer, if any). Only properly accredited and documented representatives will be allowed to vote at the Council meeting, so it's vital that all MOs inform the Secretariat in good time and with accurate

information, otherwise you will lose your vote. There will, inevitably, be many papers relating to Council business, but we hope to have those circulated by the beginning of October, and they will also be provided in soft copy at the meeting.

WONCA WPs, SIGs and YDMs - October 17 at CoEX

On Wednesday 17th October all WONCA WPs and SIGs will have the opportunity to hold a meeting, whether for a whole day or just half a day. Some of these groups opt to run a workshop-type event, as a way of better engaging with members and potential members. Our YDMs will also hold a pre-conference that day, which is being organized and coordinated by our YDM colleagues in Korea.

WONCA World Conference - October 17-21 at CoEX

Finally, and after all the hors d'oeuvres, come the main course – the WONCA World Conference. With seven plenaries and at least 16 parallel sessions, there will be something for everyone, and the Korean Host Organizing Committee has worked really hard to ensure an interesting and exciting programme. As has been the trend in recent years, there will be more workshops and fewer oral presentations, but there will be a vast range of topics covered, with a real emphasis on the challenges for family medicine of an ageing population. There will also be a number of skills workshops, so go on line to find these and book your place.

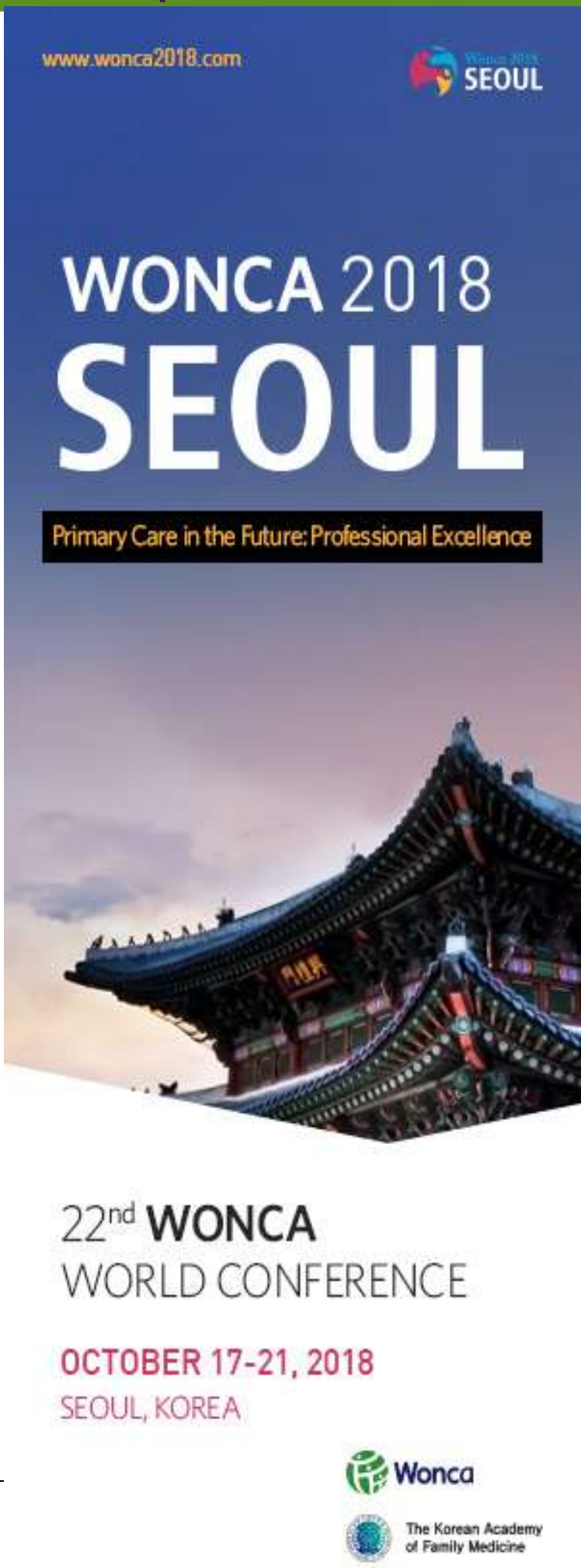
The conference website has very full details of all aspects of the event, from a list of plenary speakers, to the offer of awards and travel grants, to a list of local hotels and tours, so I strongly urge you to go on line and have a look.

Go to conference website – www.wonca2018.com

Logistics

This year, logistics take a slightly different format from some more recent ones, in that the Council venue and conference venue are different. There were a number of reasons for this, but one of them was to try to offer a more cost-effective location for Council, as Seoul is a very expensive city, and we wanted to encourage as big an attendance at Council meetings as possible.

Thus the first three events listed above – Executive, Regional Council and World Council – will take place at the Incheon Sheraton Hotel, quite close to the international airport - http://www.sheratongrandincheon.com/en. There is



a regular shuttle bus from Incheon Airport to the hotel, with fares at 7,000 Won (around $6) and the journey takes around 30 minutes. We have negotiated a special price at the hotel for WONCA delegates, and hopefully the system will be able to accept bookings, at the corporate rate, in the near future. We have also asked the conference organizers to identify a number of other hotels in the vicinity, at varying prices, which may especially be of interest to those on a more limited budget.

Many delegates will wish to transfer on Tuesday 16th October from Incheon to the Gangnam district of Seoul, home to the conference venue. We hope to have a coach service available, at a very reasonable price, from Incheon Sheraton to a central location in Gangnam – most probably the transport hub within the CoEx complex. All meetings for WPs and SIGs, and the YDM pre-conference, will take place at CoEx.

There is a wide choice of hotels, at a variety of prices, all within easy reach of CoEx, the conference venue, and these are detailed on the conference website – www.wonca2018.com Finally at the end of the conference there are regular shuttle buses from CALT – the city airport bus terminal at CoEx – back to Incheon airport every 20 minutes or so at a cost of 15,000 Won ($14). Journey time is around 90 minutes.

I really do recommend everyone to look at the conference website, as this contains some very useful information. It's also worth returning to the website from time to time for periodic updates on the programme.

Future Events

April sees the WONCA Rural Health conference in Delhi (25th to 29th April) and I'm very much looking forward to attending and to meeting old friends and making some new ones.

At the beginning of May I'll also be representing WONCA at the world conference of the International Commission for Occupational Heath (ICOH) which is the occupational health equivalent of WONCA. Together with a number of colleagues, including Ezequiel Lopez (Chair of WONCA's SIG on Workers' Health), Peter Buijs and Frank van Dijk I'll be leading a workshop on "Scaling up workers' health through primary health care".

Later in May will be the World Health Assembly in Geneva, and as usual WONCA will be well represented. Amanda Howe and I will start the week, with Donald Li and Viviana Martinez Bianchi taking over from us just before we travel on to the WONCA Europe conference in Krakow.

Finally we will all reunite in Warsaw, when the next full meeting of Executive will take place on 28th an 29th May. So… a busy few months ahead, but I'll continue to report back through this column.

Until next month.
Dr Garth Manning
Chief Executive Officer

Feature Stories

Young Sik Kim speaks about the WONCA World conference 2018

EARLY BIRD REGISTRATION ENDS MARCH 31

Prof Young Sik Kim, who is this month's featured doctor says a few words about the coming WONCA 2018 World conference.

Find out more about Prof Kim and family medicine in Korea in his featured doctor item.

How did Korea come to be chosen to host WONCA 2018?
At the 20th WONCA World Conference in Prague, while I was president of the Korean Academy of Family Medicine (KAFM), we won the bid to host the 22nd WONCA World Conference 2018, in Seoul.

So since 2014, I have been working as chairman of WONCA 2018 Seoul. I am planning to attend the 5th Cross-Straits General Practice Conference in Nanning, China at the end of March and the 9th annual conference of JPCA in Mie, Japan in June as a guest speaker.

Your hopes for the conference 2018?
I hope family physicians from all over the world attend and communicate through this global festival. As the theme "Primary Care in the Future: Professional Excellence" illustrates, I hope this conference becomes a basis to improve the professional excellence of primary physicians to cope with an aging society, global epidemics, and health promotion in the future.

I don't think that Korean family medicine is well recognized internationally, so I hope the WONCA World Conference raises the status of Korean Family Medicine. In this WONCA conference, the first young doctors' festival will be officially held after the preconference. I hope this social gathering for young doctors continues in the 23rd WONCA World Conference.

The latest news from WONCA 2018
New Registration Bonus!

If you haven't completed registration yet, we have a surprise for you! Overseas participants who complete registration by July 31st will get a free $10 transportation card. You can use this card in all public transportation as well as in a variety of retail stores.

So don't delay! Take advantage of the lower registration fees, and also get a transportation card!

You can go anywhere with this card in Seoul. Grab the chance!

>conference website

Family Medicine in the World – Amanda Howe's keynote

Professor Amanda Howe, WONCA president, was invited to Algeria, in February 2018, by the Société Algérienne de Médecine Générale. This is the shortened English version of her very interesting keynote speech about 'Family Medicine in the World'.

Full English version and ppt slides here.

Le version français est disponible ici (après l'anglais).

WONCA defines a family doctor as:
• A doctor trained to deal with people across all life stages - so not disease or condition specific
• A generalist who deals with all types of health problem at point of first contact, and
• Offering a service that is "comprehensive, accessible, focuses on a specific community, allows continuity over time, and is centred on the care of people not specific parts of their body or diseases".

So why is family medicine growing so fast? Three reasons - The needs of the population to have cost effective health care; the needs of governments to maximise outcomes while minimising cost; and the new opportunities in primary care for excellent general family health care - enabled by better knowledge, new technologies and new treatments that can be applied in ambulatory settings. As the last Director General of WHO, Dr Margaret Chan, said "The world needs more family physicians".

Universal Health Coverage

At present, the big discussion at WHO is about Universal Health Coverage (UHC), but we also need to say what we mean in practice. The dimensions of UHC include:
WHO is covered – what percentage of the population, who has rights to coverage
HOW they are covered – by taxation payments, social benefit, insurances, or out of pocket expenses…
WHAT is covered – nature and extent of the cover, including public health, lifestyle, and screening
WHERE they have to go to get it – local or other
WHO is in place to deliver the care – is there a trained and suitably skilled workforce
WHAT they have available to do the job – medicines, practical kit and materials, information technology
HOW it is governed and managed – gatekeeper / referrals, accountability, quality assurance
WHY these choices are made – political, financial, commercial, ethical, and geographical aspects.

So our argument is that doctors whose skills are most appropriate to being part of the first line of care to integrate different aspects of care for UHC is family medicine. To be useful at the first line of contact in many health care systems, you must be a medical generalist, whose interpersonal skills and ability to make and keep a good relationship with patients over time will assist in both diagnosis and appropriate management.

The values of person-centredness are strongly emphasised in family medicine, and there is good evidence from Barbara Starfield's work that strong primary care is associated with better health outcomes at all levels and that health outcomes are better in areas with more primary care doctors. She also found that people with access to primary care are healthier than those without; universal access to primary care is associated with reduced inequalities in health outcomes: that a large quantity and high quality of primary care is associated with lower and better use of hospitals; and finally that embedding of primary care in a health care system associated with lower system costs.

What can help?

Once a change in a health care system is agreed – for example the introduction of more trained family doctors – leadership both from professionals and politicians will be needed. Others will need to agree the change, and this will have to be planned across the system – medical schools, hospitals, other health

workers will all need to understand the role of the new speciality. The new training programme will need to be implemented, and assessment agreed. Then there will need to be ongoing professional learning and quality assurance, as with any other service. Exactly how this works will depend on whether the speciality already exists, and if so in what numbers and where they are working. The new postgraduate choice will need to made visible (and desirable) to young doctors. Sometimes doctors can move from an existing career into a higher level of training, to complement those coming out of medical school.

As well as the training and workforce inputs, family doctors will be most useful if their services form part of the UHC package, and if there is some kind of registration system which links the primary care team and the population overtime. Commitment of system resources and avoidance of a 'two tier system', with similar status and rewards for working in community and hospital settings, will also be important in recruiting doctors and these developments is why I am here!

encouraging the patients to use their primary care team first.

So, to summarise:

The key factors of a functioning health service are to have a patient focused service across all care needs, covering a geographical area so that community health needs and local links become practical. Standardized high quality care delivery through inter-professional teams, well led and coordinated, using shared records and a team approach, will deliver good outcomes for lower costs. Family doctors medicine need to be at the heart of this service.

The challenge for the world in 2018 is being set out by WHO as the need to achieve universal health coverage through a service that addresses both the rise in lifestyle risk factors and non-communicable diseases. Many countries do not have a full family medicine service, but this is crucial to the best outcomes for patients. Persuading others of the importance of family doctors as part of

Policy Bite: Universal Health Coverage

Amanda Howe writes:

At present, the big discussion at the World Health Organization is about Universal Health Coverage (UHC) - but we also need to say what we expect this to mean in practice.

The dimensions of UHC need to consider:-
• **Who** is covered – what percentage of the population, who has rights to coverage
• **How** they are covered – by taxation payments, social benefit, insurances, or out of pocket expenses…
• **What** is covered – nature and extent of the cover, including public health , lifestyle, and screening
• **Where** they have to go to get it – local or other
• **Who** is in place to deliver the care – is there a trained and suitably skilled workforce
• **What** they have available to do the job – medicines, practical kit and materials, information technology
• **How** it is governed and managed – gatekeeper / referrals, accountability, quality assurance
• **Why** these choices are made – political, financial, commercial, ethical, and geographical aspects.

So our argument is that doctors whose skills are most appropriate to being part of the first line of care to integrate different aspects of care for UHC is family medicine. To be useful at the first line of contact in many health care systems, you must be a medical generalist, whose interpersonal skills and ability to make and keep a good relationship with patients over time will assist in both diagnosis and appropriate management.

The values of person-centredness are strongly emphasised in family medicine, and there is good evidence from Barbara Starfield's work[1] that strong primary care is associated with better health outcomes at all levels and that health outcomes are better in areas with more primary care doctors. She also found

that people with access to primary care are healthier than those without; universal access to primary care is associated with reduced inequalities in health outcomes: that a large quantity and high quality of primary care is associated with lower and better use of hospitals; and finally that embedding of primary care in a health care system associated with lower system costs.

So what can help?

Once a change in a health care system is agreed – for example the introduction of more trained family doctors – leadership both from professionals and politicians will be needed. Others will need to agree the change, and this will have to be planned across the system – medical schools, hospitals, other health workers will all need to understand the role of the new speciality. A new training programme will need to be implemented, and assessment agreed. Then there will need to be ongoing professional learning and quality assurance, as with any other service. Exactly how this works will depend on whether the speciality already exists, and if so in what numbers and where they are working. The new postgraduate choice will need to made visible (and desirable) to young doctors. Sometimes doctors can move from an existing career into a higher level of training, to complement those coming out of medical school.

As well as the training and workforce inputs, family doctors will be most useful if their services form part of the UHC package, and if there is some kind of registration system which links the primary care team and the population overtime. Commitment of system resources and avoidance of a 'two tier system', with similar status and rewards for working in community and hospital settings, will also be important in recruiting doctors and encouraging the patients to use their primary care team first.

So – to summarise – the key factors of a functioning health service are to have a patient focused service across all care needs, covering a geographical area so that community health needs and local links become practical. Standardized high quality care delivery through interprofessional teams, well led and coordinated, using shared records and a team approach, will deliver good outcomes for lower costs. Family doctors medicine need to be at the heart of this service.

The challenge for the world in 2018 is being set out by WHO as the need to achieve universal health coverage through a service that addresses both the rise in lifestyle risk factors and noncommunicable diseases. Many countries do not have a full family medicine service, but this is crucial to the best outcomes for patients. Persuading others of the importance of family doctors as part of these developments – so please help us to speak up for family medicine in the development of UHC, and make the best of this important opportunity!

Amanda Howe
WONCA President

1.Barbara Starfield, Leiyu Shi, and James Macinko. Contribution of Primary Care to Health Systems and Health. Milbank Q. 2005 September; 83(3): 457–502.

Fragmentos de política – la Cobertura Sanitaria Universal

En este momento, el gran debate en la Organización Mundial de la Salud gira entorno a la Cobertura Sanitaria Universal – aunque debemos añadir qué es lo que esperamos que esto signifique a nivel práctico. Entre las dimensiones de la universalidad debemos considerar:

• QUIÉN está cubierto – qué porcentaje de la población, quien tiene el derecho a recibir cobertura.
• CÓMO se cubren a estas personas – con impuestos, ventajas sociales, seguros o mediante el pago por parte de los propios usuarios con el dinero de su bolsillo…
• QUÉ está cubierto – naturaleza y dimensión de la cobertura, incluyendo la salud pública, estilos de vida y pruebas diagnósticas.
• DÓNDE tienen que desplazarse para recibir la asistencia – local/lejos.
• QUIÉN está en la posición de ofrecer esta asistencia - ¿existe un personal sanitario con

la formación y las habilidades necesarias?
• DE QUÉ herramientas dispone el personal sanitario para hacer su trabajo – medicinas, kits de herramientas y materiales, información y tecnologías.
• EN QUÉ forma se gestiona y administra la universalidad – acceso a la asistencia/derivaciones, responsabilidad, seguridad y calidad.
• POR QUÉ se han tomado estas decisiones – razones políticas, financieras, comerciales, éticas y geográficas.

Así que, el argumento que nosotros defendemos es que los médicos que poseen las mejores habilidades para formar parte de la primera línea de la asistencia y que pueden integrarse en los diferentes aspectos de la misma para conseguir la Universalidad son los médicos de la Medicina de Familia.
Efectivamente, para poder ser útil en el contexto de la primera línea de contacto con la asistencia, en muchos sistemas sanitarios, tienes que ser un médico generalista, puesto que tus habilidades interpersonales te permitirán mantener una buena relación con los pacientes a lo largo del tiempo y te darán la posibilidad de ofrecer una buena asistencia tanto en el diagnóstico como a la hora de hacer la gestión apropiada. Los valores de la asistencia centrada en la persona son enfatizados fuertemente en la Medicina de Familia, y existe evidencia que podemos sacar del trabajo de Barbara Starfield que demuestra que una Atención Primaria fuerte se asocia con mayores beneficios para la salud a todos los niveles y que estos beneficios son mejores en aquellos ámbitos con más médicos de Atención Primaria. El trabajo de Starfield también demuestra que la gente que tiene acceso a la Atención Primaria está más saludable que aquellas personas que no tienen acceso. En ese sentido, el acceso universal a la asistencia en Atención Primaria está directamente relacionado con la reducción de las desigualdades en los beneficios para la salud, y una mayor calidad de Atención Primaria se asocia con una reducción y una mejora en el uso de los hospitales y, finalmente, con una reducción de los costes en el propio sistema sanitario.

En ese sentido, ¿qué puede ser de ayuda para conseguir todo esto? Una vez se ha pactado hacer un cambio en un sistema sanitario – por ejemplo, introducir médicos de familia con más formación – es necesario que exista un liderazgo tanto de los profesionales sanitarios como de los políticos. Todo el mundo tendrá que estar de acuerdo en la necesidad de implementar estos cambios y estos tendrán que aplicarse en el global del sistema – escuelas médicas, hospitales y otros trabajadores sanitarios necesitarán entender el rol de la nueva especialidad. Así mismo, va a tener que implementarse un nuevo programa formativo y una evaluación pactada. Entonces serán necesarios nuevos modos de aprendizaje y de ofrecer asistencia de calidad, como pasaría con cualquier otro servicio o profesión. La forma mediante la cual todo esto va a funcionar dependerá de si la especialidad ya existe y de si, en el caso de que sea así, con qué números y lugares el sistema está trabajando. La elección de la nueva formación de postgrado tendrá que hacerse visible (y deseable) para los jóvenes médicos.

A veces los médicos pueden elegir un rumbo que va de una carrera existente hacia otra que requiera un mayor nivel de formación, para complementar los conocimientos de la escuela médica.
Así como en la participación de la formación del personal sanitario, los médicos de familia serían mucho más útiles si sus servicios estuvieran incluidos en el pack de la cobertura universal de salud, y si hubiera algún tipo de sistema de registro que enlazase el equipo de Atención Primaria y la población a lo largo del tiempo. El compromiso tiene que ser el de dotar al sistema de recursos y evitar que se divida en dos niveles, estableciendo un estatus similar y compensaciones para aquellos que trabajen en los ámbitos comunitario y hospitalario. Esta sería una forma importante a la hora de “reclutar” médicos y alentar a los pacientes a que utilicen sus equipos de Atención Primaria en primer lugar.

Así que – en resumen – los factores claves para un servicio sanitario que funcione bien son que este ofrezca servicios centrados en el paciente y que cubran todas sus necesidades asistenciales, que estén instalados en una zona geográfica concreta, de modo que las necesidades en la salud comunitaria y con respecto a los enlaces locales sean más fáciles y prácticas. La asistencia sanitaria estandarizada de alto nivel a través de equipos interprofesionales, bien dirigidos y coordinados, que utilicen datos compartidos y trabajo en equipo, va a conseguir muy buenos resultados con unos costes muy bajos. La Medicina de los médicos de familia tiene que estar en el corazón de este sistema.

El mayor reto mundial para este 2018 está siendo presentado por la OMS como el de la necesidad de conseguir la cobertura universal de salud con un servicio dirigido tanto a la reducción de los factores de riesgo relacionados en el estilo de vida como con la lucha contra las enfermedades no contagiosas. Bastantes países no tienen un sistema de medicina de familia plenamente desarrollado, pero debemos resaltar que esto es crucial para que los pacientes puedan conseguir el mayor bienestar. ¡Persuadid a otros sobre la importancia de tener médicos de familia como parte del camino hacia el progreso y ayudadnos a levantar la voz en favor de la Medicina Familiar para llegar a la cobertura universal de salud y para conseguir los mejores resultados ante esta importante oportunidad!

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

Member Organisation News

Irene Maglonzo reports on two years' successes in the Philippines.

Photo: above is one of the Philippine Academy World Family Doctor Day celebrations- always big events.

Eva 'Irene' Yu Maglonzo MD has just completed her two year term as president of the Philippine Academy of Family Physicians (PAFP). Here she reflects on two years' of achievements. Irene has been a WONCA Featured doctor - read more about her

We set the bar high and challenged ourselves to achieve most of the targets in the Philippine Academy of Family Physicians (PAFP) Strategic Plan 2015-2020 – a seemingly impossible task. This is where the pressure and the stresses started.

Having the privilege, as PAFP President, to visit the PAFP chapters during their Induction ceremonies, I had the opportunity to have a leadership dialogue with the officers and members. Having visited 48 out of 53 chapters, I learned about their challenges, issues and successes. Our (me and my executive committee) leadership journey faced difficulties and challenges but we persevered, supported, encouraged and motivated each other to climb over the 'barbed wired wall' of challenges and surmount the web of difficulties.
I strongly believe that if we aim at the moon, and know where we are aiming at, even if we

missed it, we will surely land among the **STARS**. And, we have indeed landed among the stars.

Accomplishing the targets achieved were the following: **S**ervice to Members, **T**raining and Education, **A**dvocacies, **R**esearch and Publication and **S**ocial collaboration.

Service to Members: we had the new PAFP logo designed to depict care for the family; website and library enhancement; disability and death benefits for the members; invested in long term funds to sustain it; and promotion of Family Medicine through video for lay and medical students. Social media, television and radio appearances were also done. The World Family Doctor day celebration highlighted the important role of family physicians in the community.

Training and Education: we are an accredited Continuing Professional Development provider by the Professional Regulations Commission and have cascaded various modules and innovations on this including online modules and webcasts. The Specialty board examination was assessed by an external evaluator as part of our partnership with the European Union to be at par with global standards. Ten new programs in Family Medicine were accredited making a total of 82 accredited programs in partnership with the Department of Health. Standardized outcome–based education curriculum in basic Medical Education in Preventive, Family and Community Medicine was disseminated and implemented by some medical schools.

Advocacies include wellness for families through the help of Community Health workers who were trained; and the dissemination of Family Health booklets which facilitated utilization of preventive services in some communities of the chapters. Other projects related to this are the following: Lay fora on smoking cessation, Healthy Ageing and Healthy Heart. The PAFP also issued the Statement on Excise Tax on Sugary Beverages and Statement on Cheaper Medicine act for the welfare of the Filipino families.

Photo: Irene participating in the Wellness for families activity.

Research and Publication was enhanced through peer review training and formulating the consensus statements on Wellness for Older Persons, clinical pathways on hypertension, bronchitis, dyspepsia, wellness and collaborating with the Department of Health in formulation of clinical practice guidelines.

Social collaboration with government and non government organizations provided the means for easier implementation of advocacies and projects.

At the end of our leadership's journey, we look back with a sense of satisfaction, accomplishment, and pride.

Photo: Irene participating in the Checkup activity.

I was greatly heartened by the positive feedback received from members, colleagues, friends, partners and most significantly from the families in the community whom we have touched their lives.

"Each one of us can make a difference. Together we make change"

Rob Dijkstra - interviewed on The Netherlands' health system

Rob Dijkstra, President of the Dutch College of General Practitioners (NHG) has recently been interviewed by Pere Vilanova from the Spanish Society of GPs (semFYC)

"We can help patients to make right decisions by empowering them, I believe then it's when we are really helping society"

· In the Netherlands you call family doctors "home doctors". What does that mean?

Traditionally it was the doctor who came to your house, now It means more that we are the doctors related to the family, that we are doctors for the whole family and not only for individuals, and because we are doctors for all patients, young and old, male and female.

We call the general practitioner the "gate keeper" as patients need a family doctor referral to go to a medical specialist - that makes our work crucial.

Between 90 and 95% of health problems are solved by family doctors for less than 10% of the health budget. Therefore, the general practitioner system is cheap compared to other systems.

· The Dutch Government is among the highest public healthcare spending within Europe…

Yes, every system has its own issues. In the Netherlands, everybody must have insurance which means that a large part of the health care costs are covered by this insurance. It is private insurance, and you can choose your own risk level (and cost) and you can add additional insurance (at extra cost) such as for more than nine sessions of physiotherapy per year or dental care. That is the way we make universal coverage possible and affordable for all.

· How come Mental Health is covered by the public system?

It is true that in The Netherlands most mental health conditions are covered, but not all of them. For example, if you have broken up with you partner and you need a psychologist it is not covered, and you have to pay for it. About five years ago we started having a nurse trained to treat mental problems in our primary care units. They work with the family doctors, who refer patients with uncomplicated problems. That means some low level mental health issues can be covered in General Practice and that makes the system more efficient and cost-effective.

· If it's so cost-effective, why then does the Netherlands have financial issues regarding healthcare spending?

It is mostly because of the secondary care costs. And also because long-term care, such as aged residential care, is also included in our health budget. That makes it very expensive.

· So, investing more in Primary Care is definitely the best solution…

Yes, investing more in Primary Care would take the load off the expenses. But there's another problem. General practitioners are busy from early in the morning until late in the evening, so we are trying to promote less patients for each doctor so they can spend more time with each patient. This will lead to less referrals and more treatment within primary care, which means less cost.

· Then you need more general practitioners…

Indeed, you need to employ more general practitioners and of course, the payment system should be changed, your income should be based more on the time you spend with patients and less on how many patients

do you see every day.

· How do you regard the role of Academies and Colleges of General Practice/ Family Medicine?

What we are seeing in the last 30 years is that these organizations really help doctors when it comes to provide Guidelines with evidence. Yet, we need to state more clearly that Guidelines are summaries of the evidence, but that doctors should the take the patient's history, co-morbidities and preferences into account. Scientific societies should prevent overdiagnosis and overtreatment. Six years ago we started a patient education website based on our guidelines. It has become the most popular medical website in the country, for both patients and doctors.

· Is there something WONCA Europe can do?

I think we should stick to the core values of Family Medicine: personal care, generalism and continuity of care. Once we work for the whole population and not only for those who come visit us, then we are working for society and we do really help everyone. That is what WONCA Europe should stand for and communicate to the WHO and Governments.

· This year is the 40th Alma Ata Declaration anniversary. What was Alma Ata to Family Medicine and to Primary Care?

The Alma Ata Declaration was a very important moment in healthcare history. It was the first time that Primary care policies were internationally recognized as a need for all humanity. On the other hand, there might be some concepts that may need to be updated. For example, Alma Ata's definition of Health: "Health is not only lacking of diseases but a complete physical, mental and social well-being". Nowadays, many old people live for many decades with at least one condition. Would you say they are they sick? No, they are just people who live with that and they can still have a good life. May be, after 40 years, we should redefine some of the Alma Ata definitions. In the Netherlands we tend to redefine Health as ' the ability to adapt and self manage in the face of social, physical, and emotional challenges", may be that is the way we will see health in the future.

· Finally, if you could ask for three things to the European Governments what would they be?

- that they give family doctors more time for their patients.
- that they help the doctors and patients to communicate better by promoting electronic devices and tools.
- that they are more active in prevention, because prevention is always better than cure, and I believe we could do more than what we do now.

Thank you very much.

Working Parties

Rural Roundup: Veronica Rasic, co-chair of Rural Seeds writes

Dr Veronika Rasic is a GP Trainee and co-chair of Rural Seeds, a subgroup of the WONCA Working Party on Rural practice for young doctors and medical students with an interest in rural practice.

Veronica recently authored a blog entry on the Transformative Education for Health Professionals website an interactive website which also publishes WHO guidelines.The blog entry is reproduced with permission below. Contact Veronika ver.rasic@gmail.com

Connecting Future Rural Healthcare Workers with Rural Communities

About two years ago I was a young doctor working in Croatia and training in family medicine. As in many areas of the world Croatia is country that is experiencing a lack of doctors and is struggling to retain its health workforce. This problem is felt most strongly in rural communities. Due to these pressures I found myself working in one such small rural community because there was a doctor shortage in the area. This meant that my family medicine training was put on hold and I was asked to relocate to provide primary healthcare for this community. The move was supposed to be temporary while they attempted to recruit doctors for the area. As the months went by it became clear that they would not be able to recruit new doctors. During my time there two other doctors left their posts.

There was no other doctor nearby to provide support, emergency services where stretched over a large area and there was a lack of equipment and other infrastructure in the area. This lead to me often feeling overwhelmed and struggling to cope with the healthcare needs of the community. I realised that after six months I was starting to feel the signs of burnout and was not being provided support regarding my continuing training. I made the difficult decision to leave that situation and restart my training in another country. In so doing I left a rural community without access to primary healthcare.

This story is one that seems to repeat itself all over the world.

UN Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.

One of the major obstacles to achieving this goal will be the global rural communities which, in all parts of the world, have less access to healthcare. This lack of access is caused by multiple factors i.e. poor infrastructure, shortage of healthcare workers, distance from urban centres, and socio-economic disparities. To tackle this goal we will have to also take on other SDG such as reducing inequalities, clean water and sanitation, no poverty and zero hunger, just to name a few that have a direct impact on health and well-being.

WHO Global Strategy on HRH 2030 states the following principles:

• Promote the right to the enjoyment of the highest attainable standard of health
• Provide integrated, people-centred health services devoid of stigma and discrimination
• Foster empowered and engaged communities

• Uphold the personal, employment and professional rights of all health workers, including safe and decent working environments and freedom from all kinds of discrimination, coercion and violence
• Eliminate gender-based violence, discrimination and harassment
• Promote international collaboration and solidarity in alignment with national priorities
• Ensure ethical recruitment practices in conformity with the provisions of the WHO Global Code of Practice on the International Recruitment of Health Personnel
• Mobilize and sustain political and financial commitment and foster inclusiveness and collaboration across sectors and constituencies
• Promote innovation and the use of evidence

Many of the issues mentioned above contribute to the difficulty of retaining the healthcare workforce in rural areas. It is important for professionals considering a career in a rural area to feel that they will have the same opportunities and support as in urban areas. Rural communities often have increased levels of poverty, domestic violence and discrimination as well as other social determinants that affect their health. To improve the health outcomes in these communities it is important that there be political will to make changes and investments that will facilitate that improvement.

How can we start to achieve positive health outcomes in rural communities?

During the 4th WHO Global Forum on Human Resources for Health we held a Rural Family Medicine Café about the future rural healthcare workforce. These where the outcomes of that discussion on what we could do to improve health outcomes in rural communities:

1. Early exposure of students to primary care and rural medicine
2. Education of healthcare workers in rural areas
3. Recruitment and retention of the healthcare workforce in rural communities
4. Engaging with the community and respecting local customs and traditions
5. Supporting rural healthcare workers with continuing professional development
6. Investing in rural communities

Rural Seeds – bringing together future rural healthcare workers

Rural Seeds brings together students and young professionals interested in rural health. It aims to help identify rural healthcare needs of communities in different regions of the world and facilitate discussion and change to help improve health outcomes for rural and remote communities. The WONCA Working Party on Rural Practice provides support in way of mentorship and access to rural health experts.

In Cairns, at the WONCA World Rural Health Conference, Rural Seeds published a Call to Action. It focuses on three main areas: Education and Training, Communication and Co-Empowerment. (see presentation)

The current projects that are active are:
- Rural Family Medicine Café this is an online meeting that discusses rural topics on multiple online platforms using the hashtag #ruralcafe
- Rural Health Success Stories
- Mentor – Mentee Pilot

To join Rural Seeds please fill out the following form:
Email: ruralseeds@gmail.com

Extra links for rural seeds, Rural family medicine café and rural health success stories in the blog - Link to blog

Transformative Education for Health Professionals - WHO Education Guidelines
visit site
The website receives over 6000 visits / month, and is steadily increasing.

Thematic areas are Students; transforming health workforce education for the future; Social determinants of health; eLearning / ICT for Health; Interprofessional education; Community based and health systems education; Social accountability; Civil society suggestions
Dr Julian Fisher is happy to receive blog submissions or case studies from WONCA

members – email him on fisher.julian@mh-hannover.de

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Placements in the community for UG education influence career choice

Val Wass chair of the WONCA Working Party on Education announces that this month's free access article from Education for Primary care is about placements in the community for undergraduate education influencing career choice.

Education for Primary Care : The March issue is now on line here

We offer free access for a month to an important literature review which gives you the crucial evidence needed to argue for moving undergraduate education into the community to positively promote family medicine as a career. It includes important references for all members and organisations.

Reversing the secondary care dominance of medical education is undoubtedly a key to recruitment of the primary care workforce we need for Universal Health Care .

Do primary care placements influence career choice: What is the evidence?
Maslah Amin,Shiv Chande,Sophie Park, Joe Rosenthal &Melvyn Jones

Go to article

Reto de seguridad del paciente de la OMS: "Medicación Sin Daño" (#MWH Pride)

La Doctora María-Pilar Astier-Peña (fotografía), presidenta del Grupo de Trabajo de WONCA World de Calidad y Seguridad WONCA Working Party on Quality and Safety participó en una reunión de expertos sobre "acción temprana para apoyar la implementación del tercer reto mundial de seguridad del paciente de la Organización Mundial de la Salud" "Medicación Sin Daño" (#MWH Pride).

La reunión tuvo lugar en la sede de WHO, en Ginebra (Suiza), entre los días 11 y 13 de diciembre de 2017 y fue dirigida por el Doctor Neelam Dhingra-Kumar, coordinador del Departamento de seguridad del paciente y gestión del riesgo de la OMS y Sir Liam Donaldson, delegado especial de la OMS para seguridad del paciente.

Medicación Sin Daño: el tercer Reto Mundial de Seguridad del Paciente de la OMS propondrá soluciones para abordar muchos de los obstáculos a los que se enfrenta el mundo

actual para asegurar las prácticas seguras con medicación.

El objetivo de la OMS es conseguir una amplia implicación y compromiso de los estados miembros y de los profesionales sanitarios en todo el mundo para reducir el daño asociado a la medicación.

El "desafío" de una "Medicación sin daño" tiene como objetivo reducir en un 50% en los próximos 5 años el daño evitable severo relacionado con la medicación.

Expertos de todo el mundo acudieron a la reunión para compartir sus ideas de modo que estas pudiesen mejorar la puesta en práctica de este "desafío". Los asistentes expertos trabajaron sobre herramientas de evaluación y metodologías para medir el progreso y el impacto sobre los cambios. Debatieron sobre indicadores que pudiesen ser útiles para la evaluación de los diferentes acuerdos firmados con los gobiernos nacionales, organizaciones sanitarias, sociedades científicas y otras instituciones.

Estos acuerdos constituyen un compromiso en favor del "desafío" y ofrecerán un conjunto de indicadores para evaluar el objetivo del mismo. Estos indicadores incluyen estructura, nivel y prioridades en la involucración: política sanitaria, actividades de las instituciones, mejoras estructurales y tareas de profesionales en el campo.

El grupo asesor de seguridad del paciente de la OMS presentó una herramienta para el paciente para utilizar en los centros sanitarios: "*5 momentos para la medicación segura*", teniendo presente el éxito de "*5 momentos para la higiene de manos*". Todos los expertos aprobaron la propuesta de desarrollar herramientas para mejorar la participación del paciente en un uso más seguro de los medicamentos. Por su parte, la representante de WONCA, la Doctora Astier-Peña, habló sobre el papel que juegan esas herramientas en los centros de salud y de Atención Primaria para fomentar un uso más seguro de la medicación tanto por parte de los pacientes como de los profesionales.

Finalmente, el grupo debatió acerca de las carencias existentes con respecto a los conocimientos en seguridad del paciente y realizó una identificación de prioridades para la investigación en seguridad de la medicación teniendo en cuenta tanto las necesidades más urgentes de los países con ingresos bajos y medios como aquellos con unos ingresos más altos.

La reunión finalizó con un mensaje claro para enlazar el Reto de Medicación sin daño con el Desafío más amplio al que se enfrenta la OMS este 2018: La "cobertura sanitaria universal"

El Grupo de Trabajo de WONCA World de Calidad y Seguridad intentará promover este "reto de Medicación Sin Daño" en todas las Regiones de WONCA. Si tenéis interés en formar parte de nuestro grupo de trabajo por favor sigue este enlace:
Click here.

El reto global de seguridad del paciente: Medicación Sin Daño
El folleto del Reto global de la seguridad del paciente de la OMS: Medicación Sin Daño perfila la visión y dirección estratégica de esta iniciativa con el objetivo de reducir el nivel de daño severo evitable relacionado con la medicación en un 50% en los próximos 5 años. Ofrece una visión de los componentes clave del desafío incluidas las acciones a emprender a nivel local, nacional y global.

Notices

MRCGP (Int) South Asia Grant for Spice Route

March, 2018
MRCGP (Int) will provide a grant amount of USD 2500 per year to support young GPs of The Spice Route movement in the following type of activities (In case more than one are selected the amount will be divided).
1. A research or audit project relevant to Family Medicine/ General practice Specialty
2. An oral or poster presentation at one of the WONCA South Asia regional conferences, WONCA

World conference or RCGP conferences.
3. Participation in a Faculty Development Workshop following success in a postgraduate qualification in Family Medicine (Preference may be given to those with the MRCGP INT qualification)
4. Any Innovative project related to the development and Progress of Family Medicine in the South Asia region

Please submit the above type research/ poster/ presentation abstracts, that have been accepted by relevant conference scientific committee (with the confirmation email of acceptance) with your complete CV and a covering letter explaining why you deserve the support to national spice route chairs or direct to thespiceroutemovement@gmail.com

*A three member committee of the MRCGP Board will review each application on merit and decide on the applicant(s) and amount to be supported.

Research award for presentations at WONCA World conference

Dear colleagues
The Taiwan Family Medicine Research Award (TFMRA) was established by the Chinese Taipei Association of Family Medicine in 2008. The TFMRA was founded to encourage junior family physicians to conduct research in the specialty of family medicine. It will support three junior family physicians to attend the WONCA World Conference.

TFMRA offers a prize of USD 1,500 each to three young family physicians for the excellence of their research, to enable them to attend the WONCA World Conference in Seoul. The TFMRA winners are encouraged to present their research papers (if abstract is accepted) and to accept their award from the President of the Chinese Taipei Association of Family Medicine at the WONCA World Conference.

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

The original deadline for applications was 31st March, but to date we have received only one application (from Spain). Deadline has now been extended to 30th April, so could I please ask you to promote the award as widely as possible within your region, to encourage young researchers to apply for what is a very useful bursary to assist in attend the Seoul conference. Further details are on the WONCA website.

Dr Garth Manning, Chief Executive Office

Featured Doctor

Prof Young Sik KIM

Korea – WONCA 2018 HOC chair

Prof Young Sik Kim MD, MPH, PhD is Chairman of the Organizing Committee for the 22nd WONCA World Conference 2018, coming in October to Seoul. Here we find out about him and being a family physician in Korea.

What work do you do now?
I am a professor and chairman of the Department of Family Medicine at University of Ulsan College of Medicine, Asan Medical Center. Our hospital is launching a "home visit program" for long-term in-patients and elderly patients. I'm working hard to make it a Patient-Centered Medical Home.

I have carried out 25 projects in the last 20 years as director of the Korea post-marketing surveillance research group and started new multicentre observational studies with 40 family physicians in 30 hospitals this year. The list of the studies include: "Effect of physical activity on bone mineral density improvement in patients with osteoporosis," "Effect of dietary habits on the control of blood cholesterol in patients with dyslipidaemia" and "Glycaemic control status of diabetic patients in primary care according to simple sugar consumption."

Other interesting things you have done?
I turned 60 last December! I published a book about primary prevention of CVD, "Healthcare Recipe of Lifelong Practitioners" for my lifelong patients and had a book concert with approximately 100 registered patients. We had Q&A session, took a memorial photo together, and left heart-warming memories. I handed out the book to all the attendees. Since then, I've had three more book concerts and health quiz contests with medical volunteering activity staff, elementary teachers and choir groups at the church.

Read what Young Sik has to say about being Host Organising Committee Chair for the coming WONCA world conference.

What is it like to be a family doctor in South Korea?
The Korean Academy of Family Medicine is a very young society with less than 40 years of history. We had difficulties in the beginning, but the number of family physicians now makes up approximately 9% of all doctors, which is second after the 18% of Internal Medicine. The annual number of new family physicians is approximately 300, which is also second after Internal Medicine.

We are trying to strengthen competitiveness of family physicians rather than just increasing their numbers. Unlike many countries in Europe, patients or family members are not assigned to a certain doctor in Korea, so patients visit various clinics and "doctor shopping" often happens. Our academy is making every effort to establish an official "family physician system," in which patients are registered to a certain doctor and discuss their primary health issues with that doctor. I hope it becomes reality in the near future.

What are your interests outside work?
For the past 10 years, I have volunteered as church medical service staff on the first Sunday of every month. I'm also teaching elementary students in my church. As head teacher in Sunday school, I took part in our Christmas musical with 3rd and 4th grade students. I was really touched when the kids did so well on the stage! My wife and I are also members of the church choir, and we are enjoying practicing for the "Easter Cantata" in April.
More about the conference at
www.wonca2018.com

WONCA CONFERENCES

WONCA CONFERENCES 2018

April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

WONCA Direct Members enjoy *lower* conference registration fees.
To join WONCA go to: http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx

WONCA CONFERENCES 2019

May 15-18, 2019	WONCA Asia Pacific region conference	Kyoto, JAPAN	www.c-linkage.co.jp/woncaaprc2019kyoto
June 5-8, 2019	WONCA Africa region conference	Kampala, UGANDA	Save the dates.
June 26-29 2019	WONCA Europe región conference	Bratislava, SLOVAK REPUBLIC	www.woncaeurope2019.com

WONCA CONFERENCES 2020

March 24-28,2020	WONCA Asia Pacific region conference	Auckland, NEW ZEALAND	Save the dates
June 17-20, 2020	WONCA Europe región conference	Berlin, GERMANY	Save the dates
November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	Save the dates

WONCA ENDORSED EVENTS 2018

www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx

08 Apr - 11 Apr 2018 **Geneva Conference on Person-Centred Medicine**
Geneva

MEMBER ORGANIZATION EVENTS

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

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

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

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

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

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

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

23 Jun - 24 Jun 2018 **8th Hong Kong Primary Care Conference**
Aberdeen, Hong Kong

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

16 Aug - 20 Aug 2018 **TUFH 2018: Community Empowerment for Health**
Limerick, Ireland

21 Sep - 22 Sep 2018 **EURACT Medical Education conference**
Leuven, Belgium

04 Oct - 06 Oct 2018 **RCGP annual primary care conference**
Glasgow, United Kingdom

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

11 Oct - 14 Oct 2018 **EGPRN meeting**
Sarajevo-Bosnia and Herzegovina

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

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

14 Nov - 16 Nov 2018 **EURIPA Rural Health Forum**
Maale Hachamisha, Israel

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

27 Nov - 30 Nov 2018 **XX Congreso Chileno de Medicina Familiar & VIII Congreso Cono Sur CIMF-WONCA**
Santiago, Chile

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

Young Doctors' Movements news – April 2018

As a new initiative begun in December 2017, WONCA's Young Doctors' representative on World Executive, Ana Nunes Barata (Portugal), is coordinating regular news from our seven region Young Doctors' Movements.

A word from Ana Nunes Barata - YDM representative on WONCA Executive

The Young Doctors' Movements (YDMs) are WONCA's active network that engages youth and promotes intercultural knowledge exchange that helps to create new ideas, projects and initiatives that contribute for the development of Primary Care at the global level. WONCA's young doctors are defined as in their first five years' of practice as a family doctor OR in training as a family doctor. Each WONCA region has its own YDM that strives to develop its network and engage with the young doctors from every country it represents.

The YDM newsletter will now be published periodically and it will have the latest news from some of the regional Young Doctors' Movements. We hope that you enjoy this publication and that you share it in your networks! Together, we will be able to reach out to more young doctors and medical students worldwide!

You may find more information about the YDMs here.
Join your region's Young Doctors' Movement

This issue's feature picture
AfriWon's preconference and Exchange in Pretoria in 2017

Region News

Polaris
(North America region)

First off Polaris would like to extend the warmest welcome to the thousands of new family medicine trainees began their training! The family medicine community is hugely supportive, and all of us at Polaris are excited to help you transition through the beginning of your career- we are here for you.

2018 started off with many changes at Polaris with some changes to our executive. We are very grateful for all of the work that our past executive have done and are looking forward to building off of that energy. We are pleased to welcome to our executive for the first time: Kiera Hayes (USA), Lauren Bull (USA), Megan Guffey (USA), Yaeesh Sardiwalla (Canada).

One of our big focuses for the first half of 2018 is to better coordinate our social media efforts to serve as a communication tool for our membership, please email us with any requests to share events, research, advocacy efforts or anything else which may be appropriate.

Stephen Cashman (Canada) is working overtime to establish a network of FM360 hosts across the Polaris region. Additionally, we are currently undertaking a literature search to develop a pre and post exchange survey to evaluate the benefit of the exchanges for both the host and the participant.

Coming up in our region is the Caribbean College of Family Physicians 7th Pan Caribbean Conference May 4-6, 2018 in Kingston Jamaica. We are excited to have Prof Amanda Howe joining us as the keynote speaker.

The Polaris team is hard at work liaising with member organizations to further establish our role in the region and collaborate on future projects.

We are counting down to Seoul 2018 already!

Sincerely,

Cheyanne Vetter (Canada)

Chair, Polaris

Who is Cheyanne Vetter – the new Polaris chair?

Cheyanne Vetter is a Rural Family Medicine Resident in the northern region of Saskatchewan Canada. She has been involved with Polaris for the past three years, first as the Canadian Medical Student Representative on the executive and now as the Resident Representative and Chair. Cheyanne has a passion for rural primary care and truly believes that full scope family practice is in the best interest of patients, communities, and health systems. Her research interests include harm-reduction and quality improvement.

Waynakay movimiento – (Latin America region)

We are happy to share with you the information about the beginning of a great year.

Third Peruvian Waynakay Meeting
On Saturday, February 24, in Lima, the third Waynakay meeting of Peruvian young family doctors, was held to share information about the origin and importance of the movement in our country and Latin America. At this event a representative of the Peruvian Society of Family Medicine was invited and shared the progress of that Association and its connection with Waynakay, the Seminars of Innovation in Primary Care and invited young doctors to be part of these activities.

At the end of the meeting the election of the new board of directors of Waynakay Peru was held. The event was broadcast live so that it could be seen by people from other regions and countries in the Waynakay Peru Facebook group. The new board of directors: - President: Yasmin Córdova Rios, Exchange Commission: Gleydi Lucila Santos Ramirez, Dissemination Commission: Jorge Guerrero Ramirez, Education Commission: María Giurfa Cáceres, Research Commission: Bertha Sucasaca Jara

FM 360 in Latinoamérica
In these few months we had 72 young family doctors who asked for exchanges in Latin America. Thirteen doctors are currently having their FM360 exchange in our region. You can contact Rosario Caballé at fm360wym@gmail.com for more information.

WONCA's Iberoamerican Summit
Waynakay representatives were present at this event held in Cali, Colombia on March 2018. The topic was “Family Medicine a path for peace”.

Waynakay Meeting at WONCA's Andean Region Conference
On March 16, a meeting was held with the presence of the elected leaders of WONCA Iberoamericana-CIMF, Jacqueline Ponzo and Thomas Meoño Martin. The movement was presented and new members joined Waynakay working groups.

Waynakay Mexico
In March 2018 the first newsletter of Waynakay Mexico began with six different topics of interest to residents and graduates.

Virginia Cardozo

Vasco da Gama Movement (Europe region)

The Vasco da Gama Movement (VdGM) has had a successful start to 2018. At the end of January, the VdGM community gathered in Porto, Portugal for the 5th Vasco da Gama Forum. Over 300 participants form all seven WONCA Regions had the opportunity to network, learn and engage through 20 workshops, seven special sessions, over 57 scientific research presentations and much more. The event was enriched by the presence of esteemed guests including the WONCA World President, Prof Amanda Howe, and WONCA Europe President, Dr Anna Stavdal, who graciously shared their valuable experiences and insights through key notes and participation in workshops.

The VdGM executive group and council had a face to face meeting prior to the event where several key developments were made with the progression of our constitutional reform and infrastructure. A lot of productive discussions and debates occurred in preparation for the upcoming events: Krakow Pre-Conference from 23-24 May 2018, and the 6th VdGM Forum in 2019 in Torino, Italy.

The newer members of the VdGM Executive Group have finished their handover process and are now in full effect in their roles. They are hard at work with both the maintenance of the organisation's existing activities and the review and development of new initiatives. In Krakow, during the Pre-Conference, the team will be joined by a new president – elect and policy officer as we hold elections to fill these roles for the next term of office.

The VdGM Community is very excited about the upcoming Pre-Conference on the 23- 24 May in Krakow, Poland. This year the theme "GP - more than a specialist" will dominate the program. The Polish organising committee has been working immensely hard to offer participants and guests high quality content and activities, including clinical skills workshops and spotlight workshops from WONCA Europe Networks and VdGM Special Interest Groups. We are also thrilled that due to a donation from the Pre-Conference organisers we will be offering 10 additional bursaries to attend the Preconference and main WONCA Europe Conference, on top of our traditional two VdGM funded bursaries. We hope this will bring opportunities for both new colleagues to join us and to support existing Vasco da Gamians who are passionate about our movement. For those still considering coming, we whole heartedly encourage you to join us for the Pre-Conference as past experience has shown us it will offer valuable experiences, community bonding and lasting memories.

Following the Preconference, we look forward to a strong young doctors presence at the main WONCA Europe Conference. Here we will announce our Junior Researcher and Exchange Awards winners, build our community in the innovative "Young Doctors Marketplace", host workshops on our 2018/19 policy themes of "Education and Training" and "Primary Care Workforce", collaborate with the WONCA Europe Networks and much, much more!

Hope to see you soon in Krakow!

Dr Claire Marie Thomas, Dr Kristina Ziuteliene

Al Razi Movement
(East Mediterranean region)

Report on recent activities at the EMR Congress held in Kuwait

Workshop title: Family Medicine Challenges
Facilitator: Dr Najwa Nashat, Dr Maysa Alkoumi, and Dr Anwaar Buhamra
Target audience: Emotional Intelligence in communication
Objectives:

- To define emotional intelligence.
- To identify different aspects of emotional intelligence
- To value the positive effect of emotional intelligence in practice
- To highlight modalities to improve Emotional Intelligence.

Summary of session: The session was divided into three parts and all were very interactive with many inputs from the attendees. Dr Najwa Nashat, chair of the Al-Razi movement, facilitated the first part and presented a definition of Emotional Intelligence. Dr Anwaar Buhamra discussed the main aspects of Emotional Intelligence and Dr Mysa Alkoumi challenged the attendees competencies through a facial expression test.

Key messages: One of the pillars of success is to be emotionally intelligent.

Workshop title: Family Medicine Challenges
Facilitator: Dr Najwa Nashat
Target audience: Family medicine physicians, residents and Medical school student
Objectives:

- To discuss challenges in Family Medicine Practice.
- To understand possible root cause for challenges in FP.
- To highlights possible solution to the challenges rose.

Summary of session: The session started with a video greeting and welcoming salute from the chairs of the six young family doctors movement from other WONCA regions. Then president of WONCA, Prof Amanda Howe, the guest of honor for the workshop opened the discussion with a warm word about the beauty of our Family Medicine specialty and the path of challenges and achievements from her personal journey. Dr Najwa Nashat, the chair of Al-Razi movement continued the workshop by divining the attendees into three groups to discuss challenges in Family Practice and the possible solutions to overcome such challenges from their perspectives.

Key messages: Like any other medical specialty and family doctors face many challenges in their daily practice. Challenges can fall into different categories (administrative, clinical, patient issues, communication, professional development, burnout and more). Challenges in Family Practice need to be addressed and managed. Submitted by: Dr Anwaar Buhamra Dr Nagwa Nashat